

Acct# 6077

Application for Brewery License

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 Arcanum Ventures, LLC
Operating name of the Business The Viking Alchemist
Is the Business a: proprietorship partnership corporation* foreign *LLC

2. Location 3080 Jonquil Dr. Suite B Smyrna, GA 30080 Phone

3. Is business within the designated distance of any of the following?
PACKAGE DISTILLED SPIRITS
SCHOOL 600 FEET YES NO
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE 300 FEET
POURING DISTILLED SPIRITS
SCHOOL 600 FEET YES NO
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE 200 FEET
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]
PACKAGE WINE, MALT BEVERAGE
SCHOOL 600 FEET YES NO
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY 300 FEET
[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]
POURING WINE, MALT BEVERAGE
SCHOOL 600 FEET YES NO
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE 200 FEET
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full name of Owner Robin Kosoris

If individual, provide the following information: Social Security Number _____ Date of Birth _____
Are you a Citizen of the United States? Yes No Birthplace _____
Current Address _____ City/State _____ Zip _____
Home Telephone _____ Number of years at present address _____
Drivers License Number and State _____
What has been your occupation for the past five (5) years? Give detailed list _____

If a partnership, provide the following information: Social Security Number _____

If a corporation, provide corporate address, phone number & name of Chief Executive Officer _____

3080 Jonquil Dr. Suite B Smyrna, GA 30080

Managing Member: Robin Kosoris

Federal Tax ID # _____ State of Incorporation Georgia

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 _____

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) Robin Kosoris

Social Security Number _____ Date of Birth _____

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

Current Address _____ City/State _____ Zip _____

Home Telephone _____ Number of years at present address _____

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 _____

What has been your occupation for the past five (5) years? Give detailed list Managing Member of Arcanum Ventures, LLC

Manager's employment date with owner 12/03/2014

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.

James Ruben Roberts

Monthly Rent: \$3,200 until 9/30/2022, \$3,500 10/01/2022-9/30/2024, and \$3,700 10/01/24-09/30/26

Attach a copy of the lease and any other pertinent documents. *On File with Previous Application

8. How is the proposed location zoned? MU

Attach copy of zoning certification from the City of Smyrna (Community Development 770-319-5387). **On File With Previous Application**

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). **On File With Previous Application**

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.

No

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

No

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

RBK

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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GEORGIA, COBB COUNTY

I, Robin Kosoris, 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.

Robin Kosoris

Signature of Owner (type name before signing)

Signature and title of person other than Owner completing this application

Phone Number: Work: _____ Home: _____

Robin Kosoris

Signature of Managing Applicant (type name before signing)

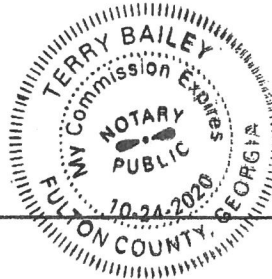
Signature and title of person other than Applicant completing this application

Phone Number: Work: _____ Home: _____

Sworn to and subscribed before me

This 26th day of August 2020

[Signature]
Notary Public



FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date _____

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

[Signature]

Date 9/14/2020



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.

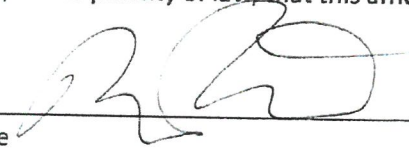
YES _____ NO _____

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

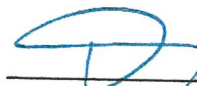
08/26/2020

Date

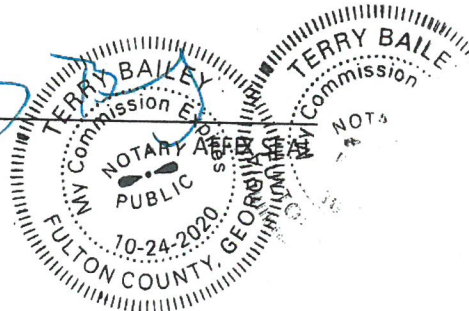
(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation.) A **STAMPED SIGNATURE IS NOT ACCEPTABLE.**

I hereby certify that Robin Kosoris 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 26th day of August, 2020



Notary Public



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