

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year 2004 Alcohol Account Number _____

1. Name of Business The Allure Lounge
2. Business Address 2059 Gordon Highway
3. City Augusta State Ga. Zip 30909
4. Business Phone (____) _____ Home Phone (106) 627-0008
5. Applicant Name and Address: Cheryl Strabridge
525 18th Street #785
Augusta, Ga. 30901
6. Applicant Social Security #: _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant:
n/a
8. Business Location: Map & Parcel _____ Zoning _____
9. Location Manager(s) _____
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
 Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: n/a
12. Mailing Address:
 Name of Business The Allure Lounge
 Attention _____
 Address 2059 Gordon Hwy
 City/State/Zip Augusta, Ga. 30909
13. Ownership Type: () Corporation () Partnership Individual
14. Corporate Name: _____
 List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest

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					
Consumption on Premises	✓	✓	✓	✓	
Wholesale					

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

16. Have you ever applied for an Alcohol Beverage License before: no



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 (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 dismissed. () Yes (X) No
 If yes, give reason charged or held, date and place where charged and its disposition.

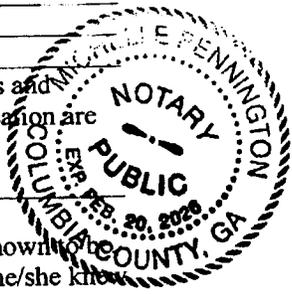
21. List owner or owners of building and property.
Zaine Store LLC

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

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 0.9 miles C) School 0.8 miles
 B) Library 1.5 miles D) Public Recreation 1.1 miles

24. State of Georgia, Augusta-Richmond County, I, _____ 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.

Cheryl Strubidge
 Applicant Signature



25. I hereby certify that Cheryl Strubidge is personally known to me. 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 5th day of January, in the year 2024.

Michelle Pennington
 Notary Public 2-20-2024 Exp.

FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector			
Sheriff			
Fire Inspector			