



Public Services Committee Meeting

March 25, 2025

Alcohol License

Department:	Planning & Development
Presenter:	Cecilia Woodruff, Planning Services Branch Manager
Caption:	A.N. 25-19 – Existing Location: Adding Retail Package for Wine. Henry Schafer applicant for ILBI, LLC doing business as Abel Brown , located at 491 Highland Avenue. District 7, Super District 10
Background:	Existing Location currently selling liquor and beer
Analysis:	Applicant meets the requirements of the City of Augusta's Alcohol Ordinance.
Financial Impact:	Applicant to pay a fee of \$665.00
Alternatives:	N/A
Recommendation:	Planning & Development Department approved the application subject to additional information not contradicting the applicant's statements. Sheriff's Office approved the application subject to additional information not contradicting applicants' statements.
Funds are available in the following accounts:	N/A
<u>REVIEWED AND APPROVED BY:</u>	N/A

Case Number: A.N. 25-19
Application Type: Adding Retail Package Wine – Existing Location
Business Name: Abel Brown
Hearing Date: March 25, 2025
Prepared By: Cecilia Woodruff, Planning Services Branch Manager, Planning and Development Department

Applicant: Henry Todd Shafer
Property Owner: Springdale Partnership, LLC
Address of Property: 491 Highland Avenue
Tax Parcel #: 025-4-132-00-0
Commission Districts: District 7,
Super District 10



ANALYSIS:

Location Restrictions:

- **Zoning:** General Business, B-2
- **Distance Requirements:** The proposed location for retail package Wine meets the minimum distance to churches, schools, libraries, and public recreational areas.

ADDITIONAL CONSIDERATIONS:

- **Reputation, Character** – The applicant's reputation, character, trade and business associations or past business ventures, mental and physical capacity to conduct business.
- **Previous Violations of Liquor Laws** – If the applicant is a previous holder of a license to sell alcoholic liquors, whether they have violated any laws, regulations, or ordinances relating to such business.
- **Manner of Conducting Prior Liquor Business** – If the applicant is a previous holder of a license to sell alcoholic liquors, the manner in which they conducted the business thereunder especially as to the necessity for unusual police observation and inspection to prevent the violation of any law, regulation, or ordinance relating to such business.

- **Location** - The location for which the license is sought, as to traffic congestion, general character of neighborhood, and the effect such an establishment would have on the adjacent surrounding property values.
- **Number of Licenses in a Trading Area** – The number of licenses already granted for a similar business in the trading area of place for which the license is sought.

Dancing – If dancing is to be permitted upon the premise for which the license is sought and the applicant has previously permitted dancing upon the premises controlled or supervised by them, the manner with which they controlled or supervised such dancing to prevent any violation of any law, regulation, or ordinance.

- **Previous Revocation of License** – If the applicant is a person whose license issued under the police powers of any governing authority has been previously suspended, or revoked, or who has previously had an alcoholic beverages license suspended or revoked.
- **Payment of Taxes** - If the applicant and business are not delinquent in the payment of any local taxes.
- **Congregation of Minors** – Any circumstances which may cause minors to congregate in the vicinity of the proposed location, even if the location meets the distance requirements under Section 6-2-64(b) herein.
- **Prior Incidents** - Evidence that a substantial number of incidents requiring police intervention have occurred within a square city block of the proposed location during the twelve (12) months immediately preceding the date of application.
- **Previous Denial or Revocation** – The denial of an application or revocation of a license, occurring within the preceding twelve (12) months, which was based on the qualifications of the proposed location.

FINANCIAL IMPACT: The applicant will pay a fee of \$665.00

RECOMMENDATION:

Planning and Development Department recommends approval of the application subject to additional information not contradicting the applicant's statements.

Sherrif's Office recommends approval of the application subject to additional information not contradicting the applicant's statements.

NOTE: The staff report includes information available approximately two (2) weeks prior to the Public Services Committee meeting. It represents an evaluation of the facts presented by the applicant; research done by staff, and consideration of the relevant factors in the Comprehensive Zoning Ordinance and the Alcohol Ordinance of Augusta, Georgia. New facts may emerge, and staff reserve the right to make an oral recommendation at the hearing based on all information available at that time.

