

MEETING OF AUG 21, 2017

WARD 3 (ta)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

New application for privilege licenses for Williams Food Group LLC dba Newk's Eatery for the sale of beer and wine (retail pouring). Williams Food Group LLC is the owner and Donald Scott Harris, Jr. is the agent applicant.

SUMMARY:

Donald Scott Harris, Jr. as the registered agent Williams Food Group LLC dba Newk's Eatery requests privilege licenses for the sale of beer and wine (retail pouring) at 1405 Spring Road SE.

BACKGROUND:

Donald Scott Harris, Jr. will be the registered agent, responsible for the sale of alcohol at the referenced location. Donald Scott Harris, Jr. 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. Donald Scott Harris, Jr. 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 pouring) for Williams Food Group LLC dba Newk's Eatery with Donald Scott Harris, Jr. 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 Williams Food Group, LLC

Operating name of the Business Newk's Eatery

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

2. Location Jonquil Village 1405 Spring Road, SE, Smyrna, GA 30080 Phone (770) 261-1095

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 _____

If a sole proprietor, will you manage the business full time on the premises? ☐ 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 _____

Federal Tax ID # _____ State of Incorporation _____

Is this a new business in Smyrna? ☐ Yes ☐ No If yes, date business will begin in Smyrna _____

Is this a transfer or change of ownership? ☐ Yes ☐ 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?

☐ Yes ☐ No If yes, attach full details.

5. Full name of Manager (as Applicant) Donald Scott HARRIS JR

Social Security Number [REDACTED] Date of Birth 05-14-1976

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

Current Address 1485 EAST Atlanta Rd City/State Stockbridge Zip 30281

Home Telephone [REDACTED] Number of years at present address 2

Do you reside in Cobb County? ☐ Yes ☒ No If yes, how long _____

Previous address _____

Number of years at previous address _____ Drivers License Number and State 039324683 GA

What has been your occupation for the past five (5) years? Give detailed list General Manager @ Newk's

Manager's employment date with owner 05/15/17

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

4. Full name of Owner Paul G. Williams

If a sole proprietor, will you manage the business full time on the premises?

☐ Yes ☐ No

Social Security Number [REDACTED] Date of Birth 11/01/1953

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

Current Address 4560 Harris Trail City/State Atlanta Zip 30327

Home Telephone [REDACTED] Number of years at present address 10

Drivers License Number and State 013298086 State of Georgia

What has been your occupation for the past five (5) years? Give detailed list Restaurant owner / operator

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 Williams Food Group, LLC,
4560 Harris Trail, Atlanta, Georgia 30327 President & CEO Paul G. Williams

Federal Tax ID # 81-5189233 State of Incorporation State of Georgia

Is this a new business in Smyrna? ☒ Yes ☐ No If yes, date business will begin in Smyrna 09/25/2017

Is this a transfer or change of ownership? ☐ Yes ☒ 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?

960 ☒ Yes ☐ No If yes, attach full details.

5. Full name of Manager (as Applicant) Paul G. Williams

Social Security Number 430-06-8548 Date of Birth 11/01/1953

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

Current Address 4560 Harris Trail City/State Atlanta, GA Zip 30327

Home Telephone (404) 814-9424 Number of years at present address 10

Do you reside in Cobb County? ☐ Yes ☒ No If yes, how long _____

Previous address 525 Semira Street, Atlanta, GA 30031

Number of years at previous address 10 Drivers License Number and State 013298086 State of Georgia

What has been your occupation for the past five (5) years? Give detailed list Restaurant owner/operator since December 1994

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

(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 _____

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.

Newk's Eatery is located in the Jonquil Village Development which is leased and managed by Halpern Jonquil, LLC,
5200 Roswell Road, Atlanta, GA 30342. We will pay a fixed, monthly rent to Halpern Jonquil.

Attach a copy of the lease and any other pertinent documents.

