Augusta-Richmond County 1815 Marvin Griffin Road Augusta, GA 30906

ALCOHOL BEVERAGE APPLICATION

		ALCOHO	T DE A EI		JE AL	I DIOIL			1 - 1 - 1
Alcoho	ol Number _		Year _		_ Alco	hol Accou	nt Num	ber 2	2024-58
1.	Name of Bus	iness The So	cene on Broa	ad, L	LC			-	
2.	Business Ade	1 4000 De	and Stroot						
3.	. 8	and the same of th			State	Georgia		ZiD	30901
4.	Business Pho	me (706) 550	0-8301		Hon	le l'hone (_			
5.	Applicant Na	ime and Addre	ss: Artae	:ha I	n War	ren			
			2727	Hur	ntcliffe	Drive			
			Augu	sta,	GA 30	909			
						_			
6.	Applicant So	cial Security#	/				O.O.B.		
7.	If Application is a transfer, list previous Applicant:								
							,	7	- 02
8.	Business Loc	ation: Map &	Parcel 03	6413	38000			Zonin	g <u>C-3</u>
9.	Location Ma	nager(s) Bre	ent Jewett						
<i>7</i> ·		1,							
10.	Is Applicant (X) Yes (an American C) No	Citizen or Al	ien l	awfully	admitted :	for pern	naner	nt residency?
		OWN	ERSHIP	IN	FORM	IATION			
11.	Cornoration	(if applicable):	Date Chart	tered	l:				
12.	Mailing Add	tess.							
12.	Nome (of Business T	he Scene	on B	road. I	LC			
	Attenti	on A	Hocha Wal	rren					
	Addres	s ate/Zip	289 Broad	Stre	et				
	Addres City/Ct	oto/7in A	ugusta. GA	1 30	901				
	City/St	ate/Zip	oration	-) Partn	ership	(x) I	ndivi	dual
13. Ownership Type: () Corporation () Partnership (X) Individual 14. Corporate Name: List name and other required information for each person having interest in this business.									
14.	Corporate Na	d other require	d informatic	on fo	r each	person havi	ing inte	rest in	this business.
	List name an	a omer redame	C Illioillian.	,,,,					
Mama		Position	SSNO#		Addre	ess		Inte	rest
Name n/a		1 Osteron	22.10						
11/4	ha Warren	mama.	+:	-	2227	Hustelit	ReDr	01	mer
Artes	na wanter	Owner			Jac Bar	- Last period			
			1						
15.	() Restaura	business will yant (X) Store () Lounge		()	Convenier	ce Stor	re	
			Liquor	T _R	eer	Wine	Danc	e	Sunday Sales
Licen	se Information	Liquoi	100	,01	Willow Daniel				
Retail	Package Dealer nption on Premises				X	XX			
		X	\vdash	^		1			
Whol	esale			_					
		ense Fee: (Afte							
16.	Have you ever applied for an Alcohol Beverage License before: No If so, give year of application and its disposition:								
17.	Are you fami	lliar with Georg	gia and Aug	usta o	-Richm	ond County If so, plea	y laws r se initia	egard	ling the sale of

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 Richmond County or the State Revenue Commission relating to the sale and distribution of distilled spirits? () Yes (X) No If yes, give full details:	30
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.	
21.	List owner or owners of building and property. 1289 Broad, LLC	
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 2 miles C.) School 6 miles	
24.	B.) Library 8 miles D.) Public Recreation 1.5 State of Georgia, Augusta-Richmond County, I, Artesha Warren Do solemnly swear, subject to the penelties of false swearing, that the statements and answers made by me as the applicant in the forcoing alcoholic beverage application are true.	
25.	Applicant Signature I hereby certify that	My S
	FOR OFFICE USE ONLY	SOV
Depar	ment Approve Deny Comments	
	mendation el Inspector	
Sherif		
	spector	
The Bo	ard of Commissioners on the 9th day of JULY, in the year 2024 ed, Disapproved) the forgoing application.	
	Administrator Date	