MEETING OF JULY 10, 2019	WARD	3 (mb)_
	ITEM NUMBER	
	\$ IMPACT	

ISSUE:

Application for a change of ownership and agent for privilege licenses for The Original Hot Dog Factory for the sale of beer and wine (retail pouring). The Original Hot Dog Factory is the owner and Richard Leon George is the agent applicant.

SUMMARY:

Richard Leon George as the registered agent for The Original Hot Dog Factory requests privilege licenses for the sale of beer and wine (retail pouring) at 1529 Spring Road STE E.

BACKGROUND:

Richard Leon George will be the registered agent responsible for the sale of alcohol at the referenced location. Mr. George 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. Richard Leon George 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 The Original Hot Dog Factory with Richard Leon George 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: WINE: NEW NEW NEW RENEWAL RENEWAL RENEWAL TRANSFER TRANSFER TRANSFER MANUFACTURER MANUFACTURER **MANUFACTURER** WHOLESALER WHOLESALER WHOLESALER PKG. BEERWINE PKG. BEERWINE 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 1. Legal Name of Business Operating name of the Business Is the Business a: proprietorship partnership corporation foreign 308 Phone Location 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 Richard Leon George Jo
If a sole proprietor, will you manage the business full time on the premises?
Social Security Number Date of Birth 7-15-83
Are you a Citizen of the United States? Yes O No Birthplace Roffelo, NY
Current Address 6271 To be coal (V) (
Home Telephana
Drivers License Number and State
What has been your occupation for the past five (5) years? Give detailed list I currently own a Hot Dog fretory in Downtown Harba. Plies to that I worked as a branching consultant of a partnership attach list showing consultant
If a partnership, attach list showing each partner owning 10% or more, with address, telephone number, date of birth, and social security
If a corporation, provide corporate address, phone number & name of Chief Executive Officer
Federal Tax ID# 81-5087506 State of Incorporation 6A
Is this a new business in Smyrna? O 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?
O Yes No If yes, attach full details.
5. Full name of Manager (as Applicant) Exhaud Lean Gorce J
Social Security Number Date of Birth 7-15-6-3
Are you a Citizen of the United States? Yes O No Birthplace Pulfalo NU
Current Address 6074 Fudio Ward Ci
Home Telephone Number of years at present address 3
10 Vou maide in O-11 C
Previous address
Number of years at previous address Drivers License Number and State_
What has been your occupation for the past five (5) years? Give detailed list Hot Dog Dest owner
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 de- or regulations regulating such business? (The term "convict the forfeiture of bond when charged with a crime.)	ate of application, ction" shall include Yes	an adjudicati	d or conviction of guilt,	ed of viol a plea of	ating any la guilty or nol	ws, ord o conte	inances, ndere or
If there was an arrest, are charges still pending?	O Yes	O No					
(d) Within a five-year period preceding the date of applications states or of the United States? of guilt, a plea of guilty or noto contendere or the forfeiture of pending?	Yes	No (Th	ne term "cor	viction" s	hall include	an adiu	dication
(e) Within a three-year period preceding the application, involving the use or abuse of any alcoholic beverage, opiate include an adjudication of guilt, a plea of guilty or nolo contarrest, are charges still pending? Yes	or drug?	O Yes	7	o (The	term "co	nviction	" shall
(f) Been currently placed on parole from any governing aut	hority?	0	Yes	Ø N	lo		
Has any license authorizing the sale of alcoholic beverages a	at the location for v	which the pres	sent license	is sought	:		
(g) Been declared to be under suspension, at the date the a	pplication is filed?	0	Yes	O N	0		
(h) Been revoked within six months of the date that the appl	ication is filed?	0	Yes	Ø N	0		
If yes to any of the above questions, please attach full detail.				/			
7. Do you own the land and building on which this business	•	0	Yes	Ø N	5		
Date Purchased Am	ount Paid						
Attach a copy of the lease and any other pertinent documents							
How is the proposed location zoned?		No.					
Attach copy of zoning certification from the City of Smyrna (Co 9. If this is an application for an original license, attach proof (Community Development 770-319-5387).				ty of Smy	rna zoning	requiren	nents
10. Do you, your spouse, any family members, or any of th store(s)? No If so, store(s)	e other owners, pate the number of	eartners, or s stores and w	tockholders here each s	have an tore is loc	interest in cated.	a retail	liquor
 Have you, your spouse, partner or stockholder any financial f yes, give details. 	al interest in the w	holesale liquo	or business?	0	Yes	Ø	No
		· · · · · · · · · · · · · · · · · · ·					

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.
13. Please initial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance
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? 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, Richard Lon Gesse D., BEING DUL' MADE BY ME IN THE ABOVE AND FOREGOING APPLICATION ARI MADE HEREIN AND SUCH STATEMENTS WERE MADE IN ORDER TO	Y SWORN TO LAW, DO SWEAR THAT THE STATEMENTS E TRUE, AND NO FALSE, OR FRAUDULENT STATEMENT IS O PROCURE THE GRANTING OF A LICENSE.
Signature of Owner (type name before signific	1)
Signature and title of person other than Owner	completing this application
Phone Number: Work:	Home:
Signature of Managing Applicant (type name b	efore signing)
Cionet us and Mile of a second state of	
Signature and title of person other than Applica Phone Number: Work:	
Sworn to and subscribed before me This 20 th day of May 20 19. Output and The Sworn to and subscribed before me This 20 th day of May 20 19. Notary Public	STAL PINCA COMMISSION CA TAAL PINCA TAAL PIN
FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:	WATY GENTING
	Date
RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT B	<u>Y:</u>
	Date 5/20/19
	/ / /

