

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

### ALCOHOL BEVERAGE APPLICATION

Alcohol Number \_\_\_\_\_ Year 2023 Alcohol Account Number \_\_\_\_\_

1. Name of Business Family Dollar Stores of Georgia, LLC d/b/a Family Dollar # 31533  
2. Business Address 3211 Old McDuffie Road  
3. City Augusta State Georgia Zip 30906-9039  
4. Business Phone ( 757 ) 321-5493 Home Phone ( ) \_\_\_\_\_  
5. Applicant Name and Address: Jacqueline Viretta Stephenson  
2908 Lee St  
Augusta, Georgia 30906

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) Jacqueline Stephenson

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

### OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 1/27/2016  
12. Mailing Address:  
Name of Business Family Dollar Stores of Georgia, LLC  
Attention Alcohol/Tobacco Team (8th Floor)  
Address 500 Volvo Parkway  
City/State/Zip Chesapeake, Virginia 23320  
13. Ownership Type: (X) Corporation ( ) Partnership ( ) Individual  
14. Corporate Name: Family Dollar Stores of Georgia, LLC  
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
See attached				

15. What type of business will you operate in this location?  
( ) Restaurant ( ) Lounge ( ) Convenience Store  
( ) Package Store (X) Other: Retail/Grocery

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer		\$550	\$550		\$1,100
Consumption on Premises					
Wholesale					

Total License Fee: \$ 2,200  
Prorated License Fee: (After July 1 ONLY) \$ \_\_\_\_\_

16. Have you ever applied for an Alcohol Beverage License before: Yes  
If so, give year of application and its disposition: 2022 Approved  
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of  
alcoholic beverages? (X) Yes ( ) No If so, please initial JVS

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 (X) 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 (X) 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. \_\_\_\_\_

22. List the name and other required information for each person, firm or corporation having any interest in the business. Family Dollar Stores Holdings II, LLC

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.

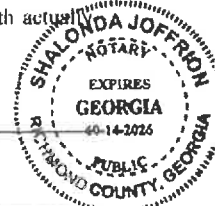
A.) Church \_\_\_\_\_ C.) School \_\_\_\_\_  
B.) Library \_\_\_\_\_ D.) Public Recreation \_\_\_\_\_

24. State of Georgia, Augusta-Richmond County, I, Jacqueline Stephenson  
Do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing alcoholic beverage application are true.

Applicant Signature

25. I hereby certify that Jacqueline Stephenson 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 2nd day of May, in the year 2023.

Notary Public



FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector			
Sheriff	✓		
Fire Inspector			

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

Administrator

Date

EXP-06-14-202