

ORIGINAL

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

ALCOHOL BEVERAGE APPLICATION

- Alcohol Number _____ Year 2025 Alcohol Account Number _____
- Name of Business Sports Center LLC
 - Business Address 594 Broad Street
 - City Augusta State Ga Zip 30901
 - Business Phone (706) 724-9307 Home Phone (702) 720-0268
 - Applicant Name and Address: James Alton Watkins
- Email address James.Watkins2096564@icloud.com
Applicant Social Security # 254-74-6564 D.O.B. 10-01-1987
- If Application is a transfer, list previous Applicant:

- Business Location: Map & Parcel 047-1-078-00-0 Zoning B2
- Location Manager(s) Zauren Rabler Watkins

- Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
 Yes No

OWNERSHIP INFORMATION

- Corporation (if applicable): Date Chartered: N/A
- Mailing Address:
Name of Business Sports Center LLC
Attention _____
Address 544 Broad Street
City/State/Zip Augusta Ga 30901
- Ownership Type: Corporation Partnership Individual
- Corporate Name: _____

List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
<u>James Watkins</u>	<u>Owner</u>	<u>254-74-6564</u>	<u>213 Water oak Drive</u>	<u>100%</u>

- 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		<u>X</u>			
Wholesale					

Total License Fee: \$ 695.00
Prorated License Fee: (After July 1 ONLY) \$ 312.50

- Have you ever applied for an Alcohol Beverage License before: W6
If so, give year of application and its disposition: _____
- Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? Yes No If so, please initial JAW

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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. _____

21. List owner or owners of building and property.
January Busk

22. List the name and other required information for each person, firm or corporation having any interest in the business. None

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.

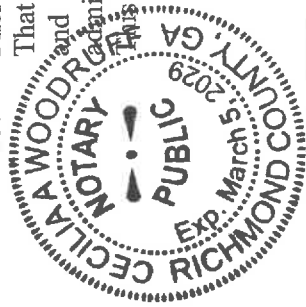
A) Church _____ C) School _____
B) Library _____ D) Public Recreation _____

24. State of Georgia, Augusta-Richmond County, I, James Watkins
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.

25. I hereby certify that James Watkins 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 June day of June, in the year 2025.

[Signature]
Applicant Signature

[Signature]
Notary Public



FOR OFFICE USE ONLY			
Department Recommendation	Approve	Deny	Comments
Alcohol Inspector	<u>Aweddy</u>		
Sheriff			
Fire Inspector			

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

Administrator _____ Date