

MEETING OF Jun 11, 2014

WARD 5 (sw)

ITEM NUMBER _____
\$ IMPACT _____

ISSUE:

Application for privilege licenses for BHAM LLC dba Hop In BP for the sale of beer and wine (retail package). BHAM LLC is the new corporate name with Nousheen Bhamani as owner and Elizabeth Romero as the agent applicant. Formerly known MAM Food Mart dba Hop In BP with Syed Mehol as agent.

SUMMARY:

Elizabeth Romero as the registered agent for BHAM LLC dba Hop In BP requests privilege licenses for the sale of beer and wine (retail package) at 475 Windy Hill Rd.

BACKGROUND:

Elizabeth Romero will be the registered agent is responsible for the sale of alcohol at the referenced location. Ms. Romero 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. Elizabeth Romero 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 license for the sale of beer and wine (retail package) for BHAM LLC dba Hop In BP with Elizabeth Romero 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 BHAM LLC

Operating name of the Business HOP-IN BP

Is the Business a: proprietorship partnership corporation foreign

2. Location 475 Windy Hill Rd, SMYRNA-GA-30082 Phone (770) 319-5555

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

	YES	NO
PACKAGE DISTILLED SPIRITS		
SCHOOL 600 FEET		NO
CHURCH/PARK/PUBLIC BUILDING/		
LIBRARY/RESIDENCE 300 FEET		NO
POURING DISTILLED SPIRITS		
SCHOOL 600 FEET		NO
CHURCH/PARK/PUBLIC BUILDING/		
LIBRARY/RESIDENCE 200 FEET		NO
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]		NO
PACKAGE WINE, MALT BEVERAGE		
SCHOOL 600 FEET		NO
CHURCH/PARK/PUBLIC BUILDING/		
LIBRARY 300 FEET		NO
[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]		
POURING WINE, MALT BEVERAGE		
SCHOOL 600 FEET		NO
CHURCH/PARK/PUBLIC BUILDING/		
LIBRARY/RESIDENCE 200 FEET		NO
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]		

4. Full name of Owner NOUSHEEN BHAMANI

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

Social Security Number 672-14-6253 Date of Birth 09/01/1979

Are you a Citizen of the United States? Yes No Birthplace Karachi, Pakistan

Current Address 5375 Sugarloaf Pkwy #13106 City/State Lawrenceville - GA Zip 30043

Home Telephone 6787933786 Number of years at present address 3 years

Drivers License Number and State 050894359 - GA

What has been your occupation for the past five (5) years? Give detailed list Store clerk, MAM, SMYRNA - 12 months
Kaishaly LLC, 13 Months, LaFontana Covington - 13 Months

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 BHAM LLC

475 Windy Hill Rd, SMYRNA - GA - 30082

NOUSHEEN BHAMANI (CEO) 6787933786

Federal Tax ID # 46-4472683 State of Incorporation _____

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) ELIZABETH ROMERO

Social Security Number 466-890871 Date of Birth 01-01-1987

Are you a Citizen of the United States? Yes No Birthplace _____

Current Address 810 WINDYHILL RD, SE #12B City/State SMYRNA, GA Zip 30080

Home Telephone 678-201-8310 Number of years at present address 6 months.

Do you reside in Cobb County? Yes No If yes, how long 2 Yrs.

Previous address 586 PARKWAY DR, SE, SMYRNA GA - 30080

Number of years at previous address 2 yrs Drivers License Number and State 058316932 GA.

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

Manager's employment date with owner 01-01-2014

Has the manager (as applicant): NO

(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.

\$ 58,823.00 From 01-01-2013 To 12-31-2013

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.

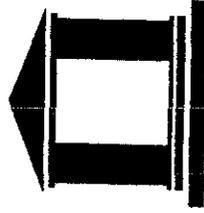
Training Institute for Responsible Vendors, Inc.

certifies that

Elizabeth Romero

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 19th day of December, 2013



Seal


President

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 05/13/2014 AGENDA: NA L & V MEETING: 06/11/2014

TYPE OF LICENSE REQUESTED: BEER & WINE (RETAIL PACKAGE)

NEW APPLICATION: NO OWNERSHIP YES AGENT YES

NAME OF BUSINESS: BHAM LLC

DbA HOP IN BP

PLACE OF BUSINESS: 475 WINDY HILL RD
SMYRNA, GEORGIA 30080

AGENT: ELIZABETH ROMERO
HOME ADDRESS: 810 WINDY HILL RD APT 12B
SMYRNA, GA 30080

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 04/25/2014 DATE RECEIVED
05/02/2014

