

ORIGINAL

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 Downtown Corner Store II
2. Business Address 1018 Broad Street
3. City Augusta State GA Zip 30901
4. Business Phone ( 706 ) 399-4011 Home Phone ( ) \_\_\_\_\_
5. Applicant Name and Address: Mark A. Coburn  
446B Dogwood Way  
Evans, GA 30809  
Email address mac.092088@aol.com
6. Applicant Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_
7. If Application is a transfer, list previous Applicant: \_\_\_\_\_

8. Business Location: Map & Parcel 036-4-248-00-0 Zoning B-2
9. Location Manager(s) Mark A. Coburn

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

### OWNERSHIP INFORMATION

11. Corporation (if applicable): Date Chartered: \_\_\_\_\_
12. Mailing Address:  
Name of Business Downtown Corner Store  
Attention Mark A. Coburn  
Address 446B Dogwood Way  
City/State/Zip Evans, GA 30809
13. Ownership Type: ( ☒ ) Corporation ( ) Partnership ( ) Individual
14. Corporate Name: Downtown Corner Store, LLC  
List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest
Mark A. Coburn	Owner		446B Dogwood Way Augusta, GA	51%
MaEdma Coburn	Shareholder		Augusta, GA	24%
Tecna Enriquez	Shareholder		Augusta, GA	25%

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		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Consumption on Premises					
Wholesale					

Total License Fee: \$ \_\_\_\_\_  
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: 2024/2025 approved

17. Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages? ( ☒ ) Yes ( ) No If so, please initial MAC

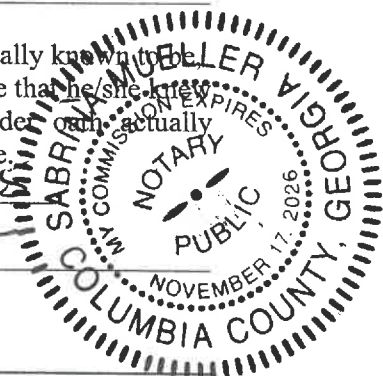


18. Attach a passport-size photograph (front view) taken within two years. Write name on back of the dealer submitting the license application.
19. Has any liquor business in which you hold, or have held, any financial interest, or are employed, or have been employed, ever been cited for any violation 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.  
Richmond Co. GA: arrested for DUI and marijuana possession. No arrest in over 10 years.
21. List owner or owners of building and property.  
1016 Broad LLC
22. List the name and other required information for each person, firm or corporation having any interest in the business.  
Mark A. Coburn (51% Shares), Felme Coburn (24% Shares)  
Teena Enriquez (25% shares)
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 217 yds C) School 566 yds  
B) Library 686.4 yds D) Public Recreation 431.4 yds
24. State of Georgia, Augusta-Richmond County, I, Mark Coburn  
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.

Applicant Signature

25. I hereby certify that MARK COBURN is personally known to me. 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 10 day of FEBRUARY in the year 2025

Notary Public



FOR OFFICE USE ONLY

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

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

Administrator

Date