MEETING OF <u>MAR 20, 2017</u>	WARD	3 (ta)
	ITEM NUMBER \$ IMPACT	

ISSUE:

Application for privilege licenses for Rays Five Star Inc dba Ray's Liquor Store for the sale of beer, wine and liquor (retail package). The current owner/agent is Sirak G. Kassa. This application is for a change of current location from 1003 Windy Hill Road to 2264 Atlanta Road.

SUMMARY:

Sirak G. Kassa is the registered agent for Ray's Liquor Store and requests privilege licenses for the sale of beer, wine, and liquor (retail package) at 2264 Atlanta Road.

BACKGROUND:

Sirak G. Kassa will continue to be the registered agent responsible for the sale of alcohol at the referenced location. Sirak G. Kassa has a copy of the Alcoholic Beverage Ordinance and has maintained his certification for Alcohol Management. (Certificate attached)

STAFF RECOMMENDATION:

A background investigation conducted by the Smyrna Police Department failed to reveal information that would preclude issuance of this license. Sirak G Kassa 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, wine, and liquor (retail package) for Rays Five Star Inc dba Ray's Liquor Store at 2264 Atlanta Road with Sirak G. Kassa 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 TYP	E APPLICATION AND A	ISWER ALL OUESTION	de .	
TYPE OF LICENSE: [CHECK APPROP		TOTAL FILL GOESTION	49.	
	RIATE SPACES]			
LIQUOR:	<u>BEER:</u> NEW	•	WNE:	_
RENEWAL	RENEWAL	X	NEW	Q
TRANSFER	TRANSFER	¥	renewal Transfer	Q
MANUFACTURER WHOLESALER	MANUFACTURER		MANUFACTURER	8
PKG. BEERWINE	Wholesaler PKG. Beerwine		WHOLESALER	
PKG. DIST. SPIRITS	PKG. DIST. SPIRITS	片	PKG. BEER/WINE PKG. DIST. SPIRITS	
RETAIL POURING	RETAIL POURING		RETAIL POURING	' ;
Restaurant Package Store	Restaurant		Restaurant	ď
Dancing/Live Ent	Package Store Dancing/Live Ent.		Package Store	
Private	Private		Dancing/Live Ent. Private	片
Other	Other		Other	
1. Legal Name of Business <u>RAY'</u>). <u>) [</u>		
Operating name of the Business	AY'S LIA WOR	STORE		
is the Business a: O proprietors	hip 🔘 partnership	corporation	O foreign	
Location 2264 ATLANT	A RD SMYRA	VA GA 30080 Phone	710-432-	7862
Is business within the designated dista	nce of any of the following	?		1000
PACKAGE DISTILLED SPIRITS		Ÿ	ES NO	
SCHOOL		* C-	NO O	
CHURCH/PARK/PUBLIC BUILDII	NG/	`		
LIBRARY/RESIDENCE	300 F	EET		
POURING DISTILLED SPIRITS				
SCHOOL	600 F	EET (0	
CHURCH/PARK/PUBLIC BUILDIN	1G /			
LIBRARY/RESIDENCE	200 F	EET (
[BUILDING NO CLOSER THAN 78	FEET FROM PROPERTY	' LINE]	•	
PACKAGE WINE, MALT BEVERAGE				
SCHOOL	600 F	EET 6		
CHURCH/PARK/PUBLIC BUILDIN	lG/	•	•	
LIBRARY	300 Fi	eet 🙍		
EXCEPT GROCERY STORES AS	DEFINED BY ORDINANO	E))	
POURING WINE, MALT BEVERAGE				
SCHOOL	600 F£	ET C) 0	
CHURCH/PARK/PUBLIC BUILDIN	G/	•	•	
LIBRARY/RESIDENCE	200 FE	ET C	•	
[BUILDING NO CLOSER THAN 75		- L A	0	
		-		

