

Augusta-Richmond County
1815 Marvin Griffin Road
Augusta, GA 30906

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year 2024 Alcohol Account Number _____

1. Name of Business Parker's #118
2. Business Address 3645 Wheeler Road
3. City Augusta State GA Zip 30906
4. Business Phone (912) 349-8001 Home Phone (____) _____
5. Applicant Name and Address: 3113 Westwood Circle
Beaufort, SC 29906
6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____
8. Business Location: Map & Parcel _____ Zoning _____
9. Location Manager(s) Karl E. Hunsinger, Jr.
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
(X) Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: _____
12. Mailing Address: _____
Name of Business Gregory M. Parker, Inc.
Attention Blake L. Greco, General Counsel
Address 171 Crossroads Parkway
City/State/Zip Savannah, GA 31407
13. Ownership Type: (x) Corporation () Partnership () Individual
14. Corporate Name: Gregory M. Parker, Inc.
List name and other required information for each person having interest in this business.

| Name | Position | SSNO # | Address | Interest |
|-------------------|-----------|--------|-----------------------------------|----------|
| Gregory M. Parker | Owner/CEO | | 10 E. Taylor Street, Savannah, GA | 100% |
| | | | | |
| | | | | |

15. What type of business will you operate in this location?
() Restaurant () Lounge (x) Convenience Store
() Package Store () Other: _____

| License Information | Liquor | Beer | Wine | Dance | Sunday Sales |
|-------------------------|--------|------|------|-------|--------------|
| Retail Package Dealer | | x | x | | x |
| 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: Yes
If so, give year of application and its disposition: See attached Exhibit "A"
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (x) Yes () No If so, please initial. [Signature]

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.

Property: Drayton-Parker Companies, LLC

Building: Gregory M. Parker, Inc.

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

Gregory M. Parker

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 3,321 ft

C.) School 1,181 ft

B.) Library 7,685 ft

D.) Public Recreation 7,839 ft

24. State of Georgia, Augusta-Richmond County, I, Karl E. Hunsinger, Jr.
Do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing alcoholic beverage application are true.

Karl E. Hunsinger, Jr.
Applicant Signature

25. I hereby certify that Karl E. Hunsinger, Jr. is personally known to be, that he/she signed his/her name to the foregoing application 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 4th day of October, in the year 2024.

Nicole H. Swain
Notary Public

FOR OFFICE USE ONLY

| Department Recommendation | Approve | Deny | Comments |
|---------------------------|---------|------|----------|
| Alcohol Inspector | | | |
| Sheriff | | | |
| Fire Inspector | | | |

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

Administrator

Date

