

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. Stephen P. Willy	Click or tap here to enter text. Co-Owner	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. 50%
Click or tap here to enter text. Whitney H. Crouse	Click or tap here to enter text. Co-Owner	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. 50%
Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. n/a	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]
Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. n/a	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]

What type of business will you operate in this location?

Restaurant – Full Restaurant – Limited Hybrid Lounge Convenience Store
 Package Store Other: **GOLF Club**

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

Total License Fee: \$ **5610**

Prorated License Fee (After July 1 ONLY): \$ **2805**

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

If so, give year of application and its disposition: **No disposition. We have active licenses in Acworth, GA; Villa Rica, GA; Douglasville, GA; and Augusta, GA.**

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

Yes No If so, please initial: **SW**

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:

None

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.

None

(1)

List owner or owners of the building and property.

① Masters Tournament Charities Inc ② Augusta Technical College Foundation, Inc. ③ Fore! Augusta Foundation, Inc. operating as First Tee Augusta

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

Only 2 co-owners listed have interest.

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.

* Prior location owner had liquor license under Augusta Municipal Golf Course prior to closure renovation

A) Church: _____

C) School: _____

B) Library: _____

D) Public Recreation: _____

State of Georgia, Augusta-Richmond County, I, Stephen P. Willy, 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.

Stephen P. Willy
Applicant Signature

I hereby certify that Stephen P. Willy 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 8th day of January, in the year 2020. May-Term Break

Office Use Only

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