TO HAME OF CONTRACT C
If a sole proprietor, will you manage the business full time on the premises? Social Security Number
Date of Billiu
Are you a Citizen of the United States? Yes No Birthplace
Current Address 1114 CHRISTIE DR NE City/State MARIETTA GA Zip 30066
Home TelephoneNumber of years at present address
Drivers License Number and State
What has been your occupation for the past five (5) years? Give detailed list <u>RAY'S PACKAGE</u>
If a partnership, attach list showing each partner owning 10% or more, with address, telephone number, date of birth, and social security
If a corporation, provide corporate address, phone number & name of Chief Executive Officer 1003 Windy HILL RD SE
SMYRAR GA 770-432-7062 STRAK KASSA
Federal Tax ID# 26-3243789 State of Incorporation Georgia
Is this a new business in Smyma? Yes No If yes, date business will begin in Smyma
Is this a transfer or change of ownership? O Yes O 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?
O Yes No If yes, attach full details.
5. Full name of Manager (as Applicant) STRAK G KASSA
Social Security Number Date of Birth
Are you a Citizen of the United States? Yes O No Birthplace L. Hiopin
Current Address 1714 CH DISTIE DE NE ONIDA AND CHARLES
Home Telephone Number of years at present address 5 +
Do you reside in Cobb County? Yes No If yes, how long 5 +
Previous address 1714 CHRISTIE DR NE MARIETTA CA 30066
Number of years at previous address 5 Drivers License Number and State
What has been your occupation for the past five (5) years? Give detailed list
Manager's employment date with owner
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

7. Do you own the land and building on which this business is to operate? Amount Paid 510,000.00 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. 3. How is the proposed location zoned? Attach copy of zoning certification from the City of Smyrna (Community Development 770-319-6387). 3. 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 fiquor store(s)? No If so, state the number of stores and where each store is located.	or regulations regulating such business? (The term "co the forfeiture of bond when charged with a crime.)	O Yes	No No					
states or of the United States? Of guilt, a plea of guilty or noto contenders or the forfeiture of bond when charged with a crime.) If there was an arrest, are charges are stipending? (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, optate or drug? (b) 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, optate or drug? (c) 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 beverages, please or drug? (d) Within a three-year period preceding the application? (e) Within a three-year period preceding the application? (f) Yes No No (f) Been currently placed on parole from any governing authority? (e) Yes No (f) Been currently placed on parole from any governing authority? (f) Yes No (g) Been declared to be under suspension, at the date the application is filed? Yes No (g) Been declared to be under suspension, at the date that the application is filed? Yes No (h) Been revoked within six months of the date that the application is filed? Yes No (f) Yes No No If yes to any of the above questions, please attach full detail. Yes No Amount Peid Amount Peid Amount Peid Amount Peid Yes No No If the terms of the lease; including the manner in which the rent is determined, to whom and at what intervels it is paid. It than a copy of the lease and any other pertinent documents. How is the proposed location zoned? It this is an application for an original license, attach proof of adequate parking facilities as per the City of Smyme zoning requirements zonmunity Development 770-319-5387). Do you, your spouse, any family members, or any of the other owners, partners, or stockholders have an interest in a retai	if there was an arrest, are charges still pending?	O Yes	♠ No					
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Amount Paid	If yes to any of the above questions, please attach full de	tail.			_			
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computing the gross sales. Indicate gross sales for beer, wine and liquor separately.	
·	
13. Please initial here that you have received a copy of the City of Smyrna Alcoholic I	Beverage Ordinance SK
14. Are you familiar with the City of Smyrna ordinances and state and federal laws a business? Yes O No	and regulations governing the operation of this type of
15. Are you aware you are required to apply for a State license? Ye Contact the Georgia Department of Revenue Alcohol Division at 404-417-4900.	es O No

CITY OF SMYRNA **BUSINESS LICENSE DEPARTMENT** APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE Phone (678) 631-5321 Fax (770) 431-2814 Web site: www.smyrmacity.com

