

MEETING OF OCT 5, 2015

WARD 7 (rf)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

New application for a privilege license for Cielo Blue 2, Inc. dba Cielo Blue Mexican Grill & Cantina for the sale of beer, wine, and liquor (retail pouring). Cielo Blue 2, Inc. is the owner and Robert Trivino is the agent applicant.

SUMMARY:

Robert Trivino as the registered agent for Cielo Blue 2, Inc. dba Cielo Blue Mexican Grill & Cantina requests a privilege license for the sale of beer, wine, and liquor (retail pouring) at 4320 East West Connector.

BACKGROUND:

Robert Trivino will be the registered agent, responsible for the sale of alcohol at the referenced location. Robert Trivino 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. Robert Trivino 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 Cielo Blue 2, Inc. dba Cielo Blue Mexican Grill & Cantina with Robert Trivino as the registered agent.

4298

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 CIELO BLUE 2, INC

Operating name of the Business Cielo Blue Mexican grill and cantina

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

2. Location 4320 EAST WEST CONNECTOR SMYRNA GA 30080 Phone 678-315-7715

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"/>

POURING DISTILLED SPIRITS

SCHOOL	600 FEET	<input checked="" type="radio"/>	<input type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input checked="" type="radio"/>	<input type="radio"/>

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

PACKAGE WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="radio"/>	<input type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input type="radio"/>	<input type="radio"/>

[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]

POURING WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input checked="" type="radio"/>	<input type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input checked="" type="radio"/>	<input type="radio"/>

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full name of Owner ROBERT TRIVINO

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

Social Security Number [REDACTED] Date of Birth [REDACTED]

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

Current Address 435 MCWILLIAMS AVE SE City/State ATLANTA GA Zip 30316

Home Telephone [REDACTED] Number of years at present address 1

Drivers License Number and State [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list ENGINEER. AND RESTAURANT OWNER

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

435 MCWILLIAMS AVE SE ATLANTA GA 30316, 678-644-4746, ROBERT TRIVINO

Federal Tax ID # [REDACTED] State of Incorporation GEORGIA

Is this a new business in Smyrna? ☒ Yes ☐ No If yes, date business will begin in Smyrna OCTOBER 2015

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) ROBERT TRIVINO

Social Security Number [REDACTED] Date of Birth [REDACTED]

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

Current Address 435 MCWILLIAMS AVE SE City/State ATLANTA GA Zip 30316

Home Telephone [REDACTED] Number of years at present address 1

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

Previous address 307 CHEROKEE AVE SE APT 9 ATLANTA, GA 30312

Number of years at previous address 3 Drivers License Number and State [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list ENGINEER. AND RESTAURANT OWNER

Manager's employment date with owner 02-10-2015

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 N/A Amount Paid N/A

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.

THE LESSOR IS COLUMBIA EAST WEST LLC AND THE AMOUNT OF \$10,850.00 IS TO BE PAID EVERY MONTH.

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

8. How is the proposed location zoned? COMERCIAL

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

RT

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.ci.smyrna.ga.us

1. Legal Name of Business: CIELO BLUE 2, INC
2. Location: 4320 EAST WEST CONNECTOR SMYRNA GA 30080 Phone: 678-315-7715
3. Name of Applicant: ROBERT TRIVINO

CERTIFICATION BY BUILDING INSPECTOR

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

under construction

Date

9/4/15

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.

under construction

Date

9/4/15

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.

paid per bills

Date

9/4/15

Tax Clerk

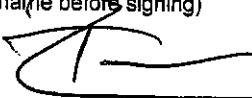
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GEORGIA, COBB COUNTY

I, ROBERT TRIVINO, 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.

ROBERT TRIVINO

Signature of Owner (type name before signing)



Signature and title of person other than Owner completing this application

Phone Number: Work: 678-644-4766

Home: _____

Signature of Managing Applicant (type name before signing)

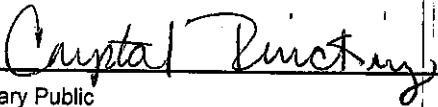
Signature and title of person other than Applicant completing this application

Phone Number: Work: _____

Home: _____

Sworn to and subscribed before me

This 28th day of August 2015



Notary Public

Crystal Pinckney
NOTARY PUBLIC
Cobb County, GEORGIA
My Commission Expires March 25, 2019

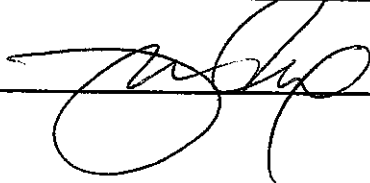
FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:



Date

Aug 28 2015

RECEIVED IN CITY OF SMYRNA-BUSINESS LICENSE DEPARTMENT BY:



Date

8/28/15

Training Institute for Responsible Vendors, Inc.

