

#3

OFFICE OF THE MAYOR



JOE A. SMITH
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: November 23, 2016
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 retail beer permit:

Satnarayan Murthy
Community Market
1513 East Washington Ave.
North Little Rock, AR

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

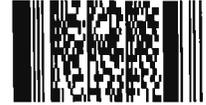
Thank you.

Attachments

FILED _____ A.M. 2:40 P.M.
BY Glinda Craigmyle - Mayor's off.
DATE 11-23-16
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by Jo Thomas

ASSIGNMENT

081003-08LC13



Date Received: 11/07/2016

Date Assigned: 11/10/2016

Applicant: SATNARAYAN MURTHY

D.O.B: 05/05/1973

Green Card Number (Permanent Resident Alien): 088298275

Home Address: 11710 Pleasant Ridge, Apt 1905, Little Rock, AR, 72223

Home Phone:

Business Phone :

Cell Phone: 501-786-3131

Trade Name: COMMUNITY MARKET

Former Trade Name:

Business Address : 1513 East Washington Ave, North Little Rock County Pulaski

Type Of Investigation: Retail Beer off Premises - 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: Muneera H Budvani, 11710 Pleasant Ridge Drive Apt 1908, Little Rock, AR, 72223
DOB: 3/15/1960



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: SATNARAYAN MURTHY

TYPE OF APPLICATION: Retail Beer off Premises - NEW

BUSINESS NAME: COMMUNITY MARKET

BUSINESS ADDRESS: 1513 East Washington Ave, North Little Rock, AR, 72114

DATE OF APPLICATION: 11/07/2016

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.**

P/N/FP/RR
Given 11/17/14



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION
APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION
 OFF PREMISES CONSUMPTION

New Application _____
Replacement _____
Permit No. 05105

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer at retail, and do hereby submit answers to the following questions under oath for your approval:

Community Mart LLC FEIN# 81-4189316
Corporate /Partnership/LLC Name

NAME Baturayan Murthy
First Middle Last

HOME ADDRESS 11710 Pleasant Ridge Dr Apt 1905 Little Rock
Street City Zip County (Pulaski)

BUSINESS NAME Community Market FORMER NAME _____

BUSINESS ADDRESS 1513 E Washington Ave NLR AR 72114
Street City Zip County Township

Is proposed location inside or outside city limits? Inside

Is the beer to be sold in connection with any other business? Yes (A) If so, state type of business
(café, drug store, pool hall, service station, convenience store, etc.) Gas Station w/c store

(B) If beer is to be sold in connection with a motor fuel sales business give number of gasoline and/or diesel pumps at each location 2 MPD

Are you the owner of the proposed premises? NO Do you have the premises leased? Yes

If leased, give name and address of owner IHL 204 Morning Side Dr Brayan

Will there be dancing on the premises? NO Dance Space _____ x _____

Does anyone now hold a beer or any other permit at this location? NO If so, give name and permit number(s) _____

Has anyone, to your knowledge, held a beer or any other permit at this location? NO If so, give name and permit number(s) _____

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

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

2018 NOV - 7 P 1: 09
RECEIVED

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RECEIVED

RECEIVED