



# City of Jonesboro Private Club Review and Conditions Form

Date 1-2-24

Non-Profit Corp. Jonesboro Kids

Address 1804 N. Oldgreensboro Rd

Applicant on Behalf of Club Thomas C. Valentine

Home Address 2919 Sierra Ct. Jonesboro AR.

Business Name Southern BBQ Hill Top

Business Address 1804 N. Old Greensboro Ste E

### 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 Chief J. 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 Wanda Hill

### City Clerk:

Date received \_\_\_\_\_  
Date entered in Legistar \_\_\_\_\_

### City Council Action

Approve \_\_\_\_\_ Deny \_\_\_\_\_

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.

Jonesboro Kids  
Non-Profit Corporation FEIN #

APPLICANT ON BEHALF OF CLUB  
Thomas Calvin Valentine  
First Middle Last

HOME ADDRESS  
2919 Sierra Ct. Jonesboro 72404 Craighead  
Street City Zip County

BUSINESS NAME

BUSINESS ADDRESS  
1804 N. Old Greensboro Jonesboro 72401 Craighead  
Street Rd. Ste E City Zip County

Does the club own the premises? No If leased, give name and address of owner:  
Pray H. Weaver Revocable Trust 342 CR 250 Cash, Ark 72421

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.  
N/A

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

## SCHEDULE A – INDIVIDUAL'S PERSONAL HISTORY

I submit answers to the following questions under oath:

1. Name Thomas Aukin Valentine Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Home Address 2919 Sierra Ct. Jonesboro 72404 Phone No. 901-281-2847  
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 X 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 (X) 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 X 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 (X) Divorced ( ) Separated ( ) Other ( )
12. Furnish complete information regarding members of immediate family:

<u>Relationship</u>	<u>Full Name</u>	<u>Address</u>	<u>Occupation</u>
<u>Wife</u>	<u>Carla Morgan</u>	<u>2919 Sierra Ct. Jonesboro, AR</u>	<u>Manager</u>







AUTHORITY TO RELEASE INFORMATION

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

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.

Thomere Valdez  
Signature - Full Name

12/28/23  
Date

2919 Siena Court  
Home Address

Jonesboro AR 72404  
City State Zip

1804 N. Old Greensboro Rd. Ste. E  
Mailing Address

Jonesboro AR 72401  
City State Zip

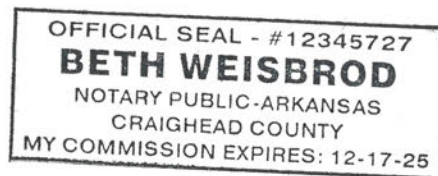
901 281-2847  
Contact Phone Business Phone

southwbbq11c1@gmail.com  
Email Address

Subscribed and sworn to before me this 29th day of December, 2023.

[Signature]  
Notary Public

My Commission Expires: 12-17-2025 :



Application for Criminal History Check  
for Alcoholic Beverage Permit  
A.C.A 3-2-103  
(See other side for instructions)

Full Name: Valentine Thomas Calvin  
Last Name First Name Middle Name

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

Date of Birth: \_\_\_\_\_ State of Birth: TN  
(Month/Day/Year)

Citizenship: US Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Eye Color: Brown Hair Color: Black

Height: 5'9" Weight: 180

Social Security #: \_\_\_\_\_ Driver's License #: 942229503 AR

Mailing Address: 2919 Sierra Ct. Jonesboro AR 72404  
Street City State ZIP

Day Time Phone: 901-281-2847

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: Thomas C. Valator Phone: 901-281-2847  
Full Name of Person/Entity

Mailing Address: 2919 Sierra Ct Jonesboro Ar 72401  
Street City State ZIP

Signature: Thomas C Valator Date: 12/28/23  
(First/MI/Last Name) (Month/Day/Year)

For Official Use Only

82005 Civil Record Check - 80019 FBI Record Check - 80006 FBI Record Check

## SCHEDULE A – INDIVIDUAL'S PERSONAL HISTORY

I submit answers to the following questions under oath:

1. Name Carla Morgan Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Home Address 2919 Sierra Ct. Jonesbor 72404 Phone No. 901-210-0059  
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 X 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 X 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 X Divorced ( ) Separated ( ) Other ( )
12. Furnish complete information regarding members of immediate family:

Relationship	Full Name	Address	Occupation
Husband	Thomas Calvin	Same as	
	Valentine	above	



AUTHORITY TO RELEASE INFORMATION

Application filled by Applicant -A, Stockholder/Partner - S: 5

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.

