

MEETING OF JULY 18, 2016

WARD 3 (ta)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

New application for a privilege license for Snead Group Subsidiary dba Wingstop for the sale of beer (retail pouring). Snead Group Subsidiary is the owner and Raymond Snead is the agent applicant.

SUMMARY:

Raymond Snead as the registered agent for Snead Group Subsidiary dba Wingstop requests a privilege license for the sale of beer (retail pouring) at 3240 South Cobb Drive STE 1500.

BACKGROUND:

Raymond Snead will be the registered agent responsible for the sale of alcohol at the referenced location. Raymond Snead has been given a copy of the Alcoholic Beverage Ordinance and attended the mandatory alcohol awareness workshop. (Certificate attached)

STAFF RECOMMENDATION:

A background investigation conducted by the Smyrna Police Department failed to reveal information that would preclude issuance of this license. Raymond Snead has agreed to abide by the guidelines set forth by the City of Smyrna ordinance governing the sale of alcohol.

REQUESTED ACTION:

Approval of a privilege license for the sale of beer (retail pouring) for Snead Group Subsidiary dba Wingstop with Raymond Snead as the registered agent.

Copy

CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5321 Fax (770) 431-2814
Web site: www.smyrnacity.com

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS.

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

LIQUOR:

NEW

RENEWAL

TRANSFER

MANUFACTURER

WHOLESALE

PKG. BEER/WINE

PKG. DIST. SPIRITS

RETAIL POURING

Restaurant

Package Store

Dancing/Live Ent

Private

Other

BEER:

NEW

RENEWAL

TRANSFER

MANUFACTURER

WHOLESALE

PKG. BEER/WINE

PKG. DIST. SPIRITS

RETAIL POURING

Restaurant

Package Store

Dancing/Live Ent.

Private

Other

WINE:

NEW

RENEWAL

TRANSFER

MANUFACTURER

WHOLESALE

PKG. BEER/WINE

PKG. DIST. SPIRITS

RETAIL POURING

Restaurant

Package Store

Dancing/Live Ent.

Private

Other

1. Legal Name of Business Snead Group Subsidiary
Operating name of the Business Wingstop

Is the Business a: proprietorship partnership corporation foreign

2. Location 3240 9420 S Cobb Drive STE 1500 Phone 404-823-4084

3. Is business within the designated distance of any of the following?

PACKAGE DISTILLED SPIRITS

		YES	NO
SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	300 FEET	<input type="radio"/>	<input checked="" type="radio"/>

POURING DISTILLED SPIRITS

SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="radio"/>	<input checked="" type="radio"/>

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

PACKAGE WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input type="radio"/>	<input checked="" type="radio"/>

[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]

POURING WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="radio"/>	<input checked="" type="radio"/>

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full name of Owner Raymond Alfred Snead III

If a sole proprietor, will you manage the business full time on the premises? Yes No

Social Security Number [REDACTED] Date of Birth 06/01/1984

Are you a Citizen of the United States? Yes No Birthplace _____

Current Address 3180 Mathieson Dr City/State Atlanta Zip Ga

Home Telephone [REDACTED] Number of years at present address 1

Drivers License Number and State [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list Business Owner

US State Department contractor

If a partnership, attach list showing each partner owning 10% or more, with address, telephone number, date of birth, and social security number.

If a corporation, provide corporate address, phone number & name of Chief Executive Officer _____

PO Box 72004; Marietta; Ga. 30007

Raymond Snead III; [REDACTED]

Federal Tax ID # 46-2562846 State of Incorporation Georgia

Is this a new business in Smyrna? Yes No If yes, date business will begin in Smyrna _____

Is this a transfer or change of ownership? Yes No Effective date _____

If yes, enclose a copy of the sales contract, closing statement.

Has owner ever had an alcoholic beverage license revoked in Smyrna or other jurisdiction?

Yes No If yes, attach full details.

