

Augusta-Richmond County Planning & Development Department
1803 Marvin Griffin Road
Augusta, GA. 30906

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year _____ Alcohol Account Number 2024-365

1. Name of Business Gas World 7
2. Business Address 3293 Deans Bridge Rd
3. City Augusta State GA Zip 30906
4. Business Phone () Home Phone ()
5. Applicant Name and Address: Deep Patel
646 Emerald Xing
Evans, GA 30809
6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____

8. Business Location: Map & Parcel 0954054000 Zoning _____
9. Location Manager(s) Deep Patel

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

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: Laxmi 7 LLC
12. Mailing Address:
Name of Business Gas World 7
Attention Deep Patel
Address 646 Emerald Xing
City/State/Zip Evans, GA 30809
13. Ownership Type: (☒) Corporation () Partnership () Individual
14. Corporate Name: Laxmi 7 LLC
List name and other required information for each person having interest in this business.

| Name | Position | SSNO# | Address | Interest |
|-------------------|--------------|-------|---|------------|
| <u>Deep Patel</u> | <u>Owner</u> | | <u>646 Emerald Xing</u> <u>Evans, GA</u> | <u>100</u> |
| | | | | |
| | | | | |

15. What type of business will you operate in this location?
() Restaurant - Full () Lounge (☒) Convenience Store
() Restaurant - Limited () Package Store () Hybrid
() Other: _____

| License Information | Liquor | Beer | Wine | Dance | Sunday Sales |
|-------------------------|--------|-------------------------------------|-------------------------------------|-------|-------------------------------------|
| Retail Package Dealer | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |
| 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: Laxmi 15 Approved
17 Approved
21 Just Applied
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (☒) Yes () No If so, please initial D.P.

912-425-1777

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 Augusta-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. (X) Yes () No
If yes, give reason charged or held, date and place where charged and its disposition.
Disorderly Conduct, 2022 dismissed

21. List owner or owners of building and property.
Laxmi

22. List the name and other required information for each person, firm or corporation having any interest in the business.
Laxmi LLC

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.

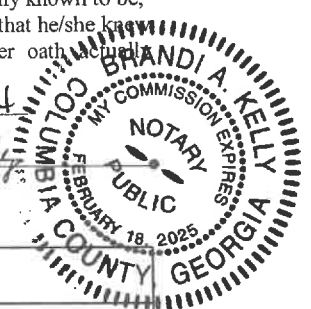
A) Church _____ C) School _____
B) Library _____ D) Public Recreation _____

24. State of Georgia, Augusta-Richmond County, I, Deep Patel
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.

Deep Patel
Applicant Signature

25. I hereby certify that Deep Patel is personally known to be, That he/she signed his/her name to the forgoing allocation stating to me that he/she has read and understood all statements and answers made herein, and, under oath administered by me, has sworn that said statements and answers are true.
This 1 day of March, in the year 2024

Shandi A. Kelly
Notary Public



FOR OFFICE USE ONLY

| Department | Approve | Deny | Comments |
|-------------------|---------|------|----------|
| Recommendation | | | |
| Alcohol Inspector | | | |
| Sheriff | | | |
| Fire Inspector | | | |

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

Administrator

Date