MEETING OF	MAR 22, 2017	WARD	5
		ITEM NUMBER	
		\$ IMPACT	

ISSUE:

Application for Ayra Chevron LLC for privilege licenses for beer and wine (retail package). Syeda Khatun is the agent applicant. Rachel Paulus was agent for previous owner NLP Operations LLC.

SUMMARY:

Syeda Khatun as the registered agent for Ayra Chevron LLC requests privilege licenses for the sale of beer and wine (retail package) at 475 Windy Hill Rd.

BACKGROUND:

Syeda Khatun was given a copy of the Alcoholic Beverage Ordinance and attended the mandatory alcohol awareness workshop. (Certificate attached)

STAFF RECOMMENDATION:

A background investigation was conducted by the Smyrna Police Department for Syeda Khatun which failed to reveal information that would preclude the issuance of this license. Syeda Khatun has agreed to abide by the guidelines set forth by the City of Smyrna ordinances governing the sale of alcohol.

REQUESTED ACTION:

Approval of privilege licenses for the sale of beer and wine (retail package) for Ayra Chevron LLC with Syeda Khatun 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

			- LIGATION AND AND	TILL ALL QUE	3110N3.		
TY	PE OF LICENSE: [C	HECK APPROPRIA	TE SPACES]				
NE RE F	NEWAL ANSFER INUFACTURER IOLESALER G. BEER/WINE G. DIST. SPIRITS TAIL POURING Restaurant Package Store Dancing/Live Ent Private Other	OOO O	BEER: NEW RENEWAL TRANSFER MANUFACTURER WHOLESALER PKG. BEER/WINE PKG. DIST. SPIRITS RETAIL POURING Restaurant Package Store Dancing/Live Ent. Private Other RA CHEVRON LL		TRAM MANI WHO PKG. PKG. RETA Resta Packa	EWAL SFER UFACTURER LESALER BEER/WINE DIST. SPIRITS AIL POURING BURANT BURANT	
••	Operating name of		EVRON FOOD N	MART			
	Is the Business a:	O proprietorship	partnership	O corporation	on O foreig	n	
2.	Location 475 W	INDY HILL RO	AD SE SYMRNA,	GA 30082	Phone <u>47</u>	8-923-3	3399
3.	Is business within the	ne designated distand	ce of any of the following	j ?			
	PACKAGE DISTIL			FEET	YES	NO O	
	LIBRARY/RES			FEET	0	0	
	SCHOOL			FEET	0	0	
	LIBRARY/RES		200	FEET	0	0	
			FEET FROM PROPER	TY LINE]			
	SCHOOL			FEET	0	0	
	LIBRARY	K/PUBLIC BUILDING	300	FEET	0	0	
	-		DEFINED BY ORDINAL	NCE]			
	SCHOOL	IALI BEVERAGE	600	FEET	0	0	
	CHURCH/PAR LIBRARY/RES	K/PUBLIC BUILDING IDENCE		FEET	0	0	
	[BUILDING NO	CLOSER THAN 75	FEET FROM PROPER	TY LINE]		•	

