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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: July 17, 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 new on premises retail beer permit, add Growler Endorsement to Permit #02426:

Gerald J. Parent
Old Chicago of North Little Rock
4305 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



P.O. Box 1285
Cabot, AR 72023
501-605-1175

July 13, 2015

Alcoholic Beverage Control Administration
1515 West 7th Street, Suite 503
Little Rock, AR 72201

Dear Director Roberts,

I would like to request to add "Growler Endorsement" at our location in North Little Rock, AR.

Old Chicago of North Little Rock
Permit # 02426
4305 Warden Road
North Little Rock, AR
Individual on Permit: Gerald Parent

Thank you for considering this request.

Sincerely,
Gerald Parent

FILED _____ A.M. 4:10 P.M.
BY Alinda-Mayer's Ofc.
DATE 7-17-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

DSJ003 DGLC13



Date Received: 07/13/2015

Date Assigned: 07/14/2015

Applicant: GERALD J. PARENT

D.O.B: 01/01/1960

Green Card Number (Permanent Resident Alien):

Home Address: 100 Commercial Park Court, Apt. 147, Maumelle, AR, 72113

Home Phone: Business Phone : 501-259-5810 Cell Phone: 501-538-6217

Trade Name: OLD CHICAGO

Former Trade Name:

Business Address : 4305 Warden Road, North Little Rock County Pulaski

Type Of Investigation: Retail Beer on Premises - NEW

Dancing, if requested:

Comments / Remarks : **"Growler Endorsement"**

Copies Of Assignment and Comment 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:

[Faint signature or stamp]



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: GERALD J. PARENT

TYPE OF APPLICATION: Retail Beer on Premises - NEW

BUSINESS NAME: OLD CHICAGO

BUSINESS ADDRESS: 4305 Warden Road, North Little Rock, AR, 72116

DATE OF APPLICATION: 07/13/2015

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.