

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

### ALCOHOL BEVERAGE APPLICATION

Alcohol Number \_\_\_\_\_ Year 2024 Alcohol Account Number 2024-527

1. Name of Business FreshTake Grocery Corporation d/b/a  
FreshTake Restaurant
2. Business Address 2907 Washington Road, Suite 102-B
3. City Augusta State GA Zip 30909
4. Business Phone ( 706 ) 504-9450 Home Phone ( ) \_\_\_\_\_
5. Applicant Name and Address: FreshTake Grocery Corporation / Mr. Jackson E. Mitchell  
2907 Washington Road, Suite 102  
Augusta, GA 30909
6. Applicant Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_
7. If Application is a transfer, list previous Applicant:  
N/A
8. Business Location: Map & Parcel 012-0-018-00-0 Zoning B-2
9. Location Manager(s) Joseph McCarthy
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?  
(X) Yes ( ) No

### OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: 07/29/2022
12. Mailing Address:  
Name of Business FreshTake Grocery Corporation  
Attention Mr. Jackson E. Mitchell  
Address 2907 Washington Road, Suite 102  
City/State/Zip Augusta, GA 30909
13. Ownership Type: (X) Corporation ( ) Partnership ( ) Individual
14. Corporate Name: FreshTake Grocery Corporation  
List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
Jackson E. Mitchell	CEO		92 West Paces Ferry Road, 11th 2002 Atlanta, GA 30305	100%

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

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

Total License Fee: \$ 2,660.00

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: Please see attached Exhibit "A"
17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? (X) Yes ( ) No If so, please initial. Jm

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: N/A

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.  
N/A

21. List owner or owners of building and property.  
SCT Washington Crossing LLC

22. List the name and other required information for each person, firm or corporation having any interest in the business.  
Mr. Jackson E. Mitchell, as the Sole Officer and Shareholder

Please see response to Question #14.

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 1 mile C.) School 4,310 feet  
B.) Library 3.7 miles D.) Public Recreation 1.5 miles

24. State of Georgia, Augusta-Richmond County, I, Jackson E. Mitchell  
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.

Jackson Mitchell  
Applicant Signature

25. I hereby certify that Jackson E. Mitchell 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 actually administered by me, has sworn that said statements and answers are true.  
This 28 day of March, in the year 2024.

C M Redmond  
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

