

MEETING OF MAR 20, 2017

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 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 RAY'S FIVE STAR LLC

Operating name of the Business RAY'S LIQUOR STORE

Is the Business a: ☐ proprietorship ☐ partnership ☒ corporation ☐ foreign

2. Location 2264 ATLANTA RD SMYRNA GA 30080 Phone 770-432-7062

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

PACKAGE DISTILLED SPIRITS

		YES	NO
SCHOOL	600 FEET	<input checked="" type="radio"/>	<input type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	300 FEET	<input checked="" type="radio"/>	<input type="radio"/>

POURING DISTILLED SPIRITS

		YES	NO
SCHOOL	600 FEET	<input type="radio"/>	<input type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="radio"/>	<input type="radio"/>

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

PACKAGE WINE, MALT BEVERAGE

		YES	NO
SCHOOL	600 FEET	<input checked="" type="radio"/>	<input type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input checked="" type="radio"/>	<input type="radio"/>

[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]

POURING WINE, MALT BEVERAGE

		YES	NO
SCHOOL	600 FEET	<input type="radio"/>	<input type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="radio"/>	<input type="radio"/>

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full name of Owner SIRAK G. KASSA

If a sole proprietor, will you manage the business full time on the premises? ☒ Yes ☐ No

Social Security Number [REDACTED] Date of Birth [REDACTED]

Are you a Citizen of the United States? ☒ Yes ☐ No Birthplace [REDACTED]

Current Address 1714 CHRISTIE DR NE City/State MARIETTA GA Zip 30066

Home Telephone [REDACTED] Number of years at present address 5+

Drivers License Number and State [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list RAY'S PACKAGE

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 1003 WINDY HILL RD SE
SMYRNA GA 770-432-7062 SIRAK KASSA

Federal Tax ID # 26-3243789 State of Incorporation Georgia

Is this a new business in Smyrna? ☐ Yes ☒ No If yes, date business will begin in Smyrna [REDACTED]

Is this a transfer or change of ownership? ☐ Yes ☒ No Effective date [REDACTED]

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) SIRAK G. KASSA

Social Security Number [REDACTED] Date of Birth [REDACTED]

Are you a Citizen of the United States? ☒ Yes ☐ No Birthplace Ethiopia

Current Address 1714 CHRISTIE DR NE City/State MARIETTA GA Zip 30066

Home Telephone [REDACTED] 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 GA 30066

Number of years at previous address 5+ Drivers License Number and State [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list RAY'S PACKAGE

Manager's employment date with owner [REDACTED]

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 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 \$ 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.

8. How is the proposed location zoned? _____

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.

13. Please initial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance SK

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, SIRAK G KASSA, 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.

SIRAK KASSA SIRAK KASSA.
Signature of Owner (type name before signing)

Signature and title of person other than Owner completing this application

Phone Number: Work: _____ Home: _____

SIRAK KASSA SIRAK KASSA.
Signature of Managing Applicant (type name before signing)

SIRAK KASSA Owner
Signature and title of person other than Applicant completing this application

Phone Number: Work: _____ Home: _____

Sworn to and subscribed before me

This 6 day of Feb 2017

Notary Public

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

M. R. Jones Date Feb 6, 2017

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

[Signature] Date 2/6/17

CERTIFICATE OF ATTENDANCE

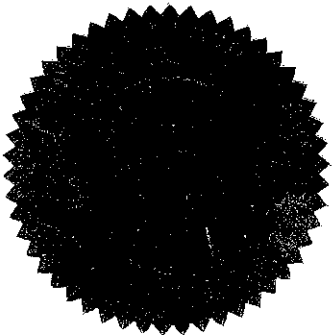
This certificate is awarded to

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



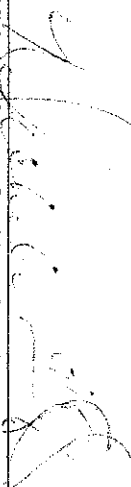
EVINDI

INCORPORATED



For satisfactory completion of Evindi, Inc.'s

It's the Law Responsible Alcohol Sales & Service
Workshop (3 hours)


Michele L. Stumpe, President of Evindi, Inc.


