

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year 2025 Alcohol Account Number 8025-62

1. Name of Business 2078 Old Savannah Inc D/B/A Sarita Food Mart
2. Business Address 2078 Old Savannah Rd
3. City Augusta State GA Zip 30901
4. Business Phone (404) 820-3492 Cell Phone (404) 510-1082
5. Applicant Name and Address: Sarita G Gammage
1750 SC McIntyre Apt 0121
Augusta, GA 30904
6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant:
Not Applicable
8. Business Location: Map & Parcel 0872012010 Zoning Commercial B2
9. Location Manager(s) SARITA G GAMMAGE
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
(X) Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 2078 OLD SAVANNAH INC : 05/31/2024
12. Mailing Address:
Name of Business SARITA FOOD MART
Attention SARITA GAMMAGE
Address 750 SC McIntyre Apt 0121
City/State/Zip Augusta, GA 30904
13. Ownership Type: (X) Corporation () Partnership () Individual
14. Corporate Name: _____
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
SARITA GAMMAGE	OWNER		750 SC McIntyre Apt 0121 Augusta, GA 30904	100%

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

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer		✓	✓		✓
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
If so, give year of application and its disposition: I applied for 1675 Olive Rd, Augusta, GA
It is approved.
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (X) Yes () No If so, please initial. S.G.

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 (X) 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 (X) 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.
REAL FORTUNE 7 INC

22. List the name and other required information for each person, firm or corporation having any interest in the business.
2078 OLD SAVANNAH INC
SARITA G GAMMAGE

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. Not Applicable

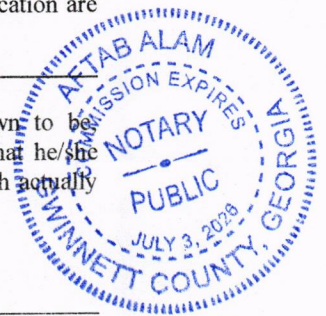
A.) Church _____ C.) School _____
B.) Library _____ D.) Public Recreation _____

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

[Signature]
Applicant Signature

25. I hereby certify that Sarita G Gammage is personally known to me 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 7th day of January, in the year 2025.

[Signature]
Notary Public



FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector	<u>[Signature]</u>		
Sheriff	<u>[Signature]</u>		
Fire Inspector			

The Board of Commissioners on the _____ day of _____, in the year _____
(Approved, Disapproved) the forgoing application.

Administrator

Date