

MEETING OF 6/14/17

WARD 5 (sw)

ITEM NUMBER \_\_\_\_\_  
\$ IMPACT \_\_\_\_\_

**ISSUE:**

Application for privilege licenses for South Cobb Package, LLC dba as South Cobb Package for the sale of beer, wine and liquor (retail package). South Cobb Package is the new corporate name and Xander Vo is the agent applicant. Former corporation was South Cobb Package LLC with Tai Nguyen.

**SUMMARY:**

Xander Vo as the registered agent for South Cobb Package requests privilege licenses for the sale of beer, wine, and liquor (retail package) at 3181 South Cobb Drive.

**BACKGROUND:**

Xander Vo will be the registered agent responsible for the sale of alcohol at the referenced location Xander Vo 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. Xander Vo 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 package) for South Cobb Package, with Xander Vo 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](http://www.smyrnacity.com)

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS.

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

**LIQUOR:**

NEW ☒  
RENEWAL ☐  
TRANSFER ☐  
MANUFACTURER ☐  
WHOLESALE ☐  
PKG. BEER/WINE ☐  
PKG. DIST. SPIRITS ☐  
RETAIL POURING ☐  
Restaurant ☐  
Package Store ☐  
Dancing/Live Ent. ☐  
Private ☐  
Other ☐

**BEER:**

NEW ☒  
RENEWAL ☐  
TRANSFER ☐  
MANUFACTURER ☐  
WHOLESALE ☐  
PKG. BEER/WINE ☐  
PKG. DIST. SPIRITS ☐  
RETAIL POURING ☐  
Restaurant ☐  
Package Store ☐  
Dancing/Live Ent. ☐  
Private ☐  
Other ☐

**WINE:**

NEW ☒  
RENEWAL ☐  
TRANSFER ☐  
MANUFACTURER ☐  
WHOLESALE ☐  
PKG. BEER/WINE ☐  
PKG. DIST. SPIRITS ☐  
RETAIL POURING ☐  
Restaurant ☐  
Package Store ☐  
Dancing/Live Ent. ☐  
Private ☐  
Other ☐

1. Legal Name of Business South Cobb Package Store T&D  
Operating name of the Business T&D

Is the Business a: ☐ proprietorship ☐ partnership ☐ corporation ☐ foreign

2. Location 3181 South Cobb Rd Phone \_\_\_\_\_

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

**PACKAGE DISTILLED SPIRITS**

		YES	NO
SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	300 FEET	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input type="radio"/>	<input checked="" 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 Xander Vo

If a sole proprietor, will you manage the business full time on the premises? ☒ Yes ☐ No

Social Security Number [REDACTED] Date of Birth 10/09/1981

Are you a Citizen of the United States? ☒ Yes ☐ No Birthplace Vietnam

Current Address 6746 Wind Gai Dr City/State Norcross Zip Ga

Home Telephone \_\_\_\_\_ Number of years at present address 8yr

Drivers License Number and State \_\_\_\_\_

What has been your occupation for the past five (5) years? Give detailed list Oct 13 - Nov 2016 liquor store owner USA Package on Lawton Rd

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 [REDACTED]

Federal Tax ID # TBD State of Incorporation Ga

Is this a new business in Smyrna? ☐ Yes ☒ No If yes, date business will begin in Smyrna \_\_\_\_\_

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) Xander Vo

Social Security Number [REDACTED] Date of Birth 10/09/1981

Are you a Citizen of the United States? ☒ Yes ☐ No Birthplace Vietnam

Current Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Number of years at present address \_\_\_\_\_

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 \_\_\_\_\_

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

Manager's employment date with owner \_\_\_\_\_

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 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 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

8. How is the proposed location zoned? \_\_\_\_\_

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.

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

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.

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

GEORGIA, COBB COUNTY

I, Xander Vo, 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.

Xander Vo  
Signature of Owner (type name before signing)

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

Phone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_  
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 4 day of May 2017.

[Signature]  
Notary Public

**FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:**

NAPIDASS Date MAY 4.17

**RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:**

[Signature] Date 5/4/17

UNITED STATES OF AMERICA

No. 28073202

DEPARTMENT OF JUSTICE



NATURALIZATION SERVICE

Personal description of holder  
as of date of naturalization:

Date of birth: OCTOBER 09, 1981

Sex: MALE

Height: 5 feet 3 inches

Martial status: SINGLE

Country of former nationality:  
VIETNAM



I certify that the description given is true, and that the photograph affixed  
hereto is a likeness of me.

TNS Registration No.

A073597018

*Xander Heep Vo*  
(Complete and full signature of holder)

The undersigned, pursuant to an application filed with the Attorney General  
at ATLANTA, GEORGIA

The Attorney General having found that:

XANDER HEEP VO

here residing in the United States intends to reside in the United States when so  
required by the Naturalization laws of the United States and had in all other  
respects complied with the applicable provisions of such naturalization laws and was  
admitted to be admitted to citizenship, such person having taken the oath of allegiance  
in a ceremony conducted by the

U S DISTRICT COURT NORTHERN GEORGIA

at: ATLANTA, GEORGIA

on:

NOV 07 2003

that such person is duly qualified to become a citizen of the United States of America.

