



**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:

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

1. Legal Name of Business Bad Daddy's International, LLC
 Operating name of the Business Bad Daddy's Burger Bar
 Occupation Tax License Number 5460
 Is the Business a proprietorship () partnership () corporation (X) foreign ()

2. Location 2995 Atlanta Road SE. Bldg A #300, Smyrna, GA 30080 Phone 770-575-1044

3. Full name of Owner Bad Daddy's International, LLC

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 Brandon Michael Summers

Social Security Number _____ Date of Birth _____

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

Current Address _____ City/State Marietta, GA Zip _____

Home Telephone _____ Number of years at present address 1 month

Do you reside in Cobb County? Yes (X) No () If yes, how long 1 month

Previous address 4 _____ 7717

Number of years at previous address 2 Drivers License Number and State _____

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

GM - Fox & Hound/Kelly Services, Cincinnati, OH and Cleveland, OH - August 2020 - December 2020;

GM - Benihana's, Columbus, OH - February 2019-July 2020; GM-Benihana's, Atlanta, GA August 2018-February 2019;

Asst. GM, Kitchen Manager - Olive Garden Snellville, GA & Augusta, GA - May 2013-June 2018
 Agent's employment date with owner March, 2021

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 ()
- (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 ()
- (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 ()
- (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 BS

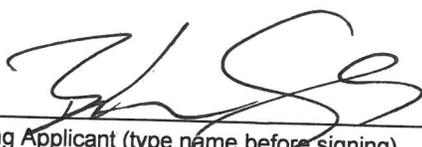
10. Are you familiar with the City of Smyrna ordinances and state and federal laws and regulations governing the operation of this type of business? Yes (X) No ()

11. Are you aware you are required to apply for a State license? Yes () No () *N/A Agent Change only 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, Brandon Summers, 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.

Brandon Summers  6/14/21
Signature of Managing Applicant (type name before signing)

Signature and title of person other than Applicant completing this application

Phone Number: Work 770-575-1044 Home _____

Sworn to and subscribed before me
this 14th day of June, 2021.

Kelly B Moon
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Kelly B Moon

Date 6/14/21