5. Full name of Manager (as Applicant) Raymond Snead

Social Security Number [REDACTED] Date of Birth 06/01/1984

Are you a Citizen of the United States? Yes No Birthplace Greenville, NC

Current Address 3180 Mathieson Dr City/State Atlanta Zip 30305

Home Telephone [REDACTED] Number of years at present address 1

Do you reside in Cobb County? Yes No If yes, how long _____

Previous address 1411 Logan Circle; Marietta, GA 30007

Number of years at previous address 2 Drivers License Number and State [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list Business Owner

US State Department contractor

Manager's employment date with owner _____

Has the manager (as applicant):

(a) Been adjudicated as incompetent or insane, or been deemed to have insufficient mental capacity to conduct the business for which the application is made? Yes No

(b) Been discharged from any military service under dishonorable conditions? Yes No

(c) Within a five-year period immediately preceding the date of application, been arrested or convicted of violating any laws, ordinances, or regulations regulating such business? (The term "conviction" shall include an adjudication of guilt, a plea of guilty or nolo contendere or the forfeiture of bond when charged with a crime.) Yes No

If there was an arrest, are charges still pending? Yes No

(d) Within a five-year period preceding the date of application, been convicted for any felony charged under any of the laws of the several states or of the United States? Yes No (The term "conviction" shall include an adjudication of guilt, a plea of guilty or nolo contendere or the forfeiture of bond when charged with a crime.) If there was an arrest, are charges are still pending? Yes No

(e) Within a three-year period preceding the application, been convicted of more than one misdemeanor, including traffic violations, involving the use or abuse of any alcoholic beverage, opiate or drug? Yes No (The term "conviction" shall include an adjudication of guilt, a plea of guilty or nolo contendere or the forfeiture of bond when charged with a crime.) If there was an arrest, are charges still pending? Yes No

(f) Been currently placed on parole from any governing authority? Yes No

Has any license authorizing the sale of alcoholic beverages at the location for which the present license is sought:

(g) Been declared to be under suspension, at the date the application is filed? Yes No

(h) Been revoked within six months of the date that the application is filed? Yes No

If yes to any of the above questions, please attach full detail.

7. Do you own the land and building on which this business is to operate? Yes No

Date Purchased _____ Amount Paid _____

If not, list the terms of the lease, including the manner in which the rent is determined, to whom and at what intervals it is paid.

Attach a copy of the lease and any other pertinent documents.

8. How is the proposed location zoned? _____

Attach copy of zoning certification from the City of Smyrna (Community Development 770-319-5387).

9. If this is an application for an original license, attach proof of adequate parking facilities as per the City of Smyrna zoning requirements (Community Development 770-319-5387).

10. Do you, your spouse, any family members, or any of the other owners, partners, or stockholders have an interest in a retail liquor store(s)? Yes No If so, state the number of stores and where each store is located.

11. Have you, your spouse, partner or stockholder any financial interest in the wholesale liquor business? Yes No
If yes, give details.

12. If this is a previously licensed location, give the amount of alcohol sales for the previous (12) months and state the dates used in computing the gross sales. Indicate gross sales for beer, wine and liquor separately.

N/A

13. Please initial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance RG

14. Are you familiar with the City of Smyrna ordinances and state and federal laws and regulations governing the operation of this type of business? Yes No

15. Are you aware you are required to apply for a State license? Yes No
Contact the Georgia Department of Revenue Alcohol Division at 404-417-4900.

CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5321 Fax (770) 431-2814
Web site: www.ci.smyrna.ga.us

1. Legal Name of Business: Snead Group Subsidiary
2. Location: 3420 S Cobb Drive STE 1500 Phone: 404-823-4084
3. Name of Applicant: _____

CERTIFICATION BY BUILDING INSPECTOR

I have inspected the premises referenced above and certify the location meets all minimum requirements of the Smyrna Building Code.

under construction Date 7/5/16

Chief Building Inspector

CERTIFICATION BY FIRE MARSHAL

I have inspected the premises referenced above and certify the location meets all minimum requirements of the City of Smyrna Fire Prevention Code.

under construction Date 7/5/16

Fire Marshal

CERTIFICATION BY TAX CLERK

I certify the ad valorem taxes for the above referenced property have been paid and there are no outstanding liens.

