

MEETING OF NOVEMBER 6, 2017

WARD 1 (dn)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

New application for privilege licenses for Chettinad Foods and Bakery LLC dba Aachis Indian Cuisine for the sale of beer and wine (retail pouring). Antony Arputharaj is the owner and the agent applicant.

SUMMARY:

Antony Arputharaj as the registered agent for Chettinad Foods and Bakery LLC dba Aachis Indian Cuisine requests a privilege license for the sale of beer and wine (retail pouring) at 2590 Spring Road SE.

BACKGROUND:

Antony Arputharaj will be the registered agent responsible for the sale of alcohol at the referenced location. Antony Arputharaj 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. Antony Arputharaj 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 Chettinad Foods and Bakery LLC dba Aachis Indian Cuisine with Antony Arputharaj 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:		BEER:		WINE:	
NEW	<input type="radio"/>	NEW	<input checked="" type="radio"/>	NEW	<input checked="" type="radio"/>
RENEWAL	<input type="radio"/>	RENEWAL	<input type="radio"/>	RENEWAL	<input type="radio"/>
TRANSFER	<input type="radio"/>	TRANSFER	<input type="radio"/>	TRANSFER	<input type="radio"/>
MANUFACTURER	<input type="radio"/>	MANUFACTURER	<input type="radio"/>	MANUFACTURER	<input type="radio"/>
WHOLESALER	<input type="radio"/>	WHOLESALER	<input type="radio"/>	WHOLESALER	<input type="radio"/>
PKG. BEER/WINE	<input type="radio"/>	PKG. BEER/WINE	<input type="radio"/>	PKG. BEER/WINE	<input type="radio"/>
PKG. DIST. SPIRITS	<input type="radio"/>	PKG. DIST. SPIRITS	<input type="radio"/>	PKG. DIST. SPIRITS	<input type="radio"/>
RETAIL POURING	<input type="radio"/>	RETAIL POURING	<input type="radio"/>	RETAIL POURING	<input type="radio"/>
Restaurant	<input type="radio"/>	Restaurant	<input type="radio"/>	Restaurant	<input type="radio"/>
Package Store	<input type="radio"/>	Package Store	<input type="radio"/>	Package Store	<input type="radio"/>
Dancing/Live Ent	<input type="radio"/>	Dancing/Live Ent.	<input type="radio"/>	Dancing/Live Ent.	<input type="radio"/>
Private	<input type="radio"/>	Private	<input type="radio"/>	Private	<input type="radio"/>
Other	<input type="radio"/>	Other	<input type="radio"/>	Other	<input type="radio"/>

1. Legal Name of Business CHETTINAD FOODS & BAKERY LLC
 Operating name of the Business AACHI'S INDIAN CUISINE
 Is the Business a: proprietorship partnership corporation foreign
2. Location 2590 SPRING RD SE, SMYRNA Phone 678 428 7290
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 [BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]	<input type="radio"/>	<input checked="" type="radio"/>
PACKAGE WINE, MALT BEVERAGE			
SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET [EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]	<input type="radio"/>	<input checked="" type="radio"/>
POURING WINE, MALT BEVERAGE			
SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET [BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]	<input type="radio"/>	<input checked="" type="radio"/>

4. Full name of Owner ANTONY ARPUTHARAJ

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

Social Security Number [REDACTED] Date of Birth 03/13/1962

Are you a Citizen of the United States? Yes No Birthplace THOPPULUR, INDIA

Current Address 1794 Elmwood Dr City/State SNELLVILLE, GA Zip 30078

Home Telephone [REDACTED] Number of years at present address 7

Drivers License Number and State [REDACTED], GA

What has been your occupation for the past five (5) years? Give detailed list PRESIDENT,
VISIONSOFT INTERNATIONAL INC

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 _____

Federal Tax ID # _____ 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 June 1, 2017

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) ANTONY ARPUTHARAJ

Social Security Number [REDACTED] Date of Birth 03/13/1962

Are you a Citizen of the United States? Yes No Birthplace THOPPULUR, INDIA

Current Address 1794 Elmwood Dr City/State SNELLVILLE, GA Zip 30078

Home Telephone [REDACTED] Number of years at present address 7 years

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

Previous address 1278 Killian Knoll Cir - 30047

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

What has been your occupation for the past five (5) years? Give detailed list PRESIDENT,
VISIONSOFT INTERNATIONAL INC

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

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BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5321 Fax (770) 431-2814
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GEORGIA, COBB COUNTY

I, ANTHONY ARPUSHAM, 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.