Date

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 §83-103 & 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.



COMMERCIAL PURCHASE AND SALE AGREEMENT

Offer Date: OCTOBER 3, 2016



2016 Printing

A. KEY TERMS AND CONDITIONS

1. **Purchase and Sale.** The undersigned buyer(s) ("Buyer") agree to buy and the undersigned seller(s) ("Seller") agree to sell the real property described below including all fixtures, improvements and landscaping therein ("Property") on the terms and conditions set forth in this Agreement.

a. **Property Identification:** Address: 2204 ATLANTA RD, SE AND BELMONT CIRCLE

City SMYRNA

County COBB

Georgia, Zip Code 30080

MLS Number: _____

Tax Parcel I.D. Number: 17-0491-0-021-0 and 17-0446-0-001-0

b. **Legal Description:** The legal description of the Property is (select one of the following below).

☐ (1) attached as an exhibit hereto;

☒ (2) the same as described in Deed Book 14276, Page 2663, et. seq., of the land records of the above county; OR

☐ (3) Land Lot(s) _____ of the _____ District, _____ Section/GMD, _____ Lot _____, Block _____, Unit _____, Phase/Section _____ of

the plat recorded in Plat Book _____, Page _____, et. seq., of the land records of the above county.

2. **Purchase Price of Property to be Paid by Buyer.**

\$ 510000

3. **Seller's Contribution at Closing.**

\$ 0

4. **Closing and Possession.**

a. **Closing Date:**

3-17-2017

b. **Seller Retains Possession of Property Through:**

CLOSING

5. **Holder of Earnest Money ("Holder").**

GIRARDOT & ASSOCIATES

6. **Closing Attorney/Law Firm.**

GIRARDOT & ASSOCIATES - MR BRUMBY

7. **Earnest Money.** Earnest Money shall be paid by ☒ check ☐ cash or ☐ wire transfer of immediately available funds as follows:

☐ a. \$ _____ as of the Offer Date.

☒ b. \$ 5000 within 3 days from the Binding Agreement Date.

☐ c. _____

8. **Due Diligence Period:** Property is being sold subject to a Due Diligence Period of 120 days from the Binding Agreement Date.

9. Buyer shall have 120 days from the Binding Agreement Date in which to furnish written title objections to Seller.

10. Seller shall deliver Due Diligence Materials to Buyer within 3 days from Binding Agreement Date.

11. Buyer ☒ may OR ☐ may not assign this Agreement in accordance with the terms of this Agreement.

12. Disputes regarding earnest money shall be resolved by a reasonable interpretation by ☐ Holder; OR ☒ arbitration.

13. **Brokerage Relationships in this Transaction.**

a. **Selling Broker is** ATLANTA COMMUNITIES and is:

(1) ☒ representing Buyer as a client.

(2) ☐ not representing Buyer (Buyer is a customer).

(3) ☐ acting as a dual agent representing Buyer and Seller.

(4) ☐ acting as a designated agent where:

has been assigned to exclusively represent Buyer.

b. **Listing Broker is** KW COMMERCIAL and is:

(1) ☒ representing Seller as a client.

(2) ☐ not representing Seller (Seller is a customer).

(3) ☐ acting as a dual agent representing Buyer and Seller.

(4) ☐ acting as a designated agent where:

has been assigned to exclusively represent Seller.

c. **Material Relationship Disclosure:** Broker and/or their affiliated licensees disclose the following material relationships:

N/A

14. **Consent to Share Non-Public Information.** Buyer and Seller hereby consent to the closing attorney preparing and distributing an American Land Title Association ("ALTA") Estimated Settlement Statement-Combined to Buyer, Seller, Brokers and Broker's affiliated licensees working in this agreement for their various uses.

15. **Time Limit of Offer.** The Offer set forth herein expires at _____ o'clock _____ on the date _____.

