

#1

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: May 28, 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, Dong Rim shin:

George A. Thornell
Marty's Meat & Grocery
4618 E. Broadway
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. 2:16 P.M.
BY Glinda - Mayor's Ofc.
DATE 5-28-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by J. Manha

REPASSG0101

RECEIVED



ASSIGNMENT

MAY 28 2015

CITY OF NJR, MAYOR'S OFFICE

Date Assigned: 05/19/2015

Date Received: 05/14/2015

Applicant: George A. Thornell

D.O.B: 03/18/1950

Green Card Number (Permanent Resident Alien):

Home Address: 2816 Steeple Chase, Jacksonville, AR, 72076

Home Phone:

Business Phone : 501-945-5993

Cell Phone: 501-346-3341

Trade Name: MARTY'S GROCERY

Former Trade Name: MARTY'S MEAT & GROCERY

Business Address : 4618 East Broadway, North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises - Replacement from Dong Rim Shin
02191

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: GEORGE A. THORNELL

TYPE OF APPLICATION: Retail Beer off Premises - Replacement from Dong Rim Shin

BUSINESS NAME: MARTY'S GROCERY

BUSINESS ADDRESS: 4618 East Broadway, North Little Rock, AR, 72117

DATE OF APPLICATION: 05/14/2015

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.