Carla Morgan

Signature - Full Name

Date

2919 Sierra Ct.

Home Address

Jonesboro AR

72404

City

State

Zip

1804 N. Old Greenwood Rd. St. E

Mailing Address

Jonesboro AR

72401

City

State

Zip

901-210-0059

Contact Phone

Business Phone

cmorgan3982@yahoo.com

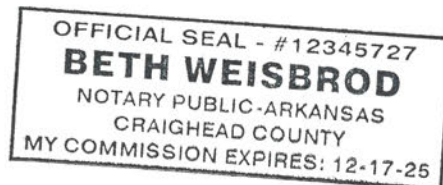
Email Address

Subscribed and sworn to before me this 29th day of December, 2023.

Beth Weisbrod

Notary Public

My Commission Expires: 12-17-2025 :





**Application for Criminal History Check  
for Alcoholic Beverage Permit  
A.C.A 3-2-103  
(See other side for instructions)**

Full Name: Hursey Lynnette L  
Last Name First Name Middle Name

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

Date of Birth: \_\_\_\_\_ State of Birth: Bolivar TN  
(Month/Day/Year)

Citizenship: Yes Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Eye Color: Brown Hair Color: Black

Height: 5-3 Weight: 260lb

Social Security #: \_\_\_\_\_ Driver's License #: 072953819  
State

Mailing Address: 8291 Walnut Grove Cordova, TN 38018  
Street City State ZIP

Day Time Phone: 901-832-3717

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: Lynnette L Hursey Phone: 901-832-3717  
Full Name of Person/Entity

Mailing Address: 8291 Walnut Grove Cordova, TN 38018  
Street City State ZIP

Signature: Lynnette L Hursey Date: 1/16/24  
(First/MI/Last Name) (Month/Day/Year)

**For Official Use Only**

82005 Civil Record Check - 80019 FBI Record Check - 80006 FBI Record Check



AUTHORITY TO RELEASE INFORMATION

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

TO WHOM IT MAY CONCERN:

I understand that the Alcoholic Beverage Control Enforcement Division will conduct a thorough investigation before a final decision is made regarding my eligibility to hold an 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 Alcoholic Beverage Control Enforcement Division and the Alcoholic Beverage Control Board.

Lynnette Hursey  
Signature - Full Name

12-13-2026  
Date

8291 Walnut Grove  
Home Address

Cordova TN 38018  
City State Zip

8291 Walnut Grove  
Mailing Address

Cordova TN 38018  
City State Zip

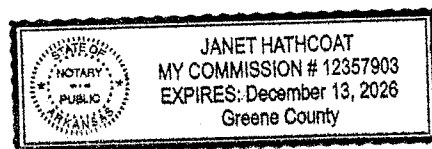
901-832-3717  
Contact Phone Business Phone

Lynnhursey@aol.com  
E-Mail Address

Sworn and subscribed before me this 22<sup>nd</sup> day of January, 2024.

Janet Hathcoat  
Notary Public

My Commission Expires: 12-13-2026



**SCHEDULE A - INDIVIDUAL'S PERSONAL HISTORY**

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

I submit answers to the following questions under oath:

1. Name Lynnette L Hursey Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Home Address 8291 Walnut Grove Cordova TN Phone No. 901-832-3717  
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 the county in which application has been made? \_\_\_\_\_  
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 X 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 X 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 X 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 (X) Married ( ) Divorced ( ) Separated ( ) Other ( )
12. Furnish complete information regarding members of immediate family:  
Relationship Full Name Address Occupation

(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:

8291 Walnut Grove  
Cordova TN 38018

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

<u>Your Business or Occupation</u>	<u>Name &amp; Address of Employer</u>	<u>Dates of Employment</u>
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Wecare	5668 S Rex Road Suite 200 Mphs TN 38119	1/1/2018 - present
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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.

*Lynnette Hursey*  
Applicant's Signature

STATE OF ARKANSAS

COUNTY OF Craighead

Lynnette Hursey, 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 22nd day of January, 2024

*Janet Hathcoat*  
Notary Public

My Commission Expires: 12.13.2026





Application for Criminal History Check  
for Alcoholic Beverage Permit  
A.C.A 3-2-103  
(See other side for instructions)

Full Name: Morgan Carla C  
Last Name First Name Middle Name

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

Date of Birth: \_\_\_\_\_ State of Birth: TN  
(Month/Day/Year)

Citizenship: Memphis / US Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Eye Color: dark brown Hair Color: black

Height: 5/4 Weight: 170 lb

Social Security #: \_\_\_\_\_ Driver's License #: 802883864 TN  
State

Mailing Address: 2919 Sierra Ct. Jonesboro AR 72404  
Street City State ZIP

Day Time Phone: 901-210-0059

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: Carla Morgan C. Phone: 901-210-0059  
Full Name of Person/Entity