Signature of Owner (type name before signing)

Signature and title of person other than Owner completing this application

Phone Number: Work: _____ Home: 770- _____

Signature of Managing Applicant (type name before signing)

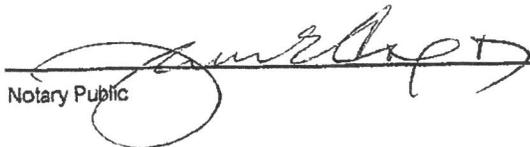


Signature and title of person other than Applicant completing this application

Phone Number: Work: _____ Home: _____

Sworn to and subscribed before me

This 20 day of Sept 2017


Notary Public

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

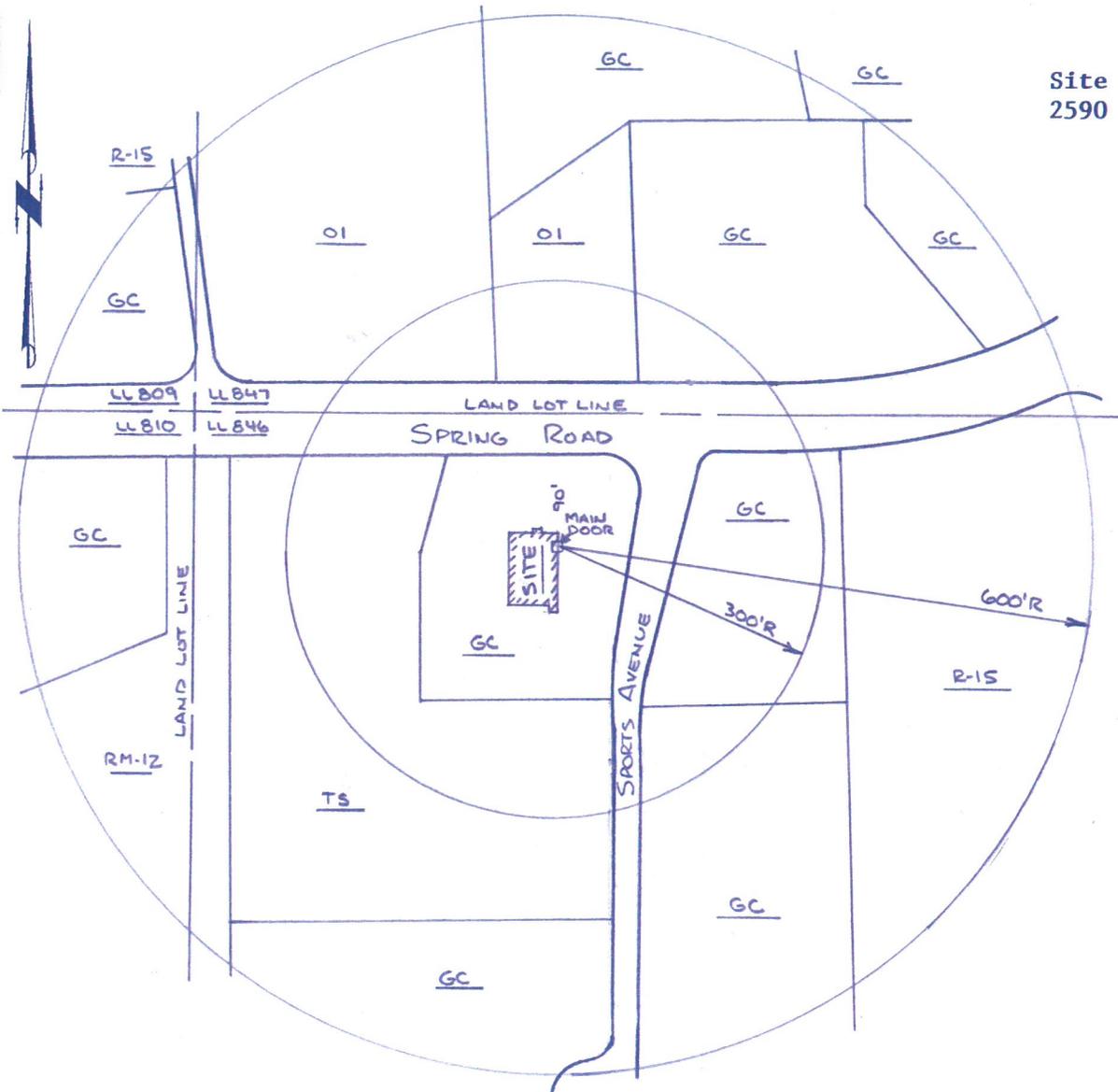
MARSHALL Date 9/20/17

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

 Date 9/20/17

MAGNETIC

Site Address-
2590 Spring Road



The following distances were measured according to City of Smyrna code:

CHURCH- 915' to Cumberland Community Church, @ 3110 Sports Avenue.

SCHOOL- 1350' to Argyle Elementary School, @ 2440 Spring Road.

PARK- 1550' to Jonquil Park, @ 3000 Park Road.

LIBRARY-12000' to Smyrna Library, @ 100 Village Green Circle.

PUBLIC BUILDING- 1650' to Fire Station #3, @ 2825 Park Road.

There are no alcohol treatment centers, nor private residences within 300' of this site.

City of Smyrna Wine & Malt Beverage Pouring License Survey for:

AACHI'S INDIAN CUISINE

Josh L. Lewis, III

DATE: 8-28-2017	SCALE: 1" = 200'		
DRAWN BY: GD	GRAPHIC SCALE IN FEET		
LAND LOT 846	17 TH DISTRICT	2 ND SECTION	
COBB COUNTY	GEORGIA		
GEORGIA LAND SURVEYING CO. 155 CLIFTWOOD DRIVE, ATLANTA, GA 30328 PH (404)255-4671 FAX (404)255-6607 WWW.GLSURVEY.COM			198042

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Arputharaj, Antony
Chetnad Foods & Bakery
2590 Spring Road
Smyrna, GA 30080



EVIINDI

INCORPORATED

For satisfactory completion of Evindi, Inc.'s

Responsible Alcohol Sales & Service Workshop (3 hrs.)

Michele L. Stunpe
Michele L. Stunpe, President of Evindi, Inc. Date 9-6-17

This workshop has been approved to satisfy the following alcohol ordinance requirements:
Cobb County; City of Kennesaw; City of Roswell; Cherokee County; City of Powder Springs;
