

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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year 2025 Alcohol Account Number _____

1. Name of Business Emil's LLC
2. Business Address 902 Broad Street
3. City Augusta State GA Zip 30901
4. Business Phone (706) 503 7912 Home Phone (____) _____
5. Applicant Name and Address: Robert Shawn Moseley
217 James Brown Blvd
Augusta, GA 30901
6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant:
NA
8. Business Location: Map & Parcel 037-3-145-00-0 Zoning B-2
9. Location Manager(s) Robert Shawn Moseley
Emilie Moseley
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
☒ Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 01/22/2018
12. Mailing Address:
Name of Business Emil's LLC
Attention Shawn Moseley
Address 902 Broad Street
City/State/Zip Augusta, GA 30901
13. Ownership Type: () Corporation ☒ Partnership () Individual
14. Corporate Name: Emil's LLC
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
Robert Shawn Moseley	Co-owner			50%
Emilie Moseley	Co-owner			50%

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

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Consumption on Premises		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Wholesale					

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

16. Have you ever applied for an Alcohol Beverage License before: No
If so, give year of application and its disposition: NA
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? ☒ Yes () No If so, please initial. SM

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 ☒ 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 ☒ 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.
Electric Park Holdings LLC

22. List the name and other required information for each person, firm or corporation having any interest in the business.
Shawn Moseley 50%
Emilie Moseley 50%

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 mi

C.) School .3mi

B.) Library .2 mi

D.) Public Recreation 1573 ft

24. State of Georgia, Augusta-Richmond County, I, Robert Shawn Moseley
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

25. I hereby certify that Robert Shawn Moseley 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 27th day of January, in the year 2025.


Notary Public

ap. 7-22-25

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 forgoing application.

Administrator

Date