

#4

4-13-20

OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

PHONE (501) 975-8601
FAX (501) 975-8633

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: Anita Paul *AKP*
DATE: March 25, 2020
SUBJECT: Alcoholic Beverages Permit Request

For your information, I have enclosed a copy of the *Assignment and Comments of Officials* forms from the State of Arkansas. Alcoholic Beverage Control Division.

The following applicant has applied for a replacement - retail beer off premises permit:

Monica Han
Lakewood Mart
4601 North Hills Blvd
North Little Rock, AR 72116

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

Thank you.

Attachments

FILED _____ A.M. 3:20 P.M.
BY Anita Paul
DATE 3-25-20
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Lisen

NEWASSG0101

Printed On:03/23/2020

ASSIGNMENT

Date Received: 03/13/2020

Date Assigned: 03/23/2020

Applicant: MONICA HAN

D.O.B: 12/20/1964

Green Card Number (Permanent Resident Alien):

Home Address: 9416 MILLERS POINTE, SHERWOOD, AR 72120

Home Phone: (501) 442-8433 Business Phone: (501) 753-2429 Cell Phone: (501) 442-8433

Trade Name: LAKEWOOD MART

Former Trade Name: NORTH HILLS MART

Business Address: 4601 NORTH HILLS BLVD., NORTH LITTLE ROCK, AR 72116, County 60 - PULASKI

Type Of Investigation: **Replacement-Retail Beer Off Premises**

Dancing, if requested: No

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov; ABC-ATC.AssignmentSheet@dfa.arkansas.gov;

Assigned to Investigator: _____

Stockholders / Partners / LLC Members :

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: MONICA HAN

TYPE OF APPLICATION: BRBF-Retail Beer Off Premises

BUSINESS NAME: LAKEWOOD MART

BUSINESS ADDRESS: 4601 NORTH HILLS BLVD., NORTH LITTLE ROCK, AR 72116, 60 - PULASKI

DATE OF APPLICATION: 03/13/2020

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 ACIC's request, do not run your own criminal history check through ACIC.

Printed On: 03/23/2020

CURRENT
1274-01



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

Check One: () ON PREMISES CONSUMPTION
(X) OFF PREMISES CONSUMPTION

New Application _____
Replacement X
Permit No. 03156 33156

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:

Lakewood Mart, Inc FEIN# 84-3709693
Corporate /Partnership/LLC Name

NAME Montca B Han
First Middle Last

HOME ADDRESS 9416 Millers Pointe Sherwood 72120 Pulaski
Street City Zip County

BUSINESS NAME Lakewood Mart, Inc FORMER NAME North Hills Mart, Inc

BUSINESS ADDRESS 4601 N. Hills Blvd, NLR 72116 Pulaski
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.) C-store with Gas

(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 4

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

If leased, give name and address of owner Coulson Oil Company, 5101 Northshore Ln, NLR 72118

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

Does anyone now hold a beer or any other permit at this location? _____ If so, give name and permit number(s) Yu Jm Lee # 03156

Has anyone, to your knowledge, held a beer or any other permit at this location? _____ 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) _____

2020 MAR -2 P 3:02
2020 MAR 13 P 1:21
RECEIVED
ABC



If applicant is a partnership, give names and addresses of all partners:

N/A

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

Montca B. Han 9416 Millers Pointe, Sherwood, AR 72120. 97%

Jason E. Han 9416 Millers Pointe, Sherwood, AR 72120. 3%

(B) Name and address of President and Secretary:

Montca B. Han 9416 Millers Pointe, Sherwood, AR 72120. President

Jason E. Han 9416 Millers Pointe, Sherwood, AR 72120. Secretary

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the 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 3rd day of February, 2020.

Montca Han
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 3rd day of February, 2020.

[Handwritten Signature]

My Commission Expires: 10/14/2029

