

#3

OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: July 20, 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 and small farm winery permit with a change of manager from Kevin Stephens:

Naeomi L. York
Wal-Mart Supercenter #4460
12001 Maumelle Blvd.
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. 2:55 P.M.
BY Julie Fisher - Admin.
DATE 07/20/2015
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by DMC

ASSIGNMENT

D6J0C3 D6L013



Date Received: 06/24/2015

Date Assigned: 07/13/2015

Applicant: NAEOMI L. YORK

D.O.B: 07/26/1986

Green Card Number (Permanent Resident Alien):

Home Address: 134 Chambery Road, Maumelle, AR, 72113

Home Phone:

Business Phone : 501-851-6102

Cell Phone: 931-217-7768

Trade Name: WAL-MART SUPERCENTER #4460

Former Trade Name: WAL-MART SUPERCENTER #4460

Business Address : 12001 Maumelle Blvd., North Little Rock

County Pulaski

Type Of Investigation: Retail Beer off Premises & Small Farm Wine - Change of Manager from Kevin Stephens
01456

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:

ABC 6821105



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: NAEOMI L. YORK

TYPE OF APPLICATION: Retail Beer off Premises & Small Farm Wine - Change of Manager from Kevin Stephens

BUSINESS NAME: WAL-MART SUPERCENTER #4460

BUSINESS ADDRESS: 12001 Maumelle Blvd., North Little Rock, AR, 72113

DATE OF APPLICATION: 06/24/2015

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.