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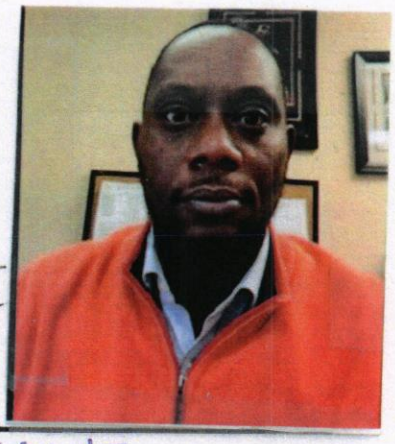

Alcohol License Application
Physical Address:
Augusta Planning & Development
1803 Marvin Griffin Rd
Augusta, GA 30906
706-312-5038

Augusta GEORGIA 1736 Planning & Development

Alcohol License Number (Office Use Only): LCB202600000147

AN 26-19

Alcohol Beverage Application

Business Legal Name: SSH DT Augusta 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 s foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Physical Location: 2651 Perimeter Parkway, Augusta, GA 30909
(Complete Street Address– City, State, Zip Code)

Business Location: Map & Parcel #: 023-0-344-00-0 Zoning: B-2

Business Phone: (401) 865-6901 Home Phone: (___) _____

Applicant Name: Shaquan L. Gardner on behalf of SSH DT Augusta LLC

Applicant's Address: [redacted]
(Complete Street Address – City, State, Zip Code)

Applicant's Social Security: ***-**-7266 Date of Birth: [redacted]

If Applicant is a transfer, list previous Applicant: N/A

Location Manager(s): 1. Shaquan L. Gardner

2. _____

3. _____

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

Ownership Information

Corporation (if applicable): Date Chartered: 11/19/2025

Mailing Address:

Name of Business: SSH DT Augusta LLC

Attention: _____

Address: 333 Westminster Street, Suite 4

City/State/Zip: Providence, RI 02903

Ownership Type: ☐ Corporation ☐ Partnership ☐ Individual X LLC

Corporate Name: SSH DT Augusta LLC

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

Name	Position	SSNO #	Address	Interest
Please see attached Exhibit "A"				

What type of business will you operate in this location?

☐ Restaurant – Full ☐ Restaurant – Limited ☐ Hybrid ☐ Lounge ☐ Convenience Store

☐ Package Store ☒ Other: Hotel

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

Total License Fee: $ 5610 Prorated License Fee (After July 1 ONLY: $ 2805

Have you ever applied for an Alcohol Beverage License before: ○ Yes ⊗ No

If so, give year of application and its disposition: _____

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

☒ Yes ☐ No If so, please initial: SLG

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.
Augusta Hotel Property 2 LLC

List the name and other required information for each person, firm or corporation having any interest in the business.
Please see attached Exhibit "A"

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: N/A - Change of Ownership

B) Library: _____

C) School _____

D) Public Recreation: _____

State of Georgia, Augusta-Richmond County, I, Shaquan L. Gardner, 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.

Applicant Signature

I hereby certify that Shaquan L. Gardner 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 31 day of December, in the year 2025.

Notary Public

DAWN COWAN NOTARY PUBLIC COLUMBIA COUNTY, GA My Commission Expires May 12, 2026

Office Use Only

Department Recommendation	Approve	Deny	Comments
Alcohol Inspection	☑	☐	Click or tap here to enter text.
Sheriff	☑	☐	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 _____