

MEETING OF MAR 04, 2019

WARD

3 (mb)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

New application for privilege licenses for YP Restaurant Group LLC dba Your Pie for the sale of beer and wine (retail pouring). AVAMC Company LLC is the owner and Dipish Parsottambhai Patel is the agent applicant.

SUMMARY:

Dipish Parsottambhai Patel as the registered agent for YP Restaurant Group LLC dba Your Pie requests privilege licenses for the sale of beer and wine (retail pouring) at 2440 Atlanta Road STE 100.

BACKGROUND:

Dipish Parsottambhai Patel will be the registered agent responsible for the sale of alcohol at the referenced location. Mr. Patel 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. Dipish Parsottambhai Patel 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 and wine (retail pouring) for YP Restaurant Group LLC dba Your Pie with Dipish Parsottambhai Patel 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 YP RESTAURANT GROUP LLC

Operating name of the Business YOUR PIE

Is the Business a: proprietorship partnership corporation foreign

2. Location 2440 ATLANTA ROAD, SUITE 100, SMYRNA, GA 30080 Phone N/A

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 DIPESH PARSOTTMABHAI PATEL

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

Social Security Number [REDACTED] Date of Birth OCTOBER 4, 1990

Are you a Citizen of the United States? Yes No Birthplace MACON, GA

Current Address 3324 PEACHTREE RD NE, UNIT 1518 City/State ATLANTA, GA Zip 30326

Home Telephone [REDACTED] Number of years at present address 2.5 YEARS

Drivers License Number and State [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list COCA-COLA FREESTYLE PROJECT COORDINATOR AT THE COCA-COLA COMPANY

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 ADDRESS: 3324 PEACHTREE RD NE, UNIT 1518, ATLANTA, GA 30326. CELL: 678-595-8062. NAME: DIPESH PATEL

Federal Tax ID # 83-2741343 State of Incorporation GEORGIA

Is this a new business in Smyrna? Yes No If yes, date business will begin in Smyrna PROJECTED MARCH 2019

Is this a transfer or change of ownership? Yes No Effective date N/A

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) DIPESH PARSOTTAMBHAI PATEL

Social Security Number [REDACTED] Date of Birth OCTOBER 4, 1990

Are you a Citizen of the United States? Yes No Birthplace MACON, GA

Current Address 3324 PEACHTREE RD NE, UNIT 1518 City/State ATLANTA, GA Zip 30326

Home Telephone [REDACTED] Number of years at present address 2.5 YEARS

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

Previous address 740 SIDNEY MARCUS BLVD NE, ATLANTA, GA 30324

Number of years at previous address 1 Drivers License Number and State [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list COCA-COLA FREESTYLE PROJECT COORDINATOR AT THE COCA-COLA COMPANY

Manager's employment date with owner N/A

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 N/A Amount Paid N/A

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.

RENT IS PAID MONTHLY TO LANDLORD HALPERN ENTERPRISES. INC ON FIRST DAY OF EACH MONTH.

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

8. How is the proposed location zoned? MU

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.

THIS IS A BRAND NEW DEVELOPMENT - NO PREVIOUS SALES OF ANY ALCOHOL

13. Please initial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance ^{DP} _____

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.

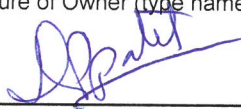
CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
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GEORGIA, COBB COUNTY

I, DIPESH PARSOTTAMBHAI PATEL, 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.

DIPESH PARSOTTAMBHAI PATEL

Signature of Owner (type name before signing)



Signature and title of person other than Owner completing this application

Phone Number: Work: _____ Home: _____

DIPESH PARSOTTAMBHAI PATEL


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 30 day of Jan 2019.



Notary Public

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date _____

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:



Date 1/30/19

CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5321 Fax (770) 431-2814
Web site: www.ci.smyrna.ga.us

1. Legal Name of Business: YP RESTAURANT GROUP LLC
2. Location: 2440 ATLANTA ROAD, SUITE 100, SMYRNA, GA 30080 Phone: N/A
3. Name of Applicant: DIPESH PARSOTTAMBHAI PATEL

CERTIFICATION BY BUILDING INSPECTOR

I have inspected the premises referenced above and certify the location meets all minimum requirements of the Smyrna Building Code.

under construction Date 2/4/19

Chief Building Inspector

CERTIFICATION BY FIRE MARSHAL

I have inspected the premises referenced above and certify the location meets all minimum requirements of the City of Smyrna Fire Prevention Code.