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

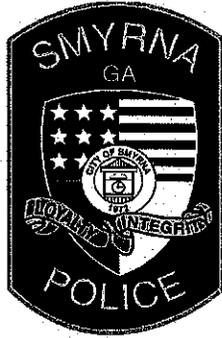
MAP FURNISHED: N/A

ADVERTISED: 5/30/14 & 06/06/14

COMMENTS: NONE

David Lee
Chief of Police

Michael L. Brown
Deputy Chief of Police



2646 Atlanta Road
Smyrna, Ga. 30080
(770) 434-9481
www.ci.smyrna.ga.us

Date: May 02, 2013

To: Eric Taylor, City Administrator

From: David Lee, Chief of Police

Lt. Terry McCormick, Office of Professional Standards 

Subject: Application for Alcoholic Beverage License

Applicant: Mrs. Elizabeth Romero

This applicant, Mrs. Elizabeth Romero, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcoholic beverage license issued to **475 Windy Hill Rd. Smyrna Ga. 30080.**

The business name is **BP Food Mart**

The business is incorporated under the name **Bham LLC.**

A criminal history was conducted on this applicant and there is nothing in her criminal history that would prohibit her from holding the license as long as she meets all the other requirements of the ordinances that regulate this type of business.

CC: Terri Graham, City Clerk

Jim Cox, Business License

File



Smyrna Police Department

2646 Atlanta Road
Smyrna, Georgia 30080



SYSTEM ID # _____

David Lee
Chief of Police

Criminal History Consent Form

A. Max Bacon
Mayor

Purpose Code E

I hereby authorize the Smyrna Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

PLEASE PRINT CLEARLY

Full Name Elizabeth Romero

Other Names Used _____

Address 810 Windy Hill Rd SE #12B

City Smyrna State GA Zip code 30080

F H 01/01/87 B B 466-89-0871

Sex Race DOB Hgt. Wgt. Eye Color Hair Color Social Security Number

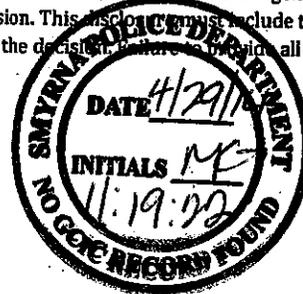
Signature Elizabeth Romero

Date 04/29/14

Employer _____

I, Elizabeth Romero give consent to the above named to perform periodic criminal history backgrounds checks for the duration of my employment with this company.

Disclosure: If an employment, licensing, housing or other decision adverse to the record subject is made, the individual or agency making the adverse decision must inform the record subject of all information pertinent to that decision. This disclosure must include that a CHRI check was made, the specific contents of the record, and the effect the record has upon the decision. Failure to provide all such information to the person in question is a misdemeanor under Georgia Law.



1.

change ownership

RJ
4/25

E 5/1

CITY OF SMYRNA
2800 KING STREET
P. O. BOX 1226
SMYRNA, GA 30081

(678) 631-5321 or FAX # (770) 431-2808

Name of Business: HOP-IN BP Phone (770) 319-5555

Business Address: 475 WINDY HILL RD,
Number/Street
SMYRNA City GA State 30082 Suite #
Zip

Mailing Address: SAME AS ABOVE
Number/Street Suite #
City State Zip

Applicant/Owner: NOUSHEEN BHAMANI Phone (678) 793-3786

Applicant () Owner () Check One Number of Employees 2

Residential Address of Applicant: 5375 SUGARLOAF PKWY APT# 13106, LAWRENCEVILLE
Number/Street City State Zip GA-30043

Federal Tax ID Number 46-4472683 Social Security Number 672-14-6253

Driver License Number 050894359 GA Date of Birth 09-01-1979

Check One: Proprietorship Partnership Foreign Corp-Domestic

Full Description of Business LLC

President NOUSHEEN BHAMANI Vice President _____
Secretary _____ Treasurer _____

DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS: 1048165.

Will there be any renovations of any kind, inside or outside of the structure? Yes No
Will the outside of the building be painted? Yes No If yes, colors must be muted earth tone.
If yes, describe renovations: _____

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 OF APPLICANT
[Signature]
FIRE MARSHALL BUILDING INSPECTOR

04/25/14
DATE
[Signature] GC
SIGN MARSHALL

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 (678) 631-5387.