

MEETING OF JAN 10, 2018

WARD 5(sw)

ITEM NUMBER _____
\$ IMPACT _____

ISSUE:

Application for privilege licenses for New Hope America LLC dba Discount Smoke and Food Mart for the sale of beer and wine (retail package). New Hope America LLC is the new owner and Alnashir Alibhai Punjani is the agent applicant. Former owner was Maxwell & Ava LLC with Sana Momin as agent.

SUMMARY:

Alnashir Alibhai Punjani as the registered agent for New Hope America LLC dba Discount Smoke and Food Mart requests privilege licenses for the sale of beer and wine (retail package) at 2387 South Cobb Drive.

BACKGROUND:

Alnashir Alibhai Punjani will be the registered agent responsible for the sale of alcohol at the referenced location Alnashir Alibhai Punjani 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 these licenses. Alnashir Alibhai Punjani has agreed to abide by the guidelines set forth by the City of Smyrna ordinance governing the sale of alcohol.

REQUESTED ACTION:

Approval of privilege licenses for the sale of beer and wine (retail package) for New Hope America LLC dba Discount Smoke and Food Mart with Alnashir Alibhai Punjani 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	<input type="checkbox"/>
RENEWAL	<input type="checkbox"/>
TRANSFER	<input type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
WHOLESALER	<input type="checkbox"/>
PKG. BEER/WINE	<input type="checkbox"/>
PKG. DIST. SPIRITS	<input type="checkbox"/>
RETAIL POURING	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>
Package Store	<input type="checkbox"/>
Dancing/Live Ent	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

BEER:

NEW	<input checked="" type="checkbox"/>
RENEWAL	<input type="checkbox"/>
TRANSFER	<input type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
WHOLESALER	<input type="checkbox"/>
PKG. BEER/WINE	<input checked="" type="checkbox"/>
PKG. DIST. SPIRITS	<input type="checkbox"/>
RETAIL POURING	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>
Package Store	<input type="checkbox"/>
Dancing/Live Ent.	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

WINE:

NEW	<input checked="" type="checkbox"/>
RENEWAL	<input type="checkbox"/>
TRANSFER	<input type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
WHOLESALER	<input type="checkbox"/>
PKG. BEER/WINE	<input checked="" type="checkbox"/>
PKG. DIST. SPIRITS	<input type="checkbox"/>
RETAIL POURING	<input type="checkbox"/>
Restaurant	<input type="checkbox"/>
Package Store	<input type="checkbox"/>
Dancing/Live Ent.	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

1. Legal Name of Business NEW HOPE AMERICA LLC

Operating name of the Business DISCOUNT SMOKE AND FOOD MART

Is the Business a: proprietorship partnership corporation foreign

2. Location 2387 SOUTH COBB DRIVE SMYRNA GA 30080 Phone 470-269-4761

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

PACKAGE DISTILLED SPIRITS

		YES	NO
SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	300 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>

POURING DISTILLED SPIRITS

SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]			

PACKAGE WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]			

POURING WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]			

4. Full name of Owner ZARINTAJ BHIMANI

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

Social Security Number [REDACTED] Date of Birth 08-01-1973

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

Current Address 1408 ARBOR DRIVE City/State DULUTH GA Zip 30096

Home Telephone [REDACTED] 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 GAS STATION AND CONVIENIENCE STO

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 _____

Federal Tax ID # 47-5615937 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 01-01-2018

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) ALNASHIR ALIBHAI PUNJANI

Social Security Number [REDACTED] Date of Birth 08-17-1960

Are you a Citizen of the United States? Yes No Birthplace MWANZA - TANZANIA

Current Address 5596 CLOVER RISIE LN City/State NORCROSS GA Zip 30093

Home Telephone [REDACTED] Number of years at present address 11 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 SELF EMPLOYED

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.

5 YEARS WITH THREE OPTION OF RENEWAL, MONTHLY LANDLORD RAPHEAL MOAS CPI ,

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 NP

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, ZARIN BHIMANI, 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.

ZARIN BHIMANI

Signature of Owner (type name before signing)

Zarin

Signature and title of person other than Owner completing this application

Phone Number: Work: 470-269-4761 Home: _____

ALNASHIR ALIBHAI PUNJANI

Signature of Managing Applicant (type name before signing)

Alnashir

Signature and title of person other than Applicant completing this application

Phone Number: Work: _____ Home: _____

Sworn to and subscribed before me

This 15 day of November 20 17.

Esther Oliva

Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

_____ Date _____

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

[Signature]

_____ Date Dec 10, 17

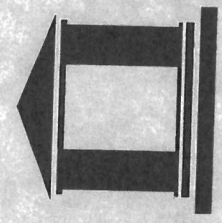
Training Institute for Responsible Vendors, Inc.

certifies that

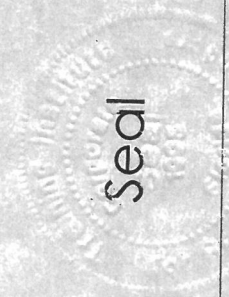
Alnashir Alibhai Punjani

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 5th day of December, 2017



Alnashir Alibhai Punjani
President



B
11-16

CITY OF SMYRNA
3180 ATLANTA ROAD
P.O. BOX 1226
SMYRNA, GA 30081
(678) 631-5321 or FAX # (770) 431-2814

Name of Business: DISCOUNT SMOKE AND FOOD MART Phone: (470) 269-4761

Business Address: 2387 SOUTH COBB DRIVE A

Number/Street SMYRNA GA Suite # 30080

City State Zip 251 HURRICANE SHOALS RD NW B

Number/Street LAWRENCEVILLE GA Suite # 30046

City State Zip Applicant/Owner: ZARIN BHIMANI Phone: (470) 269-4761

Check One: Applicant Owner Number of Employees: 2

Residential Address of Applicant: 1408 ARBOR DRIVE DULUTH GA 30096

Number/Street City State Zip Federal Tax ID Number: 47-5615937 Social Security Number: 255-95-6285

Driver's License Number: 051487852 Date of Birth: 08-01-1973

Check One: Proprietorship Partnership Foreign Corp-Domestic

Full Description of Business: GROCERY STORE WITH LOTTO, TOBACCO, ALCHOL.

