

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.

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 ☒ Hotel

WINE:

NEW ☒
RENEWAL ☐
TRANSFER ☐
MANUFACTURER ☐
WHOLESALE ☐
PKG. BEER/WINE ☒
PKG. DIST. SPIRITS ☐
RETAIL POURING ☐
Restaurant ☐
Package Store ☐
Dancing/Live Ent. ☐
Private ☐
Other ☒ Hotel

1. Legal Name of Business Interstate Management Company, LLC

Operating name of the Business Residence Inn Cumberland

Is the Business a: ☐ proprietorship ☐ partnership ☐ corporation ☒ foreign (X) Limited Liability Company

2. Location 2771 Cumberland Boulevard, Smyrna, GA 30080 Phone 770-433-8877

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

PACKAGE DISTILLED SPIRITS

		YES	NO
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 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 are 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.

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.

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.

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**

GEORGIA, COBB COUNTY

I, Philippa Monthrope, 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.

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

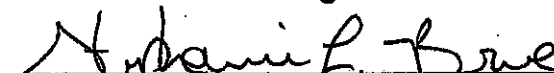
Signature and title of person other than Applicant completing this application

Phone Number: Work: 770-644-0800

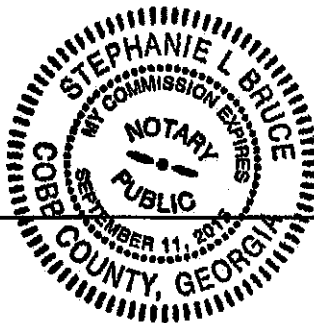
Home: _____

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

9/24/14

Training Institute for Responsible Vendors, Inc.

certifies that

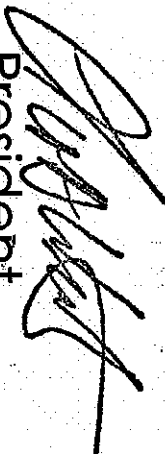
Phillippa Monthrope

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

Seal




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 MONTHORPE

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

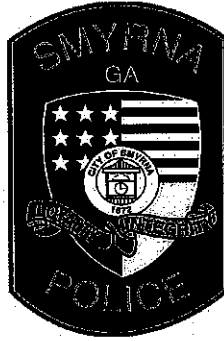
MAP FURNISHED: YES

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

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

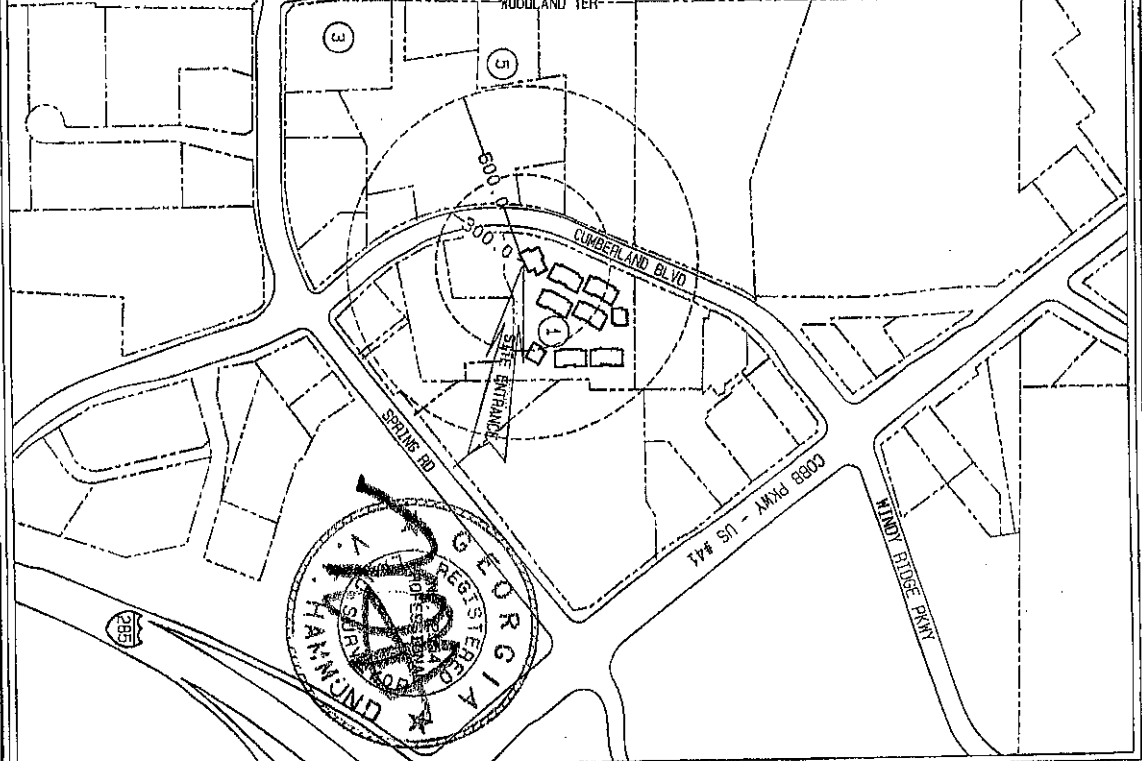
File

SCALE	1"=500'
DATE SURVEYED	08/15/2014
DATE UPDATED	N/A
SURVEYED BY	CALAHAN
DATE DRAFTED	08/28/2014
UPDATE DRAFTED	N/A
DRAWN BY	MM
CHECKED BY	MM
FIELD BOOK #	N/A
JOB NUMBER	140813
FOLDER NUMBER	140813
DISC FILE	N/A
DISC FILE	140813-ALC-SMYRNA
COUNTY/VILL/D/S	COBB/84/17/2
PLAT FILE	A
SHEET	1 OF 1

MAGNETIC NORTH

WATTS & BROWNING ENGINEERS, INC.
 CIVIL ENGINEERS & LAND SURVEYORS
 1180 BELLS FERRY ROAD
 MARLETTA, GEORGIA 30065-6030
 PHONE: (678) 324-5192
 FAX: (678) 584-5870
 WWW.WEBBER.COM

GRAPHIC SCALE
 0 500 1000
 (IN FEET)
 1 inch = 500 ft.