IT IS PUNISHABLE BY U. S. LAW TO COPY,  
PRINT OR PHOTOGRAPH THIS CERTIFICATE,  
WITHOUT LAWFUL AUTHORITY.

*James D. Quinn*  
Commissioner of Immigration and Naturalization

# Training Institute for Responsible Vendors, Inc.

certifies that

**Xander Hiep Vo**

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

In witness thereof the undersigned have affixed their names  
this 18th day of May, 2017

Seal



President



CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE 5/23/17 LICENSE/VARIANCE BOARD: 6/14/17  
TYPE OF LICENSE REQUESTED: PRIVILEGE LICENSES BEER/WINE PACKAGE

NEW APPLICATION: NO OWNERSHIP YES AGENT YES

NAME OF BUSINESS: SOUTH COBB PACKAGE,

PLACE OF BUSINESS: 3181 SOUTH COBB DRIVE

SMYRNA, GA 30080

AGENT: XANDER VO  
6746 WIND FAIRE DR  
NORCROSS, GA

CITIZENSHIP YES  
POLICE REPORT: DATE REQUESTED 5/4/17 DATE RECEIVED 5/22/17

RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD  
PRECLUDE ISSUANCE OF THESE LICENSES

TYPE OF BUILDING MASONRY  
DISTANCE MET: SCHOOL YES CHURCH YES LIBRARY YES PARK YES

MAP FURNISHED: N/A  
ADVERTISED: 6/2/17 & 6/9/17

COMMENTS: ALL TAXES PAID



"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: May 22, 2017

To: Tammi Jones, City Administrator

From: David Lee, Chief of Police

Lt. Rick James, Office of Professional Standards

Subject: Application for Alcohol License

Applicant: Xander Vo

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This applicant, **Mr. Xander Vo**, 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, **3181 South Cobb Drive Smyrna, GA 30080**.

The business name is **South Cobb Package Store**.

The business is incorporated under the name **South Cobb Package Store**.

A background check was conducted on this applicant. There was nothing in his background 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  
2800 KING STREET  
P. O. BOX 1226  
SMYRNA, GA 30081

(678) 631-5321 or FAX # (770) 431-2814

Name of Business: South Cobb Package Store Phone: ( )

Business Address: 3181 South Cobb Dr  
Number/Street

Smyrna Suite #  
City State Zip

Mailing Address: \_\_\_\_\_  
Number/Street Suite #

City State Zip  
Applicant/Owner: Xander Vo Phone: (678) 446 6207

Check One: ☐ Applicant ☒ Owner Number of Employees: 2

Residential Address of Applicant: 6746 Windfence Dr Norcross Ga 30093  
Number/Street City State Zip

Federal Tax ID Number: 82-1097927 Social Security Number: 255 51 5424

Driver's License Number: 069951923 Date of Birth: 01/09/1981

Check One: ☐ Proprietorship ☒ Partnership ☐ Foreign ☐ Corp-Domestic

Full Description of Business: Liquor Store selling liquor wine beer

President: Gon Nguyen Vice President: \_\_\_\_\_  
Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS: \_\_\_\_\_

Will there be renovations of any kind, inside or outside the structure? ☐ Yes ☒ No

If yes, describe renovations: \_\_\_\_\_

Will the outside of the building be painted? ☐ Yes ☒ No If yes, colors must be muted earth tone.

I hereby affirm that I am a legal resident of the United States, and further acknowledge that periodically, the Smyrna Police Department will verify information contained in the license application. I further affirm that I will adhere to the provisions of the Immigration and Nationality Act, as amended, by verifying the identity and employment eligibility of all employees hired after November 6, 1986 and that I will complete and maintain Form I-9 for all employees as required by this act.

[Signature] DATE 5/18/17  
SIGNATURE OF APPLICANT

[Signature] 5/23/17  
FIRE MARSHAL BUILDING INSPECTOR SIGN MARSHAL

\*\*\*Sign Permits are required when changing copy area on existing signs, installing new signs, and for displaying banner or other temporary signs. Please check with the Community Development Department before installing any signs or displaying temporary signs at (770) 319-5387.\*\*\*



City of Smyrna

3180 Atlanta Road  
(678) 431-5387 / Community Development

Smyrna, Georgia 30080

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**City of Smyrna  
Department of Community Development  
Certification of Zoning**

May 24, 2017

This letter is to certify the following described property located at 3181 South Cobb Drive, APN 17041300270 is in the GC (General Commercial) zoning classification. The GC zoning classification allows package stores as a permitted use. The zoning of this property is recorded in the official records of the City of Smyrna Department of Community Development.

