

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year _____ Alcohol Account Number _____

1. Name of Business Green Stree Super Market
2. Business Address 2 Greene Street
3. City Augusta State Georgia Zip 30901
4. Business Phone (____) _____ Home Phone (404) 790-4494
5. Applicant Name and Address: Karthik Kumar Allati
4720 Laural Oak Dr.
Hephzibah, GA. 30815
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) Karthik Kumar Allati
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
 Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 10/ 11 /2024
12. Mailing Address:
Name of Business Green Street Super Market
Attention Karthik K. Allati
Address 4720 Laural Oak Dr.
City/State/Zip Hephzibah, GA, 30815
13. Ownership Type: Corporation () Partnership () Individual
14. Corporate Name: Shree Laxmi Narayan Supermarket, Inc.
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
Karthik Kumar Allati	Officer-Owner		4720 Laural Oak Dr. Hephzibah, GA. 30815	50 %
Jagrutiben A. Patel	Officer-Owner		1022 Barrett Dr. Evans, GA. 30809	50 %

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: Crrrent, Owner
AB Licensee, Lotto Market, 2228 Rosier Rd Ste F. Augusta, GA. 20906
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? Yes () No If so, please initial. AK

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 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.
Trulin Enterprises.

22. List the name and other required information for each person, firm or corporation having any interest in the business.
Karthik K. Allati 50 % Owner Jagrutiben A. Patel 50%

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 _____
B.) Library _____ D.) Public Recreation _____

24. State of Georgia, Augusta-Richmond County, I, Karthik Kumar Allati
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.

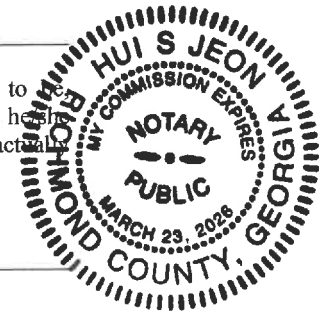
Applicant Signature

Karthik Kumar Allati

25. I hereby certify that Karthik Kumar Allati is personally known to me 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 administered by me, has sworn that said statements and answers are true.
This 05 day of November, in the year 2024.

Notary Public

Hui S Jeon



FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector	<input checked="" type="checkbox"/>		<i>[Signature]</i>
Sheriff	<input checked="" type="checkbox"/>		
Fire Inspector			

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

Administrator

Date