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year 2025 Alcohol Account Number LCB20140001494

1. Name of Business ABEL BROWN
2. Business Address 491 HIGHLAND AVE.
3. City AUGUSTA State GA Zip 30909
4. Business Phone (706) 738 6491 Home Phone (706) 414 6491
5. Applicant Name and Address: Henry Todd Schafer
2206 Crestwood Dr., Augusta, GA 30909
Email address info@abelbrownaugusta.com
6. Applicant Social Security # _____ D.O.B. 2
7. If Application is a transfer, list previous Applicant: _____
8. Business Location: Map & Parcel 033-2-047-00-0 Zoning 7
9. Location Manager(s) Henry Todd Schafer

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

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: NOV. 1. 2014
12. Mailing Address:
 Name of Business ABEL BROWN
 Attention Henry Todd Schafer
 Address 491 Highland Ave
 City/State/Zip Augusta, GA, 30909
13. Ownership Type: ☒ Corporation ☐ Partnership ☐ Individual
14. Corporate Name: ILBI LLC
 List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
<u>JEFF MORAS</u>	<u>PARTNER</u>		<u>8 Indian Trail Rd.</u> <u>Augusta GA 30909</u>	<u>15%</u>

15. What type of business will you operate in this location?
☒ Restaurant - Full ☐ Lounge ☐ Convenience Store
☐ Restaurant - Limited ☐ Package Store ☐ Hybrid
☐ Other: DETAIL & CATERING

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer	<u>AB 1/31/15</u>	<u>AB 1/31/15</u>	<u>X</u>		
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: 1999

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 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.
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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, Henry Todd Schape
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.

Henry Todd Schape
Applicant Signature

25. I hereby certify that Henry Todd Schape is personally known to me. 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 31st day of January, in the year 2025.

Melantha G. [Signature]
Notary Public

FOR OFFICE USE ONLY

Department	Approve	Deny	Comments
Recommendation			
Alcohol Inspector	<u>[Signature]</u>		
Sheriff	<u>[Signature]</u>		
Fire Inspector			

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

Administrator

Date

Alcohol Number _____ Tax _____ Alcohol Account Number _____

1. Name of Business MSW & W COOPERATIVE LLC (DBA TRELLIS COFFEE BAR)
2. Business Address 1902 WALTON WAY
3. City Augusta State GA Zip 30904
4. Business Phone (706) 496 7035 Home Phone (706) 284 5139
5. Applicant Name and Address: LAWRENCE ROSS McDANIEL
811 RUSSELL ST
AUGUSTA, GA 30904
Email address: ROSS@TRELLISCOFFEEBAR.COM
6. Applicant Social Security #: _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____
8. Business Location: Map & Parcel 035-3-44-00-0 Zoning C3
9. Location Manager(s) BRENT SKELLEY
JESS GAUGUSH
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
(☒) Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 9/8/2022
12. Mailing Address:
Name of Business MSW & W COOPERATIVE LLC
Attention ROSS McDANIEL
Address 1902 WALTON WAY
City/State/Zip AUGUSTA, GA 30904
13. Ownership Type: () Corporation (☒) Partnership () Individual
14. Corporate Name: MSW & W COOPERATIVE LLC
List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
JACK EDWARDS WETTSONE	PARTNER		714 GARY ST AUGUSTA, GA 30904	10
BRENT RANDALL SKELLEY	CEO		714 GARY ST AUGUSTA, GA 30904	33
JOSHUA ANDY WHITING	CARD		910 McMEILAN CTR, MARTINEZ GA 30904	24
LAWRENCE ROSS McDANIEL	CEO		811 RUSSELL ST AUGUSTA, GA 30904	33

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

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer					
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: YES
If so, give year of application and its disposition: 2023, INCOMPLETE

19. Has any liquor business in which you own or have held, any financial interest, are employed, or have been employed, ever been cited for any violation of the rules and regulations of Augusta-Richmond County, Georgia, 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.

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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 1,056

C) School 2,286

B) Library 3,280

D) Public Recreation 3,696

24. State of Georgia, Augusta-Richmond County, I, L. ROSS McIDANIEL

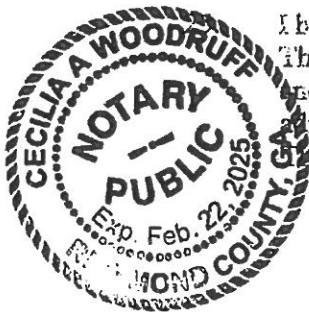
Do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing alcoholic beverage application are true.

Applicant Signature

I hereby certify that L. ROSS McIDANIEL 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 12 day of February, in the year 2025.

Notary Public



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Department	Approve	Deny	Comments
Recommendation			
Alcohol Inspector	<u>C. Woodruff</u>		
Sheriff			
Fire Inspector			

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