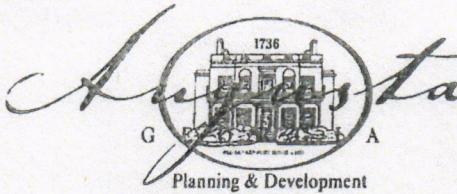


ORIGINAL

Alcohol License Application

Physical Address:

Augusta Planning & Development
1803 Marvin Griffin Rd
Augusta, GA 30906
706-312-5038

Alcohol License Application

Mailing Address:

Augusta Planning & Development
P.O. Box 9270
Augusta, GA 30906**RECEIVED**
11/13/2025
JWAlcohol License Number (Office Use Only): **LCB 20250001950****Alcohol Beverage Application**Business Legal Name: **BRADLEY'S - BBQ 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: **1209 BROAD ST**

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

Business Location: Map & Parcel #: **030-4-146-01-0** Zoning: **B2**Business Phone: **(706) 394-2985**Home Phone: **████████████████**Applicant Name: **BRADLEY H USRY**Applicant's Address: **1112 COUNCIL DR**

(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: **BRADLEY - BBQ LLC 2025**

Mailing Address:

Name of Business: **BRADLEY'S BBQ**Attention: **1209 BROAD ST**

Address: _____

City/State/Zip: **Augusta, GA 30901**Ownership Type: Corporation Partnership IndividualCorporate Name: **BRADLEY'S - BBQ 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.				
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					
Consumption on Premises	✓	✓	✓		
Wholesale					

Total License Fee: \$ 560.00 Prorated License Fee (After July 1 ONLY): \$ 280.50

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

If so, give year of application and its disposition: 2007, CURRENT

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

Yes No If so, please initial: le

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

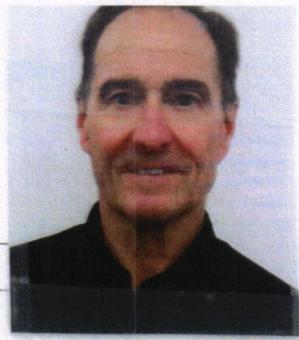
If yes, give full details:

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.

BRAD USRY



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

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.

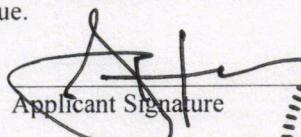
A) Church: _____

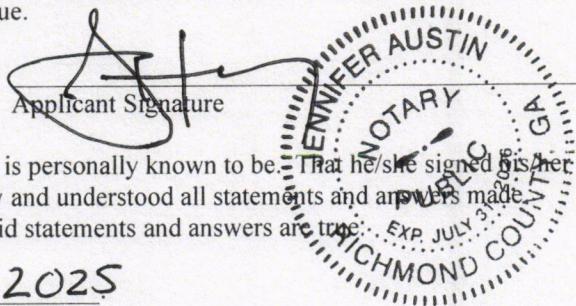
C) School: _____

B) Library: _____

D) Public Recreation: _____

State of Georgia, Augusta-Richmond County, I, BRADLEY H. USRY, 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.


Applicant Signature



I hereby certify that BRADLEY H. USRY 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 6th day of November, in the year 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 checked="" type="checkbox"/>	<input type="checkbox"/>	Click or tap here to enter text. <u>SB</u>
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