under construction Date 2/6/19

Fire Marshal

CERTIFICATION BY TAX CLERK

I certify the ad valorem taxes for the above referenced property have been paid and there are no outstanding liens.

none due Date _____

Tax Clerk

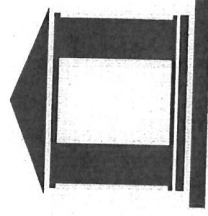
Training Institute for Responsible Vendors, Inc.

certifies that

Dipesh Parsothambhai Patel

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 13th day of December, 2018




President

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 02/12/19 MAYOR/COUNCIL: 03/04/19
TYPE OF LICENSES REQUESTED: BEER AND WINE (RETAIL POURING)

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: YP RESTAURANT GROUP LLC dba YOUR PIE

PLACE OF BUSINESS: 2440 ATLANTA ROAD SE STE 100
SMYRNA, GA 30080

AGENT: DIPESH PARSOTTAMBHAI PATEL

HOME ADDRESS: 3324 PEACHTREE ROAD NE UNIT 1518
ATLANTA, GA 30326

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 01/30/2019 RECEIVED 01/31/2019

RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD
PRECLUDE ISSUANCE OF THIS LICENSE

TYPE OF BUILDING MASONRY

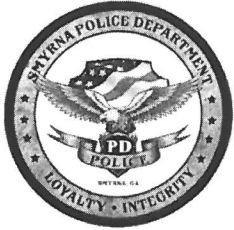
DISTANCE MET: SCHOOL YES CHURCH YES LIBRARY YES PARK YES

MAP FURNISHED: YES

ADVERTISED: FEB 22 & MAR 01

COMMENTS: _____

"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: 01-31-19
To: Tammi Jones, City Administrator
From: David Lee, Chief of Police
Lt. Mark Binicewicz, Office of Professional Standards
Subject: Application for Alcohol License
Applicant: Dipesh Patel

This applicant, **Dipesh Patel**, 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, **2440 Atlanta Rd. Smyrna, GA. 30080.**

The business name is **Your Pie.**

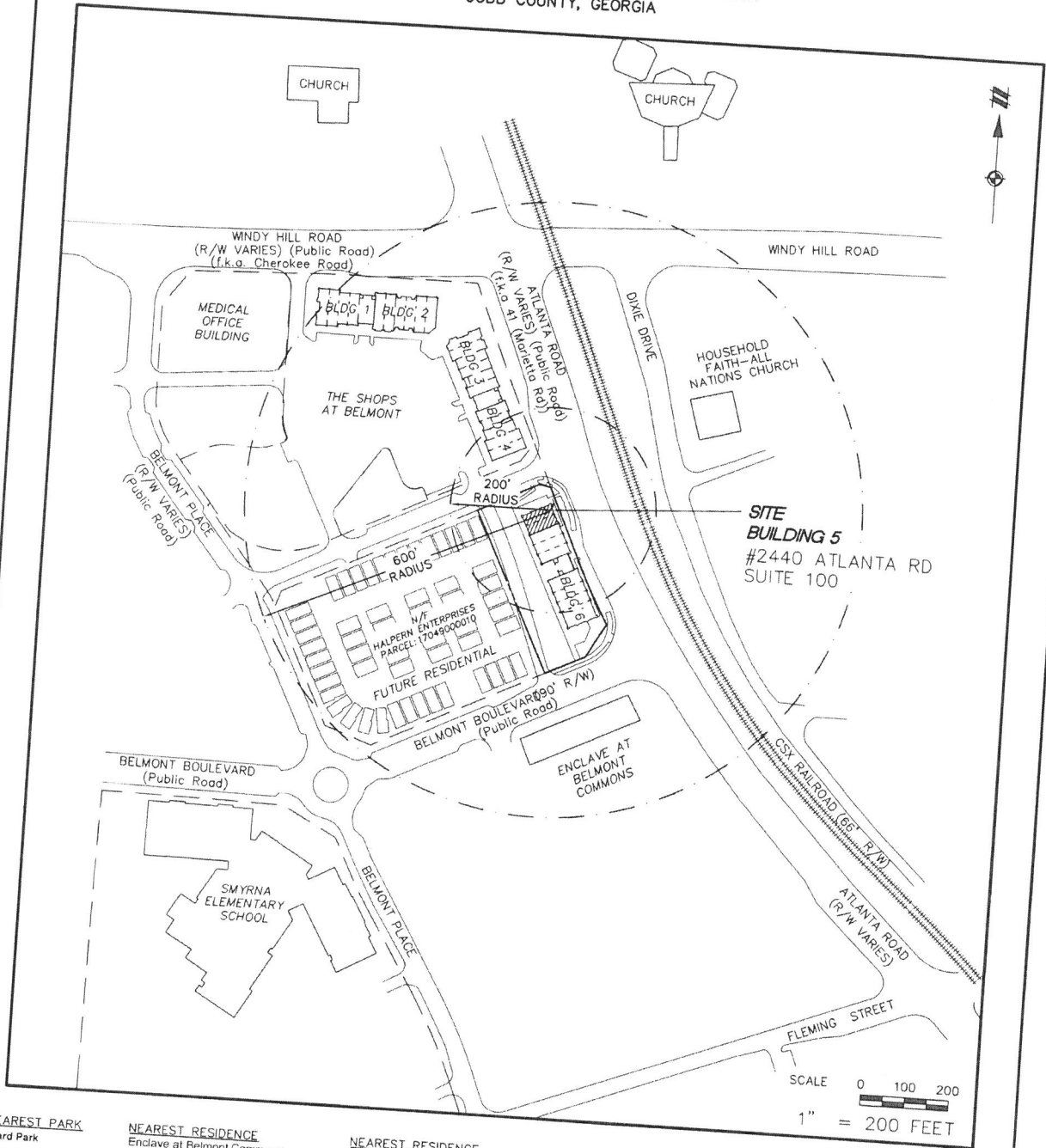
The business is incorporated under the name **Your Pie.**

