

#3

**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: Glinda Craigmyle *GC*  
DATE: November 8, 2016  
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 an off premises retail beer permit with a change of manager from, Enover Carson:

Jongeun Kim  
OK Food Mart  
5524 Fairfax Road  
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. 4:00 P.M.  
BY Glinda-Mayors Office  
DATE 11/8/16  
Diane Whitbey, City Clerk and Collector  
North Little Rock, Arkansas  
RECEIVED by T. McGraw

REPASSG0101

## ASSIGNMENT

08J003-03L013



**Date Received:** 11/02/2016

**Date Assigned:** 11/03/2016

**Applicant:** JONGEUN KIM

**D.O.B:** 09/19/1967

**Green Card Number (Permanent Resident Alien):** 204829820

**Home Address:** 2309 Richland Park, Bryant, AR, 72022

**Home Phone:** 501-650-1926 **Business Phone :** 501-258-9630 **Cell Phone:**

**Trade Name:** GS FOOD MART

**Former Trade Name:** OK FOOD MART

**Business Address :** 5524 Fairfax Road, North Little Rock **County** Pulaski

**Type Of Investigation:** Retail Beer off Premises - Replacement from Enover Carson  
02423

**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:**



ALCOHOLIC BEVERAGE CONTROL DIVISION  
COMMENTS OF PUBLIC OFFICIALS

APPLICANT'S NAME: JONGEUN KIM

TYPE OF APPLICATION: Retail Beer off Premises - Replacement from Enover Carson

BUSINESS NAME: GS FOOD MART

BUSINESS ADDRESS: 5524 Fairfax Road, North Little Rock, AR, 72117

DATE OF APPLICATION: 11/02/2016

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 ACICs request, do not run your own criminal history check through ACIC.**

*Handwritten initials/signature*

Rec'd 11-2-14



STATE OF ARKANSAS  
ALCOHOLIC BEVERAGE CONTROL DIVISION  
APPLICATION FOR RETAIL BEER PERMIT

Check One: ( ) ON PREMISES CONSUMPTION  
(X) OFF PREMISES CONSUMPTION

New Application \_\_\_\_\_  
Replacement X  
Permit No. \_\_\_\_\_

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:

GS Food Mart FEIN# 81-3597653  
Corporate /Partnership/LLC Name

NAME Jongyeun Kim  
First Middle Last

HOME ADDRESS 2309 Richland park Bryant AR 72022  
Street City Zip County

BUSINESS NAME GS Food Mart FORMER NAME OK Food Mart.

BUSINESS ADDRESS 5524 Fairfax. Dr N.L.R 72117 Pulaski  
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? yes (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 Five

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

If leased, give name and address of owner Ebenezer Investment LLC, 4120 E. McCain Blvd Ste 10 N. Little Rock AR 72117

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

Does anyone now hold a beer or any other permit at this location? yes If so, give name and permit number(s) Emover carson #02423

Has anyone, to your knowledge, held a beer or any other permit at this location? yes If so, give name and permit number(s) OK Food Mart #02423

Do you or any other person interested in this permit hold any other type alcoholic beverage permit? No

If held, give name, place and permit number(s) \_\_\_\_\_