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

ALCOHOL BEVERAGE APPLICATION

Alcoho	ohol Number		Year	Al	Alcohol Account Number			
1. 2.	Name of Busine Business Addre		EW LLC	•				
3.	City Allaik		1000 -	State	(7A	Zip 30	901	
4.	Business Phone (770) 751 - 9477 Home Phone ()							
5.	Applicant Name and Address: Vosenh Kule Ton Kersley							
	- FF		702 0	T.	ant Dr	2109		
			Alkaur	1. 7	7A 7091	21		
			Email ad	dress	Sadual Cut	mor Dual	Dama: lam	
6.	Applicant Socia	al Security#		2 1	D	.O.B		
7.	If Application is a transfer, list previous Applicant:							
	۸ ۸۸	,						
8.	Business Location: Map & Parcel NA Zoning MA							
9.	Location Manager(s) Joseph hule Taghersley - Owner Jokerator							
	o compression to the total the total total the total the total the total the total total total the total tot							
10.	Is Applicant an American Citizen or Alien lawfully admitted for permanent residency? (X) Yes() No							
					MATION	Ī		
11.	Corporation (if applicable): Date Chartered: NA							
12.	Mailing Address:							
		of Business	AMKREW	410				
	Attenti	ion	oseah he	4/1-	Tan Kas la	1		
	Addres	ss 🧳	575 Box	11 5	-			
	City/S	tate/Zip 🏻 🗍	tuausta.	MA	30901			
13.	Ownership Type: () Corporation () Partnership							
14.	Corporate Name: AMMRIEN UC							
	List name and	other required i	information i	for eacl	n person havi	ng interest in	this business.	
Name	9	Position	SSNO#	1 0	Address	JA 6 "	Interest	
Juscoh	Kulota Kida	Owner,			642 Rivedo	ent Ul	11/99	
Postini	rigit tunnicity	1070	nIh	~~~	HAGIISTEL CO	10	N 114	
	MA	10H	1017		10		100	
	IVA	NA	NA		h	IA	NA	
	nin Min		w/m Wn		10	NA		
	10/+	1011	NOF		1/	/7	1///	
15.	What type of b	business will yo	u operate in) Lounge	this lo	cation? () Conveni	ence Store		
		t - Limited (() Hybrid			
	Other: A		,					
	* / 11							
Licens	se Information	OF THE PARTY OF TH	Liquor 1	Beer	Wine	Dance	Sunday Sales	
Retail	Package Dealer		NA	NA	NA	NA	NA	
Consu	mption on Prem	ises		V	V'	NA	NA	
Whole	esale		nia	MA	MA	NA	nin.	
			1127	UUTT	1 1017	1011	1014	
	Total License	Fee: \$						
	Prorated License Fee: (After July 1 ONLY) \$							
		`	-	_				
16.	Have you ever applied for an Alcohol Beverage License before: Uf5							
	If so, give year	ar of application	and its disp	osition	2074:0	ictive Full	restaurant	
		**	-1					
17.		liar with Georgi					ing the sale of	
	alcoholic beve	erages? 💢 Ye	es () No 1	If so, pl	ease initial	7147		

(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 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. List owner or owners of building and property. 21. B Capital Investments, LLC MAMBREW LLC - OWNER Of business 22. List the name and other required information for each person, firm or corporation having any interest in the business. Kulp Tankasley - Owner 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. C) School NA A) Church /// B) Library MA D) Public Recreation NA State of Georgia, Augusta-Richmond County, I, Journal Wyle Tanhers leaved Do solemnly sear, subject to the penalties of false swearing, that the statements and 24. answers made by me as the applicant in the forgoing alcoholic beverage application are Applicant Signature personally known to be, I hereby certify that Which have to the forgoing to the personally known to be, That he/she signed his/her name to the forgoing to the that he/she knew and understood all statements and answers that he company to the control of the 25. administered by me, has sworn that said statements and this day of November FOR OFFICE USE ONLY Department Approve Deny Comments Recommendation Alcohol Inspector Sheriff Fire Inspector The Board of Commissioners on the in the year (Approved, Disapproved) the forgoing application

Administrator

Date

18.

Attach a passport-size photograph