

MEETING OF JULY 16, 2018

WARD 3 (mb)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

New application for privilege licenses for Café Restaurants Smyrna LLC dba J. Christopher's for the sale of beer, wine, and liquor (retail pouring). Café Restaurants Smyrna LLC is the owner and Shawn Bell is the agent applicant.

SUMMARY:

Shawn Bell as the registered agent for Café Restaurants Smyrna LLC dba J. Christopher's requests privilege licenses for the sale of beer, wine, and liquor (retail pouring) at 2430 Atlanta Road STE 300-500.

BACKGROUND:

Shawn Bell will be the registered agent, responsible for the sale of alcohol at the referenced location. Shawn Bell 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. Shawn Bell 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 Café Restaurants Smyrna LLC dba J. Christopher's with Shawn Bell as the registered agent.

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 Cafe Restaurants Smyrna, LLC

Operating name of the Business J. Christopher's

Is the Business a: proprietorship partnership **LLC** corporation foreign

2. Location 2430 Atlanta Rd, Suite 300-500, Smyrna, GA 30080 Phone 770.953.0002

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

| | | YES | NO |
|--|----------|-----------------------|----------------------------------|
| PACKAGE DISTILLED SPIRITS | | | |
| 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 Owner is a corporation - Cafe Restaurants Smyrna, LLC

If a sole proprietor, will you manage the business full time on the premises? N/A 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. N/A

If a corporation, provide corporate address, phone number & name of Chief Executive Officer Cafe Restaurants Smyrna, LLC
3050 Peachtree Road, Suite 355, Atlanta, GA 30305 - 404.781.2852 - Christopher Brogdon

Federal Tax ID # 82-4796068 State of Incorporation Georgia

Is this a new business in Smyrna? Yes No If yes, date business will begin in Smyrna Upon receipt of license

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) Shawn Bell

Social Security Number 594-10-8223 Date of Birth 11/01/1971

Are you a Citizen of the United States? Yes No Birthplace Boynton Beach, Florida

Current Address 565 Tahoma Drive City/State Atlanta, GA Zip 30350

Home Telephone 770.335.8344 Number of years at present address 2.5 Years

Do you reside in Cobb County? Yes No If yes, how long _____

Previous address 2004 Druid Hills Reserve Drive, NE, Atlanta, GA 30329

Number of years at previous address 2 Drivers License Number and State GA 056044529

What has been your occupation for the past five (5) years? Give detailed list Restaurant Exec. - J. Christopher's

Manager's employment date with owner 01/21/2008

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 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.

Standard monthly rent: (1) \$9,333.33 (2) \$9,613.33 (3) \$9,901.73, etc.

Landlord: Belmont Shops, LLC - Halpern Enterprises, Inc., 5200 Roswell Road, Atlanta, GA 30342

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

8. How is the proposed location zoned? Commercial

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.

n/a - New Construction

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



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.

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

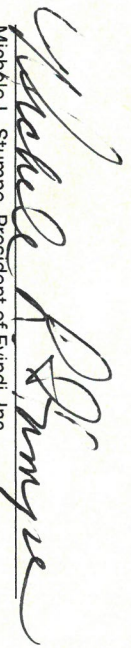
Bell, Shawn
J. Christopher's
3050 Peachtree Road
Atlanta, GA 30305



EVINDIL

INCORPORATED

For satisfactory completion of Evindil, Inc.'s
Responsible Alcohol Sales & Service Workshop (3 hrs.)


Date 5/30/18

Michèle L. Stumpe, President of Evindil, Inc.

Date

This workshop has been approved to satisfy the following alcohol ordinance requirements:
Cobb County; City of Kennesaw; City of Roswell; Cherokee County; City of Powder Springs;
Douglas County; City of Holly Springs; City of Sandy Springs; City of Johns Creek; Forsyth
County; City of Smyrna, Fayette County Rockdale County and Spalding County

Certificate to be posted in conspicuous location at licensed premises.

**CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5321 Fax (770) 431-2814
Web site: www.smyrnacity.com**

GEORGIA, COBB COUNTY

I, Shawn D. Bell, 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.

SBell

Shawn D. Bell (Representative)
Signature of Owner (type name before signing)

Kerry Stumpe, Consultant
Signature and title of person other than Owner completing this application
Phone Number: Work: 678.336.7160 Home: 404.840.4139

SBell

Shawn D. Bell
Signature of Managing Applicant (type name before signing)

Kerry Stumpe, Consultant
Signature and title of person other than Applicant completing this application
Phone Number: Work: 678.336.7160 Home: 404.840.4139

Sworn to and subscribed before me

This 4th day of June 2018.

Sybil L Dogatch
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

_____ Date _____

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

[Signature] Date 6/21/18



"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: 06-29-18
To: Tammi Jones, City Administrator
From: David Lee, Chief of Police
Lt. Mark Binicewicz, Office of Professional Standards
Subject: Application for Alcohol License
Applicant: Bell, Shawn

This applicant, **Shawn Bell**, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcohol beverage license, issued to, **J Christopher's**.

The business name is **J. Christopher's**.

The business is incorporated under the name **J. Christopher's**.

A background check was conducted on this applicant. There was nothing in his background within the criminal history requirements of City of Smyrna Ordinance 6-51 that would prohibit him from holding the license as long as he 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

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 MU – Mixed Use 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:

See Exhibit “A”; Property Address – 2430 Atlanta Road, Suite 300

Property Identification – 17049001670

Additional Information:

Mixed Use Zoning Classification allows serving alcohol with permit, with no distance restrictions from schools, parks, or schools.

THIS CERTIFICATION IS NOT FOR OBTAINING A BUILDING PERMIT

Date: June 12, 2018

Joey Staubes, AICP
City of Smyrna, Planner II

Mayor - A. Max Bacon

City Council Ward 1 - Derek Norton / Ward 2 - Andrea Blustein / Ward 3 - Maryline Blackburn / Ward 4 - Charles Welch
Ward 5 - Susan Wilkinson / Ward 6 - Vacant / Ward 7 - Ron Fennel

City Administrator - Tammi Sadler-Jones / City Clerk - Terri Graham / City Attorney - Scott Cochran
Municipal Court Judge - Phyllis Gingrey Collins

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Cafe Restaurants Smyrna, LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **06/16/2017** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 06/20/2017



A handwritten signature in black ink, appearing to read "B. P. Kemp".

Brian P. Kemp
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 6/16/2017 12:21:49 PM

BUSINESS INFORMATION

CONTROL NUMBER 17067197
BUSINESS NAME Cafe Restaurants Smyrna, LLC
BUSINESS TYPE Domestic Limited Liability Company
EFFECTIVE DATE 06/16/2017

PRINCIPAL OFFICE ADDRESS

ADDRESS 3050 Peachtree Road, Suite 355, Atlanta, GA, 30305, USA

REGISTERED AGENT'S NAME AND ADDRESS

| NAME | ADDRESS |
|------------------|--|
| Kathryn Branigan | Two Buckhead Plaza, 3050 Peachtree Road NW, Suite 355, Fulton, Atlanta, GA, 30305, USA |

ORGANIZER(S)

| NAME | TITLE | ADDRESS |
|--------------------|--------------|---|
| Ryan Andrew Scates | ORGANIZER | 3050 Peachtree Road, Suite 355, Atlanta, GA, 30305, USA |

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE Ryan Scates
AUTHORIZER TITLE Organizer

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: Cafe Restaurants Smyrna, LLC d/b/a J. Christopher's
2. Location: 2430 Atlanta Road, Suite 300 - 500, Smyrna, GA 30080 Phone: 404.781.2852
3. Name of Applicant: Shawn Bell for Cafe Restaurants Smyrna, LLC

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 _____
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 _____
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.

no taxes due per Mike Date 6/21/14
Tax Clerk Hickenbottom

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 6/21/18 MAYOR & COUNCIL : 07/16/18

