MEETING OF <u>FEB 27, 2019</u>	WARD	1 (dn)
	ITEM NUM \$ IMPAC	

ISSUE:

Application for a change of agent for privilege licenses for beer and wine (retail package) for Aldi Inc. (Georgia) dba Aldi #61 with Christopher Thomas Waggoner as the applicant. Previous agent was Matthew Scott Conine.

SUMMARY:

Christopher Thomas Waggoner as the registered agent for Aldi Inc. (Georgia) dba Aldi #61 requests privilege licenses for the sale of beer and wine (retail package) at 2589 Spring Road..

BACKGROUND:

Christopher Thomas Waggoner 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. Christopher Thomas Waggoner 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 package) for Aldi Inc. (Georgia) dba Aldi #61 with Christopher Thomas Waggoner as the registered agent.



APPLICATION FOR ALCOHOLIC BEVERAGE AGENT CHANGE ONLY

Phone (678) 631-5321 Fax (770) 431-2808 Web site: www.smyrnacity.com

	APPROPRIATE SPACES]
IQUOR:	BEER: WINE:
RANSFER () PKG. BEER/WINE () PKG. DIST. SPIRITS () EETAIL POURING () Restaurant () Package Store ()	TRANSFER (X) TRANSFER (X) PKG. BEER/WINE (X) PKG. BEER/WINE (X) PKG. DIST. SPIRITS () PKG. DIST. SPIRITS () RETAIL POURING () RETAIL POURING () Restaurant () Restaurant () Package Store (X) Package Store (X)
Legal Name of Business	ALDI Inc. (Georgia)
Operating name of the B Occupation Tax License	Business ALDI #61
Is the Business a proprie	etorship () partnership (X) corporation () foreign ()
	Road SE, Smyrna, GA 30080 Phone (678) 761-0294
Full name of OwnerA	ALDI Inc. (Georgia)
ii yes, attaori full details.	alcoholic beverage license revoked in Smyrna or other jurisdiction? Yes () No $$ ($^{ m X}$
Full name of Agent	Christopher Thomas Waggoner
Social Security Number _	
Are you a Citizen of the U	nited States? Yes (X) No () Birthplace New Orleans, Louisiana
	cittle Mountain DrCity/State Ellenwood, GA Zip30294
	Number of years at present address Four (4) months
Home Telephone (
	unty? Yes()No(X)If yes, how long
Do you reside in Cobb Cou	Dakota Dr. NW, Acworth, GA 30101
Do you reside in Cobb Cou Previous address1976_	Dakota Dr. NW, Acworth, GA 30101
Do you reside in Cobb Cou Previous address 1976 Number of years at previous	

(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 (X)
(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 (X) If there was an arrest, are charges still pending? Yes () No () N/A
(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 (X) (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 () N/A
(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 (X) (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 () N/A
(f)	Been currently placed on parole from any governing authority? Yes () No (X)
Has any sought:	volumers is 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)
(h)	Been revoked within six months of the date that the application is filed? Yes () No (X)
If yes to	any of the above questions, please attach full detail.
Do you, interest ir located. N/A	your spouse, any family members, or any of the other owners, partners, or stockholders have an a retail liquor store(s)? Yes () No (X) If so, state the number of stores and where each stores is
Have you, Yes()	your spouse, partner or stockholder any financial interest in the wholesale liquor business? No (X) If yes, give details. N/A
Please <u>init</u>	ial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance
Are you fa operation o	miliar with the City of Smyrna ordinances and state and federal laws and regulations governing the of this type of business? Yes (X) No $($
re you aw Contact the	vare you are required to apply for a State license? Yes (X) No $()$ e 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	CODD	COL	16177

GEORGIA, COBB COUNTY	
I, Christopher T. Waggoner , BEING DULY SWORN TO LAW, DO SWEAR THAT THE STATEM MADE BY ME IN THE ABOVE AND FOREGOING APPLICATION ARE TRUE, AND NO FALSE, OR FRAUDU STATEMENT IS MADE HEREIN AND SUCH STATEMENTS WERE MADE IN ORDER TO PROCURE GRANTING OF A LICENSE.	II PAIT
Christopher T. Waggoner Signature of Managing Applicant (type name before signing)	
Dana M. Clsustin / amy Dana M.	Isenstein, Esq.
Signature and title of person other than Applicant completing this application Sard & L	eff, LLC
Phone Number: Work (678) 761-0294 Home	
Sworp to and subscribed before me this day of Annay, 2019. Notary Public Notary Public State of Georgia My Comm. Expires Sept. 03, 2022	
FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:	
Date	
RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:	



certifies that

Christopher Thomas Waggoner

has successfully completed training in our RASS Workshop thus entitling them to all the rights and privileges appertaining thereto.

In witness thereof the undersigned have affixed their names this 24th day of January, 2019

Segi



President

"Policing with a Purpose"



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:

01-22-19

To:

Tammi Jones, City Administrator

From:

David Lee, Chief of Police

Lt. Mark Binicewicz, Office of Professional Standards

Subject:

Application for Alcohol License

Applicant: Christopher Waggoner

This applicant, Christopher Waggoner, 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 2589 Spring Rd. Smyrna, GA. 30080.

The business name is ALDI Grocery Store.

The business is incorporated under the name ALDI Grocery Store.

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

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: <u>FEB 8, 2019</u> LIC/VARIANCE: FEB 27, 2019				
TYPE OF LICENSE REQUESTED: BEER AND WINE (RETAIL PACKAGE)				
NEW APPLICATION: NO OWNERSHIP NO AGENT NEW				
NAME OF BUSINESS: ALDI INC. (GEORGIA).				
dba ALDI #61 PLACE OF BUSINESS: 2589 SPRING ROAD SE SMYRNA, GEORGIA 30080				
AGENT: CHRISTOPHER THOMAS WAGGONER				
HOME ADDRESS: 5885 LITTLE MOUNTAIN DR ELLENWOOD, GA 30294				
CITIZENSHIP YES				
POLICE REPORT: DATE REQUESTED 1/18/19 DATE RECEIVED 1/22/19 RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD PRECLUDE ISSUANCE OF THIS LICENSE				
TYPE OF BUILDINGMASONRY DISTANCE MET: SCHOOL <u>NA</u> CHURCH <u>NA</u> LIBRARY <u>NA</u> PARK <u>NA</u>				
MAP FURNISHED: N/A				
ADVERTISED 02/15/19 & 02/22/19				
COMMENTS: TAXES OK				



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 X NO NO
The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationali 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 of other federal immigration agency must be provided.
YES NOX 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.
Signature
(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 <u>Christopher T. Waggoner</u> 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 <u>Managoner</u> is personally known, or verified by 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 <u>Managoner</u> Notary Public
AFFIX SEAL
KEISHA COLE NOTARY PUBLIC

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.

Cobb County
State of Georgia
My Comm. Expires Sept. 03, 2022

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Aldi Inc. (Georgia) dba Aldi #61 located at 2589 Spring Road, Smyrna, Georgia, requesting privilege licenses 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 February 27 at 10:00 a.m. All concerned persons are hereby notified.

Christopher Thomas Waggoner Licensee

Aldi Inc. (Georgia) Dba Aldi #61 2589 Spring Road SE Smyrna, Georgia 30080

Ads	to	Run	FEB	15	and	FEB	22