

#12

OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *HC*
DATE: October 25, 2017
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 off premises grocery store wine permit:

Ian K. Bardo
Wal-Mart Supercenter #1105
4450 E. McCain Blvd.
North Little Rock, AR

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

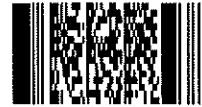
Thank you.

Attachments

FILED 9:23 A.M. _____ P.M.
BY Glinda Craigmyle - Admin
DATE 10-25-2017
Diana Williams, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

D6J003-D6L013



Date Received: 10/03/2017

Date Assigned: 10/11/2017

Applicant: IAN K. BARDO

D.O.B: 07/14/1977

Green Card Number (Permanent Resident Alien):

Home Address: 10739 Paul Eells Drive Apt 20, North Little Rock, AR, 72113

Home Phone: 479-277-5989 **Business Phone :** 501-945-2700 **Cell Phone:** 865-567-5550

Trade Name: WAL-MART SUPERCENTER #1105

Former Trade Name:

Business Address : 4450 E. McCain Blvd., North Little Rock **County** Pulaski

Type Of Investigation: Grocery Store Wine - NEW

Dancing, if requested:

Comments / Remarks :

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:



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: IAN K. BARDO

TYPE OF APPLICATION: Grocery Store Wine - NEW

BUSINESS NAME: WAL-MART SUPERCENTER #1105

BUSINESS ADDRESS: 4450 E. McCain Blvd., North Little Rock, AR, 72117

DATE OF APPLICATION: 10/03/2017

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. **Pursuant to ACA 3-2-103, a national fingerprint based background check will be, or has been, conducted. At ACICs request, do not run your own criminal history check through ACIC.**

STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR GROCERY STORE WINE PERMIT

Permitted Building Size

- Check One: () Less than 35,001 sq.ft
() 35,001 sq.ft - 50,000 sq.ft
() 50,001 sq.ft - 75,000 sq.ft
() Greater than 75,000 sq.ft

New Application _____
Replacement _____
Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell wine in a grocery store as authorized by Act 508 of 2017 and do hereby submit answers to the following questions under oath for your approval:

Wal-Mart Stores Arkansas LLC FEIN#: 71-04515188
Corporate/Partnership/LLC Name

NAME Jan hent Burdo
First Middle Last
MAILING ADDRESS 10739 Paul Ellis North Little 72113 Pulaski
Street Drive Apt. 20 City P.O. Box County
BUSINESS NAME Wal-Mart #1105
BUSINESS ADDRESS 4450 E. McCain NLR 72117 Pulaski
Street Blvd. City Zip County Township

Does your store, or will your store, maintain an inventory of human consumables? Yes _____ No

Provide the date your store opened for business: 12/31/1987

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 0.93 %

Does anyone now hold any type of permit at this location? Yes _____ No

a. If "yes", give name, permit type, and permit number(s) Jan Burdo
Retail Beer + Small Farm Winery permit # 1951

b. Is one of the permits listed above a small farm wine retail permit? Yes _____ No

c. Will the named permittee and floor plan of the permitted premises remain unchanged? Yes _____ No

d. If you answered "Yes" to the above question, please complete the "Certification of Permit Status" form. You do not need to complete the remaining portion of this application; however, you must sign the application and have it notarized.

Is the proposed location inside or outside city limits? 911 d 3-130 1107

Are you the owner of the proposed premises? RECEIVED Do you have the premises leased? _____

If leased, give name and address of owner _____

If applicant is a partnership, give names and addresses of all partners:

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

(B) Name and address of President and Secretary:

NOTE: A Schedule A form is to be completed by each party to this application and is to be considered a part of the application. Existing Small Farm Wine Retail Permittees need not complete a Schedule A form; however, they must complete a Certification of Permit Status form. Any false statements or concealment of fact may be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 30th day of September, 2017.

[Handwritten Signature]

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 30 day of September, 2017.

[Handwritten Signature]

Notary Public

My Commission Expires: 4-22-2023

