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

ALCOHOL BEVERAGE APPLICATION

Alcohol	Number		Year	Al	cohol Accou	nt Number _		
1.	Name of Busin	CT E	امت	toro				
2.	Business Addr	1000 3700/	ANV. I	1016	11	-1 4		
3.	City Augus	- 3.100	MINE	adgett	Hwy	JE A	0001	
4.	City Augusta State GA Zip 30906 Business Phone (170) 846-9005 Home Phone (
5.	Applicant Name and Address: Snehalkuman A. Patel							
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			1.1	ast IVIC	GA 30	ST CI.	-	
6.	Applicant Soc	ial Security #		Moton,		D.O.B.		
7.	If Application	is a transfer li	ET Brezzon	Annlican	٠ ١	J.O.B		
,,	11 1 application	is a transitor, in	ist previous	з дррисан	ι.			
8.	Business Loca	arcel		Zoning				
9.	Location Man	ocation Manager(s)						
10.	Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?							
	(V) Yes()]	No			1) dannico	ioi permanen	t residency:	
	()							
		OWNE	Dellip	INIEOD	NA A TOTAL	AT.		
1.1	C				MATIO			
11.		f applicable):	Date Char	tered:	14/34/3	424		
12.	Mailing Address: Name of Business ST Food Store							
	Name of Business ST Food				2/016	1.1		
	Attention Snehal Kuma				A. Patel			
	3100 MILES [MATERIAL 11 11 718 M						Α	
13.	City/State/Zip Augusta, GA 3 0906							
14.	Ownership Type: (V) Corporation () Partnership () Individual Corporate Name: 3706 ST Food Mart, Inc							
17.	List name and	other require	0 1 1 20	od Ivlan	1, Inc		n this business.	
	List manne and	omer required	ı imormati	on for eac	n person nav	ing interest in	n this business.	
Name		Danisian	CON	0"	4.11		+	
	LI Kumar A		Position SSNO#		Addres	Interest		
J. 1. 5	pater	president			Winstan	GA 30 19	106	
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							+	
14								
12.3								
370								
8.5	What type of	business will	you operate	e in this lo	cation?			
. /₹:	() Restaurai	nt - Full () Lounge		(Conven	ience Store		
A 6	() Restaurar () Restaurar () Other:	nt - Limited () Packag	e Store	() Hybrid			
Chillian	() Other:			,	()			
110								
	se Information		Liquor	Beer	Wine	Dance	Sunday Sales	
Retail	Package Deale	r		V	V	- Danie	N/	
	imption on Prer							
Whole	esale							
				1				
	Total License	Fee: \$						
	Prorated Lice	ense Fee: (Afte	r July 1 O	NLY)\$				
16.	Have you ever applied for an Alcohol Beverage License before: No							
	If so, give ye	ar of application	on and its	disposition	:			
		- *		•				
17.	Are you fam	iliar with Geor	gia and Au	ıgusta-Ric	hmond Cour	ity laws regar	ding the sale of	
	alcoholic be	verages? (🔊	Yes () N	lo If so, p	lease initial	1/2	5 0	
		_	` / -	> P			>10	

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 () 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 (V) No dismissed. () Yes If yes, give reason charged or held, date and place where charged and its disposition. 21. List owner or owners of building and property. EUK C List the name and other required information for each person, firm or corporation 22. 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 State of Georgia, Augusta-Richmond County, I, 24. Do solemnly sear, 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 Applicant Signature 25. I hereby certify that Snehal Kumar A. Patel is personally known to be, That he/she signed his/her name to the forgoing allocation stating to me that he/she know and understood all statements and answers made herein, and, under oath account administered by me, has sworn that said statements and answers are true in the year 2024 This 22 day of Notary Public FOR OFFICE USE ONLY Department Deny Comments Approve Recommendation Alcohol Inspector 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