Douglas County; City of Holly Springs; City of Sandy Springs; City of Johns Creek; Forsyth
County; City of Smyrna; Fayette County Rockdale County and Spalding County

Certificate to be posted in conspicuous location at licensed premises.

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 10/04/2017 MAYOR AND COUNCIL: 11/06/2017

TYPE OF LICENSES REQUESTED: BEER AND WINE (RETAIL POURING)

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: CHETTINAD FOODS AND BAKERY LLC
dba AACHIS INDIAN CUISINE

PLACE OF BUSINESS: 2590 SPRING ROAD
SMYRNA, GA 30080

AGENT: ANTONY ARPUTHARAJ

HOME ADDRESS: 1794 ELMWOOD CIRCLE
SNELLVILLE, GA 30078

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 09/20/17 RECEIVED 09/25/17

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: 10/28/17 & 11/02/17

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: September 25, 2017

To: Tammi Jones, City Administrator

From: David Lee, Chief of Police
Sgt. Doug Copeland, Office of Professional Standards

Subject: Application for Alcohol License

Applicant: Anthony Arputharaj

This applicant, **Anthony Arputharaj**, 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 **2590 Spring Rd.**

The business name is **Aachis Indian Cuisine**.

The business is incorporated under the name **Chettinad Foods and Bakery, LLC**.

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

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.

[Handwritten Signature] *MEMBER* *10/6/17*
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 *6* day of *Oct*, 20*17* *[Handwritten 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 Chettinad Foods and Bakery LLC dba Aachis Indian Cuisine located at 2590 Spring Road, 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 November 6, 2017 at 7:00 p.m. All concerned persons are hereby notified.

Antony Arputharaj
Licensee

Chettinad Foods and Bakery LLC
DBA Aachis Indian Cuisine
2590 Spring Road SE
Smyrna, Georgia 30080

Ads to Run October 27, 2017 and November 3, 2017