



**APPLICATION FOR ALCOHOLIC BEVERAGE
AGENT CHANGE ONLY**
Phone (678) 631-5363 Fax (770) 431-2808
Web site: www.smyrnaga.gov

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS.

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

LIQUOR:

TRANSFER ()
PKG. BEER/WINE ()
PKG. DIST. SPIRITS ()
RETAIL POURING ()
Restaurant ()
Package Store ()

BEER: ✓

TRANSFER ()
PKG. BEER/WINE ~~()~~
PKG. DIST. SPIRITS ()
RETAIL POURING ()
Restaurant ()
Package Store ()

WINE:

TRANSFER ()
PKG. BEER/WINE ()
PKG. DIST. SPIRITS ()
RETAIL POURING ()
Restaurant ()
Package Store ()

1. Legal Name of Business CONCORD MARKET LLC
Operating name of the Business SHOP & GO
Occupation Tax License Number _____
Is the Business a proprietorship () partnership () corporation (✓) foreign ()

2. Location 2175 OLD CONCORD RD STE 100 Phone 770-693-3647
SMYRNA GA 30080

3. Full name of Owner NIZARALI JAFARALI

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 NIZARALI JAFARALI
Social Security Number ~~6000-400~~ Date of Birth ~~01/01/1980~~

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

Email address CONCORD1MARKET@gmail.com

Current Address ~~2175 Old Concord Rd~~ City/State GA Zip 30080

Home Telephone ~~770-693-3647~~ Number of years at present address 2 yrs

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

Previous address _____

Number of years at previous address _____ Drivers License Number and State ~~GA~~

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

05/01/2015 - 01/15/2018 Wholesale Supplies in AL.

01/01/2018 - Present Samosero Gift Mart ALPHARETTA, GA (owner)

Agent's employment date with owner _____

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 (✓)
- (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, 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 stores is located.

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

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

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 (✓) No ()

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

**CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5363 Fax (770) 431-2808
Web site: www.smyrnaga.gov**

GEORGIA, COBB COUNTY

I, NIZARALI JAFARALI, 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.

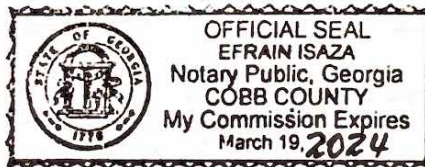
NIZARALI JAFARALI Nizawali Jafarali
Signature of Managing Applicant (type name before signing)

Signature and title of person other than Applicant completing this application

Phone Number: Work _____ Home _____

Sworn to and subscribed before me
this 21 day of DECEMBER, 2020.

Efrain Isaza
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Holly Strawn Date 1/5/2021

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Wesley Moon Date 12/28/2020



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 ~~XXXXXXXXXXXX~~

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.

Nizavali Jatarali
Signature

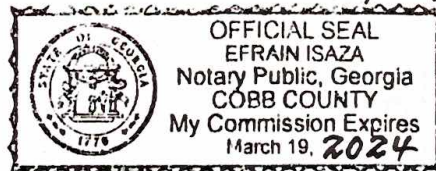
12/23/2020
date

(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 _____ 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 23 day of DECEMBER, 2020

Efrain Isaza
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.