MEETING OF February 12, 2020	WARD	5 (sw)
	ITEM NUMBER \$ IMPACT	

ISSUE:

Application for privilege licenses for New Hope America LLC dba Discount Smoke and Food Mart for the sale of beer and wine (retail package). Zarintaj Bhimani is the owner and agent applicant. Formerly Alibhai Punjana was the agent.

SUMMARY:

Zarintaj Bhimani as registered agent for New Hope America LLC dba Discount Smoke and Food Mart requests privilege licenses for the sale of beer and wine (retail package) at 2387 South Cobb Drive.

BACKGROUND:

Zarintaj Bhimani will be the registered agent responsible for the sale of alcohol at the referenced location. Zarintaj Bhimani 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 these licenses. Zarintaj Bhimani 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 New Hope America LLC dba Discount Smoke and Food Mart with Zarintaj Bhimani as registered agent.



APPLICATION FOR ALCOHOLIC BEVERAGE AGENT CHANGE ONLY

Phone (678) 631-5321 Fax (770) 431-2808 <u>Web site: www.smyrnacity.com</u>

PLEA	SE TYPE APPLI	ICATION AND AN	SWER ALL QUESTIONS.			
TYPE	OF LICENSE: [0	CHECK APPROPE	RIATE SPACES]			
LIQUO	DR:		BEER:		WINE:	
TRANSFER () PKG. BEER/WINE () PKG. DIST. SPIRITS () RETAIL POURING () Restaurant () Package Store ()		() () () () ()	TRANSFER PKG. BEER/WINE PKG. DIST. SPIRITS RETAIL POURING Restaurant Package Store	()	TRANSFER PKG. BEER/WINE PKG. DIST. SPIRITS RETAIL POURING Restaurant Package Store	()
1.	Occupation Tax	e of the Business_ x License Number	Discount	menic Smot	se & Food	mont
2. 3.	Location 2	387 S	outh cobb do mayna GA bintaj Bh	nive 30080 imani		69-4761
	Has owner ever If yes, attach ful	r had an alcoholic t Il details.	peverage license revoked i	n Smyrna or o	other jurisdiction? Yes () No (L)
5.	Full name of A	gent Za	nintaj Bh	mani		
	Social Security	Number 255	-95-6285	Date of Birth _	08-01-19	73
	Are you a Citize	n of the United Sta	tes? Yes () No (Birtl	hplace	ndia	
	Current Address	3373 A	nbon path city/stat	e Atlar	17 303L	10
	Home Telephone	e 470-269	<u>~ น 7 6।</u> Number of years	at present ac		
	Do you reside in	Cobb County? Yes	s() No (/) If yes, how	long		
	Previous address	1408	Anbon D.	nive	Duthth	GA
			ssDrivers Licen			
			the past five (5) years? Gi			
_	Cashie	r, inven	tony manage	ment	, custome	91 <u>SP910</u> :(14
-						

Agent's employment date with owner _____

6.	Has t	he 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 (\checkmark) If there was an arrest, are charges still pending? Yes () No (\checkmark)			
	(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 (((T) (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 ((Y))			
	(f)	Been currently placed on parole from any governing authority? Yes () No ()			
	Has an sought:	y license authorizing the sale of alcoholic beverages at the location for which the present license is			
	(g)	Been declared to be under suspension, at the date the application is filed? Yes () No (K)			
	(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, interest i located.	your spouse, any family members, or any of the other owners, partners, or stockholders have an in a retail liquor store(s)? Yes () No + If so, state the number of stores and where each stores is			
8.	Have you Yes ()	u, your spouse, partner or stockholder any financial interest in the wholesale liquor business? No ([X] If yes, give details.			
9.	Please <u>in</u>	nitial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance			
10.	Are you f	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 a	aware you are required to apply for a State license? Yes (<) No () he Georgia Department of Revenue Alcohol Division (404-417-4900).			

CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

Phone (678) 631-5321 Fax (770) 431-2808 Web site: www.smyrnacity.com

GEORGIA, COBB COUNTY

GEORGIA, COBB COUNTY
MADE BY ME IN THE ABOVE AND FOREGOING APPLICATION ARE TRUE AND NO FALSE OR FRAUDULE FAIT
MADE BY ME IN THE ABOVE AND FOREGOING APPLICATION ARE TRUE, AND NO FALSE, OR FRAUDULENT STATEMENT IS MADE HEREIN AND SUCH STATEMENTS.
THE TENERY AND SUCH STATEMENTS WEDE MADE IN ARREST TO THE TENERS TO THE
GRANTING OF A LICENSE.
Zagintaj Bhimani
Signature of Managing Applicant (type name before signing)
(700°)
Signature and title of person other than Applicant completing this application
Phone Number: Work 470-269-476 Home 470-269-476
Swor n t o and subscribed before me
this day of 2019.
To the of the second
Notary Public
t to the second
INGERPRINTED AT SMYRNA POLICE DEPARTMENT:
SWITT SEISE BEI ARTIWENT.
Date
ECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:
A)
Date

Responsible Vendors, Inc Iraining Institute for

certifies that

Zarintaj Bhimani

entitling them to all the rights and privileges appertaining thereto has successfully completed training in our RASS Workshop thus

In witness thereof the undersigned have affixed their names this 14th day of December, 2017

Seal



President

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 01/14/2020 AGENDA: L & V MEETING: DATE: 02/12/2020
TYPE OF LICENSE REQUESTED: BEER and WINE (RETAIL PACKAGE)
NEW APPLICATION: NO OWNERSHIP NO AGENT YES
NAME OF BUSINESS: NEW HOPE AMERICA LLC.
Dba DISCOUNT SMOKE AND FOOD MART
PLACE OF BUSINESS: 2387 SOUTH COBB DRIVE SMYRNA, GEORGIA 30080
AGENT: ZARINTAJ BHIMANI HOME ADDRESS: 3373 AMBER PATH DR ATLANTA, GA 30340
CITIZENSHIP PERMANENT RESIDENT
POLICE REPORT: DATE REQUESTED 12/31/19 DATE RECEIVED 01/14/2020
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: N/A ADVERTISED: 01/31/2020 & 02/07/2020
COMMENTS: ALL TAXES PAID



Smyrna Police Department

Chief of Police David Lee 2646 Atlanta RD &E Smyrna, GA 30080-2118 Phone: 770-434-9481

Fax: 678-631-5005

Deputy Chief Robert L. Harvey



Date:

01-14-20

To:

Tammi Jones, City Administrator

From:

David Lee, Chief of Police

Lt. Mark Binicewicz, Office of Professional Standards

Subject:

Application for Alcohol License

Applicant: Zarintaj Bhimani

This applicant, **Zarintaj Bhimani**, 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 **2387 S. Cobb Dr. Smyrna**, **GA. 30080**.

The business name is Discount Smoke and Food Mart.

The business is incorporated under the name Discount Smoke and Food Mart.

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:

Heather Peacon-Corn, City Clerk

Jim Cox, Business License

File







APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for New Hope America LLC dba Discount Smoke and Food Mart located at 2387 South Cobb Drive, Smyrna, Georgia, requesting a privilege license for the sale of beer and Wine (Retail Package). This application will be heard before the License and Variance Board for the City of Smyrna, 2800 King Street, Smyrna, Georgia on February 12, 2020 at 10:00 a.m. All concerned persons are hereby notified.

Zarintaj Bhimani Licensee

> New Hope America LLC dba Discount Smoke and Food Mart 2387 South Cobb Drive Smyrna, Georgia 30080

Ads to Run ______Jan 31, 2020 and ____ Feb 07, 2020