

**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

1555-

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

I HAVE BEEN a waiter & sommelier

LIQUOR:		BEER:		WINE:	
NEW	<input checked="" type="checkbox"/>	NEW	<input type="checkbox"/>	NEW	<input type="checkbox"/>
RENEWAL	<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>	RENEWAL	<input type="checkbox"/>
TRANSFER	<input type="checkbox"/>	TRANSFER	<input type="checkbox"/>	TRANSFER	<input type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>	MANUFACTURER	<input type="checkbox"/>	MANUFACTURER	<input type="checkbox"/>
WHOLESALER	<input type="checkbox"/>	WHOLESALER	<input type="checkbox"/>	WHOLESALER	<input type="checkbox"/>
PKG. DIST. SPIRITS	<input type="checkbox"/>	PKG. BEER	<input type="checkbox"/>	PKG. WINE	<input type="checkbox"/>
RETAIL POURING	<input type="checkbox"/>	RETAIL POURING	<input type="checkbox"/>	RETAIL POURING	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>	Restaurant	<input type="checkbox"/>
Package Store	<input type="checkbox"/>	Package Store	<input type="checkbox"/>	Package Store	<input type="checkbox"/>
Dancing/Live Ent	<input checked="" type="checkbox"/>	Dancing/Live Ent	<input type="checkbox"/>	Dancing/Live Ent	<input type="checkbox"/>
Private	<input type="checkbox"/>	Private	<input type="checkbox"/>	Private	<input type="checkbox"/>
Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

1. Legal Name of Business SPARKLES OF SMYRNA, INC.

Operating Name of Business SPARKLES SMYRNA

Is this Business a: Proprietorship Partnership Corporation Foreign

2. Location 666 Smyrna Hill Dr. Smyrna GA 30082 Phone 770-

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

PACKAGE DISTILLED SPIRITS		YES	NO
SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	300 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
POURING DISTILLED SPIRITS			
SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]			
PACKAGE WINE, MALT BEVERAGE			
SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]			

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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. ^(Applicant) Full Name of Owner GLEN ALBERT COUPEY
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 ENT POINT GA

Current Address _____ City/State _____ Zip GA

Home Telephone _____ Number of years at this address _____

Driver's License Number and State _____ mail JC 7360 @ BELL SOUTH . NET

What has been your occupation for the past five (5) years? Give detailed list
SAME - FOR 50+ YEARS - SAME LOCATION

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
JOHN FLORETTA - CEO - NO OWNERSHIP

666 Smyrna Hill Dr. Smyrna GA 30082
MAIL 813400 Smyrna, GA 30081

Federal Tax ID# _____ State of Incorporation GA

Is this a new business in Smyrna? Yes No If yes, date business will begin - 0 -

Is this a transfer or change of ownership? Yes No Effective date - 0 -

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) Lindsey M. Montgomery

Social Security Number _____ Date of Birth _____

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

Current Address _____ City/State _____ Zip 30106

Home Telephone _____ Email SPARKLES@SMYRNA @ YAHOO . COM

Number of years at this address 2 years Do you reside in Cobb County? Yes No If yes, how long _____

Previous Address: _____

Number of years at previous address 2 years Driver's License Number and Stat _____

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

Manager's employment date with owner July 2010

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 1970 Amount Paid BUILT - Ground - up!

If not, list the terms of the lease; including the way the rent is determined, to whom and at what intervals it is paid. _____

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.

YES - ST # 0059159 - GA
ALLEN COONEY - AGENT

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

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.



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.

Signature

11-13-20

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 Glenn Couey 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 13th day of Nov, 2020

Cindy M Davis
Notary Public

AFFIX SEAL



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.

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GEORGIA, COBB COUNTY

I, GLENN A. COUCY, 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.

[Signature] - TRUSTEE
Signature of Owner (type name before signing)

[Signature] - TRUSTEE
Signature and title of person other than Owner completing this application.

Phone Number: Work 770-231-4034 Home 770-...

Signature of Managing Applicant (type name before signing)

Phone Number: Work _____ Home _____

Sworn to and subscribed before me

This 13 day of Nov 2020

Cindy M Davis
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Kelly B Moon
Date 11/13/2020