Mailing Address: 2919 Sierra Ct. Jonesboro AR 72404  
Street City State ZIP

Signature: Carla C. Morgan Date: 12/28/23  
(First/MI/Last Name) (Month/Day/Year)

For Official Use Only

82005 Civil Record Check - 80019 FBI Record Check - 80006 FBI Record Check

## SCHEDULE A – INDIVIDUAL’S PERSONAL HISTORY

I submit answers to the following questions under oath:

1. Name Jairo Gerbert Montgomery Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Home Address 2015 Oak Brookland 72417 Phone No. 501-813-2263  
Street APL 32 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? yes
6. Have you ever been convicted of a felony? YES \_\_\_\_\_ NO X 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 (C) 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 X 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 X Married ( ) Divorced ( ) Separated ( ) Other ( )
12. Furnish complete information regarding members of immediate family:

<u>Relationship</u>	<u>Full Name</u>	<u>Address</u>	<u>Occupation</u>
<u>MIA</u>			

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

NAME	TITLE	ADDRESS
Thomas Valentine	President	2919 Sierra Ct. Jonesboro, AR
<del>Lynnette Hursey</del> <del>XXXXXXXXXXXX</del>	V. President	201 S. Oak Apt. B2 Brookland, AR
Paula Morgan	Secretary	2919 Sierra Ct. Jonesboro, AR

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 28 day of December, 2023.

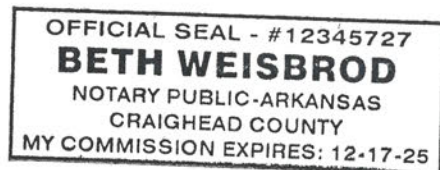
Thomas C. Valentine  
Signature of Applicant/Managing Agent

Owner  
Official Title

Subscribed and sworn to before me this 29th day of December, 2023.

Beth Weisbrod  
Notary Public

My Commission Expires: 12-17-2025:






(a) Are any of the above to be connected with the operation of the outlet? N/A

(b) If so, who and in what capacity? N/A

13. Give your home address (city or town) and dates at each for the past five (5) years:  
2015. Oak Apt. B2 Brookland, AR 2023-present  
1304 Industrial Drive Truman, AR 2017-2023  
Apt. 24

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

Your Business or Occupation	Name & Address of Employer	Dates of Employment
General Manager	Checkers 304 Howard Dr. Panguitch	2023-present
General Manager	Taco Bell 2595 W. Kings Hwy. Panguitch AR	2021-2023
General Manager	KFC/Taco Bell Hwy 461 Truman AR	2018-2020

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.

Jairo Montgomery  
 Applicant's Signature

STATE OF ARKANSAS

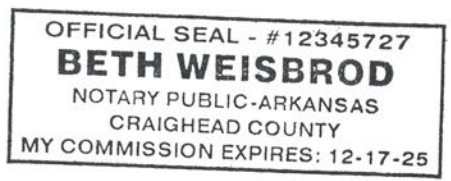
COUNTY OF Craighead

Jairo Montgomery, 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 December 2023

Beth Weisbrod  
 Notary Public

My Commission Expires: 12-17-2025:



AUTHORITY TO RELEASE INFORMATION

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

Jairo Montgomery  
Signature - Full Name  
12/28/2023  
Date

201 S. Oak Apt. B2  
Home Address

Brookland AR 72417  
City State Zip

1804 N. Old Greensboro Rd. Ste. E  
Mailing Address

Jonesboro AR 72401  
City State Zip

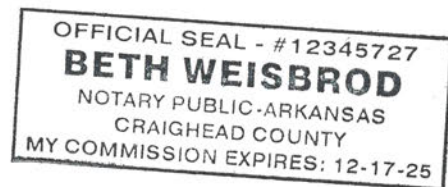
501-813-2263  
Contact Phone Business Phone

JairoMontgomery5018132263@gmail.com  
Email Address

Subscribed and sworn to before me this 29th day of December, 2023.

Beth Weisbrod  
Notary Public

My Commission Expires: 12-17-2025:



shall be in default and Sublessor shall be entitled to all legal and equitable remedies to which it may be entitled.

