

**MEETING OF APR 20, 2015**

**WARD** 1 (mp)

**ITEM NUMBER** \_\_\_\_\_

**\$ IMPACT** \_\_\_\_\_

**ISSUE:**

New application for privilege licenses for Interstate Management Company LLC dba Residence Inn Cumberland for the sale of beer and wine (retail package). Interstate Management Company LLC is the owner and Philippa Monthorpe is agent applicant.

**SUMMARY:**

Philippa Monthorpe as the registered agent for Interstate Management Company LLC dba Residence Inn Cumberland requests privilege licenses for the sale of beer and wine (retail package) at 2771 Cumberland Boulevard.

**BACKGROUND:**

Philippa Monthorpe will be the registered agent, responsible for the sale of alcohol, at the referenced location. Philippa Monthorpe 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. Philippa Monthorpe 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) to Interstate Management Company LLC dba Residence Inn Cumberland with Philippa Monthorpe as the registered agent.



4. Full name of Owner Interstate Management Company, LLC

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

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, 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 \_\_\_\_\_

4501 Fairfax Drive, Suite 500, Arlington, VA 22203 703-387-3100

Christopher Bennett, Secretary & Vice President

Federal Tax ID # 52-2101816 State of Incorporation Delaware

Is this a new business in Smyrna?  Yes  No If yes, date business will begin in Smyrna Hotel is currently open. New hotel

Is this a transfer or change of ownership?  Yes  No Effective date \_\_\_\_\_ management is applying for  
alcohol sales

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) Philippa Monthrope

Social Security Number 228-57-7360 Date of Birth 08/07/1966

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

Current Address 5674 Coopers Glen Court City/State Mableton, GA Zip 30126

Home Telephone 678-840-2439 Number of years at present address 10 years

Do you reside in Cobb County?  Yes  No If yes, how long 10 years

Previous address 1834 Lambton Street Windsor, Ontario Canada N9E 3R5

Number of years at previous address 4 Drivers License Number and State 052542638 GA

What has been your occupation for the past five (5) years? Give detailed list Interstate Management Company, LLC (Present)  
Marriott International, Inc. (1997 - 2014)

Manager's employment date with owner August 13, 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? N/A  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 still pending? N/A  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? N/A  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.

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

8. How is the proposed location zoned? Tourist Services (TS)

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.

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

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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 MM

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](http://www.smyrnacity.com)

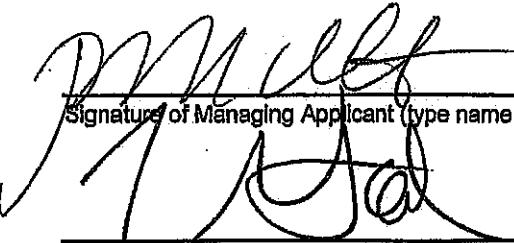
GEORGIA, COBB COUNTY

I, Philippa Monthrope, BEING DULY SWEORN 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.

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) Philippa Monthrope

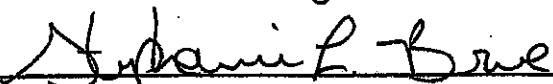
Sard and Leff, LLC

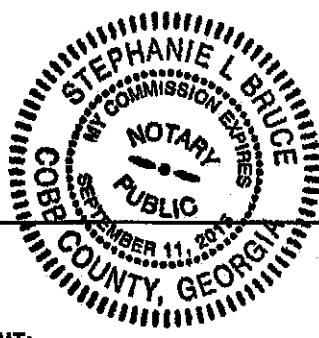
Signature and title of person other than Applicant completing this application

Phone Number: Work: 770-644-0800 Home: \_\_\_\_\_

Sworn to and subscribed before me

This 28 day of August 2014.

  
Notary Public

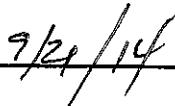


FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Date \_\_\_\_\_

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Date \_\_\_\_\_



# Training Institute for Responsible Vendors, Inc.

certifies that

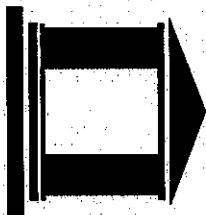
**Phillipa Montthrope**

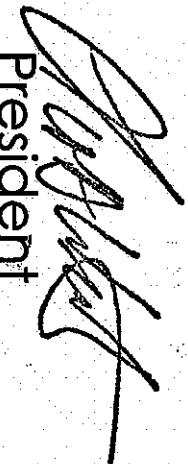
has successfully completed training in our RASS Workshop thus  
entitling them to all the rights and privileges appertaining thereto .

