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OFFICE OF THE MAYOR



JOE A. SMITH
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CITY HALL
P.O. BOX 5757
NORTH LITTLE ROCK, ARKANSAS 72119-5757
website: www.northlittlerock.ar.gov

MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Glinda Craigmyle *gc*
DATE: March 27, 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 a new restaurant mixed drink permit:

Joe A. Denton
Skinny J's
314 Main Street
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. 1:00 P.M.
BY Glinda Craigmyle
DATE 3-27-15
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by [Signature]

ASSIGNMENT

03/20/2015



Date Received: 03/13/2015

Date Assigned: 03/20/2015

Applicant: JOE A. DENTON

D.O.B: 02/10/1986

Green Card Number (Permanent Resident Alien):

Home Address: 122 Glen Drive, Little Rock, AR, 72207

Home Phone:

Business Phone : 501-358-4999

Cell Phone: 870-234-3800

Trade Name: SKINNY J'S

Former Trade Name:

Business Address : 314 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: James Best, 3100 Bowden Drive, Jonesboro, AR, 72404
DOB: 10/8/1985



ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: JOE A. DENTON

TYPE OF APPLICATION: Restaurant Mixed Drink - NEW

BUSINESS NAME: SKINNY J'S

BUSINESS ADDRESS: 314 Main Street, North Little Rock, AR, 72114

DATE OF APPLICATION: 03/13/2015

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 clubs

081003 001014

NAME OF OUTLET SKINNY J'S ARGENTIA
CITY NO 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
open Mon - SAT 11:00 - 11:00 M - Wed
11:00 - 1:00 TH - FRI - SAT
closed SUNDAY
LIVE ACOUSTICAL BANDS
TV's

JB