



City of Jonesboro Private Club Review and Conditions Form

Date 8-2-22 Non-Profit Corp. Heigher Heights Academy

Address 122 Cardinal St. Brookland AR

Applicant on Behalf of Club Tammy Brookline Davis (870-882-3359)

Home Address 122 Cardinal St. Brookland AR

Business Name J.W. Cigar Lounge

Business Address 3006 S. Caraway Rd

City of Jonesboro official use below this:

Police Department: Copy of membership list Yes No
Has any member been convicted of a felony? Yes No
If yes, How many years since conviction? _____
Has Non-Profit complied with City of Jonesboro laws? Yes No

Comments: _____

Approve? Yes No Signature Chief of Police *Rich Elliott*

Planning and Zoning Department:

Type of Private Club: Restaurant _____ Hotel/Motel _____
Hours of Operation? _____
Copy of menu for food service? Yes _____ No _____
Zoning C-3

Approve? Yes No Signature Planning Director *[Signature]*

City Clerk:

Date received _____
Date entered in Legistar _____

City Council Action

Approve _____ Deny _____

OFFICIAL RECEIPT

Receipt Date 07/05/2022 11:35 AM
Receipt Print Date 07/05/2022

Receipt # 00221075
Batch # 00105.07.2022

CITY OF JONESBORO
300 S. Church St. Ste 106
PO Box 1845
JONESBORO, AR 72403-1845
870-932-3042

For Permit Inspections call 870-933-4602

Account/License/Permit/Category:	
CR	250.00
Detail:	
01-134-0517-00	
Alcohol Application Fee	250.00

Total	250.00
Payment Information:	
Credit Car 4256	250.00
Change	0.00

Tammy Brookine Davis
Customer #: 000000
Higher Heights Academy

Cashier: TJGeror
Station: TJGEROR



**APPLICATION FOR PRIVATE CLUB PERMIT
MUST BE NON-PROFIT CORPORATION
On file at Arkansas Secretary of State's Office**

INSTRUCTIONS

1. Answer all questions correctly and in full. **PLEASE PRINT IN INK OR TYPE.**
NOTE: FORMS MUST BE NOTARIZED.

**APPLICATION MUST BE ACCOMPANIED BY CRIMINAL BACKGROUND
INVESTIGATION RESULTS OF THE APPLICANT (FORMS AND INSTRUCTIONS ENCLOSED).**

2. Application fee is \$250 and must be paid to the Collections Department at City Hall.
3. Receipt of application fee payment must be submitted with the application.
4. Applicant must be a citizen of the United States or a permanent resident alien (must provide a copy of green card), and a resident of Arkansas.
5. The following additional materials must be submitted with your application:
 - a. A current list of names and addresses of all board members, and a signed "authority to release information form" from each board member.
 - b. The address where the business will be located. If the non-profit corporation does not own the property, a copy of the lease, option to lease, option to purchase, or buy-sell agreement in **favor of the non-profit corporation** must be attached.

MAIL OR DELIVER DIRECTLY TO:

**Chief of Police
Jonesboro Police Department
1001 S. Caraway Road
Jonesboro, Arkansas 72401**

AUTHORITY TO RELEASE INFORMATION

Application filled by Applicant -A, Stockholder/Partner - S : _____

TO WHOM IT MAY CONCERN:

I understand that the City of Jonesboro will conduct an investigation before a final decision this alcoholic beverage permit. This investigation may include inquiries as to my character, reputation, and the location and feasibility of a permit being issued at the applied for location.

To facilitate this investigation, I do hereby give my consent and authority for any public utility or police agency to furnish information from their records to the City of Jonesboro.

