



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

| Name                  | Position | SSNO #     | Address    | Interest |
|-----------------------|----------|------------|------------|----------|
| Grazed Spirits LLC    | Member   | [REDACTED] | [REDACTED] | 0%       |
| Gianluca DeBerardinis | Manager  | [REDACTED] | [REDACTED] | 06830 0% |
| Mark Nigbur           | Manager  | [REDACTED] | [REDACTED] | 46077 0% |
|                       |          |            |            |          |

What type of business will you operate in this location?

- Restaurant - Full  
  Restaurant - Limited  
  Hybrid  
  Lounge  
  Convenience Store  
 Package Store  
 Other: Distillery

| License Information     | Liquor | Beer | Wine | Dance | Sunday Sales |
|-------------------------|--------|------|------|-------|--------------|
| Retail Package Dealer   |        |      |      |       |              |
| Consumption on Premises |        |      |      |       |              |
| Wholesale               |        |      |      |       |              |

Total License Fee: \$ 1,500.00      Prorated License Fee (After July 1 ONLY): \$ \_\_\_\_\_

Have you ever applied for an Alcohol Beverage License before?  Yes    No

If so, give year of application and its disposition: \_\_\_\_\_

Are you familiar with Georgia and Augusta-Richmond County laws regarding the sale of alcoholic beverages?

Yes    No   If so, please initial: X [Signature]

Attach a passport-sized photograph (front view) take within two years. 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 employed, or have been employed, ever been cited for any violation of the rules and regulation 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 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 offense 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.

List owner or owners of the building and property.

RRH of North Augusta, LLC


List the name and other required information for each person, firm or corporation having any interest in the business.

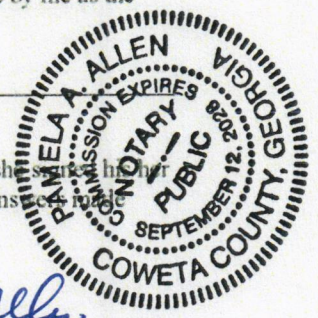
Grazed Spirits LLC, Sole Member of Grazed Distilling Company LLC

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 being sold.

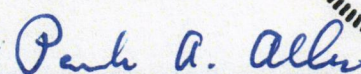
A) Church: \_\_\_\_\_ C) School \_\_\_\_\_  
B) Library: \_\_\_\_\_ D) Public Recreation: \_\_\_\_\_

State of Georgia, Augusta-Richmond County, I, Gianluca DeBerardinis  
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.

X   
Applicant Signature



I hereby certify that Gianluca DeBerardinis is personally known to be. That he/she is the same person whose name to the forgoing allocation stating to me that he/she knew and understood all statements and answers herein, and, under oath administered by me, has sworn that said statements and answers are true.

This 24th day of April, in the year 2020. 

Office Use Only

| Department Recommendation | Approve                  | Deny                     | Comments                         |
|---------------------------|--------------------------|--------------------------|----------------------------------|
| Alcohol Inspection        | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Sheriff                   | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |
| Fire Inspector            | <input type="checkbox"/> | <input type="checkbox"/> | Click or tap here to enter text. |

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

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date