

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

### ALCOHOL BEVERAGE APPLICATION

Alcohol Number \_\_\_\_\_ Year 2024 Alcohol Account Number \_\_\_\_\_

1. Name of Business Prabish Foodmart1 Inc D/B/A Prabish Food Mart
2. Business Address 1675 Olive Rd
3. City Augusta State GA Zip 30904
4. Business Phone (347) 707-4019 Home Phone \_\_\_\_\_
5. Applicant Name and Address: Sarita G Gammage  
1750 SC McIntyre Apt 0121  
Augusta, GA 30904
6. Applicant Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_
7. If Application is a transfer, list previous Applicant:  
Not Applicable
8. Business Location: Map & Parcel 05831-01-000 Zoning Commercial
9. Location Manager(s) AMANDEEP SINGH
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?  
(X) Yes ( ) No

### OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: PRABISH FOODMART1 INC : 05/08/2024
12. Mailing Address:  
Name of Business PRABISH FOOD MART  
Attention AMANDEEP SINGH  
Address 750 SC McIntyre Apt 0121  
City/State/Zip Augusta, GA 30904
13. Ownership Type: (X) Corporation ( ) Partnership ( ) Individual
14. Corporate Name: PRABISH FOODMART1 INC  
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
AMANDEEP SINGH	OWNER		750 SC McIntyre Apt 0121 Augusta, GA 30904	100%
SARITAG. GAMMA	MANAGER		SAME AS ABOVE	0%

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		✓	✓		✓
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: NO  
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. SGG



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.  
S2 REAL ESTATE INC

22. List the name and other required information for each person, firm or corporation having any interest in the business.  
PRABISH FOODMART1 INC  
AMANDEEP SINGH

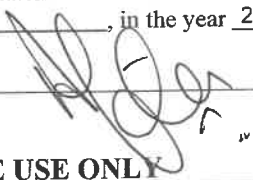
23. If a new application, attach a surveyor's plat and state the straight line distance from the property line of school, church, library, or public recreation area to the wall of the building where alcohol beverages are sold. Not Applicable

A.) Church \_\_\_\_\_ C.) School \_\_\_\_\_  
B.) Library \_\_\_\_\_ D.) Public Recreation \_\_\_\_\_

24. State of Georgia, Augusta-Richmond County, I, Sarita G Gammage  
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 Sarita G Gammage is personally known 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 12th day of June, in the year 2024.

  
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 forgoing application.

\_\_\_\_\_  
Administrator Date