

MEETING OF AUG 03, 2015

WARD 2 (ab)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

New application for a privilege license for Mint Leaf LLC dba Mint Leaf for the sale of beer and wine (retail pouring). Mint Leaf LLC is the owner and Om P Arora is the agent applicant.

SUMMARY:

Om P Arora as the registered agent for Mint Leaf LLC dba Mint Leaf requests a privilege license for the sale of beer and wine (retail pouring) at 2350 Spring Road STE 800.

BACKGROUND:

Om P Arora will be the registered agent, responsible for the sale of alcohol at the referenced location. Om P Arora has been given a copy of the Alcoholic Beverage Ordinance and attended the mandatory alcohol awareness workshop. (Certificate under separate cover...attending class 7/23/2015)

STAFF RECOMMENDATION:

A background investigation conducted by the Smyrna Police Department failed to reveal information that would preclude issuance of this license. Om P Arora 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 and wine (retail pouring) for Mint Leaf LLC dba Mint Leaf with Om P Arora 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]

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

1. Legal Name of Business MINT LEAF LLC
Operating name of the Business MINT LEAF
Is the Business a: ☐ proprietorship ☐ partnership ☒ corporation ☐ foreign
2. Location 2350 SPRING RD, Suite 800, Smyrna, GA 30080 Phone 510-648-6191

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

		YES	NO
PACKAGE DISTILLED SPIRITS			
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"/>
POURING DISTILLED SPIRITS			
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]			
PACKAGE WINE, MALT BEVERAGE			
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]			
POURING WINE, MALT BEVERAGE			
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

THANSI TIPRISETTY

If a sole proprietor, will you manage the business full time on the premises?

☒ Yes ☐ No

Social Security Number

Date of Birth

03-08-1984

Are you a Citizen of the United States?

☐ Yes ☒ No

Birthplace

INDIA

Current Address

3375 Springhill Pkwy, #824

City/State

Smyrna, GA

Zip

30080

Home Telephone

Number of years at present address

1

Drivers License Number and State

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

HOUSE WIFE

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 #

472587551

State of Incorporation

GA

Is this a new business in Smyrna?

☒ Yes ☐ No

If yes, date business will begin in Smyrna

04/01/2015

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)

OM P. ARORA

Social Security Number

Date of Birth

03-28-1955

Are you a Citizen of the United States?

☒ Yes ☐ No

Birthplace

AGRA, UP, INDIA

Current Address

2268 NORBURY DR SE

City/State

SMYRNA GA

Zip

30080

Home Telephone

Number of years at present address

12

Do you reside in Cobb County?

☒ Yes ☐ No

If yes, how long

12 YRS

Previous address

2025 SILVERCREEK DR, AUSTELL GA 30168

Number of years at previous address

8 YR

Drivers License Number and State

[REDACTED]

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

INSURANCE AGENT

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? GC

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

JS

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.

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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, THANSI TIPPISSETTY, 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.

Thansi TippiSETTY

Signature of Owner (type name before signing)

Signature and title of person other than Owner completing this application

Phone Number: Work: _____ Home: 510-648-6191

Q A C

Signature of Managing Applicant (type name before signing)

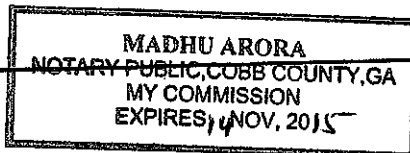
Signature and title of person other than Applicant completing this application

Phone Number: Work: _____ Home: _____

Sworn to and subscribed before me

This 29th day of JUNE 20 15

Madhu Arora
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

MARLA RIDGES Date 6/29/15

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

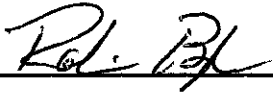
[Signature] Date 6/29/15

**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: MINT LEAF LLC
2. Location: 2350 Spring Rd, Suite 800, Smyrna, GA 30080 Phone: 510-618-6191
3. Name of Applicant: OM P. ARORA


CERTIFICATION BY BUILDING INSPECTOR

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

 Date 7/6/15
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.

 Date 007-06-28-15
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.

see attached Date _____
Tax Clerk



CITY OF SMYRNA

3180 Atlanta Road, Smyrna, Georgia 30080

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

Date: July 6, 2015

To: Toni Jo Howard, City Administrator

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

Subject: Application for New Alcoholic Beverage License

Applicant: **Om P. Arora**

Business: **Mint Leaf, LLC**

This applicant, **Om P. Arora**, has submitted with the business license office to have a new alcoholic beverage license issued to **Mint Leaf, LLC**

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 L NENICKA

WARD 7
RON FENNEL

CITY ADMINISTRATOR
ERIC TAYLOR

CITY CLERK
TERRI GRAHAM

CITY ATTORNEY
SCOTT A. COCHRAN

MUNICIPAL COURT JUDGE
E. ALTON CURTIS, JR.

Jim Cox

From: Mike Hickenbottom
Sent: Thursday, July 02, 2015 10:40 AM
To: Jim Cox
Subject: RE: 2350 spring rd ste 800

All taxes are paid in full as of 7/2/2015 for the above property.