1. SITE: RESIDENCE INN CUMBERLAND
2. 2771 CUMBERLAND BOULEVARD, SMYRNA, GA 30080
3. SCHOOL: ARGYLE ELEMENTARY SCHOOL
4. 2420 SPRING ROAD (NOT SHOWN)
5. 3,122 FEET ROUTE OF TRAVEL, ENTRANCE-PROPERTY LINE
6. 2,136 FEET STRAIGHT LINE, ENTRANCE-PROPERTY LINE (STATE REQ. 589.2-2, 12)
7. CHURCH: ELIZABETH BAPTIST CHURCH
8. 2381 SPRING ROAD
9. 1,701 FEET ROUTE OF TRAVEL, ENTRANCE-PROPERTY LINE
10. ALC-TRT-CTR. PROACTIVE INSTITUTE
11. 2700 CUMBERLAND PARKWAY (NOT SHOWN)
12. 4,847 FEET STRAIGHT LINE, ENTRANCE-ENTRANCE (STATE REQ. 589.2-2, 12)
13. RESIDENCE: 2761 WOODLAND TERRACE
14. 2,853 FEET ROUTE OF TRAVEL, ENTRANCE-PROPERTY LINE
15. LIBRARY: SMYRNA PUBLIC LIBRARY
16. 100 VILLAGE GREEN CIRCLE (NOT SHOWN)
17. 15,490 FEET ROUTE OF TRAVEL, ENTRANCE-PROPERTY LINE
18. PARK: JONQUIL PARK
19. 2411 SPRING ROAD (NOT SHOWN)
20. 3,189 FEET ROUTE OF TRAVEL, ENTRANCE-PROPERTY LINE
21. PUBLIC BUILDING: FIRE STATION #3
22. 2825 PARK DRIVE (NOT SHOWN)
23. 3,181 FEET ROUTE OF TRAVEL, ENTRANCE-PROPERTY LINE

NOTE: FOR THIS SURVEY THE DISTANCES SHOWN HEREON (UNLESS OTHERWISE INDICATED) WERE MEASURED IN ACCORDANCE WITH THE CITY OF SMYRNA ORDINANCE (SECTION 6-4.18) FROM THE CENTER OF THE NEAREST DOOR OF CUSTOMER ENTRY OF THE PROPOSED LICENSE PREMISES BY THE MOST DIRECT ROUTE OF TRAVEL, IN A STRAIGHT LINE ON THE GROUND BY A PEDESTRIAN FROM THE CUSTOMER DOOR TO THE PROPERTY LINE OF THE CHURCH, SCHOOL, PARK, PUBLIC BUILDING, LIBRARY, OR RESIDENCE AND SUCH TRAVEL WAS MEASURED AS A STRAIGHT LINE FROM THE CUSTOMER DOOR TO THE PROPERTY LINE AND RUNNING ALONG THE NEAREST SIDEWALK OR STREET ROUTE, PROVIDED THAT WHEN A STRAIGHT LINE OF TRAVEL WOULD NOT BE A CUSTOMARY AND REASONABLE LINE OF TRAVEL BECAUSE OF OBSTACLES TO SUCH TRAVEL, THE LINE OF TRAVEL WAS ANGLED AROUND SUCH OBSTACLES AND THE DISTANCE WAS THE SUM OF THE SEGMENTS OF THE LINE.

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'±

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.


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 state 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."

correct. 8/28/14
 General Manager

 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.

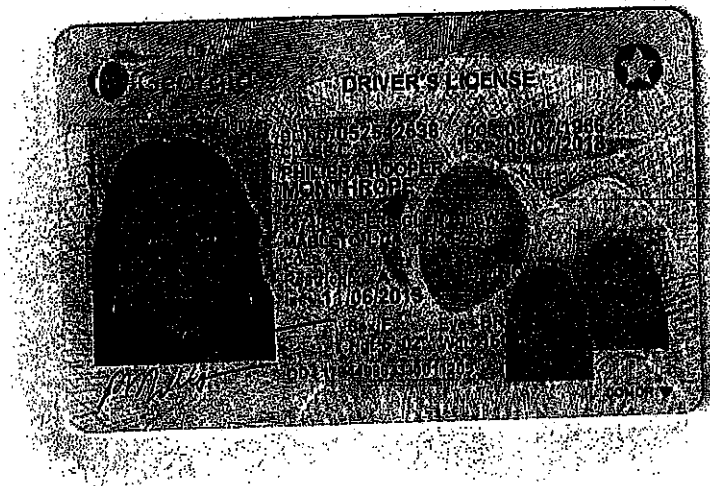
This 28 day of August, 2014

Stephanie L. Brown
Notary Public

AFFIX SEAL

All applicants must attach a copy of a secure and verifiable document as defined in 36-2. Such documents include a valid Georgia issued Driver's License 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