

Augusta-Richmond County  
1815 Marvin Griffin Road  
Augusta, GA 30906

### ALCOHOL BEVERAGE APPLICATION

Alcohol Number \_\_\_\_\_ Year \_\_\_\_\_ Alcohol Account Number \_\_\_\_\_

1. Name of Business INTEGRITY INVESTMENTS GA INC DBA PIC N MOV
2. Business Address 3082 DEANS BRIDGE ROAD
3. City AUGUSTA State GEORGIA Zip 30906
4. Business Phone (203) 583-7457 Home Phone (\_\_\_\_) \_\_\_\_\_
5. Applicant Name and Address: MADHUSUDHAN REDDY KOTHAKAPU  
2426 SOUTHDALE DR  
HEPHZIBAH, GEORGIA, 30815
6. Applicant Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_
7. If Application is a transfer, list previous Applicant:  
NEW LOCATION APPLICATION
8. Business Location: Map & Parcel 096-2-187-00-0 Zoning C
9. Location Manager(s) MADHUSUDHAN REDDY KOTHAKAPU

10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?  
☒ Yes ( ) No

### OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 01-05-2023
12. Mailing Address:  
Name of Business INTEGRITY INVESTMENTS GA INC DBA PIC N MOV  
Attention \_\_\_\_\_  
Address 3082 DEANS BRIDGE ROAD  
City/State/Zip AUGUSTA, GEORGIA, 30906
13. Ownership Type: ☒ Corporation ( ) Partnership ( ) Individual
14. Corporate Name: INTEGRITY INVESTMENTS GA INC  
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
MADHUSUDHAN REDDY KOTHAKAPU (OWNER)			4393 TRAYLOR STREET, HEPZIBAH, GEORGIA 30906	

15. What type of business will you operate in this location?  
( ) Restaurant ( ) Lounge ☒ Convenience Store  
( ) Package Store ( ) Other: \_\_\_\_\_

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer		YES	YES		
Consumption on Premises					
Wholesale					

Total License Fee: \$ \_\_\_\_\_  
Prorated License Fee: (After July 1 ONLY) \$ \_\_\_\_\_

16. Have you ever applied for an Alcohol Beverage License before: YES (10-27-2023)  
If so, give year of application and its disposition: ARCHY INVESTMENTS LLC DBA POPS LUCKY STORE, 3780 FARMERS BRIDGE ROAD, HEPZIBAH, GA, 30906
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? ☒ Yes ( ) No If so, please initial. \_\_\_\_\_

18. Attach a passport-size photograph (front view) taken within two years. Write name on back of the dealer submitting the license application.



19. Has any liquor business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of Richmond County or the State Revenue Commission relating to the sale and distribution of distilled spirits? ( ) Yes (✓) No  
If yes, give full details: \_\_\_\_\_

20. Have you ever been arrested, or held by Federal, State, or other law-enforcement authorities, for any violation of any Federal, State, County or Municipal law, regulation or ordinance? (Do not include traffic violations, with the exception of any offenses pertaining to alcohol or drugs.) All other charges must be included, even if they are dismissed. ( ) Yes (✓) No  
If yes, give reason charged or held, date and place where charged and its disposition. \_\_\_\_\_

21. List owner or owners of building and property.  
SUCHITHPAL REDDY LANKALA (BUILDING OWNER)

22. List the name and other required information for each person, firm or corporation having any interest in the business.  
MADHUSUDHAN REDDY KOTHAKAPU (100% OWNERSHIP)

23. If a new application, attach a surveyor's plat and state the straight line distance from the property line of school, church, library, or public recreation area to the wall of the building where alcohol beverages are sold.

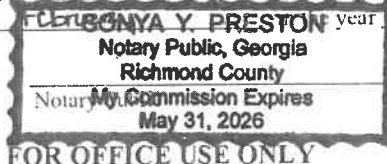
A.) Church 1100' C.) School OVER 1 MILE  
B.) Library OVER A MILE D.) Public Recreation OVER A MILE

24. State of Georgia, Augusta-Richmond County, I, MADHUSUDHAN REDDY KOTHAKAPU  
Do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing alcoholic beverage application are true.

Applicant Signature

25. I hereby certify that Madu is personally known to be, that he/she signed his/her name to the foregoing application stating to me that he/she knew and understood all statements and answers made herein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This 16 day of February, year 24



Department Recommendation	Approve	Deny	Comments
Alcohol Inspector			
Sheriff			
Fire Inspector			

The Board of Commissioners on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_  
(Approved. Disapproved) the foregoing application.

Administrator

Date