Jimmy Davis
Signature - Full Name

6/29/2022
Date

122 Cardinal St
Home Address

Brookland Ark 72417
City State Zip

Same as above
Mailing Address

City State Zip

(870) 882-3359 (870) 497-6910
Contact Phone Business Phone

broox864@gmail.com
Email Address

Subscribed and sworn to before me this 29th day of June

2022
[Signature]

Notary Public

My Commission Expires: 12-14-2031 :



IMPORTANT INFORMATION AND INSTRUCTIONS

REGARDING A CRIMINAL BACKGROUND CHECK

1. Alcoholic Beverage Control laws and regulations prohibit the issuance of a permit to a person who has been convicted of a felony. This law also applies to partners, stockholders (persons who own more than 5% of the stock in a corporation) or members of an LLC who own more than 5% interest.
2. Attached is a criminal background application which must be completed and submitted to the Arkansas State Police. They will return the Arkansas background check results to you; ***the original document must accompany the City of Jonesboro application.*** If this report indicates you (partner, stockholder or member of LLC, if applicable) are not a convicted felon, your application will be eligible for consideration by the city. Amount of \$25.00 (check or money order) is due at time of submission to Arkansas State Police.

A SELF ADDRESSED, STAMPED ENVELOPE MUST BE ENCLOSED WITH SUBMISSION OF THE ABOVE.

4. If you wish to complete this process in person, go to the Arkansas State Police Headquarters. You will be required to show a state issued photo ID or driver's license. Payment must be by check or money order made payable to Arkansas State Police.

Background investigation questions; call Arkansas State Police at
501 618 8500.

MAIL TO: **Arkansas State Police**
 ATTN: Identification Bureau
 #1 State Police Plaza
 Little Rock, Arkansas 72209



This applicant has paid for an Arkansas State and Federal background check. This payment does not include any fingerprinting fees required by an authorized fingerprint harvester/Livescan operator.

***APPLICANT:** Present this sheet to the Harvester/Livescan operator for fingerprint submission purposes only.

When fingerprint capture has been completed, send a copy of this completed form back to the agency requesting the background.

FINGERPRINT HARVESTER / LIVESCAN PAYMENT CONFIRMATION FORM			
1. Transaction Control Number (Confirmation Number) ABC003585258			
2. Reason Fingerprinted (RFP) 3-2-103			
1a. Last Name DAVIS	1b. First Name TAMMY	1c. Middle Initial B	1d. Suffix
4. Date of Birth (MM/DD/YYYY)			
Harvester (LiveScan) Information: Type or clearly print information in all fields at the time of fingerprinting			
1. Date Fingerprinted 8-1-2022		2. Type of Picture ID Presented (If DL complete the following) State: DL#	
3. Harvester (LiveScan) Facility Name LR Livescan		4. Harvester (LiveScan) Operator Telephone Number 501-519-5391	
5. Harvester (LiveScan) Operator Name Printed Cory Adams		6. Harvester (LiveScan) Operator Signature Cory Adams	

Under penalty of A.C.A. § 5-53-103, I, the undersigned, hereby affirm that all information contained on this application is true and correct. I understand that giving a false statement or submitting a false document will subject me to criminal prosecution, preclude future Arkansas Private Investigator, Security, Alarm Installation, and Monitoring License, commission, or credential issuance, and/or immediate revocation of any license, commission, or credential already issued by the Department. Information contained on this form is considered a public record and may be released under the Freedom of Information Act.

I understand that the Arkansas State Police will conduct a thorough background investigation before rendering a final decision regarding my eligibility for a License, Commission and/or Credential and this investigation may include, but not be limited to, inquiries as to my abilities, character, reputation, criminal record, and past employment record.

To facilitate this investigation, I do, hereby, give my consent and authority for any educational institution, hospital, mental institution, including specifically the Arkansas State Hospital and Veterans Administration Hospital, medical doctor, police agencies, the Arkansas Crime Information Center, Federal Bureau of Investigation, National Crime Information Center, Interstate Information Index, credit reporting agencies, former employers, and former business associates to furnish information from their records to the Arkansas State Police. I do, hereby, give my consent and authority that any information (including sealed or expunged criminal history) and/or evidence gathered or received by the aforementioned agencies may be submitted to any court, board, or commission in open hearing or court in any judicial or administrative proceeding.

With regard to any credit reporting agencies which might be contacted by the Arkansas State Police, I understand that I may inquire as to the identification of those credit reporting agencies contacted, and the Arkansas State Police will advise me as to the identity and the nature and scope of information they furnished.

