

CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5363 Fax (770) 431-2808
Website: www.smyrnaga.gov

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

LIQUOR:

NEW	<input checked="" type="checkbox"/>
RENEWAL	<input type="checkbox"/>
TRANSFER	<input checked="" type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
WHOLESALE	<input type="checkbox"/>
PKG. BEER/WINE	<input type="checkbox"/>
PKG. DIST. SPIRITS	<input type="checkbox"/>
RETAIL POURING	<input checked="" type="checkbox"/>
Restaurant	<input checked="" type="checkbox"/>
Package Store	<input type="checkbox"/>
Dancing/Live Ent	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

BEER:

NEW	<input checked="" type="checkbox"/>
RENEWAL	<input type="checkbox"/>
TRANSFER	<input checked="" type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
WHOLESALE	<input type="checkbox"/>
PKG. BEER/WINE	<input type="checkbox"/>
PKG. DIST. SPIRITS	<input type="checkbox"/>
RETAIL POURING	<input checked="" type="checkbox"/>
Restaurant	<input checked="" type="checkbox"/>
Package Store	<input type="checkbox"/>
Dancing/Live Ent	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

WINE:

NEW	<input checked="" type="checkbox"/>
RENEWAL	<input type="checkbox"/>
TRANSFER	<input checked="" type="checkbox"/>
MANUFACTURER	<input type="checkbox"/>
WHOLESALE	<input type="checkbox"/>
PKG. BEER/WINE	<input type="checkbox"/>
PKG. DIST. SPIRITS	<input type="checkbox"/>
RETAIL POURING	<input checked="" type="checkbox"/>
Restaurant	<input checked="" type="checkbox"/>
Package Store	<input type="checkbox"/>
Dancing/Live Ent	<input type="checkbox"/>
Private	<input type="checkbox"/>
Other	<input type="checkbox"/>

1. Legal Name of Business B & G Trade LLC

Operating Name of Business Biryani-N-Grill

Is this Business a: ☐ Proprietorship ☒ Partnership ☐ Corporation ☐ Foreign

2. Location 2590 SPRING SE RD SMYRNA, GA 30080 Phone 484-764-9124

3. Is this Business within the designated distance of any of the following?

PACKAGE DISTILLED SPIRITS

		YES	NO
SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	300 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>

POURING DISTILLED SPIRITS

SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]

PACKAGE WINE, MALT BEVERAGE

SCHOOL	600 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[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 Jotheendra H Pulluru

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 India

Current Address

City/State

Zip

Home Telephone

Number of years at this address 6

Driver's License Number and State

Email bngsmyrna@gmail.com

What has been your occupation for the past five (5) years? Give detailed list IT Professional and Restuarant Business

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 Jotheendra H Pulluru

Address: 13945 N US 183, Suite # C-5, Austin TX 78717

Phone: 248-943-9245

Federal Tax ID#

State of Incorporation Texas

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

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 another jurisdiction? ☐ Yes ☒ No

If yes, attach full details.

5. Full name of Manager (as Applicant) Marie Golden

Social Security Number

Date of Birth

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

Current Address

City/State

Zip

Home Telephone

Email mariedcgolden@yahoo.com

Number of years at this address 6 months Do you reside in Cobb County? ☒ Yes ☐ No If yes, how long 6 months

Previous Address

Number of years at previous address 6 months

Driver's License Number and State

orgia

What has been your occupation for the past five (5) years? Give detailed list Life insurance Broker, Actor, Model, Office Coordinator, Rehab Tech, Dress Consultant

Manager's employment date with owner 06/21/2020

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 the 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 states or the United States? ☐ Yes ☒ No

If there was an arrest, are the 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

If there was an arrest, are the 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 the application is filed?

☐ Yes ☒ No

If yes to any of the above questions, please attach full detail.

6. 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 way the rent is determined, to whom and at what intervals it is paid. _____
Its under lease property owner is MANHATTAN SPRING PROPERTIES LLC, lease paid on every month basic rent per month is \$6,896.00

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

7. How is the proposed location zoned? Commercial

8. 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.

9. Have you, your spouse, partner, or stockholder any financial interest in the wholesale liquor business? ☐ Yes ☒ No
If yes, give details. _____

10. If this is a previously licensed location give the amount of alcohol sales for the previous twelve months and give the dates used in computing the gross sales. Indicate sales for beer, wine, and liquor separately.

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11. Please initial here that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance Nu
12. 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
13. Are you aware that you are required to apply for State license? ☒ Yes ☐ No

Contact the Georgia Department of Revenue Alcohol Division at (404) 417-4900.