Thank you,

Mike Hickenbottom
City of Smyrna
678-631-5325

From: Jim Cox
Sent: Thursday, July 02, 2015 9:25 AM
To: Mike Hickenbottom
Subject: 2350 spring rd ste 800

Plz advise whether taxes are paid.

thx

Jim Cox
Business License Officer
City of Smyrna
678 631 5321

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 07/10/2015 LICENSE/VARIANCE: 08/03/2015

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

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: MINT LEAF LLC

dba MINT LEAF

PLACE OF BUSINESS: 2350 SPRING RD STE 800

SMYRNA, GA 30080

AGENT: OM P ARORA

HOME ADDRESS: 2268 NORBURY DR

SMYRNA, GA 30080

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 06/29/15 RECEIVED 07/01/15

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: JULY 24 & JULY 31, 2015

COMMENTS: _____



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: July 1, 2015

To: Toni Jo Howard, Interim City Administrator

From: David Lee, Chief of Police

Lt. Rick James, Office of Professional Standards

A handwritten signature in black ink, appearing to be "R. James", with the word "FILE" written in small capital letters to the right.

Subject: Application for Alcoholic Beverage License

Applicant: Om Arora

This applicant, Mr. Om Arora, 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 **2350 Spring Road Ste. 800 Smyrna, GA 30080**.

The business name is **Mint Leaf**.

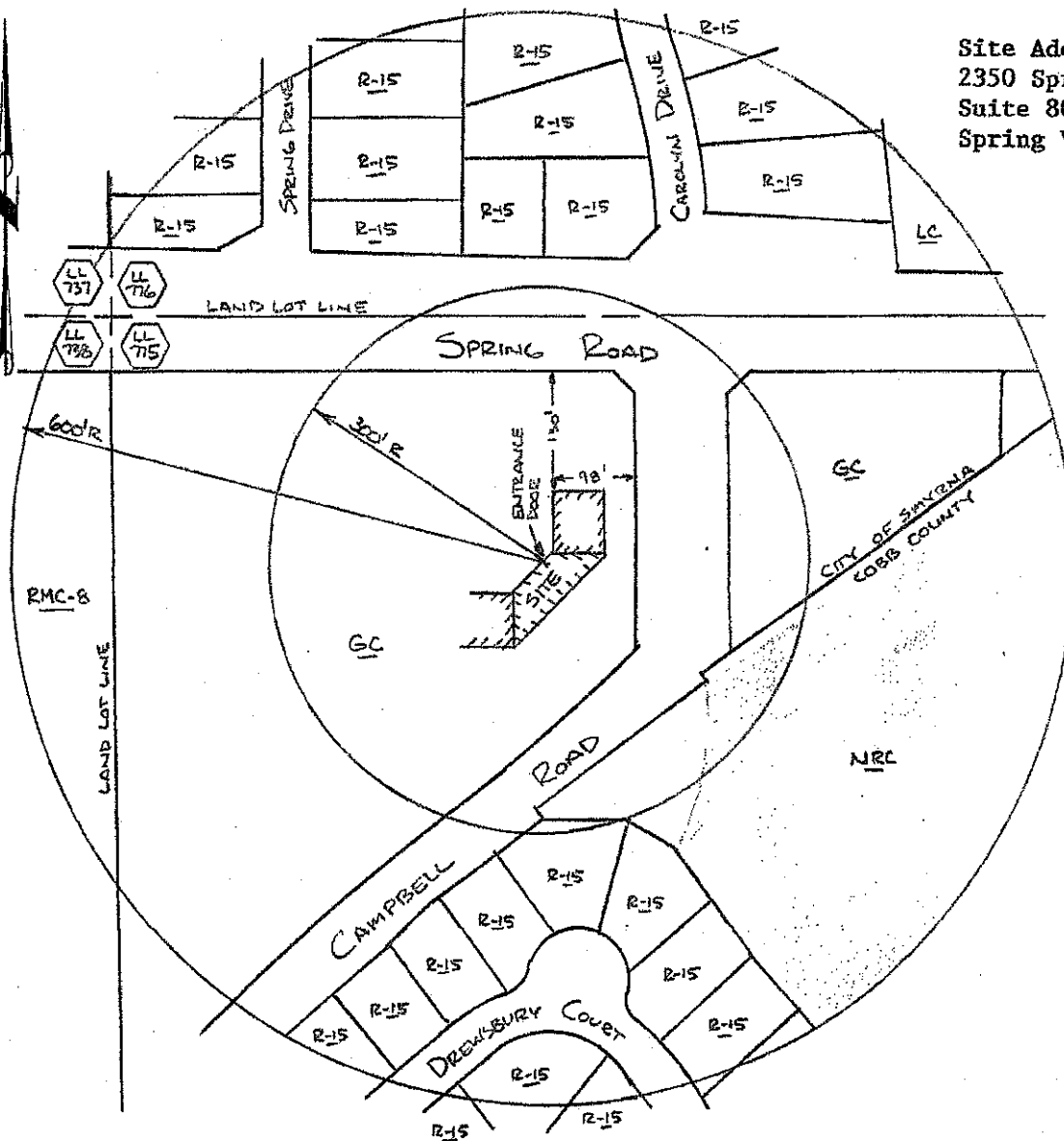
The business is incorporated under the name **Mint Leaf LLC**.

