

MEETING OF JAN 10, 2018

WARD 5 (sw)

ITEM NUMBER \_\_\_\_\_

\$ IMPACT \_\_\_\_\_

**ISSUE:**

Application for a change of agent for privilege licenses for Eckerd Corporations dba Rite-Aid #11725 for the sale of beer and wine (retail package). Eckerd Corporation is the owner and Chantel K Wiggins is the agent applicant. The previous agent was Richard Stinson.

**SUMMARY:**

Chantel K Wiggins as the registered agent for Eckerd Corporations dba Rite-Aid #11725 requests privilege licenses for the sale of beer and wine (retail package) at 2113 South Cobb Drive.

**BACKGROUND:**

Chantel K Wiggins will be the registered agent responsible for the sale of alcohol at the referenced location. Chantel K Wiggins 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. Chantel K Wiggins has agreed to abide by the guidelines set forth by the City of Smyrna ordinance governing the sale of alcohol.

**REQUESTED ACTION:**

Approval of privilege licenses for the sale of beer and wine (retail package) for Eckerd Corporations dba Rite-Aid #11725 with Chantel K Wiggins as the registered agent.



APPLICATION FOR ALCOHOLIC BEVERAGE
AGENT CHANGE ONLY

Phone (678) 631-5321 Fax (770) 431-2808

Web site: www.smyrnacity.com

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS.

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

LIQUOR:

BEER:

WINE:

TRANSFER ( ) PKG. BEER/WINE ( ) PKG. DIST. SPIRITS ( ) RETAIL POURING ( ) Restaurant ( ) Package Store ( )

1. Legal Name of Business Eckerd Corporation
Operating name of the Business Rite Aid # 11725
Occupation Tax License Number 1517
Is the Business a proprietorship ( ) partnership (x) corporation ( ) foreign ( )

2. Location 2113 S Cobb Dr SE Phone 770-435-2844

3. Full name of Owner Eckerd Corporation

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 Agent Chantel Wiggins

Social Security Number 421-84-2493 Date of Birth 6-14-69

Are you a Citizen of the United States? Yes (x) No ( ) Birthplace Mobile, Ala.

Current Address 6035 Parkwood Ct. City/State Austell GA Zip 30106

Home Telephone 251-382-0268 Number of years at present address 2 1/2

Do you reside in Cobb County? Yes (x) No ( ) If yes, how long 2 1/2 years

Previous address 11075 Knollwood Dr. Apt. 540

Number of years at previous address 4 Drivers License Number and State 5724046

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

Agent's employment date with owner 6 years

6. Has the 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, 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 stores is located.

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

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

10. 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 ( )

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

# Training Institute for Responsible Vendors, Inc.

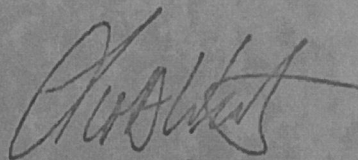
certifies that

## Chantel Wiggins

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 17th day of August, 2017

Seal



President

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 01/02/2018 LICENSE AND VARIANCE: 01/10/2018

TYPE OF LICENSES REQUESTED: BEER AND WINE (RETAIL PACKAGE)

NEW APPLICATION: NO OWNERSHIP NO AGENT YES

NAME OF BUSINESS: ECKERD CORPORATION

dba RITE-AID #11725

PLACE OF BUSINESS: 2113 SOUTH COBB DR

SMYRNA, GA 30080

AGENT: CHANTEL K WIGGINS

HOME ADDRESS: 6035 PARK WOOD COURT

AUSTELL, GA 30106

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 12/14/17 RECEIVED 12/19/17

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: \_\_\_\_\_

ADVERTISED: DEC 29, 2017 AND JAN 05, 2018

COMMENTS: ALL TAXES PAID

"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: August 24, 2017

To: Tammi Jones, City Administrator

From: David Lee, Chief of Police  
Sgt. Doug Copeland, Office of Professional Standards

Subject: Application for Alcohol License

Applicant: Chantel Wiggins

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This applicant, **Chantel Wiggins**, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcohol beverage license / agent name change only, issued to **2113 S Cobb Dr.**

The business name is **Rite Aid**.