5. **Termination.** If Sublessee shall occupy the Premises with the consent of Sublessor after the Initial Term or the Extended Term, as the case may be, without execution of an instrument evidencing a renewal of this Sub-Lease or the election of the Extended Term, such occupancy shall constitute a month-to-month lease and may be terminated by either party upon thirty (30) days written notice to the other party. The rent during such occupancy shall be payable at the same rate, time and place as the Rent during the Initial Term.
6. **Utilities.** Sublessee shall pay all utility bills incurred in connection with the occupancy of the Premises by Sublessee, including without limitation payments for garbage collection, television, radio, internet, sewer, water, heat, gas, electricity and power, and all deposits and taxes relating thereto.
7. **Condition.** Sublessee acknowledges it has inspected the Premises and accepts the Premises in "AS IS, WHERE IS, WITH ALL FAULTS" condition, and Sublessee covenants it shall return the Premises upon termination of this Sub-Lease, in the same condition or better as of the date of the execution of this Sub-Lease, reasonable wear and tear excepted.
8. **Maintenance of Premises.** Sublessor at its own cost and expense will maintain and keep the structural components and exterior of the building on the Premises, including the roof and walls, in satisfactory condition and repair. Sublessee at its own cost and expense will maintain and keep the interior of the Premises, including the interior plumbing and sewage facilities, all electric facilities and equipment, and HVAC facilities, in good repair, ordinary wear and tear excepted.
9. **Alterations.** No alterations, additions or structural improvements shall be made to the Premises without the written consent of Sublessor. Any such alterations, additions or structural improvements approved by Sublessor shall remain a part of the Premises at the conclusion of the term of this Sub-Lease.
10. **Default.** An event of default shall occur if Sublessee: (i) fails to pay its rent within five (5) days of the due date and the failure shall continue for ten (10) days following written notice from Sublessor; (ii) fails to perform any of its other obligations under this Sub-Lease and the failure shall continue for thirty (30) days following written notice from Sublessor; or (iii) if the Premises shall be deserted or vacated for a period of more than thirty (30) days. Upon the occurrence of any such events of default, Sublessor shall have available all rights and remedies provided at law or in equity, including the option to pursue any one (1) or more of the following remedies without any notice or demand whatsoever:
  - a. *Terminate.* Terminate this Sub-Lease in which event Sublessee shall immediately return the Premises to Sublessor, and if Sublessee fails to do so, Sublessor may, without prejudice to any other remedy which he may have for

possession or arrearages in Rent, enter upon and take possession of the Premises and expel or remove Sublessee and any other person who may be occupying the Premises or any party thereof, by force if necessary, without being liable for prosecution or any claim of damages therefor.

- b. *Non-Termination.* Alter all locks and other security devices at the Premises without terminating this Sub-Lease and lease the Premises for the account of Sublessee without releasing Sublessee from Sublessee's obligations under this Sub-Lease or accepting Sublessee's surrender.
11. **Insurance.** Sublessee shall obtain renter's insurance insuring Sublessee's use and occupancy of the Premises and Sublessee's personal property located therein. Sublessor shall not be responsible for any loss sustained by Sublessee as a result of theft, vandalism or casualty.
12. **Taxes.** Sublessor shall pay all ad valorem real property taxes for the Premises, Sublessee being solely responsible for all other taxes, including without limitation taxes for all property owned by Sublessee.
13. **Assignment.** Sublessee shall not assign or sublet the Premises or any part thereof without the express written consent of Sublessor.
14. **Governing Law.** This Sub-Lease shall be governed by the laws of the State of Arkansas, and the United States District Court for the Eastern District of Arkansas or state courts located in Jackson County, Arkansas, shall be the exclusive forum for any disputes arising in connection with this Lease.
15. **Counterparts.** This Sub-Lease, including all attached exhibits, may be executed at different times and in any number of originals or counterparts and by each party on a separate counterpart, each of which shall be deemed an original but all of which together shall constitute only one agreement, notwithstanding all the parties shall not have signed the same counterpart.

*[Remainder of page left intentionally blank; signature pages to follow]*

IN WITNESS WHEREOF, Sublessor and Sublessee have executed this Sub-Lease Agreement on the date and year first above.

SUBLESSOR:

**SOUTHERN BBQ HILLTOP LLC,**  
an Arkansas corporation

By:

Thomas C. Valentine

Thomas Valentine, President

SUBLESSEE:

**JONESBORO KIDS,**  
an Arkansas nonprofit corporation

By:

Thomas C. Valentine

Thomas Valentine, President

Consent of Lessor

**MIKE WEAVER**, Trustee of the **RAY H. WEAVER REVOCABLE TRUST**, hereby consents to this Sub-Lease in accordance with Section 17 of the Prime Lease.

