

ORIGINAL

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

RECEIVED  
4-28-25

### ALCOHOL BEVERAGE APPLICATION

Alcohol Number \_\_\_\_\_ Year \_\_\_\_\_ Alcohol Account Number 2025-816

1. Name of Business 1714 Shortstop, LLC d/b/a  
2. Business Address Short Stop  
3. City Augusta State GA Zip 30901  
4. Business Phone (770) 846-3736 Home Phone ( )  
5. Applicant Name and Address: Snehal Kumar A. Patel  
4065 Maple Crest Ct.  
Winston, GA 30187  
Email address Sgkam-patel@yahoo.com  
6. Applicant Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
7. If Application is a transfer, list previous Applicant: \_\_\_\_\_

8. Business Location: Map & Parcel 058-4-4100-00-0 Zoning B1  
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: 03/03/2025  
12. Mailing Address:  
Name of Business Short Stop  
Attention Snehal Kumar A. Patel  
Address 1714 15th St  
City/State/Zip Augusta, GA 30901  
13. Ownership Type: (☒) Corporation ( ) Partnership ( ) Individual  
14. Corporate Name: 1714 Shortstop, LLC  
List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
Snehal Kumar A. Patel	Member		4065 Maple Crest Ct. Winston, GA 30187	100

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"/>		
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: 2024, Approved. ST Food Store  
Gate Two Stop N Shop  
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (☒) Yes ( ) No If so, please initial SAP



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 (✓) 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 (✓) 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. None

22. List the name and other required information for each person, firm or corporation having any interest in the business. None

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, \_\_\_\_\_  
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.

[Signature]  
Applicant Signature

25. I hereby certify that Snehalkumar A. Patel is personally known to be, That he/she signed his/her name to the forgoing allocation 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 11<sup>th</sup> day of April, in the year 2025.

[Signature]  
Notary Public



**FOR OFFICE USE ONLY**

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

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

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date