MEETING OF JAN 10, 2018	WARD <u>3 (mb)</u>
	ITEM NUMBER
	\$ IMPACT

## **ISSUE:**

Application for a change of ownership and agent for privilege licenses for Exsares OPA LLC dba Opa Greek Village Taverna for the sale of beer, wine, and liquor (retail pouring). Exsares OPA LLC is the owner and Harry Nicolaou is the agent applicant. The previous owner was Opa Greek Taverna LLC with Triada Kokkosis as agent.

## **SUMMARY:**

Harry Nicolaou as the registered agent for Exsares OPA LLC dba Opa Greek Village Taverna requests privilege licenses for the sale of beer, wine, and liquor (retail pouring) at 2420 Atlanta Road STE 100-200.

## **BACKGROUND:**

Harry Nicolaou will be the registered agent responsible for the sale of alcohol at the referenced location. Harry Nicolaou 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. Harry Nicolaou 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 pouring) Exsares OPA LLC dba Opa Greek Village Taverna with Harry Nicolaou as the registered agent.



# APPLICATION FOR ALCOHOLIC BEVERAGE AGENT CHANGE ONLY

Phone (678) 631-5321 Fax (770) 431-2808

Web site: www.smyrnacity.com

PLEAS	E TYPE APPLIC	CATION AND AN	SWER ALL QUESTIONS.				
TYPE (	OF LICENSE: [C	HECK APPROPE	RIATE SPACES]				
LIQUO	<u>R:</u>		BEER:		WINE:		
TRANSFER ( ) PKG. BEER/WINE ( ) PKG. DIST. SPIRITS ( ) RETAIL POURING ( ) Restaurant			TRANSFER PKG. BEER/WINE PKG. DIST. SPIRITS RETAIL POURING Restaurant Package Store		TRANSFER ( ) PKG. BEER/WINE ( ) PKG. DIST. SPIRITS ( ) RETAIL POURING ( ) Restaurant Package Store ( )		
1.	Operating nam Occupation Tax	Business	OPA: Greek				
2.						4-1008	
3.	Full name of C	owner Horn	y Nicolaon	٨			
5.	Has owner eve If yes, attach fu	ill details.	s beverage license revoked		r other jurisdiction? Yes (	) NO <b>X</b>	
0.		Number		Date of Birtl	10/15/10	<i>C8</i>	
	Are you a Citize	en of the United S	itates? Yes ່∭ No ( )Bi	thplace	<u>`.</u> \		
	Current Addres	5 7312 Vin	regard Ct city/st	ate Villa	Ricy Zip 3018	D	
	Home Telepho	MAS COL	Number of yea		~~~		
	Do you reside i	n Cobb County?	Yes ( ) No 🔀) If yes, how	v long		<u> </u>	
	Previous addre	ss 105 Ro	Troon Dr	Rain	bow City, A	1, 3590	
	Number of yea	rs at previous add	IressDrivers Lic	ense Numbe	or and State GA C	58825500	
			for the past five (5) years?			LSA UC	
	solo to	curent .	istrict Superi Sels Engl	oyed	Restourant	Owner	
	3	ment date with o	2/1/2	4			

	(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 (X)
	(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 are 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 noto 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 X
	Has ar sought	ny license authorizing the sale of alcoholic beverages at the location for which the present license is
	(g)	Been declared to be under suspension, at the date the application is filed? Yes ( ) No X Been revoked within six months of the date that the application is filed? Yes ( ) No X December 1.
	(h)	Been revoked within six months of the date that the application is filed? Yes ( ) No X)
	If yes to	o any of the above questions, please attach full detail.
7.	Do you interest located	your spouse, any family members, or any of the other owners, partners, or stockholders have an t in a retail liquor store(s)? Yes N Now If so, state the number of stores and where each stores is d. Olive Tree Regionard - 37 Bedfly 37 Suite 115
		Hiram, GA
8.	Have y	ou, your spouse, partner or stockholder any financial interest in the wholesale liquor business?  No [M] If yes, give details.
9.	Please	initial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance
10.		u familiar with the City of Smyrna ordinances and state and federal laws and regulations governing the on of this type of business? Yes No ( )
11.	Are you Contac	u aware you are required to apply for a State license? Yes No ( ) the Georgia Department of Revenue Alcohol Division (404-417-4900).

6.

Has the applicant:

# CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE Phone (678) 631-5321 Fax (770) 431-2808

Web site: www.smyrnacity.com

GEORGIA, COBB COUNTY I, Harry Woolcon, 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 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 Notary Publi FINGERPRINTED AT SMYRNA POLICE DEPARTMENT: RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

# CERTIFICATE OF ATTENDANCE

This certificate is awarded to



For satisfactory completion of Evindi, Inc.'s

Responsible Alcohol Sales & Service Workshop (3 hrs.)

Michele L. Stumpe, President of Evindi, Inc.

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.

