

MEETING OF APRIL 11, 2018

ARD 1 (dn)

ITEM NUMBER \_\_\_\_\_

\$ IMPACT \_\_\_\_\_

**ISSUE:**

Application for a change of agent for privilege licenses for the sale of beer, wine, and liquor (retail pouring) for Neighborhood Restaurant Partners LLC dba Applebee's Neighborhood Bar & Grill. Neighborhood Restaurant Partners LLC remains the owner and Christian Debert Lembcke is the agent applicant. The previous agent was Brian Christopher Johnston.

**SUMMARY:**

Christian Debert Lembcke as the registered agent for Neighborhood Restaurant Partners LLC dba Applebee's Neighborhood Bar & Grill requests a privilege license for the sale of beer, wine, and liquor (retail pouring) at 2728 Spring Road.

**BACKGROUND:**

Christian Debert Lembcke will be the registered agent responsible for the sale of alcohol at the referenced location. Christian Debert Lembcke 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. Christian Debert Lembcke has agreed to abide by the guidelines set forth by the City of Smyrna ordinance governing the sale of alcohol.

**REQUESTED ACTION:**

Approval of a privilege license for the sale of beer, wine, and liquor (retail pouring) for Neighborhood Restaurant Partners LLC dba Applebee's Neighborhood Bar & Grill with Christian Debert Lembcke as the registered agent.



APPLICATION FOR ALCOHOLIC BEVERAGE
AGENT CHANGE ONLY

Phone (678) 631-5321 Fax (770) 431-2808

Web site: www.smyrnacity.com

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS.

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

LIQUOR:

BEER:

WINE:

Table with 3 columns: LIQUOR, BEER, WINE. Rows include TRANSFER, PKG. BEER/WINE, PKG. DIST. SPIRITS, RETAIL POURING, Restaurant, Package Store. Checkmarks are present for LIQUOR TRANSFER, BEER TRANSFER, and WINE TRANSFER.

1. Legal Name of Business Neighborhood Restaurant Partners, LLC
Operating name of the Business Applebee's Neighborhood Grill & Bar
Occupation Tax License Number 667
Is the Business a proprietorship ( ) partnership ( ) corporation ( ) foreign ( ) (X) LLC

2. Location 2728 Spring Road Phone 770-432-1974

3. Full name of Owner Karl Fredrick Jaeger

Has owner ever had an alcoholic beverage license revoked in Smyrna or other jurisdiction? Yes ( ) No ( X)
If yes, attach full details.

5. Full name of Agent Christian Delbert Lembcke

Social Security Number [redacted] Date of Birth 08-03-1975

Are you a Citizen of the United States? Yes ( X ) No ( ) Birthplace

Current Address 2255 Well Springs Drive City/State Buford, GA Zip 30519

Home Telephone 770-507-4200 Number of years at present address 6 years

Do you reside in Cobb County? Yes ( ) No ( X ) If yes, how long

Previous address 1110 Cruse Lake Court, Hoschton, GA 30548

Number of years at previous address 2 years Drivers License Number and State [redacted]

What has been your occupation for the past five (5) years? Give detailed list Area Director for Neighborhood Restaurant Partners, LLC.

Agent's employment date with owner 04/30/2007

6. Has the 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 ( X )
- (b) Been discharged from any military service under dishonorable conditions? Yes ( ) No ( X )
- (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 ( X ) If there was an arrest, are charges still pending? Yes ( ) No ( ) n/a
- (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 ( x ) (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 ( ) N/A
- (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 ( x ) (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 ( )N/A
- (f) Been currently placed on parole from any governing authority? Yes ( ) No ( X )

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 ( x )
- (h) Been revoked within six months of the date that the application is filed? Yes ( ) No ( x )

If yes to any of the above questions, please attach full detail.

7. 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 ( X ) If so, state the number of stores and where each stores is located.

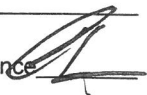
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Have you, your spouse, partner or stockholder any financial interest in the wholesale liquor business? Yes ( ) No ( X ) If yes, give details. \_\_\_\_\_

\_\_\_\_\_

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

10. 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 ( X ) No ( )

11. Are you aware you are required to apply for a State license? Yes ( X ) No ( )  
Contact the 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

I, Christian Delbert Lembcke, 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.

Christian Delbert Lembcke  
Signature of Managing Applicant (type name before signing)

D C H Side Development Inc.  
Signature and title of person other than Applicant completing this application

Phone Number: Work 770-623-0360 Home 770-616-9320  
6231

Sworn to and subscribed before me  
this 20<sup>th</sup> day of February, 2019.

Dawn Chestnut  
Notary Public  
Expires: 3/22/2021



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

\_\_\_\_\_ Date \_\_\_\_\_

RECEIVED IN CITY OF SMYRNA BUSINESS 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.**

*[Handwritten Signature]*  
Signature

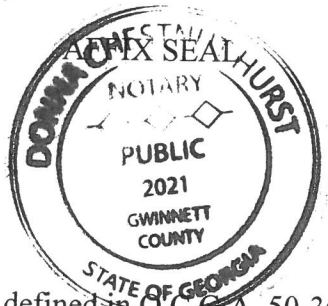
2/20/18  
date

(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 *Christian Delbert Lenzke* 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 20<sup>th</sup> day of Feb., 20 18

*[Handwritten Signature]*  
Notary Public  
*expired 3/23/2021*



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.

