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OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
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CITY HALL
P.O. BOX 5757
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website: www.nlr.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *GC*
DATE: January 4, 2016
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 a new restaurant beer and wine permit:

Gordon G. Gondek
Dixie Café #116
2724 Lakewood Village
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. 4:00 P.M.
BY Glinda Craigmyle - Mayor
DATE 1-4-16 *off.*
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

ASSIGNMENT

D6J003-D6LG13



Date Received: 12/11/2015

Date Assigned: 12/28/2015

Applicant: GORDON G. GONDEK

D.O.B: 02/07/1949

Green Card Number (Permanent Resident Alien):

Home Address: 19101 Hidden Hills, Little Rock, AR, 72223

Home Phone:

Business Phone : 501-666-3494

Cell Phone: 501-690-1275

Trade Name: DIXIE CAFE #116

Former Trade Name:

Business Address : 2724 Lakewood Village, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Beer & Wine - NEW

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: D. Allan Roberts, 6800 Rushing Road, Lamar, AR, 72846
DOB: 10/19/1954

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



076-0001 05/07

APPLICANT'S NAME: GORDON G. GONDEK

TYPE OF APPLICATION: Restaurant Beer & Wine - NEW

BUSINESS NAME: DIXIE CAFE #116

BUSINESS ADDRESS: 2724 Lakewood Village, North Little Rock, AR, 72116

DATE OF APPLICATION: 12/11/2015

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.



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private c lubs

D6J003-D6L014

NAME OF OUTLET Dixie Cafe #116

CITY North Little Rock COUNTY Pulaski

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 much specified as to the type and description of that entertainment, i.e., live bands, dancers, etc.

Full Service Restaurant

TVs in Dining Room

Multiple horizontal lines for additional text entry.