

COPY

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 EB MARKET LLC
2. Business Address 501 E BOUNDARY UNIT C
3. City AUGUSTA State GA Zip 30901
4. Business Phone (404) 453-6184 Home Phone ()
5. Applicant Name and Address: SUBRATA ROY
2654 ALLSBOROUGH WAY
Dacula, GA, 30019
Email address 501ebmarket@gmail.com
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) _____

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

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 01/17/2025
12. Mailing Address:
Name of Business EB MARKET LLC DBA EB FOOD MART
Attention _____
Address 501 E BOUNDARY UNIT C
City/State/Zip AUGUSTA, GA 30901
13. Ownership Type: (X) Corporation () Partnership () Individual
14. Corporate Name: EB MARKET LLC
List name and other required information for each person having interest in the business.

Name	Position	SSN/ID	Address	Share %
SUBRATA ROY	OWNER	855-15-0906	2654 Allsborough Way, Dacula, GA 30019	100%

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

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

Total License Fee: \$ _____
Pro-rated License Fee: (After July 1 ONLY) \$ _____

16. Have you ever applied for an Alcohol Beverage License before: N/A
If so, give year of application and its disposition: _____

17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (X) Yes () No If so, please initial SR

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 had a 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 (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.
EAST BOUNDARY 24 LLC
SACHIN MALHOTRA

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 alcohol beverages are sold.

A) Church _____ C) School _____
B) Library _____ D) Public Recreation _____

24. State of Georgia, Augusta-Richmond County, I, SUBRATA ROY
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.

Subrata Roy
Applicant Signature

25. I hereby certify that SUBRATA ROY is personally known to be, 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 actually administered by me, has sworn that said statements and answers are true.
This 7 day of March, in the year 2025.

[Signature]
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

Administrator

Date

