#### 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:

Glinda Craigmyle

DATE:

October 1, 2018

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 restaurant mixed drink permit:

Anthony L. Hubbard Longhorn Steakhouse 3911 McCain 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

Dinne Whitbey, City Clerk and Collector North Little Rock, Arkansas

BECEIVED by

### ASSIGNMENT

D6J003-D6L013



Date Received: 09/20/2018

Date Assigned: 09/21/2018

Applicant: ANTHONY L. HUBBARD

D.O.B: 06/02/1971

Green Card Number (Permanent Resident Alien):

Home Address: 2405 Bearskin Drive, Sherwood, AR, 72120

Home Phone:

**Business Phone:** 

Cell Phone: 501-992-7251

Trade Name: LONGHORN STEAKHOUSE

Former Trade Name:

Business Address: 3911 McCain Blvd., North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - NEW

Dancing, if requested:

Comments / Remarks:

Comment Form Mailed to:

Copies Of Assignment and Mayor Joe Smith & City Council

Michael Davis, Chief of Police

Doc Holladay, Sheriff

Larry Jegley, Prosecuting Attorney

Assigned to Investigator:

Stockholders / Partners / LLC Members:



# ALCOHOLIC BEVERAGE CONTROL DIVISION COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: ANTHONY L. HUBBARD TYPE OF APPLICATION: Restaurant Mixed Drink - NEW **BUSINESS NAME: LONGHORN STEAKHOUSE** BUSINESS ADDRESS: 3911 McCain Blvd., North Little Rock, AR, 72116 DATE OF APPLICATION: 09/20/2018 NAME OF PUBLIC OFFICIAL: TITLE OF OFFICIAL: OFFICIAL MAILING ADDRESS: PHONE: SIGNATURE OF OFFICIAL: 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: 157 1 1

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

Printed On: 09/21/2018



revoked\_



# APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR

#### CONSUMPTION ON THE PREMISES

OK.	·	CONSUMPTION ON THE PREMISES		
	( ) Hotel-Motel (x) Restaurant Or	nly .	New Applicatio Replacement Permit No.	$\frac{X}{208H}$
I, or we, do hereby consumption on the approval.	make application to premises, and do	o the State of Arkansa: hereby submit answer	s for a permit to sell alcol s to the following questio	nolic beverages for ons under oath for your
	ality Internationa corporate/Partnersh		FEIN#_58	8-1498312
	•	•		
NAME <u>Anthon</u> First	<u>Y</u>	Lavern Middle	Hubba	ard Last
	2405 Bearskir	n Drive, Sherwood,	AP 72120 P	ulaski
TOME ADDRESS	Street	City	Zip	County
RUSINESS NAME	LongHorn Stea	ıkhouse	FORMER NAME_N/	•
BUSINESS ADDRE	Street	City	ele Rock, AR 72116 Zip	Pulaski
c proposed leastic		city limits? Ins	•	County
			siness? No If so	o, state type of business
			_ If leased, give name a	
nyone now hold a	permit at this locati	on? <u>No</u> If so, g	give name, type and perr	nit number(s) of same
Do you or any other	r person interested	in this permit hold anv	other type of alcoholic be	everage permit? Yes
	ace and permit num	DARRIT C. C.		with its parent corporation and affil
umber of sleeping	rooms in hotel N	own and operate o	ver 2,000 restaurants in the Unpacity of restaurant 2	08 Canada; all hold alcohol licen
			Dinner $X$ Number of $\alpha$	days open per week <u>7</u>

Has there ever been a beer, wine or liquor permit revoked at this location? No If so, give name and date



If applicant is a partnership, give names and addresses of all partners:
N/A
If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by
each:
RARE Hospitality International, Inc. is a wholly owned subsidiary of GMRI, Inc. GMRI, Inc.
owns 100% shares of stock for this entity.
GMRI, Inc., 1000 Darden Center Drive, Orlando, FL 32837
OMIC, 11000 Burden Center Brive, Orlando, FE 32837
(B) Name and address of President and Secretary:
President -William R. White, III, 4035 Gilder Rose Place, Winter Park, FL 32792
Secretary - Joseph G. Kern, 112 Kennison Drive, Orlando, FL 32801
*Please note, Mr. White and Mr. Kern have no felony convictions and own 0% stock in above corporations.
NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.
Signed this day of
Signature of Applicant or Managing Agent
Anthony Lavern Hubbard, Managing Agent
Subscribed and sworn to before me this 14th day of September , 2018.
Lelsey fr. O
My Commission Expires: 2.22, 2028
Revised 11/13/09  KELSEY SULLIVAN  Notary Public – Arkansas  Lonoke County  Commission # 12703169  My Commission Expires Feb 22, 2028



# DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

\*For all ON PREMISES permits - except private c lubs\*

D6J003-D6t.014

NAME OF OUTLET RARE Hospitality In	ternational, Inc. d/b/a Long	gHorn Steakhouse
CITY North Little Rock	COUNTY	Pulaski
Under the Section 1.34 of the ABC Requises described in the original applicant entertainment other than originally list shall be grounds for revocation of the pe	cation. Any material c ted in this application, n	hange in the outlet's operations o vithout prior approval of the Director
Describe the types of business and enter occur on your permitted premises on the	rtainment activities (cafe lines below. Use the bacl	:/restaurant, pool hall, dancing, etc.) to c of this form if necessary.
If live entertainment is proposed, yentertainment, i.e., live bands, dancer	you must be specific s, etc.	as to the type and description o
FULL SERVICE RESTAURANT SERVI	ING ALCOHOLIC BEVE	RAGES.
	The state of the s	_