

ORIGINAL

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year 2025 Alcohol Account Number _____

1. Name of Business Shannon's Place LLC
2. Business Address 300 Shartom DR
3. City AUGUSTA State GA Zip 30907
4. Business Phone (706) 825 3419 Home Phone (706)
5. Applicant Name and Address: Shannon Wilson
6160 Tubman RD / PO Box 41
Appling, GA 30802
Email address _____
6. Applicant Social Security # 2-DOE
7. If Application is a transfer, list previous Applicant: _____

8. Business Location: Map & Parcel 011-0-072-00-0 Zoning B2
9. Location Manager(s) Shannon Wilson
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
(☒) Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 3-26-25
12. Mailing Address:
Name of Business Shannon's Place LLC
Attention Shannon Wilson
Address PO Box 41
City/State/Zip Appling GA 30802
13. Ownership Type: () Corporation (☒) Partnership () Individual
14. Corporate Name: Shannon's Place LLC
List name and other required information for each person having interest in this business.

Name	Position	SSN/CA#	Address	Interest
Shannon Wilson	owner		PO Box 41 Appling GA 30802	100

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					
Circulation Enterprises	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Wholesale					

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

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 SW

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 have 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. _____

21. List owner or owners of building and property.
Building - Bailey - Field Investments Co LLC
2298 Mt. Pleasant St. Charleston, SC 29403
22. List the name and other required information for each person, firm or corporation 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 _____

24. State of Georgia, Augusta-Richmond County, I, Shannon Wilson
Do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing alcoholic beverage application are true.

Shannon Wilson
Applicant Signature

I hereby certify that SHANNON WILSON 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 8 day of MAY, in the year 2025.



[Signature]
Notary Public

FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector	<u>[Signature]</u>		
Sheriff	<u>[Signature]</u>		
Fire Inspector			

The Board of Commissioners on the _____ day of _____, in the year _____.
(Approved, Disapproved) the foregoing application

Administrator

Date