

MEETING OF JULY 18, 2016

WARD 3 (ta)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

New application for privilege licenses for Opa Greek Village Taverna LLC dba Opa Greek Village Taverna for the sale of beer, wine, and liquor (retail pouring). Opa Greek Village Taverna LLC is the owner and Triada Kokkosis is the agent applicant.

SUMMARY:

Triada Kokkosis as the registered agent for Opa Greek Village Taverna LLC dba Opa Greek Village Taverna requests privilege licenses for the sale of beer, wine, and liquor (retail pouring) at 2420 Atlanta Road STE 100-200.

BACKGROUND:

Triada Kokkosis will be the registered agent responsible for the sale of alcohol at the referenced location. Triada Kokkosis 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. Triada Kokkosis 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, wine, and liquor (retail pouring) for Opa Greek Village Taverna LLC dba Opa Greek Village Taverna with Triada Kokkosis 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
 WHOLESALER
 PKG. BEER/WINE
 PKG. DIST. SPIRITS
 RETAIL POURING
 Restaurant
 Package Store
 Dancing/Live Ent
 Private
 Other

BEER:

NEW
 RENEWAL
 TRANSFER
 MANUFACTURER
 WHOLESALER
 PKG. BEER/WINE
 PKG. DIST. SPIRITS
 RETAIL POURING
 Restaurant
 Package Store
 Dancing/Live Ent.
 Private
 Other

WINE:

NEW
 RENEWAL
 TRANSFER
 MANUFACTURER
 WHOLESALER
 PKG. BEER/WINE
 PKG. DIST. SPIRITS
 RETAIL POURING
 Restaurant
 Package Store
 Dancing/Live Ent.
 Private
 Other

1. Legal Name of Business Opa Greek Village Taverna, LLC

Operating name of the Business Opa Greek Village Taverna

Is the Business a: proprietorship partnership corporation foreign

2. Location 2420 Atlanta Road, Ste. 100-200, Smyrna, GA 30083 Phone (678) 939-5903

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

PACKAGE DISTILLED SPIRITS

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

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 _____

Current Address _____ City/State _____ Zip _____

Home Telephone _____ Number of years at present address _____

Drivers License Number and State _____

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

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 # 81-2103918 State of Incorporation Georgia

Is this a new business in Smyrna? Yes No If yes, date business will begin in Smyrna 08/01/2016

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) Triada Kokkosis

Social Security Number _____ Date of Birth 06/07/1982

Are you a Citizen of the United States? Yes No Birthplace Manhattan, New York

Current Address 1460 Falkirk Lane City/State Kennesaw/Georgia Zip 30152

Home Telephone _____ Number of years at present address 2

Do you reside in Cobb County? Yes No If yes, how long approximately 9 years

Previous address 2326 Kirk Farm Place NW, Kennesaw GA 30152

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

What has been your occupation for the past five (5) years? Give detailed list Its Greek To Us restaurant manager/owner; (2014-present); Goodfellow Pizza restaurant manager/owner (2011-present);

Mama Mias Pizza restaurant owner/manager (2011-2014); Its Greek To Us owner/manager (2012-2014); 617 Club owner/manager (2015)

Manager's employment date with owner 07/20/2016

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.

Ten year graduated lease with rent paid monthly starting at \$9,304.17 on 9./1/16 and payable to Halpern Enterprises, Inc.; see attached lease

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

8. How is the proposed location zoned? Mixed Use

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.

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

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.

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BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
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GEORGIA, COBB COUNTY

I, Triada Kokkosis, 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.

Triada Kokkosis

Signature of Owner (type name before signing)

Triada Kokkosis

Signature and title of person other than Owner completing this application

Phone Number: Work: 678-646-7403 Home: 678-324-1786

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 Jun 20 16

[Signature]
Notary Public

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

MRIDLESS

Date

6/28/16

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

[Signature]

