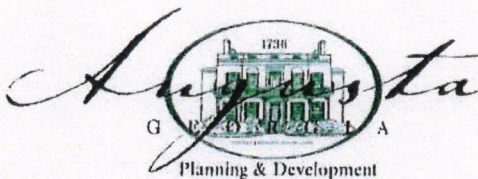


AN. 25-44

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



Alcohol License Number (Office Use Only) -

LCB 2025 0001634

Alcohol Beverage Application

Business Legal Name: Richmond Grocery, LLC dba Piggly Wiggly #362

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: 1631 Gordon Hwy August, GA 30906

(Complete Street Address- City, State, Zip Code)

Business Location: Map & Parcel #: 0862006030

Zoning: C4

Business Phone: (912) 657-3404

Home Phone: ()

Applicant Name: Ashley Thompson

Applicant's Address: 1424 Sutherland Bluff Drive NE Townsend, GA 31331

(Complete Street Address - City, State, Zip Code)

Applicant's Social Security: ()

Date of Birth: ()

If Applicant is a transfer, list previous Applicant: _____

Location Manager(s): 1. _____

2. _____

3. _____

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

Ownership Information

Corporation (if applicable): Date Chartered: 08/12/2025

Mailing Address:

Name of Business: Piggly Wiggly #362

Attention: Missy Thompson

Address: P.O. Box 40

City/State/Zip: Townsend, GA 31331

Ownership Type: ☒ Corporation ☐ Partnership ☐ Individual

Corporate Name: Richmond Grocery LLC

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

Name	Position	SSNO #	Address	Interest
Ashley Thompson	President	[REDACTED]	[REDACTED]	
Dina Thompson	Vice President	[REDACTED]	[REDACTED]	

What type of business will you operate in this location?

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

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

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

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

If so, give year of application and its disposition: 2010, 2014, 2018, 2021/ All approved

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

☒ Yes ☐ No If so, please initial: AT

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.

Southgate Augusta Shopping Center Group

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

Ashley Thompson - President

Dina Thompson - Vice President

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.

*Currently operating
as Harveys
Supermarket.
Distances will be the
same.

A) Church: _____

C) School: _____

B) Library: _____

D) Public Recreation: _____

State of Georgia, Augusta-Richmond County, I, Ashley Thompson

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.

Ashley Thompson
Applicant Signature

I hereby certify that Ashley Thompson 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 2nd day of October, in the year 2025

Alisha Ryals

Office Use Only

Department Recommendation	Approve	Deny	Comments
Alcohol Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Sheriff	<input type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text.
Fire Inspector	<input type="checkbox"/>	<input type="checkbox"/>	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