

3672

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 Nadia, LLC

Operating name of the Business 5 Points Food Store

Is the Business a: ☐ proprietorship ☐ partnership ☐ corporation ☐ foreign (LLC)

2. Location 1649 Roswell Street SE, Smyrna, GA 30080

Phone (770) 435-2278

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

PACKAGE DISTILLED SPIRITS N/A

SCHOOL 600 FEET

YES

☐

NO

☐

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE 300 FEET

☐☐**POURING DISTILLED SPIRITS N/A**

SCHOOL 600 FEET

☐☐

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE 200 FEET

☐☐

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

PACKAGE WINE, MALT BEVERAGE

SCHOOL 600 FEET

☐☒

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY 300 FEET

☐☒

[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]

POURING WINE, MALT BEVERAGE N/A

SCHOOL 600 FEET

☐☐

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE 200 FEET

☐☐

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full name of Owner Nadia, LLC

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

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. N/A

If a corporation, provide corporate address, phone number & name of Chief Executive Officer 1649 Roswell Street SE, Smyrna, GA 30080;
(770) 435-2278; Goutam Debnath

Federal Tax ID # 82-2134294 State of Incorporation Georgia

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) Goutam Debnath

Social Security Number [REDACTED] Date of Birth 03/16/19[REDACTED]

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

Current Address 587 McCart Road City/State Lawrenceville, GA Zip 30045

Home Telephone [REDACTED] Number of years at present address 3 months

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

Previous address 218 Reserve Court, Decatur, GA 30033

Number of years at previous address 2 Drivers License Number and State GA [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list Owner - 5 Points Food Store; Manager - Circle K

Manager's employment date with owner Since inception

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 are 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.

\$5,500.00 per month, including real property tax and utilities paid to landlord, Sam & Samita, LLC

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

8. How is the proposed location zoned? GC

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.

N/A

11. Have you, your spouse, partner or stockholder any financial interest in the wholesale liquor business? ☐ Yes ☒ No
If yes, give details.

N/A

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

G.D.

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**

GEORGIA, COBB COUNTY

I, Goutam Debnath, 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.

Goutam Debnath
Signature of Owner (type name before signing)

Dana M. Resnick, Esq.
Sard & Leff, LLC

Dana M. Resnick/VAD

Signature and title of person other than Owner completing this application

Phone Number: Work: (770) 644-0800

Home: _____

Goutam Debnath
Signature of Managing Applicant (type name before signing)

Dana M. Resnick, Esq.
Sard & Leff, LLC

Dana M. Resnick/VAD

Signature and title of person other than Applicant completing this application

Phone Number: Work: (770) 644-0800

Home: _____

Sworn to and subscribed before me

This 8 day of January 2020.

V. A. Davis

Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date _____

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Keef Moon

Date 3/17/2020



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 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.

Goutam Debnath
Signature

03/12/2020
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 Goutam Debnath 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 12 day of March, 2020

V. A. Davis
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.

GEORGIA
DRIVER'S LICENSE

Governor: *B. Perdue*

Commissioner: *Spencer L. Moore*

DL 

4d DL NO. [REDACTED] 3 DOB 03/16/1982
9 CLASS C 4b EXP 03/16/2028
2 GOUTAM
1 DEBNATH

8 1287 S PONCE DE LEON AVE NE
ATLANTA, GA 30306-4601
DEKALB

12 REST A
9a END NONE
4a ISS 11/21/2019
15 SEX M 18 EYES BLK
16 HGT 5'-07" 17 WGT 148 lb 03/16/1982

Reason for

5 DD 400038052300031962

01/02/2019
www.dds.georgia.gov



100000727725

MEDICAL INFORMATION: NONE

CLASS: C-≤ 26,000 lbs. GVWR and Trailer ≤ 10,000 lbs. All recreational vehicles included

ENDORSEMENTS: NONE

RESTRICTIONS: A-None

DOB: 03/16/1982

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, Brian P. Kemp, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

NADIA LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **07/05/2017** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on 07/10/2017



Brian P. Kemp
Secretary of State

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 7/5/2017 2:23:22 PM

BUSINESS INFORMATION

CONTROL NUMBER 17073824
BUSINESS NAME NADIA LLC
BUSINESS TYPE Domestic Limited Liability Company
EFFECTIVE DATE 07/05/2017

PRINCIPAL OFFICE ADDRESS

ADDRESS 516 REMINGTON LN, DECATUR, GA, 30030, USA

REGISTERED AGENT'S NAME AND ADDRESS

NAME	ADDRESS
GOUTAM DEBNATH	516 REMINGTON LN, Dekalb, DECATUR, GA, 30030, USA

ORGANIZER(S)

NAME	TITLE	ADDRESS
GOUTAM DEBNATH	ORGANIZER	516 REMINGTON LN, DECATUR, GA, 30030, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	GOUTAM DEBNATH
AUTHORIZER TITLE	Organizer