

#5

OFFICE OF THE MAYOR



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CITY HALL
P.O. BOX 5757
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website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: June 4, 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 mixed drink maximum with a change of manager from Brent Schleuse #01404:

Dallas Hagar
Chuy's
5105 Warden Road
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 _____ A.M. 3:58 P.M.
BY Glinda Craigmyle - Mayors office
DATE 6-4-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

00J003-08L013



Date Received: 05/21/2015

Date Assigned: 05/29/2015

Applicant: DALLAS HAGAR

D.O.B: 10/28/1979

Green Card Number (Permanent Resident Alien):

Home Address: 19 Lakeland Dr., Cabot, AR, 72023

Home Phone:

Business Phone : 501-821-2489

Cell Phone: 817-403-1231

Trade Name: CHUY'S

Former Trade Name: CHUY'S

Business Address : 5105 Warden Road, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink Maximum - Change of Manager from Brent Schleuse #01404

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council
Michael David, Cheif of Police
Sheriff Charles "Doc" Holladay
Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members:



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: DALLAS HAGAR

TYPE OF APPLICATION: Restaurant Mixed Drink Maximum - Change of Manager from Brent Schleuse
#01404

BUSINESS NAME: CHUY'S

BUSINESS ADDRESS: 5105 Warden Road, North Little Rock, AR, 72116

DATE OF APPLICATION: 05/21/2015

NAME OF PUBLIC OFFICIAL: _____

TITLE OF OFFICIAL: _____

OFFICIAL MAILING ADDRESS: _____

PHONE : _____

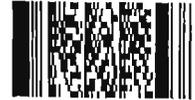
SIGNATURE OF OFFICIAL: _____ DATE: _____

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

56.1003-051.014

NAME OF OUTLET Chuy's
CITY No 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 ; No live entertainment

Multiple horizontal lines for additional text entry.