

#7

OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: March 3, 2015
SUBJECT: Alcoholic Beverages Permit Request

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

The following applicant has applied for a restaurant beer and wine permit with a replacement from L. Ann Baxter:

Ira Mittleman
Ira's Park Hill Grill
3812 JFK
North Little Rock, AR

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

Thank you.

Attachments

FILED 10:35 A.M. _____ P.M.
BY G. Craigmyle
DATE 3-3-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Uloger

ASSIGNMENT

06,003 06,013



Date Received: 02/13/2015

Date Assigned: 02/23/2015

Applicant: IRA MITTELMAN

D.O.B: 06/28/1951

Green Card Number (Permanent Resident Alien):

Home Address: 1019 Crooked Creek Court, Sherwood, AR, 72116

Home Phone: Business Phone : 501-771-6900 Cell Phone: 863-832-9850

Trade Name: IRA'S PARK HILL GRILL

Former Trade Name:

Business Address : 3812 JFK, North Little Rock County Pulaski

Type Of Investigation: **Restaurant Beer & Wine - Replacement from L. Ann Baxter 05510**

Dancing, if requested:

Comments / Remarks : **Restaurant Mixed Drink Upgrade (New Permit Number)**

Copies Of Assignment and Comment Form Mailed to: Mayor Joe Smith & City Council
Michael Davis, Chief of Police
Doc Holladay, Sheriff
Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members:



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: IRA MITTELMAN

TYPE OF APPLICATION: **Restaurant Beer & Wine - Replacement from L. Ann Baxter**

BUSINESS NAME: IRA'S PARK HILL GRILL

BUSINESS ADDRESS: 3812 JFK, North Little Rock, AR, 72116

DATE OF APPLICATION: 02/13/2015

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, 1515 West 7th Street, Suite 503, 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.



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

3361003 P&C 010

NAME OF OUTLET Ira's Park Hill Grill
CITY North Little Rock COUNTY 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 much specified as to the type and description of that entertainment, i.e., live bands, dancers, etc.

Restaurant
CD's