

**PLANNING & DEVELOPMENT DEPARTMENT
STAFF REPORT**

Case Number: A.N. 23-41
Application Type: Consumption on Premises – Incidental Wine
Business Name: Solar Nail Salon
Hearing Date: September 26, 2023
Report Prepared By: Julietta H. Walton, Business License & Customer Service Manager

Applicant: *Vy A Nguyen*
Property Owner: Augusta NNN LLC
Address of Property: 3697 Windsor Spring Road
Tax Parcel #: 141-4-007-00-0
Commission District: District: 6 Super District: 10
Background: New Location

ANALYSIS: Location restrictions: zoning and proximity to churches, libraries, schools, and public recreation areas.

- **Zoning:** B-2 (Business) Zone
- **Distance Requirements:** The proposed location for consumption on premises Incidental Wine meets the minimum distance location to churches, schools, libraries, and public recreation areas.

ADDITIONAL CONSIDERATIONS:

- **Reputation, character.** The applicant’s reputation, character, trade and business associations or past business ventures, mental and physical capacity to conduct business.
- **Previous violations of liquor laws.** If the applicant is a previous holder of a license to sell alcoholic liquors, whether he has violated any laws, regulations or ordinance relating to such business.
- **Manner of conducting prior liquor business.** If the applicant is a previous holder of a license to sell alcoholic liquors, the manner in which he conducted the business thereunder especially as to the necessity for unusual police observation and inspection to prevent the violation of any law, regulation or ordinance relating to such business.

- **Location.** The location for which the license is sought, as to traffic congestion, general character of neighborhood, and the effect such an establishment would have on the adjacent surrounding property values.
 - **The proposed location is a New Location**
- **Number of licenses in a trading area.** The number of licenses already granted for similar business in the trading area of the place for which the license is sought.
- **Dancing.** If dancing is to be permitted upon the premise for which the license is sought and the applicant has previously permitted dancing upon the premises controlled or supervised by him, the manner in which he controlled or supervised such dancing to prevent any violation of any law, regulation, or ordinance.
- **Previous revocation of license.** If the applicant is a person, whose license issued under the police powers of any governing authority has been previously suspended or revoked or who has previously had an alcoholic beverages licenses suspended or revoked. Payment of taxes. If the applicant and business are not delinquent in the payment of any local taxes.
- **Congregation of minors.** Any circumstances, which may cause minors to congregate in the vicinity of the proposed location, even if the location meets the distance requirement under section 6-2-64 (b) herein.
- **Prior incidents.** Evidence that a substantial number of incidents requiring police intervention have occurred within a square city block of the proposed location during the twelve (12) months immediately preceding the date of application.
- **Previous Denial or Revocation.** The denial of an application or revocation of a license, occurring within the preceding twelve (12) months, which was based on the qualifications of the proposed location.

FINANCIAL IMPACT: The applicant will pay a pro-rated fee of \$312.50

RECOMMENDATION:

The Planning & Development approved the application subject to additional information not contradicting the applicant's statements.

The Sheriff's Office approved the application subject to additional information not contradicting applicant's statements.

Note: The staff report includes the information available approximately two weeks prior to the Public Services Committee meeting. It represents an evaluation of the facts presented by the applicant, research done by the staff, and consideration of the relevant factors in the Comprehensive Zoning Ordinance and the Alcohol Ordinance of Augusta, Georgia. New facts may emerge, and staff reserves the right to make an oral recommendation at the hearing based on all the information available at that time.



Augusta-Richmond County Planning & Development Department
1803 Marvin Griffin Road
Augusta, GA. 30906

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year _____ Alcohol Account Number _____

1. Name of Business Solar Nail Salon
2. Business Address 3697 Windsor Spring Rd
3. City Hopkirk State GA Zip 30815
4. Business Phone (706) 7986777 Home Phone (706) 3998825
5. Applicant Name and Address: VY A NGUYEN
1012 Emerald Place Evans GA
6. Applicant Social Security # _____ D.O.B _____
7. If Application is a transfer, list previous Applicant: _____

8. Business Location: Map & Parcel _____ 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: _____
12. Mailing Address:
Name of Business Solar Nail Salon
Attention _____
Address 3697 Windsor Spring Rd Ste 3076
City/State/Zip Hopkirk GA 30815
13. Ownership Type: () Corporation () Partnership () Individual
14. Corporate Name: Solar Nail LLC
List name and other required information for each person having interest in this business.

| Name | Position | SSNO# | Address | Interest |
|--------------------|--------------|-------|------------------------|-------------|
| <u>Vy A Nguyen</u> | <u>Owner</u> | | <u>1012 Emerald Pl</u> | <u>100%</u> |
| | | | | |
| | | | | |

15. What type of business will you operate in this location?
() Restaurant - Full () Lounge () Convenience Store
() Restaurant - Limited () Package Store () Hybrid
(X) Other: Incidental Wine

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

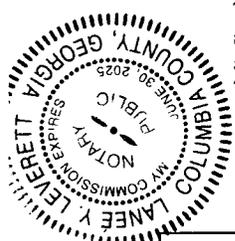


18. Attach a passport-size photograph (front view) taken within two years. Write name on back of the dealer submitting the license application.
19. Has any liquor business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation of the rules and regulations of Augusta-Richmond County or the State Revenue Commission relating to the sale and distribution of distilled spirits? () Yes (V) 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 (V) 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.
Carolina Real Estate Manager LLC
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 _____ C) School _____
B) Library _____ D) Public Recreation _____
24. State of Georgia, Augusta-Richmond County, I, VY A NGUYEN
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.

[Signature]
Applicant Signature

25. I hereby certify that Vy A Nguyen 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 actually administered by me, has sworn that said statements and answers are true.
This 17th day of August, in the year 2023

[Signature]
Notary Public expires 6-30-25



FOR OFFICE USE ONLY

| Department | Approve | Deny | Comments |
|-----------------------|---------|------|----------|
| <u>Recommendation</u> | | | |
| Alcohol Inspector | | | |
| Sheriff | | | |
| Fire Inspector | | | |

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

Administrator Date