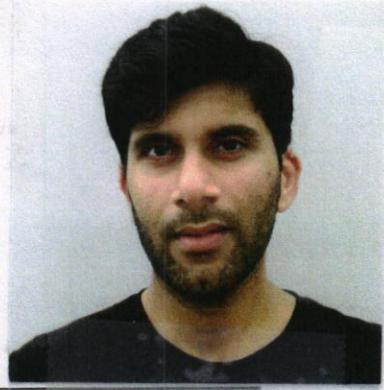


# ORIGINAL

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

RECEIVED  
11/13/2025  
JW



Alcohol License Number (Office Use Only): LCB20250001958

### Alcohol Beverage Application

Business Legal Name: Sammy Food Mart 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: 2749 Barton Chapel Rd Augusta, GA 30906  
(Complete Street Address- City, State, Zip Code)

Business Location: Map & Parcel #: 107-0-920-00-0 Zoning: C-3

Business Phone: 706 524-7737 Home Phone: (\_\_\_\_)

Applicant Name: Samarth Kaushal

Applicant's Address: 2200 [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. Sushil Kumar

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

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

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

### Ownership Information

Corporation (if applicable): Date Chartered: 9/29/25

Mailing Address:

Name of Business: Sammy Food Mart Sammy Food Mart  
Attention: Samarth Kaushal  
Address: 2749 Barton Chapel Rd  
City/State/Zip: Augusta, GA 30906

Ownership Type:  Corporation  Partnership  Individual

Corporate Name: Sammy Food Mart 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. <u>Samarth Kavita</u>	Click or tap here to enter text. <u>Owner</u>	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. [REDACTED]	Click or tap here to enter text. <u>100%</u>
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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Consumption on Premises					
Wholesale					

Total License Fee: \$ 1330 Prorated License Fee (After July 1 ONLY): \$ 10105

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: SK

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.

Sonali Patel Malay Patel  
(912) 536-2810

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

Samarth Kaushal

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, Samarth Kaushal, 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.

Samarth  
Applicant Signature

I hereby certify that Samarth Kaushal 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 31 day of Oct., 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>EP</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