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Augusta-Richmond County Planning & Development Department
1803 Marvin Griffin Road
Augusta, GA. 30906

ALCOHOL BEVERAGE APPLICATION

Alcohol Number 26-04 Year 2025 Alcohol Account Number 75-1375

1. Name of Business PM SPIRITS LLC
2. Business Address 2312 BARTON CHAPEL RD
3. City AUGUSTA State GA Zip 30906-9064
4. Business Phone (706) 869-4118 Home Phone ()
5. Applicant Name and Address: MUKESH MAHANTWAR
152 ST PAULS AVE
6. Email address CAMAHANTWAR@YAHOO.COM
7. Applicant Social Security # ██████████ D.O.B. ██████████
8. Business Location: Map & Parcel 083-0-037-03-0 Zoning B2
9. Location Manager(s) ██████████ ██████████
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
 Yes No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 5/1/2025
12. Mailing Address:
Name of Business PM SPIRITS LLC
Attention MUKESH MAHANTWAR
Address 675 RIVER OAKS LANE
City/State/Zip EVANS AUGUSTA GA 30809
13. Ownership Type: Corporation Partnership Individual
14. Corporate Name: Single Member LLC

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

Name	Position	SSNO#	Address	Interest
Mukesh Mahantwar	Member	██████████	██████████	100%

15. What type of business will you operate in this location?
 Restaurant - Full Lounge Convenience Store
 Restaurant - Limited Package Store Hybrid
 Other: Retail

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

Total License Fee: \$ 11660
Prorated License Fee: (After July 1 ONLY) \$ 2330

16. Have you ever applied for an Alcohol Beverage License before: _____
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? Yes No If so, please initial MM



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 Augusta-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. T 9

ASHABEN PATEL

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

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.

A) Church _____ C) School _____
B) Library _____ D) Public Recreation _____

24. State of Georgia, Augusta-Richmond County, I, Mukesh Mahantwad
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.

Mukesh Mahantwad
Applicant Signature

25. I hereby certify that Mukesh D Mahantwad 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 actually administered by me, has sworn that said statements and answers are true.

This 17 day of JUNE, in the year 2015.

Notary Public

ASHWANI BANSAL
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 1/22/2016
Commission No. 50120621

FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments	Commission
Alcohol Inspector	<i>Approved</i>			
Sheriff	<i>Approved</i>			
Fire Inspector				

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

Administrator

Date