

MEETING OF SEPT 21, 2015

WARD 1 (mp)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

New application for a privilege license for Coffee House Holdings, Inc. dba Starbucks # 8371 for the sale of beer and wine (retail pouring). Coffee House Holdings, Inc. is the owner and Joseph George Del Savio is the agent applicant.

SUMMARY:

Joseph George Del Savio as the registered agent for Coffee House Holdings, Inc. dba Starbucks # 8371 requests a privilege license for the sale of beer and wine (retail pouring) at 2689 Cobb Parkway.

BACKGROUND:

Joseph George Del Savio will be the registered agent, responsible for the sale of alcohol at the referenced location. Joseph George Del Savio 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. Joseph George Del Savio 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 privilege license for the sale of beer and wine (retail pouring) for Coffee House Holdings, Inc. dba Starbucks # 8371 with Joseph George Del Savio 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 ☐
WHOLESALE ☐
PKG. BEER/WINE ☐
PKG. DIST. SPIRITS ☐
RETAIL POURING ☐
Restaurant ☐
Package Store ☐
Dancing/Live Ent. ☐
Private ☐
Other ☐

BEER:

NEW ☐
RENEWAL ☐
TRANSFER ☐
MANUFACTURER ☐
WHOLESALE ☐
PKG. BEER/WINE ☐
PKG. DIST. SPIRITS ☐
RETAIL POURING ☐
Restaurant ☐
Package Store ☐
Dancing/Live Ent. ☐
Private ☐
Other ☐

WINE:

NEW ☐
RENEWAL ☐
TRANSFER ☐
MANUFACTURER ☐
WHOLESALE ☐
PKG. BEER/WINE ☐
PKG. DIST. SPIRITS ☐
RETAIL POURING ☐
Restaurant ☐
Package Store ☐
Dancing/Live Ent. ☐
Private ☐
Other ☐

1. Legal Name of Business Coffee House Holdings, Inc.

Operating name of the Business Starbucks #8371

Is the Business a: ☐ proprietorship ☐ partnership ☒ corporation ☐ foreign

2. Location 2680 Cobb Pkwy., Smyrna, GA 30080 Phone 770.955.0337

3. Is business within the designated distance of any of the following?

PACKAGE DISTILLED SPIRITS

		YES	NO
SCHOOL	600 FEET	<input type="radio"/>	<input type="radio"/>

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE	300 FEET	<input type="radio"/>	<input type="radio"/>
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POURING DISTILLED SPIRITS

SCHOOL	600 FEET	<input type="radio"/>	<input type="radio"/>
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CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE	200 FEET	<input type="radio"/>	<input type="radio"/>
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[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

PACKAGE WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="radio"/>	<input type="radio"/>
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CHURCH/PARK/PUBLIC BUILDING/

LIBRARY	300 FEET	<input type="radio"/>	<input type="radio"/>
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[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]

POURING WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
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CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE	200 FEET	<input type="radio"/>	<input checked="" type="radio"/>
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[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full name of Owner Coffee House Holdings, Inc.

~~If a sole proprietor, will you manage the business full time on the premises?~~

~~☐ 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 present address _____~~

~~Drivers License Number and State _____~~

~~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.~~

~~If a corporation, provide corporate address, phone number & name of Chief Executive Officer _____~~

Attn: Mailstop S-TAX2 License Services, P.O. Box 34442, Seattle, WA 98124-1442 - 206.318.8705

Clarice J. Turner

Federal Tax ID # State of Incorporation Washington 4/15/09

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 _____

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) Joseph George Del Savio

Social Security Number Date of Birth

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

Current Address 362 Wellington Point Drive City/State Lawrenceville, GA Zip 30043

Home Telephone Number of years at present address 10 years

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

Previous address 2531 Carey Court, Lawrenceville, GA 30043

Number of years at previous address 7 Drivers License Number and State

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

Starbucks - Personnel Director - October 1996 - Present

Manager's employment date with owner October 1996

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 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 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 n/a

(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 _____ Amount Paid _____

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.

Square footage - Lease - \$5,543.75 per month

Robert L. Mencke - Piedmont Kupp Partners L.P., 3400 Carlisle, Suite 445, Dallas, TX 75204

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

8. How is the proposed location zoned? Commercial

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..

n/a

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

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.

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BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
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GEORGIA, COBB COUNTY

I, Joseph George Del Savio, 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)

 - Personnel Director

Signature and title of person other than Owner completing this application

Phone Number: Work: 404.915.5856

Home: 


Signature of Managing Applicant (type name before signing)

 - Consultant

Signature and title of person other than Applicant completing this application

Phone Number: Work: 678.336.7207

Home: 

Sworn to and subscribed before me

This 23RD day of JULY 20 15.