PRINT FULL NAME: Tammy Davis

SIGNATURE: Tammy Davis

DATE: 8-1-2022

APPLICANT RECORD NOTIFICATION

Notification: Fingerprints submitted will be used to check the criminal history records of the FBI.
Obtaining Copy: Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/gjis/background-checks>
Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.
 Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
 Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
 Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
 Rev. February 2019

Print Full Name: Davis Tammy Brookne
Last Name First Name Middle Name

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I acknowledge the above information and I give my consent for the Arkansas State Police to conduct an Arkansas (and if fingerprints are submitted, an FBI) criminal records search on myself and release any results to the Alcoholic Beverage Control Division, 101 East Capitol, Suite 401 Little Rock, AR 72201

Signature: Tammy B Davis Date: 8-1-2022
(First/MI/Last Name) (Month/Day/Year)

Fingerprint Technician: Cory Adams Date: 8-1-2022

Arkansas Alcoholic Beverage Control Board

ORI AR920480Z Ark Code §3-2-103

Transaction Number: ABC003585258

Applicant/Stockholder/Shareholder/Partner Name: Tammy Davis

Date of Birth: _____ State of Birth: Ark

Race: _____ Sex: _____ Height: 5'3 Weight: 172

Eye Color: brown Hair Color: black

Social Security Number: _____

Driver's License Number and State Issued: 919724247 Ark

Mailing Address: 122 Cardinal St Brookland Ark 72417
Address City State Zip Code

Business Name: JLW's at the Mallard

Business Address: 3006 S Caraway Rd Jonesboro Ark 72401
Street City State Zip Code

Business Telephone: (870) 497-7610

Contact Telephone: (870) 882-3359

If a completed copy of each form (from each applicable individual) AND the results of the FBI fingerprints have not been received by our office, NO ACTION SHALL BE TAKEN ON YOUR APPLICATION.



Search Incorporations, Cooperatives, Banks and Insurance Companies

This is only a preliminary search and no guarantee that a name is available for initial filing until a confirmation has been received from the Secretary of State after filing has been processed. Please review our [NAME AVAILABILITY GUIDELINES HERE](#) prior to searching for a new entity name.

[Printer Friendly Version](#)

LLC Member information is now confidential per Act 865 of 2007

Use your browser's back button to return to the Search Results

[Begin New Search](#)

For service of process contact the [Secretary of State's office](#).

Corporation Name	HIGHER HEIGHTS LEARNING ACADEMY
Fictitious Names	
Filing #	811207045
Filing Type	Nonprofit Corporation
Filed under Act	Dom Nonprofit Corp; 1147 of 1993
Status	Good Standing
Principal Address	1903 DISCIPLE DRIVE JONESBORO, AR 72405
Reg. Agent	PAMELA MCSHAN PAMELA MCSHAN
Agent Address	1903 DISCIPLE DRIVE JONESBORO, AR 72405
Date Filed	06/07/2019
Officers	MARY PERSON , Incorporator/Organizer KEANGELO HUNTER , Vice-President ANTHONY MCSHAN , Director PAMELA MCSHAN , Director KENDRICK MCSHAN , Director
Foreign Name	N/A
Foreign Address	
State of Origin	AR

[Purchase a Certificate of Good Standing for this Entity](#)

[Submit a Nonprofit Annual Report](#)

[Change this Corporation's Address](#)

**Application for Criminal History Check
for Alcoholic Beverage Permit
A.C.A 3-2-103**

(See other side for instructions)

Full Name: Davis Tammy Brookline
Last Name First Name Middle Name

McShan
All other names ever used (married names, maiden, shortened, etc)

Date of Birth: _____ State of Birth: Arkansas Race: _____ Sex: _____
Month / Day / Year

Social Security #: _____ Driver's License #: 919724247 AR
State

Mailing Address: 122 Cardinal St Brookland AR 72417
Street City State ZIP

Day Time Phone: 882-3359

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON AND / OR ENTITY :

