

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

SUNDAY SALES APPLICATION

STATE OF GEORGIA

AUGUSTA-RICHMOND COUNTY

Personally appeared before the undersigned an officer duly authorized by law to administer oaths,

First duly sworn, deposed and says on oath the follows:

(1) I am the applicant and/or holder of an Alcoholic Beverage License from Augusta-Richmond County.

(2) The license, for which I am applying for and/or hold, is for an eating establishment known as

NAME OF BUSINESS

Tiffany's Eatery

BUSINESS ADDRESS

828 Broadstreet

CITY, STATE, ZIP

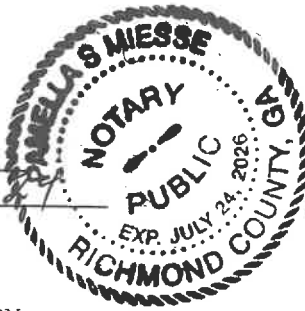
Augusta GA 30901

(3) At least 50% of its total annual gross food and beverage sales are from the sale of prepared meals or food.

(4) This affidavit is made for the purpose of being used by Richmond County, Georgia to authorize the sale of distilled spirits, malt beverage, or wine, for consumption only, on the premises of said establishment, on Sunday between the hours of 12:30 P.M. and 2:00 A.M.

Sworn and Subscribed
Before me this

Day of June, 2007



Florence Bonney Henley
Signature of Applicant

Pamela S. Miesse
Notary Signature

§6-2-74 PROBATION, SUSPENSION, REVOCATION

Section §6-2-74 of the Richmond County Liquor, Beer, and Wine Ordinance states, "Falsifying information or making any material misrepresentation on the application for a license under this Ordinance" will result in a violation of this Ordinance.

NOTICE: THE ABOVE AFFIDAVIT IS GIVEN UNDER OATH. ANY PERSON CONVICTED OF SALES SWEARING SHALL BE PUNISHED BY A FINE OF NOT MORE THAN \$1,000 OR NOT LESS THAN ONE OR MORE THAN FIVE YEARS, OR BOTH UNDER GEORGIA LAW.

PLANNING & DEVELOPMENT APPROVAL

☐ Approved

☐ Denied

SHERIFF DEPT. APPROVAL

☒ Approved

☐ Denied

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ALCOHOL BEVERAGE APPLICATION

- Alcohol Number _____ Year _____ Alcohol Account Number _____
1. Name of Business TIFFANY'S Eatery
2. Business Address 828 Broad Street
3. City Augusta State GA Zip 30901
4. Business Phone (754) 244-7244 Home Phone _____
5. Applicant Name and Address: Florence Pompey Henley
4301 NW 7th Ct
Plantation FL 32317
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) _____
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
(☒) Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: _____
12. Mailing Address:
Name of Business TIFFANY'S Eatery
Attention Florence Henley
Address 4301 NW 7th Ct
City/State/Zip Plantation FL 32317
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	SSN/ID#	Address	Interest
<u>Florence Henley</u>	<u>OWNER</u>		<u>4301 NW 7th Ct</u> <u>Plantation FL 32317</u>	<u>33%</u>
<u>TIFFANY SIMS</u>	<u>OWNER</u>		<u>3415 NW 32nd St</u> <u>Lauderdale Lakes FL</u>	<u>33%</u>
<u>Alpha Louis</u>	<u>OWNER</u>		<u>2916 Courtney Rd</u> <u>Augusta GA 30906</u>	<u>33%</u>

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	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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 FPA