MEETING OF <u>SEPT 12, 2017</u>	
	ITEM NUMBER
	\$ IMPACT

ISSUE:

Application for a change of ownership and agent for privilege licenses for beer and wine (retail pouring). Gavin's Worldwide Enterprises dba as Café Lucia is new corporate name and David Jackson is new applicant. Previous corporate name was Loconda Firenza with Rochelle Wilson as agent.

SUMMARY:

David Jackson as the registered agent for Gavin's Worldwide Enterprises dba as Café Lucia requests privilege licenses for the sale of beer and wine (retail pouring) at 1260 West Spring Street.

BACKGROUND:

David Jackson will be the registered agent responsible for the sale of alcohol at the referenced location. Mr. Jackson has been given a copy of the Alcoholic Beverage Ordinance and attended the mandatory alcohol awareness workshop. (Certificate under separate cover)

STAFF RECOMMENDATION:

A background investigation conducted by the Smyrna Police Department failed to reveal information that would preclude issuance of this license. David Jackson 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 Gavin's Worldwide Enterprises dba as Café Lucia with David Jackson as the registered agent.

CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT APPLICATION FOR ALCOHOLIC REVERAGE LICENSI

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5321 Fax (770) 431-2814
Web site: www.smvrnacity.com

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS.						
TYPE OF LICENSE: [CHECK APPROPRIATE SPA	CES]					
LIQUOR: BEER	SEER:		WINE:			
WHOLESALER PKG. BEER/WINE PKG. DIST. SPIRITS RETAIL POURING Restaurant Package Store Dancing/Live Ent Private Other 1. Legal Name of Business WHOI PKG. PKG. RETAI PKG. RETAI PKG. PKG. PKG. PKG. PKG. PKG. PKG. PKG.	er ide Enterprises	WHOI PKG. PKG. RETA Resta Packa	nge Store ng/Live Ent. e			
Operating name of the Business Cafe Lucia						
Is the Business a: proprietorship	partnership O corporati	on O foreign	n			
2. Location 1260 W. Spring St Smyrna	GA 30080	Phone Phone				
3. Is business within the designated distance of an	y of the following?					
PACKAGE DISTILLED SPIRITS SCHOOL	600 FEET	YES	NO O			
CHURCH/PARK/PUBLIC BUILDING/	400 555	_				
LIBRARY/RESIDENCE	300 FEET	O	•			
POURING DISTILLED SPIRITS SCHOOL	600 FEET	•	0			
CHURCH/PARK/PUBLIC BUILDING/		•	•			
LIBRARY/RESIDENCE	200 FEET	0	(a)			
[BUILDING NO CLOSER THAN 75 FEET F	ROM PROPERTY LINE	-	_			
PACKAGE WINE, MALT BEVERAGE	· · · ·					
SCHOOL	600 FEET	•	0			
CHURCH/PARK/PUBLIC BUILDING/			· · · · · · · · · · · · · · · · · · ·	·		
LIBRARY	300 FEET	0	•			
EXCEPT GROCERY STORES AS DEFIN	ED BY ORDINANCE]	~				
POURING WINE, MALT BEVERAGE		_				
SCHOOL	600 FEET	(a)	0			
CHURCH/PARK/PUBLIC BUILDING/						
LIBRARY/RESIDENCE	200 FEET	0	•			
IBUILDING NO CLOSER THAN 75 FEET P	ROM PROPERTY LINE	<u>→</u>				

4. Full name of Owner David Christopher Jackson
If a sole proprietor, will you manage the business full time on the premises? Yes No
Social Security Number 617-62-9412 Date of Birth 05/07/1984
Are you a Citizen of the United States? O Yes O No Birthplace Stewart, Flordia
Current Address 469 Blackberry Run Dr City/State Dallas /GA Zip 30132
Home Telephone 770-880-4424
Drivers License Number and State 057820364 Georgia
What has been your occupation for the past five (5) years? Give detailed list Cafe Owner, I started Cafe Lucia 1 year ago
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
Georgia
Federal Tax ID#State of Incorporation Georgia Is this a new business in Smyma? Yes No If yes, date business will begin in Smyrna 10/1/17
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) David Jackson
Social Security Number Date of Birth 05/07/1984
Are you a Citizen of the United States? Yes No Birthplace Stewart Flordia
Current Address 469 Blackberry Run Dr City/State Dallas/ GA Zip 30132
Home Telephone Number of years at present address 1
Do you reside in Cobb County?
Previous address 708 Hill street se Atlanta GA 30315
Number of years at previous address 2 Drivers License Number and State
What has been your occupation for the past five (5) years? Give detailed list I have been a Cafe Owner for one year and
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

