

Augusta-Richmond County Development Department
1805 ... Road
Augusta, Georgia 30906

ALCOHOL BEVERAGE APPLICATION

Alcohol Package: _____ Via: _____ Alcohol Account Number: _____

1. Name of Business: Gas World #27
2. Business Address: 3232 Deans Bridge Rd
3. City: Augusta State: GA Zip: 30906
4. Business Phone: (912) 425-1777 Home Phone: ()
5. Applicant Name and Address: Deep Patel
725 Industrial Park Dr, Suite B
Evans, GA 30809
Email Address: deep@gasworldstores.com
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): Deep Patel

10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
☒ Yes ☐ No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: Laxmi 27 LLC
12. Mailing Address:
Name of Business: Gas World 27
Attention: Deep Patel
Address: 725 Industrial Park Dr
City/State/Zip: Evans, GA 30809
13. Ownership Type: ☒ Corporation ☐ Partnership ☐ Individual
14. Corporate Name: Laxmi 27 LLC
List name and other required information for each person having interest in this business.

Name	Position	Share %	Address	Interest
<u>Deep Patel</u>	<u>Owner</u>		<u>725 Industrial Park, Evans</u>	<u>100%</u>

15. What type of business will you operate in this location?
☐ Restaurant - Full ☐ Lounge ☒ Convenience Store
☐ Restaurant - Limited ☐ Package Store ☐ Night Club
☐ Other: _____

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

Tax & License Fee: \$ _____
Fronted License Fee (After July 1, 2017): \$ _____

16. Have you ever applied for an Alcohol Beverage License before: yes
If so, give year of application and its disposition: all active
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? ☒ Yes ☐ No. If so, please initial D.P.

18. Attaching 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 or anyone 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. (X) Yes () No
If yes, give reason charged or held, date and place where charged and its disposition.
2022, Case Dismissed

21. List owner or owners of building and property.
Laxmi 27 LLC

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 map 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 _____
D) Library _____ E) Public Recreation _____

24. State of Georgia, Augusta-Richmond County, Dist. 1 Deep Patel
Do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant for the foregoing alcoholic beverage application are true.

25. I hereby certify that Deep Patel is personally known to be, that he/she signed his/her name to and is making 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 22nd day of OCTOBER, in the year 2024.



Deep Patel
Applicant Signature

Rolanda Knipfner
Notary Public

FOR OFFICE USE ONLY

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector			
Sheriff			
Fire Inspector			

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

Administrator

Date