A criminal history was conducted on this applicant and there is 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



Site Address-
2350 Spring Road
Suite 800
Spring Village S/C

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

CHURCH- 2400' to Primera Iglesia Bautista, @ 2581 Spring Road.

SCHOOL- 1000' to Argyle Elementary School, @ 2420 Spring Road.

PARK- 1150' to Jonquil Park, @ 3000 Park Road.

LIBRARY- 13000' to Smyrna Library, @ 100 Village Green Circle.

PUBLIC BUILDING- 1050' to Fire Station #3, @ 2825 Park Road.

There are no private residences within 300' of this site.

City of Smyrna Beer and Wine Pouring License Survey for:

MINT LEAF LLC



DATE: 6-17-2015

SCALE:

1" = 200'



DRAWN BY: GD

LAND LOT 715

17TH DISTRICT

2ND SECTION

COBB

COUNTY

GEORGIA

GEORGIA LAND SURVEYING CO.

155 CLIFTWOOD DRIVE, ATLANTA, GA 30328

PH (404)255-4671 FAX (404)255-6607 WWW.GLSURVEY.COM

195045

CITY OF SMYRNA
3180 ATLANTA ROAD
P.O. BOX 1226
SMYRNA, GA 30081

(678) 631-5321 or FAX # (770) 431-2814

Mint Leaf, LLC

Name of Business: MINT LEAF Phone: (510) 648 6191
Business Address: 2350 Spring RD SE Suite # 800
Number/Street City State Zip
Smyrna GA 30080
Mailing Address: 2350 Spring ROSE Suite # 800
Number/Street City State Zip
Smyrna GA 30080
Applicant/Owner: Jhansi TippiSETTY Phone: (510) 648 6191
Check One: ☐ Applicant ☒ Owner Number of Employees: 4
Residential Address of Applicant: 3375 Spring Hill RD SE City Smyrna State GA Zip 30080
Number/Street City State Zip
Federal Tax ID Number: 47-2587551 Social Security Number: 825-48-9433
Driver's License Number: T123-420-84-588-4 Date of Birth: 03-08-1984
Check One: ☒ Proprietorship ☐ Partnership ☐ Foreign ☐ Corp-Domestic
Full Description of Business: Indian Restaurant

President: Jhansi TippiSETTY Vice President: Jhansi TippiSETTY
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.

Jhansi
SIGNATURE OF APPLICANT

03-19-2015
DATE

[Signature]
FIRE MARSHAL

[Signature]
BUILDING INSPECTOR

[Signature]
SIGN MARSHAL

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.

Le Secrétaire d'Etat a l'honneur de vous adresser, en annexe, le **visa** que vous avez obtenu.

Ense par les présentes, toutes les autorités de l'Etat de destination de laisser passer le titulaire de ce visa, sans qu'il soit besoin de lui présenter un passeport, sans qu'il ait besoin de visa d'entrée, sans qu'il ait besoin de visa de transit, et, en cas de besoin, de lui accorder toute aide et protection requises.

El secretario de Estado de los Estados Unidos, James A. Baker, al presente se encuentra en las Antillas para participar en la cumbre anual de los jefes de Estado y de Gobierno de la región. Baker, quien también es el representante de los Estados Unidos en la cumbre, es el primer funcionario de la administración Bush en ser nombrado, sin un anuncio previo, para visitar a la ciudad, tras haber toda la

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRM DEL TITELAR

NOT VALID UNTIL SIGNED

INDEPENDENT AMERICAN

27

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USA
Georgia DRIVER'S LICENSE

DL NO 040624685 DOB 03/28/1955
CLASS C EXP 03/28/2018
OMR
ARORA
2208 NORRIS DR
SMYRNA GA 30080-4203
DOB
Restrictions A End NONE
Iss 12/07/2012
Sex M Eyes BRG
Hgt 5-08 Wgt 135
DDI 145029076740106106



**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."

The applicant is a United States citizen or legal permanent resident at least eighteen (18) years old.

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: Ch A E Title: MANAGER Date: 6/29/15

(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 OM P. ARORA 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 29th day of JUNE, 2015

Madhu Arora
Notary Public

Notary Public

AFFIX SEAL

MADHU ARORA
NOTARY PUBLIC, COBB COUNTY, GA
MY COMMISSION
EXPIRES 4 NOV, 2015

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.

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Mint Leaf LLC dba Mint Leaf located at 2350 Spring Road, STE 800, Smyrna, Georgia, requesting privilege licenses for the sale of beer & wine (retail pouring). This application will be heard before the Mayor & Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on August 3, 2015 at 7:30 p.m. All concerned persons are hereby notified.

Om P. Arora
Licensee

Mint Leaf LLC
dba Mint Leaf
2350 Spring Road STE 800
Smyrna, Georgia 30080

Ads to Run July 24, 2015 and July 31, 2015