

**MEETING OF**   FEB 17, 2014  

**WARD**       1 (mp)      

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

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

**ISSUE:**

New application for New Sam 's Inc. dba Family Grocery for the sale of beer and wine (retail package). New Sam's Inc is the new owner and Sharon Louise Farquharson is new agent applicant.

**SUMMARY:**

Sharon Louise Farquharson as the registered agent for New Sam 's Inc. dba Family Grocery requests a privilege license for the sale of beer and wine (retail package) at 2640 Herodian Way.

**BACKGROUND:**

Sharon Louise Farquharson will be the registered agent, responsible for the sale of alcohol, at the referenced location. Sharon Louise Farquharson 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. Sharon Louise Farquharson 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 (retail package) to New Sam 's Inc. dba Family Grocery with Sharon Louise Farquharson as the registered agent.

2014-02

**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 NEW SAM'S INC.

Operating name of the Business FAMILY GROCERY

Is the Business a:  proprietorship  partnership  corporation  foreign

2. Location 2640 HERODIAN WAY SE. SMYRNA GA 30080 Phone 404-553-3409

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]			

4: Full name of Owner SHARON LOUISE FARQUHARSON

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

Social Security Number [REDACTED] Date of Birth 07/09/1973

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

Current Address 7998 FLANDERS CT City/State JONESBORO GA Zip 30238

Home Telephone \_\_\_\_\_ Number of years at present address 2 YEARS

Drivers License Number and State [REDACTED]

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

EXPORT/IMPORT

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 2640 HERODIAN WAY SE,  
SMYRNA GA 30080

Federal Tax ID # 20151602733 State of Incorporation GA

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)

Social Security Number [REDACTED] Date of Birth 07/09/1973

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

Current Address 7998 FLENDERS CT City/State JONESBORO GA Zip 30238

Home Telephone \_\_\_\_\_ Number of years at present address 2 YEARS

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

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

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

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

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 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.

OCT 1 2013 TO DEC 31 2013 NO RENT, JAN 01 2014 TO SEP 30 2016 \$2000 PER MONTH, OCT 1 2016 TO SEPT 30 2018 \$2000 PER MONTH

PAID TO BILLY BANCROFT BAIN JR. & SU WON BAIN (LANDLORD)

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

8. How is the proposed location zoned? \_\_\_\_\_

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.

---

NOT APPLICABLE

---

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

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, SHARON LOUISE FARQUHARSON, 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.

SHARON LOUISE FARQUHARSON

82 # [REDACTED]

Signature of Owner (type name before signing)

*Sharon Farquharson*

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 8 day of NOVEMBER

*Michael D. Christ*  
Notary Public



**FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:**

*MARLA GIBBER*

Date

1/2/14

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

*[Signature]* 11/13/13

Date

**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: NEW SAM'S INC
2. Location: 2640 HERODIAN WAY SE, SMYRNA GA 30080 Phone: [REDACTED]
3. Name of Applicant: SHARON LOUISE FARQUHARSON

**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 1/16/14

**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

1/16/14

**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

per Aurie Hickenbottom  
paid in full on 11/6/13

Date



# CITY OF SMYRNA

3180 Atlanta Road, Smyrna, Georgia 30080

(770) 319-5387 / www.smyrnacity.com

Date: January 16, 2014

To: Eric Taylor, City Administrator

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

Subject: Application for New Alcoholic Beverage License

Applicant: **Sharon Louise Farquharson**

Business: **New Sam's, Inc.**

This applicant, **Sharon Louise Farquharson**, has submitted with the business license office to have a new alcoholic beverage license issued to **New Sam's, 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

---

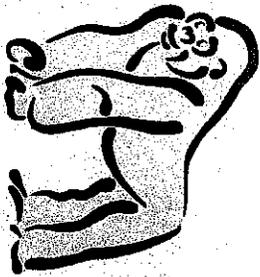
MAYOR  
A. MAX BACON

CITY COUNCIL	WARD 1 MELLENY PRITCHETT	WARD 2 ANDREA BLUSTEIN	WARD 3 TERI ANULEWICZ	WARD 4 CHARLES A. WELCH	WARD 5 SUSAN WILKINSON	WARD 6 WADE LENENICKA	WARD 7 RON FENNEL
	CITY ADMINISTRATOR ERIC TAYLOR		CITY CLERK SUSAN D. HIOTT, M.M.C	CITY ATTORNEY SCOTT A. COCHRAN	MUNICIPAL COURT JUDGE E. ALTON CURTIS, JR.		