4. Full name of Owner SYEDA KHATUN		
If a sole proprietor, will you manage the business full	time on the premises?	O Yes O No
Social Security Number	Date of Birth	
Are you a Citizen of the United States? Yes		
Current Address	City/State	Zip
Home Telephone		·· ··
Drivers License Number and State		
What has been your occupation for the past five (5) ye	ears? Give detailed list	
If a partnership, attach list showing each partner own number.	ing 10% or more, with address	, telephone number, date of birth, and social securit
If a corporation, provide corporate address, phone number 475 WINDY HILL ROAD SE SYMRN		Officer
Federal Tax ID# 81-4697394	State of Incorporation(GEORGIA
Is this a new business in Smyrna? Yes O No		
Is this a transfer or change of ownership?	es 🔇 No Effective date	
If yes, enclose a copy of the sales contract, o	losing statement.	
Has owner ever had an alcoholic beverage li	cense revoked in Smyrna or oth	er jurisdiction?
Yes 🔇 No If yes, attach full	details.	
5. Full name of Manager (as Applicant) SYEI	DA KHATUN	
Social Security Number	Date of Birtl	02/25/1983
Are you a Citizen of the United States? Ye	s O No Birthplace B	ANGLADESH
Current Address 3350 SWEETWATER ROAD AF	T #1317 City/State LAWRI	ENCEVILLE, GA Zip 30044
Home Telephone	Number of year	rs at present address +
Do you reside in Cobb County?	es 🚫 No If yes, how long	
Previous address 3745 Green brian	drive lawrence	ville, ga. 30044
Number of years at previous address 2+	Orivers License Number and Sta	te_#054410021; GEORGIA
What has been your occupation for the past five (5) ye	ars? Give detailed list <u>Re+</u>	ail Business
Manager's employment date with owner		
Has the manager (as applicant):		
(a) Been adjudicated as incompetent or insane, or be which the application is made? Yes	en deemed to have insufficient i	mental capacity to conduct the business for
(b) Been discharged from any military service under o	_ lishonorable conditions?	O Yes Ø No

(c) Within a five-year period immediately preceding the date of application, been or regulations regulating such business? (The term "conviction" shall include an at the forfeiture of bond when charged with a crime.) Yes	n arrested adjudicatio No	or convi	cted of v	iolating any t of guilty or no	aws, ordir lo conten	nances, dere or
If there was an arrest, are charges still pending? Yes	No					
of guilt, a plea of guilty or nolo contendere or the forfeiture of bond when charged	No (Th	e term "c	onviction	" shall includ	e an adiud	dication
(e) Within a three-year period preceding the application, been convicted of n involving the use or abuse of any alcoholic beverage, opiate or drug? include an adjudication of guilt, a plea of guilty or nolo contendere or the forfeiture arrest, are charges still pending? Yes No	Yes	Ø	No (Ti	he term "d	onviction"	shall
(f) Been currently placed on parole from any governing authority?	0	Yes	⊗	No		
Has any license authorizing the sale of alcoholic beverages at the location for which	ch the pre	sent licen	se is sou	ght:		
(g) Been declared to be under suspension, at the date the application is filed?	0	Yes	⊗	No		
(h) Been revoked within six months of the date that the application is filed?	0	Yes	8	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?	0	Yes	0	No		
Date Purchased Amount Paid						
Attach a copy of the lease and any other pertinent documents.						
8. How is the proposed location zoned?	 -	· <u>.</u>				
Attach copy of zoning certification from the City of Smyrna (Community Developme		•				
9. If this is an application for an original license, attach proof of adequate parking (Community Development 770-319-5387).	j facilities ;	as per the	City of S	Smyrna zonin	g requirer	nents
10. Do you, your shouse, any family members, or any of the other owners, par store(s)? Yes No If so, state the number of st	rtners, or stores and v	stockhold where ead	lers have ch store i	an interest i s located.	n a retail	liquor
N/A						
11. Have you, your spouse, partner or stockholder any financial interest in the who if yes, give details.	olesale liqu	Jor busine	ess? (O Yes	⊗	No
N/A						
						
						

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 <u>initial</u> here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance
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? 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 <u>Web site: www.smyrnacity.com</u>

GEORGIA, COBB COUNTY

I, SYEDA KHATUN , BEING DULY SWORN TO LAW, DO SWEAR THA	T THE STATEMENTS
MADE BY ME IN THE ABOVE AND FOREGOING APPLICATION ARE TRUE, AND NO FALSE, OR FRAUDU MADE HEREIN AND SUCH STATEMENTS WERE MADE IN ORDER TO PROCURE THE GRANTING OF A LIC	LENT STATEMENT IS
x Syeda Navira Whatun	
Signature of Owner (type name before signing)	
Signature and title of person other than Owner completing this application	
Phone Number: Work: <u>678-923-3399</u> Home:	
x Syeda Nasipa Khatun	
Signature of Managing Applicant (type name before signing)	
Signature and title of person other than Applicant completing this application Phone Number: Work: 678-923-3399 Home:	
, note that 10 12) (30) 10 10 10 10 10 10 10	
Sworn to and subscribed before me	
This Ob day of White 20 1.	
Hivari months	
Notary Public 12 0 1 18	
FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:	
MRIMES Date Duc 9	5 207
RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:	
Date 129/	7