To conduct any further research on the subject property, you may contact the City of Smyrna City Clerk's office at (770) 434-6600 and request a record search.

**THIS CERTIFICATION IS NOT FOR OBTAINING A BUILDING PERMIT**

  
Bob Summerville, AICP  
Planner I

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Mayor - A. Max Bacon  
City Council Ward 1 - Derek Norton / Ward 2 - Andrea Blustein / Ward 3 - Teri Anulewicz / Ward 4 - Charles Welch  
Ward 5 - Susan Wilkinson / Ward 6 - Doug Stoner / Ward 7 - Ron Fennel

Interim City Administrator - Mike Jones / City Clerk - Terri Graham / City Attorney - Scott Cochran  
Municipal Court Judge - E. Alton Curtis, Jr.

**THE OCCUPATION TAX CERTIFICATE WILL NOT BE ISSUED OR RENEWED  
WITHOUT COMPLETION AND NOTARIZATION OF THIS FORM!**

**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

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.

  
Signature

CEO

Title

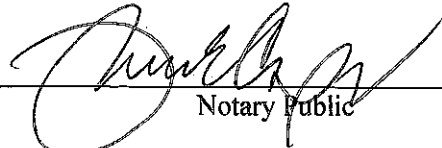
5/18/17

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 15 day of May, 2017

  
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.

# COMMERCIAL LEASE AGREEMENT

THIS LEASE is made by and among, South Cobb Package, LLC  
(hereinafter called "Landlord"), Xander Vo and Gon Nguyen  
(hereinafter called "Tenant"),

WITNESSETH:

## PREMISES

1. Landlord, for and in consideration of the rents, covenants, agreements, and stipulations hereinafter mentioned, provided for and contained herein to be paid, kept and performed by Tenant, leases and rents unto Tenant, and Tenant hereby leases and takes upon the terms and conditions which hereinafter appear, the following described property (hereinafter called the "Promises"), in wit: Refer to Exhibit "A" (legal description) and being known as: South Cobb Package Address 3181 South Cobb Dr. Smyrna, GA 30080. This lease will be the entire building consisting of 4000 +/- sq. ft.

No easement for light or air is included in the Premises.

## TERM

2. The Tenant shall have and hold the Premises for a term of (5) Five years beginning June 1, 2017 and prorated until the first day of the following month and ending on the last day of the month, at midnight, unless sooner terminated as hereinafter provided. (Also refer to Paragraph 43(f) for additional option periods)

## RENTAL

3. Tenant agrees to pay to Landlord as stated in this Lease, without demand, deduction or setoff, an annual rental of:

Forty Five Thousand Six Hundred Dollars and 00/100 (\$45,600.00 ) payable in equal monthly installments of \$ 3,800.00 in advance on the first day of each month during the term hereof. Upon start of this Lease, Tenant shall pay the first full month's rent due hereunder. Rental for any period during the term hereof which is for less than one month shall be a prorated portion of the monthly rental due. Rent shall be increased 3% each lease year. In addition the base rental rate, tenant shall pay an additional \$473.33 per month to cover taxes. Also refer to paragraph 43 (d). In addition to the base rental rate, tenant shall pay an additional \$107.75 to cover Landlord's building insurance. Also refer to paragraph 43 (e).

Total due the first 12 months: \$4,381.08 per month.

## LATE CHARGES

4. If Landlord fails to receive all or any portion of a rent payment within five (5) days after it becomes due, Tenant shall pay Landlord, as additional rental, a late charge equal to ten percent (10%) of the overdue amount. The parties agree that such late charge represents a fair and reasonable estimate of the costs Landlord will incur by reason of such late payment.

## SECURITY DEPOSIT

5. Tenant shall deposit with Landlord upon execution of this Lease the last month's rent at the end of the five year term \$ 4,277 .00 as a security deposit which shall be held by Landlord, without liability to Tenant for any interest thereon, as security for the full and faithful performance by Tenant of each and every term, covenant and condition of this Lease of Tenant. If any of the rents or other charges or sums payable by Tenant to Landlord shall be overdue and unpaid or should Landlord make payments on behalf of Tenant, or should Tenant fail to perform any of the terms of this Lease, then Landlord may, at its option, appropriate and apply the security deposit, or so much thereof as may be necessary to compensate Landlord toward the payment of the rents, charges

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for South Cobb Package Store located at 3181 S Cobb Dr. requesting privilege licenses for the sale of beer, wine, & liquor (retail package). This application will be heard before the License and Variance Board for the City of Smyrna, 2800 King Street, Smyrna, Georgia on June 14, 2017 at 10:00 a.m. All concerned persons are hereby notified.

Xander Vo  
Licensee

South Cobb Package Store  
3181 South Cobb Dr.  
Smyrna, GA 300080

Ads to Run June 2, 2017 and June 9, 2017