

#9

OFFICE OF THE MAYOR



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CITY HALL
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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *HC*
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 #152
3220 Spring Hill Drive
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 [Signature]

ASSIGNMENT

D6J003-D6LG13



Date Received: 04/24/2015

Date Assigned: 04/30/2015

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 : 501-945-4495

Cell Phone: 319-721-7374

Trade Name: KUM & GO #152

Former Trade Name: KUM & GO #152

Business Address : 3220 Spring Hill Drive, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine - Change of Manager from
Cory Boyd
04653

Dancing, if requested:

Comments / Remarks :

**Copies Of Assignment and
Government 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: CARISSA S. BRYSON

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

BUSINESS NAME: KUM & GO #152

BUSINESS ADDRESS: 3220 Spring Hill Drive, North Little Rock, AR, 72117

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.