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

ALCOHOL BEVERAGE APPLICATION

Alcohol Number		Year	A	Alcohol Account Number			
1. 2. 3. 4. 5.	Name of Busin Business Addr City August Business Prion Applicant Nan	ess 1163 672 e(850)	737-07 dress: <u>Ro</u>	State State Floor NAS	me Phone (Ezcqui	Zip 3 iel Cho	
6. 7.	Applicant Social Security # D.O.B. If Application is a transfer, list previous Applicant:						
	None						
8. 9.				Zoning			
10.	Is Applicant an American Citizen or Alien lawfully admitted for permanent residency? (X) Yes() No						
OWNERSHIP INFORMATION							
11.							
12.							
Address WIOT RYCOCK							
	City/State/Zip Augusta GA 20901						
13.							
14.							
	Dist name and	other requ	mod miorimic	011 101 040	n person im		
Name Position			n SSNO#		Address Interest		
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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	Веет	Wine	Dance	Sunday Sales
Retail Package Dealer Consumption on Premises			×	*	×		*
Wholesale							
100							
	Total License Fee: \$Prorated License Fee: (After July 1 ONLY) \$						
16.	Have you ever applied for an Alcohol Beverage License before: 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? (*) Yes () No If so, please initial <u>REC</u>						

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 (X) No () Yes If yes, give reason charged or held, date and place where charged and its disposition. List owner or owners of building and property. 21. RIVEY Place Holdina DIE HOSS COMPONI 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, 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 is personally known to be, I hereby certify that Roge 10 Chare 25. 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 4m day of January in the year 202 , in the year <u>2014</u>. Notary Public FOR OFFICE USE ONLY Comments Deny Department Approve Recommendation Alcohol Inspector Sheriff Fire Inspector day of , in the year The Board of Commissioners on the (Approved, Disapproved) the forgoing application Date Administrator

Attach a passport-size photograph

(front view) taken within two years.

18.