The business is incorporated under the name **Eckerd Corporation/Rite Aid #11725**.

A background check was conducted on this applicant. There was nothing in her background within the criminal history requirements of City of Smyrna Ordinance 6-51 that would prohibit her from holding the license as long as she meets all the other requirements of the ordinances that regulate this type of business.

CC: Terri Graham, City Clerk  
Jim Cox, Business License  
File

**Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-(d)**

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten (10) employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

701718

\_\_\_\_\_  
Federal Work Authorization User Identification Number

8/29/2013

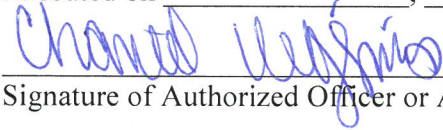
\_\_\_\_\_  
Date of Authorization

Walgreen Co.

\_\_\_\_\_  
Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_, 201\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).



\_\_\_\_\_  
Signature of Authorized Officer or Agent

Chantel K. Wiggins, Authorized Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE 18 DAY OF Dec, 2011.

  
\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:  
\_\_\_\_\_



USA  
Georgia  
DRIVER'S LICENSE

DL NO. 060823099      DOB 06/14/1969  
CLASS C                      EXP 01/26/2018


CHANTELL KNIGHT  
WIGGINS

6035 PARK WOOD CT  
AUSTELL, GA 30106-2757  
COBB

Restrictions A      End NONE  
Iss 12/12/2017

Sex F      Eyes BRO  
Hgt 5'-02"      Wgt 135 lb

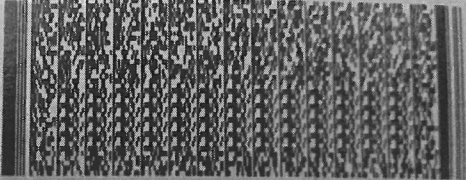
DD 329117826080032996



*Chantell Wiggins*

Rev 07/01/2015 06/14/1969  
www.dds.ga.gov  
(678) 413-8400

5517184020507021



CLASS: C < 25,000 lbs. GVWR and Trailer < 10,000 lbs. All recreational vehicles included

ENDORSEMENTS: None

RESTRICTIONS: A-None

MEDICAL INFORMATION: NONE

VERIFY PRESENCE OF PAPER WATERMARK      HOLD TO LIGHT TO VIEW



**THE OCCUPATION TAX CERTIFICATE WILL NOT BE ISSUED OR RENEWED WITHOUT COMPLETION AND NOTARIZATION OF THIS FORM!**

**Affidavit of Compliance with O.C.G.A. 50-36-1 "Verification of Lawful Presence within the United States."**

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant's lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a United States citizen or legal permanent resident at least eighteen (18) years old.

YES                       NO                      IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. A photo static copy of the applicant's alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.

O.C.G.A. 50-36-1 states that "Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20."

**I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.**

Chantel Wiggins                      Manager                      8-23-17  
Signature                                      Title                                      Date

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that \_\_\_\_\_ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

This 23 day of Aug, 2017                      [Signature]  
Notary Public

**AFFIX SEAL**

All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2. Such documents include a valid Georgia issued Driver's License or ID Card, a valid Driver's license issued by another State or an identification document issued by the United States Government.

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Eckerd Corporation dba Rite Aid #11725 located at 2113 South Cobb Drive requesting a change of agent for their privilege license for the sale of beer and wine (retail package). The application will be heard by the License and Variance Board for the City of Smyrna, 2800 King Street, Smyrna, Georgia on January 10, 2018 at 10:00 a.m. All concerned persons are hereby notified.

Chantel Wiggins  
Licensee

Eckerd Corporation.  
Rite Aid #11725  
2113 South Cobb Drive  
Smyrna, GA 30080

Ads to Run Dec 29, 2017 and Jan 5, 2018