

#6

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: 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 an off premises retail beer permit with a replacement from individual to Inc. #02217:

Randy A. Hughes
McSwain Sports Center
9400 Hwy. 165
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 6-17-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Thomas

REPASSG0101

05/29/2015

ASSIGNMENT

061003-08L013



Date Received: 05/20/2015

Date Assigned: 05/29/2015

Applicant: RANDY A. HUGHES

D.O.B: 01/01/1960

Green Card Number (Permanent Resident Alien):

Home Address: 9224 Hwy 165, North Little Rock, AR, 72117

Home Phone:

Business Phone :

Cell Phone: 501-690-0725

Trade Name: MCSWAIN SPORTS CENTER

Former Trade Name: MCSWAIN SPORTS CENTER

Business Address : 9400 Hwy. 165, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises-Replacement from individual to Inc. #02217

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: Kimberly K Hughes, 9324 Hwy 165, North Little Rock, AR,
72117

DOB: 10/31/1967



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: RANDY A. HUGHES

TYPE OF APPLICATION: Retail Beer off Premises-Replacement from individual to Inc.

BUSINESS NAME: MCSWAIN SPORTS CENTER

BUSINESS ADDRESS: 9400 Hwy. 165, North Little Rock, AR, 72117

DATE OF APPLICATION: 05/20/2015

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.