GEORGIA, COBB COUNTY

MADE OF ME IN THE	ABOYE AND FUREGUING APPLICATION ARE	SWORN TO LAW, DO SWEAR THAT THE STATEMENT: TRUE, AND NO FALSE, OR FRAUDULENT STATEMENT R
MADE HEREIN AND SI	UCH STATEMENTS WERE MADE IN ORDER TO	PROCURE THE GRANTING OF A LICENSE.
_	STRAK. KASSA	SIRAK KASSA.
	Signature of Owner (type name before signing)	
	Signature and title of person other than Owner of	ompleting this application
	Phone Number: Work:	Home:
	STRAK FASSA =	
	Signature of Managing Applicant (type name bef	
_	TRAK. KASSA	Owner
•	Signature and title of person other than Applicant	completing this application
	Phone Number: Work:	Home:
Sworn to and subscribed. This day of	before me	
Notary Public		
FINGERPRINTED AT SM	YRNA POLICE DEPARTMENT:	
147/18	Ves	Date FAB 6 2017
RECEIVED IN CITY OF S	MYRNA BUSINESS LICENSE DEPARTMENT BY	
		Date 2/6/17
)/	

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Kassa, Sirak Ray's Package Shop 1055 Windy Hill Road Smyrna, GA 30080

For satisfactory completion of Evindi, Inc.'s

It's the Law Responsible Alcohol Sales & Service

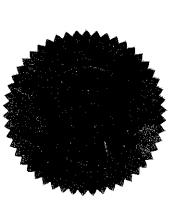
Workshop (3 hours)

INCORPORA

Michele L. Stumpe, President of Evindi, Inc.

This workshop has been approved to satisfy the following alcohol ordinance requirements: Cobb County §6-96 as amended 7-10-01; City of Kennesaw §6-69 as amended 10-1-02; City of Roswell §3.2.10; City of Powder Springs §§3-103 & 3-182; Douglas County §3-27; City of Holly Springs §6-48; and City of Smyrna §6-129 as amended 8-02-04.

Certificate to be posted in conspicuous location at licensed premises.



A LINE

COMMERCIAL PURCHASE AND SALE AGREEMENT

Offer Date: OCTOBER 3, 2016



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KEY TERMS AND CONDITIONS		46 - 46 - 4444 - 4 - 1444	2016 Prin
. Purchase and Sala. The productioned	I haveries t'Auror's one	On in house and the second second	
Uris Agreement.	min of our miles of	re recognitional expensive (. Fuchauk.) du li	e) ("Seller") (lyree to sell the
Property Identification: Address: 1 City SMYRNA	2204 ATLANTA RD, SI	AND BELMONT CIRCLE	·
MLS Number:	, County COBB	Georgie	ı, Zip Code <u>30080</u>
b. Logal Description: The ingel descri	folints of the Bronesty is	Tax Parcel I.D. Number. 17-0491-0-0:	21-0 and 17-0446-0-001-0
FILE AMERICAN AS SUI DXIMILITATION	K .	,	•
🛛 (2) Illio same as described in Os	ed Book <u>14276</u> , p	nge <u>2663</u> , et. seq., of the land n	scourie of the shows country
(3) Land Lot(s)	_of the	District.	Seatlan/ G
LotBlock	, Unil	Phase/Section	
the plat recorded in Plat Book	. Page	. ot. seq., of the land roce 3. Selter's Contribution at Clos	/laion/Development, accordin
Purchase Price of Property to be Pate	by Buyer,	3. Seller's Contribution of Close	ins of the above county.
\$10000		50	mil.
Glosing and Possassion. n. Closing Date:			
3-17-2017		b. Seller Relains Possession of	Properly Through:
Holder of Earnest Meney ("Holder")	· 10 of the later	6. Closing Attornay/Law Firm.	
GIRARDOT & ASSOCIATES		RIPADANT P ARCANIATED	NAME OF TAXABLE PARTY.
Earnest Money. Carnest Money shall be	pald by 🔯 check 🔲 c	ish or D wire tennsing of immediately	sunitable funts on Citi
Ø b. \$ <u>5000</u>	within 3 days from	the Binding Agraement Date.	
以 C. , , , , , , , , , , , , , , , , , , ,	· 	the Blading Agreement Date.	
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Li c. Due Diligence Period: Properly is tining Buyer shall liave 120 days from the Bin	sold subject to a Duo D	the Blading Agraement Date. iligence Period of 128 days from the which to furnish written till explanation	s to Seller
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CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE 03/07/17	M	AYOR/COUNCI	L MEETING	03/20/17
TYPE OF LICENSE R PACKAGE	EQUESTED:	PRIVILEGE	LICENSE	BEER/WINE/LIQUOR
NEW APPLICATION: YES	OWNERSH	IP <u>NO</u>	AGENT_	NO
NAME OF BUSINESS:	RAY'S Dba RAY	FIVE STAR I	LC STORE	
PLACE OF BUSINESS:	2264 A	TLANTA ROAD		
	SMYRNA	GA 30080		
AGENT:		G. KASSA HRISTIE DR CA, GA 300		
CITIZENSHIP	YES			
POLICE REPORT: DATE R	EQUESTED 0	2/06/17 DAT	re receive	D_02/22/17
RESULTS: _INVESTIGATI	ON FAILED T	O REVEAL II	NFORMATION	THAT WOULD
PRECLUDE IS	SUANCE OF T	HESE LICENS	SES	
TYPE OF BUILDING	MASONRY			
DISTANCE MET: SCHOOL_	YES CHURCH	YES LIBRAF	RY <u>YES</u> PA	RK YES
MAP FURNISHED:	SEE AT	TACHED		
ADVERTISED: 03/1	0/17 & 03/1	7/17		
COMMENTS: ALL TAXES P	AID			

