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OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

PHONE (501) 975-8601
FAX (501) 975-8633

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: Glinda Craigmyle *GC*
DATE: May 11, 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 an off premises retail beer & small farm winery permit with a change of manager from, Cory Boyd:

Carissa S. Bryson
Kum & Go #144
5216 JFK Blvd.
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 1030 A.M. _____ P.M.
BY G. Craigmyle
DATE 5-11-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by U. Rozz

ASSIGNMENT

D6J003-D6L013



Date Received: 04/24/2015

Date Assigned: 04/24/2015

Applicant: CARISSA S. BRYSON

D.O.B: 10/02/1986

Green Card Number (Permanent Resident Alien):

Home Address: 121 Cabanel Drive, Maumelle, AR, 72113

Home Phone:

Business Phone :

Cell Phone: 319-721-7374

Trade Name: KUM & GO #144

Former Trade Name: KUM & GO #144

Business Address : 5216 JFK Blvd., North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine - Change of Manager from
Cory Boyd
01420

Dancing, if requested:

Comments / Remarks :

**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:



04/30/2015

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: CARISSA S. BRYSON

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine - Change of Manager from Cory Boyd

BUSINESS NAME: KUM & GO #144

BUSINESS ADDRESS: 5216 JFK Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 04/24/2015

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.