CITY OF SMYRNA

ALCOHOL BEVERAGE LICENSE APPLICATION SUMMARY

DATE: 3/6/2017 LICENSE & VARIANCE: 3/22/17 TYPE OF LICENSE REQUESTED: BEER AND WINE (RETAIL PACKAGE)				
NEW APPLICATION: NO	O OWNERSHIP YES AGENT YES			
NAME OF BUSINESS:	AYRA CHEVRON LLC			
PLACE OF BUSINESS: 475 WINDY HILL RD.				
-	SMYRNA, GEORGIA 30080			
AGENT:	SYEDA KHATUN			
HOME ADDRESS:	3340 SWEETWATER ROAD APT 1317			
	LAWRENCEVILLE, GA 30044			
CITIZENSHIP	YES			
	REQUESTED 1/23/17 RECEIVED 1/31/17 FION FAILED TO REVEAL INFORMATION THAT WOULD			
PRECLUDE	ISSUANCE OF THIS LICENSE			
TYPE OF BUILDING	MASONRY L YES CHURCH YES LIBRARY YES PARK YES			
ADVERTISED: 3/	A 10/17 & 3/17/17			
COMMENTS: TAXES PAI	D			

"Policing with a Purpose"



Smyrna Police Department

Chief of Police
David Lee

2646 Atlanta QD &E 8 myrna, GA 30080-2118 Phone: 770-434-9481

fax: 678-631-5005

Deputy Chief Robert L. Harvey



Date:

January 31, 2017

To:

Michael Jones, City Administrator

From:

David Lee, Chief of Police

Lt. Rick James, Office of Professional Standards

Subject:

Application for Alcohol License

Applicant: Syeda Najira Khatun

This applicant, Ms. Syeda Najira Khatun, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcohol beverage license, issued to 475 Windy Hill Road, Smyrna, GA 30082.

The business name is Chevron Food Mart.

The business is incorporated under the name Ayra Chevron, LLC.

A criminal history was conducted on this applicant, and there was 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

Responsible Vendors, Inc Iraining Institute for

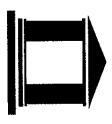
certifies that

Syeda Khatun

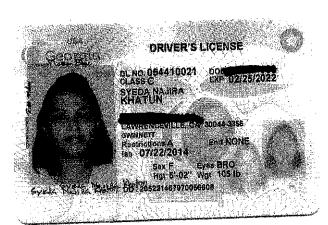
entitling them to all the rights and privileges appertaining thereto has successfully completed training in our RASS Workshop thus

In witness thereof the undersigned have affixed their names this 25th day of January, 2017

Sea



President T



Rev 08/16/2014 WWW.dds.ga.gav (678) 413-8490

MEDICAL INFORMATION: Nome





CLASS: G-S 28,000 fbs. GVWR and Trailer S 10,000 fbs. All recreati

ENDORSEMENTS: None

RESTRICTIONS: A-None

02/25/1982

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Ayra Chevron LLC located at 475 Windy Hill Rd., Smyrna, Georgia, requesting a privilege license for the sale of beer and wine (retail package). This application will be heard before the License and Variance Board for the City of Smyrna, 2800 King Street, Smyrna, Georgia on March 22 at 10:00 a.m. All concerned persons are hereby notified.

Syeda Khatun Licensee

> Ayra Chevron LLCV 475 Windy Hill Rd. Smyrna, Georgia 30080

Ads to Run ____Mar 10, 2017 and ___Mar 17, 2017

CITY OF SMYRNA

ALCOHOL BEVERAGE LICENSE APPLICATION SUMMARY