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OFFICE OF THE MAYOR



JOE A. SMITH
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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
DATE: May 30, 2019
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 new restaurant mixed drink permit – change of manager from Timothy Anderson - #06474:

Kevin Taylor
Hideaway Pizza
5103 Warden Road
North Little Rock, AR 72116

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

Thank you.

Attachments

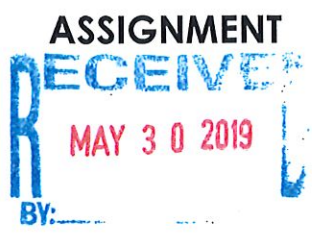
FILED 11:40 A.M. 5 P.M.
BY A. Paul
DATE 5-30-19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Wherry

COMASSG0101

05/24/2019



D6J003-D6L013



Date Received: 05/22/2019

Date Assigned: 05/24/2019

Applicant: KEVIN TAYLOR

D.O.B: 04/02/1980

Green Card Number (Permanent Resident Alien):

Home Address: 10 Jackie Lane, Conway, AR, 72032

Home Phone: 405-922-8602 Business Phone : 918-627-7447 Cell Phone:

Trade Name: HIDEAWAY PIZZA

Former Trade Name: HIDEAWAY PIZZA

Business Address : 5103 Warden Road, North Little Rock County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Change of Manager from Timothy Anderson #06474

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to: Mayor Joe Smith & City Council
Michael Davis, Chief of Police
Sheriff Eric S. Higgins
Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members:

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



D&J009-DGL012

APPLICANT'S NAME: KEVIN TAYLOR

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Timothy Anderson

BUSINESS NAME: HIDEAWAY PIZZA

BUSINESS ADDRESS: 5103 Warden Road, North Little Rock, AR, 72116

DATE OF APPLICATION: 05/22/2019

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. **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.**

7/19/19
John 5/22/19

XXXXXXXXXXXX

Renewed



D6J003-D6L046

Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: Timothy Anderson → Kevin Taylor

| Permit No | Trade Name of Business and Address | Business Phone | Contact Phone |
|-----------|--|----------------|---------------|
| 06474 | HIDEAWAY PIZZA 5103 Warden Road, North Little Rock, AR, 72116 | 918-627-7447 | |

| | Current Address | If new address change here |
|-----------------|--|----------------------------|
| Home Address | 10 Jackie Lane Conway, AR, 72032 | |
| Mailing Address | 1631 South Boston Avenue Tulsa, OK, 74119 | |
| Email Address | | |

Please check the appropriate (Requested Change) :

Change Of Manager

Additional Stockholder(s)

Additional Partner(s)

Please check applicable permits :

| Select | Permit Description | Fee | |
|-------------------------------------|--------------------------------|------------------|---------|
| <input checked="" type="checkbox"/> | Restaurant Mixed Drink Maximum | \$50.00 | NO CASH |
| Total Amount : | | 50 ⁰⁰ | |

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

5/6/19
Date

[Signature]
Signature

2019 MAY 22 P 1:02
AED

