

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



Alcohol License Number (Office Use Only): LCB2025000
Alcohol Beverage Application For: Forest Hills Go
Business Legal Name: Affiniti Golf Partners LLC If registered with the Georgia Secretary of State, a copy of the current year registration is required. Out of state businesses must register as s foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.
Physical Location: 1500 Comfort Rd. Augusta, GA 30909 (3109 Wrgs (Complete Street Address-City, State, Zip Code)
Business Location: Map & Parcel #: Parcel TD# 042009000 Zoning: 002 Richmond County Business Phone: (706) 733-0001 Home Phone: (_) N 0
Applicant Name: Stephen P. Willy
Applicant's Address: (Complete Street Address - City, State, Zip Code)
Applicant's Social Security: Date of Birth: Date
If Applicant is a transfer, list previous Applicant: na-new 1 censee but 1 ocation has been
Location Manager(s): 1. Char Cormier, General Manager of Golf Club
2
3.
Is Applicant an American Citizen or Alien lawfully admitted for permanent residency? XYes O No
Ownership Information
Corporation (if applicable): Date Chartered: 11-6-2008
Mailing Address:
Name of Business: Affiniti Golf Partners, LLC EIN#26-3671531
Attention: NICOLE Brook, CFO
Address: 6716 Jamestown Drive
City/State/Zip: Alpharetta, 6A 30005
Ownership Type: Corporation Partnership Individual
Corporate Name: Affiniti Golf Partners, LLC

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

Name	Position	SSNO#	Address		Interest		
Click or tap here to enter text.	Click or tap here to enter	to ontar toxt	Click or the least of the least		Click or tap here		
Stephen P. Willy	text (0-0 whee	- SOT-HOE	1050a	N. 19 (30)	50%		
Click or tap here to enter text.	Click or tap here to enter	to ontar taxt	Click or	British	Glick or tap here		
Whitney H. Crowse	text. Co-owner	SON HER		en, on son	50%		
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	text a	to enter text.	Chek of tap here to enter text.		to enter text.		
What type of business will y Restaurant – Full R Package Store Othe	estaurant - Limited	ation? Hybrid	Lounge C	Convenience Stor	re		
License Information	Liquor	Beer	Wine	Dance	Sunday Sales		
Retail Package Dealer							
Consumption on Premises	X	X	X		X		
Wholesale					1/2-2		
Total License Fee: \$ Prorated License Fee (After July 1 ONLY: \$ Have you ever applied for an Alcohol Beverage License before: Yes ONo If so, give year of application and its disposition: Nodisposition, We have license							
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in Acworth, 6A	, VIIIakica	, 6H, D	ouglasville	OM			
Are you familiar with Georg Yes No If so, plea Attach a passport-sized photo the license application. Has any liquor business in we mployed, ever been cited for Revenue Commission relation If yes, give full details:	ograph (front view) to thich you hold, or have any violation of the	ake within two y e held, any fina rules and regul	years. Write nam	e on back of the are employed, o – Richmond Co	dealer submitting		
Have you ever been arrested, Federal, State, County, or Mexception of any offense perdismissed. O Yes No If yes, give reason charged or None.	unicipal law, regulation taining to alcohol or d	on or ordinance lrugs.) All othe	? (Do not includer charges must be	e traffic violatio e included, even	ns, with the		

List owner or owners of the buildin	g and proper	ty.	Cul on Inc.				
AU Forest Hills (solf C	lub L	LC - EIN 33-170826				
Augusta Univers	ity-	EIN#	LC - EIN 33-170826 58-6002053	and the second			
List the name and other required in	formation for	r each perso	on, firm or corporation having any interest in t	the			
business.							
Only a Co-ou	uners	listed	I have interest.				
If a new application, attach a survey church, library, or public recreation **Beechicens** A) Church:	area to the v	vall of the b	traight-line distance from the property line of building where alcohol beverages are being so lace at location. This is two C) School	school, ld. a new licensee			
B) Library: D) Public Recreation:							
I hereby certify that Stephen name to the forgoing allocation state	P. Wing to me that d by me, has	t he/she knd sworn that	Applicant Signature is personally known to be. That he she signature was and understood all statements and answers are true.				
		Office Us	se Only				
Department Recommendation	Approve	Deny	Comments	,			
Alcohol Inspection			Click or tap here to enter text.	nde -			
Sheriff	D		Click or tap here to enter text.	Daubly			
Fire Inspector			Click or tap here to enter text.				
The Board of Commissioners on the (Approved/Disapproved) the forgoing			, in the year,				
	Administrate	or	Date				