# CERTIFICATE OF ATTENDANCE

This certificate is awarded to

*Farguherson, Sharon*  
*Fabuly Grocery*  
*(New Dan's, Inc.)*



## EVIINDI

INCORPORATED

For satisfactory completion of Evindi, Inc.'s

Responsible Alcohol Sales & Service Workshop (3 hrs.)

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

*Nov. 16, 2013*  
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.

# CERTIFICATE OF ATTENDANCE

This certificate is awarded to

*Merchant, Malik  
Samuel Grocery  
(New Spain's, Inc.)*



## EVINDI

INCORPORATED

For satisfactory completion of Evindi, Inc.'s

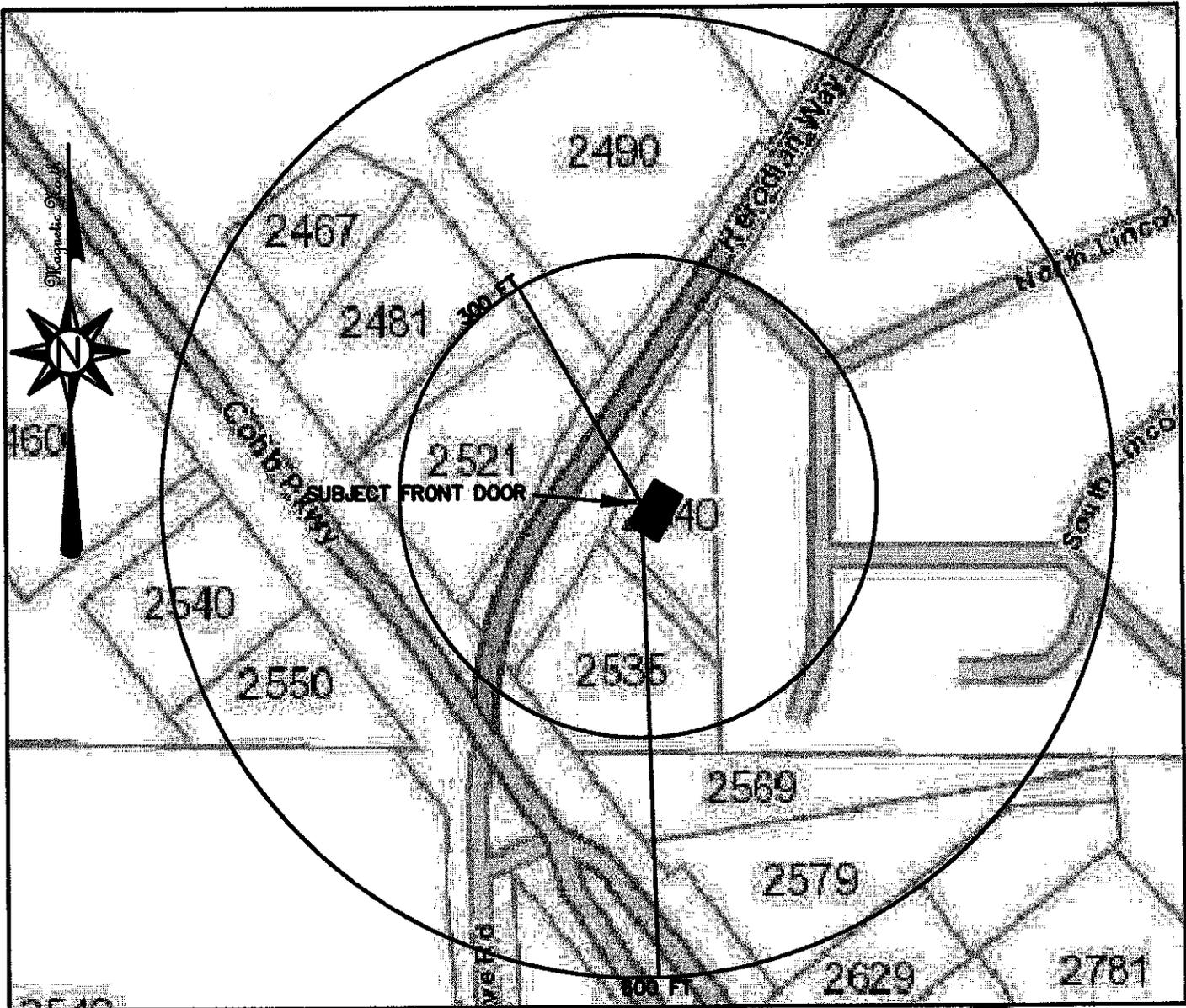
Responsible Alcohol Sales & Service Workshop (3 hrs.)

