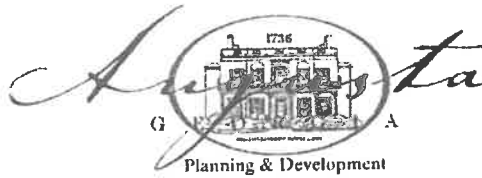


Alcohol License Application
Licensing Division
1803 Marvin Griffin Rd
Augusta, GA 30904
706-312-5038



Alcohol License Number (Office Use Only): LCB20250001357

Alcohol Beverage Application

Business Legal Name: CENTRAL LIQUOR LLC

If registered with the Georgia Secretary of State, a copy of the current year registration is required. Out of state businesses must register as a foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Physical Location: 2059 CENTRAL AVENUE, AUGUSTA, GA, 30904
(Complete Street Address— City, State, Zip Code)

Business Location: Map & Parcel #: 044-2-157-00-0 Zoning: B1

Business Phone: (706) 589-5345 Home Phone: ()

Applicant Name: VAISHALIBEN PATEL

Applicant's Address: 1222 ARCILLA PT, AUGUSTA, GA, 30907
(Complete Street Address— City, State, Zip Code)

Applicant's Social Security: [REDACTED] Date of Birth: [REDACTED]

If Applicant is a transfer, list previous Applicant: _____

Location Manager(s): 1. VAISHALIBEN PATEL

2. _____

3. _____

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

Ownership Information

Corporation (if applicable): Date Chartered: 7/21/2025

Mailing Address:

Name of Business: CENTRAL WINE & SPIRITS

Attention: VAISHALIBEN PATEL

Address: 2061 CENTRAL AVENUE

City/State/Zip: AUGUSTA, GA, 30904

Ownership Type: ☒ Corporation ☐ Partnership ☐ Individual

Corporate Name: CENTRAL LIQUOR LLC

List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
VAISHALIBEN PATEL	MEMBER	[REDACTED]	1222 ARCILLA PT AUGUSTA GA 30907	100%

What type of business will you operate in this location?

☐ Restaurant – Full
 ☐ Restaurant – Limited
 ☐ Hybrid
 ☐ Lounge
 ☐ Convenience Store
☒ Package Store
☐ Other: _____

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

Total License Fee: \$ 4660 Prorated License Fee (After July 1 ONLY): \$ 2330

Have you ever applied for an Alcohol Beverage License before: ☒ Yes ☐ No

If so, give year of application and its disposition: 2015 - ACTIVE

Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages?

☒ Yes
 ☐ No
 If so, please initial: V.P.

Attach a passport-sized photograph (front view) take within two years. Write name on back of the dealer submitting the license application.

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 regulation of Augusta – Richmond County or the State Revenue Commission relating to the sale and distribution of distilled spirits? ☐ Yes ☒ No

If yes, give full details:

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 offense 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.

List owner or owners of the building and property.

N K PATEL LLC

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

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 being sold.

A) Church: 1530'

C) School 2500'

B) Library: 4800'

D) Public Recreation: 1785'

State of Georgia, Augusta-Richmond County, I, VAISHALIBEN PATEL, 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.

V.P. Patel
Applicant Signature

I hereby certify that VAISHALIBEN PATEL is personally known to be. 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 23 day of JULY, in the year 2025.

Office Use Only

Department Recommendation	Approve	Deny	Comments
Alcohol Inspection	☐	☐	Click or tap here to enter text.
Sheriff	☐	☐	Click or tap here to enter text.
Fire Inspector	☐	☐	Click or tap here to enter text.

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

Administrator

Date