MEETING OF <u>JUNE 14, 2017</u>	WARD
	ITEM NUMBER
	\$ IMPACT

ISSUE:

Application for Ayra Chevron LLC dba Chevron Food Mart 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 dba Chevron Food Mart 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 dba Chevron Food Mart 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. TYPE OF LICENSE: [CHECK APPROPRIATE SPACES] LIQUOR: BEER: WINE: NEW NEW NEW RENEWAL RENEWAL RENEWAL **TRANSFER** TRANSFER TRANSFER **MANUFACTURER MANUFACTURER MANUFACTURER** WHOLESALER WHOLESALER WHOLESALER PKG. BEER/WINE PKG. BEER/WINE PKG, BEER/WINE PKG, DIST, SPIRITS PKG. DIST. SPIRITS **PKG. DIST. SPIRITS RETAIL POURING RETAIL POURING RETAIL POURING** Restaurant Restaurant Restaurant Package Store Package Store Package Store Dancing/Live Ent Dancing/Live Ent. Dancing/Live Ent. Private Private Private Other Other Other AYRA CHEVRON LLC 1. Legal Name of Business CHEVRON FOOD MART Operating name of the Business O partnership proprietorship Is the Business a: (X) corporation foreign Location 475 WINDY HILL ROAD SE SYMRNA, GA 30082 Phone Is business within the designated distance of any of the following? **PACKAGE DISTILLED SPIRITS** YES NO **SCHOOL** 600 FEET CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE 300 FEET **POURING DISTILLED SPIRITS** SCHOOL **600 FEET** CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE **200 FEET** [BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE] PACKAGE WINE, MALT BEVERAGE **SCHOOL 600 FEET** CHURCH/PARK/PUBLIC BUILDING/ LIBRARY **300 FEET** [EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE] **POURING WINE, MALT BEVERAGE SCHOOL 600 FEET** CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE **200 FEET** [BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

4. Full name of Owner SYEDA KHATUN
If a sole proprietor, will you manage the business full time on the premises? Yes O No
Social Security Number Date of Birth <u>02 - 25 - 1983</u>
Are you a Citizen of the United States? Yes O No Birthplace Bangladesh.
Current Address 3350 Sweetwater Rd AP# 1317 city/state Lawrence ville 614 zip 30044
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 475 WINDY HILL ROAD SE SYMRNA, GA 30082
Federal Tax ID# 81-4697394State of Incorporation GEORGIA
Is this a new business in Smyrna? Yes No If yes, date business will begin in Smyrna 02/01/2017
Is this a transfer or change of ownership?
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) SYEDA KHATUN
Social Security Number Date of Birth
Are you a Citizen of the United States? Yes O No Birthplace BANGLADESH
Current Address 3350 SWEETWATER ROAD APT #1317 City/State LAWRENCEVILLE, GA Zip 30044
Home Telephone Number of years at present address
Do you reside in Cobb County? O Yes O No If yes, how long
Previous address
Number of years at previous address Drivers License Number and StateIA
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

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(c) Within a five-year period immediately preceding the date of application, been or regulations regulating such business? (The term "conviction" shall include an act the forfeiture of bond when charged with a crime.) Yes	arrested Ijudicatio No	or convic n of guilt,	ted of vi a plea o	olating any la of guilty or no	aws, ordin lo contend	ances, dere or
If there was an arrest, are charges still pending?	No					
of guilt, a plea of guilty or nolo contendere or the forfeiture of bond when charged w	No (The	e term "co	nviction	shall include	e an adjud	lication
(e) Within a three-year period preceding the application, been convicted of moinvolving 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 (Th	ne term "c	onviction"	shall
(f) Been currently placed on parole from any governing authority?	0	Yes	Ø	No		
Has any license authorizing the sale of alcoholic beverages at the location for which	the pres	ent licens	e 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	Ø	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.						
How is the proposed location zoned?				······································		
Attach copy of zoning certification from the City of Smyrna (Community Development	nt 770-31	9-5387).				
9. If this is an application for an original license, attach proof of adequate parking f (Community Development 770-319-5387).	acilities a	s per the	City of S	Smyrna zonin	g requirer	nents
10. Do you, your spouse, any family members, or any of the other owners, partr store(s)? Yes No If so, state the number of stores.	ners, or s res and v	stockholde vhere eac	ers have h store is	an interest i s located,	n a retail	liquor
N/A						
11. Have you, your spouse, partner or stockholder any financial interest in the whole if yes, give details.	esale liqu	or busine	ss?	O Yes	⊗	No
N/A						
	<u>-</u>					
		<u></u> .				