**RAY H. WEAVER REVOCABLE  
TRUST**

By: Mike Weaver

Mike Weaver, Trustee



# Arkansas Criminal History Report

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

### Subject of Record

Last: **Valentine**                      First: **Thomas**                      Middle: **Calvin**  
Date of Birth:                              Sex:                              Race:  
Social Security Number:                      *(not verified, supplied at time of request)*  
Home/Mailing Address: **2919 Sierra Ct Jonesboro, AR 72404**



**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT -**

### Requestor Information

Transaction Number: **ABC003985340**  
Date: **01/23/2024**                      Agency Reporting: **Arkansas State Police**  
Purpose: **ABC Mandated pursuant to Arkansas Code §3-2-103 regarding applicants for alcohol permits issued by the Alcoholic Beverage Control Division.**  
Released To: **Kimmie Rudley On Behalf of ABC**  
Representing: **ABC**  
Mailing Address: **101 East Capitol Suite 401 Little Rock, Arkansas 72201**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last five (5) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.



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) <b>ABC003985340</b>			
2. Reason Fingerprinted (RFP) <b>3-2-103</b>			
1a. Last Name <b>Valentine</b>	1b. First Name <b>Thomas</b>	1c. Middle Initial <b>C</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		2. Type of Picture ID Presented (If DL complete the following) State:      DL#	
3. Harvester (LiveScan) Facility Name		4. Harvester (LiveScan) Operator Telephone Number	
5. Harvester (LiveScan) Operator Name Printed		6. Harvester (LiveScan) Operator Signature	

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:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**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/gid/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.

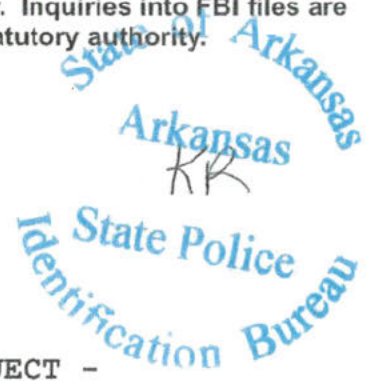
Rev. February 2019

# Arkansas Criminal History Report

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

### Subject of Record

Last: **Hursey**                      First: **Lynnette**                      Middle: **L**  
Date of Birth:                      Sex:                      Race:  
Social Security Number:                      *(not verified, supplied at time of request)*  
Home/Mailing Address: **8291 Walnut Grove Cordova, TN 38018**



**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT -**

### Requestor Information

Transaction Number: **ABC003985348**  
Date: **01/23/2024**                      Agency Reporting: **Arkansas State Police**  
Purpose: **ABC Mandated pursuant to Arkansas Code §3-2-103 regarding applicants for alcohol permits issued by the Alcoholic Beverage Control Division.**  
Released To: **Kimmie Rudley On Behalf of ABC**  
Representing: **ABC**  
Mailing Address: **101 East Capitol Suite 401 Little Rock, Arkansas 72201**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

This report does not preclude the possible existence of additional records on this person which may not have been reported to the State Identification Bureau and Central Repository. Changes in a criminal history record can occur at any time due to new arrests and/or ongoing legal proceedings.

This Arkansas criminal background check report is for non-criminal justice purposes and may only reflect if a person has any Arkansas felony and misdemeanor conviction(s), any Arkansas felony arrest that occurred in the last five (5) years that has not been to court and whether the person is a registered sex offender or required to register as a sex offender. Juvenile arrest and/or court information will not be released on this report.



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.

<b>FINGERPRINT HARVESTER / LIVESCAN PAYMENT CONFIRMATION FORM</b>			
1. Transaction Control Number (Confirmation Number) <b>ABC003985348</b>			
2. Reason Fingerprinted (RFP) <b>3-2-103</b>			
1a. Last Name <b>Hursey</b>	1b. First Name <b>Lynnette</b>	1c. Middle Initial <b>L</b>	1d. Suffix
4. Date of Birth (MM/DD/YYYY)			
<b>Harvester (LiveScan) Information: Type or clearly print information in all fields at the time of fingerprinting</b>			
1. Date Fingerprinted		2. Type of Picture ID Presented  (If DL complete the following) State:      DL#	
3. Harvester (LiveScan) Facility Name		4. Harvester (LiveScan) Operator Telephone Number	
5. Harvester (LiveScan) Operator Name Printed		6. Harvester (LiveScan) Operator Signature	

*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:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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/d1/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.

