

#4

OFFICE OF THE MAYOR



TERRY C. HARTWICK
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 **AKP**
DATE: April 2, 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 a grocery store wine, retail beer off premises, small farm winery – retail permit – change of manager:

Tanner Krause
Kum & Go #152
3220 Spring Hill Drive
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. 3:50 P.M.
BY Anita Paul - Mayors office
DATE 4-2-21
Diane Whitbey, City Clerk and Collector
North Little Rock, Arkansas
RECEIVED by D. Thomas

NEWASSG010

Date Received: C

Applicant: TANNEF

Green Card Numbe

Home Address: 765

Home Phone: 515457

Trade Name: KUM & G

Former Trade Name: KU

Business Address: 3220
PULASKI

is Business Address located

Type Of Investigation: **Chan**

Dancing, if requested: No

Comments / Remarks:

Copies Of Assignment and Comment Fo
ATC.AssignmentSheet@dfa.arkansas.go

Assigned to Investigator:

Stockholders / Partners / LLC Members : k

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NEWASSG0101

Printed On:03/30/2021

ASSIGNMENT

Date Received: 03/30/2021

APR 02 2021

Date Assigned: 03/30/2021

Applicant: TANNER KRAUSE

City of NLR Mayor's Office
By: _____

D.O.B: 06/22/1987

Green Card Number (Permanent Resident Alien): _____

Home Address: 765 FOSTER DRIVE, DES MOINES, IA 50309

Home Phone: 5154576249

Business Phone:

Cell Phone: (501) 945-4495

Trade Name: KUM & GO #152

Former Trade Name: KUM & GO #152

Business Address: 3220 SPRING HILL DRIVE, NORTH LITTLE ROCK, AR 72117, County 60 - PULASKI

is Business Address located within City Limits: N/P

Type Of Investigation: **Change of Manager Application**

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 : Kyle Krause

COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: TANNER KRAUSE

TYPE OF APPLICATION: GROCERY STORE WINE, GROCERY STORE WINE, RETAIL BEER OFF PREMISES, SMALL FARM WINERY - RETAIL

BUSINESS NAME: KUM & GO #152

BUSINESS ADDRESS: 3220 SPRING HILL DRIVE, NORTH LITTLE ROCK, AR 72117, 60 - PULASKI

DATE OF APPLICATION: 03/30/2021

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: 03/30/2021

Current

Change Of Manager / Additional Stockholder(s) / Partner(s) Application

Permit Holder: Kyle Krause

35473

| Permit No. | Trade Name of Business and Address | Business Phone | Contact Phone |
|------------|--|----------------|---------------|
| 04653 | Kum & Go-01523220 Spring Hill Dr North Little Rock, AR 72117 | 501-945-4495 | 515-457-6249 |

| Home Address | Current Address | If new address change here |
|-----------------|--------------------------------------|----------------------------|
| | 30375 Napa Ranch Rd Waukee, IA 50263 | |
| Mailing Address | 1459 Grand Ave Des Moines, IA 50309 | |
| Email Address | license@kumandgo.com | |

Please check the appropriate (Requested Change) :

- Change Of Manager
- Additional Stockholder(s)
- Additional Partner(s)

Please check applicable permits :

| Select | Permit Description | Fee | NO CASH |
|-------------------------------------|--------------------------|-----------|---------|
| <input checked="" type="checkbox"/> | Retail Beer Off Premises | \$ 50.00 | |
| <input checked="" type="checkbox"/> | Small Farm Winery | \$ 50.00 | |
| <input checked="" type="checkbox"/> | Grocery Store Wine | \$ 50.00 | |
| <input type="checkbox"/> | | | |
| Total Amount : | | \$ 150.00 | |

I do hereby acknowledge the receipt of Instructions for Change Of Manager/Additional Stockholder(s) / Partner(s) and make a request for the above mentioned change(s).

Date

Signature

RECEIVED
 ABC
 MAR 15 P 2:08

NEUMEM00101

MEMORANDUM



D6J003 D6L089

TO: ABC Administration
1515 West 7th Street, Suite 503
Little Rock, Arkansas 72201

DATE: 3.3.2021

FROM: Kum & Go LC
1459 Grand Ave
Des Moines, IA 50309

RE: New "On Site Representative"

NAME: Travis Ivey
HOME ADDRESS: 30 Birchwood Dr - Ward, AR 72176
CONTACT TELEPHONE NUMBER: 501-319-4524
DATE OF BIRTH (must be at least 21 years of age): 3/9/1992

The person above will be the "on site representative" for the business(s) listed below;
list each location, including ABC permit number: