

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year _____ Alcohol Account Number _____

1. Name of Business On Track Fuel
2. Business Address 4505 Windsor Spring Rd.
3. City Hephzibah State GA Zip 30815
4. Business Phone (____) _____ Home Phone (____) X _____
5. Applicant Name and Address: Gurpreet Walia
205 Woodhill Trl.
Augusta, GA. 30909

6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____

8. Business Location: Map & Parcel _____ Zoning _____
9. Location Manager(s) Iqbal H. Mohammed

10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
(X) Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 08/28/2024
12. Mailing Address:
Name of Business On Track Fuel
Attention Gurpreet Walia
Address 205 Woodhill Trl.
City/State/Zip Augusta, GA. 30909
13. Ownership Type: (X) Corporation () Partnership () Individual
14. Corporate Name: On Track 2, LLC
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
Iqbal H. Mohammed	Member		789 Locks Way Augusta, GA. 30907	40 %
Gurpreet S. Walla	Member		205 Woodhill Trl Augusta, GA. 30909	60%

15. What type of business will you operate in this location?
() Restaurant () Lounge (X) Convenience Store
() Package Store () Other: _____

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer		X	X		X
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: Smart Grocery
3221 Wrightsboro Rd. Augusta, GA. 30909 Nov.2009 to Currently
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (X) Yes () No If so, please initial. [Signature]

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: _____

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.

On Track New, LLC

Gurpreet Walia, Iqbal Mohammed

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

Iqbal H. Mohammed 40% Gurpreet H. Walia 60%

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 _____

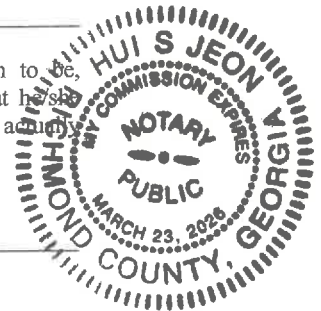
24. State of Georgia, Augusta-Richmond County, I, Gurpreet S. Walia

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.

Applicant Signature

25. I hereby certify that Gurpreet S. Walia is personally known to me, that he/she signed his/her name to the foregoing application 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 17 day of October, in the year 2024.

Notary Public



FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector			
Sheriff	<input checked="" type="checkbox"/>		
Fire Inspector			

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

Administrator

Date