

*This location previously licensed under Cost Plus World Market.
Will be considered an Agent Change.*

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

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 - Grocery Store ☒

WINE:

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

1. Legal Name of Business SF Markets, LLC

Operating Name of Business Sprouts Farmers Market #530

Is this Business a: ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Foreign ☒ Limited Liability Company

2. Location 2530 Cumberland Boulevard SE, Smyrna, GA 30080 Phone TBD

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

PACKAGE DISTILLED SPIRITS

SCHOOL 600 FEET
CHURCH/PARK/PUBLIC BUILDING/
LIBRARY/RESIDENCE 300 FEET

YES

NO

☐

☐

☐

☐

POURING DISTILLED SPIRITS

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]

**Exempt per City of
Smyrna Code of
Ordinances Section
6-118(e)**

POURING WINE, MALT BEVERAGE

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** SF Markets, LLC #31455

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 5455 E. High Street, Suite 111 City/State Phoenix, AZ Zip 85054

Home Telephone 480-814-8016 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.

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

5455 East High Street, Suite 111, Phoenix, AZ 85054, (480) 814-8016, Dan J. Sanders, COO

Federal Tax ID# _____ State of Incorporation Delaware

Is this a new business in Smyrna? ☒ Yes ☐ No If yes, date business will begin 11/17/2021

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. N/A

Has owner ever had an alcoholic beverage license revoked in Smyrna or another jurisdiction? ☐ Yes ☒ No

If yes, attach full details. N/A

5. **Full name of Manager (as Applicant)** Billy Charles Jones, II

Social Security Number ***-**-5442 Date of Birth _____

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

Current Address _____ City/State I Zip _____

Home Telephone _____ Email _____

Number of years at this address 7 Do you reside in Cobb County? ☐ Yes ☒ No If yes, how long N/A

Previous Address _____

Number of years at previous address 6 Driver's License Number and State _____

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

03/2004 - Present: Grocery Trainer/District Director

Manager's employment date with owner 03/2004

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
- 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 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
If there was an arrest, are the charges still pending? ☐ Yes ☐ No N/A
- 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 N/A Amount Paid N/A

If not, list the terms of the lease; including the way the rent is determined, to whom and at what intervals it is paid. _____

Please see attached Lease Agreement

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

7. How is the proposed location zoned? General Commercial

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

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

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.

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GEORGIA, COBB COUNTY

I, Billy C. Jones, II, 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.

SF Markets, LLC
Signature of Owner (type name before signing)

Mindy L. Thompson/Esq. 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 N/A

[Signature]
Signature of Managing Applicant (type name before signing)

Phone Number: Work Home

Sworn to and subscribed before me

This 2 day of August 20 21

C M Redmond
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

 Date

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

[Signature] Date 8/11/21



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

8/2/2021
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 Billy C. Jones, II 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 2 day of Aug, 2021

C M Redmond
Notary Public AFFIX SEAL



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.