Date

6/23/16

**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: Opa Greek Village Taverna, LLC

2. Location: 2420 Atlanta Road, Ste. 100-200, Smyrna, GA 30083 Phone: (678) 939-5903

3. Name of Applicant: Triada Kokkosis

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

7/15/16

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

7/15/16

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 Hickenbottom

Date

7/15/16

Tax Clerk

CERTIFICATE OF ATTENDANCE

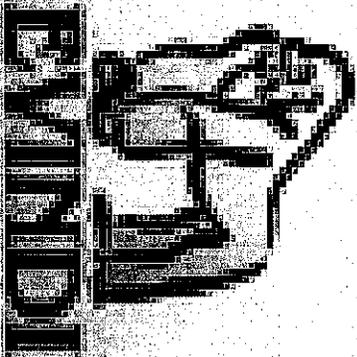
This certificate is granted to

WALTER T. HALL

of the State of New York

for attending the course of instruction

in the subject of



of the **State of New York** and of the **Department of Education**

NEW YORK

1911



City of Smyrna

3180 Atlanta Road

Smyrna, Georgia 30080

(678) 431-5387 / Community Development

**City of Smyrna
Department of Community Development**

Certification of Zoning

This letter is to certify the following described property located in Land Lot 490 of the 17th District, 2nd Section of Cobb County is in the Mixed Use (MU) zoning classification. The zoning of this property is recorded in the official records of the City of Smyrna Department of Community Development.

The property is more particularly described as follows:

Parcel ID - 17049000010

Property Address - 2420 Atlanta Road, Smyrna, GA 30080

THIS CERTIFICATION IS NOT FOR OBTAINING A BUILDING PERMIT

Date: June 20, 2016

A handwritten signature in black ink, appearing to read "Russell Martin", written over a horizontal line.

Russell Martin, AICP
City of Smyrna, Senior Planner

Mayor - A. Max Bacon

City Council Ward 1 - Derek Norton / Ward 2 - Andrea Blustein / Ward 3 - Teri Anulewicz / Ward 4 - Charles Welch
Ward 5 - Susan Wilkinson / Ward 6 - Doug Stoner / Ward 7 - Ron Fennel

Interim City Administrator - Michael Jones / City Clerk - Terri Graham / City Attorney - Scott Cochran
Municipal Court Judge - E. Alton Curtis, Jr.

"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 "DL" or similar initials.

Subject: Application for Alcoholic Beverage License

Applicant: Triada Kokkosis

This applicant, **Mr. Triada Kokkosis**, 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 **2420 Atlanta Road Ste. 100-200 Smyrna, GA 30080**.

The business name is **Opa Greek Village Taverna**.

The business is incorporated under the name **Opa Greek Village Taverna, LLC**.

A criminal history was conducted on this applicant, and there was nothing in her criminal history 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

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

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

TYPE OF LICENSES REQUESTED: BEER, WINE, & LIQUOR (RETAIL POURING)

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: OPA GREEK VILLAGE TAVERNA LLC

dba OPA GREEK VILLAGE TAVERNA

PLACE OF BUSINESS: 2420 ATLANTA ROAD STE 100-200

SMYRNA, GA 30080

AGENT: TRIADA KOKKOSIS

HOME ADDRESS: 1460 FALKIRK LANE

KENNESAW, GA 30152

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 06/28/16 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