*Michelle Stumppe*  
\_\_\_\_\_  
Michelle L. Stumppe, President of Evindi, Inc.

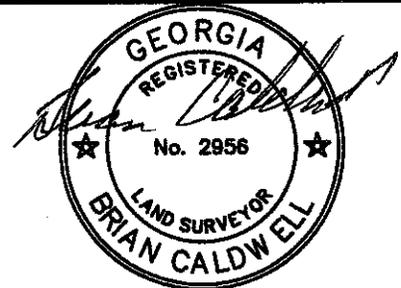
Date 12/16/2013

This workshop has been approved to satisfy the following alcohol ordinance requirements:  
Cobb County; City of Kennewaw; 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.



I BRIAN CALDWELL CERTIFY THAT THE DISTANCES BELOW WERE MEASURED RADIALLY ACCORDING TO SMYRNA CODE SECTION 6-118 FROM THE FRONT DOOR OF SUBJECT TO THE NEAREST PROPERTY LINE OF:  
 SCHOOL OR COLLEGE-5808 FT TO ARGYLE ELEMENTARY SCHOOL  
 PUBLIC LIBRARY- 4.1 MILE, SMYRNA PUBLIC LIBRARY  
 CHURCH-26744 FT, CATHOLIC CHURCH AT 2401 LAKE PARK DRIVE  
 PUBLIC PARK- 5,467 FT, JONQUIL PARK  
 RESIDENCE- NONE WITHIN 600 FT



SHEET	OF
1	1

DATE OF SITE VISIT:  
10-03-2013  
JOB#Herodlan2640  
DRAWN BY BC

DISTANCE SURVEY FOR  
**Family Grocery**  
 ADDRESS  
**2640 Herodlan Way**  
**Smyrna, GA 30080**  
 CITY OF SMYRNA  
 COBB COUNTY, GEORGIA

**COMPASS**  
 SURVEYING  
 9337 Meadow Gate Lane  
 Jonesboro, Georgia 30236  
 Tel 404-550-9512  
 BCaldwell@CompassSurveying.com

THIS DISTANCE SURVEY IS TO ACCOMPANY AN APPLICATION FOR AN ALCOHOL PERMIT ONLY  
 NOT TRANSFER OF TITLE OR OWNERSHIP

CITY OF SMYRNA  
PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 02/03/2014 AGENDA: \_\_\_\_\_ COUNCIL: 02/17/2014

TYPE OF LICENSE REQUESTED: BEER and WINE (RETAIL PACKAGE)

NEW APPLICATION: YES OWNERSHIP NEW AGENT NEW

NAME OF BUSINESS: NEW SAM'S INC.  
dba FAMILY GROCERY

PLACE OF BUSINESS: 2640 HERODIAN WAY SE  
SMYRNA, GEORGIA 30080

AGENT: SHARON LOUISE FARQUHARSON

HOME ADDRESS: 7998 FLANDERS CT  
JONESBORO, GA 30238

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 11/13/13 DATE RECEIVED 1/03/14

