

ORIGINAL

Alcohol License Application
Licensing Division
1803 Marvin Griffin Rd
Augusta, GA 30904
706-312-5038



RECEIVED
09/04/2025
JW

Alcohol License Number (Office Use Only): LCB20250001482

Alcohol Beverage Application

Business Legal Name: H & S Stone, LLC

If registered with the Georgia Secretary of State, a copy of the current year registration is required. Out of state businesses must register as a foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Physical Location: 2517 Milledgeville Rd. STE 1, Augusta, GA 30904
(Complete Street Address- City, State, Zip Code)

Business Location: Map & Parcel #: _____ Zoning: _____

Business Phone: (678) 595-7776 Home Phone: (____) _____

Applicant Name: Shravan Kumar Raul

Applicant's Address: _____
(Complete Street Address - City, State, Zip Code)

Applicant's Social Security: _____ Date of Birth: _____

If Applicant is a transfer, list previous Applicant: _____

Location Manager(s): 1. _____

2. _____

3. _____

Is Applicant an American Citizen or Alien lawfully admitted for permanent residency? ☒ Yes ☐ No

Ownership Information

Corporation (if applicable): Date Chartered: 6/24/25

Mailing Address:

Name of Business: H & S Stone, LLC

Attention: DBA: H & S Mini Mart

Address: 2517 Milledgeville Rd, Ste 1

City/State/Zip: Augusta, GA 30904

Ownership Type: ☐ Corporation ☐ Partnership ☒ Individual

Corporate Name: _____

List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
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Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

What type of business will you operate in this location?

☐ Restaurant – Full
 ☐ Restaurant – Limited
 ☐ Hybrid
 ☐ Lounge
 ☒ Convenience Store
 ☐ Package Store
 ☐ Other: _____

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer		✓	✓		
Consumption on Premises					
Wholesale					

Total License Fee: \$ _____ Prorated License Fee (After July 1 ONLY): \$ _____

Have you ever applied for an Alcohol Beverage License before: ☒ Yes ☐ No

If so, give year of application and its disposition: 2025 - SMS Pavilion LLC

Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages?

☒ Yes
 ☐ No
 If so, please initial: SKR

Attach a passport-sized photograph (front view) take within two years. Write name on back of the dealer submitting the license application.

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 regulation 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:

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 offense 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.

List owner or owners of the building and property.

Clearlake Capital LLC
Zain Gillani



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

NA

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 being sold.

A) Church: _____

C) School: _____

B) Library: _____

D) Public Recreation: _____

State of Georgia, Augusta-Richmond County, I, Shriyan Kumar Raul,
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

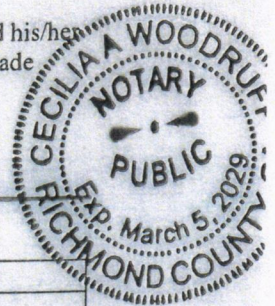
I hereby certify that Shriyan Kumar Raul is personally known to be. That he/she signed his/her name to the forgoing allocation stating to me that he/she knew and understood all statements and answers made herein, and, under oath administered by me, has sworn that said statements and answers are true.

This 18 day of August, in the year 2025.

Cecilia Woodruff

Office Use Only

Department Recommendation	Approve	Deny	Comments
Alcohol Inspection <u>[Signature]</u>	☒	☐	Click or tap here to enter text.
Sheriff <u>[Signature]</u>	☒	☐	Click or tap here to enter text.
Fire Inspector	☐	☐	Click or tap here to enter text.



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

Administrator

Date