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OFFICE OF THE MAYOR



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

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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: Anita Paul *AKP*
DATE: August 15, 2019
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 new retail liquor and retail beer off premises permit – replacement for Darron W. Methvin #00378:

Sukhwinder Singh
Boulevard Spirits
11905 Maumelle 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. 12:20 P.M.
BY Anita Paul-Mayors office
DATE 8-15-19
Diane Whitby, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED BY K. Thomas

REPASSG0101

08/12/2019

ASSIGNMENT

D6J003-D6L013



Date Received: 08/08/2019

Date Assigned: 08/12/2019

Applicant: SUKHWINDER SINGH

D.O.B: 11/19/1969

Green Card Number (Permanent Resident Alien): 099396371

Home Address: 5901 JFK Blvd. Apt 803, North Little Rock, AR, 72116

Home Phone: 516-476-6305 **Business Phone :**

Cell Phone:

Trade Name: BOULEVARD SPIRITS

Former Trade Name: BOULEVARD WINE & SPIRITS

Business Address : 11905 Maumelle Blvd., North Little Rock

County Pulaski

Type Of Investigation: Retail Liquor & Retail Beer off Premises - Replacement for Darron W. Methvin #00378

Dancing, if requested:

Comments / Remarks :

**Copies Of Assignment and
Comment Form Mailed to:**

Mayor Joe Smith & City Council
Michael Davis, Chief of Police
Sheriff Eric S. Higgins
Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

**Stockholders / Partners / LLC
Members:**

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



08/19/19 10:01:02

APPLICANT'S NAME: SUKHWINDER SINGH

TYPE OF APPLICATION: Retail Liquor & Retail Beer off Premises - Replacement for Darron W. Methvin

BUSINESS NAME: BOULEVARD SPIRITS

BUSINESS ADDRESS: 11905 Maumelle Blvd., North Little Rock, AR, 72116

DATE OF APPLICATION: 08/08/2019

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.**

FP/PP
Given 8/13/19

Renewed



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR LIQUOR PERMIT

Check One: RETAIL
 WHOLESALE

New Application
Replacement
Permit No. 00378

Replacing Darron W Methvin

I, or we, do hereby make application to the State of Arkansas for a permit to sell vinous, spirituous and malt liquors at WHOLESALE/RETAIL and do hereby submit answers to the following questions under oath for your approval:

Boulevard Spirits LLC FEIN# 84-2612939
Corporate/ Partnership/LLC Name

NAME SUBHINDER SINGH
First Middle Last

HOME ADDRESS 5901 JFK Blvd, N. Little Rock 72116 PULASKI
Street City Zip County

BUSINESS NAME Boulevard Spirits FORMER NAME _____

BUSINESS ADDRESS 11905 Mamelle Blvd #119 72116 PULASKI
Street City Zip County Township

Is proposed location inside or outside city limits? inside

Will this liquor outlet be operated in connection with any other business? yes If so, state type of business
Retail Beer

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

If leased, give name and address of owner Boulevard Land Development 2200 Bodou Park

What portion of the above described premises will apply to this permit? entire LR

APPLICANTS FOR RETAIL PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly or indirectly, in the manufacture, blending, rectifying or wholesaling of alcoholic beverages, or beer? NO If so, state name of party or parties: _____

APPLICANTS FOR WHOLESALE, RECTIFIER, OR MANUFACTURERS PERMITS ONLY: Is applicant (or any party to this application) now interested or expected to become interested, directly or indirectly, in the dispensing at retail of alcoholic beverages, or beer? NA If so, state name of party or parties: _____

Darron W Methvin

Does anyone now hold any type of permit at this location? yes If so, give name and permit number(s)
Darron Methvin 00378

Give nearest distance, building to building, from CHURCH only 100 ft SCHOOL over 1000 ft



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:

Sukhinder Singh, 5901 JPK Blvd Apt 803 NLR
100% 7216

(B) Name and address of President and Secretary

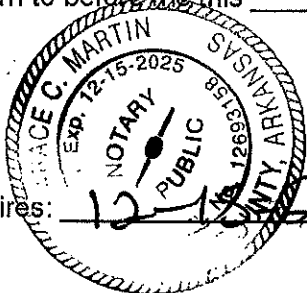
O/Mng Sukhinder Singh, 5901 JPK Blvd Apt 803
NLR

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 1 day of Aug 2019

Sukhinder Singh
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 1 day of Aug 2019



Trace C. Martin
Notary Public

My Commission Expires: 12-15-25



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: () ON PREMISES CONSUMPTION
 OFF PREMISES CONSUMPTION

New Application _____
Replacement _____
Permit No. 00378

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:

Boulevard Spirits LLC
Corporate / Partnership / LLC Name

NAME SURHWINDER SINGH
First Middle Last
MAILING ADDRESS 5901 JFK BLVD, N. Little Rock 72116 PULASKI
Street City Zip County

BUSINESS NAME Boulevard Spirits FORMER NAME _____
BUSINESS ADDRESS 11905 Marmelle Blvd, N Little Rock 72113 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.) Retail Liquor
(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 NO

Are you the owner of the proposed premises? NO Do you have the premises leased? yes
If leased, give name and address of owner Boulevard Land Development LLC

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

Does anyone now hold a beer or any other permit at this location? yes If so, give name and permit number(s) DARREN McKEVIN 00378

Has anyone, to your knowledge, held a beer or any other permit at this location? yes If so, give name and permit number(s) see above

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) n/a



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:

*Sukhwinder Singh 5901 57th Ave S
NLR 72116 100%*

(B) Name and address of President and Secretary

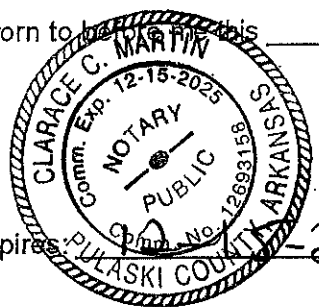
*1/My Sukhwinder Singh 5901 57th Ave S
NLR 72116*

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 1 day of April 2019

Sukhwinder Singh
Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 1 day of April 2019



Clarace Martin
Notary Public

My Commission Expires 12-15-25