

MEETING OF JUN 1, 2015

WARD 3 (ta)

ITEM NUMBER

\$ IMPACT

ISSUE:

New application for a privilege license for ABG 5 Hospitality Inc dba Porch Light Latin Kitchen for the sale of beer and wine (retail pouring). BG 5 Hospitality Inc dba Porch Light Latin Kitchen is the owner and Andre Raoul Gomez Lopez del Valle is the agent applicant.

SUMMARY:

Andre Raoul Gomez Lopez del Valle as the registered agent for ABG 5 Hospitality Inc. dba Porch Light Latin Kitchen requests a privilege license for the sale of beer and wine (retail pouring) at 300 Village Green Circle, STE 3110.

BACKGROUND:

Andre Raoul Gomez Lopez del Valle will be the registered agent, responsible for the sale of alcohol at the referenced location. Andre Raoul Gomez Lopez del Valle 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. Andre Raoul Gomez Lopez del Valle 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 wine (retail pouring) for ABG 5 Hospitality Inc dba Porch Light Latin Kitchen with Andre Raoul Gomez Lopez del Valle 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

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 ARG 5 Hospitality Inc

Operating name of the Business Porch Light Latin Kitchen

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

2. Location 300 Village Green Circle, ste 3110 Smyrna, Ga 30080 Phone (787) 671-2429

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

PACKAGE DISTILLED SPIRITS

		YES	NO
SCHOOL	600 FEET	<input checked="" type="radio"/>	<input type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	300 FEET	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input checked="" 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 Andre Raoul Gomez Lopez del Valle

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

Social Security Number _____ Date of Birth 09/03/1981

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

Current Address 2644 Gilbert Street City/State Smyrna Zip 30080

Home Telephone _____ Number of years at present address 1

Drivers License Number and State 054808601 GA

What has been your occupation for the past five (5) years? Give detailed list Chef de Cuisine Kevin Rathbun Steakhouse

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 2644 Gilbert St. Smyrna GA 30080, 787-671-2429
Andre Gomez

Federal Tax ID # 47-3174070 State of Incorporation GA

Is this a new business in Smyrna? ☒ Yes ☐ No If yes, date business will begin in Smyrna 08/01/2105

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) Andre Raoul Gomez Lopez del Valle

Social Security Number _____ Date of Birth 09/03/1981

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

Current Address 2644 Gilbert Street City/State Smyrna Zip 30080

Home Telephone _____ Number of years at present address 1

Do you reside in Cobb County? ☒ Yes ☐ No If yes, how long 7yrs

Previous address 402 Smithfield Ct

Number of years at previous address 3 Drivers License Number and State 054808601,GA

What has been your occupation for the past five (5) years? Give detailed list chef de Cuisine Kevin Rathbun Steakhouse

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.

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).

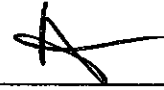
9. If this is an application for an original license, attach proof of adequate parking facilities as per the City of Smyrna zoning requirements (Community Development 770-319-5387).

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.

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



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, Andre Gomez, 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.

Andre Gomez 
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 22 day of Apr 2015.




Notary Public

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Mark Rivers Date 5/4/15

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:



Date 4/22/15

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: ARG 5 Hospitality Inc
2. Location: 300 Village Green Circle, ste 3110 Smyrna, Ga 30080 Phone: (787) 671-2429
3. Name of Applicant: Andre Gomez

CERTIFICATION BY BUILDING INSPECTOR

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

Remodeling Open August
Date _____
Chief Building Inspector

Open August

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.

Remodeling Date _____
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.

M. Beckenbott Date 5/15/15
Tax Clerk

Training Institute for Responsible Vendors, Inc.

certifies that

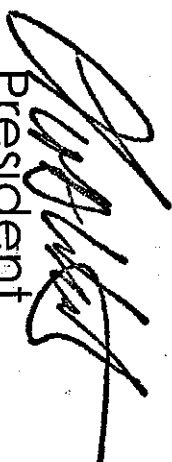
has successfully completed training in our RASS Workshop thus
entitling them to all the rights and privileges appertaining thereto.