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

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: CAFE RESTAURANTS SMYRNA LLC
dba J CHRISTOPHER'S

PLACE OF BUSINESS: 2430 ATLANTA RD STE 300-500
SMYRNA, GEORGIA 30080

AGENT: SHAWN BELL

HOME ADDRESS: 565 TAHOMA DRIVE.
ATLANTA, GA 30350

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 06/17/ RECEIVED

RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD
PRECLUDE ISSUANCE OF THIS LICENSE

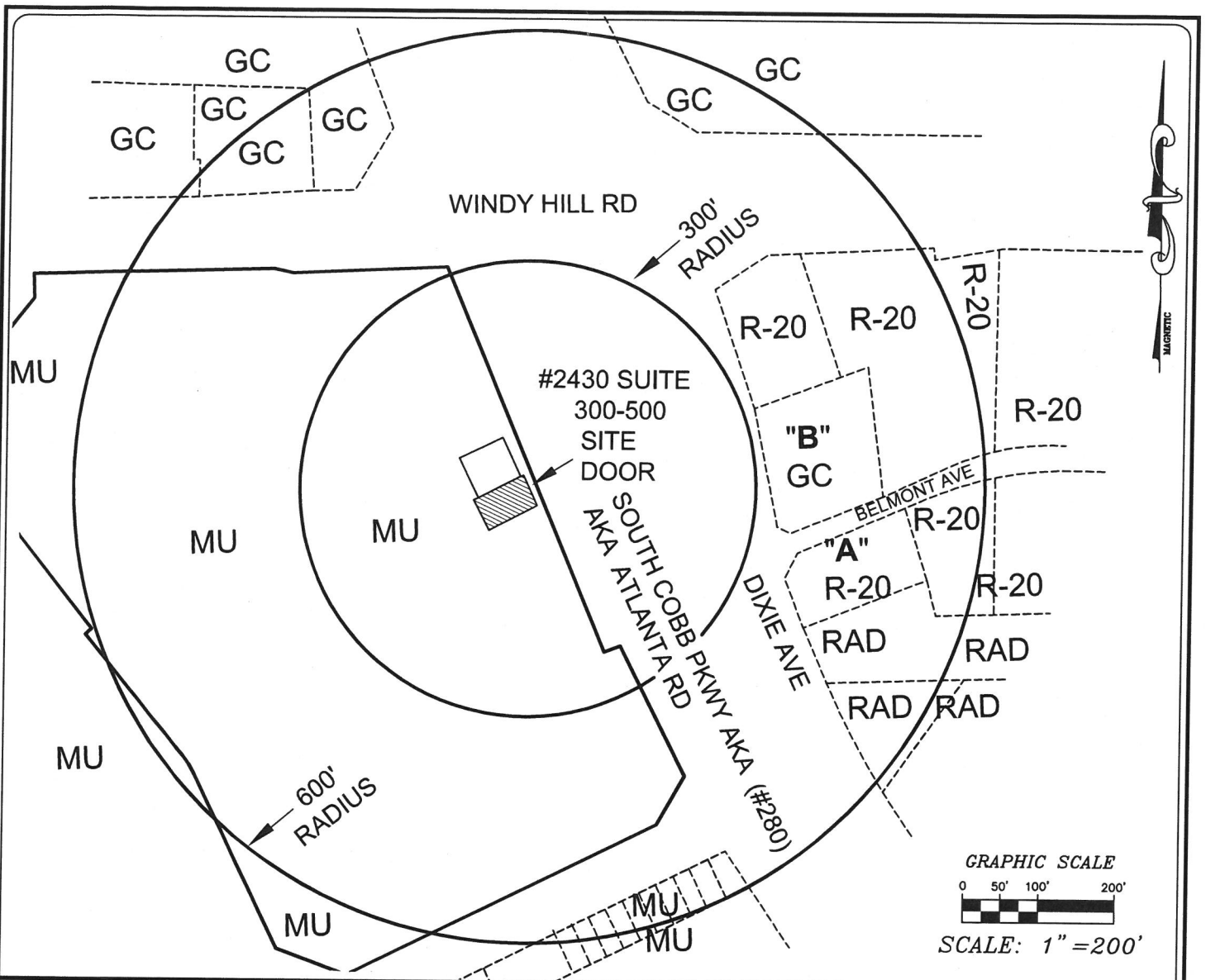
TYPE OF BUILDING MASONRY

DISTANCE MET: SCHOOL YES CHURCH YES LIBRARY YES PARK YES

MAP FURNISHED: YES

ADVERTISED: 07/06/18 & 07/13/18

COMMENTS: NONE



Selling on the Premises - Wine and Malt Beverages

- "A" Nearest Private Residence 345.5' to property line of 2465 Dixie Ave, Zoned R-20.
- "B" Nearest Church Property Line - 293.2' to Household of Faith for all Nations @ 2435 Dixie Avenue
- Nearest Public Library - 600'+ Smyrna Public Library @ 100 Village Green Cir SE.
- Nearest School Property Line - 600'+ to Smyrna Elementary School @ 1099 Fleming St.
- Nearest School Bus Stop - 600'+
- Nearest Public Park - 600'+ Ward Park, Smyrna.

NOTE: THIS IS NOT A BOUNDARY SURVEY

PSCI#: 008218 JF-2430 ATLANTA RD., SE.



TAX ID: 17049001670
 SUITE 300-500
 2430 Atlanta Road S.E.
 Land Lot 490, 17th District, 2nd Section
 City of Smyrna
 Cobb County, Ga 30080

Alcohol Permit Exhibit for:
Café Restaurants Smyrna, LLC
 d/b/a
J. Christopher's



Perimeter Surveying Co., Inc.
 All Your Surveying Needs!

1065 Sandtown Road SW, Marietta, GA 30008
 Phone: (770) 425-6824 | Fax: (770) 425-6768 | kencoper@aol.com
 Kenneth L. Nutt, Ga. RLS. #2104, COA# LSF001223

Party Chief: KN
 Date Surveyed: 06/02/18
 Date Drawn: 06/06/18
