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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 Bill Yeates:

Terry Harris
My Friends Place
5501 MacArthur Drive
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 Wilbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

REPASSG0101

ASSIGNMENT

08J003-06L013



Date Received: 10/13/2017

Date Assigned: 10/13/2017

Applicant: TERRY HARRIS

D.O.B: 01/29/1983

Green Card Number (Permanent Resident Alien):

Home Address: 298 Vernon Harvey Road, Beebe, AR, 72012

Home Phone:

Business Phone : 501-758-9933

Cell Phone: 501-231-4808

Trade Name: MY FRIENDS PLACE

Former Trade Name: MY FRIENDS PLACE

Business Address : 5501 MacArthur Drive, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Replacement from Bill Yeates
02354

Dancing, if requested: Yes

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: Ricky L Ponson, 828 Swing Bridge Road, Beebe, AR, 72012
DOB: 5/19/1958



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

03/11/2016

APPLICANT'S NAME: TERRY HARRIS

TYPE OF APPLICATION: Restaurant Mixed Drink - Replacement from Bill Yeates

BUSINESS NAME: MY FRIENDS PLACE

BUSINESS ADDRESS: 5501 MacArthur Drive, North Little Rock, AR, 72118

DATE OF APPLICATION: 10/13/2017

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.**

Fox
10-13-17



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR
CONSUMPTION ON THE PREMISES

Check One: () Hotel-Motel

Restaurant Only

New Application _____
Replacement _____
Permit No. _____

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

RLPH INC dba My Friends PLACE FEIN# 82-2312847
Corporate/Partnership/LLC Name

NAME Terry LANCE HARRIS
First Middle Last

HOME ADDRESS 298 Vernon Harvey Rd BEEBE 72012 WHITE
Street City Zip County

BUSINESS NAME My Friends PLACE FORMER NAME My Friends PLACE

BUSINESS ADDRESS 5501 MacArthur Dr No. L.R. 72118
Street City Zip County

Is proposed location inside or outside city limits? inside No. L.R.

Are the beverages to be sold in connection with any other business? NO If so, state type of business

Are you the owner of the proposed premises? LEASE If leased, give name and address of owner

BILL YEATES 5424 N MAPLE NoLR AR 72118 Does

anyone now hold a permit at this location? yes If so, give name, type and permit number(s) of same

BILL YEATES, DBA My Friends PLACE Beer AL 8917-0017202 Alcoholic Beverage Bus. License 01 7067-10069 02354

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? NO

If so, give name, place and permit number(s) _____

Number of sleeping rooms in hotel N/A Seating capacity of restaurant 60
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast ✓ Lunch ✓ Dinner ✓ Number of days open per week 7

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

2017 OCT 13 12:25 RECEIVED



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:

Ricky LYNN POWSON 828 Swing Bridge Rd Beebe Ar 72012 50%
Terry LANCE HARRIS 298 Vernon Harvey Rd Beebe Ar 72012 50%

(B) Name and address of President and Secretary:

Terry LANCE HARRIS President
Ricky LYNN POWSON Secretary

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 23 day of August 2017

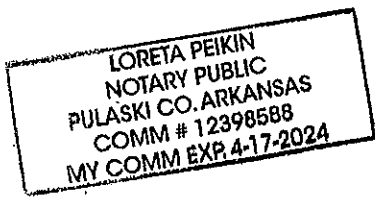
Terry Harris
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 23 day of August 2017

Loreta Peikin
Notary Public

My Commission Expires: 4-17-2024

Revised 11/13/09





DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

05 200 1031 011

NAME OF OUTLET R LPH INC DBA My Friends PLACE

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.

Cafe serving breakfast all day, Lunch and dinner
Have 2 pool tables and a dance floor.

Local bands occasionally

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