

#4

OFFICE OF THE MAYOR



JOE A. SMITH
MAYOR
mayor@nlr.ar.gov

PHONE (501) 975-8601
FAX (501) 975-8633

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 *APL*
DATE: August 22, 2019
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 restaurant mixed drink permit –
Minimum – New #03465:

Billie Jenkins
Butta's Grill
1117 E Washington
North Little Rock, AR 72117

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

Thank you.

Attachments

FILED _____ A.M. 2:00 P.M.
BY A. Paul
DATE 8.22.19
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by S. Sussery

NEWASSG0101

Printed On 08/19/2019

ASSIGNMENT

D6J003-D6L013



Date Received: 08/07/2019



Date Assigned: 08/19/2019

Applicant: BILLIE JENKINS

D.O.B: 03/25/1950

Green Card Number (Permanent Resident Alien):

Home Address: 9517 Stepping Stone Ct., Sherwood, AR, 72120

Home Phone: 501-413-0742 Business Phone :

Cell Phone:

Trade Name: BUTTA'S GRILL

Former Trade Name:

Business Address : 1117 E Washington, North Little Rock

County Pulaski

Type Of Investigation: Restaurant Mixed Drink - Minimum - New #03465

Dancing, if requested:

Comments / Remarks :

Copies Of Assignment and Comment Form Mailed to:

Mayor Joe Smith & City Council
Michael Davis, Chief of Police
Sheriff Eric S. Higgins
Mr. Larry Jegley, Prosecuting Attorney

Assigned to Investigator: _____

Stockholders / Partners / LLC Members:

Danny R Jenkins, 9517 Stepping Stone Court, Sherwood, AR, 72120
DOB: 4/30/1953

R/N/PP/OK
Given 8/13/19



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. 03465

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.

BUYER'S GRILL, INC. FEIN# _____
Corporate/Partnership/LLC Name

NAME Billie Jenkins
First Middle Last

HOME ADDRESS 9517 Stepping Stone Ct Sherwood 72120 Polk
Street City Zip County

BUSINESS NAME BUYER'S GRILL FORMER NAME _____

BUSINESS ADDRESS 1117 E. Washington NLR 72117 Polk
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? yes If so, state type of business
RESTAURANT

Are you the owner of the proposed premises? no If leased, give name and address of owner
Charles Bhoten NLR Does

anyone now hold a permit at this location? no If so, give name, type and permit number(s) of same

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 _____ Seating capacity of restaurant 75
(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 _____



If applicant is a partnership, give names and addresses of all partners:

N/A

If applicant is a corporation/LLC, give (A) Name and address of stockholders and amount of stock held by each:

Billie Jenkins 9577 Stepping Stone Sherwood
270 Shares

DANNY Jenkins Same
30 Shares

(B) Name and address of President and Secretary:

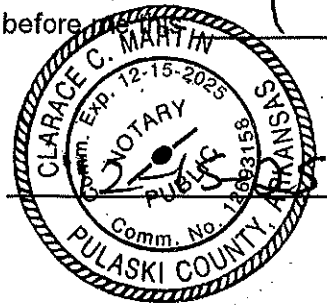
Billie Jenkins 9577 Stepping Stone Sherwood
Pres/Sec-Treasurer

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of application. Any mis-statements or concealment of fact will be grounds for refusal of application, or revocation of permit(s) if later disclosed.

Signed this 18 day of July 2019

Billie Jenkins
Signature of Applicant or Managing Agent

Subscribed and sworn to before me 1 day of Aug 2019



Clarence C. Martin
Notary Public

My Commission Expires:
Revised 11/13/09



DESCRIPTION OF BUSINESS AND ENTERTAINMENT ACTIVITIES
FOR PRIVATE CLUB PERMIT

D6J003-D6L023

NAME OF OUTLET QAYYA'S Grill INC
CITY MUR COUNTY Pulaski

Arkansas Law requires that a private club must exist for some reason other than the consumption of alcoholic beverages. On this sheet of paper, which is a part of your verified application, you are to describe, in complete detail, what entertainment (live bands, dancers, food service, etc.), social functions, or other recreational events will be available at the club for the members. If you are in doubt about whether to list an item, you are urged to include it.

Under Section 1.34 of the ABC regulations, any permit issued by this agency is only valid for the uses described in the original application. Any material change in the club's operation or entertainment, other than originally listed in this application, *without prior approval of the director*, shall be grounds for revocation of your permit.

On your floor plan, which is a separate attachment, please mark the entrance to the private club, noting the location of the guest book, and mark any major features of the private club area, including where specific entertainment items will be located.

PLEASE PRINT OR TYPE YOUR RESPONSES BELOW. USE THE BACK OF FORM, OR ADDITIONAL SHEETS, IF NECESSARY.

RESTAURANT will offer breakfast,
Lunch & dinner, down home cooking at
reasonable prices

TV for sports viewing; pool tables
occasional live bands - no dancing - Karaoke

ALCOHOLIC BEVERAGE CONTROL DIVISION
COMMENTS OF PUBLIC OFFICIALS



06.001-FIN(012)

APPLICANT'S NAME: BILLIE JENKINS

TYPE OF APPLICATION: Restaurant Mixed Drink - Minimum - New

BUSINESS NAME: BUTTA'S GRILL

BUSINESS ADDRESS: 1117 E Washington, North Little Rock, AR, 72117

DATE OF APPLICATION: 08/07/2019

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.**