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

## ALCOHOL BEVERAGE APPLICATION

1.	Alcohol Number		Year Alcohol Account Number				
1. 2.	Name of Business Family Business Address 206 SAND	Dollar Sto	NC # 26176		·		
:. }.	City Augusta			to Co	Zip	30001	
	Business Phone (708) 691-0-	471	Sta	me Phone (		30501	
•	Applicant Name and Address:		BY BURKETT				
	repprount reality and reality			Y BURKETT Comanche Rd			
		*	Augusta, GA 30904				
	Applicant Social Security #			D,O.B			
	Applicant Social Security # D.O.B  If Application is a transfer, list previous Applicant:						
i. ).	Business Location: Map & Location Manager(s) But	Patcel oby Burke	Please see	attached Su	ivey_Zor	ing Serve Attache	
0	Is Applicant an American C	itizen or A	dien lawful	ly admitted	for perman	ent residency?	
l. 2,	Corporation (if applicable); Mailing Address: Name of Business Attention	Date Char	rtered: 11/				
	Address 500 Volvo Parkwsy						
,	City/State/Zip	Chesapudie, V	irgime, 21326	la sechin	( ) Indi	nidual	
3. 4.	Ownership Type: (x) Corporate Name: Family Only	DIZITION 2617	( ) Par	mersmp	( ) inoi	VIGURI	
→.	List name and other required	informati	on for each	nerson has	ving interest	in this hasiness	
	Dist natio and other redemon	1 1111011111111	011 1040.	potoviriu	,		
Nam	e Position	SSNO#	Add	ress	ln	terest	
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	lease See Attached	Hitraric	1 1 1 1 1				
	lease-See-Attached-	Fitteer 	DIS:				
	lease-See-Attached	Hitteer	LIS.				
P	What type of business will y	ou operate	in this loc	Convenie	ence Store		
Pl	What type of business will y ( ) Restaurant ( ) ( ) Package Store (X)	ou operate Lounge Other:	in this loc	Convenie	nce Store	Sunday Sales	
P	What type of business will y ( ) Restaurant ( ) ( ) Package Store (X)	ou operate	in this loc	Convenie	*****	Sunday Sales	
P]	What type of business will y ( ) Restaurant ( ) ( ) Package Store (X)	ou operate Lounge Other:	in this loc ( ) Retail	Convenie	*****		
Picen Retail	What type of business will y ( ) Restaurant ( ) ( ) Package Store (X) use Information I Package Dealer	ou operate Lounge Other:	in this loc ( ) Retail	Convenie	*****		
Pl Sicen Retail	What type of business will y ( ) Restaurant ( ) ( ) Package Store (X) use Information I Package Dealer umption on Premises	Ou operate Lounge Other: Liquor	e in this loc (Retail)	Wine	*****		
Pl Sicen Retail	What type of business will y ( ) Restaurant ( ) ( ) Package Store (X)  Ise Information I Package Dealer comption on Premises esale  Total License Fee: \$ 1 33	Liquor  0.00  r July 1 Of	e in this loc  Retail  Beer  X  NLY) \$	Wine X	Dance	X	

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 ( ) 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. Crossroads Plaza Associates List the name and other required information for each person, firm or corporation having 22. any interest in the business. N/A 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, Bobby Burkett 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 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 swom that said statements and answers are true. This 12 th day of in the year 200 The Chess NOTARY PUBLIC RICHMOND COUNTY, GEORGIA My Commission Expires July 30, 2023 FOR OFFICE USE ONLY Department Approve Deny Comments Recommendation Alcohol Inspector Sheriff Fire Inspector The Board of Commissioners on the day of in the year (Approved, Disapproved) the forgoing application. Administrator Date

18.

Attach a passport-size photograph (front view) taken within two years. Write name on back of the dealer submitting the license application.