

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

**ALCOHOL BEVERAGE APPLICATION**

Alcohol Number \_\_\_\_\_ Year \_\_\_\_\_ Alcohol Account Number 24-0201

1. Name of Business Siya Ram Investments, LLC
2. Business Address 1050 Claxson Rd.
3. City Augusta State GA Zip 30907
4. Business Phone (706) 738-7773 Home Phone ( ) \_\_\_\_\_
5. Applicant Name and Address: Ricky Patel  
305 Old Wood Dr.  
Columbia, SC 29212
6. Applicant Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_
7. If Application is a transfer, list previous Applicant: \_\_\_\_\_

8. Business Location: Map & Parcel 012-0-014-08-0 Zoning C
9. Location Manager(s) Ricky Patel  
Jagadish Patel
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?  
 Yes ( ) No

**OWNERSHIP INFORMATION**

11. Corporation (if applicable): Date Chartered: 4/6/23
12. Mailing Address:  
 Name of Business Spark by Hilton  
 Attention Ricky Patel  
 Address 1050 Claxson Rd.  
 City/State/Zip Augusta, GA 30907
13. Ownership Type: ( ) Corporation  Partnership ( ) Individual
14. Corporate Name: Siya Ram Investments GA, LLC  
 List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
<u>Ricky Patel</u>	<u>Manager</u>		<u>305 Old Wood Dr.</u>	<u>25%</u>
<u>Neal Patel</u>	<u>owner</u>		<u>305 Old Wood Dr</u>	<u>25%</u>

15. What type of business will you operate in this location?  
 Restaurant - Full     Lounge     Convenience Store  
 Restaurant - Limited     Package Store     Hybrid  
 Other: Hotel

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer					
Consumption on Premises		<u>X</u>	<u>X</u>		<u>X</u>
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 RP



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.  
Siva Ram Investments GA, LLC

22. List the name and other required information for each person, firm or corporation having any interest in the business.  
Mits Properties, LLC  
Shree Ram Hotel LLC

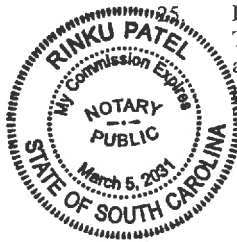
23. If a new application, attach a surveyor's plat and state the straight line distance from the property line of school, church, library, or public recreation area to the wall of the building where alcohol beverages are sold.  
A) Church \_\_\_\_\_ C) School West Side High School  
B) Library \_\_\_\_\_ D) Public Recreation \_\_\_\_\_

24. State of Georgia, Augusta-Richmond County, I, Ricky Patel  
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.

[Signature]  
Applicant Signature

I hereby certify that Ricky Patel 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 22 day of May, in the year 2024.

[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 forgoing application

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date