

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

**ALCOHOL BEVERAGE APPLICATION**

Alcohol Number \_\_\_\_\_ Year 2004 Alcohol Account Number \_\_\_\_\_

1. Name of Business The Allure Lounge  
2. Business Address 2059 Gordon Highway  
3. City Augusta State Ga. Zip 30909  
4. Business Phone ( ) \_\_\_\_\_ Home Phone ( ) 627-0008  
5. Applicant Name and Address: Cheryl Strobidge  
505 18th Street #785  
Augusta, Ga. 30901  
6. Applicant Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_  
7. If Application is a transfer, list previous Applicant:  
n/a  
8. Business Location: Map & Parcel \_\_\_\_\_ Zoning \_\_\_\_\_  
9. Location Manager(s) \_\_\_\_\_  
10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?  
☒ Yes ( ) No

**OWNERSHIP INFORMATION**

11. Corporation (if applicable): Date Chartered: n/a  
12. Mailing Address:  
Name of Business The Allure Lounge  
Attention \_\_\_\_\_  
Address 2059 Gordon Highway  
City/State/Zip Augusta, Ga. 30909  
13. Ownership Type: ( ) Corporation ( ) Partnership ☒ Individual  
14. Corporate Name: \_\_\_\_\_  
List name and other required information for each person having interest in this business.

Name	Position	SSNO#	Address	Interest

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

Total License Fee: \$ \_\_\_\_\_  
Prorated License Fee: (After July 1 ONLY) \$ \_\_\_\_\_

16. Have you ever applied for an Alcohol Beverage License before: no

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.

21. List owner or owners of building and property.

Zaine Store LLC

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 0.9 miles C) School 0.8 miles  
B) Library 1.5 miles D) Public Recreation 1.1 miles

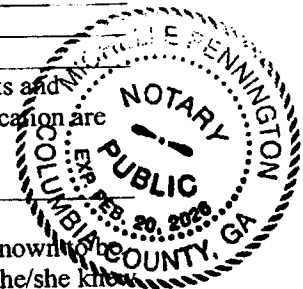
24. State of Georgia, Augusta-Richmond County, I, \_\_\_\_\_

Do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing alcoholic beverage application are true.

Cheryl Strubbe  
Applicant Signature

25. I hereby certify that Cheryl Strubbe is personally known to me. 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 5th day of January, in the year 2024.

Michelle Pennington  
Notary Public 2-20-2024 Exp.



**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 \_\_\_\_\_.