

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year _____ Alcohol Account Number 2022-282

1. Name of Business Downtown Corner Store
2. Business Address 1006 Broad Street
3. City Augusta State GA Zip 30901
4. Business Phone (706) 305-3146 Home Phone () _____
5. Applicant Name and Address: Mark Allen Coburn, Jr.
2203 Pleasant Dr.
Augusta, GA 30907
Email address mac092088@aol.com
6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____

8. Business Location: Map & Parcel 036-4-245-00-0 Zoning B2
9. Location Manager(s) Mark Coburn

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

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 01-24-2022
12. Mailing Address:
Name of Business Downtown Corner Store
Attention Mark Coburn
Address 2203 Pleasant Dr.
City/State/Zip Augusta, GA 30907
13. Ownership Type: ☒ Corporation () Partnership () Individual
14. Corporate Name: Downtown Corner Store
List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
<u>Ma Felme Coburn</u>	<u>Shareholder</u>		<u>Augusta, GA</u> <u>2203 Pleasant Dr.</u>	<u>24%</u>
<u>Tena Enriquez</u>	<u>Shareholder</u>		<u>Augusta, GA</u> <u>1218 Brookstone Way</u>	<u>25%</u>
<u>Mark A. Coburn</u>	<u>Owner</u>		<u>Augusta, GA</u> <u>2203 Pleasant Dr.</u>	<u>51%</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					
Wholesale					

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

16. Have you ever applied for an Alcohol Beverage License before: _____
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 MAC

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 (✓) 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 () No
If yes, give reason charged or held, date and place where charged and its disposition.
All charges are over 10 years ago. DUI charges (Richmond Co.) and marijuana possession.

21. List owner or owners of building and property.
BHUX2, LLC 1450 Greene Street, Ste 600
Augusta, GA 30901-5247
22. List the name and other required information for each person, firm or corporation having any interest in the business.
Shareholders: Mafelma Coburn and Teena Enriquez

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.

Mark Geln
Applicant Signature

25. I hereby certify that MYZK COBURN 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 14th day of August, in the year 2027.

[Signature]
Notary Public

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