"Policing with a Purpose"



<u> Smyrna Police Department</u>

Chief of Police David Lee 2646 Atlanta QD &E Smyrna, GA 30080-2118 Phone: 770-434-9481 Fax: 678-631-5005

Deputy Chief Robert L. Harvey



Date:

February 22, 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: Sirak G. Kassa

This applicant, Mr. Sirak Kassa, 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 2264 Atlanta Road, Smyrna, GA 30080.

The business name is Ray's Liquor Store.

The business is incorporated under the name Ray's Five Star, LLC.

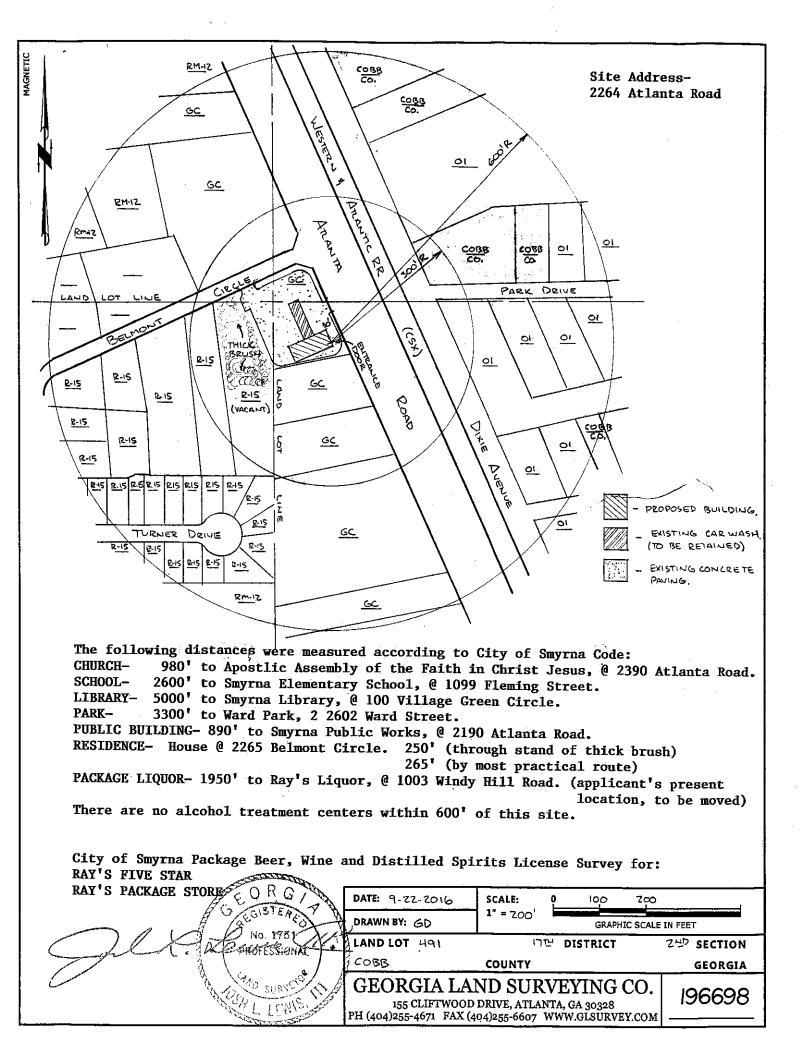
A background check was conducted on this applicant. He was arrested on March 26, 2009 for selling two underage females alcohol from his store, Ray's Liquor Store, at 1055 Windy Hill Road Smyrna, GA 30080. The arrest was the result of a controlled underage alcohol operation conducted by the Smyrna Police Department. There was nothing else in his background that would prohibit him from holding the license as long as he meets all the other requirements of the ordinances that regulate this type of business.