 Job #: 2430 Atlanta Road

Computed by: JF
 Drawn by: JF
 Checked by: KN
 Deed Book 15402 Page 5094



SAVE

**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. X
YES NO IF NOT:

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. *A photo static copy of the applicant’s alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.*

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 Code Section 16-10-20.”

I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.

Shawn D. Bell Licensee 06/04/2018
Signature Title 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 Shawn D. Bell 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 4 day of June, 2018 [Signature]
Notary Public

AFFIX SEAL



All applicants 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.

USA
Georgia
DRIVER'S LICENSE

DL NO. 056044529 DOB 11/01/1971
CLASS C EXP 11/01/2021
SHAWN DUANE
BELL

565 TAHOMA DR
ATLANTA, GA 30350-4015
FULTON

Restrictions B End NONE
Iss 02/08/2016

Sex M Eyes HAZ
Hgt 6'-01" Wgt 210 lb
DDI 261833562810014289



Rev 07/01/2015 26 18335628 100 101

www.dds.ga.gov
(678) 413-8400

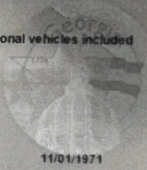


MEDICAL INFORMATION:
None

CLASS: C-≤ 26,000 lbs. GVWR and Trailer ≤ 10,000 lbs. All recreational vehicles included

ENDORSEMENTS: None

RESTRICTIONS: B-Corrective lenses required

11/01/1971



APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia, for Café Restaurants Smyrna located at 2430 Atlanta Road STE 300-500, 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 16, 2018 at 7:00 p.m. All concerned persons are hereby notified.

Shawn Bell
Licensee

Café Restaurants Smyrna
Dba J Christopher's
2430 Atlanta Road STE 300-500
Smyrna, GA 30080

Ads to Run July 06, 2018 and July 13, 2018