## CITY OF SMYRNA

## PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 12/22/2017	LICENSE AND VARIANCE: 01/10/2018				
TYPE OF LICENSES RE	QUESTED: BEER, WINE, & LIQUOR (RETAIL POURING)				
NEW APPLICATION: N	O OWNERSHIP YES AGENT YES				
NAME OF BUSINESS:	EXSARES OPA LLC  dba OPA GREEK VILLAGE TAVERNA				
PLACE OF BUSINESS:_	2420 ATLANTA ROAD STE 100-200				
-	SMYRNA, GA 30080				
AGENT:	HARRY NICOLAOU				
HOME ADDRESS:	2312 VINEYARD CT				
	VILLA RICA, GA 30180				
CITIZENSHIP	YES				
POLICE REPORT: DATE REQUESTED 11/10/17 RECEIVED 11/21/17  RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD					
PRECLUDE :	ISSUANCE OF THIS LICENSE				
	MASONRY				
	L YES CHURCH YES LIBRARY YES PARK YES				
	, 2017 AND JAN 05, 2018				
COMMENTS: ALL TAXES PAID					



# Smyrna Police Department

Chief of Police David Lee 2646 Atlanta RD &E Smyrna, GΛ 30080-2118 Phone: 770-434-9481

fax: 678-631-5005

Deputy Chief Robert L. Harvey



Date:

November 21, 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: Harry Nicolaou

This applicant, Harry Nicolaou, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcohol beverage license / agent name change only, issued to 2420 Atlanta Rd SE Ste. 100.

The business name is OPA Greek Village Taverna.

The business is incorporated under the name Exsares OPA, 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 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

11/10

## CITY OF SMYRNA 2800 KING STREET P. O. BOX 1226 SMYRNA, GA 30081

JL 11/16

(678) 631-5321 or FAX # (770) 431-2814

Name of Business: OPA Greek Village Towering P	Phone: 678, 424, 1008
Business Address: 2420 At Josha Rd SE	100
Number/Street	Suite #
Smyrno	GA 30080
City	State Zip
Mailing Address: Same as Above	0.1.11
Number/Street	Suite #
City	State Zip
Applicant/Owner: Horry Micolaou P	
Check One: Applicant Owner Number of Emp	ployees:
Residential Address of Applicant: 3312 Vineyard Cf Villa	08105 AD BOW.
Number/Street City	State Zip
Federal Tax ID Number. 80054504 Social Security Num	
Driver's License Number: Date of Birth:	8391/51/10
0 \	Orp-Domestic
Full Description of Business: Restourch	
Providents VI - D - 11 - 4	
President: Vice President:	
DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS:	
Will there be renovations of any kind, inside or outside the structure?	Yes No
If yes, describe renovations:	
Will the outside of the building be painted? O Yes O No If yes,	colors must be muted earth tone.
I hereby affirm that I am a legal resident of the United States, and further Smyrna Police Department will verify information contained in the licens will adhere to the provisions of the Immigration and Nationality Act, as and employment eligibility of all employees hired after November 6, 1 maintain Form 19 for all employees as required by this act.	e application. I further affirm that I amended, by verifying the identity 1986 and that I will complete and
CICNATUDE OF ADDITIONAL	11/10/2017
SIGNATURE OF APPLICANT	DATE
· / / /// / / / / / / / / / / / / / / /	
16/11	
FIRE MARSHAL BUILDING INSPECTOR	SIGN MARSHAL MU MIXED US

\*\*\*Sign Permits are required when changing copy area on existing signs, installing new signs, and for displaying banner or other temporary signs. Please check with the Community Development Department before installing any signs or displaying temporary signs at (770) 319-5387.\*\*\*

## 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 Unit old.	ed States citizen or legal	permanent resident at le	ast eighteen (18) years
YES	NO	IF NOT:	
Act, Title 8 U.S.C., as a United States. <i>A photo</i>	ified alien or nonimmigra amended, at least eightee o static copy of the applic other federal immigration	n (18) years old, and is l cant's alien card issued	by the Department of
or fraudulent statement	es that "Any person who is of representation in an a ation of Code Section 16	ffidavit executed pursua	
I declare, under penal correct.	lty of law, that this affid	lavit has been complete	ed by me and is true and
Jell St.			Mosforfil
Signature		Title	Date
	olicant. If the applicant is AMPED SIGNATURE		
knowledge and underst		and, under oath actually	is personally known, to me his or her personal administered by me, has e.
This \\D \_day or	$f$ $\underbrace{\text{Nov}}_{,20}$	Cing	Notary Public
AFFIX SEAL			

All applicants 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 Exores OPA LLC dba Opa Greek Village Taverna located at 2420 Atlanta Road, STE 100-200, Smyrna, Georgia, requesting privilege licenses for the sale of beer, wine, and liquor (retail pouring). This application will be heard before the License and Variance for the City of Smyrna, 2800 King Street, Smyrna, Georgia on January 10, 2018 at 10:00 a.m. All concerned persons are hereby notified.

Harry Nicolaou Licensee

> Exores OPA, LLC dba Opa Greek Village Taverna 2420 Atlanta Road STE 100-200 Smyrna, Georgia 30080

Ads	to	Run	Dec	29,	2017	and	Jan	5,	2018
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