

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year 2025 Alcohol Account Number _____

1. Name of Business JLK GROUP HOLDINGS (ENGINE CO. NO. 7)
2. Business Address 2163 CENTRAL AVENUE
3. City AUGUSTA State GEORGIA Zip 30904
4. Business Phone () TBD Home Phone () _____
5. Applicant Name and Address: JAMES G. JAMES
2556 WALTON WAY
AUGUSTA, GEORGIA 30904
6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____
8. Business Location: Map & Parcel 044-2-222-00-0 Zoning _____
9. Location Manager(s) _____

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

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: DECEMBER 2024
12. Mailing Address:
Name of Business JLK GROUP HOLDINGS
Attention JAMES G. JAMES
Address 2556 WALTON WAY
City/State/Zip AUGUSTA, GEORGIA 30904
13. Ownership Type: (☒) Corporation () Partnership () Individual
14. Corporate Name: JLK GROUP HOLDINGS
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
<u>JAMES G. JAMES</u>	<u>PARTNER</u>			<u>33.33%</u>
<u>ELIZABETH SENIL</u>	<u>PARTNER</u>			<u>33.33%</u>
<u>KEVIN GOLDSMITH</u>	<u>PARTNER</u>			<u>33.33%</u>
			<u>(CALL AUGUSTA)</u>	

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

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer					
Consumption on Premises	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Wholesale					

Total License Fee: \$ _____
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? (☒) Yes () No If so, please initial. [Signature]

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 (✓) 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 (✓) 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.

ENGINE CO. NO. 7 LLC

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

JAMES G. JAMES, ELIZABETH A SENIL, KEVIN GOLDSMITH

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.

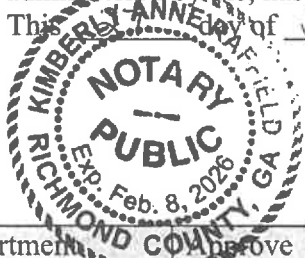
A.) Church ☒ B.) Library _____ C.) School _____ D.) Public Recreation _____

24. 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.

Applicant Signature

25. I hereby certify that JAMES JAMES 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 January of 2025, in the year 2025.



Kimberly Anne Raffiel
Notary Public

FOR OFFICE USE ONLY

Department	Recommendation	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