

**MEETING OF NOVEMBER 21, 2016**

**WARD** 6 (ds)

**ITEM NUMBER** \_\_\_\_\_

**\$ IMPACT** \_\_\_\_\_

**ISSUE:**

New application for privilege license for Chris' Caribbean Bistro Inc. dba Chris' Caribbean Bistro for the sale of beer, wine, and liquor (retail pouring). Chris' Caribbean Bistro Inc. is the owner and Christopher Orlando Guy Campbell is the agent applicant.

**SUMMARY:**

Christopher Orlando Guy Campbell as the registered agent for Chris' Caribbean Bistro Inc. dba Chris' Caribbean Bistro requests a privilege license for the sale of beer, wine, and liquor (retail pouring) at 4479 South Cobb Drive.

**BACKGROUND:**

Christopher Orlando Guy Campbell will be the registered agent, responsible for the sale of alcohol at the referenced location. Christopher Orlando Guy Campbell 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. Christopher Orlando Guy Campbell 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, wine, and liquor (retail pouring) for Chris' Caribbean Bistro Inc. dba Chris' Caribbean Bistro with Christopher Orlando Guy Campbell 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](http://www.smyrnacity.com)**

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS.

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

**LIQUOR:**

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

**BEER:**

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

**WINE:**

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

1. Legal Name of Business Chris' Caribbean Bistro, Inc.  
 Operating name of the Business Chris' Caribbean Bistro  
 Is the Business a:  proprietorship  partnership  corporation  foreign

2. Location 4479 South Cobb Drive Phone (404) 915-4206

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

		YES	NO
<b>PACKAGE DISTILLED SPIRITS</b>			
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"/>
<b>POURING DISTILLED SPIRITS</b>			
SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="radio"/>	<input checked="" type="radio"/>
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]			
<b>PACKAGE WINE, MALT BEVERAGE</b>			
SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input type="radio"/>	<input checked="" type="radio"/>
[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]			
<b>POURING WINE, MALT BEVERAGE</b>			
SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="radio"/>	<input checked="" type="radio"/>
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]			

4046953771  
 John Francis Francis

4. Full name of Owner Christopher Orlando Guy Campbell and Ann-Marie Elizabeth Campbell (husband and wife)

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

Social Security Number [REDACTED] Date of Birth 11/05/1963

Are you a Citizen of the United States?  Yes  No Birthplace St. Mary, Jamaica

Current Address 5301 Whitehaven Park Lane City/State Mableton, GA Zip 30126

Home Telephone [REDACTED] Number of years at present address 15

Drivers License Number and State [REDACTED] GA (Christopher) and [REDACTED] A (Ann-Marie)

What has been your occupation for the past five (5) years? Give detailed list Home Depot Executive Vice President since 1985 (Ann-Marie Campbell)  
All Pro Caterers and Kitchen 3.2012 thru 7.2014 (Christopher Campbell)

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 CEO Christopher Campbell  
Chris' Caribbean Bistro, Inc.

5301 Whitehaven Park Lane Mableton, GA 30126 Phone Number: 404-915-4206

Federal Tax ID # 81-2274715 State of Incorporation GA

Is this a new business in Smyrna?  Yes  No If yes, date business will begin in Smyrna 01/01/2017

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) Christopher Orlando Guy Campbell

Social Security Number [REDACTED] Date of Birth 11/05/1963

Are you a Citizen of the United States?  Yes  No Birthplace St. Mary Jamaica

Current Address 5301 Whitehaven Park Lane City/State Mableton GA Zip 30126

Home Telephone [REDACTED] Number of years at present address 15

Do you reside in Cobb County?  Yes  No If yes, how long 15

Previous address \_\_\_\_\_

Number of years at previous address \_\_\_\_\_ Drivers License Number and State \_\_\_\_\_

What has been your occupation for the past five (5) years? Give detailed list Owner All Pros Catering and Kitchen 3.2012 thru 7.2014

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 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 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 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 (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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

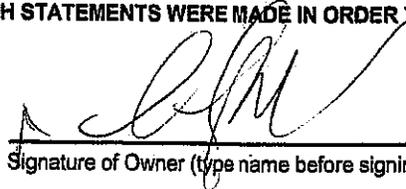
14. Are you familiar with the City of Smyrna ordinances and state and federal laws and regulations governing the operation of this type of business?  Yes  No

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.