Name: JW's Cigar Lounge and Grill Phone: _____
Full Name of Agency

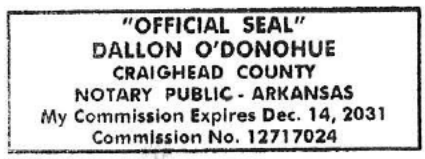
Mailing Address: 3006 S. Caraway Rd Jonesboro AR 72401
Street City State ZIP

Signature Tammy B. Davis Date: 6/29/22
(First / MI / Last Name) (Month / Day / Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

Subscribed and sworn to before me this 29th day of June, 2022.
[Signature]
Notary Public

My Commission Expires: 12-14-2031 :



	NAME	ADDRESS
1	Jordan Jones	1011 Rains Jonesboro AR
2	Michelle Williams	2006 S CHAWA Rd Jonesboro AR
3	Bernard Redden	2022 Rodan St
4	Andrew Brin	2106 Foxmead Lane
5	Marco Y Carales	405 Jones hwy
6	Heather Doyle	1809 W Matthews Jonesboro AR
7	Maurice Ferguson	1112 Links Drive
8	Carolyn Chatwood	122 Links Drive
9	Samirich Williams	114 Reddy Dr, Madison
10	Jessie	1416 Belts Jonesboro AR
11	Jessie	1122 Links Dr
12	Jessie	801 West Nettleton
13	Richard Thomas	400 Bradley
14	Jessie	4700 Ladies Park
15	Jessie	67 CR 7020 Brookman
16	Ann Lane	619 S Pine St
17	Patrick Faye	2619 Glen Pl Jonesboro AR
18	R. Kim Jones	5002 S. Culberhouse
19	Chad Allen	5001 S Culberhouse
20	John Jones	1904 Links Dr. Apt. 12 Jonesboro, AR 72404
21	Thomas	840 Tunney Lane Jonesboro AR
22	Lela Smith	3314 N. Culberhouse
23	John McClintock	3007 Steelium
24	Marcus Lathrop	2920 Longview Rd Jonesboro, AR
25	Kashonda Mangum	1606 N. 10th Jonesboro AR
26	Melaine Bullard	401 Golden Manor Dr
27	Cusso Jones	4500 S Newalter Cv, Jonesboro, AR 72404
28	Tom Shanks	2519 Forest Home Rd Apt 7 AR 72401
29	Salish McDonald	3321 Rage St. Apt 10 Jonesboro Ar 72401
30	Felisha Bell	2412D Gabriel St. Jonesboro AR 72401
31	Kennell Stalter	98 N Rogers St Apt #7 Jonesboro, AR 72401
32	Lawrence Jennings	413 French St Jonesboro Ar
33	Zaread Andrews	613 McAdams St
34	Comy McCray	506 Belt Street
35	Elizabeth Halls	300 melrose st
36	Anna Halls	1007 north main st
37	Sharneisha Johnson	125 Jennifer
38	Shaveta McCullough	125 Jennifer
39	Michael McCray	98 N. Rogers St #4
40	Cathy Suter	418 Galion st Jonesboro AR
41	Alyce Fice	walker place III
42	Mykayla Hickman	1013 E Roseclair Street Bl Jonesboro