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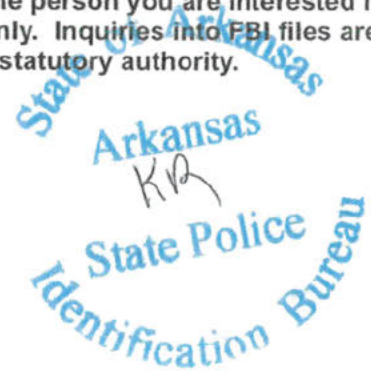


# Arkansas Criminal History Report

This report is based on a name search. There is no guarantee that it relates to the person you are interested in without fingerprint verification. This report includes a check of Arkansas files only. Inquiries into FBI files are not permitted for non-criminal justice or employment purposes without specific statutory authority.

## Subject of Record

Last: **Morgan**                      First: **Carla**                      Middle: **C**  
Date of Birth:                      Sex:                      Race:  
Social Security Number:                      *(not verified, supplied at time of request)*  
Home/Mailing Address: **2919 Sierra Ct Jonesboro, AR 72404**



**- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT -**

## Requestor Information

Transaction Number: **ABC003985314**  
Date: **01/23/2024**                      Agency Reporting: **Arkansas State Police**  
Purpose: **ABC Mandated pursuant to Arkansas Code §3-2-103 regarding applicants for alcohol permits issued by the Alcoholic Beverage Control Division.**  
Released To: **Kimmie Rudley On Behalf of ABC**  
Representing: **ABC**  
Mailing Address: **101 East Capitol Suite 401 Little Rock, Arkansas 72201**

This Arkansas criminal history record report should only be used for the purpose that it was requested. A request that is posed for a different purpose may result in more or less information being reported.

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

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1. Transaction Control Number (Confirmation Number) <b>ABC003985314</b>			
2. Reason Fingerprinted (RFP) <b>3-2-103</b>			
1a. Last Name <b>Morgan</b>	1b. First Name <b>Carla</b>	1c. Middle Initial <b>C</b>	1d. Suffix
4. Date of Birth (MM/DD/YYYY)			
<b>Harvester (LiveScan) Information: Type or clearly print information in all fields at the time of fingerprinting</b>			
1. Date Fingerprinted		2. Type of Picture ID Presented (If DL complete the following) State:      DL#	
3. Harvester (LiveScan) Facility Name		4. Harvester (LiveScan) Operator Telephone Number	
5. Harvester (LiveScan) Operator Name Printed		6. Harvester (LiveScan) Operator Signature	

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**PRINT FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPLICANT RECORD NOTIFICATION**

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**Details**

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

LLC Member information is now confidential per Act 865 of 2007

For access to our corporations bulk data download service [click here](#).

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Corporation Name  
JONESBORO KIDS

Fictitious Names  
—

Filing #  
811126413

Filing Type  
Nonprofit Corporation

Filed Under Act  
Dom Nonprofit Corp; 1147 of 1993

Status  
Good Standing

Principal Address  
—

Reg. Agent  
J. CLIFF MCKINNEY II

Agent Address  
111 CENTER STREET, SUITE 1900 LITTLE ROCK, AR 72201

Date Filed  
03/01/2017

Officers  
J. CLIFF MCKINNEY II, Incorporator/Organizer  
RYAN O' QUIN, Director  
J. MCKINNEY II, Director  
KIM SCOGGINS, Director  
J. MCKINNEY II, Principal  
RYAN O' QUINN, Principal  
KIM SCOGGINS, Principal

Foreign Name

—

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](#)

**Subject:** names**From:** Thomas <southernbbqllc1@gmail.com>**Date:** 1/23/2024, 3:34 PM**To:** cmassey@amrksecurity.com