Buyer(s) Initials SG

Seller(s) Initials [Signature]

THIS FORM IS COPYRIGHTED AND MAY ONLY BE USED IN REAL ESTATE TRANSACTIONS IN WHICH AGATO LLP IS INVOLVED AS A REAL ESTATE LICENSEE. UNAUTHORIZED USE OF THE FORM MAY RESULT IN LEGAL SANCTIONS BEING BROUGHT AGAINST THE USER AND SHOULD BE REPORTED TO THE GEORGIA ASSOCIATION OF REALTORS AT (770) 451-1031.

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CF2, Commercial Purchase and Sale Agreement, Page 1 of 2, 05/01/16

Electronically Signed using eSignOnline™ | Session ID: 7f52d5c8-f5a1-41ef-af5c-e10493e5ba76 |

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE 03/07/17

MAYOR/COUNCIL MEETING 03/20/17

TYPE OF LICENSE REQUESTED: PRIVILEGE LICENSE BEER/WINE/LIQUOR PACKAGE

NEW APPLICATION: YES OWNERSHIP NO AGENT NO

NAME OF BUSINESS: RAY'S FIVE STAR LLC
DBA RAY'S LIQUOR STORE

PLACE OF BUSINESS: 2264 ATLANTA ROAD

SMYRNA, GA 30080

AGENT: SIRAK G. KASSA
1714 CHRISTIE DR NE
MARIETTA, GA 30066

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 02/06/17 DATE RECEIVED 02/22/17

RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD
PRECLUDE ISSUANCE OF THESE LICENSES

TYPE OF BUILDING MASONRY

DISTANCE MET: SCHOOL YES CHURCH YES LIBRARY YES PARK YES

MAP FURNISHED: SEE ATTACHED

ADVERTISED: 03/10/17 & 03/17/17

COMMENTS: ALL TAXES PAID



"Policing with a Purpose"

Smyrna Police Department

Chief of Police
David Lee

2646 Atlanta RD SE
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

A handwritten signature, likely of David Lee, written in ink.

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.

