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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number			Year Alcohol Account Number				r
1. 2. 3. 4. 5.	Name of Business M: Rancho 2, Inc. Business Address 3020 Walton Way Extention Swite 600 City Augusta State Ga Zip 30909 Business Phone (100) 855 (817 Home Phone) Applicant Name and Address: Tendosip Extrada 300B West Drive						
6. 7.	Applicant Social Security # D.O.B. If Application is a transfer, list previous Applicant:						
8. 9.	Business Location: Map & Parcel <u>D23-0-182-00-0</u> Zoning <u>Commercial</u> Location Manager(s) <u>Sergio</u> <u>Scinches</u>						
10.	(V) Yes() No						
OWNERSHIP INFORMATION							
11. 12.	Corporation (if applicable): Date Chartered: 10-28-2004						
12.	Mailing Address: Name of Business Attention Address City/State/Zip Mi Rancho 2, Inc. Tendosis Estrada 2018 West Drive City/State/Zip North Augusta, Sc. 29841						
	City/State/Zip North Augusta, SC 29841						
13.	Ownership Type: (v) Corporation () Partnership () Individual						
14.	Corporate Name: M. Roocho 2.10c. List name and other required information for each person having interest in this business.						
	List name and	other requ	zired informat	ion for ea	ch person ha	ving interest	in this business.
None		Ph 1.1	1 000		T		Interest
-	Name Positio			SSNO#		Address	
leodosio Estrade Pres.			-		200B West Dr		
7.					North	Auguste, S	C 29841
7							
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							Duite
Consumption on Premises			X	X	X		X
Wholesale							
	Total License Fee: \$ Prorated License Fee: (After July 1 ONLY) \$						
16.	Have you ever applied for an Alcohol Beverage License before: VCS If so, give year of application and its disposition: 2020, License# LCBZ0080037580						
17.	Are you familia alcoholic bever	ar with Ge ages? (🗸	orgia and Aug Yes () No	gusta-Ricl o If so, pl	mond Coun ease initial	ty laws regard	ding the sale of

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 19. 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: Have you ever been arrested, or held by Federal, State, or other law-enforcement 20. 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. List owner or owners of building and property. 21. Waster Augusta Partours List the name and other required information for each person, firm or corporation 22. having any interest in the business. If a new application, attach a surveyor's plat and state the straight line distance from the 23. property line of school, church, library, or public recreation area to the wall of the building where alcohol beverages are sold. C) School A) Church D) Public Recreation B) Library State of Georgia, Augusta-Richmond County, I, Teodosio Estroda 24. Do solemnly sear, 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. Applicant Signature I hereby certify that Teodosio Estrada is personally known to b 25. That he/she signed his/her name to the forgoing allocation stating to me that he/she and understood all statements and answers made herein, and, under oath a administered by me, has sworn that said statements and answers are true. This July day of January , in the year <u>2024</u> Notary Public FOR OFFICE USE ONLY Approve Comments Department Recommendation Alcohol Inspector Sheriff Fire Inspector The Board of Commissioners on the day of , in the year (Approved, Disapproved) the forgoing application Date Administrator

18.

Attach a passport-size photograph (front view) taken within two years.