NAME	ADDRESS
Patricia Martin	1107Walker PL Apt. 1 Jonesboro, AR. 72401
Ayaioe Pickett	1203 Paul Eells Dr. #101 N. Little Rock, AR. 72113
Antonio Riggins	502 N. Elm Charleston, MD 63834
Chad Petty	807 Gladiolus DR. #G-O Jonesboro, AR. 72404
Charles Wagner	211 Snodgrass Rd. Pocahontas, AR. 72455
Dearies Smith	2013 N. Patrick St. Jonesboro, Ar. 72405
Kendrick Woods	69 Grobmyer Circle Apt. 411 Forrest City, AR 72335
Dejaunn Council	110 Belt St. Apt. B2 Jonesboro, AR 72401
Kyle Burcham	1904 Oakwood Dr. Apt 145 Jacksonville, AR 72076
Tara Robinson	3126 Fairview Dr. Jonesboro, AR. 72401
Raine Isabell	121 Wilson St. Parkin, AR 72373
Andre Isabell	706 W. Oak Ave Jonesboro, AR. 72401
Lashundra Wilson	445 Barnes Ave Clarksdale, MS. 38614
Amanda Smith	683 Joyce ST. Lepanto, AR. 72354
Steven Jones	1714 Wembleton DR. Jonesboro, AR. 72401
Shacyla Allen	160 Turner Cir Apt.81 Forrest City, AR. 72335
Charnice Hill	706 W. Oak Ave Jonesboro, AR. 72401
Jahquanta Moss	401 Grand Ave Helena, AR. 72342
Shaketa Thomas	200 Fisher Pl Apt 18 Wynne, AR 72396
Nicole Wright	4501 Old Greenwood Rd #6 Fort Smith, AR. 72903
Dashawn Ware-Gordon	1913 Millbranch Ln. Jonesboro, Ar. 72405
Brain Matthews	2289 Fairfield Dr. Jonesboro, Ar. 72403
Glenn Stamper	1408 Links Dr. Apt.10 Jonesboro, Ar. 72404
Marcus Davis	901 Franklin St. Helena, AR. 72342
Annah Kessler	20828 N. Highway 23 Ozark, AR. 72949
Tanisha White	209 E. Nettleton Ave. #211 Jonesboro AR. 72401
Tyana White	1813 Westwood Dr. Jonesboro, AR. 72401
Satira Smith	1501 Brookhaven Dr. Jonesboro, Ar. 72401
Austin Elliott	1141 Walker PL Apt. 3 Jonesboro, Ar. 72401
Laquisha Nevels	908 Garfield St. Newport, AR. 72112
Willie Neal	706 Richmond Ave. Jonesboro, AR. 72401
Larry McShan	719 Church St. N Wynne, AR. 72396
Shiketra Hardison	262 N. Sam West. Helena, AR. 72390
Lewis Dale	1147 Walker Pl. Apt. 6 Jonesboro, Ar. 72401
Akasha Morris	111 Daybreak Dr. Apt C11 Jonesboro, AR. 72401
Eirik Hall	1251 Stadium Ave #F101 Decatur, AR. 72722
Andre Cox	344 N. Fisher St. Jonesboro, AR. 72401
Roosevett Bridget	307 Jefferson Helena, Ar. 72342
Iatasha bell	2407 Mary Jane Dr. Jonesboro, AR. 72401
Treyvrouis Jones	1607 N. Culberhouse St. #18 Jonesboro, AR. 72401
Ester Borrow	992 Sandino Dr. Jonesboro, Ar. 72405
Bert Bush	209 Virginia Ave Apt 1 Jonesboro, AR. 72472
Kevin Reid	1811 Highway 163 Jonesboro, Ar. 72404
Joshua Vann	1610 Crepe Myrtle Dr. Jonesboro, Ar. 72405
Stevie Harris	225 Birch St. Trumann, AR 72472
Corey Smith	301 N. Caraway Rd. Apt. C1 Jonesboro, Ar. 72401
Ahmad Gray	1710 Links Dr. Apt. 7 Jonesboro, AR. 72404
Glenn Richmond	344 N. Fisher ST. Jonesboro, AR. 72401
Jessis Crume	200 S. Magnolia Dr. Trumann, AR. 72472
Shaquiah Porter	400 Garden Manor Dr. #E Jonesboro, AR. 72401
Tori Cook	2728 County Road 324 Bono, AR. 72416
Jonas Brown	15 S. Dunhill Rd. Marion, AR. 72364



Fwd:

**Subject:** Fwd:

**From:** Thomas <southernbbqllc1@gmail.com>

**Date:** 1/23/2024, 3:24 PM

**To:** cmassey@amrksecurity.com

----- Forwarded message -----

**From:** Jairo Montgomery <jairomontgomery5018132263@gmail.com>

**Date:** Mon, Jan 22, 2024 at 11:45 PM

**Subject:**

**To:** Thomas <southernbbqllc1@gmail.com>

#11 Tiarah Montgomery [1304 Industrial Dr. Apt 23 Trumann, Ark 72472](#)

#12 Tommy Ellison 213 [Curtview Jonesboro, Ark 72401](#)

#13 Cassie Lynn Macklin 810 East Oak Jonesboro, Ark 72472

#14 Alexander Folks [113 Cardinal St Brookland, Ark 72417](#)

#15 Heather Grace [121 Cardinal St Brookland, Ark 72417](#)

#16 Jevon Daniels [7201 South Calumet, Chicago, IL 60652](#)

#17 Treyvon Montgomery [1201 Garrison Ln Paragould Ark 72450](#)

#18 Cornelius Watkins [1102 Walker St Paragould Ark72450](#)

#19 Deandra Sharp [1304 Industrial dr Apt 26, Trumann, Ark 72472](#)

