

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 Vivo Latin Lounge, LLC
2. Business Address 3110 B Washington Rd
3. City Augusta State GA Zip 30907
4. Business Phone (706) 267-0042 Home Phone () _____
5. Applicant Name and Address: Erika Rodriguez
468 Belglade Rd
Grovetown, GA 30813
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) Erika Rodriguez

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

OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: _____
12. Mailing Address:
Name of Business Vivo Latin Lounge, LLC
Attention Erika Rodriguez
Address 468 Belglade Rd
City/State/Zip Grovetown, GA 30813
13. Ownership Type: (X) Corporation () Partnership () Individual
14. Corporate Name: Vivo Latin Lounge, LLC
List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
Erika Rodriguez	Owner		468 Belglade Rd Grovetown	100%
			GA, 30813	

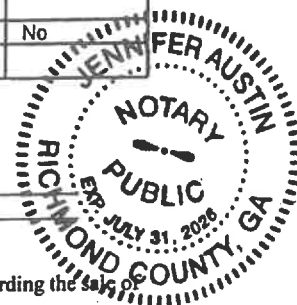
15. What type of business will you operate in this location?
() Restaurant - Full (X) Lounge () Convenience Store
() Restaurant - Limited () Package Store () Hybrid
() Other: _____

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer					
Consumption on Premises	X	X	X	X	No
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? (X) Yes () No If so, please initial ER



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 (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.

Vera & Doug Froham

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 2,355' C) School 2,875' / 4,310'
B) Library 24,670' D) Public Recreation 4,150'

24. State of Georgia, Augusta-Richmond County, I, Erika Rodriguez
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.

Erika Rodriguez
Applicant Signature

25. I hereby certify that Erika Rodriguez 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 6th day of February, in the year 2024.

Jennifer Austin
Notary Public

FOR OFFICE USE ONLY

Department	Approve	Deny	Comments
Recommendation			
Alcohol Inspector			
Sheriff			
Fire Inspector			

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

Administrator

Date