8. How is the proposed location zoned? Commercial

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.

not applicable

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

DSH5
RW/SA

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, Donald Scott Harris Jr., 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)

Donald Scott Harris Jr.
Signature and title of person other than Owner completing this application

Phone Number: Work: 770-261-1095 Home: 318-347-1370

Signature of Managing Applicant (type name before signing)

Signature and title of person other than Applicant completing this application

Phone Number: Work: _____ Home: _____

Sworn to and subscribed before me

This 28 day of June 2017

Notary Public

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

Priddy Date 6/23/17

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Cip Date 6/25/17

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Harris, Scott
Williams Food Group LLC
d/b/a Newk's Smyrna
1405 Spring Road SE
Atlanta, GA 30305

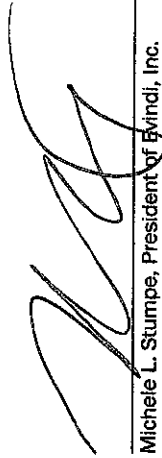


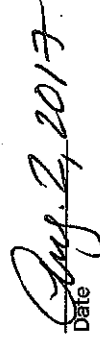
EVINDI

INCORPORATED

For satisfactory completion of Evindi, Inc.'s

Responsible Alcohol Sales & Service Workshop (3 hrs.)


Michele L. Stumpe, President of Evindi, Inc.

