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

ALCOHOL BEVERAGE APPLICATION

PICOHOL MAINDEL		Year	A	Icohol Acc	ount Nun	nber 🛚	4024-	
	usiness AEPEX							
2. Business A	ddress 2940 INV	VOOD DR.						
3. City HEPH	IZIBAH.		Si	ate GA		Zip 3	30815	
	hone (404_)202	- 3691	Н Н	ome Phone	()	э.р "		
	Name and Addre				//			
			0 PEACHBLI					
		DUI	UTH, GA 30	097				
6. Applicant S	Social Security #	cial Security # D.O.B						
7. If Applicati	ion is a transfer,	list previo	us Applica	nt:				
Business L	ocation: Map &	Parcel _			Zoning			
 Location M 	lanager(s)							
2. Mailing Ad Name	dress: of Business Al	Date Cha	rtered:					
Attent	ion PA	NKAJ GUP	TA					
Addre								
City/S	State/Zip H	PHZIBAH.	SA 30815	. 1 *	/ > 7	11 1 1	1	
	Type: () Corp		(✓) Par	tnership	() 1	naivia	uai	
	lame: nd other require		ion for eac	nerson ha	vino inte	rest in	this business	
List name a	id Other require	a mitorimat.	ion for edo.	porson na	Ting nite	1001 111	unio o abinobo	
lame Position		SSNO#	Ado	Address		Interest		
ANKAJ GUPTA	MEMBER			3760 PEACHBLUFF CT, DULUTH, GA 30097			%	
KESH KUMAR SURYAVANSH	MEMBER		971 ASH	EBROOK CT NE, M	ARIETTA,GA 30			
33.71	C1 4 411		1 - 41-1 - 1	4'0				
 What type o () Restaur 	f business will y ant ()	Ou operate	111 this 100 الله الله الله الله الله الله الله ال	Convenie	nce Store	o.		
() Kestaui	e Store ()	Other: G	ASOLINE ST	ATION WITH	CONVEN	INECE	STORE	
() Package	2 Dioie ()	Outor.						
() Package			Beer	Wine	Dance	3 5	Sunday Sales	
		Liquor	1.3 (-)(-)					
icense Informatio	n	Liquor	✓ /					
icense Informatio letail Package Dea	on aler	Liquor		V				
cicense Information Letail Package Dea Consumption on Pu	on aler	Liquor						
License Information Retail Package Dea Consumption on Pa	on aler	Liquor						
License Information Retail Package Dea Consumption on Programme Wholesale Total Licens	on aler remises		✓ 					
License Information Retail Package Dea Consumption on Provide Minimum Wholesale Total License Prorated License Provided License Provided Management (Inc.)	n aler remises	r July 1 ON	NLY) \$_ Beverage L	icense befo				
License Information Retail Package Dea Consumption on Property Wholesale Total Licens Prorated Licens And Angelow Total Licens Prorated Licens Total Licens Provided Licens Total Licens Provided Licens Total Licens Provided Licens Total Licens	e Fee: \$ense Fee: (After	July 1 ON Alcohol I and its di	NLY) \$_ Beverage L sposition:	icense befo	re: NO			

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: 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.								
20.									
21.	List owner of	or owners o		and property.					
22.	List the name and other required information for each person, firm or corporation having any interest in the business.								
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								
24.	B.) Library D.) Public Recreation State of Georgia, Augusta-Richmond County, I, PANKAJ GUPTA 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.								
25.	knew and ur	signed his/l	NKAJ GUPT ner name	is personally known to be, to the foregoing application stating to me that he/she that and answers true, herein, and, under oath actually a said statements, and answers are true. To be year 2017.					
	rtment	Approve	FOR O	Comments					
	mmendation								
	hol Inspector								
Sheri	Inspector								
Гһе В	oard of Comm oved, Disappro		rgoing ap	day of, in the year plication.					
	F	aummistrate	OI.	Date					