Notary Public

Notary Public, Fulton County, Georgia
My Commission Expires November 10, 2015

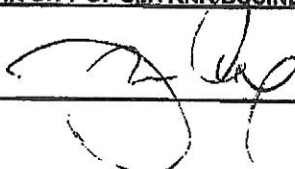
FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

MARIA RIVERA

Date

8/7/15

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:



Date

7/28/15

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for a(n) Alcohol License
[business license, occupational tax certificate, or other document required to operate a business]
as referenced in O.C.G.A. § 36-60-6(d), from City of Smyrna
[name of county or municipal corporation], the undersigned applicant representing the private
employer known as Coffee House Holdings, Inc. d/b/a Starbucks #8371 [printed name of
private employer] verifies one of the following with respect to my application for the above
mentioned document:

1. Only fill out this section if the current date is on or before June 30, 2013. Select Only One.
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. If the employer selected 1(a) please fill out Section 3 below.
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.
2. Only fill out this section if the current date is on or after July 1, 2013. Select Only One.
 - (a) X On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. If the employer selected 2(a) please fill out Section 3 below.
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.
3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

63640
Federal Work Authorization User Identification Number

1/2/2008
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the 23rd date of JULY, 2015 in ATLANTA (city), GA (state)


Signature of Authorized Officer or Agent

Joseph George Del Savio
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 23rd DAY OF JULY, 2015.


NOTARY PUBLIC

My Commission Expires:

Notary Public Fulton County, Georgia
My Commission Expires November 13, 2015

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Joseph Del Savio
Coffee House Holdings, Inc.
d/b/a Starbucks



EVINDI

INCORPORATED

For satisfactory completion of Evindi, Inc.'s

Responsible Alcohol Sales & Service Workshop (3 hrs.)

Michelle L. Stumpe
Michelle L. Stumpe, President of Evindi, Inc.

7/21/2015
Date

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.

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Phone (678) 631-5321 Fax (770) 431-2814
Web site: www.ci.smyrna.ga.us

1. Legal Name of Business: Coffee House Holdings, Inc. d/b/a Starbucks #8371
2. Location: 2680 Cobb Pkwy, Smyrna GA 30080 Phone: 770.955.0337
3. Name of Applicant: Joseph George Del Savio

CERTIFICATION BY BUILDING INSPECTOR

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



Chief Building Inspector

Date 8/25/15

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.



Fire Marshal

Date 8-24-15

CERTIFICATION BY TAX CLERK

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



Tax Clerk

Date 8/24/15



CITY OF SMYRNA

2800 King Street / P.O. Box 1226, Smyrna, Georgia 30081
(770) 434-6600 / www.smyrnacity.com

Date: August 25, 2015

To: Ken Suddreth, City Administrator

From: Ken Suddreth, Community Development Director
Robin Broyles, Chief Building Official

Subject: Application for New Alcoholic Beverage License

Applicant: **Joseph George Del Savio**

Business: **Starbucks #8371**

This applicant, **Joseph George Del Savio** has submitted with the business license office to have a new alcoholic beverage license issued to **Starbucks #8371**

The proposed location has been checked and no building code violations exist at this time. Also, the proposed location has adequate parking.

CC: Terri Graham, City Clerk

Jim Cox, Business License

File

			MAYOR A. MAX BACON				
CITY COUNCIL	WARD 1 MELLENY PRITCHETT	WARD 2 ANDREA BLUSTEIN	WARD 3 TERI ANULEWICZ	WARD 4 CHARLES A. WELCH	WARD 5 SUSAN WILKINSON	WARD 6 WADE LLENICKA	WARD 7 RON FENNEL
	INTERIM CITY ADMINISTRATOR TONI JO HOWARD		CITY CLERK TERRI GRAHAM	CITY ATTORNEY SCOTT A. COCHRAN	MUNICIPAL COURT JUDGE E. ALTON CURTIS, JR.		

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 08/24/2015 MAYOR AND COUNCIL: 09/21/2015

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

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: COFFEE HOUSE HOLDINGS INC
dba STARBUCKS #8371

PLACE OF BUSINESS: 2680 COBB PARKWAY
SMYRNA, GA 30080

AGENT: JOSEPH GEORGE DEL SAVIO

HOME ADDRESS: 362 WELLINGTON POINT DRIVE
LAWRENCEVILLE, GA 30043

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 8/7/15 RECEIVED 8/14/15

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: SEPT. 11 AND SEPT. 18, 2015

COMMENTS: ALL TAXES PAID



David M. Lee
Chief of Police

**CITY OF SMYRNA POLICE
DEPARTMENT**

2646 Atlanta Rd SE
Smyrna, GA 30080

770-434-9481
www.smyrnacitypolice.com



Robert Harvey
Deputy Chief

Date: August 14, 2015

To: Interim City Administrator

From: David Lee, Chief of Police

Lt. Rick James, Office of Professional Standards

Subject: Application for Alcoholic Beverage License

Applicant: Joseph George Del Savio

This applicant, Mr. Joseph George Del Savio, is the regional manager of the business listed below and has submitted an application with the business license office to obtain an alcoholic beverage license issued to 2680 Cobb Pkwy Smyrna, GA 30080.

The business name is Starbucks #8371.

The business is incorporated under the name Coffee House Holdings, Inc.

A criminal history was conducted on this applicant. There is nothing in his criminal history 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

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) X I am a United States Citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

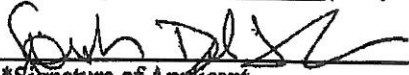
The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

Passport

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the 23rd day of JULY, 2015 in ATLANTA (city), GA (state).


*Signature of Applicant

Joseph George Del Savio
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

23rd DAY OF JULY, 2015


NOTARY PUBLIC

My Commission Expires:

Notary Public, Georgia
My Commission Expires November 13, 2015

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*