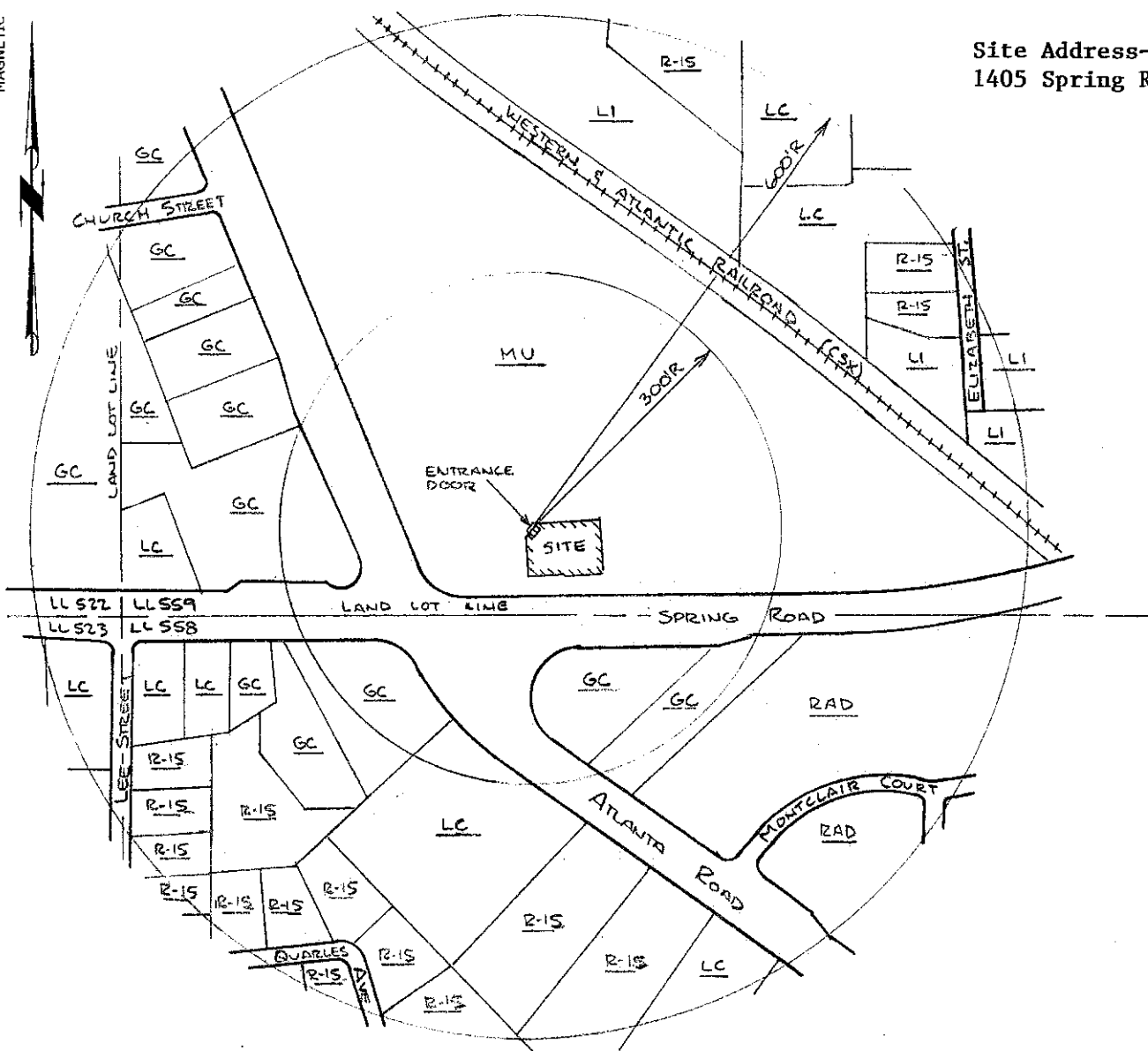

Date Aug. 2, 2017

This workshop has been approved to satisfy the following alcohol ordinance requirements:
Cobb County; City of Kennesaw; City of Roswell; Cherokee County; City of Powder Springs;
Douglas County; City of Holly Springs; City of Sandy Springs; City of Johns Creek; Forsyth
County, City of Smyrna, Fayette County Rockdale County and Spalding County

Certificate to be posted in conspicuous location at licensed premises.

MAGNETIC

Site Address-
1405 Spring Road



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

CHURCH- 900' to Smyrna United Methodist Church, @1315 Concord Road.

SCHOOL- 1750' to Covenant Christian School, @ 3130 Atlanta Road.

LIBRARY- 2700' to Smyrna Library, @ 100 Village Green Circle.

PARK- 1600' to Brinkley Park, @ 1270 Hunter Street.

RESIDENCE- 960' to townhouse @ 1400 Montclair Court.

PUBLIC BUILDING- 2150' to Smyrna City Hall, @ 2800 King Street.

City of Smyrna Beer and Wine Pouring License Survey for:

NEWK'S

John E. Newk
 GEORGIA
 REGISTERED
 LAND SURVEYOR
 1751
 PROFESSIONAL
 LAND SURVEYOR
 1751
 1751

DATE: 6-26-2017	SCALE: 1" = 200'	0 100 200 400 GRAPHIC SCALE IN FEET
DRAWN BY: GD		
LAND LOT 558	17 TH DISTRICT	2 ND SECTION
C082	COUNTY	GEORGIA
GEORGIA LAND SURVEYING CO.		197760
155 CLIFTWOOD DRIVE, ATLANTA, GA 30328 PH (404)255-4671 FAX (404)255-6607 WWW.GLSURVEY.COM		

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 08/02/2017 MAYOR AND COUNCIL: 08/21/2017

TYPE OF LICENSES REQUESTED: BEER AND WINE (RETAIL POURING)

NEW APPLICATION: YES OWNERSHIP YES AGENT YES

NAME OF BUSINESS: WILLIAMS FOOD GROUP LLC
dba NEWK'S EATERY

PLACE OF BUSINESS: 1405 SPRING ROAD SE
SMYRNA, GA 30080

AGENT: DONALD SCOTT HARRIS, JR

HOME ADDRESS: 1485 EAST ATLANTA ROAD
STOCKBRIDGE, GA 30281

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 6/25/17 RECEIVED 7/06/17

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: 08/11/17 & 08/18/17

COMMENTS: ALL TAXES PAID PER MH

"Policing with a Purpose"



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: July 6, 2017
To: Tammi Jones, City Administrator
From: David Lee, Chief of Police
Sgt. Doug Copeland, Office of Professional Standards
Subject: Application for Alcohol License
Applicant: Donald Scott Harris

This applicant, **Donald Scott Harris**, 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, **1405 Spring Rd.**

The business name is **Newk's Eatery**.

The business is incorporated under the name **Williams Food Group, LLC**.

