

#8

OFFICE OF THE MAYOR



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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: 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 restaurant mixed drink permit with a change of manager from Stephanie S. Roberts:

Jonathan Witte
Applebee's Neighborhood Grill & Bar of L.R.
4333 No. 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

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



ASSIGNMENT

DGJ003-DGL013

Date Received: 10/12/2017

Date Assigned: 10/13/2017

Applicant: JONATHAN WITTE

D.O.B: 02/09/1988

Green Card Number (Permanent Resident Alien):

Home Address: 1200 Brookwood Drive, Apt 320, Little Rock, AR, 72202

Home Phone:

Business Phone :

Cell Phone: 940-642-5588

Trade Name: APPLEBEE'S NEIGHBORHOOD GRILL & BAR OF L.R.

Former Trade Name: APPLEBEE'S NEIGHBORHOOD GRILL & BAR OF L.R.

Business Address : 4333 No. Warden Road, North Little Rock **County** Pulaski

Type Of Investigation: Restaurant Mixed Drink - Change of Manager from Stephanie Roberts
00127

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 154 - 10-17

APPLICANT'S NAME: JONATHAN WITTE

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Stephanie Roberts

BUSINESS NAME: APPLEBEE'S NEIGHBORHOOD GRILL & BAR OF L.R.

BUSINESS ADDRESS: 4333 No. Warden Road, North Little Rock, AR, 72116

DATE OF APPLICATION: 10/12/2017

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.**

Handwritten notes:
 00127
 00000101
 01/21

0012700000101

D6J003-D6L045



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

Permit Holder: **Stephanie Roberts**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
00127	APPLEBEE'S NEIGHBORHOOD GRILL & BAR OF L.R. 4333 No. Warden Road, North Little Rock, AR, 72116		

	Current Address	If new address change here
Home Address	1014 South Rock Little Rock, AR, 72202	1200 Brookwood Dr Apt #320 Little Rock Ar, 72202
Mailing Address	170 Wind Chime Court Raleigh, NC, 27615	
Email Address		

Please check the appropriate (Requested Change) :

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

Please check applicable permits :

Select	Permit Description	Fee	NO CASH
<input checked="" type="checkbox"/>	Restaurant Mixed Drink Maximum	\$50.00	
Total Amount :			

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

_____ Date _____ Signature _____

RECEIVED
 2011 OCT 12 P 2: 32
 ABC

RECEIVED
 2011 OCT 12 P 12: 26
 ABC



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

06J003-DS1.014

NAME OF OUTLET Applebee's Bar and Grill

CITY North Little Rock COUNTY Pulaski

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

Music over speakers playing

TV stations playing sports & news

Multiple horizontal lines for additional text entry.