Andre Raoul Gomez

In witness thereof the undersigned have affixed their names
this 14th day of May , 2015

Seal




President

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 05/19/2015 MAYOR/COUNCIL: 05/01/2015

TYPE OF LICENSES REQUESTED: BEEN & WINE (RETAIL POURING)

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: ARG 5 HOSPITALITY INC.

dba PORCH LIGHT LATIN KITCHEN

PLACE OF BUSINESS: 300 VILLAGE GREEN CIRCLE STE 3110

SMYRNA, GA 30080

AGENT: ANDRE RAOUL GOMEZ LOPEZ DEL VALLE

HOME ADDRESS: 2644 GILBERT STREET

SMYRNA, GA 30080

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 05/04/15 RECEIVED 05/07/15

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: MAY 22, 2015 & MAY 29, 2015

COMMENTS: 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: May 7, 2014

To: Toni Jo Howard, Interim City Administrator

From: David Lee, Chief of Police

Lt. Rick James, Office of Professional Standards  #1110

Subject: Application for Alcoholic Beverage License

Applicant: Andre Raoul Gomez Lopez del Valle

This applicant, Andre Raoul Gomez Lopez del Valle, 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 **300 Village Green Circle, Ste 3110 Smyrna, GA 30080.**

The business name is **Porch Light Latin Kitchen.**

The business is incorporated under the name **ARG 5 Hospitality Inc..**

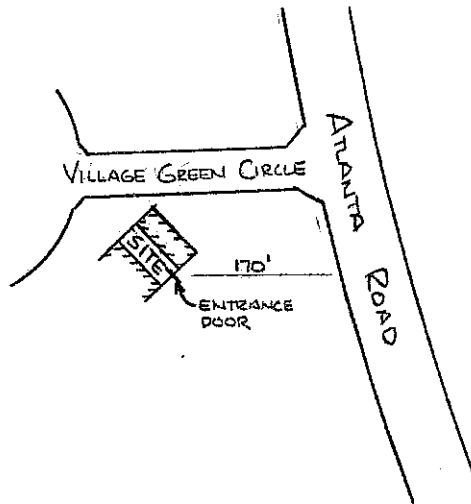
A criminal history was conducted on this applicant and there is nothing that occurred in the stated 3 and 5 year limits which prohibit him from holding the license as long as he meets all the other requirements of the ordinances that regulate this type of business; however, it should be noted that Mr. Lopez del Valle was charged with D.U.I. and plead to Reckless Driving in 2009 just beyond the 5 year mark.

CC: Terri Graham, City Clerk

Jim Cox, Business License

File

Site Address-
300 Village Green Circle
Suite 3110



The following distances were measured according to City of Smyrna code:

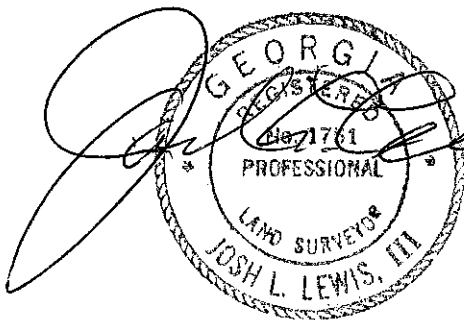
CHURCH- 1093' to the First Baptist Church of Smyrna, @ 1275 Church Street.

SCHOOL- 2500' to Campbell High School, @ 5265 Ward Street.

There are no alcohol treatment centers, nor day nurseries with accredited pre-K within 600' of the front door of this site.

City of Smyrna Alcoholic Beverage License Survey for:

ANDRE GOMEZ, ARG/S HOSPITALITY INC.



DATE: 4-27-2015	SCALE: 0 100 200 400 1" = 200'
DRAWN BY: GD	GRAPHIC SCALE IN FEET
LAND LOT 521	DISTRICT 17TH
COSB	COUNTY
SECTION 2ND	
GEORGIA	
GEORGIA LAND SURVEYING CO. 155 CLIFTWOOD DRIVE, ATLANTA, GA 30328 PH (404)255-4671 FAX (404)255-6607 WWW.GLSURVEY.COM	
194847	

**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

X
YES

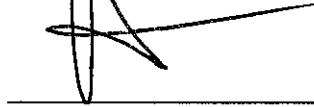
NO

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

Owner/Pres. 4-21-15


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 _____ 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 21 day of Apr, 2015


Notary Public

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.

USA
Georgia
DRIVER'S LICENSE


DL No. 054808601
CLASS C
DOB 09/03/1981
EXP 09/03/2020

ANDRE R.
GOMEZ

402 SMITHFIELD CT SE
SMYRNA, GA 30080-9429
DOB 08/28/2012
Restrictions NONE

Sex M Eyes BRO
Hgt 5'-00" Wgt 290 lb

DD 135943707240043254



APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for ARG 5 Hospitality Inc dba Porch Light Latin Kitchen located at 300 Village Green Circle STE 3110, Smyrna, Georgia, requesting privilege licenses for the sale of beer and wine (retail pouring). This application will be heard before the Mayor & Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on June 1, 2015 at 7:30 p.m. All concerned persons are hereby notified.

Andre Raoul Gomez Lopez del Valle
Licensee

ARG 5 Hospitality Inc
dba Porch Light Latin Kitchen
300 Village Green Circle
STE 3110
Smyrna, Georgia 30080

Ads to Run May 22 and May 29