

AN. 25-43

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

Alcohol License Number (Office Use Only): LCB2025-1681**Alcohol Beverage Application**Business Legal Name: JAY MATAJI 897 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: 1902 WINDSOR SPRING RD, AGUSTA, GA, 30906

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

Business Location: Map & Parcel #: 110-4-160-01-0Zoning: C3Business Phone: ( ) 240-444-6315Home Phone: ( ) 240-444-6315Applicant Name: VRUNDA PARIKHApplicant's Address: [REDACTED]

(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. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is Applicant an American Citizen or Alien lawfully admitted for permanent residency? ☒ Yes ☐ No**Ownership Information**Corporation (if applicable): Date Chartered: 09/02/2025

Mailing Address:

Name of Business: JAY MATAJI 897 LLC DBA IN-N-OUT MARKET LOTTERY STOREAttention: VRUNDA PARIKHAddress: 1902, WINDSOR SPRING RDCity/State/Zip: AGUSTA, GA 30906Ownership Type: ☒ Corporation ☐ Partnership ☐ IndividualCorporate Name: JAY MATAJI 897 LLC



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

Name	Position	SSNO #	Address	Interest
Click or tap here to enter text. VRUNDA PARIKH	Click or tap here to enter text. MEMBER	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. 100%
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

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		YES	YES		YES
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: \_\_\_\_\_

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

☒ Yes  
 ☐ No  
 If so, please initial: VP

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.

JAY MAA KALI INVESTMENT LLC (MALAY PATEL)

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

VRUNDA PARIKH 100%

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: \_\_\_\_\_

C) School: \_\_\_\_\_

B) Library: \_\_\_\_\_

D) Public Recreation: \_\_\_\_\_

State of Georgia, Augusta-Richmond County, I, VRUNDA PARIKH

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.

Parikh Vrunda  
Applicant Signature

I hereby certify that Vrunda Parikh 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 19 day of September, in the year 2025. Heather L Cadwell  
NOTARY PUBLIC

HEATHER L CADWELL  
Notary Public  
Howard County  
Maryland  
My Commission Expires Dec. 29, 2025

Office Use Only

Department Recommendation	Approve	Deny	Comments
Alcohol Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. <u>Woodbury</u>
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