AR 72404

AR 72401
AR 72401
AR 72401

	NAME	ADDRESS
1	Sharon James	1507 Dupue
2	Kadeisha Smith	1002 Darlene
3	Camille Harris	613 Walnut St Jonesboro AR
4	Michayla Harris	706 Melody Lane Jonesboro
5	Edward Estor	4233 Blair Cove Jonesboro Arkansas 72401
6	Katherine Pugh	2318 Circle Drive
7	Mandy Perkins	3308 Kingsbury Ave.
8	Jherika Grider	321 321 W. Bridge St.
9	Jennifer Markum	1305 N Floyd St. Jonesboro AR 72401
10	Constance Wilbaum	P.O Box 19242
11	Jamal Marshall	230 Wolf Grove Lane
12	Tia Mutt	1500 WILMINGTON ST. Apt. 31
13	Kesha McShan	308 4702 E. Nettleton Jonesboro AR
14	Nakia Barnes	500 N. Caraway Rd #911 Jonesboro, AR 72401
15	Lo la Glen	1606 Lenses D. Jonesboro Ark 72401
16	Taryn Anderson	1141 Walker Place Apt #4
17	Shaunna Rose	1408 Links Dr. Jonesboro AR 72401
18	Nayaka Rose	1408 Links Dr. Jonesboro AR
19	Charlotte Cox	1701 Wilburn Kennett MO
20	Belinda Edgeston	705 Meadabrook Rd Unit B Jonesboro AR 72401
21	Rashawn Vaughn	2519 Forest Home Road Apt 1455, Jonesboro AR
22	Miana Stideman	704 Meadabrook Unit B Jonesboro AR 72401
23	Wahne Stideman	705 Meadabrook Unit A Jonesboro AR 72401
24	Evelyn Allen	2802 Piedmont Cove Jonesboro, AR. 72401
25	Fredda Farmer	1603 Lathobette Dr. Jonesboro, AR. 72401
26	Nathan Blaloe	308 3rd St Jonesboro 72401
27	Carissa Slaughter	1512 W Broadmoor
28	Ray Kelly	* 323 Russel Dr Jonesboro AR
29	Timmy Hughes	5307 HARRISBURG RD Apt 10 Jonesboro, AR 72404
30	Frank R. Williams	Fairview 303 APT B
31	Phyllis Conner	3003 B Fairview
32	Trent Smith	1501 B Fairview
33	Gabe Bunch	2342 north of 223
34	Stacy Morford	2069 N. Birch Ave
35	Gayle Polite	11 Jackson Ln
36	Ray Marshall	1125 Jackson
37	Sarah Blachney	175 W Nettleton Ave
38	Mona Lisa Green	1141 Links Dr
39	Unica Smith	397 Meredith Drive
40	Rapheal Sims	1420 Links Dr
41	Miesha Moore	3785 Chestnut
42	April Long	1112 Links Cir

	NAME	ADDRESS
1	Devante Doughty	421 Calion st Jonesboro AR
2	Michelle Alcorn	707 Marshall St Jonesboro, AR
3	Janisha Osley Anderson	1015 E Roseclair st B2 Jonesboro, AR
4	Stacey D. White	1109 Walter Place Apt 2 Jonesboro, AR
5	Shamela Butler	205 N Rogers St Apt #2 Jonesboro AR
6	Marvell Cannon	203 N Rogers St Apt #1 Jonesboro, AR
7	Antonio Morrow	2009 Cedar Heights Dr.
8	Pharicia Lusk	319 A Apt 6 Cedar Heights Dr
9	Havia Kagan	301 A Cedar Heights Co.
10	Ashlee Foreman	301 A Cedar Heights Co.
11	Ashliya Lauglen	3505 Derby Dr.
12	Doris Mills	3505 Derby Dr.
13	Melinda Holmes	3505 Derby Dr.
14	Nyja Kocod	319 A Cedar Heights Ave
15	Jessie	4805 Samantha Ave Jonesboro, AR
16	Allen Moore	525 W. Union, Wynne, AR 72396
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CITY OF JONESBORO

APPLICATION FOR PRIVATE CLUB PERMIT

We hereby make an application for a permit to serve alcoholic beverages on our premises to the club's adult members, members of their families over the age of 21, and duly qualified guests.

Higher Hights Academy Non-Profit Corporation FEIN #

APPLICANT ON BEHALF OF CLUB Tammy Brookline Davis First Middle Last

HOME ADDRESS 122 Cardinal St Brookland 72417 Craighead Street City Zip County

BUSINESS NAME JWS Cigar Lounge and Cigar

BUSINESS ADDRESS 3006 S Caraway Rd Jonesboro AK 72401 Craighead Street City Zip County

Does the club own the premises? no If leased, give name and address of owner:

Naz Kazi 3006 S. Caraway Rd Jonesboro, AK 72401

Is your establishment primarily engaged in the business of serving food for consumption on the premises? yes

If the answer to the above question is no, then what type of business will you be engaged in on the premises? Please list all activities to be offered.