**CITY OF SMYRNA  
BUSINESS LICENSE DEPARTMENT  
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE  
Phone (678) 631-5321 Fax (770) 431-2814  
Web site: [www.smyrnacity.com](http://www.smyrnacity.com)**

GEORGIA, COBB COUNTY

I, Christopher Orlando Campbell, 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.

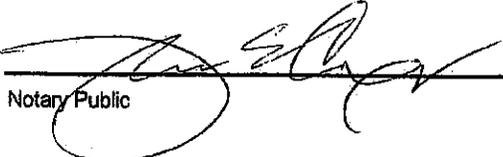
  
\_\_\_\_\_  
Signature of Owner (type name before signing)

\_\_\_\_\_  
Signature and title of person other than Owner completing this application  
Phone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

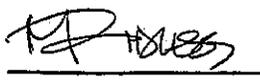
\_\_\_\_\_  
Signature of Managing Applicant (type name before signing)

\_\_\_\_\_  
Signature and title of person other than Applicant completing this application  
Phone Number: Work: \_\_\_\_\_ Home: \_\_\_\_\_

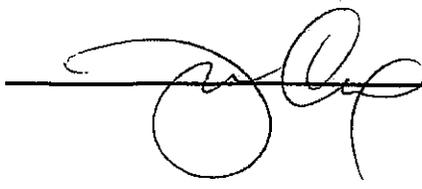
Sworn to and subscribed before me  
This 11 day of Oct 20 16

  
\_\_\_\_\_  
Notary Public

**FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:**

 \_\_\_\_\_ Date Oct 17 2016

**RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:**

 \_\_\_\_\_ Date 10/11/16



# CITY OF SMYRNA

Community Development  
3180 Atlanta Road, Smyrna Georgia 30080  
(770) 319-5387 / www.smyrnacity.com

Date: November 2, 2016

To: Mike Jones, City Administrator

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

Subject: Application for New Alcoholic Beverage License

Applicant: **Christopher Orlando Campbell**

Business: **Chris' Caribbean Bistro, Inc.**

This applicant, **Christopher Orlando Campbell**, has submitted with the business license office to have a new alcoholic beverage license issued to **Chris' Caribbean Bistro, Inc.**

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  
DEREK NORTON

WARD 2  
ANDREA BLUSTEIN

WARD 3  
TERI ANULEWICZ

WARD 4  
CHARLES A. WELCH  
CITY ATTORNEY  
SCOTT A. COCHRAN

WARD 5  
SUSAN WILKINSON

WARD 6  
DOUG STONER

WARD 7  
RON FENNEL

CITY ADMINISTRATOR  
MICHAEL L. JONES, PE.

CITY CLERK  
TERRI GRAHAM

MUNICIPAL COURT JUDGE  
E. ALTON CURTIS, JR.

**CITY OF SMYRNA**  
**BUSINESS LICENSE DEPARTMENT**  
**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**  
Phone (678) 631-5321 Fax (770) 431-2814  
Web site: www.ci.smyrna.ga.us

1. Legal Name of Business: Chris' Caribbean Bistro, Inc.
  
2. Location: 4479 South Cobb Drive Phone: (404) 915-4206
  
3. Name of Applicant: Christopher Orlando Campbell

**CERTIFICATION BY BUILDING INSPECTOR**

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



Date 11/2/16

Chief Building Inspector

**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.



Date 11/2/16

Fire Marshal

**CERTIFICATION BY TAX CLERK**

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



Date 11/1/16

Tax Clerk



"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: October 19, 2016

To: Michael Jones, City Administrator

From: David Lee, Chief of Police

Lt. Rick James, Office of Professional Standards

Subject: Application for Alcoholic Beverage License

Applicant: Christopher Orlando Guy Campbell

This applicant, **Mr. Christopher Campbell**, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcoholic beverage license issued to **4479 South Cobb Drive Ste. 1500 Smyrna, GA 30080**.