In witness thereof the undersigned have affixed their names  
this 25th day of September, 2014

25th day of September, 2014

Seal



A handwritten signature in black ink, appearing to read "Phillipa Montthrope".

President

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 03/24/2015 MAYOR/COUNCIL: 04/20/2015

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

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: INTERSTATE MANAGEMENT COMPANY LLC  
dba RESIDENCE INN CUMBERLAND

PLACE OF BUSINESS: 2771 CUMBERLAND BOULEVARD DR  
SMYRNA, GA 30080

AGENT: PHILIPPA MONTGORPE

HOME ADDRESS: 5674 COOPERS GLEN COURT.  
MABLETON, GEORGIA 30126

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 9/21/14 RECEIVED 9/24/14

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

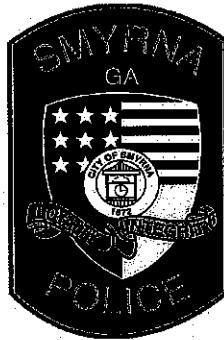
MAP FURNISHED: YES

ADVERTISED: APR 10TH & APR 17TH 2015

COMMENTS: NONE

**David Lee**  
Chief of Police

**Michael L. Brown**  
Deputy Chief of Police



2646 Atlanta Road  
Smyrna, Ga. 30080  
(770) 434-9481  
[www.ci.smyrna.ga.us](http://www.ci.smyrna.ga.us)

Date: September 24, 2014

To: Eric Taylor, City Administrator

From: David Lee, Chief of Police

Lt. Michael Conti, Office of Professional Standards

Subject: Application for Alcoholic Beverage License

Applicant: Mrs. Philippa Monthrope

This applicant, Mrs. Philippa Monthrope, 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 **2771 Cumberland Boulevard, Smyrna Ga. 30080**.

The business name is **Residence Inn**

The business is incorporated under the name **Interstate Management Comp LLC.**

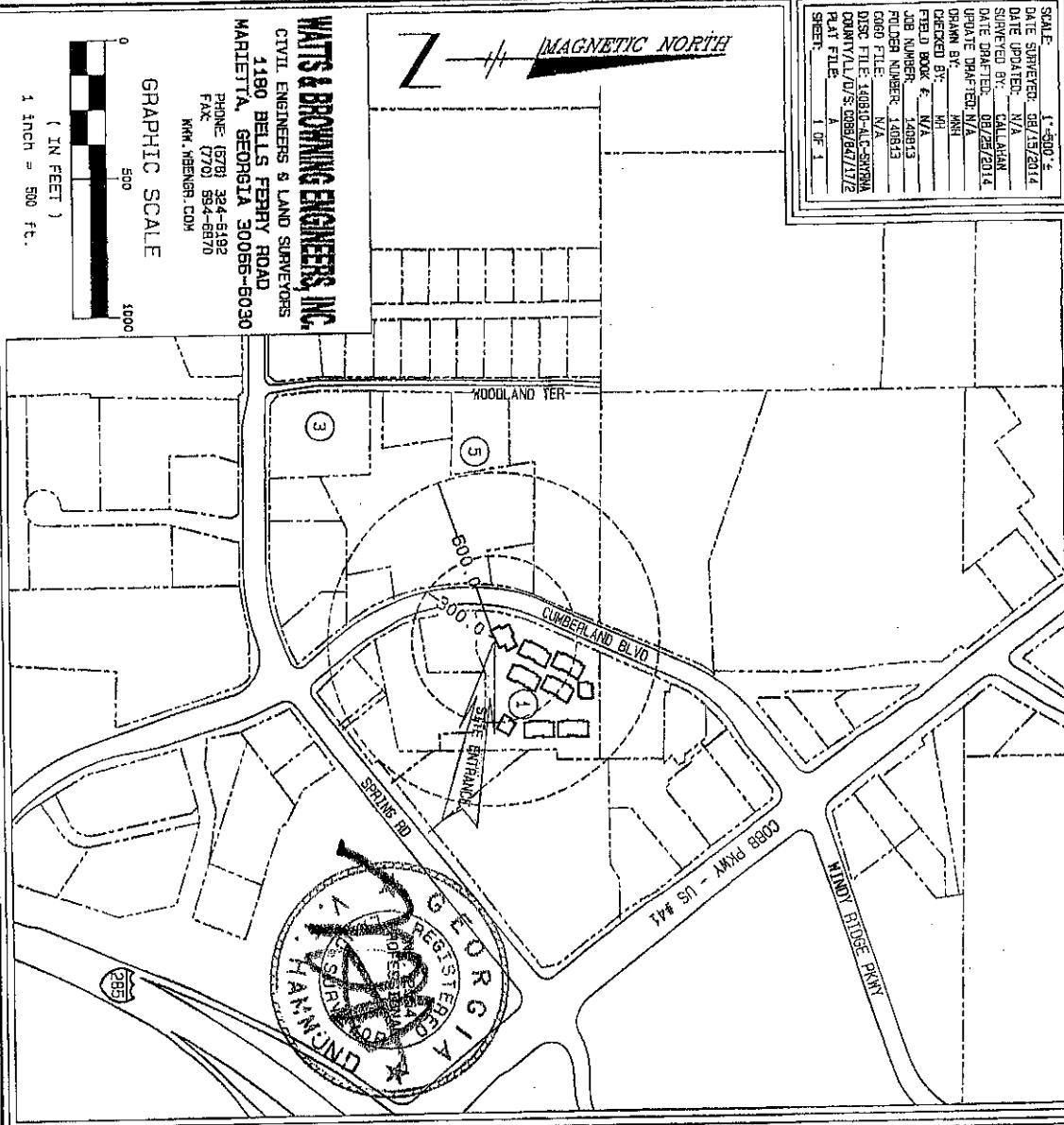
A criminal history was conducted on this applicant and there is nothing in her criminal history that would prohibit her from holding the license as long as she meets all the other requirements of the ordinances that regulate this type of business.

