



## ALC-118

### Alcoholic Beverage License

**Status:** Active

**Date Created:** May 11, 2022

### Alcoholic Beverage License Information

**Type of Alcohol (select all that apply):**

**Distilled Spirits (Liquor)**



**Wine**



**New, Renewal, or Change of Agent?**

New

**Type of License**

Pouring

**Retail Pouring Type**

Restaurant

**Sunday Sales**



**Malt Beverage (Beer)**



**A NEW Alcoholic Beverage License is required when there has not been an active alcoholic beverage license at the business LOCATION within the previous 12 months. If there has been an active license, an AGENT CHANGE would be applied for.**

**Add on Licenses (Select all that apply):**

### Business Information

**Legal Name of Business**

GKM Smyrna, LLC

**DBA (Doing Business As)**

Good Kitchen

**Business Type:**

Limited Liability Corporation

**Business Street Address**

300 Village Green Circle

**Suite/Unit Number**

110

**Business City**

Smyrna

**Business State**

Georgia

**Business Zip Code**

30080

**Business Direct Phone**

6786139906

**Business Email Address**

peter@goodkitchenandmarket.com

**Business Website**

www.goodkitchenandmarket.com

**Federal Tax ID Number**

XX-XXX-XXXX

**Alcohol Agent Full Name**

Peter Tompkins

**Is this business establishment within the designated distance requirements per license type of any of the following uses?**

**PACKAGE SALES OF DISTILLED SPIRITS (LIQUOR)**

**POURING SALES OF DISTILLED SPIRITS (LIQUOR)**

**PACKAGE SALES OF WINE OR MALT BEVERAGES (BEER)**

**POURING SALES OF WINE OR MALT BEVERAGES (BEER)**

**WHOLESALE / MANUFACTURE**

**BREWERY**

**WINERY**

**BUSINESSES LOCATED IN SMYRNA  
CENTRAL DOWNTOWN OR ZONED MIXED  
USE**

**POURING SALES OF DISTILLED SPIRITS,  
WINE, MALT BEVERAGES (BEER)**

**Is the establishment within 100 feet of a school or church?**

Yes

**PACKAGE SALES OF WINE, OR MALT  
BEVERAGES (BEER)**

**CIGAR SPECIALTY SHOP**

**Owner Information****Full Name of Owner**

Peter Tompkins

**If a sole proprietor, will you manage the business full time on the premises?**

Yes

**Number of Years at Address**

8

**Driver's License Number and State**

**What has been your occupation for the past five (5) years? Please describe in detail:**

Restaurant Executive with Buffalo Wild Wings and Owner at Good Kitchen in Marietta

**Corporation CEO**

Peter Tompkins

**Is this a new business in Smyrna?**

Yes

**Date business will begin**

06/01/2022

**If a change of ownership, attach copy of the sales contract and closing statement in Attachments section.**

**Has the owner ever had an alcoholic beverage license revoked in Smyrna or another jurisdiction?**

No

**If a partnership, attach list showing each partner owning 10% or more with address, telephone number, Date of Birth, and Social Security Number.**

**Manager Information (as Applicant)**

**Is the Manager the same as the Owner?**

Yes

**Has the manager (as the applicant):**

**Been adjudicated as incompetent or insane, or been deemed to have insufficient mental capacity to conduct the business for which the application is made?**

No

**Been discharged from any military service under dishonorable conditions?**

No

**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.)**

No

**Within a five-year period preceding the date of application, been convicted for any felony charged under any of the laws of the states or the United States?**

No

**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?**

No

**If yes to any of the above questions, please attach a statement describing the issue in full detail.**

**Has any license authorizing the sale of alcoholic beverages at the location for which the present license is sought:**

**Been declared to be under supervision, at the date the application is filed?**

No

**Been revoked within six months of the date the application is filed?**

No

**If yes to any of the above questions, please attach a statement describing the issue in full detail.**

### **Property Information**

**Do you own the land on which this business is to operate?**

No

**If you are not the owner, list the terms of the lease; including the way the rent is determined; to whom and at what intervals it is paid.**

5 yrs. 17,000.00 + 100.00 per month on the 1st day of the month on the 1st day.

**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)?**

No

**Have you, your spouse, partner, or stockholder any financial interest in the wholesale liquor business?**

No

**If this is a previously licensed location, give the amount of alcohol sales for the previous twelve months and give the dates used in computing the gross sales. Indicate sales for beer, wine, and liquor separately.**

Former Porch Light space, unsure of alcohol mix or sales.

**Please digitally sign here to indicate that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance.**

Peter Tompkins

04/04/2022

**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

**Are you aware that you are required to apply for a State license?**

Yes

**Please contact the Georgia Department of Revenue Alcohol Division at (404) 417-4900 or <https://dor.georgia.gov/alcohol-tobacco/alcohol-licenses-permits/alcohol-licensing>.**

**Authorization**

**Applicant Signature**

Peter Tompkins  
04/04/2022

**I, the applicant, 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.**

**Internal**

**MDJ Advertisement Date (1)**

07/08/2022

**MDJ Advertisement Date (2)**

07/15/2022

**Mayor & Council Date**

07/18/2022