The business name is **Chris' Caribbean Bistro**.

The business is incorporated under the name **Chris' Caribbean Bistro, Inc.**

A criminal history was conducted on this applicant, and there was 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

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 11/01/2016 MAYOR AND COUNCIL: 11/21/2016

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

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: CHRIS' CARIBBEAN BISTRO INC.

dba CHRIS' CARIBBEAN BISTRO

PLACE OF BUSINESS: 4479 SOUTH COBB DRIVE

SMYRNA, GA 30080

AGENT: CHRISTOPHER ORLANDO GUY CAMPBELL

HOME ADDRESS: 5301 WHITEHAVEN LANE

MABLETON, GA 30126

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 10/17/16 RECEIVED 10/19/16

RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD  
PRECLUDE ISSUANCE OF THIS LICENSE

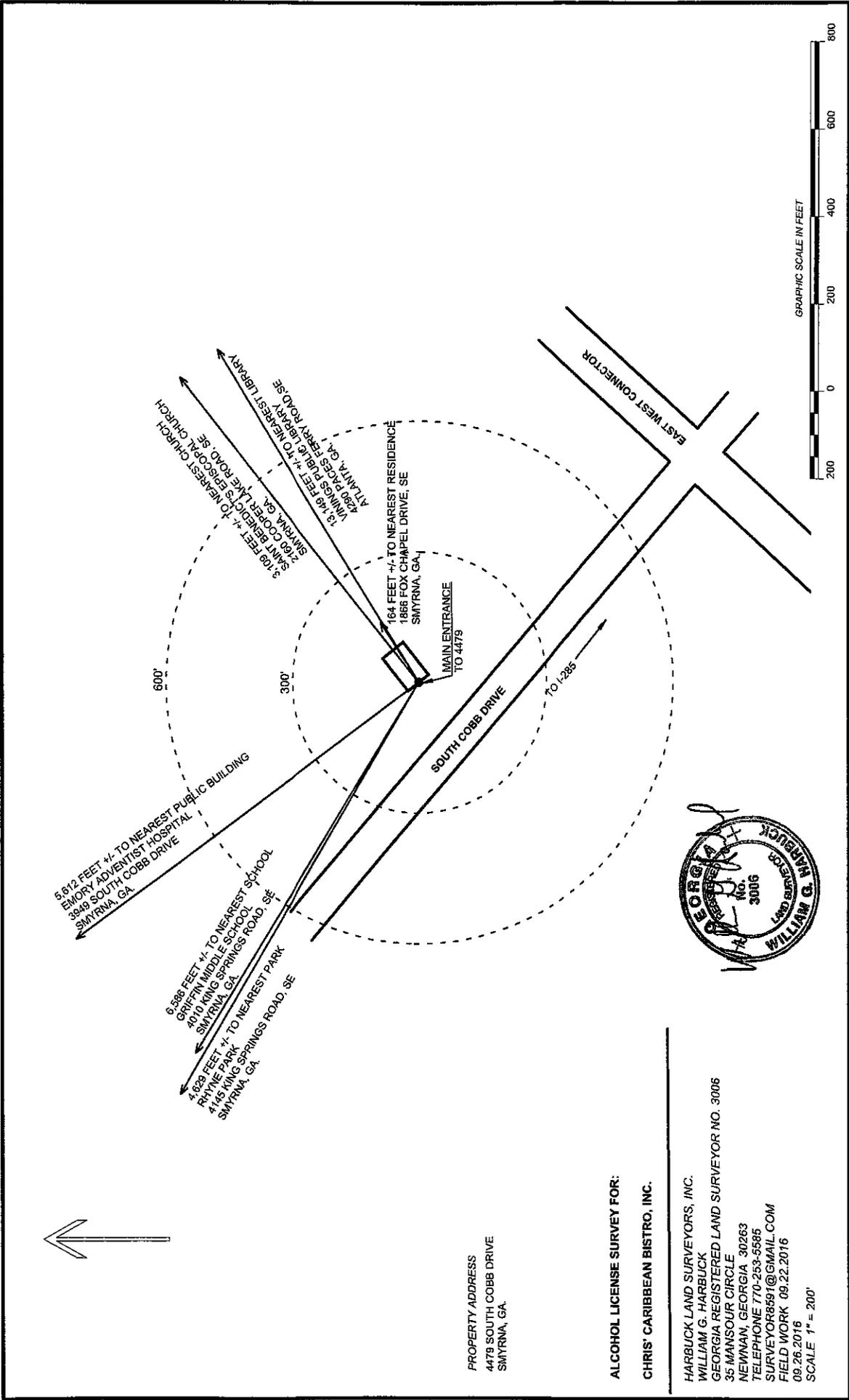
TYPE OF BUILDING MASONRY

DISTANCE MET: SCHOOL YES CHURCH YES LIBRARY YES PARK YES

MAP FURNISHED: YES

ADVERTISED: 11/11/16 & 11/18/16

COMMENTS: ALL TAXES PAID



PROPERTY ADDRESS  
 4479 SOUTH COBB DRIVE  
 SMYRNA, GA.

ALCOHOL LICENSE SURVEY FOR:

CHRIS' CARIBBEAN BISTRO, INC.

HARBUCK LAND SURVEYORS, INC.  
 WILLIAM G. HARBUCK  
 GEORGIA REGISTERED LAND SURVEYOR NO. 3006  
 35 MANSOUR CIRCLE  
 NEWNAN, GEORGIA 30263  
 TELEPHONE 770-253-5585  
 SURVEYOR8591@GMAIL.COM  
 FIELD WORK 09.22.2016  
 09.26.2016  
 SCALE 1" = 200'