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

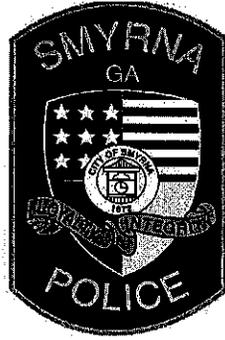
MAP FURNISHED: SURVEY ATTACHED

ADVERTISED: 02/07/14 & 02/14/12

COMMENTS: NONE

**David Lee**  
Chief of Police

**Michael L. Brown**  
Deputy Chief of Police



2646 Atlanta Road  
Smyrna, Ga. 30080  
(770) 434-9481  
[www.ci.smyrna.ga.us](http://www.ci.smyrna.ga.us)

Date: January 03, 2014

To: Eric Taylor, City Administrator

From: David Lee, Chief of Police

Lt. Terry McCormick, Office of Professional Standards

Subject: Application for Alcoholic Beverage License

Applicant: Mrs. Sharon Louise Farquharson

This applicant, Mrs. Elizabeth Romero, 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 **2640 Herodian Way Smyrna Ga. 30080.**

The business name is **Family Grocery**

The business is incorporated under the name **New Sam's Inc.**

A criminal history was conducted on this applicant and there is nothing in her criminal history that would prohibit her from holding the license as long as she meets all the other requirements of the ordinances that regulate this type of business.

CC: Terri Graham, City Clerk

Jim Cox, Business License

File

# STATE OF GEORGIA

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

## CERTIFICATE OF INCORPORATION

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

**New Sam's Inc**  
a Domestic For-Profit Corporation

is hereby issued a CERTIFICATE OF INCORPORATION under the laws of the State of Georgia on **October 28, 2013** by the filing of all documents in the Office of the Secretary of State and by the paying of all 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 October 30, 2013



A handwritten signature in black ink, appearing to read "B. P. Kemp".

Brian P. Kemp  
Secretary of State

## Articles of Incorporation

**The Name of the Corporation:**

New Sam's Inc

**The Principal Place of Business:**

2640 Herodian Way SE  
Smyrna, Georgia 30080

**Registered Agent's Name and Address:**

Sharon Farquharson  
7998 Flanders Ct  
Jonesboro, Georgia 30238-2114, Clayton County

**Effective Date:** October 28, 2013

**Optional Provisions:**

**Shares:**

1000

**Incorporators:**

Sharon Farquharson  
7998 Flanders Ct  
Jonesboro, Georgia 30238-2114

**IN WITNESS WHEREOF**, the undersigned has executed these Articles of Incorporation on the date set forth below:

**Signed by:** Sharon Farquharson  
**Incorporator**

**Date:** October 29, 2013

Date of this notice: 10-28-2013

Employer Identification Number:  
46-3966672

Form: SS-4

Number of this notice: CP 575 A

NEW SAMS INC  
% SHARON FARQUHARSON  
7998 FLANDERS CT  
JONESBORO, GA 30238

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 46-3966672. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 941	07/31/2014
Form 940	01/31/2015
Form 1120	03/15/2015

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

**IMPORTANT INFORMATION FOR S CORPORATION ELECTION:**

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic Federal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, *Electronic Choices to Pay All Your Federal Taxes*. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

The IRS is committed to helping all taxpayers comply with their tax filing obligations. If you need help completing your returns or meeting your tax obligations, Authorized e-file Providers, such as Reporting Agents (payroll service providers) are available to assist you. Visit the IRS Web site at [www.irs.gov](http://www.irs.gov) for a list of companies that offer IRS e-file for business products and services. The list provides addresses, telephone numbers, and links to their Web sites.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. **This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.** You may give a copy of this document to anyone asking for proof of your EIN.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is NEWS. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.





## Georgia Department of Revenue Online Business Registration Completed

**NoReply@dor.ga.gov** <NoReply@dor.ga.gov>  
To: batejani@gmail.com

Wed, Oct 30, 2013 at 2:36 PM

This is a notification that your new business registration has been completed. You are now a registered taxpayer in the state of Georgia and can now log into Georgia Tax Center to electronically file and pay for your accounts. Use the link below to start accessing your accounts online.

