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OFFICE OF THE MAYOR



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MEMORANDUM

TO: Members of the North Little Rock City Council
FROM: Anita Paul *ALP*
DATE: March 26, 2021
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 Retail Beer on Premises – Replacement/New Owner:

Ramon Hernandez
Taqueria Guadalajara
3811 Camp Robinson Road
North Little Rock, AR 72118

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

Thank you.

Attachments

FILED 11:55 AM. _____ PM.
BY Anita Paul - mayors office
DATE 3-26-21
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by K. Thomas

ASSIGNMENT
Received

Date Received: 03/17/2021

Date Assigned: 03/24/2021

Applicant: RAMON HERNANDEZ

MAR 26 2021

D.O.B: 06/23/1973

Green Card Number (Permanent Resident Alien): **City of NLR Mayor's Office**

Home Address: 706 W 36TH STREET, NORTH LITTLE ROCK, AR 72118

By: _____

Home Phone: 5018389149

Business Phone:

Cell Phone:

Trade Name: TAQUERIA GUADALAJARA

Former Trade Name: TAQUERIA GUADALAJARA

Business Address: 3811 CAMP ROBINSON ROAD, NORTH LITTLE ROCK, AR 72118, County 60 - PULASKI

is Business Address located within City Limits: Yes

Type Of Investigation: **Replacement/New Owner**

Dancing, if requested: No

Comments / Remarks:

Copies Of Assignment and Comment Form Mailed to: ABC-ATC.AssignmentSheet@dfa.arkansas.gov;

Assigned to Investigator: _____

Stockholders / Partners / LLC Members :

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: RAMON HERNANDEZ

TYPE OF APPLICATION: RETAIL BEER ON PREMISES

BUSINESS NAME: TAQUERIA GUADALAJARA

BUSINESS ADDRESS: 3811 CAMP ROBINSON ROAD, NORTH LITTLE ROCK, AR 72118, 60 - PULASKI

DATE OF APPLICATION: 03/17/2021

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.

Printed On: 03/24/2021

LIVESCAN



STATE OF ARKANSAS
ALCOHOLIC BEVERAGE CONTROL DIVISION

APPLICATION FOR RETAIL BEER PERMIT

Check One: ON PREMISES CONSUMPTION

OFF PREMISES CONSUMPTION

New Application _____
Replacement _____
Permit No. 03181

I, or we, do hereby make application to the State of Arkansas for a permit to sell beer at retail, and do hereby submit answers to the following questions under oath for your approval:

Repl. Amelia Hernandez
35413

Corporate /Partnership/LLC Name _____

FEIN# _____

NAME Ramon Hernandez
First Middle Last

HOME ADDRESS 700 W 36th ST, NLR 72118 Pulaski
Street City Zip County

BUSINESS NAME Taqueria Guadalajara FORMER NAME Taqueria Guadalajara

BUSINESS ADDRESS 3811 Camp Robinson Rd, NLR 72118 Pulaski W 11th N
Street City Zip County Township

Is proposed location inside or outside city limits? inside

Is the beer to be sold in connection with any other business? N/A (A) If so, state type of business (café, drug store, pool hall, service station, convenience store, etc.) _____

(B) If beer is to be sold in connection with a motor fuel sales business give number of gasoline and/or diesel pumps at each location _____

Are you the owner of the proposed premises? No Do you have the premises leased? yes

If leased, give name and address of owner Charles Rugh - 200 River Market Av suite 201 Little Rock AR 72201

Will there be dancing on the premises? No Dance Space _____ x _____

Does anyone now hold a beer or any other permit at this location? yes If so, give name and permit number(s) Amelia Hernandez - 03181

Has anyone, to your knowledge, held a beer or any other permit at this location? N/A If so, give name and permit number(s) _____

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? N/A
If held, give name, place and permit number(s) _____



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:

N/A

Sole

(B) Name and address of President and Secretary:

Ramon Hernandez 705 W 26th St, NLE AR 72118

Sole proprietorship

NOTE: Schedule A is to be completed by each party to this application and is to be considered a part of the 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 2nd day of February, 2021

[Handwritten Signature]

Signature of Applicant or Managing Agent

Subscribed and sworn to before me this 2nd day of February, 2021

[Handwritten Signature] Notary Public

My Commission Expires: 06-14-2029