A background check was conducted on this applicant. There was nothing in his background within the criminal history requirements of City of Smyrna Ordinance 6-51 that would prohibit his 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



1327804022

9.	HAVE YOU EVER HAD ANY BENEFICIAL INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE BUSINESS IN THIS OR ANY OTHER STATE IN WHICH THE ALCOHOL LICENSE WAS DENIED OR REVOKED OR ANY OTHER DISCIPLINARY ACTION WAS TAKEN? [] YES [X] NO ("Beneficial Interest" as used here means: when a person holds the license in his own name or when he has a legal, equitable or other ownership interest in, or has any legally enforceable interest or financial interest, or derives economic benefit from, or has control over a business.) IF "YES", COMPLETE THE FOLLOWING:				
ALCOHOL LICENSE NO.			% AND TYPE INTEREST		
LEGAL BUSINESS NAME					
TRADE NAME /DBA NAME					
NUMBER AND STREET					
CITY		COUNTY	STATE	ZIP+4	
DESCRIBE WHAT ACTION WAS TAKEN:					
10. LIST THE FULL LEGAL NAMES AND CURRENT ADDRESSES OF ALL LIVING FAMILY MEMBERS DESIGNATED BELOW:					
FAMILY MEMBERS		STREET	CITY	STATE	ZIP
FATHER:					
MOTHER:					
Mrs. Thesola Williams		1603 Bell Street	Pine Bluff	AR	71601
FATHER-IN-LAW:					
MOTHER-IN-LAW:					
BROTHERS:					
Philip Williams		2354 Scotney Castle Lane	Powder Springs	GA	30127
SISTERS:					
Gaye Williams		640 Nina Trace	Atlanta	GA	30331
11. WORK HISTORY					
(Complete for the last 10 years, starting with present or last employer and using additional sheets if necessary.)					
EMPLOYER	EMPLOYER ADDRESS (City & State)	JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month & Year)	
				From	To
PAP Enterprises, Inc.	4560 Harris Trail	President & CEO	Franchised Fast Food	12/1994	present
Wendy's Franchisee	Atlanta, GA 30327	Self Employed	Wendy's		



1327804032

SIGNATURE SECTION

BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY, COMPLETELY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS HERewith. STAMPED SIGNATURE IS NOT ACCEPTABLE.

I, Paul G. Williams, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENT AND ANSWERS MADE BY ME IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT. I FURTHER HEREBY AUTHORIZE THE GEORGIA DEPARTMENT OF REVENUE, ALCOHOL & TOBACCO DIVISION TO OBTAIN ANY CRIMINAL HISTORY RECORD INFORMATION PERTAINING TO ME WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA.

Signature

I HEREBY CERTIFY THAT Paul G. Williams SIGNED HIS/HER NAME TO THE FOREGOING STATEMENT AFTER STATING TO ME UNDER OATH ADMINISTERED BY ME, THAT ALL STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS 13th DAY OF June, 2017

Notary Public

AFFIX SEAL

NICOLE BRADFORD
NOTARY PUBLIC
COBB COUNTY, GEORGIA
MY COMMISSION EXPIRES APRIL 7, 2018

**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."

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

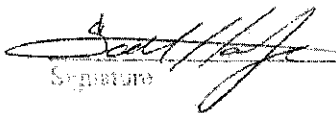
☐ NO

~~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 static 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."

I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.


Signature

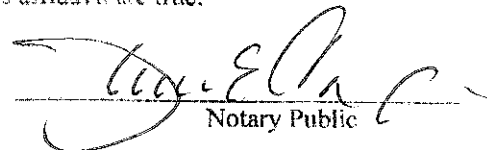
Area Director
Title

8/2/17
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 2 day of Aug, 2017


Notary Public

AFFIX SEAL

All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-16-2. 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 Williams Food Group LLC dba Newk's Eatery located at 1405 Spring Road, Smyrna, Georgia, requesting privilege licenses for the sale of beer and wine (retail pouring). This application will be heard before the Mayor & Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on August 21, 2017 at 7:00 p.m. All concerned persons are hereby notified.

Donald Scott Harris, Jr.
Licensee

Williams Food Group LLC
Dba Newk's Eatery
1405 Spring Road
Smyrna, Georgia 30080

Ads to Run August 11, 2017 and August 18, 2017