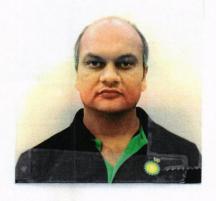
Alcohol License Application Licensing Division 1803 Marvin Griffin Rd Augusta, GA 30904 706-312-5038





Alcohol License Number (Office Use Only): LCB 3035 000 1362

Alcohol Beverage Application

Business Legal Name: LUCKY DEANS LLC If registered with the Georgia Secretary of State, a copy of the current year registratic register as s foreign entity with the Georgia Secretary of State. If you are a sole propri	on is required. Out of state businesses must etor, provide your legal name.
Physical Location: 3341 DEANS BRIDGE RD AUGUSTA GA 30906	
(Complete Street Address- City, State, Zip Co	ode)
Business Location: Map & Parcel #: 1070836000	Zoning: BA
Business Phone: (803) 306-2918 Home Phone: (()
Applicant Name: NITINKUMAR B PATEL	
Applicant's Address: 1153 PICKET FENCE DR APT 1153 EVANS GA 3	0809
(Complete Street Address – City, State, Zip Co	ode)
Applicant's Social Security: Date of Birth:	
If Applicant is a transfer, list previous Applicant:	
Location Manager(s): 1.	
2.	
3	
Is Applicant an American Citizen or Alien lawfully admitted for permanent re	sidency? O Ýes O No
Ownership Information	
Corporation (if applicable): Date Chartered:	
Mailing Address:	
Name of Business: LUCKY DEANS LLC DBA SUPER EXPRESS 5	
Attention:	
Address: 3341 DEANS BRIDGE RD	
City/State/Zip: AUGUSTA GA 30906	
Ownership Type: Corporation Partnership Individual	
Corporate Name: LUCKY DEANS LLC DBA SUPER EXPRESS 5	

List name and other required information for each person having interest in this business.

SSNO # Click or tap here to enter text.

Position

Click or tap here to enter

teresident

Name
Click or tap here to enter text.
NITINKUMAR B PATEL

Interest

Click or tap here

to 100%

Address

Click or tap here to enter text. 1153 PICKET FENCE DR APT 1153 EVANS GA 30809

NITINKUMAK B PATEL	PRESIDENT	(153-62-220G)	EVANS GA 30809		100%	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to	enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to	enter text.	Click or tap here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to	enter text.	Click or tap here to enter text.	
	<u> </u>					
What type of business will y						
Restaurant – Full R		☐ Hybrid ☐	Lounge 🗵 C	onvenience Store		
☐ Package Store ☐ Othe	er:					
	· · ·		337	D	Com don Color	
License Information	Liquor NA	Beer YES	Wine YES	Dance NA	Sunday Sales	
Retail Package Dealer	NA .		160		1	
Consumption on Premises						
Wholesale						
Total License Fee: \$	330 Pr	orated License	Fee (After July 1	ONLY: \$_(0(05	
Total Biconsci Co. C			(,			
Have you ever applied for an Alcohol Beverage License before: O Yes O No						
If so, give year of applicatio	n and its disposition:					
Are you familiar with Georg	ia and Augusta-Richn	nond County la	ws regarding the	sale of alcoholic	beverages?	
X Yes ☐ No If so, ple	ase initial: NP					
Attach a passport-sized phot the license application.	ograph (front view) ta	ke within two y	ears. Write nam	e on back of the d	lealer submitting	
Has any liquor business in we employed, ever been cited for Revenue Commission relations of the property of th	or any violation of the	rules and regul	ation of Augusta	 Richmond Cou 	have been nty or the State	
Have you ever been arrested Federal, State, County, or Mexception of any offense per dismissed. Yes No If yes, give reason charged o	unicipal law, regulation taining to alcohol or de	on or ordinance rugs.) All other	? (Do not include r charges must be	e traffic violations e included, even is	s, with the	

List owner or owners of the building and property. 3341 DEANS BRIDGE LLC						
List the name and other required in	nformation for	r each perse	on, firm or corporation having any interest in the			
business.						
	N/	A				
			straight-line distance from the property line of school, building where alcohol beverages are being sold.			
A) Church:			C) School			
A) Church: M/A B) Library: M/A			D) Public Recreation: N/4			
State of Georgia, Augusta-Richmond County, I, NITINKUMAR B PATEL 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 I hereby certify that NITINKUMAR B PATEL 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 administered by me, has sworn that said statements and answers are true. This Of day of Suff in the year Zoza .						
		Office Us	se Only			
Department Recommendation	Approve	Deny	Comments			
Alcohol Inspection	×		Click or tap here to enter text.			
Sheriff			Click or tap here to enter text.			
Fire Inspector			Click or tap here to enter text.			
The Board of Commissioners on the (Approved/Disapproved) the forgoi		n.	, in the year,			
	Administrato	r	Date			

LILIBETH J. DIONISIO

NOTARY PUBLIC

Columbia County

State of Georgia

My Comm. Expires Apr. 09, 2029