

Augusta-Richmond County Planning & Development Department
1803 Marvin Griffin Road
Augusta, GA. 30906

ALCOHOL BEVERAGE APPLICATION

Alcohol Number _____ Year _____ Alcohol Account Number _____

1. Name of Business BJS Augusta
2. Business Address 813 Broad Street
3. City Augusta State GA Zip 30901
4. Business Phone (843) 290 5307 Home Phone _____
5. Applicant Name and Address: Spencer SASNO
733 E Walden Street
Savannah GA 31401
6. Applicant Social Security # _____ D.O.B. _____
7. If Application is a transfer, list previous Applicant: _____
8. Business Location: Map & Parcel 813 Broad Street Zoning _____
9. Location Manager(s) Spencer SASNO
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?
(☒) Yes () No

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: N/A
12. Mailing Address:
Name of Business BJS Augusta
Attention Spencer SASNO
Address 813 Broad Street
City/State/Zip Augusta GA 30901
13. Ownership Type: () Corporation (☒) Partnership () Individual
14. Corporate Name: BJS Augusta
List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
Spencer SASNO	Owner		733 E Walden Street Savannah GA	100%

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

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer					
Consumption on Premises	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Wholesale					

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

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

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 Augusta-Richmond County or the State Revenue Commission relating to the sale and distribution of distilled spirits? () Yes (✓) 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 (✓) No
If yes, give reason charged or held, date and place where charged and its disposition.
~~Reckless Driving~~

21. List owner or owners of building and property.

Ahmad J. Ahmadi

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

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, SPENCER SASNO
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.

Spencer Sasno
Applicant Signature

25. I hereby certify that SPENCER SASNO 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 actually administered by me, has sworn that said statements and answers are true.
This 26th day of March, in the year 2024.

LEA BOTTOMS
Notary Public, State of South Carolina
My Commission Expires
December 10, 2031

Lea Bottoms
Notary Public

FOR OFFICE USE ONLY

Department	Approve	Deny	Comments
<u>Recommendation</u>			
Alcohol Inspector			
Sheriff			
Fire Inspector			

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

Administrator

Date