

**COPY**

Alcohol License Application  
Licensing Division  
1803 Marvin Griffin Rd  
Augusta, GA 30904  
706-312-5038



Alcohol License Number (Office Use Only): LCB20260000506

**Alcohol Beverage Application**

Business Legal Name: Anthony Johnson  
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: 720 E Robinson Ave Ste 101  
(Complete Street Address - City, State, Zip Code)

Business Location: Map & Parcel #: 078-0-177-00-0 Zoning: B2

Business Phone: (706) 755-2043 #1 Biz Home Phone: (706) 699-2460

Applicant Name: Karmarsha Johnson

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. Anthony Johnson  
2. \_\_\_\_\_  
3. \_\_\_\_\_

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

**Ownership Information**

Corporation (if applicable): Date Chartered: \_\_\_\_\_

Mailing Address:  
Name of Business: Big Mama Soul food  
Attention: Karmarsha Johnson  
Address: 2803 Wrightboro Rd # 30  
City/State/Zip: Augusta Ga 30909

Ownership Type:  Corporation  Partnership  Individual

Corporate Name: \_\_\_\_\_

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.	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.
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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					
Consumption on Premises		✓	✓		✓
Wholesale					

Total License Fee: \$ 2495      Prorated License Fee (After July 1 ONLY): \$ 1247.50

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: JS

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.

Meybohm, Shank Inc.

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

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, \_\_\_\_\_, 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.

Karl John  
Applicant Signature

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

This 6 day of April, in the year 2016.

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

