

ORIGINAL

Alcohol License Application
Licensing Division
1803 Marvin Griffin Rd
Augusta, GA 30904
706-312-5038

RECEIVED
01/27/2020
FW



Alcohol License Number (Office Use Only): LCB20250002027

Alcohol Beverage Application

Business Legal Name: Patio Bar 3 Grille LLC
If registered with the Georgia Secretary of State, a copy of the current year registration is required. Out of state businesses must register as a foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Physical Location: 2417 Milledgeville Rd Augusta Georgia 30904
(Complete Street Address - City, State, Zip Code)

Business Location: Map & Parcel #: 071-4-017-00-0 Zoning: _____

Business Phone: (706) 969-3372 Home Phone: (706) 513-7876

Applicant Name: Marilyn Marie Hollins

Applicant's Address: 1261 DUGAS Street Augusta Georgia 30904
(Complete Street Address - City, State, Zip Code)

Applicant's Social Security: [REDACTED] Date of Birth: [REDACTED]

If Applicant is a transfer, list previous Applicant: _____

Location Manager(s): 1. N/A

2. N/A

3. N/A

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

Ownership Information

Corporation (if applicable): Date Chartered: 11-05-2025

Mailing Address:

Name of Business: Patio Bar 3 Grille LLC

Attention: Marilyn Hollins

Address: 2417 Milledgeville Rd

City/State/Zip: Augusta Ga 30904

Ownership Type: Corporation Partnership Individual

Corporate Name: Patio bar 3 Grille LLC

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

Name	Position	SSNO #	Address	Interest
Click or tap here to enter text. N/A				
Click or tap here to enter text. N/A				
Click or tap here to enter text. N/A				
Click or tap here to enter text. N/A				

What type of business will you operate in this location?

- Restaurant – Full
 Restaurant – Limited
 Hybrid
 Lounge
 Convenience Store
 Package Store
 Other: _____

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer	N/A	N/A	N/A	N/A	N/A
Consumption on Premises	✓	✓	✓	N/A	✓
Wholesale	N/A	N/A	N/A	N/A	N/A

Total License Fee: \$ 5610 Prorated License Fee (After July 1 ONLY): \$ 2805

Have you ever applied for an Alcohol Beverage License before? Yes No

If so, give year of application and its disposition: N/A

Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages?

Yes No If so, please initial: MH

Attach a passport-sized photograph (front view) take within two years. Write name on back of the dealer submitting the license application.

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 regulation 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:

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 offense 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.

List owner or owners of the building and property.

Deborah Ramsbotham, Raymond Olgesby

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

N/A

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 being sold.

A) Church: N/A C) School: N/A
B) Library: N/A D) Public Recreation: N/A

State of Georgia, Augusta-Richmond County, I, Marilyn Hollins, 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.

Marilyn Hollins
Applicant Signature

I hereby certify that Marilyn Hollins is personally known to be TRANDRILL HALL his/her name to the forgoing allocation stating to me that he/she knew and understood all statements made herein, and, under oath administered by me, has sworn that said statements and answers are true. Notary Public, State of SC My Commission Expires 2/13/2029

This 5 day of November, in the year 2025.

Office Use Only

Department Recommendation	Approve	Deny	Comments
Alcohol Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. <u>Award</u>
Sheriff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. <u>et Bradley</u>
Fire Inspector	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.

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

Administrator Date