

#7

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: 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 and small farm winery permit with a replacement and change of manager from Sean Laughlin:

Donnie Miller
Park Hill Shell
3100 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 _____ 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 De Thomas

ASSIGNMENT

061003-06L013



Date Received: 05/21/2015

Date Assigned: 05/29/2015

Applicant: DONNIE MILLER

D.O.B: 01/01/1960

Green Card Number (Permanent Resident Alien):

Home Address: 1445 Gargenia, Conway, AR, 72034

Home Phone:

Business Phone :

Cell Phone: 501-472-5047

Trade Name: PARK HILL SHELL

Former Trade Name: SUPERSTOP

Business Address : 3100 JFK Blvd., North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine Retail - Replacement #05353

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: DONNIE MILLER

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine Retail - Replacement #05353

BUSINESS NAME: PARK HILL SHELL

BUSINESS ADDRESS: 3100 JFK Blvd., 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.