

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year _____ Alcohol Account Number _____

1. Name of Business Pasches Island Soul Restaurant LLC
2. Business Address 307 James Brown Blvd
3. City Augusta State Georgia Zip 30901
4. Business Phone (706) 550 0189 Home Phone (____) _____
5. Applicant Name and Address: Betty Brown
226 Sudlow Ridge Road,
North Augusta, SC 29841

6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____

8. Business Location: Map & Parcel #037-3-219-00-0 Zoning B2
9. Location Manager(s) Paschelle Holder

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

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: _____
12. Mailing Address: Pasches Island Soul Restaurant LLC
Name of Business
Attention Betty Brown
Address 307 James Brown Blvd
City/State/Zip Augusta, GA, 30901
13. Ownership Type: () 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 |
|------------------|----------|--------|---|----------|
| Paschelle Holder | Co-Owner | | 3292 Parker Road Hephizbah, GA 30815 | 25% |
| Betty Brown | Co-Owner | | 226 Sudlow Ridge Road, North Augusta, SC 29841 | 75% |

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

| License Information | Liquor | Beer | Wine | Dance | Sunday Sales |
|-------------------------|--------|------|------|-------|--------------|
| Retail Package Dealer | | | | | |
| Consumption on Premises | X | X | X | | |
| Wholesale | | | | | |

Total License Fee: \$ 4,365
Prorated License Fee: (After July 1 ONLY) \$ _____

16. Have you ever applied for an Alcohol Beverage License before: No
If so, give year of application and its disposition: _____

17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (X) Yes () No If so, please initial. BJB

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. (X) Yes () No
If yes, give reason charged or held, date and place where charged and its disposition.
NYC, indecent behavior and expunged Over 40 years ago

21. List owner or owners of building and property.

Betty Brown

Paschelle Holder

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

None

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, Betty Brown

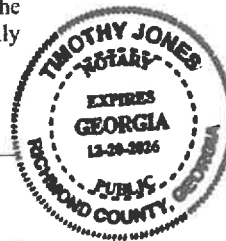
Do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the forgoing alcoholic beverage application are true.

Betty Brown
Applicant Signature

25. I hereby certify that Betty Brown 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 4 day of March, in the year 2024.

[Signature]
Notary Public



FOR OFFICE USE ONLY

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

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

Administrator

Date