

Alcohol License Application  
Physical Address:  
Augusta Planning & Development  
1803 Marvin Griffin Rd  
Augusta, GA 30906  
706-312-5038



ment

Alcohol License Number (Office Use Only): LCB 2026 - 390 253

**Alcohol Beverage Application**

AN 26-21

Business Legal Name: SKYRISE INVESTMENTS 2026 INC

If registered with the Georgia Secretary of State, a copy of the current year registration is required. Out of state businesses must register as a foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Physical Location: 3526 WRIGHTSBORO ROAD, AUGUSTA, GA, 30909  
(Complete Street Address—City, State, Zip Code)

Business Location: Map & Parcel #: 040-0-097-00-0 Zoning: B2

Business Phone: (762 ) 218-3526 Home Phone: ( ) \_\_\_\_\_

Applicant Name: AMMAR RAZA

Applicant's Address: [REDACTED]  
(Complete Street Address – City, State, Zip Code)

Applicant's Social Security: [REDACTED] Date of Birth: [REDACTED]

If Applicant is a transfer, list previous Applicant: \_\_\_\_\_

- Location Manager(s): 1. RAJU VEMUGANTI  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?  Yes  No

**Ownership Information**

Corporation (if applicable): Date Chartered: 1/14/2026

Mailing Address:

Name of Business: SKYRISE INVESTMENTS 2026 INC DBA BELAIR LUCKY LOTTO  
Attention: AMMAR RAZA  
Address: 3526 WRIGHTSBORO ROAD,  
City/State/Zip: AUGUSTA, GA, 30909

Ownership Type:  Corporation  Partnership  Individual

Corporate Name: SKYRISE INVESTMENTS 2026 INC DBA BELAIR LUCKY LOTTO

List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
Click or tap here to enter text. AMMAR RAZA	Click or tap here to enter text. PRESIDENT	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. 100%
Click or tap here to enter text.	Click or tap here to enter text. 5642	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

What type of business will you operate in this location?

- Restaurant – Full  
 Restaurant – Limited  
 Hybrid  
 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: \$ 1330      Prorated License Fee (After July 1 ONLY): \$ 665

Have you ever applied for an Alcohol Beverage License before:  Yes    No

If so, give year of application and its disposition: \_\_\_\_\_

Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages?

Yes  
 No  
 If so, please initial: AR

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

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 regulation of Augusta – Richmond County or the State Revenue Commission relating to the sale and distribution of distilled spirits?  Yes    No

If yes, give full details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 offense 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.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

List owner or owners of the building and property.

OWNER (BETA COLUMBIA LLC )

LEASE OWNER (SUDHA INVESTMENTS 2025 LLC), I AM THE SUBLET

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

AMMAR RAZA (100%)

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 being sold.

A) Church: \_\_\_\_\_

C) School \_\_\_\_\_

B) Library: \_\_\_\_\_

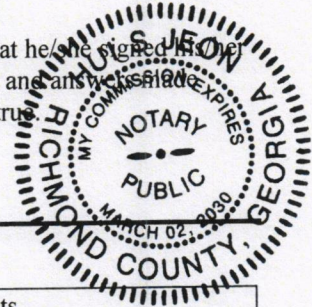
D) Public Recreation: \_\_\_\_\_

State of Georgia, Augusta-Richmond County, I, AMMAR RAZA, 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.

Ammar Raza  
Applicant Signature

I hereby certify that Ammar Raza is personally known to me. That he/she signed his/her name to the forgoing allocation stating to me that he/she knew and understood all statements and answers herein, and, under oath administered by me, has sworn that said statements and answers are true.

This 13 day of March, in the year 2026.



Office Use Only

Department Recommendation	Approve	Deny	Comments
Alcohol Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Sheriff	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Fire Inspector	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date