

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

**PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS**

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

**LIQUOR:**

NEW   
 RENEWAL   
 TRANSFER   
 MANUFACTURER   
 WHOLESALER   
 PKG. BEER/WINE   
 PKG. DIST. SPIRITS   
**RETAIL POURING**   
 Restaurant   
 Package Store   
 Dancing/Live Ent   
 Private   
 Other

**BEER:**

NEW   
 RENEWAL   
 TRANSFER   
 MANUFACTURER   
 WHOLESALER   
 PKG. BEER/WINE   
 PKG. DIST. SPIRITS   
**RETAIL POURING**   
 Restaurant   
 Package Store   
 Dancing/Live Ent   
 Private   
 Other

**WINE:**

NEW   
 RENEWAL   
 TRANSFER   
 MANUFACTURER   
 WHOLESALER   
 PKG. BEER/WINE   
 PKG. DIST. SPIRITS   
**RETAIL POURING**   
 Restaurant   
 Package Store   
 Dancing/Live Ent   
 Private   
 Other

1. Legal Name of Business Zekes

Operating Name of Business Zekes

Is this Business a:  Proprietorship  Partnership  Corporation  Foreign

2. Location 4454 S. Cobb Dr. SE Smyrna G.A. 30080 Phone 470-865-0010

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

**PACKAGE DISTILLED SPIRITS**

SCHOOL 600 FEET   NO  
 CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE 300 FEET   YES

**POURING DISTILLED SPIRITS**

SCHOOL 600 FEET   NO

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE 200 FEET   YES

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

**PACKAGE WINE, MALT BEVERAGE**

SCHOOL 600 FEET   NO

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY 300 FEET   YES

[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]

**POURING WINE, MALT BEVERAGE**

SCHOOL

600 FEET

CHURCH/PARK/PUBLIC BUILDING/

LIBRARY/RESIDENCE

200 FEET

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full Name of Owner Ezechiel Jean-Louis

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

 Yes No

Social Security Number

Date of Birth

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

Current Address

City/State

Smyrna/GA Zip 30080

Home Telephone

Number of years at this address

6 months

Driver's License Number and State

G.A.

Email SaucyEats11C@gmail.comWhat has been your occupation for the past five (5) years? Give detailed list StockYard Burgers and Bar  
Ironfist Kitchen catering. 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, &amp; name of Chief Executive Officer

Federal Tax ID# 85 316 5287

State of Incorporation

G.A.

Is this a new business in Smyrna?  Yes  No If yes, date business will beginIs 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 another jurisdiction?  Yes  No

If yes, attach full details.

5. Full name of Manager (as Applicant)

Ashley Jean-Louis

Social Security Number

Date of Birth

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

Pensacola Florida

Current Address

City/State

Smyrna/GA Zip 30080

Home Telephone

Email Ashleyjeanlaus01@gmail.comNumber of years at this address 6 months Do you reside in Cobb County?  Yes  No If yes, how long

Previous Address

Number of years at previous address 3 and 11 months Driver's License Number and State

What has been your occupation for the past five (5) years? Give detailed list Film and T.V. Production  
Walking Dead, Green Leaf, Step-up, SpinManager's employment date with owner 6/23/2021

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
- 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
- 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 \_\_\_\_\_ Amount Paid \_\_\_\_\_

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

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

7. How is the proposed location zoned?

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have you, your spouse, partner, or stockholder any financial interest in the wholesale liquor business?  Yes  No  
If yes, give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

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

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.



**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  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

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 Ezechiel Jean-Louis 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 23rd day of June, 20 21

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, a CDL card, a valid driver's license issued by another state or an identification document issued by the United States Government.

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GEORGIA, COBB COUNTY

I, Ezechiel Jean-Louis, 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.

Ezechiel Jean-Louis

Signature of Owner (type name before signing)



Ezechiel Jean-Louis

Signature and title of person other than Owner completing this application.

Phone Number: Work 470-865-0010 Home \_\_\_\_\_

Ezechiel Jean-Louis

Signature of Managing Applicant (type name before signing)

Phone Number: Work 470-865-0010 Home \_\_\_\_\_

Sworn to and subscribed before me

This 23<sup>rd</sup> day of June 2021

Kelly B Moon  
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date \_\_\_\_\_

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Date \_\_\_\_\_