Does anyone now hold an alcoholic beverage permit at this location? no If so, give name, address and permit no(s).

Give names and addresses of all officers/directors of the non-profit organization:

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>
Tammy Davis	Principal Officer	122 Cardinal St Brookland, AR 72417
Pamela McShan	Vice Principal Off.	1903 Disciple drive Jonesboro, AR 72405
Ke Angelo Hunter	Director	4297 Savannah Hills Drive 72404

Has any member of the club's board of directors or other governing body, or any club officer, been under the sentence, whether suspended or otherwise, of any court for the conviction of a felony within two (2) years preceding the date of this application? YES NO If yes, please explain -

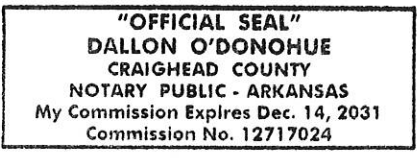
Signed this 29th day of June

Tammy Davis Principal Officer
Signature of Applicant/Managing Agent
Principal Officer
Official Title

Subscribed and sworn to before me this 29th day of June

[Signature]
Notary Public

My Commission Expires: 12-14-2031



SCHEDULE A – INDIVIDUAL'S PERSONAL HISTORY

I submit answers to the following questions under oath:

1. Name Tammy Davis Sex _____ Date of Birth _____
2. Home Address 122 Cardinal Brookland 72417 Phone No. (870) 882-3359
Street City Zip
3. Are you a person of good moral character and reputation in your community? yes
4. Are you a **(CITIZEN)** or **(PERMANENT RESIDENT ALIEN)** of the United States? **CIRCLE ONE**
 Social Security No. _____ Green Card No. _____
5. Are you a resident of Craighead county? yes
 If not, do you live within 35 miles of the premises to be permitted? _____
6. Have you ever been convicted of a felony? YES _____ NO If so, give full information

7. Have you been convicted of any violation of any law relating to alcoholic beverages within the five (5) years preceding this application? YES NO _____ If so, give full information. _____
8. Have you had any alcoholic beverage permit issued to you revoked within the five (5) years preceding this application? YES _____ NO If so, give full information _____
9. Do you presently hold or have you ever held an alcoholic beverage permit(s)? no If so, give name, place, and permit number(s)

10. Have you applied and been refused a permit at the applied for location within the last 12 months? no
 If so, give full information _____
11. Marital Status: Single Married () Divorced () Separated () Other ()
12. Furnish complete information regarding members of immediate family:

Relationship	Full Name	Address	Occupation
Self	Tammy Davis	122 Cardinal St ^{TD}	

(a) Are any of the above to be connected with the operation of the outlet? _____

(b) If so, who and in what capacity? _____

13. Give your home address (city or town) and dates at each for the past five (5) years:
2500 Galeria Drive #6 Newport, AR

14. Covering the past five (5) years, give in detail the following:

Your Business or Occupation	Name & Address of Employer	Dates of Employment
Team Associate	Walmart 512 Industrial Drive Truman, AR	6/21 - present
Food Prep mgr	Arkansas Dept. of Corrections 302 Corrections Newport, AR	7/2016 til 7/13/21

I hereby state on oath that I will not violate any law of this State or any regulation of the Alcoholic Beverage Control Division, nor will any agent or employee be allowed to violate any law or regulation. It is hereby consented that the licensed premises and its books and records shall be open at all times to all law enforcement officials without warrant or other legal process.

Tammy Davis
 Applicant's Signature

STATE OF ARKANSAS

COUNTY OF Craighead

Tammy Y Davis, being first duly sworn on oath deposes and says that he/she has read each of the questions to which he/she has made answer, and that his/her said answers in each instance are true and correct.

Subscribed and sworn to before me this 29th day of June, 2022.

Odin D. Dade
 Notary Public

My Commission Expires: 12-14-2031 :