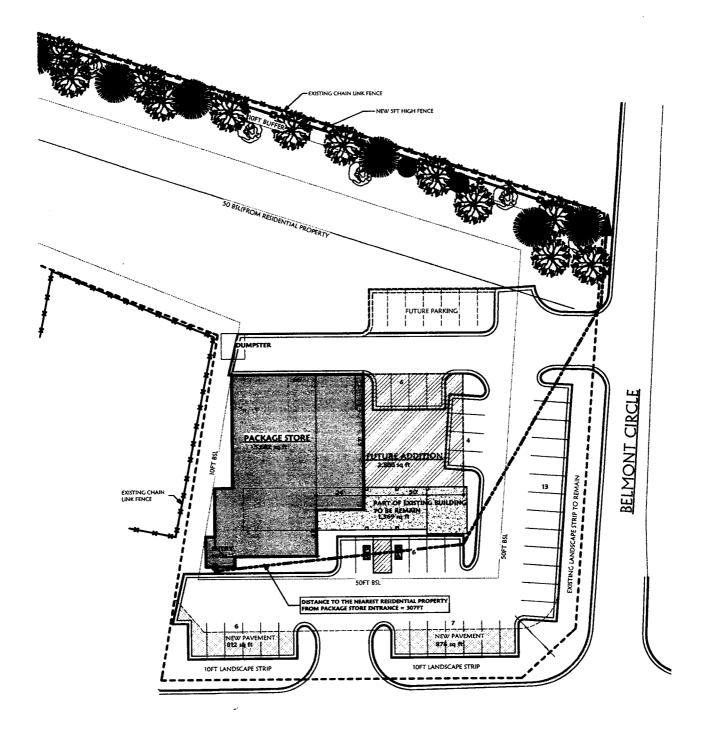
CC:

Terri Graham, City Clerk

Jim Cox, Business License

File





ATLANTA ROAD



SCALE: 1" = 30'

:-DROPOSED SITE DALN

RAYS DACKAGE STORE

DEVELOPER CONTACT PERSON : RAYS PACKAGE

: SIRAK KASSA, (P)(678) 622-4601



KSi design group, Ilc

228 GLENWOOD DR CANTON, GA. 30115 Phone: (678) 438-4759 KSidesign@outlook.com

|architecture|| space planning

ocopyracchf : 2006 - This drawing is at instructed of tensor that is taken the property of kill design proc. and with the te may reproduced, subsidies of imped in whether a in most of use of any way vapous without performance options and of \$15 delays.



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 Z/16/17
(Must be signed by applicant. If the applicant is a corporation, must be signed by an offer of the corporation.) A STAMPED SIGNATURE IS NOT ACCEPTABLE.
I hereby certify that 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 16 day of Alb , 20/7 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 of ID Card, 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 Ray's Five Star Inc dba Ray's Liquor Store requesting privilege licenses for the sale of beer, wine, and liquor (retail package) This application will be heard before the Mayor and Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on March 20, 1917 at 7:00 p.m. All concerned persons are hereby notified.

Sirak G Kassa Owner and Licensee

> Ray's Fire Star Inc dba Ray's Liquor Store 2264 Atlanta Road Smyrna, GA 30080

Ads	to	Run	MAR	10	and	MAR	17	