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

ALCOHOL BEVERAGE APPLICATION

Alo	cohol Number		Ye	ar <u>20</u>	24	Alcohol Ac	count N	ımber 🥏	1024-	
1.	Name of Bus									
2.	Business Address 2517 MILLEDGEVILLE ROAD SUITE 1									
3.	City	AUGUSTA			S	tate(SA.	Zip _	30904	
4.	City Business Pho	ne (91 }	381-351	0	F	Iome Phon)		
5.	Applicant Na	me and Add	ress:	BHAVI	KABEN	PATEL				
			-	1141 N	ACINTI	ER CIRCLE,	GREENSB	ORO, GA	30642	
6.	Applicant Soc	#	D.O.B							
7.				revious Applicant:						
8.	Business Loca	tion: Map &	& Parcel	071-	4-014-	01-0		Zoning	C3	
9.	Location Man									
	Bhavikaben L.									
0.										
10.	Is Applicant at (X) Yes (Citizen o	r Alien	lawfi	ılly admitte	d for per	rmanent	residency?	
		OWI	NERSH	IIP IN	FOR	RMATIO	N			
11.	Corporation (if	Corporation (if applicable): Date Chartered:01-31-2024								
12.	Mailing Address: 1141 MCINTEER CIRCLE, GREENSBORO, GA 30642									
	Name of Business PRATVI & YASH INC									
	Attention									
	Address 2417 MILLEDGEVILLE ROAD SUITE 1									
	City/State/Zip AUGUSTA, GA 30904									
13.	Ownershin Tyr	e: (X) Corr	noration	(tnership	()	Individu	a1	
14.	Ownership Typ Corporate Nam	e. Pratvi	& Yash I	nc) I ui	mersinp	()	marrida	aı	
	List name and o	ther require	d inform	ation fo	or eacl	nerson ha	ving inte	erest in the	his husines	
		, mar roquire		uu.	<i>,</i> 000	i person na	ving me	MOSt III ti	ma Ousmes	
Name Position			SSNO#		Address			Interest		
	Bhavikaben L. Patel Presiden					T141 MCINTEER CIRC			100%	
			1		GREENSBORO, GA					
					306					
					1 1 2 / 8 /					
5.	What time of his	aimaaaill -		المالية	i. 1	-4: O				
٥.	What type of bu	siness will y	ou opera	ile in in	115 100	auon?				
	() Restaurant		Lounge	,	(x)	Convenie	nce Stor	e		
	() Package Ste	ore ()	Otner:							
Ligar	non Information		Liquor	I D.		1377	D		1 0 1	
	License Information			Be		Wine	Dance	e Su	nday Sales	
	Retail Package Dealer					_ ^	_	_		
Consumption on Premises Wholesale				_		-	-			
Whol	lesale					×	1			
	Total License Fee: \$									
	Prorated License	Fee: (After	r July 1 C	NLY)	\$_					
_										
6.	Have you ever applied for an Alcohol Beverage License before:									
	If so, give year o	f application	and its o	disposit	ion:					
7.	Are you familiar	with Georgi	a and Au	igusta-I	Richm	ond Count	y laws re	garding	the sale of	
	alcoholic beverag						ease init		MP	

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 () Yes dismissed. (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. CLEARLAKE CAPITAL, LLC 22. List the name and other required information for each person, firm or corporation having any interest in the business. Zain Gillani 5500 Oakbrook Parkway Suite 210 Norcross, Georgia 30093 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 351.93 ft. C.) School B.) Library D.) Public Recreation 24. State of Georgia, Augusta-Richmond County, I, Bhavikaben L. Patel 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. Bhavika Patel Applicant Signature 25. I hereby certify that Bhavikaben L. Patel 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 ST day of APRIL $\underline{}$, in the year $\underline{}$ 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