



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 Liddo's Bistro
2. Business Address 2601 DEANS Bridge Rd Suite C
3. City Augusta State GA Zip 30906
4. Business Phone (706) 284-0213 Home Phone () _____
5. Applicant Name and Address: MARION Rodrig Rosier
4554 MIKE PADGETT Hwy
Augusta GA 30906
Email address Rob.Rosier@yahoo.com
6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____

8. Business Location: Map & Parcel 071-3-205-00-0 Zoning B2
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 Liddo's Bistro
Attention MARION R. Rosier
Address 2601 DEANS Bridge Rd Suite C
City/State/Zip Hephzibah GA Augusta GA 30906
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	SSNO#	Address	Interest
<u>HILDA VAN</u>	<u>PARTNER</u>	<u>249337722</u>	<u>4522 Ridge Road</u> <u>Hephzibah GA 30815</u>	<u>48%</u>
<u>MARION ROSIER</u>	<u>PARTNER</u>	<u>255174006</u>	<u>4554 MIKE PADGETT Hwy</u> <u>Augusta GA</u>	<u>52%</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: YES
If so, give year of application and its disposition: 2008 BUSINESS CLOSE
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (☒ Yes () No If so, please initial MR

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.
Sachin Malhorta

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

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 alcoholic beverages are sold.

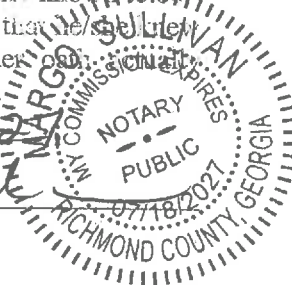
A) Church _____ C) School _____
E) Library _____ F) Public Recreation _____

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 foregoing alcoholic beverage application are true.

Marvin R. Rozier
Applicant Signature

25. I hereby certify that Marvin R. Rozier is personally known to me. That he/she signed his/her name to the foregoing application stating to me that he/she read and understood all statements and answers made herein, and, under oath, administered by me, has sworn that said statements and answers are true.
This 3rd day of April, in the year 2021

Mary Sullivan
Notary Public



FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector			
Sheriff			
Fire Inspector			

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

Administrative

Date