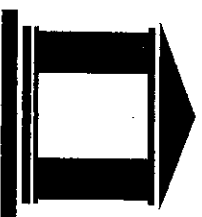
certifies that

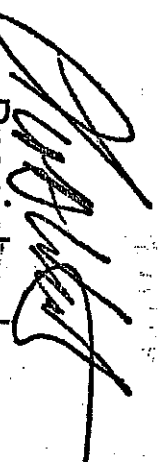
Robert Trivino

has successfully completed training in our RASS Workshop thus
entitling them to all the rights and privileges appertaining thereto.

In witness thereof the undersigned have affixed their names
this 4th day of September, 2015

Seal




President

CITY OF SMYRNA
PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 09/15/2015 MAYOR AND COUNCIL: 10/05/2015

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

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: CIELO BLUE 2 INC
dba CIELO BLUE MEXICAN GRILL & CANTINA

PLACE OF BUSINESS: 4320 EAST WEST CONNECTOR
SMYRNA, GA 30082

AGENT: ROBERT TRIVINO

HOME ADDRESS: 435 MCWILLIAMS AVE
ATLANTA, GA 30316

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 8/28/15 RECEIVED 9/14/15

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. 25 AND OCT. 2, 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: September 2, 2015

To: Michael Jones, City Administrator

From: David Lee, Chief of Police

Lt. Rick James, Office of Professional Standards  #1110

Subject: Application for Alcoholic Beverage License

Applicant: Robert Trivino

This applicant, Mr. Robert Trivino, 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 **4320 East West Connector Smyrna, GA 30080**.

The business name is **La Bamba Mexican Grill**.

The business is incorporated under the name **Cielo Blue 2, Inc.**

A criminal history was conducted on this applicant. There is 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

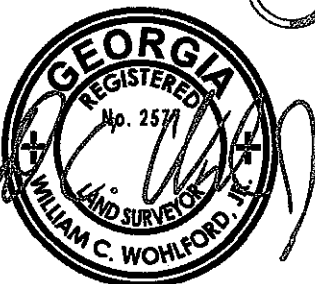
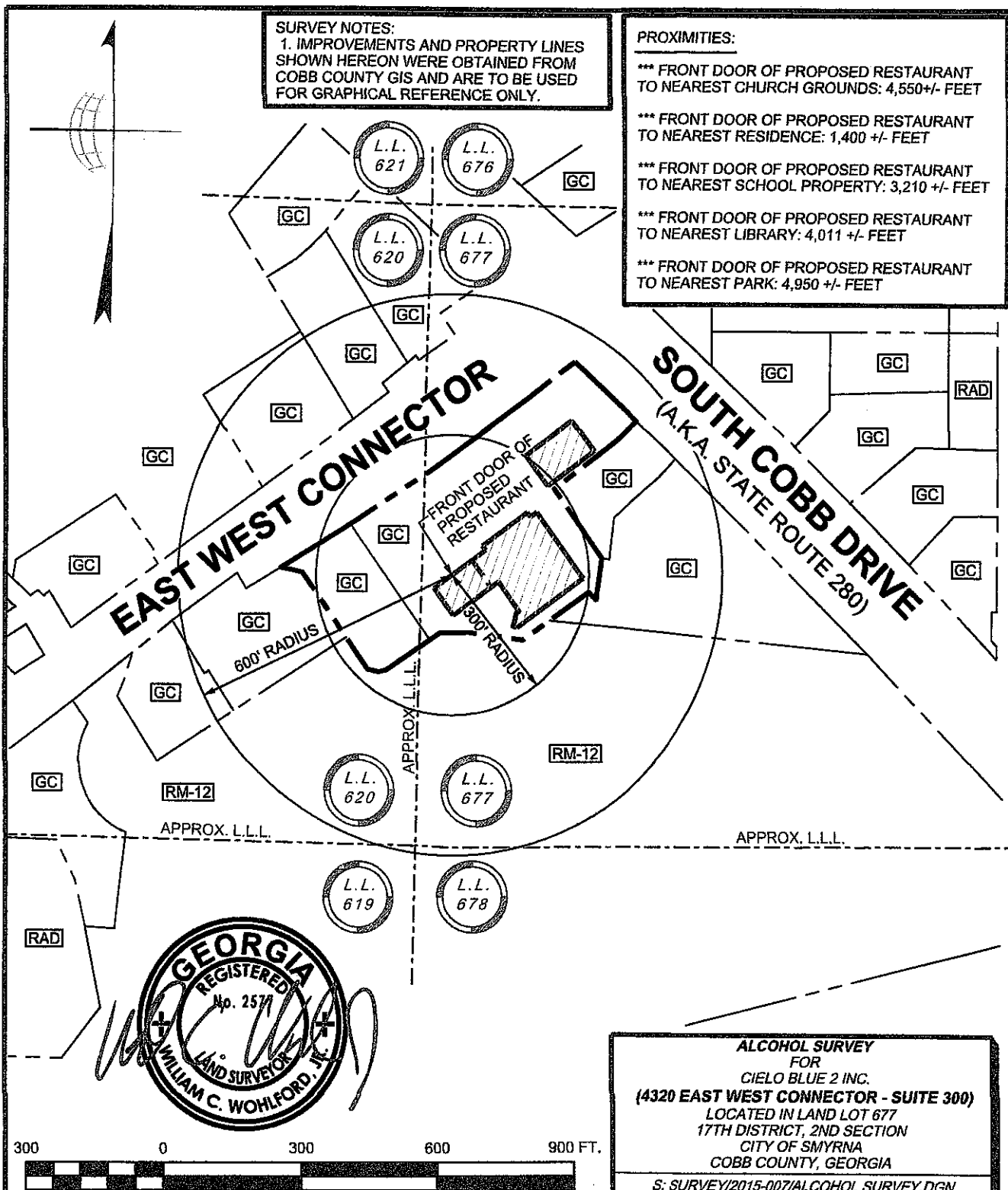
Jim Cox, Business License

