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OFFICE OF THE MAYOR



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CITY HALL  
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MEMORANDUM

TO: Members of the North Little Rock City Council  
FROM: Glinda Craigmyle *GC*  
DATE: April 9, 2015  
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 an off premises retail beer permit with a change of manager from, Mohammed Yafai:

Adel T. Altowayti  
Quick Stop, Inc.  
4700 Camp Robinson Rd.  
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. 2:23 P.M.  
BY G. Craigmyle  
DATE 4-9-15  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by Altowayti

REPASSG0101

## ASSIGNMENT

06/03/2013



**Date Received:** 04/02/2015

**Date Assigned:** 04/03/2015

**Applicant:** ADEL T. ALTOWAYTI

**D.O.B:** 12/27/1969

**Green Card Number (Permanent Resident Alien):**

**Home Address:** 13 Lisa Court, Little Rock, AR, 72212

**Home Phone:**

**Business Phone :** 501-812-5223

**Cell Phone:** 501-615-3327

**Trade Name:** RIDGE MART INC.

**Former Trade Name:** QUICK STOP, INC.

**Business Address :** 4700 Camp Robinson Rd., North Little Rock      **County** Pulaski

**Type Of Investigation:** Retail Beer off Premises - Replacement from Mohammed Yafai  
02708

**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: ADEL T. ALTOWAYTI

TYPE OF APPLICATION: Retail Beer off Premises - Replacement from Mohammed Yafai

BUSINESS NAME: RIDGE MART INC.

BUSINESS ADDRESS: 4700 Camp Robinson Rd., North Little Rock, AR, 72118

DATE OF APPLICATION: 04/02/2015

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.