

CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5363 Fax (770) 431-2808
Website: www.smyrnaga.gov

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

LIQUOR:

NEW ☒ *Withdrawn*
RENEWAL ☐
TRANSFER ☐
MANUFACTURER ☐
WHOLESALE ☐
PKG. DIST. SPIRITS ☐
RETAIL POURING ☐
Restaurant ☒
Package Store ☐
Dancing/Live Ent ☐
Private ☐
Other ☐

BEER:

NEW ☒
RENEWAL ☐
TRANSFER ☐
MANUFACTURER ☐
WHOLESALE ☐
PKG. BEER ☐
RETAIL POURING ☐
Restaurant ☒
Package Store ☐
Dancing/Live Ent ☐
Private ☐
Other ☐

WINE:

NEW ☒
RENEWAL ☐
TRANSFER ☐
MANUFACTURER ☐
WHOLESALE ☐
PKG. WINE ☐
RETAIL POURING ☐
Restaurant ☒
Package Store ☐
Dancing/Live Ent ☐
Private ☐
Other ☐

1. Legal Name of Business KAYS CUISINE LLC

Operating Name of Business KAYS CUISINE RESTAURANT

Is this Business a: ☐ Proprietorship ☒ Partnership ☐ Corporation ☐ Foreign

2. Location 2579 SOUTH COBB DRIVE Phone 404-271-5823

3. Is this Business within the designated distance of any of the following?

PACKAGE DISTILLED SPIRITS

SCHOOL 600 FEET

YES

☐

NO

☒

NA

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE

300 FEET

☒ *NA*

☐

POURING DISTILLED SPIRITS

SCHOOL 600 FEET

☐☒

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE

200 FEET

☒☐

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

PACKAGE WINE, MALT BEVERAGE

SCHOOL 600 FEET

☐☐

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY

300 FEET

☐☐

[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]

POURING WINE, MALT BEVERAGE

SCHOOL

600 FEET

☐

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE

200 FEET

☐

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full Name of Owner KEVWE ADIDI

If a sole proprietor, will you manage the business full time on the premises?

☒ Yes☐ No

Social Security Number

Date of Birth

Are you a Citizen of the United States?

☐ Yes☒ No

Birthplace

NIGERIA

Current Address

City/State

30067

Home Telephone

Number of years at this address

5 YEARS

Driver's License Number and State

ail KAYSCUISINE2019@GMAIL.COM

What has been your occupation for the past five (5) years? Give detailed list Restaurant Worker at Mom & Pop restaurant, Smyrna, GA for 3 years and worked for myself for since then.

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

Federal Tax ID#

State of Incorporation

GEORGIA

Is this a new business in Smyrna?

☒ Yes☐ No

If yes, date business will begin

AUGUST 2021

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 another jurisdiction?

☐ Yes☐ No

If yes, attach full details.

5. Full name of Manager (as Applicant)

KEVWE ADIDI

Social Security Number

Date of Birth

Are you a Citizen of the United States?

☐ Yes☒ No

Birthplace

NIGERIA

Current Address

City/State

30087

Home Telephone

mail

KAYSCUISINE2019@GMAIL.COM

Number of years at this address

5 YEARS

Do you reside in Cobb County?

☒ Yes☐ No

If yes, how long

5 YRS

Previous Address

N/A

Number of years at previous address

N/A

Driver's License Number and State

GA

What has been your occupation for the past five (5) years? Give detailed list Restaurant Worker at Mom & Pop, Smyrna and worked for myself till date.

Manager's employment date with owner 4/2017 - 8/2020

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 the 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 states or the United States? ☐ Yes ☒ No
If there was an arrest, are the charges 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
If there was an arrest, are the 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 the application is filed? ☐ Yes ☒ No

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

6. 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 way the rent is determined, to whom and at what intervals it is paid.

FIVE YEARS LEASE TO BE PAID MONTHLY
\$4,000 PER MONTH AND TO BE REMITTED TO
CLARITY PROPERTIES.

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

7. How is the proposed location zoned? COMMERCIAL
8. 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.

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

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

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

12. 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

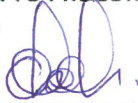
13. Are you aware that you are required to apply for State license? ☒ Yes ☐ No

Contact the Georgia Department of Revenue Alcohol Division at (404) 417-4900.

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GEORGIA, COBB COUNTY

I, KEVWE ADIDI, 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.

X KEVWE ADIDI 
Signature of Owner (type name before signing)

Signature and title of person other than Owner completing this application.

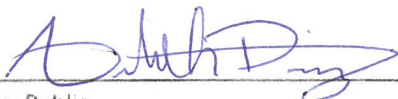
Phone Number: Work 404-271-5823 Home _____

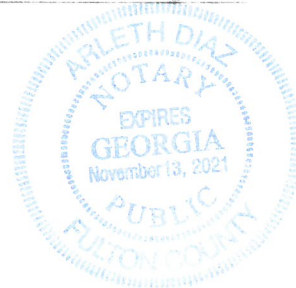
Signature of Managing Applicant (type name before signing)

Phone Number: Work _____ Home _____

Sworn to and subscribed before me

This 21 day of JULY 2021


Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Date

