

#6281

Ward 5

CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5363 Fax (770) 431-2808
Website: www.smyrnaga.gov

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

LIQUOR:

NEW	<input checked="" type="checkbox"/>
RENEWAL	<input type="checkbox"/>
TRANSFER	<input type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
WHOLESALE	<input type="checkbox"/>
PKG. BEER/WINE	<input checked="" type="checkbox"/>
PKG. DIST. SPIRITS	<input checked="" type="checkbox"/>
RETAIL POURING	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>
Package Store	<input checked="" type="checkbox"/>
Dancing/Live Ent	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

BEER:

NEW	<input checked="" type="checkbox"/>
RENEWAL	<input type="checkbox"/>
TRANSFER	<input type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
WHOLESALE	<input type="checkbox"/>
PKG. BEER/WINE	<input checked="" type="checkbox"/>
PKG. DIST. SPIRITS	<input checked="" type="checkbox"/>
RETAIL POURING	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>
Package Store	<input checked="" type="checkbox"/>
Dancing/Live Ent	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

WINE:

NEW	<input checked="" type="checkbox"/>
RENEWAL	<input type="checkbox"/>
TRANSFER	<input type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
WHOLESALE	<input type="checkbox"/>
PKG. BEER/WINE	<input checked="" type="checkbox"/>
PKG. DIST. SPIRITS	<input checked="" type="checkbox"/>
RETAIL POURING	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>
Package Store	<input checked="" type="checkbox"/>
Dancing/Live Ent	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

1. Legal Name of Business FIRST CHOICE BEER WINE & SPIRITS, LLC.

Operating Name of Business _____

Is this Business a: ☐ Proprietorship ☐ Partnership ☒ Corporation ☐ Foreign

2. Location 2900 SOUTH COBB DRIVE SE, SUITE B Phone 404-423-2245
SMYRNA, GA 30080

3. Is this Business within the designated distance of any of the following?

PACKAGE DISTILLED SPIRITS

		YES	NO
SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	300 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>

POURING DISTILLED SPIRITS

SCHOOL	600 FEET	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="checkbox"/>	<input type="checkbox"/>

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

PACKAGE WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]

POURING WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="checkbox"/>	<input type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="checkbox"/>	<input type="checkbox"/>

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full Name of Owner CATHERINE M. AMADOR

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

Social Security Number [REDACTED] Date of Birth 10/29/ [REDACTED]

Are you a Citizen of the United States? ☐ Yes ☒ No Birthplace HONDURAS

Current Address 6237 Josephine Road City/State Doraville Zip 30340

Home Telephone [REDACTED] Number of years at this address 10

Driver's License Number and State [REDACTED] GEORGIA Email lindams1@yahoo.com

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

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

2900 SOUTH COBB DRIVE SE, STE. B, SMYRNA, GA 30084, (404)423-2245, CATHERINE M. AMADOR, CEO

Federal Tax ID# 85-094-3225 State of Incorporation GEORGIA

Is this a new business in Smyrna? ☒ Yes ☐ No If yes, date business will begin 08/01/2020

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 another jurisdiction? ☐ Yes ☒ No

If yes, attach full details.

5. Full name of Manager (as Applicant) CATHERINE M. AMADOR

Social Security Number [REDACTED] Date of Birth 10/29/ [REDACTED]

Are you a Citizen of the United States? ☐ Yes ☒ No Birthplace HONDURAS

Current Address 6237 JOSEPHINE ROAD City/State DORAVILLE Zip 30340

Home Telephone [REDACTED] Email lindams1@yahoo.com

Number of years at this address 10 Do you reside in Cobb County? ☐ Yes ☒ No If yes, how long

Previous Address

Number of years at previous address Driver's License Number and State [REDACTED] GEORGIA

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

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
- 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 the 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 states or the United States? ☐ Yes ☒ No
- If there was an arrest, are the charges 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
- If there was an arrest, are the 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 the application is filed? ☐ Yes ☒ No

If yes to any of the above questions, please attach full detail.

6. 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 way the rent is determined, to whom and at what intervals it is paid. _____

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

7. How is the proposed location zoned? COMMERCIAL
8. 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.

9. Have you, your spouse, partner, or stockholder any financial interest in the wholesale liquor business? ☐ Yes ☒ No

If yes, give details. _____

10. 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.

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-
-
11. Please initial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance _____
12. 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
13. Are you aware that you are required to apply for State license? ☒ Yes ☐ No

Contact the Georgia Department of Revenue Alcohol Division at (404) 417-4900.

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GEORGIA, COBB COUNTY

I, CATHERINE M. AMADOR, 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.

CATHERINE M. AMADOR

Signature of Owner (type name before signing)

Signature and title of person other than Owner completing this application.

Phone Number: Work _____ Home _____

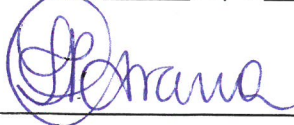
CATHERINE M. AMADOR

Signature of Managing Applicant (type name before signing)

Phone Number: Work 404-423-2245 Home _____

Sworn to and subscribed before me

This 5th day of JUNE 2020



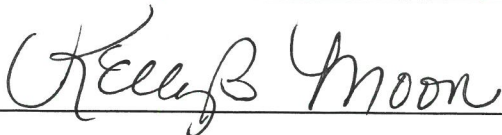
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date _____

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:



Date

6/8/2020



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 X 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 X NO _____ Alien ID number 098-400-004

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.

Catherine M. Amador
Signature

06/05/2020
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 CATHERINE M. AMADOR 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 5 day of June, 2020

[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.