A background check was conducted on this applicant. There was nothing in his background within the criminal history requirements of City of Smyrna Ordinance 6-51 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

ALCOHOL PERMIT SURVEY FOR 2440 ATLANTA RD. SUITE 100

LAND LOT 490, 17TH DISTRICT, CITY OF SMYRNA
COBB COUNTY, GEORGIA



SCALE 0 100 200
1" = 200 FEET

NEAREST PARK
Ward Park
Smyrna, GA 30080
3,064' +/-

NEAREST RESIDENCE
Enclave at Belmont Commons
1009 Kirkland, Vinings Orchard Cir SE
Smyrna, GA 30291
423' +/-

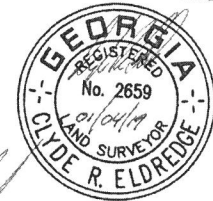
NEAREST RESIDENCE
Belmont Residential (In construction)
1009 Kirkland, Vinings Orchard Cir SE
Smyrna, GA 30291
165' +/-

NEAREST LIBRARY
Smyrna Public Library
100 Village Green Cir.
Smyrna, GA 30080
3,667' +/-

NEAREST CHURCH
Household of Faith-All
Nations Church
2435 Dixie Ave SE
Smyrna, GA 30080
1,204' +/-

NEAREST SCHOOL
Smyrna Elementary School
1099 Fleming St.
Smyrna, GA 30080
1,130' +/-

NEAREST ALCOHOL TREATMENT CENTER
Hope Homes Recovery Services
1741 Spring St.
Smyrna, GA 30080
7,438' +/-



Clyde R. Eldredge
CLYDE R. ELDRIDGE
DATE
JANUARY 4, 2019
GEORGIA REGISTERED LAND SURVEYOR
REGISTRATION NUMBER 2659

DATE	JANUARY 3, 2019	
DR.	STH	CH. CRE
P.M.	CRE	
JOB:	17001269	
SHEET NO.	1 OF 1	

CLIENT
DIPESH PARSOTTAMBAI PATEL
ALCOHOL PERMIT SURVEY FOR
YOUR PIE RESTAURANT
2440 ATLANTA RD, SUITE 100
SMYRNA, GA 30097

ATWELL
866.850.4200 www.atwell-group.com
1800 PARKWAY PLACE, SUITE 700
MARIETTA, GA 30067
770.423.0807 LSF# 001218

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] Owner 2/7/19
Signature Title 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 7 day of Feb, 2019 [Signature]
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.

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia, for YP Restaurant Group LLC dba Your Pie located at 2440 Atlanta Road SE STE 100, Smyrna, Georgia, requesting privilege licenses for the sale of beer and wine (retail pouring). This application will be heard before the Mayor & Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on March 4, 2019 at 7:00 p.m. All concerned persons are hereby notified.

DIPESH PARSOTTAMBHAI PATEL
Licensee

YOUR RESTAURANT GROUP LLC
Dba Your Pie
2440 Atlanta Road SE STE 100
Smyrna, GA 30080

Ads to Run Feb 22, 2019 and Mar 01, 2019