File

SURVEY NOTES:
1. IMPROVEMENTS AND PROPERTY LINES SHOWN HEREON WERE OBTAINED FROM COBB COUNTY GIS AND ARE TO BE USED FOR GRAPHICAL REFERENCE ONLY.

PROXIMITIES:

- *** FRONT DOOR OF PROPOSED RESTAURANT TO NEAREST CHURCH GROUNDS: 4,550 +/- FEET
- *** FRONT DOOR OF PROPOSED RESTAURANT TO NEAREST RESIDENCE: 1,400 +/- FEET
- *** FRONT DOOR OF PROPOSED RESTAURANT TO NEAREST SCHOOL PROPERTY: 3,210 +/- FEET
- *** FRONT DOOR OF PROPOSED RESTAURANT TO NEAREST LIBRARY: 4,011 +/- FEET
- *** FRONT DOOR OF PROPOSED RESTAURANT TO NEAREST PARK: 4,950 +/- FEET



ALCOHOL SURVEY
FOR
CIELO BLUE 2 INC.
(4320 EAST WEST CONNECTOR - SUITE 300)
LOCATED IN LAND LOT 677
17TH DISTRICT, 2ND SECTION
CITY OF SMYRNA
COBB COUNTY, GEORGIA
S: SURVEY/2015-007/ALCOHOL SURVEY.DGN

Proj. # 2015-007
Survey Crew: JDW
Drawn By: JDW
Approved By: WCW
Date: 07/23/15
Scale: 1" = 300'
Drawing# 15-007



TerraMark Land Surveying, Inc.
1396 Bells Ferry Road
Marietta, Georgia 30066
Phone No. (770) 421-1927
Fax. No. (770) 421-0552
www.TerraMark.com
C. O. A.# LSF000810

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

CIELO BLUE 2, INC
a Domestic For-Profit Corporation

is hereby issued a CERTIFICATE OF INCORPORATION under the laws of the State of Georgia on **February 10, 2015** 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 February 11, 2015



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:

CIELO BLUE 2, INC

The Principal Place of Business:

435 MCWILLIAMS AVENUE SE
ATLANTA, Georgia 30316

Registered Agent's Name and Address:

ROBERT TRIVINO
435 MCWILLIAMS AVENUE SE
ATLANTA, Georgia 30316, Fulton County

Effective Date: February 10, 2015

Optional Provisions:

Shares:

1000

Incorporators:

ROBERT TRIVINO
435 MCWILLIAMS AVENUE SE
ATLANTA, Georgia 30316

A person who signs a document submits an electronic filing he or she knows is false in any material respect with the intent that the document be delivered to the Secretary of State for filing shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished to the highest degree permissible by law.
[O.C.G.A. § 14-2-129.]

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

Signed by: ROBERT TRIVINO
Incorporator

Date: February 11, 2015

Date of this notice: 02-17-2015

Employer Identification Number:
[REDACTED]

Form: SS-4

Number of this notice: CP 575 A

CIELO BLUE 2 INC
435 MCWILLIAMS AVE SE
ATLANTA, GA 30316

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 [REDACTED]. 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	10/31/2015
Form 940	01/31/2016
Form 1120	03/15/2016

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*.

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Cielo Blue 2 Inc. dba Cielo Blue Mexican Grill & Cantina located at 4320 East West Connector, 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 October 5, 2015 at 7:30 p.m. All concerned persons are hereby notified.

Robert Trivino
Licensee

Cielo Blue 2 Inc.
dba Cielo Blue Mexican Grill
& Cantina
4320 East West Connector
Smyrna, Georgia 30082

Ads to Run Sept 25, 2015 and Oct 02, 2015