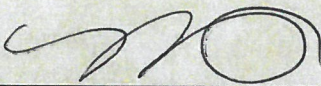
# CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Lembcke, Christian  
Neighborhood Restaurant Partners, LLC  
Applebee's  
1455 Lincoln Parkway, Suite 430



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

  
\_\_\_\_\_  
Michele L. Stumpe, President of Evindi, Inc.

3-7-18  
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

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 3/26/18 LICENSE/VARIANCE: 04/11/18

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

NEW APPLICATION: NO OWNERSHIP NO AGENT YES

NAME OF BUSINESS: NEIGHBORHOOD RESTAURANT PARTNERS LLC  
dba APPLEBEE'S NEIGHBORHOOD GRILL & BAR

PLACE OF BUSINESS: 2728 SPRING RD  
ATLANTA, GEORGIA 30339

AGENT: CHRISTIAN DELBERT LEMBCKE

HOME ADDRESS: 2255 WELL SPRINGS DRIVE.  
BUFORD, GEORGIA 30519

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 02/22/18 RECEIVED 02/23/18

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: 03/30/18 & 04/06/18

COMMENTS: NONE



"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



Deputy Chief  
Joseph C. Bennett

## LIVESCAN FINGERPRINTING DATA

SYSTEM ID # \_\_\_\_\_  
RECORD# \_\_\_\_\_  
APPLICANT/ EMPLOYMENT \_\_\_\_\_ BUSINESS LICENSE \_\_\_\_\_  
(FOR OFFICE USE ONLY)

### PLEASE PRINT CLEARLY

LAST NAME Lembke

FIRST NAME Christian

MIDDLE NAME D

ALIAS(S) \_\_\_\_\_

SOCIAL SECURITY NUMBER 119 . 58 . 3021

DATE OF BIRTH 8 . 3 . 1975 PLACE OF BIRTH New York

COUNTRY OF CITIZENSHIP USA

SEX M RACE W HEIGHT 5'9 WEIGHT 220

EYE COLOR Brown HAIR COLOR Brown

RESIDENTIAL ADDRESS 2255 Well Springs Dr

CITY Buford STATE Ga ZIP CODE 30519

### EMPLOYER INFORMATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

REASON FOR FINGERPRINTS \_\_\_\_\_

### BUSINESS LICENSE APPLICANTS:

I HEREBY GIVE CONSENT FOR THE SMYRNA POLICE DEPARTMENT TO CONDUCT AN INQUIRY AND RECEIVE ANY GEORGIA CRIMINAL HISTORY INFORMATION PERTAINING TO ME WHICH MAY BE CONTAINED IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

SIGNATURE: \_\_\_\_\_ DATE: 2/23/18



USA  
Georgia

DRIVER'S LICENSE



DL NO. 058724700 DOB 08/03/1975  
CLASS C EXP 08/03/2022

CHRISTIAN DELBERT  
LEMBCKE

2255 WELLS SPRINGS DR  
BUFORD, GA 30810-6286  
OWNHETT

Restrictions NONE End NONE  
Iss 07/26/2017

Sex M Eyes BRO  
Hgt 5'-09" Wgt 215 lb

DDI 315207973860010739

*Handwritten signature*



DONOR



RESTRICTIONS: B-Corrective lenses required

ENDORSEMENTS: None

CLASS: C-5 26,000 lbs. GVWR and Trailer 5 10,000 lbs. All recreational vehicles



www.dds.ga.gov  
(678) 413-4400  
MEDICAL INFORMATION

REV 07/01/2016  
3152079730800194

LSTCN:2258002008 GBITCN:80541364089991 DATE/TIME:2018-02-23 12:45:13  
NAME:LEMBCKEBRO, CHRISTIAN DELBERT PHOTO:PHOTO NOT AVAILABLE



Georgia Bureau of Investigation  
3121 Panthersville Road  
Decatur, Georgia 30034  
404-244-2639

LSTCN:2258002008  
GBITCN:80541364089991  
DATE/TIME:2018-02-23 12:45:13  
NAME:LEMBCKEBRO, CHRISTIAN DELBERT  
PHOTO:PHOTO NOT AVAILABLE

NO GEORGIA OR FBI NATIONAL CRIMINAL HISTORY RECORD FOUND

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Neighborhood Restaurant Partners, LLC dba Applebee's Neighborhood Grill & Bar located at 2728 Spring Road, requesting a privilege license for the sale of beer, wine, & liquor (retail pouring). This application will be heard before the License and Variance Board for the City of Smyrna, 2800 King Street, Smyrna, Georgia on April 11, 2018 at 10:00 a.m. All concerned persons are hereby notified.

Christian Delbert Lembcke  
Licensee

Neighborhood Restaurant Partners, LLC  
Applebee's Neighborhood Grill & Bar  
2728 Spring Rd  
Atlanta, GA 30339

Ads to Run March 30, 2018 and April 6, 2018