President: ZARIN BHIMANI Vice President:

Secretary: Treasurer: 549000 ANNUALLY

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.

[Signature] 11-15-2017
SIGNATURE OF APPLICANT DATE

[Signature] 12/7/17 [Signature] [Signature]
FIRE MARSHAL BUILDING INSPECTOR SIGN MARSHAL

GC GENERAL COMMERCIAL

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

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 12/14/2017 LICENSE AND VARIANCE BOARD: 01/10/18
TYPE OF LICENSE REQUESTED: BEER & WINE (RETAIL PACKAGE)

NEW APPLICATION: YES OWNERSHIP YES AGENT NEW

NAME OF BUSINESS: NEW HOPE AMERICA LLC
dba DISCOUNT SMOKE AND FOOD MART

PLACE OF BUSINESS: 2387 SOUTH COBB DR
SMYRNA, GEORGIA 30080

AGENT: ALNASHIR ALIBHAI PUNJANI

HOME ADDRESS: 5596 CLOVER RISIE LN
NORCROSS, GA 30093

CITIZENSHIP YES

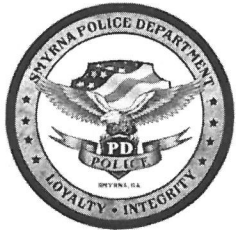
POLICE REPORT: DATE REQUESTED 12/10/2017 DATE RECEIVED 12/12/2017

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: _____
ADVERTISED: 12/19/18 & 1/05/18

COMMENTS: TAXES PAID MIKE HICKENBOTTOM



"Policing with a Purpose"

Smyrna Police Department

Chief of Police
David Lee

2646 Atlanta RD SE
Smyrna, GA 30080-2118
Phone: 770-434-9481
Fax: 678-631-5005

Deputy Chief
Robert L. Harvey



Date: December 12, 2017

To: Tammi Jones, City Administrator

From: David Lee, Chief of Police
Sgt. Doug Copeland, Office of Professional Standards

Subject: Application for Alcohol License

Applicant: Alnashir Punjani

This applicant, **Alnashir Punjani**, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcohol beverage license, issued to, **2387 S Cobb Dr SE Smyrna, Ga 30080**.

The business name is **Discount Smoke and Tobacco**.

The business is incorporated under the name **New Hope America, LLC**.

A background check was conducted on this applicant. There was nothing in his background within the criminal history requirements of City of Smyrna Ordinance 6-51 that would prohibit his 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

UNITED STATES OF AMERICA
*** PASSPORT CARD ***



U
S
A
U
S
A

Nationality
USA

Passport Card No
C01894279

Surname
PUNJANI

Given Names
ALNASHIR A

Sex
M

Date of Birth
17 AUG 1960


Place of Birth
TANZANIA

Issued On
AUG 2009

Expires On
16 AUG 2019

X296011

UNITED STATES DEPARTMENT OF STATE

Georgia  *Sony Alibhai*

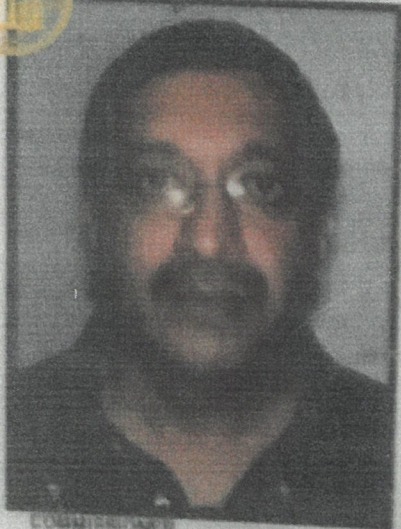
DRIVER'S LICENSE

NUMBER 055226038 EXPIRES 08-17-2019

PUNJANI, ALNASHIR ALIBHAI
 5596 CLOVER RISE LN
 NORCROSS, GA 30093-4245

SEX	BIRTHDATE	ISSUE DATE	COUNTY
M	08-17-1960	08-27-2009	067
HEIGHT	WEIGHT	CBC	FEE
5-11	195	0.64	035.00
CLASS	ENDORSEMENTS	TYPE	RESTRICTIONS
C		REG	B

Alb



COMMISSIONER
Henry C. Dyer

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for New Hope America LLC dab Discount Smoke and Food Mart, 2387 South Cobb Drive, Smyrna, Georgia, requesting a privilege license for the sale of beer and wine (retail package). This application will be heard before the License and Variance Board for the City of Smyrna, 2800 King Street, Smyrna, Georgia on January 10, 2018 at 10:00 am. All concerned persons are hereby notified.

ALNASHIR ALIBHAI PUNJANI
Licensee

New Hope America LLC dba
Discount Smoke and Food Mart
2387 South Cobb Dr.
Smyrna, Georgia 30080

Ads to Run DEC 29, 2017 and JAN 5, 2018