OK per M. Hickey-Guth Date 7/5/16

Tax Clerk

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GEORGIA, COBB COUNTY

I, _____, BEING DULY SWORN TO LAW, DO SWEAR THAT THE STATEMENTS MADE BY ME IN THE ABOVE AND FOREGOING APPLICATION ARE TRUE, AND NO FALSE, OR FRAUDULENT STATEMENT IS MADE HEREIN AND SUCH STATEMENTS WERE MADE IN ORDER TO PROCURE THE GRANTING OF A LICENSE.

Raymond Sneed Jr

Signature of Owner (type name before signing)

Signature and title of person other than Owner completing this application

Phone Number: Work: 404-823-4184 Home: _____

Raymond Sneed Jr

Signature of Managing Applicant (type name before signing)

Signature and title of person other than Applicant completing this application

Phone Number: Work: _____ Home: _____

Sworn to and subscribed before me

This 22 day of June 2016

[Signature]
Notary Public

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

MARIA RIVERA

Date 6/22/16

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

[Signature]

Date 6/22/16

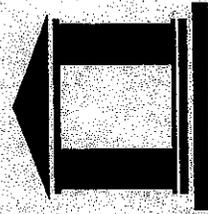
Training Institute for Responsible Vendors, Inc.

certifies that

Raymond A. Snead

has successfully completed training in our RASS Workshop thus
entitling them to all the rights and privileges appertaining thereto .

In witness thereof the undersigned have affixed their names
this 15th day of May, 2014



Raymond A. Snead
President

Seal

"Policing with a Purpose"



Smyrna Police Department

Chief of Police
David Lee

2646 Atlanta RD SE
Smyrna, GA 30080-2118
Phone: 770-434-9481
Fax: 678-631-5005

Deputy Chief
Robert L. Harvey



Date: June 29, 2016

To: Michael Jones, City Administrator

From: David Lee, Chief of Police

Lt. Rick James, Office of Professional Standards

A handwritten signature in black ink, appearing to be "D. Lee".

Subject: Application for Alcoholic Beverage License

Applicant: Raymond Snead

This applicant, **Mr. Raymond Snead**, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcoholic beverage license issued to **3420 South Cobb Drive Ste. 1500 Smyrna, GA 30080**.

The business name is **Wingstop**.

The business is incorporated under the name **Snead Group Subsidiary**.

A criminal history was conducted on this applicant, and there was nothing in his criminal history that would prohibit him from holding the license as long as he meets all the other requirements of the ordinances that regulate this type of business.

CC: Terri Graham, City Clerk

Jim Cox, Business License

File

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 07/05/2016 MAYOR AND COUNCIL: 07/18/2016

TYPE OF LICENSES REQUESTED: BEER (RETAIL POURING)

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: SNEAD GROUP SUBSIDIARY
dba WINGSTOP

PLACE OF BUSINESS: 3240 SOUTH COBB DRIVE STE 1500
SMYRNA, GA 30080

AGENT: RAYMOND SNEAD

HOME ADDRESS: 3180 MATHIESON DRIVE
ATLANTA, GA 30305

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 06/22/16 RECEIVED 07/01/16

RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD
PRECLUDE ISSUANCE OF THIS LICENSE