Responsible Vendors, Inc. Iraining Institute for

certifies that

Richard Leon George

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 20th day of June, 2019

Seal



President

CKSW

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

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

Name of Business: The Ofiginal Hot Dog Factor Phone:	1 . 20	7 - 7 -	
Business Address: 1529 Spring 70 Phone: (67K) dy	3-6099	
Number/Street		E	
_Smy Cha	6	Suite #	
City	Charles	30088	
Mailing Address:	State	Zip	
Number/Street		Carles H	_
		Suite #	_
City	State	Zip	
Applicant/Owner: Richard Leon George Jr Phone:	101 0000000	Zip	
Check One: Applicant Owner Number of Employees	-	_	-
Residential Address of Applicant: 6074 Indian Wood Circle SE			2 /2/
Nilmher/Street	Mable L. State		30126
Federal Tax ID Number: 81-504 7506 Social Security Number:	State	Zip	
Driver's License Number Date of Birth: 7-15-	01		
Proprietorship Partnership			
Full Description of Rusiness The	orp-Domest		
Testura f. 120 (III I am Cus of tochon 15 a	fulls	erviza	
President: We Sell bussers, flies, Sadas, ect.			
Treasurer:			
DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS:			-
Will there be renovations of any kind, inside or outside the structure? Yes	(No)		-
If yes, describe renovations:		*	17217 41
outside of the building be painted? Yes No If yes, colors must be muted earth	tone		Vill the
I lief cuy affirm that I am a local modification to the second se			
Smyrna Police Department will verify information contained in the license application will adhere to the provisions of the Immigration and Nationality Act, as amonded by	eage that pon. I furth	periodically,	the
Cilility ment alimibility, and all cility as all cility as all cility as all cility as	verifying	the identity a	nd
Form I-9 for all employees as required by this act.	ill complet	e and maints	in
		1 1	
SIGNATURE OF APPLICANT	5/	20/19	
CONTRACTOR ATTEICANT	DATE		-
(COV) (110 A) N	DATE 5/	28/19	
Fire Market			
Duilding Inchestor			-
60 D 5/28/19			
Planner Environmental Technic			
Environmental Technic	cian		

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE:06/24/19MAYOR AND COUNCIL: _07/10/19
TYPE OF LICENSES REQUESTED: BEER AND WINE (RETAIL POURING)
NEW APPLICATION: NO OWNERSHIP YES AGENT YES
NAME OF BUSINESS: THE ORIGINAL HOT DOG FACTORY
PLACE OF BUSINESS: 1529 SPRING ROAD STE E
SMYRNA, GA 30080
AGENT: RICHARD LEON GEORGE
HOME ADDRESS: 6074 INDIAN WOODS CIR SE
MABLETON, GA 30126
CITIZENSHIP YES
POLICE REPORT: DATE REQUESTED 5/20/19 RECEIVED 5/31/19 RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD
PRECLUDE ISSUANCE OF THIS LICENSE
TYPE OF BUILDINGMASONRY
DISTANCE MET: SCHOOL NA CHURCH NA LIBRARY NA PARK NA
MAP FURNISHED: NA
ADVERTISED: JUNE 28, 2019 & JULY 5, 2019
COMMENTS:ALL TAXES PAID

"Policing with a Purpose"



<u>Smyrna Police Department</u>

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

Fax: 678-631-5005

Deputy Chief Robert L. Harvey



Date:

05-31-19

To:

Tammi Jones, City Administrator

From:

David Lee, Chief of Police

Lt. Mark Binicewicz, Office of Professional Standards

Subject:

Application for Alcohol License

Applicant: Richard George

This applicant, Richard George, 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, 1529 Spring Rd. Smyrna, GA. 30080.

The business name is The Original Hotdog Factory.

The business is incorporated under the name The Original Hotdog Factory.

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

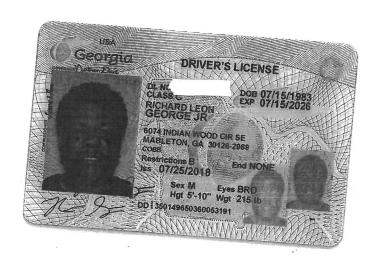
File

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 Title Date
Signature Title 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 Kichard George 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 Toll plan of May, 2019 Chystal Public Notary Public
AFFIX SEALAS TO THE OBJECT OF
All applicants which a capy of a secure and verifiable document as defined in O.C.G.A. 50-362, Such documents include a valid Georgia issued Driver's License or ID Card, a valid Driver birepipe 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 The Original Hot Dog Factory located at 1529 Spring Road STE E, 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 July 10, 2019 at 10:00 a.m. All concerned persons are hereby notified.

Richard Leon George Licensee

> The Original Hot Dog Factory 1529 Spring Road STE E Smyrna, GA 30080

Ads to Run _____ Jun 28, 2019 and _____ July 5, 2019