City of Jonesboro
Private Club Review and Conditions Form

Date 7-29-26

Address 2905 Gilmore

Applicant on Behalf of Club Dharmesh R. Das

Home Address 803 E. Lakeshore, Jonesboro AR

Business Name My Place Hotel

Business Address 2905 Gilmore

City of Jonesboro official use below this:

Police Department:

Has any member been convicted of a felony? Yes _____ No X
If yes, How many years since conviction? _____

Comments: _____

Approve? Yes X No _____ Signature Chief of Police Kirk Elliott

Planning and Zoning Department:

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

Approve? Yes X No _____ Signature Planning Director _____

City Clerk:

Date received _____
Date entered in Legistar _____

City Council Action

Approve _____ Deny _____

APPLICATION FOR ALCOHOL PERMIT

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 at the City Collector's Office at 300 S. Church Street, Jonesboro, Arkansas 72401 or by telephone (with a credit card, excluding American Express) at 870-932-3042. Proof of payment must be submitted with this application.

3. 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.

4. The following additional materials must be submitted with your application:

   a. A current list of names and addresses of the owners, principals (including but not limited to partners, officers, directors, managers, or other persons making decisions for the entity which are listed with the Arkansas Secretary of State, where applicable), and a signed "authority to release information form" from each listed person.

   b. The address where the business will be located. If the named entity does not own the property, a copy of the lease, option to lease, option to purchase, or buy-sell agreement in **favor of the entity** must be attached.

MAIL OR DELIVER DIRECTLY TO:

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

5. Once you have received the report from the Jonesboro Police Department, it is your responsibility to get this matter on the City Council agenda. To do so, you must take the report and an ordinance (prepared by you or your legal counsel) to the City Clerk's Office at 300 S. Church Street, Jonesboro, Arkansas. The City Clerk will advise you the cost involved in the publication of the ordinance and you are required to pay those costs before the ordinance will be placed on the agenda.

CITY OF JONESBORO

APPLICATION FOR ALCOHOL PERMIT

We hereby make an application for a permit to serve alcoholic beverages on our premises.

Mataji LLC

NAME OF ENTITY _____ FEIN # _____

APPLICANT NAME: Dharmesh R Das
First Middle Last

HOME ADDRESS: 803 E LAKESHORE DR JONESBORO, AR 72401 CRAIGHEAD
Street City Zip County

BUSINESS NAME: MY PLACE HOTEL JONESBORO, AR

BUSINESS ADDRESS: 2905 GILMORE DR JONESBORO, AR 72401 CRAIGHEAD
Street City Zip County

Does the entity own the premises? YES, ENTITY OWNS PREMISE If leased, give name and address of owner:

Is your establishment primarily engaged in the business of serving food for consumption on the premises?
No. The business is an extended-stay hotel providing lodging to registered guests. Complimentary packaged snacks will be available during designated beer and wine service hours.

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.
Hotel. Beer and wine service for registered hotel guests only, limited to designated hospitality hours, with a two-drink limit, ID verification, no room delivery, no off-premises consumption, and no hard liquor.

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 owners/principals listed with the Arkansas Secretary of State:

NAME	TITLE	ADDRESS
DHARMESH R DAS	MEMBER	803 E. LAKESHORE DR. JONESBORO, AR 72401
KISHAN D DAS	MEMBER	803 E. LAKESHORE DR. JONESBORO, AR 72401

Have any of the persons listed above 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 24th day of July, 2024.

Signature of Applicant/Managing Agent

MEMBER
Official Title

Subscribed and sworn to before me this 24th day of July, 2024.

Polly Harlan
Notary Public

My Commission Expires: 12-22-2031:

POLLY HARLAN
Comm. No. 12717208
NOTARY PUBLIC
My Comm. Exp. 12-22-2031
CRAIGHEAD CO., ARKANSAS

SCHEDULE A – INDIVIDUAL'S PERSONAL HISTORY

I submit answers to the following questions under oath:

1. Name DHARMESH R DAS Sex ___ Date of Birth ___

2. Home Address 803 E. LAKESHORE DR. JONESBORO, AR 72401 Phone No. 870-530-2663
   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
WIFE	RENUKA DAS	803 E. LAKESHORE DR. JONESBORO, AR 72401	SELF EMPLOYED
SON	KISHAN DAS	803 E. LAKESHORE DR. JONESBORO, AR 72401	SELF EMPLOYED
DAUGHTER	SONALI DAS	11003 RAMP CREEK LANE SUGAR LAND, TEXAS 77498	OPTOMETRIST
BROTHER	KALPESH DAS	3904 TEAL DR. JONESBORO, AR 72401	SELF EMPLOYED

FATHER	RAMESH DAS	803 E. LAKESHORE DR. JONESBORO, AR 72401	RETIRED
MOTHER	ANSUYA PATEL	803 E. LAKESHORE DR. JONESBORO, AR 72401	RETIRED

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

(b) If so, who and in what capacity? KISHAN DAS, OPERATIONS/GENERAL MANAGER

13. Give your home address (city or town) and dates at each for the past five (5) years:
803 E. LAKESHORE DR. JONESBORO, AR 72401

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

Your Business or Occupation	Name & Address of Employer	Dates of Employment
SELF EMPLOYED	DHARMESH DAS 803 E. LAKESHORE DR. JONESBORO, AR 72401	

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.

Applicant's Signature

STATE OF ARKANSAS

COUNTY OF Craighead

DHARMESH R DAS, 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 24th day of July, 2026.