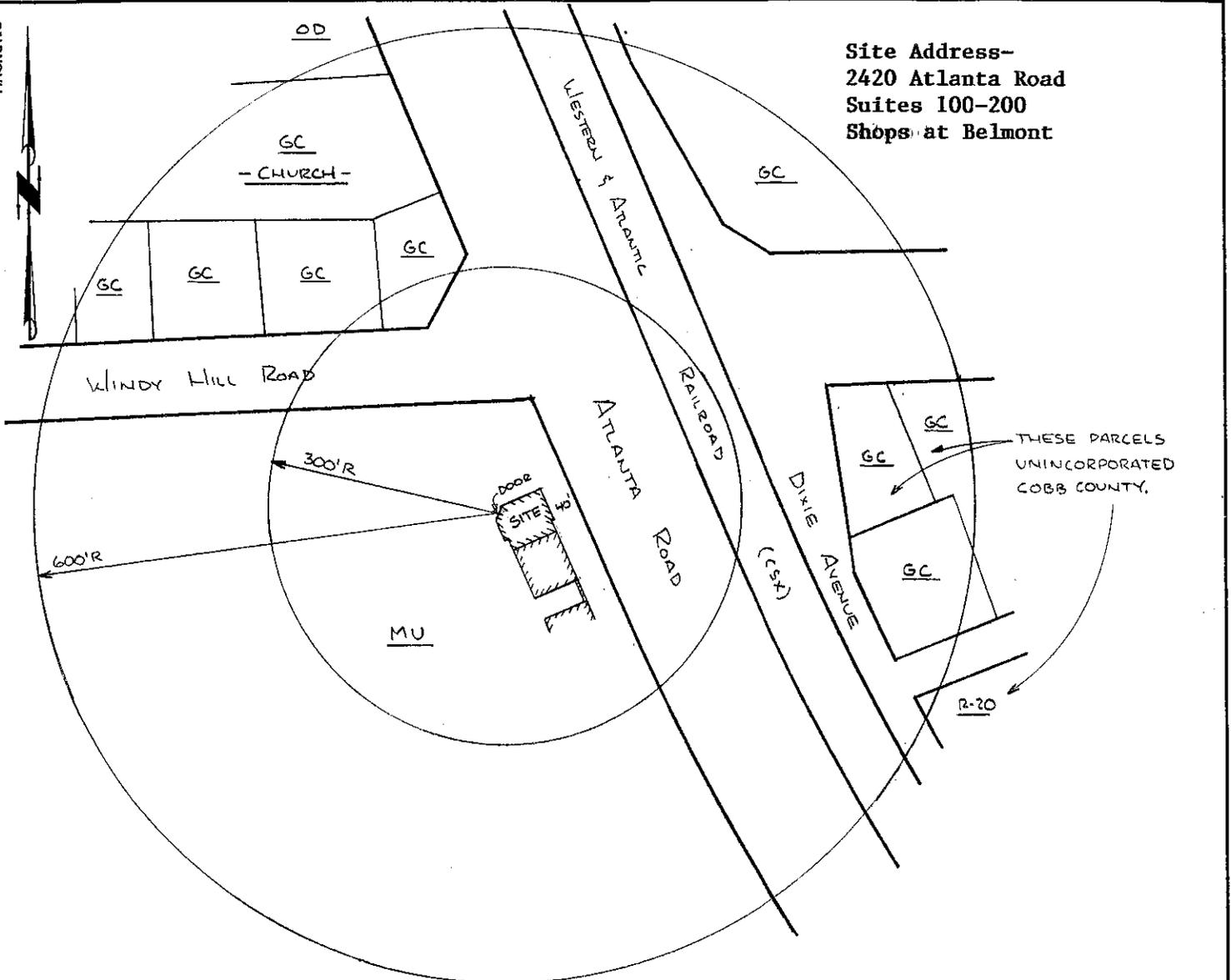
MAP FURNISHED: YES

ADVERTISED: JUL 8 & JUL 15 2016

COMMENTS: ALL TAXES PAID

MAGNETIC

Site Address-
2420 Atlanta Road
Suites 100-200
Shops at Belmont



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

CHURCH- 515' to Apostolic Assembly of the Faith in Christ Jesus, @ 2390 Atlanta Rd.

SCHOOL- 1080' to Smyrna Elementary School, @ 1099 Fleming Street.

PARK- 890' to Ward Park, @ 2602 Ward Street.

LIBRARY- 3880' to Smyrna Library, @ 100 Village Green Circle.

PUBLIC BUILDING- 2960' to Smyrna Public Works, @ 2190 Atlanta Road.

RESIDENCE- 785' to a townhouse @ ? Belmont Boulevard.

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

City of Smyrna Malt, Wine and Distilled Spirits Pouring License Survey for:
OPA GREEK VILLAGE TAVERNA LLC

[Handwritten Signature]

GEORGIA
REGISTERED
LAND SURVEYOR
PROFESSIONAL
1997 LICENSE # 171

DATE: 6-24-2016	SCALE: 1" = 200'	0 100 200 400 GRAPHIC SCALE IN FEET	
DRAWN BY: GD			
LAND LOT 490	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			196367

4. TWO OWNERS OF OPA GREEK TAVERNA, LLC

A. Triada Kokkosis, 1460 Falkirk Lane, Kennesaw, GA 30152; DOB: ; SS# 104-74-9835; 646-645-7403

B. Kevin Ford, Esq., 4610 Windsor Gate Ct, Atlanta, GA 30342; DOB: 11/1/66; SS# 393-72-7797; 404-869-6969

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Opa Greek Village Taverna, LLC dba Opa Greek Village Taverna located at 2420 Atlanta Road, STE 100-200, Smyrna, Georgia, requesting privilege licenses for the sale of beer, wine, and liquor (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.

Triada Kokkosis
Licensee

Opa Greek Village Taverna, LLC
dba Opa Greek Village Taverna
2420 Atlanta Road STE 100-200
Smyrna, Georgia 30080

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