CX

OFFICE OF THE MAYOR



JOE A. SMITH

MAYOR

mayor@nlr.ar.gov

PHONE (501) 975-8601 FAX (501) 975-8633

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:

January 18, 2109

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 Retail Beer off Premises – Change of Manager from Cynthia Adams - 05838:

Wendell M. Huddleston Tobacco Superstore #42 4604 JFK, Suite 10 North Little Rock, AR

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

Thank you.

Attachments

DATE
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by

ASSIGNMENT

D6J003-D6L013



. 01/10/2012

Date Received: 01/09/2019

Applicant: WENDELL M. HUDDLESTON

Green Card Number (Permanent Resident Alien):

Home Address: 10 Chad Ct., Cabot, AR, 72023

Home Phone:

Business Phone: 870-633-0099

Cell Phone: 501-773-9219

D.O.B: 05/25/1970

Date Assigned: 01/16/2019

Trade Name: TOBACCO SUPERSTORE #42

Former Trade Name: TOBACCO SUPERSTORE #42

Business Address: 4604 JFK, Suite 10, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises - Change of Manager from Cynthia Adams

05838

Dancing, if requested:

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith &I City Council

Michael Davis, Chief of Police

Eric S. Higgins, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator:

Stockholders / Partners / LLC

Members:



ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: WENDELL M. HUDDLESTON

TYPE OF APPLICATION: Retail Beer off Premises - Change of Manager from Cynthia Adams

BUSINESS NAME: TOBACCO SUPERSTORE #42

BUSINESS ADDRESS: 4604 JFK, Suite 10, North Little Rock, AR, 72116

DATE OF APPLICATION: 01/09/2019

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)				

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 request, do not run your own criminal history check through ACIC.

Printed On: 01/16/2019

If yes, please explain your objections below:







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

Perr	mit No	Trade Name of Business and Address	Business Phone		
0583		TOBACCO SUPERSTORE #42		Contact Phone	
		4604 JFK, Suite 10, North Little Rock, AR, 72116	870-633-0099		
	A 1.1	Current Address If no	If new address change here		
Home Address		1416 West 11th Street			
		North Little Rock, AR, 72114			
Mailing Address		s 3550 David Cohn Drive			
		Forrest City, AR, 72335			
Email	Address				
Plea	se check	the appropriate (Requested Change) :			
X Ch	hange Of	Manager	*		
		Stockholder(s)			
Aa	dditional F	Partner(s)			
Please c	heck applic	cable permits :			
Select		Permit Description	Fee		
	Retail Be	er Off Premises	\$50.00	NO CASH	
		Table			
	<u>L</u>	Total Amount :			
I do he	reby ackr	nowledge the receipt of Instructions for Change Of Manager/Additio	nal Stackhalder(e	\	
and ma	ake a requ	uest for the above mentioned change(s).	nai Stockholder(s) / Partner(s)	
;	17/17	110	1 11	ウォ	
	<u> </u>	118	MM	R	
	Da	le	Signature		

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