

COPY

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number 26-16 Year 2026 Alcohol Account Number 26-0028

1. Name of Business Boll Weevil Cafe & Sweetsery
2. Business Address 81 James Brown Blvd
3. City Augusta State GA Zip 30901
4. Business Phone (706) 722-7772 Home Phone (706) 627-5758
5. Applicant Name and Address: Rafael Gonzalez
223 Sweetwater Landing Dr
North Augusta, SC, 29860
Email address rafaelg462@gmail.com
6. Applicant Social Security # [REDACTED] D.O.B. [REDACTED]
7. If Application is a transfer, list previous Applicant:

8. Business Location: Map & Parcel 037-3-005-00-0 Zoning B2
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: 10/10/2025
12. Mailing Address:
Name of Business Boll Weevil Cafe & Sweetsery
Attention _____
Address 81 James Brown Blvd, Augusta, GA, 30901
City/State/Zip Augusta/GA/30901
13. Ownership Type: () Corporation () Partnership () Individual
14. Corporate Name: La Dulzura of Southern Charm LLC
List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
<u>Rafael Gonzalez</u>	<u>owner</u>	<u>[REDACTED]</u>	<u>223 Sweetwater Landing Dr, North Augusta, SC, 29860</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
() Other: _____

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer					
Consumption on Premises		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Wholesale					

Total License Fee: \$ 2495
Prorated License Fee: (After July 1 ONLY) \$ 1247.50

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 (PG)



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 (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. (x) Yes () No
If yes, give reason charged or held, date and place where charged and its disposition.

DUI in January of 2023

21. List owner or owners of building and property.

Cotton Beetle LLC

22. List the name and other required information for each person, firm or corporation having any interest in the business.

Rafael Gonzalez

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, _____
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.

Rafael Gonzalez
Applicant Signature

25. I hereby certify that _____ 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 ____ day of _____, in the year _____.

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 forgoing application

Administrator

Date