Business Name: NEW SAM'S INC

Your business' STI (State Tax ID) is: 20151602733

Your Sales & Use account number is: 308-331369

Your Withholding account number is: 3121647-ZA

Your account information will be mailed to you within five business days. This includes your Sales & Use certificate if you registered for Sales & Use Tax.

To get started with Georgia Tax Center, please click the link below. Your authorization code will be required the first time you log in. Your authorization code is 8FFPSW

Click here to login to GTC: <https://gtc.dor.ga.gov?p=408907072&q=PwWGW5UVk75yevzp6LCRhs4AnbgEvxTMiO6p40qOhx7GRxwMVIPsx8>

Once logged in, Georgia Tax Center will allow you to electronically file returns and make electronic payments for your accounts. You can also view all correspondence sent to your business, add or change location(if applicable) and mailing addresses, and view account balances.

For more information about GTC, please visit the official GTC information Web site at [www.gataxinfo.org](http://www.gataxinfo.org) for instructions on completing your return, submitting your payment, accessing tools such as our frequently asked questions and training videos. If you have any questions or concerns, please contact us at 1-877-GADOR11 (1-877-423-6711).

Thank You

Georgia Department of Revenue  
<https://etax.dor.ga.gov/>

RJ  
2/3

**CITY OF SMYRNA**  
**2800 KING STREET**  
**P. O. BOX 1226**  
**SMYRNA, GA 30081**  
**(678) 631-5321 or FAX # (770) 431-2814**

Name of Business: New Sam's Inc (dba) Family Grocery Phone: (404) 553-3409  
Business Address: 2640 herodian way se 646-258-7342 Malik  
Number/Street Suite #  
smyrna ga 30080  
City State Zip

Mailing Address: same as above  
Number/Street Suite #  
City State Zip

Applicant/Owner: Sharon Louise Farquharson Phone: (404) 553-3409

Check One:  Applicant  Owner Number of Employees: 1  
Residential Address of Applicant: 7998 Flanders Ct Jonesboro GA 30238  
Number/Street City State Zip

Federal Tax ID Number: 46-3966672 Social Security Number: 065-72-3917  
Driver's License Number: 054175789 Date of Birth: 07/09/1973

Check One:  Proprietorship  Partnership  Foreign  Corp-Domestic

Full Description of Business: Grocery store with convenience, including beer lottery cigarett  
phone cards

President: Sharon farquharson Vice President: \_\_\_\_\_

Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

**DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS:** \_\_\_\_\_

Will there be renovations of any kind, inside or outside the structure?  Yes  No

If yes, describe renovations: \_\_\_\_\_

Will the outside of the building be painted?  Yes  No If yes, colors must be muted earth tone.

I hereby affirm that I am a legal resident of the United States, and further acknowledge that periodically, the Smyrna Police Department will verify information contained in the license application. I further affirm that I will adhere to the provisions of the Immigration and Nationality Act, as amended, by verifying the identity and employment eligibility of all employees hired after November 6, 1986 and that I will complete and maintain Form I-9 for all employees as required by this act.

Sharon Louise Farquharson Nov 20 2013  
SIGNATURE OF APPLICANT DATE

\_\_\_\_\_  
FIRE MARSHAL BUILDING INSPECTOR SIGN MARSHAL GC

**\*\*\*Sign Permits are required when changing copy area on existing signs, installing new signs, and for displaying banner or other temporary signs. Please check with the Community Development Department before installing any signs or displaying temporary signs at (770) 319-5387.\*\*\***



APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for New Sam's Inc dba Family Grocery, 2640 Herodian Way, Smyrna, Georgia, requesting a privilege license for the sale of beer and wine (retail package). This application will be heard before the Mayor and Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on February , 2014 at 7:30 p.m. All concerned persons are hereby notified.

Sharon Louise Farquharson  
Licensee

New Sam's Inc.  
Family Grocery  
2640 Herodian Way.  
Smyrna, Georgia 30080

Ads to Run 1/24/14 and 1/31/14