CC: Terri Graham, City Clerk

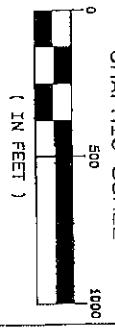
Jim Cox, Business License

File

SCALE: 1" = 500' ±  
 DATE SURVEYED: 08/13/2014  
 DATE UPDATED: N/A  
 SURVEYED BY: CALHAN  
 DATE DRAFTED: 08/25/2014  
 UPDATE DRAFTED: N/A  
 DRAWN BY: SHAWN BY  
 CHECKED BY: MH  
 FIELD BOOK #: N/A  
 JOB NUMBER: 140813  
 ORDER NUMBER: 140813  
 COGO FILE: N/A  
 DISC FILE: 14000-CUM-SMYRN  
 COUNTY/LAW: COBB/08/14/12  
 PLAT FILE: A  
 SHEET: 1 OF 1



PLAT TO ACCOMPANY ALCOHOLIC BEVERAGE LICENSE FOR  
**INTERSTATE MANAGEMENT COMPANY, LLC**  
**d/b/a RESIDENCE INN CUMBERLAND**  
 2771 CUMBERLAND BOULEVARD, SMYRNA, GA 30080  
 LAND LOT 847  
 17TH DISTRICT-2ND SECTION  
 CITY OF SMYRNA  
 COBB COUNTY, GEORGIA  
 AUGUST 25, 2014  
 SCALE=1"=500'±



1 inch = 500 ft.

**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

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 Philippa Monthrope 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.

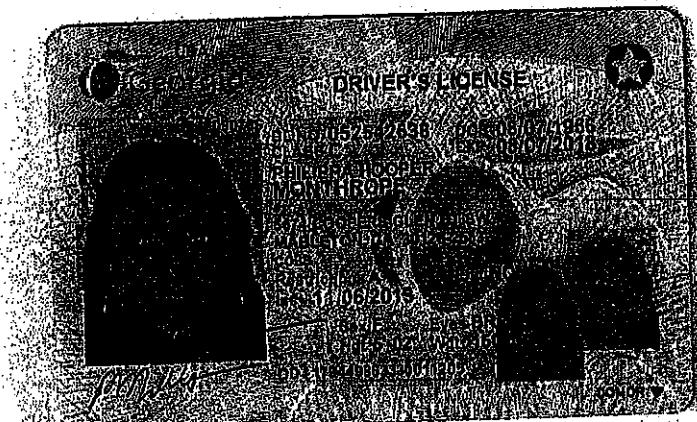
This 28 day of August 2014

Stephanie L. Bruce  
Notary Public

AFFIX SEAL

All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 36-2. Such documents include a valid Georgia issued Driver's License or ID Card or 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 Interstate Management Co LLC dba Residence Inn Cumberland located at 2771 Cumberland Blvd, Smyrna, Georgia, requesting privilege licenses for the sale of beer and wine (retail package). This application will be heard before the Mayor & Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on April 20, 2015 at 7:30 p.m. All concerned persons are hereby notified.

Philippa Monthorpe  
Licensee

Interstate Management Co LLC  
dba as Residence Inn  
Cumberland  
2771 Cumberland Blvd  
Smyrna, Georgia 30080

Ads to Run APR 10 and APR 17