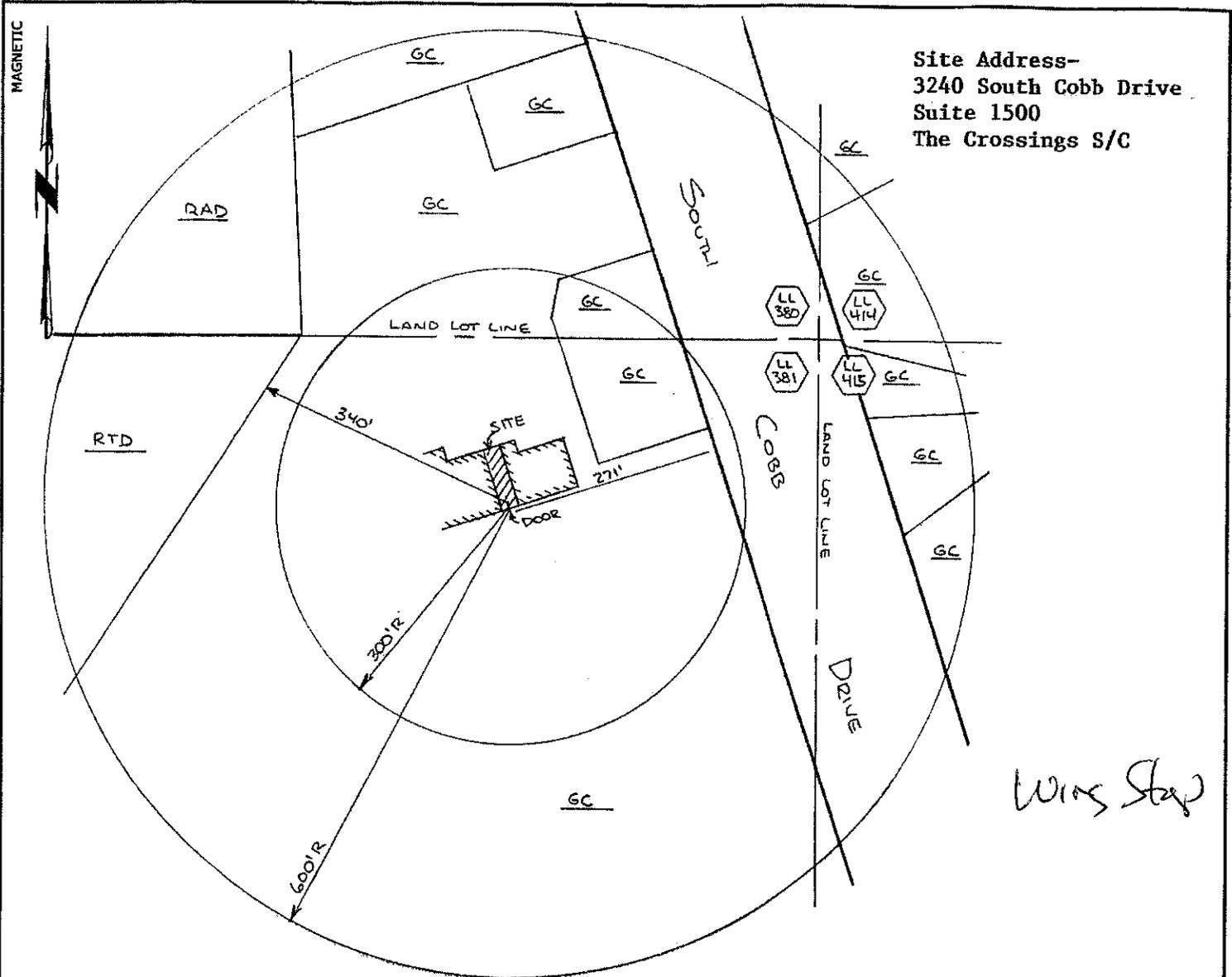
TYPE OF BUILDING MASONRY

DISTANCE MET: SCHOOL YES CHURCH YES LIBRARY YES PARK YES

MAP FURNISHED: YES

ADVERTISED: JUL 8 & JUL 15 2016

COMMENTS: ALL TAXES PAID



Site Address-
 3240 South Cobb Drive
 Suite 1500
 The Crossings S/C

The following distances were measured according to City of Smyrna Code:

- CHURCH- 905' to Faith Christian Center, @ 3059 South Cobb Drive.
- SCHOOL- 2200' to King Springs Elementary, K-1 Campus, @ 3265 Brown Road.
- LIBRARY- 7080' to Smyrna Library, @ 100 Village Green Circle.
- PARK- 2490' to Aline Wolf Adult Recreation Center, @ 884 Church Street.
- PUBLIC BUILDING- 2440' to Fire Station #2, @ 642 Concord Road.
- RESIDENTIAL P/L- 340' (radial) to 1046 Huntington Trace Court, 555' by route of pedestrian travel.

There are no alcohol treatment centers within 600' of this site.

City of Smyrna Beer and Wine Pouring License Survey for:
 SNEAD GROUP, LLC



DATE: 6-13-2016	SCALE: 1" = 200'		
DRAWN BY: GD	GRAPHIC SCALE IN FEET		
LAND LOT 381	17 TH DISTRICT	2 ND SECTION	
COBB	COUNTY	GEORGIA	
GEORGIA LAND SURVEYING CO. 155 CLIFTWOOD DRIVE, ATLANTA, GA 30328 PH (404)255-4671 FAX (404)255-6607 WWW.GLSURVEY.COM			196312

LEASE FOR
THE CROSSINGS AT FOUR CORNERS
SMYRNA, GEORGIA

ARTICLE I. BASIC LEASE PROVISIONS AND ENUMERATION OF EXHIBITS.

Section 1.1. Basic Lease Provisions.

EFFECTIVE DATE: 3/10/16

LANDLORD: IP-TL Smyrna, LLC, a Delaware limited liability company.

ADDRESS OF LANDLORD: c/o Tri-Land Developments, Inc., One East Oak Hill Drive, Suite 302, Westmont, IL 60559.

TENANT: Snead Group LLC, a Georgia limited liability company.

NOTICE ADDRESS OF TENANT: c/o Raymond Snead III, 3180 Mathieson Drive, Unit 803, Atlanta, GA 30305

TENANT'S TRADE NAME: Wingstop

LEASED PREMISES: The space designated on Exhibit A as Store No. C-5, commonly known as 3240 South Cobb Drive, Smyrna, Georgia 30080.

FLOOR AREA: 1,497 square feet, being the deemed rentable area of the Leased Premises, as outlined in Exhibit A. Notwithstanding anything contained in this Lease to the contrary, within sixty (60) days after the Delivery Date, Tenant may, at Tenant's option and expense, have its architect recalculate the rentable Floor Area of the Leased Premises. Tenant shall submit such recalculation to Landlord for Landlord's approval, which shall not be unreasonably withheld, delayed or conditioned, and the Fixed Minimum Rent and Tenant's Pro-Rata Share (as such terms are hereinafter defined) shall be proportionately adjusted to reflect the rentable Floor Area of the Leased Premises. The rentable Floor Area of the Leased Premises shall be determined by measuring from the exterior surface of exterior walls (and extensions thereof, in the case of openings) and from the centerline of demising party walls, all of which form the perimeter of the Leased Premises.

LEASE TERM: Five (5) Lease Years (plus a partial month, if any, prior to the first Lease Year).

GUARANTOR: Raymond A. Snead, Jr., an individual



APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Snead Group Subsidiary dba Wingstop located at 3240 South Cobb Drive STE 1500, Smyrna, Georgia, requesting a privilege license for the sale of beer(retail pouring). This application will be heard before the Mayor & Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on July 18, 2016 at 7:00 p.m. All concerned persons are hereby notified.

Raymond Snead
Licensee

Snead Group Subsidiary
dba Wingstop
3240 South Cobb Drive STE 1500
Smyrna, Georgia 30080

Ads to Run Jul 8, 2016 and Jul 15, 2016