

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year _____ Alcohol Account Number _____

1. Name of Business Boundary Market
2. Business Address 619 E Boundary St
3. City Augusta State GA Zip 30901
4. Business Phone (706) 869-3836 Home Phone ()
5. Applicant Name and Address: Shahenaz Roy
237 Triple Oaks Dr
Tucker, GA 30084
 Email address boundarymarket619@gmail.com
6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant:
C and M Grocery Store
8. Business Location: Map & Parcel 047-4-440-01-0 Zoning B-1
9. Location Manager(s) Venkata ramana Chowdavarapu
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
 Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 6/26/2024
12. Mailing Address:
 Name of Business 619 Boundary LLC D/B/A Boundary Market
 Attention Shahenaz Roy
 Address 619 E Boundary St
 City/State/Zip Augusta GA 30901
13. Ownership Type: Corporation () Partnership () Individual
14. Corporate Name: 619 Boundary LLC
 List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
<u>Shahenaz Roy</u>	<u>Owner</u>		<u>237, Triple Oaks Dr</u> <u>Tucker GA 30084</u>	<u>100%</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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Consumption on Premises					
Wholesale					



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.
Suleman Lalani

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

Shahenaz Roy; 619 Boundary 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.

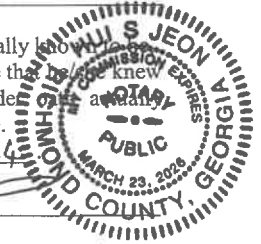
A) Church _____ C) School _____
B) Library _____ D) Public Recreation _____

24. State of Georgia, Augusta-Richmond County, I, Shahenaz Roy.
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.

Shahenaz Roy
Applicant Signature

25. I hereby certify that Shahenaz Roy is personally known to me and understood all statements and answers made herein, and, under oath administered by me, has sworn that said statements and answers are true.
This 25th day of November, in the year 2024

[Signature]
Notary Public



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Department Recommendation	Approve	Deny	Comments
Alcohol Inspector	✓		<u>[Signature]</u>