

Augusta-Richmond County
1815 Marvin Griffin Road
Augusta, GA 30906

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year 2023 Alcohol Account Number _____

1. Name of Business Family Dollar Stores of Georgia, LLC d/b/a Family Dollar #23485
2. Business Address 2716 Peach Orchard Road
3. City Augusta State Georgia Zip 30906
4. Business Phone (757) 321-5493 Home Phone () _____
5. Applicant Name and Address: Jacqueline Viretta Stephenson
2908 Lee St
Augusta, Georgia 30906

6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____

8. Business Location: Map & Parcel _____ Zoning _____
9. Location Manager(s) Jacqueline Stephenson

10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
(X) Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 1/27/2016
12. Mailing Address:
Name of Business Family Dollar Stores of Georgia, LLC
Attention Alcohol/Tobacco Team (9th Floor)
Address 500 Volvo Parkway
City/State/Zip Chesapeake, Virginia 23320
13. Ownership Type: (X) Corporation () Partnership () Individual
14. Corporate Name: Family Dollar Stores of Georgia, LLC
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
See attached				

15. What type of business will you operate in this location?
() Restaurant () Lounge () Convenience Store
() Package Store (X) Other: Retail/Grocery

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer		\$550	\$550		
Consumption on Premises					
Wholesale					

Total License Fee: \$ 2,200
Prorated License Fee: (After July 1 ONLY) \$ _____

16. Have you ever applied for an Alcohol Beverage License before: Yes
If so, give year of application and its disposition: 2022 Approved

17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (X) Yes () No If so, please initial. JVS



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 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. _____

22. List the name and other required information for each person, firm or corporation having any interest in the business. Family Dollar Stores Holdings II, LLC

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.

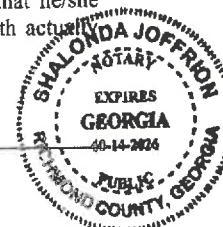
A.) Church _____ C.) School _____
B.) Library _____ D.) Public Recreation _____

24. State of Georgia, Augusta-Richmond County, I, Jacqueline Stephenson
Do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing alcoholic beverage application are true.

Applicant Signature

25. I hereby certify that Jacqueline Stephenson is personally known to be, that he/she signed his/her name to the foregoing application 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 7th day of may, in the year 2023.

Notary Public



FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector	<input checked="" type="checkbox"/>		<u>Brian L. Ryan</u>
Sheriff	<input checked="" type="checkbox"/>		
Fire Inspector			

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

Administrator

Date

EXP-06-14-2021