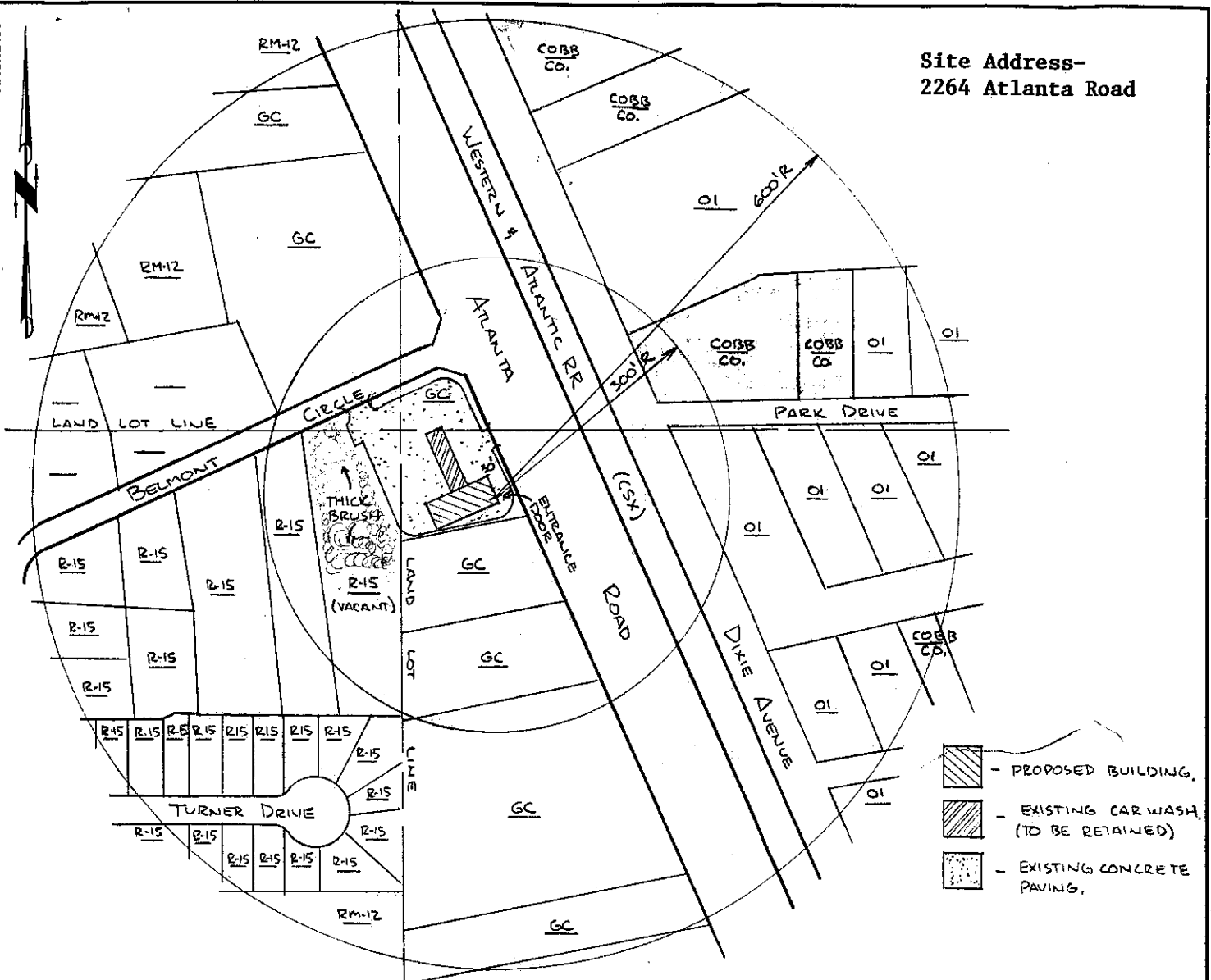
CC: Terri Graham, City Clerk

Jim Cox, Business License

File

MAGNETIC

Site Address-
2264 Atlanta Road



The following distances were measured according to City of Smyrna Code:

CHURCH- 980' to Apostolic Assembly of the Faith in Christ Jesus, @ 2390 Atlanta Road.

SCHOOL- 2600' to Smyrna Elementary School, @ 1099 Fleming Street.

LIBRARY- 5000' to Smyrna Library, @ 100 Village Green Circle.

PARK- 3300' to Ward Park, 2 2602 Ward Street.

PUBLIC BUILDING- 890' to Smyrna Public Works, @ 2190 Atlanta Road.

RESIDENCE- House @ 2265 Belmont Circle. 250' (through stand of thick brush)
265' (by most practical route)

PACKAGE LIQUOR- 1950' to Ray's Liquor, @ 1003 Windy Hill Road. (applicant's present location, to be moved)

There are no alcohol treatment centers within 600' of this site.

City of Smyrna Package Beer, Wine and Distilled Spirits License Survey for:

RAY'S FIVE STAR

RAY'S PACKAGE STORE

DATE: 9-22-2016

SCALE: 0 100 200

DRAWN BY: GD

1" = 200'

