

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



Alcohol License Number (Office Use Only): 135000500064

### **Alcohol Beverage Application**

Business Legal Name: Broad Axe throwing 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: 1025 Broad ST Augusta GA 30901  
(Complete Street Address- City, State, Zip Code)

• Business Location: Map & Parcel #: \_\_\_\_\_ • Zoning: \_\_\_\_\_

Business Phone: (763) 222-8537 Home Phone: (\_\_\_\_) \_\_\_\_\_

Applicant Name: Jonathan Katter

Applicant's Address: \_\_\_\_\_  
(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. Kendra Lubman

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

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

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

### **Ownership Information**

Corporation (if applicable): Date Chartered: \_\_\_\_\_

Mailing Address:

Name of Business: 1025 Broad Street, Augusta Ga 30901

Attention: Jonathan Kautter

Address: 1075 Broad Street, Augusta GA 30901

City/State/Zip: Augusta GA 30901

Ownership Type:  Corporation  Partnership  Individual

**Corporate Name:**

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.	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: Entertainment

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

• Total License Fee: \$ 1250 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: JK

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.

The case is ongoing - Fleeing / Attempting to Elude Police -  
Speeding - DLSI -reckless driving.

- List owner or owners of the building and property.

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

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- 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. *NP*

A) Church: \_\_\_\_\_

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

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

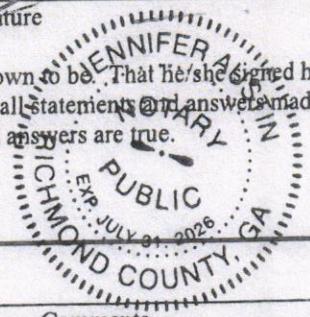
D) Public Recreation: \_\_\_\_\_

State of Georgia, Augusta-Richmond County, I, Jonathan Kautler, 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.

*[Signature]*  
Applicant Signature

I hereby certify that Jonathan Kautler is personally known to be JENNIFER A. KAUTLER. 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 12<sup>th</sup> day of November, in the year 2025



Office Use Only

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