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OFFICE OF THE MAYOR



JOE A. SMITH
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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 restaurant mixed drink permit with a change of manager from Aaron Lee:

Brian Biggs
Carino's Italian Kitchen
4221 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 _____ A.M. 2:40 P.M.
BY *Glinda Craigmyle - Mayors off.*
DATE *11-23-16*
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *Ke Thomas*

ASSIGNMENT

DGJ003 D6L013



Date Received: 11/10/2016

Date Assigned: 11/14/2016

Applicant: BRIAN BIGGS

D.O.B: 08/29/1975

Green Card Number (Permanent Resident Alien):

Home Address: 4429 East 46th, North Little Rock, AR, 72117

Home Phone:

Business Phone : 501-758-8226

Cell Phone: 713-345-0878

Trade Name: CARINO'S ITALIAN KITCHEN

Former Trade Name: CARINO'S ITALIAN KITCHEN

Business Address : 4221 Warden Road, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Change of Manager from Aaron Lee
00532

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: BRIAN BIGGS

TYPE OF APPLICATION: Restaurant Mixed Drink - Change of Manager from Aaron Lee

BUSINESS NAME: CARINO'S ITALIAN KITCHEN

BUSINESS ADDRESS: 4221 Warden Road, North Little Rock, AR, 72116

DATE OF APPLICATION: 11/10/2016

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.**

11-10

COM000000101

06J003-06L045



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

Permit Holder: ~~Aaron Lee~~ *Brian Briggs*

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
00532	CARINO'S ITALIAN KITCHEN 4221 Warden Road, North Little Rock, AR, 72116	501-758-8226	

Home Address	Current Address	If new address change here
	14104 Magnolia Glen Alexander, AR, 72002	<i>↓ 4429 E. 46th Apt. # 14 North Little Rock AR 72117</i>
Mailing Address	1514 Ranch Road 620 South Lakeway, TX, 78734	
Email Address	<i>rlacy@carinos.com</i>	

Please check the appropriate (Requested Change) :

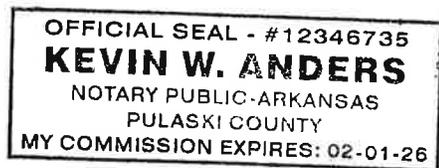
Change Of Manager
 Additional Stockholder(s)
 Additional Partner(s)

Please check applicable permits :

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

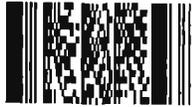
11/10/16 Date *[Signature]* Signature



RECEIVED
2016 NOV 10 P 2:41

K-25
11-10-16

RECEIVED
2016 NOV 10 P 1
A.B.C.



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

09J003.03L014

NAME OF OUTLET _____

CITY 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.

Full service, casual restaurant w/
liquor