GRAPHIC SCALE IN FEET



**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.**

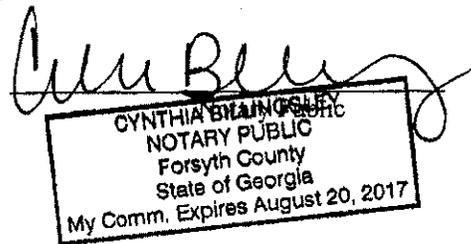
[Signature]                      Top Director                      5-8-15  
Signature    Title    Date

(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 Steve Hampton 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 8 day of May, 2015

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 Chris' Caribbean Bistro Inc. dba Chris' Caribbean Bistro located at 4479 South Cobb Drive, Smyrna, Georgia, requesting privilege licenses for the sale of beer, wine, and liquor (retail pouring). This application will be heard before the Mayor & Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on November 21, 2016 at 7:00 p.m. All concerned persons are hereby notified.

**Christopher Orlando Guy Campbell**  
Licensee

Chris' Caribbean Bistro Inc.  
Dba Chris' Caribbean Bistro  
4479 South Cobb Drive  
Smyrna, Georgia 30080

Ads to Run November 11, 201 and November 18, 2016

**CITY OF SMYRNA**  
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3. Name of Applicant: Christopher Orlando Campbell

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\_\_\_\_\_  
Date \_\_\_\_\_

Chief Building Inspector

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\_\_\_\_\_  
Date \_\_\_\_\_

Fire Marshal

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

\_\_\_\_\_  
Date \_\_\_\_\_

Tax Clerk