#20 Jimmy Burrow 12 Southpointe, Searcy Ark 72143

#21 Kaitlin McCoy 13 Southwind, Searcy, Ark 72143

#22 James Strickland 2406 Brittany Ln Searcy, Ark 72143

#23 Daniel Williams [401 Arrowhead Rd Trumann, Ark 72472](#)

#24 Jeriko Montgomery Sr, 811 Mildred Ext Trumann, Ark 72472

#25 Jamie Pratt [611 Circle Dr Trumann, Ark72472](#)

#26 Bob Pelshaw 248 Quincy Cir Trumann, Ark 72472

#27 Brenda Montgomery [13372 South Corliss Chicago, IL 60017](#)

#28 Rodney Spearman 718 Wilson Jonesboro, Ark 72401

#29 Britt Holman [1708 Pineview St Jonesboro, Ark 72401](#)

#30 Arthur Maness [1504 Frierson St Jonesboro, Ark 72401](#)

#31 Bedford Hester [5437 Summer Pl Jonesboro, Ark 72404](#)

#32 Alicia Sanders [1416 N Culberhouse Jonesboro, Ark 72401](#)

#33 Angelonia Montgomery [1665 Aberdeen St Chicago Heights, IL 60411](#)

#34 Anthony Simpson [580 W, 16th St Chicago Heights, IL 60411](#)

#35 April Harris 408 N, Powell Forrest City, Ark 72335

#36 Ashley Houseman [509 Broadway St Arbyrd Mo, 63821](#)

#37 Mary Camp [1505 Crestview Drive Paragould, Ark 72450](#)

#38 Maranda White [397 Highway 34 East Marmaduke, Ark 72450](#)

#39 Dominique Lighthart [511 East Garland St Paragould, Ark 72450](#)

#40 Kristy West [407 Greene 749 Rd Paragould, Ark 72450](#)

#41 Mandy Nothern [3901 Casey Lane Paragould, Ark 72450](#)

#42 Josh LyLes [6313 S, 38th St. Rogers, Ark 72758](#)

#43 Theron Ussery [1449 Greene 729 Rd Paragould, Ark 72450](#)

#44 Charles Panhorst [5105 Ar-34 Marmaduke, Ark 72443](#)

#45 Wayne Newell [1694 Greene Rd 427 Marmaduke, Ark 72443](#)

#46 Allen Newell 2020 Geryhound Dr Marmaduke, Ark 72443

#47 Venta Hargrove [194 Greene 417 Rector, Ark 72461](#)

#48 Robert Newell Jr [389 Greene Rd 561 Marmaduke, Ark 72443](#)

#49 Vanessa Nobles [173 Greene 955 Rd Paragould, Ark 72450](#)

#50 Johnny Whitfield [120 Cardinal St Brookland, Ark 72417,](#)

**Subject:** Fwd: 50 names  
**From:** Thomas <southernbbqllc1@gmail.com>  
**Date:** 1/23/2024, 3:25 PM  
**To:** cmassey@amrksecurity.com

----- Forwarded message -----

**From:** Jairo Montgomery <jairomontgomery5018132263@gmail.com>  
**Date:** Mon, Jan 22, 2024 at 9:19 PM  
**Subject:** 50 names  
**To:** Thomas <southernbbqllc1@gmail.com>

- #1 Armilita Montgomery [8043 S. Washtenaw Chicago IL 60652.](#)
- #2 Heather Self [700 County Rd 702 Apt 3 Jonesboro Ark](#)
- #3 Jeriko Montgomery [1304 Industrial dr Apt 24 Trumann Ark](#)
- #4 Renee Self [206 Lamesa st Jonesboro Ark](#)
- #5 Jodi Smith [204 Lamesa st Jonesboro Ark](#)
- #6 Tony Watson [2633 Glenn Place Apt 104 Jonesboro,Ark72404](#)
- #7 Shirley Watson [1813 South Culberhouse Jonesboro, Ark](#)
- #8 Cornelius Davis 712 Fowler St Jonesboro, Ark
- #10 Holly Mars 207 Mellany Dr Jonesboro, Ark.

OFFICIAL RECEIPT

Receipt Date 01/24/2024 09:17 AM  
Receipt Print Date 01/24/2024

Receipt # 00242439  
Batch # 00024.01.2024

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 1804  
N Old Greensboro #E 250.00

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Total 250.00

Payment Information:  
Check 245590 250.00  
Change 0.00

Southern BBQ Hilltop, LLC  
Customer #: 024130

2919 Sierra Court  
Jonesboro, AR 72404

Cashier: KMHattenhauer  
Station: COLLECTIONSWIND