

MEETING OF JANUARY 10, 2018

WARD 1 (dn)

ITEM NUMBER _____
\$ IMPACT _____

ISSUE:

Application for privilege licenses for Meba Business LLC dba Smyrna Food Mart for a change of agent for the sale of beer and wine (retail package). Meba Business is the current owner and Meron Yimer is the agent applicant. Formerly, Kidist Girna was the agent.

SUMMARY:

Meron Yimer as the registered agent for Meba Business LLC dba Smyrna Food Mart requests privilege licenses for the sale of beer and wine (retail package) at 1828 Spring Road.

BACKGROUND:

Meron Yimer will be the registered agent is responsible for the sale of alcohol at the referenced location. Meron Yimer 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 these licenses. Meron Yimer has agreed to abide by the guidelines set forth by the City of Smyrna ordinance governing the sale of alcohol.

REQUESTED ACTION:

Approval of a change of agent on privilege licenses for the sale of beer and wine (retail package) for Meba Business LLC dba Smyrna Food Mart with Meron Yimer as the registered agent.



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:

Table with 3 columns: LIQUOR, BEER, WINE. Rows include TRANSFER, PKG. BEER/WINE, PKG. DIST. SPIRITS, RETAIL POURING, Restaurant, Package Store.

1. Legal Name of Business Meba business, LLC
Operating name of the Business Smyrna Food Mart
Occupation Tax License Number #4842
Is the Business a proprietorship () partnership (x) corporation () foreign ()

2. Location 1828 Spring Rd SE Phone 770 989 1920

3. Full name of Owner Endale Tesfay

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 Mevon Yimer
Social Security Number [redacted] Date of Birth 10/27/1983

Are you a Citizen of the United States? Yes (x) No () Birthplace Ethiopia

Current Address 2707 Summit Lake Dr City/State Mountain State Zip 30083

Home Telephone [redacted] Number of years at present address 2 years

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

Previous address 421 Valley Brook Rd

Number of years at previous address 3 Drivers License Number and State

What has been your occupation for the past five (5) years? Give detailed list Sales
associate Duty Free America in
Airport

Agent's employment date with owner

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 (X)
- (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 (X)
- (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 (X)
- (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 E.T

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 () No ()

11. Are you aware you are required to apply for a State license? Yes (X) No ()
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, MEROW YIMER, 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.

MEROW YIMER
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 Nov, 2017.

[Signature]
Notary Public

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

MARLA KIBER Date 11/30/17

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

[Signature] Date 11/30/17

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Yimer, Meron

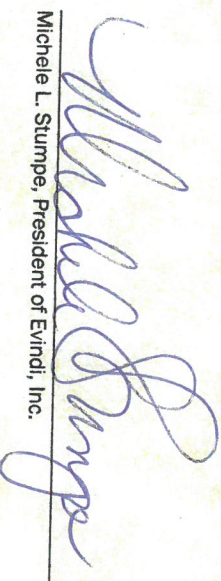


EVINDI

INCORPORATED

For satisfactory completion of EvinDi, Inc.'s

Responsible Alcohol Sales & Service Workshop (3 hrs.)



Michele L. Stumpe, President of EvinDi, Inc.

Date 12-6-17

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 12/15/17 LICENSE/VARIANCE BOARD: 01/10/18
TYPE OF LICENSE REQUESTED: PRIVILEGE LICENSES BEER/WINE PACKAGE

NEW APPLICATION: NO OWNERSHIP no AGENT YES

NAME OF BUSINESS: MEBA BUSINESS LLC
DbA SMYRNA FOOD MART

PLACE OF BUSINESS: 1828 SPRING RD
SMYRNA, GA 30080

AGENT: MERON YIMER

CITIZENSHIP YES
POLICE REPORT: DATE REQUESTED 11/30/2017 DATE RECEIVED 11/21/2017

RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD
PRECLUDE ISSUANCE OF THESE LICENSES

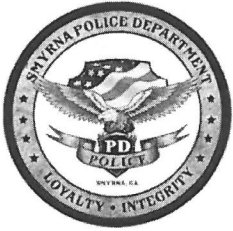
TYPE OF BUILDING MASONRY
DISTANCE MET: SCHOOL YES CHURCH YES LIBRARY YES PARK YES

MAP FURNISHED: N/A

ADVERTISED: 12/29/17 & 01/05/2018

COMMENTS: TAXES PAID PER MH

"Policing with a Purpose"



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: November 21, 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: Meron Yimer

This applicant, **Meron Yimer**, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcohol beverage license / agent name change only, issued to **1828 Spring Rd SE**.

The business name is **Smyrna Food Mart**.

The business is incorporated under the name **Meba Business, LLC**.

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



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

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. The applicant's alien number issued by the Department of Homeland Security or other federal immigration agency must be provided.

YES NO Alien ID number _____

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 the Code Section 16-10-20."

I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.

Deed
Signature

11/30/17
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 30 day of Nov, 2017

[Signature]
Notary Public

AFFIX SEAL

You 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 Meba Business LLC dba Smyrna Food Mart located at 1828 Spring Rd, SMYRNA, Georgia, requesting a change of agent for privilege licenses for the sale of beer & wine (retail package). This application will be heard before the License and Variance Board for the City of Smyrna, 2800 King Street, Smyrna, Georgia on January 10, 2018, at 10:00 a.m. All concerned persons are hereby notified.

Meron Yimer
Licensee

Meba Business LLC dba
SMYRNA FOOD MART
1828 Spring Rd.
Smyrna, GA 30080

Ads to Run Dec 29, 2017 and Jan 5, 2018