#### **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: BEER: WINE:				
LIQUOR: With Raw	BEER:	WINE		
NEW WENT	NEW			X
RENEWAL	RENEWAL	NEW RENEV	VAL	
TRANSFER	TRANSFER	☐ TRANS	SFER	
MANUFACTURER	MANUFACTURER	MANU	JFACTURER	
WHOLESALER	WHOLESALER	WHOL	ESALER	
PKG. DIST. SPIRITS	PKG. BEER	PKG. V	VINE	
RETAIL POURING	<b>RETAIL POURING</b>	RETAIL	POURING	
Restaurant	Restaurant	Restau	irant	<b>7</b>
Package Store	Package Store	<sup>′</sup> □ Packa <sub>{</sub>	ge Store	
Dancing/Live Ent	Dancing/Live Ent	☐ Dancir	g/Live Ent	
Private	Private	Private	<u> </u>	
Other	Other	☐ Other		
Legal Name of Business	1/AVC	SINE LLC		RANT
Operating Name of Business	1/// / /	_000	1963/116	17/70/
Is this Business a:	etorship APartnersh			
2. Location 257 <b>9</b> 50	OUTH COBE	DRIVEPhone 4	104-27	71-582
3. Is this Business within the de	signated distance of any of t	the following?		
PACKAGE DISTILLED SPIRITS	orginated distance or any or t	YES	NO	
SCHOOL	600	FEET	<b>*</b>	V-A
CHURCH/PARK/PUBLIC B	UILDING/		<i>—</i> "	
LIBRARY/RESIDENCE	300	FEET N	↑	
POURING DISTILLED SPIRITS				
SCHOOL	600	FEET	×	
CHURCH/PARK/PUBLIC B	UILDING/			
LIBRARY/RESIDENCE		FEET		
	HAN 75 FEET FROM PROPER	TY LINE]		
PACKAGE WINE, MALT BEVE			_	
SCHOOL	600	HEE!		
CHURCH/PARK/PUBLIC B LIBRARY				
	300 I S AS DEFINED BY ORDINANC			

SCHOOL CHURCH/PARK/PUBLICE BUILDING/ LIBRARY/RESIDENCE [BUILDING NO CLOSER THAN 75 FEET FROM	600 FEET  200 FEET  M PROPERTY LINE]			
4. Full Name of Owner KEVWE  If a sole proprietor, will you manage the business full	ADIDI	s? )	(Yes	□No
Social Security Number_	Date of Bi	rth	* /	·~ ر.
Are you a Citizen of the United States?   Yes	No Birthplace	11GERIA		
Current Address	City/State	1.00.0	p E	30067
Home Telephone	Number o	f years at this ac	ddress 5	YEARS
Driver's License Number and State	ail_ <i>K</i> /	AYSCUUI	NE2 019	706MAPL.COM
What has been your occupation for the past five (5)  MOM & PON 1 estacerant, Smy,  If a partnership, attach list showing each partner ow and social security number.	rna, of for	3 year	s and w	orked formys.
If a corporation, provide corporate address, phone n	number, & name of Chie	ef Executive Offi	cer	
Federal Tax ID#	ves, date business will b	ion_GE0 egin_AU6	DRGIA UST 2	021
Has owner ever had an alcoholic beverage lic		a or another jur	isdistion? [	7V 🗆 1
If yes, attach full details.	Total Colonial In Strigtin	a or another jur	isdiction!	ires 🗆 No
	VWE AD	101		
Social Security Number	Date of Birtl	'n	. Af	
Are you a Citizen of the United States? Tyes		GERIA		
Current Address	City/State	Ma	'in 31	0087
Home Telephone		UISINE	201900	SMALL COM
Number of years at this address 5 YEARS o your	ou reside in Cobb Count	y? XÍYes □	No If yes, ho	w long 5 485
Number of years at previous address	Driver's License Nun	nher and State	A 1	164
	ears? Give detailed list_ WWW.bfv	Restau		Worker Jake.
Manager's employment date with owner $4/207$	7 8/2020	7		

POURING WINE, MALT BEVERAGE

Па	S LITE	e manager (as applicant)		
	a) b)	Been adjudicated as incompetent or insane, or been deemed to have insufficient menta business for which the application is made?   Yes  Been discharged from any military service under dishonorable conditions?   Yes	l capacit	ty to conduct the
	c)	Been discharged from any military service under dishonorable conditions?   Within a five-year period immediately preceding the date of application, been arrested any laws, ordinances, or regulations regulating such business? (The term "conviction" shadjudication of guilt, a plea of guilty or nolo contendere, or the forfeiture of bond when   Yes  No  If there was an arrest, are the charges still pending?	or convi	de an
	d)	Within a five-year period preceding the date of application, been convicted for any felor the laws of the states or the United States?  Yes  No  If there was an arrest, are the charges still pending?	ıy charg	ed under any of
	e) f)	Within a three-year period preceding the application, been convicted of more than one traffic violations, involving the use or abuse of any alcoholic beverage, opiate, or drug? If there was an arrest, are the charges still pending?  Been currently placed on parole from any governing authority?		eanor, including  No  No
		any license authorizing the sale of alcoholic beverages at the location for which the pres		/
	g) h)	Been declared to be under suspension, at the date the application is filed?  Been revoked within six months of the date the application is filed?	□Yes □Yes	No No
	If ye	es 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?	$\square$ Yes	No
Dat	te Pu	rchasedAmount Paid		
If n	ot, li	st the terms of the lease; including the way the rent is determined, to whom and at what WE YEARS LEASE TO BE PAID NO LOOK REMINATIONS REMINED TO BE REMINED	interva ON	ls it is paid. THEY TO TO
Att 7. 8.	Hov	v is the proposed location zoned? COMMENTED CARE  you, your spouse, any family members, or any of the other owners, partners, or stockhold tail liquor store(s)?   Yes No If so, state the number of stores and where each		
		e you, your spouse, partner, or stockholder any financial interest in the wholesale liquor ive details.	business	s? □Yes ÆNo
-				

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
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 \( \subseteq 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) 631-5363 Fax (770) 431-2808 Website: www.smyrnaga.gov

GEORGIA, COBB COUNTY

IS MADE HEREIN AND SUCH ST	TATEMENTS WERE MADE IN ORDER TO PROCURE THE GRANTING OF A LICENSE.  Signature of Owner (type name before signing)	IVILIE (
	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: WorkHome	
Sworn to and subscribed before This 2 day of J Notary Public	DY 20 21  DOTAR A  DOTAR A  DOTAR A  DOTAR A  DOTAR A  November 13, 2021	
ECEIVED IN CITY OF SMYRNA	DateBUSINESS LICENSE DEPARTMENT BY:	
	Date	



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
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. The applicant's alien number issued by the Department of Homeland Security or other federal immigration agency must be provided.
YES NO Alien ID number
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 the Code Section 16-10-20."
I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.  Tul-(2184 2011
Signature
(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 <u>Vevue</u> <u>O</u> . Addir 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 21 day of July 2021  Notary Public AFFIX SEAL  UBUSANA AFFIX SEAL
TON COUNTRIES

You 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.