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OFFICE OF THE MAYOR



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MAYOR
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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: June 21, 2018
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 Restaurant Mixed Drink Permit - Upgrade from Restaurant Wine & On Premises Beer

Melody A. Williford
American Pie, LLC
9709 Maumelle Blvd.
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. 2:15 P.M.
BY Glinda C. Mayors Office
DATE 6-21-18
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by *[Signature]*

ASSIGNMENT

D6J003-D6L013



Date Received: 06/04/2018

Date Assigned: 06/11/2018

Applicant: MELODY A. WILLIFORD

D.O.B: 11/28/1960

Green Card Number (Permanent Resident Alien):

Home Address: 3003 Gribble, North Little Rock, AR, 72114

Home Phone: **Business Phone :** 501-753-0081 **Cell Phone:** 501-765-0240

Trade Name: AMERICAN PIE, LLC

Former Trade Name:

Business Address : 9709 Maumelle Blvd., North Little Rock **County** Pulaski

Type Of Investigation: Restaurant Mixed Drink - Upgrade from Restaurant Wine & On
Premises Beer
00102

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 Legley, Prosecuting Attorney

Assigned to Investigator:

Stockholders / Partners / LLC Members: Tamsye Nosal, 512 Tanglewood Drive, North Little Rock, AR,
72118
DOB: 11/8/1965

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



18-000001-001

APPLICANT'S NAME: MELODY A. WILLIFORD

TYPE OF APPLICATION: Restaurant Mixed Drink - Upgrade from Restaurant Wine & On Premises Beer

BUSINESS NAME: AMERICAN PIE, LLC

BUSINESS ADDRESS: 9709 Maumelle Blvd., North Little Rock, AR, 72113

DATE OF APPLICATION: 06/04/2018

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.**

Handwritten signature



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. _____

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.

American Pie, LLC FEIN# 80-0080780
Corporate/Partnership/LLC Name

NAME Melody A Williford
First Middle Last

HOME ADDRESS 3003 Gribble, NLR 72114 Pulaski
Street City Zip County

BUSINESS NAME American Pie Pizza FORMER NAME _____

BUSINESS ADDRESS 9709 Maumelle Blvd, N. Little Rock 72113 Pulaski
Street City Zip County

Is proposed location inside or outside city limits? Inside

Are the beverages to be sold in connection with any other business? NO If so, state type of business _____

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

American Pie LLC (Melody Williford) Retail Beer + Rest Wine 00102

Do you or any other person interested in this permit hold any other type of alcoholic beverage permit? yes

If so, give name, place and permit number(s) American Pie LLC (M. Williford) 4830N Hills Retail Beer NLR 72116 Rest Wine 0010

Number of sleeping rooms in hotel _____ Seating capacity of restaurant 90

(NOTE: Seating capacity should also include any lounge or outside seating areas)

(CHECK MEALS SERVED: Breakfast FN Lunch 7-11 Dinner 8-10 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 _____



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES

For all ON PREMISES permits - except private clubs

05J003-06L01A

NAME OF OUTLET American Pie Pizza

CITY N. 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 specific as to the type and description of entertainment, i.e., live bands, dancers, etc.

Restaurant with Sports playing on the TV's.

Multiple horizontal lines for additional text entry.