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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: September 18, 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 new restaurant mixed drink maximum permit – change of manager application:

Lauren Carek  
On The Border  
6000 Warden Road  
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 10:00 A.M. \_\_\_\_\_ P.M.  
BY Anita Paul - Mayor's office  
DATE 9-18-2020  
Diane Whisby, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by K. Thomas

**ASSIGNMENT**  
**Received**

SEP 18 2020

Date Received: 09/11/2020

Date Assigned: 09/14/2020

Applicant: LAUREN CAREK

D.O.B: 03/19/1984

Green Card Number (Permanent Resident Alien):

**City of NLR Mayor's Office**  
**By:** \_\_\_\_\_

Home Address: 12 WOODSIDE DRIVE, MAYFLOWER, AR 72106

Home Phone: 5013183731

Business Phone:

Cell Phone:

Trade Name: ON THE BORDER

Former Trade Name: ON THE BORDER

Business Address: 6000 WARDEN ROAD, NORTH LITTLE ROCK, AR 72120, County 60 - PULASKI

is Business Address located within City Limits: N/P

Type Of Investigation: **Change of Manager Application**

Dancing, if requested: No

Comments / Remarks:

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

Assigned to Investigator: \_\_\_\_\_

Stockholders / Partners / LLC Members : Joshua Olshansky, Stephen Clark, Christopher Morris

# COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: LAUREN CAREK

TYPE OF APPLICATION: RESTAURANT MIXED DRINK MAXIMUM

BUSINESS NAME: ON THE BORDER

BUSINESS ADDRESS: 6000 WARDEN ROAD, NORTH LITTLE ROCK, AR 72120, 60 - PULASKI

DATE OF APPLICATION: 09/11/2020

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: 09/14/2020

## Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: KARA JONES **A-P1995-0**

**34491**

Permit No	Trade Name of Business and Address	Business Phone	Contact Phone
<b>05245</b>	ON THE BORDER 6000 WARDEN ROAD North Little Rock, AR 72120		(214) 205-3771

Home Address	Current Address	If new address change here
	93 Otto Road Vilonia, AR 72173	
Mailing Address	2201 WEST ROYAL LANE, SUITE 240 Irving, Texas 75063	
Email Address		

**Please check the appropriate ( Requested Change ) :**

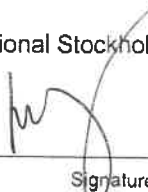
Change Of Manager  
 Additional Stockholder(s)  
 Additional Partner(s)

**Please check applicable permits :**

Select	Permit Description	Fee	
<input type="checkbox"/>	Restaurant Mixed Drink Maximum	\$ 50.00	<b>NO CASH</b>
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<b>Total Amount :</b>		<b>\$ 50.00</b>	

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

8/18/2020  
Date

  
Signature

**RECEIVED**  
2020 SEP 11 P 12:32  
**ABC**

COMETDS0101



**DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES**

**\*For all ON PREMISES permits - except private clubs\***

08/01/2011

NAME OF OUTLET ON The Border

CITY Sherwood COUNTY Polaski

Under the Section 1.34 of the ABC Regulations, any permit issued by this agency is valid only for the uses described in the original application. Any material change in the outlet's operations or entertainment other than originally listed in this application, *without prior approval of the Director*, shall be grounds for revocation of the permit or other administrative penalties.

Describe the types of business and entertainment activities (cafe / restaurant, pool hall, dancing, etc.) to occur on your permitted premises on the lines below. Use the back of this form if necessary.

If live entertainment is proposed, you must be specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

Full Service Restaurant providing alcoholic beverages

Multiple horizontal lines for additional information.