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

STARE BY ME IN THE AR	てしい OVE AND FOREGOING AP I STATEMENTS WERE MAI	PLICATION AF	RE TRUE. AND NO FA	, DO SWEAR THAT THE STATEMENTS ALSE, OR FRAUDULENT STATEMENT IS RANTING OF A LICENSE.
MVDT ITHEMA WAS GOOD		ladira	khatun	
	Oignature of Owner (special			
	Signature and title of person Phone Number: Work:			
	Syeda Na Signature of Managing Appli			
	Signature and title of person	other than App	licant completing this a	pplication
	Phone Number: Work:			· · · · · · · · · · · · · · · · · · ·
Sworn to and subscribed by This		_		PRISCILLA YAMILET PENA Notary Public - State of Georgia Paulding County My Commission Expires Dec 5, 2020
Notary Public	Janlot ger	<u>e</u>		
FINGERPRINTED AT SM	YRNA POLICE DEPARTME	NT:		•
RECEIVED IN CITY OF S	MYRNA BUSINESS LICENS	SE DEPARTME		Date
			1	Date 4/17/17

Responsible Vendors, Inc Iraining Institute for

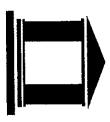
certifies that

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

Seal



President



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Hov 05/15/2014 Www.dds.go.gov (578) 413-8400

MEDICAL INFORMATION: Nome





OLASS: C-S 16,000 that GVWR and Trailer S 10,000 the All recreation

ENDORSEMENTS: None

HESTRICTIONS: A-None

02/26/1983

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CITY OF SMYRNA

ALCOHOL BEVERAGE LICENSE APPLICATION SUMMARY

DATE: 5/30/2017 LICENSE & VARIANCE: 6/14/17			
TYPE OF LICENSE REQUESTED: BEER AND WINE (RETAIL PACKAGE)			
NEW APPLICATION: NO OWNERSHIP YES AGENT YES			
AND A CHENDON LLC			
NAME OF BUSINESS: AYRA CHEVRON LLC dba CHEVRON FOOD MART			
PLACE OF BUSINESS: 475 WINDY HILL RD.			
SMYRNA, GEORGIA 30080			
AGENT: SYEDA KHATUN			
AGENT:SYEDA KHATUN			
HOME ADDRESS: 3340 SWEETWATER ROAD APT 1317			
LAWRENCEVILLE, GA 30044			
CITIZENSHIP YES			
POLICE REPORT: DATE REQUESTED 4/17/17 RECEIVED 5/19/17			
RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD			
PRECLUDE ISSUANCE OF THIS LICENSE			
TYPE OF BUILDING MASONRY			
TIPE OF BUILDING MASONAT			
DISTANCE MET: SCHOOL YES CHURCH YES LIBRARY YES PARK YES			
MAP FURNISHED: N/A			
ADVERTISED: 6/2/17 & 6/9/17			
COMMENTS: TAXES PAID			

"Policing with a Purpose"



Smyrna Police Department

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:

May 19, 2017

To:

Tammi Jones, City Administrator

From:

David Lee, Chief of Police

Lt. Rick James, Office of Professional Standards

Subject:

Application for Alcohol License

Applicant: Syeda Khatun

This applicant, Ms. Syeda 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 SE Smyrna, GA 30080.

The business name is Chevron Food Mart.

The business is incorporated under the name Ayra Chevron LLC.

A background check was conducted on this applicant. There was nothing in her background 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

CITY OF SMYRNA 3180 ATLANTA ROAD P.O. BOX 1226 SMYRNA GA 30081

SMYRNA, GA 30081 (678) 631-5321 or FAX # (770) 431-2814

Name of Business: AYRA CHEVRON LLC	Phone: (678)923-3399	
Business Address: 475 WINDY HILL ROAD SE		
Number/Street	Suite #	
SYMRNA	GEORGIA 30082	
City	State Zip	
Mailing Address: 475 WINDY HILL ROAD SE	Sales H	
Number/Street	Suite#	
SYMRNA City	GEORGIA 30082 State Zip	
•	Phone: 678923-3399	
Check One: C Applicant S Owner	Number of Employees: 2	
Residential Address of Applicant: 3350 SWEETWA Number/Street		GA 30044
	Social Security Number:	
Driver's License Numbers		
Check One: C Proprietorship C Partnership	المستعدد الم	
Full Description of Business: CONVENIENCE STO		٠
run Description of Dusiness.		
President: SYEDA KHATUN V	ice President:	
Secretary:	Treasurer:	
DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS	: <u>350,000</u>	
Will there be renovations of any kind, inside or outside the	estructure? O Yes 💢 No	
If yes, describe renovations:	<u>and the second control of the second contro</u>	
Will the outside of the building be painted? O Yes	No If yes, colors must be muted earth tone.	
I hereby affirm that I am a legal resident of the United Smyrna Police Department will verify information con will adhere to the provisions of the Immigration and Na and employment eligibility of all employees hired after maintain Form I-9 for all employees as required by this	tained in the license application. I further affirm that I ationality Act, as amended, by verifying the identity November 6, 1986 and that I will complete and	
sych Nasira Khatun	01 05 201	1
SIGNATURE OF APPLICANT	DATE '	
St. Smith	Belinne !	30-17
FREMARSHAL BUILDING		
		GC GENERAL COMMERCA
***Sign Permits are required when changing	CODY at Ca Off Capture Signs, installing now	
signs, and for displaying banner or other Community Development Department before	temporary signs. P lease check with the	_
signs of (770) 319-5387.***	Hiptmining and areas of Ambinining sampaign	

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 June 14 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 Jun 2, 2017 and Jun 9, 2017