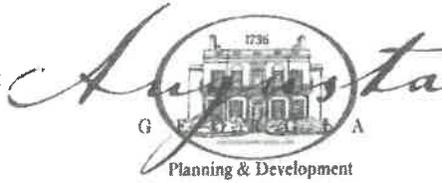


ORIGINAL

Alcohol License Application
Physical Address:
Augusta Planning & Development
1803 Marvin Griffin Rd
Augusta, GA 30906
706-312-5038



Alcohol License Application
Mailing Address:
Augusta Planning & Development
P.O. Box 9270
Augusta, GA 30906

RECEIVED
01/27/2026
ju

Alcohol License Number (Office Use Only): LCB20260000048

Alcohol Beverage Application

Business Legal Name: ARKA FOODS, 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: 1812 Lumpkin Rd. Augusta, GA. 30906
(Complete Street Address- City, State, Zip Code)

Business Location: Map & Parcel #: _____ Zoning: _____

Business Phone: (706) 955-8978 Home Phone: (440) 381-0443

Applicant Name: Chakravarthy Thota

Applicant's Address: 3310 Emerson Dr. Augusta, GA. 30906
(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. Anil Kasturi
2. _____
3. _____

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

Ownership Information

Corporation (if applicable): Date Chartered: 10/19/2025

Mailing Address:

Name of Business: Super Mini Mart
Attention: Chakravarthy Thota
Address: 3310 Emerson Dr.
City/State/Zip: Augusta, GA. 30906

Ownership Type: Corporation Partnership Individual

Corporate Name: ARKA FOODS, LLC



List owner or owners of the building and property.

Hyun S. Kim

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

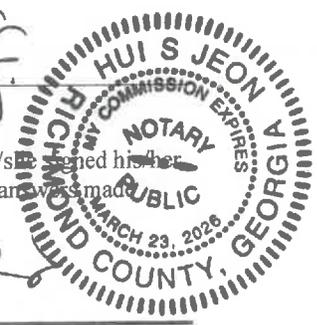
Chakravarthy Thota 100%

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: _____ C) School: _____
B) Library: _____ D) Public Recreation: _____

State of Georgia, Augusta-Richmond County, I, Chakravarthy Thota, 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.

D. Chakravarthy
Applicant Signature



I hereby certify that Chakravarthy Thota 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 administered by me, has sworn that said statements and answers are true.

This 08 day of Jan., in the year 2026.

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>Woodley</u>
Sheriff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. <u>Er. Bentley</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