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OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle
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:

Patrick W. Scherrey
Kroger #639
2509 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 Whitby, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

D6J003-D6L013



Date Received: 10/05/2017

Date Assigned: 10/06/2017

Applicant: PATRICK W. SCHERREY

D.O.B: 03/11/1958

Green Card Number (Permanent Resident Alien):

Home Address: 2924 Sweetgrass Drive, Little Rock, AR, 72211

Home Phone:

Business Phone :

Cell Phone: 501-944-4050

Trade Name: KROGER FOOD STORE #639

Former Trade Name:

Business Address : 2509 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

FORM 100 (REV. 11/12)

APPLICANT'S NAME: PATRICK W. SCHERREY

TYPE OF APPLICATION: Grocery Store Wine - NEW

BUSINESS NAME: KROGER FOOD STORE #639

BUSINESS ADDRESS: 2509 McCain Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 10/05/2017

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
(X) 50,001 sq.ft - 75,000 sq.ft 3,500.00
() Greater than 75,000 sq.ft

New Application X
Replacement _____
Permit No. 01895

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:

Kroger Limited Partnership 1 FEIN#: 31-1569568
Corporate/Partnership/LLC Name

NAME Patrick Scherrey
First Middle Last

MAILING ADDRESS P.O. Box 305103 Nashville, TN 37230-5103 Davidson
Street City Zip County

BUSINESS NAME Kroger #639

BUSINESS ADDRESS 2509 McCain Blvd. North Little Rock 72116 Pulaski
Street City Zip County Township

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

Provide the date your store opened for business: 03/13/1997

What percentage of your gross sales are derived, or will be derived, from the sale of alcoholic beverages? 19 %

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

a. If "yes", give name, permit type, and permit number(s)

Patrick Scherrey. Permit Number 01895, Small Farm Winery - Retail and Retail Beer Off Premises

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

c. Will the named permittee and floor plan of the permitted premises remain unchanged? X 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? _____

Are you the owner of the proposed premises? _____ 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 _____ day of 9/29/2017

DocuSigned by:
Patrick Scherrey
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 29 day of Sept., 2017

Kevin Schemm
Notary Public

My Commission Expires:

