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OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul **AKP**
DATE: November 7, 2025
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* forms from the State of Arkansas. Alcoholic Beverage Control Division.

The following applicant has applied for a restaurant mixed drink maximum permit – replacement/new owner application #46619:

Sarah White
Hooters of Arkansas
4110 Landers Road
North Little Rock, AR 72117

Please note the 15-day comment period referred to in the final paragraph of the *Comments* page.

Thank you.

Attachments

FILED 11:57 AM PM
BY Anita Paul-Admin
DATE 11-7-25
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by **Thomas**

Received

NOV 07 2025

NEWASSG0101

City of NLR Mayor's Office
By: **ASSIGNMENT**

Printed On: 11/04/2025

Date Received: 11/03/2025

Date Assigned: 11/04/2025

Applicant: SARAH WHITE

D.O.B: 03/06/2001

Green Card Number (Permanent Resident Alien):

Home Address: 200 CREEKWOOD DRIVE, JACKSONVILLE, AR 72076

Home Phone: 9035563463

Business Phone: (501) 945-0444

Cell Phone: (903) 556-3463

Trade Name: HOOTERS

Former Trade Name: HOOTERS OF ARKANSAS

Business Address: 4110 LANDERS ROAD, NORTH LITTLE ROCK, AR 72117, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner Restaurant Mixed Drink
Application #46619**

Dancing, if requested: No

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to: ABC-
ATC.AssignmentSheet@dfa.arkansas.gov;

Assigned to Investigator: _____

Stockholders / Partners / LLC Members :

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: SARAH WHITE

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: HOOTERS

BUSINESS ADDRESS: 4110 LANDERS ROAD, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 11/03/2025

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE: _____

SIGNATURE OF OFFICIAL: _____

DATE: _____

NAME OF AGENCY OR COURT: _____

Do you have any objections to the issuance of this permit? Yes or No

If yes, please explain your objections below:

To ensure your comments are available at the time this application is considered by the Director, please complete and return this form to ABC Administration, 101 East Capitol, Suite 401, Little Rock, AR 72201, within fifteen (15) days of receipt. In compliance with the Freedom of Information Act, this Comment Form will become a matter of public record. Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACIC's request, do not run your own criminal history check through ACIC.

Printed On: 11/04/2025

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STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel

☒ Restaurant Only

New Application _____
Replacement _____
Permit No. 01629-01

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

PWW North Little Rock, LLC FEIN# 39-3472612
Corporate/Partnership/LLC Name
NAME Sarah Elizabeth White
First Middle Last
HOME ADDRESS 200 Creekwood Dr. Jacksonville, AR 72076
Street City Zip County
BUSINESS NAME Hooters of North Little Rock FORMER NAME Hooters of Arkansas
BUSINESS ADDRESS 4110 Landers Road, North Little Rock, AR, 72117 Pulaski
Street City Zip County

Is proposed location inside or outside city limits? Inside
Are the beverages to be sold in connection with any other business? No If so, state type of business _____

Are you the owner of the proposed premises? No If leased, give name and address of owner
Vera Cruz Properties LP PO Box 10326 Portland, OR 97296 Does _____

anyone now hold a permit at this location? Yes If so, give name, type and permit number(s) of same
Sarah White, Restaurant Mixed Drink, 01629-01

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? No
If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel _____ Seating capacity of restaurant 297
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast ☒ Lunch ☒ Dinner ☒ Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? No If so, give name and date
revoked _____

Rec'd Nov 3rd



If applicant is a partnership, give names and addresses of all partners:

N/A

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

Piece of Work Wings, LLC 99% 337 East Main Street Newark, Delaware 19711

Phillip A. Moran 1% 337 East Main Street Newark, Delaware 19711

(B) Name and address of President and Secretary:

N/A

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 9 day of September 2025

Sarah White
Signature of Applicant or Managing Agent

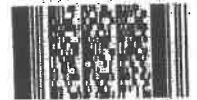
Subscribed and sworn to before me this 9 day of September

Aimee Jones
Notary Public

My Commission Expires: 1-7-2032

Revised 11/13/09

AIMÉE JONES
PULASKI COUNTY
NOTARY PUBLIC – ARKANSAS
My Commission Expires Jan. 7, 2032
Commission No. 12717230



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

D&J003-D&L014

NAME OF OUTLET HootersCITY North Little RockCOUNTY Pulaski

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

Bar & Restaurant Services