GRAPHIC SCALE IN FEET

LAND LOT 491

17TH DISTRICT

2ND SECTION

COBB

COUNTY

GEORGIA

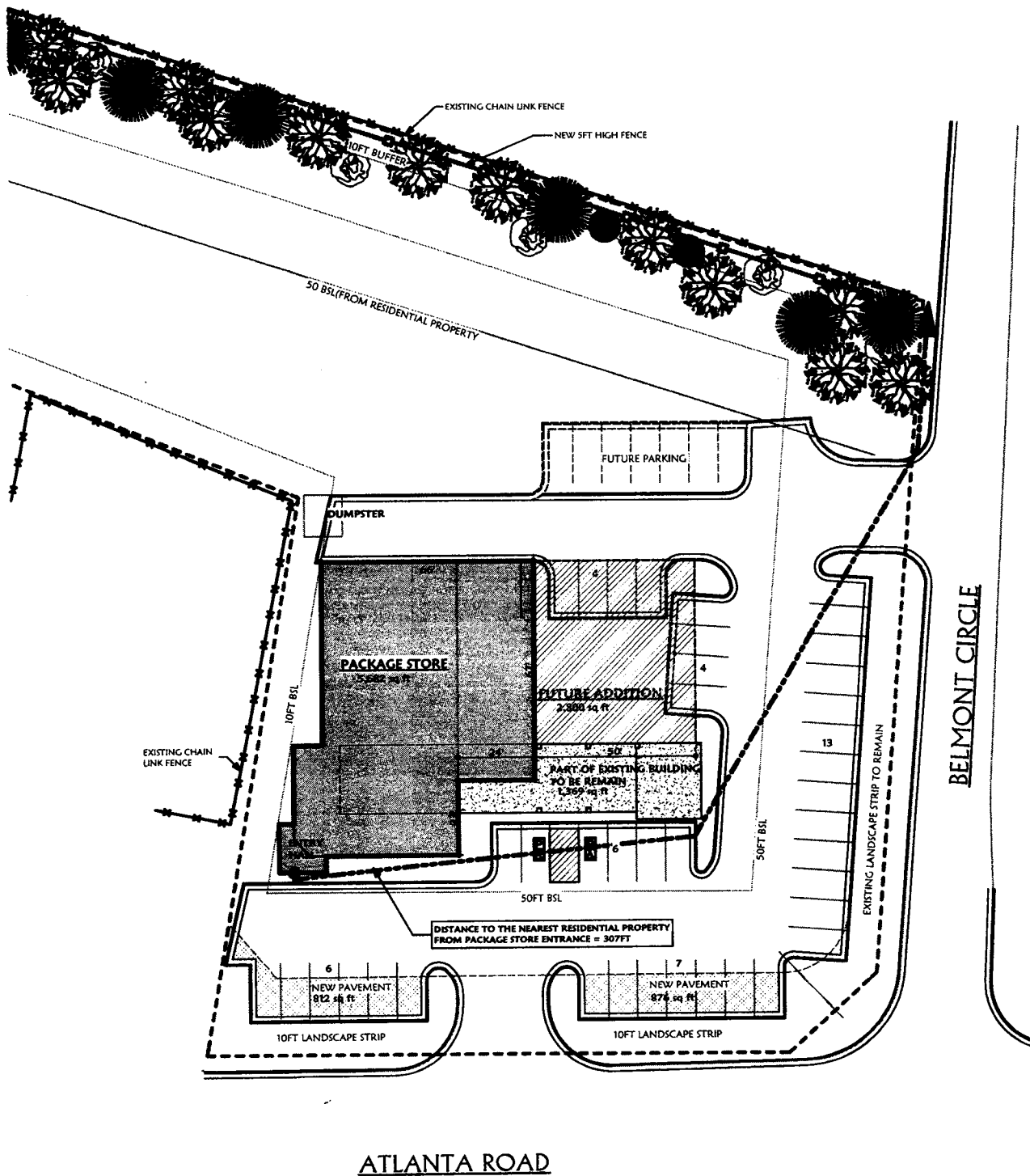
GEORGIA LAND SURVEYING CO.

155 CLIFTWOOD DRIVE, ATLANTA, GA 30328

PH (404)255-4671 FAX (404)255-6607 WWW.GLSURVEY.COM

196698





1 PROPOSED SITE PLAN

SCALE: 1" = 30'

PROPOSED SITE PLAN

RAY'S PACKAGE STORE

DEVELOPER : RAYS PACKAGE
CONTACT PERSON : SIRAK KASSA, (P)(678) 622-4601

C-1

KSi
design group, llc

architecture |
space planning

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

DISCLAIMER: 2006 This drawing is a
preliminary sketch and shall not be
published or copied in whole or in part or used in
any way without written permission of KSi design
group.

Tuesday, December 13, 2016



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.

SIRAK KASSA
Signature

2/16/17
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 _____ 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 16th day of FEB, 2017

[Signature]
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 or 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