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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: Glinda Craigmyle *GC*  
DATE: November 1, 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 mixed drink permit:

Kiyen Kim  
Kamikaito  
521 North Main  
North Little Rock, AR

Please note the 15 day comment period referred to in the final paragraph of the *Comment* page.

Thank you.

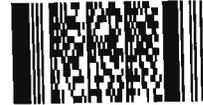
Attachments

FILED            AM 2:00 PM.  
BY Glinda  
DATE 11-1-16  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by S. Ussery

NEWASSG0101

# ASSIGNMENT

D6J003-D6LG13



**Date Received:** 10/14/2016

**Date Assigned:** 10/26/2016

**Applicant:** KIYEN KIM

**D.O.B:** 10/24/1967

**Green Card Number (Permanent Resident Alien):**

**Home Address:** 14801 Cecil Drive, Little Rock, AR, 72223

**Home Phone:**

**Business Phone :** 501-515-1416

**Cell Phone:** 501-821-7272

**Trade Name:** KAMIKAITO

**Former Trade Name:**

**Business Address :** 521 North Main Street, North Little Rock

**County** Pulaski

**Type Of Investigation:** Restaurant Mixed Drink - 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:**

P<sub>kin</sub> given 10-14-16



STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR PERMIT TO SELL ALCOHOLIC BEVERAGES FOR  
CONSUMPTION ON THE PREMISES

Check One: ( ) Hotel-Motel  
 Restaurant Only

New Application  
Replacement  
Permit No. 04950

I, or we, do hereby make application to the State of Arkansas for a permit to sell alcoholic beverages for consumption on the premises, and do hereby submit answers to the following questions under oath for your approval.

Kiyen's place LLC FEIN# 45-5021160  
Corporate/Partnership/LLC Name

NAME Kiyen K Kim  
First Middle Last

HOME ADDRESS 14801 Cedar dr Little Rock AR 72223 pulaski  
Street City Zip County

BUSINESS NAME Kamikaito FORMER NAME \_\_\_\_\_

BUSINESS ADDRESS 521 N Main St North Little Rock pulaski  
Street City Zip County

Is proposed location inside or outside city limits? \_\_\_\_\_

Are the beverages to be sold in connection with any other business? Yes If so, state type of business

"Kiyen's" 17200 Chenal pkwy Suite #100 Little Rock AR 72223

Are you the owner of the proposed premises? Yes If leased, give name and address of owner

Does anyone now hold a permit at this location? Yes If so, give name, type and permit number(s) of same

Kiyen K Kim (KI-KYUN Kim) Restaurant Mixed Drink 10372

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? NO

If so, give name, place and permit number(s) \_\_\_\_\_

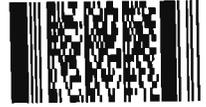
Number of sleeping rooms in hotel 0 Seating capacity of restaurant 99  
(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast \_\_\_\_\_ Lunch  Dinner  Number of days open per week 7

Has there ever been a beer, wine or liquor permit revoked at this location? NO If so, give name and date revoked \_\_\_\_\_

RECEIVED  
2016 OCT 14 P 12:55

RECEIVED  
2016 OCT 13



ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: KIYEN KIM

TYPE OF APPLICATION: Restaurant Mixed Drink - NEW

BUSINESS NAME: KAMIKAITO

BUSINESS ADDRESS: 521 North Main Street, North Little Rock, AR, 72223

DATE OF APPLICATION: 10/14/2016

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 ACICs request, do not run your own criminal history check through ACIC.**