Notary Public

My Commission Expires: 12-22-2031:

POLLY HARLAN
Comm. No. 12717208
NOTARY PUBLIC
My Comm. Exp. 12-22-2031
CRAIGHEAD CO., ARKANSAS

AUTHORITY TO RELEASE INFORMATION

Application filed by Applicant -A, Principal - P: A

TO WHOM IT MAY CONCERN:

I understand that the City of Jonesboro will conduct an investigation before a final decision is made on 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.

DHARMESH R DAS
Signature – Full Name

24th July 2026
Date

803 E. LAKESHORE DR.
Home Address

JONESBORO | ARKANSAS | 72401
City | State | Zip

803 E. LAKESHORE DR.
Mailing Address

JONESBORO | ARKANSAS | 72401
City | State | Zip

870-530-2669 | 870-530-2669
Contact Phone | Business Phone

DHARMESHDAS1969@GMAIL.COM
Email Address

Subscribed and sworn to before me this 24th day of July, 2026.

Polly Harlan
Notary Public

My Commission Expires: 12-22-2031:

POLLY HARLAN
Comm. No. 12717208
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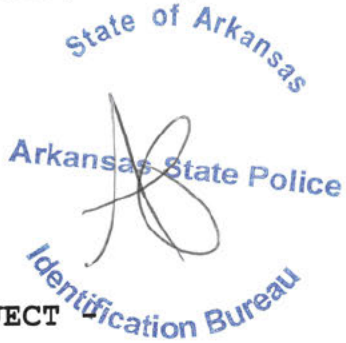
CRAIGHEAD CO., ARKANSAS

ARKANSAS STATE POLICE

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: **Das** First: **Dharmesh** Middle: **R**

Date of Birth: Sex: Race:

Social Security Number: *(not verified, supplied at time of request)*

Home/Mailing Address: **803 E. Lakeshore Dr Jonesboro, AR 72401**

- NO CRIMINAL HISTORY FOUND FOR THIS SUBJECT -

Requestor Information

Transaction Number: **ABC004899981**

Date: **07/27/2026** Agency Reporting: **Arkansas State Police**

Purpose: **ABC Mandated pursuant to Arkansas Code Â§3-2-103 regarding applicants for alcohol permits issued by the Alcoholic Beverage Control Division.**

Released To: **Alice Ford On Behalf of Alcoholic Beverage Control**

Representing: **Alcoholic Beverage Control**

Mailing Address: **101 East Capitol, Suite 401 Little Rock, AR 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.

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

Full Name: DAS (Last Name) DHARMESH (First Name) R (Middle Name)

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

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

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

Mailing Address: 803 E. LAKESHORE DR. JONESBORO (Street / City) ARKANSAS (State) 72401 (ZIP)

Day Time Phone: 870-530-2669

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: DHARMESH DAS (Full Name of Agency) Phone: 870-530-2669

Mailing Address: 803 E. LAKESHOLE DR. JONESBORO, ARKANSAS 72401 (Street / City / State / ZIP)

Signature: DHARMESH DAS (First / MI / Last Name) Date: 07/24/2026 (Month / Day / Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

Subscribed and sworn to before me this 24th day of July, 2026.

Polly Harlan
Notary Public

My Commission Expires: 12-22-2031

POLLY HARLAN
Comm. No. 12717208
NOTARY PUBLIC
My Comm. Exp. 12-22-2031
CRAIGHEAD CO., ARKANSAS

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)
ABC004899981

2. Reason Fingerprinted (RFP)
ACA 3-2-103

1a. Last Name	1b. First Name	1c. Middle Initial	1d. Suffix
Das	**Dharmesh**	**R**	

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: 07-29-26	2. Type of Picture ID Presented: DL (If DL complete the following) State: AR DL# 916581542
3. Harvester (LiveScan) Facility Name: AR Livescan	4. Harvester (LiveScan) Operator Telephone Number: 479-226-3337
5. Harvester (LiveScan) Operator Name Printed: Abigail Bradley	6. Harvester (LiveScan) Operator Signature: Abigail Bradley

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: DHARMESH R DAS

SIGNATURE: [signature] **DATE:** 7/29/2026

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/cjis/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

REVISED 7-13-2021

Arkansas GovPay

Your Receipt

PURCHASE RECEIPT

Arkansas State Police Lobby
ASP Cashier's Office

One State Police Plaza Drive
Little Rock AR 72209
(501)618-8306
sandy.carter@asp.arkansas.gov
OTC Local Ref ID: 150915222
7/27/2026 04:19 PM

Status:	**APPROVED**
Customer Name:	DAS/KISHAN
Type:	AmericanExpress
Credit Card Number:	**** **** **** 1005

Items	Location	Quantity	TPE Order ID	Total Amount
82005 State 25.00	ASP Cashier's Office	1	145397234	$25.00
80012 FBI 10.00	ASP Cashier's Office	1	145397234	$10.00
80006 FBI 2.00	ASP Cashier's Office	1	145397234	$2.00
Total remitted to the Arkansas State Police Lobby				$37.00
Arkansas total amount charged				$39.00

Signature

OFFICIAL RECEIPT

Receipt Date 07/29/2026 12:01 PM Receipt # 00278936
Receipt Print Date 07/29/2026 Batch # 00129.07.2026

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 - 290	
5 Gilmore / My Place Hotel	250.00
Total	250.00

Payment Information:

Credit Car 5621	250.00
Change	0.00

Dharmesh R Das
Customer #: 000000
870-530-2669
803 E Lakeshore Dr
Jonesboro, AR 72401-

Cashier: TJGeror
Station: TJGEROR