

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

**PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS**

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

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

1. Legal Name of Business GB License LLC

Operating Name of Business goPuff

Is this Business a:    Proprietorship    Partnership    Corporation    Foreign   X (LLC)

2. Location 1000 South Pioneer Drive SE, Smyrna, GA 30082   Phone TBD

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

<b>PACKAGE DISTILLED SPIRITS</b> N/A			<b>YES</b>	<b>NO</b>
SCHOOL	600 FEET	<input type="checkbox"/>	<input type="checkbox"/>	
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	300 FEET	<input type="checkbox"/>	<input type="checkbox"/>	
<b>POURING DISTILLED SPIRITS</b> N/A				
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]				
<b>PACKAGE WINE, MALT BEVERAGE</b>				
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 N/A

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 GB License LLC

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

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a Citizen of the United States?  Yes  No Birthplace \_\_\_\_\_

Current Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Number of years at this address \_\_\_\_\_

Driver's License Number and State \_\_\_\_\_ Email \_\_\_\_\_

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

If a partnership, attach list showing each partner owning 10% or more, with address, telephone number, date of birth, and social security number. N/A

If a corporation, provide corporate address, phone number, & name of Chief Executive Officer (Limited Liability Company)  
537 N 3rd Street, Philadelphia, PA 19123; (484) 352-3079; Mr. Rafael Ilishayev

Federal Tax ID# \_\_\_\_\_ State of Incorporation Delaware

Is this a new business in Smyrna?  Yes  No If yes, date business will begin N/A

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 another jurisdiction?  Yes  No

If yes, attach full details.

5. Full name of Manager (as Applicant) Eric Yamil Ayala-Velazquez

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Are you a Citizen of the United States?  Yes  No Birthplace \_\_\_\_\_

Current Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip GA

Home Telephone \_\_\_\_\_ Email \_\_\_\_\_

Number of years at this address less than 1 year Do you reside in Cobb County?  Yes  No If yes, how long less than

Previous Address \_\_\_\_\_ 1 year

Number of years at previous address 2 years Driver's License Number and State \_\_\_\_\_

What has been your occupation for the past five (5) years? Give detailed list 12/2019 - Present: goPuff - Smyrna, GA  
02/2019 - 11/2019: FGO Logistics - Atlanta, GA; 01/2018 - 02/2019: Big League Final Mile - Norcross, GA  
01/2017 - 01/2018: FGO Logistics - Atlanta, GA; 01/2015 - 2016: Sony Mobile - San Francisco, CA

Manager's employment date with owner 12/02/2019

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 N/A
- 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. \_\_\_\_\_  
Annual rent of \$76,885.08 with escalations

Landlord: Super South, LLC and BH Legacy, LLC

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

7. How is the proposed location zoned? LI

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.

N/A

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

If yes, give details. N/A

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.

N/A

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11. Please initial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance      *JD*
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.



**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 \_\_\_\_\_ 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.**

*[Signature]*  
Signature

  10/15/2020    
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   Eric Ayala-Velazquez   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   15<sup>th</sup>   day of   October  , 20  20  

*Christina Stephens*  
Notary Public



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.

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GEORGIA, COBB COUNTY

I, Eric Ayala-Velazquez, 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)

Mindy L. Thompson Mindy L. Thompson, Esq.  
Sard & Leff, LLC

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

Phone Number: Work (770) 644-0800 Home \_\_\_\_\_

Eric Y. Ayala-Velazquez -

\_\_\_\_\_  
Signature of Managing Applicant (type name before signing)

Phone Number: Work (678) 923-9776 Home (678) 923-9776

Sworn to and subscribed before me

This 15<sup>th</sup> day of October 2020

Christina Stephens  
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

\_\_\_\_\_  
Date

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Key B Moon

\_\_\_\_\_  
Date

10/23/2020