	-				o contendere or
If there was an arrest, are charges still pending? Yes	No No				
of guilt, a plaz of guilty or noto contendere or the forfeiture of bond when charge	No (1)	ine term "c	conviction'	' shall include	an adjudication
(e) Within a three-year period preceding the application, been convicted involving the use or abuse of any alcoholic beverage, opiate or drug? include an adjudication of guilt, a plea of guilty or noto contendere or the forfarrest, are charges still pending? Yes No	Yes	•	No (Th	ne term "co	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 v	thich the p	esent licer	ise 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	•	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?	О	Yes	•	No	
Date Purchased Amount Paid					
Rent is \$3,133.85					
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 Develo	oment 770	319-5387)			
 If this is an application for an original license, attach proof of adequate par (Community Development 770-319-5387). 	king facilitie	s as per th	e City of S	3myma zonin	g requirements
10. Do you, your spouse, any family members, or any of the other owners, store(s)? Yes No If so, state the number of					n a retail líquor
		٤.		٠٠	
		r			
11. Have you, your spouse, partner or stockholder any financial interest in the	wholesale	lauor busir	ness?	O Yes	● No
If yes, give details.					<u> </u>
					·
					- W- 2 45 - W

3. Please <u>initial</u> he	ere that you h	ave received a	copy of the City	y of Smyma /	Alcoholic Be	verage Ord	dinance D	J	
l. Are you familia siness?	r with the City Yes	of Smyrna or	dinances and si	tate and fede	oral laws an	d regulation	ıs governin	g the operation of	of this type of
5. Are you aware y ontact the Georgia	ou are requir	ed to apply for	a State license		● Yes	C) No		
						•			

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

, David Jackson MADE BY ME IN THE A MADE HEREIN AND SU	, BEING DULY S BOVE AND FOREGOING APPLICATION ARE TO CH STATEMENTS WERE MADE IN ORDER TO P	Worn to Law, do swear that the statements Rue, and no false, or fraudulent statement is Rocure the granting of a license.
	1242	
	Signature of Owner (type name before signifig)	·
	Signature and title of person other than Owner co	mpleting this application
	Phone Number: Work:	Home:
	Signature of Managing Applicant (type name befo	re signIng)
	Signature and title of person other than Applicant	completing this application
	Phone Number: Work:	Home:
Sworn to and subscribed	before me	
Notary Public	THE	
FINGERPRINTED AT SM	AYRNA POLICE DEPARTMENT:	
1 Rib	NES	Date AV9/8/17
RECEIVED IN CITY OF S	SMYRNA BUSINESS LICENSE DEPARTMENT BY	i
- Ma	3	Date 8 8 7

ALCOHOL MANAGEMENT CLASSES CERTIFICATE

DAVID JACKSON ADVISED HE IS SCHEDULED TO TAKE THE EVINDI CLASS ON September 8. THE CERTIFICATE WILL BE SHOWN UNDER SEPARATE COVER.

Jim Cox

Business License officer

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: AUG 24, 2017	_LIC/VARIANCE: SEPT 13, 2017
TYPE OF LICENSE REQUESTED: E	BEER & WINE (RETAIL POURING)
NEW APPLICATION: <u>NO</u> OWNER	SHIP <u>YES</u> AGENT <u>YES</u>
NAME OF BUSINESS:	GAVIN'S WORLDWIDE ENTERPRICES.
PLACE OF BUSINESS: 1	260 WEST SPRING STREETR SMYRNA, GEORGIA 30080
HOME ADDRESS:	DAVID JACKSON 469 BLACKBERRY RUN DALLAS GA, 30132
CITIZENSHIP YES	
	ED_AUG 18, 2017_DATE RECEIVEDAUG 25, 2017 FAILED TO REVEAL INFORMATION THAT CE OF THIS LICENSE
TYPE OF BUILDING NOTICE MET: SCHOOL NA CHU	IASONRY JRCH <u>NA</u> LIBRARY <u>NA</u> PARK <u>NA</u>
MAP FURNISHED: N/A ADVERTISED 9/1/17 & 9/8/17 COMMENTS: TAXES OK	

"Policing with a Purpose"



Smyrna Police Department

Chief of Police David Lee 2646 Atlanta QD &E Smyrna, GA 30080-2118 Phone: 770-454-9481

Fax: 678-631-5005

Deputy Chief Robert L. Harvey



Date:

August 25, 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: David Jackson

This applicant, David Jackson, 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 1260 W. Spring St.

The business name is Café Lucia.

The business is incorporated under the name Gavin's Worldwide Enterprises.

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 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

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Gavin's Worldwide Enterprises dba Café Lucia located at 1260 West Spring Street, Smyrna, Georgia, requesting privilege licenses for the sale of beer and wine (retail pouring). This application will be heard before the License and Variance Board for the City of Smyrna, 2800 King Street, Smyrna, Georgia on September 13, 2017 at 10:00 a.m. All concerned persons are hereby notified.

David Jackson Licensee

Gavin's Worldwide Enterprises
Dba Café Lucia
1260 W Spring St.
Smyrna, Georgia 30080

Ads	to Run	Sept 1,	2017	and	Sept 8	, 2017