

Augusta-Richmond County  
1815 Marvin Griffin Road  
Augusta, GA 30906

**COPY**

**ALCOHOL BEVERAGE APPLICATION**

Alcohol Number 26-10 Year 2021 Alcohol Account Number 2023-0385

1. Name of Business Windsor Manor Augusta, LLC, Gwendolyn Allen, Sourikone Soukhavong  
 2. Business Address 3594 Windsor Springs, Rd  
 3. City Hephzibah, GA 30815 State GA Zip 30815  
 4. Business Phone (762) 775.5522 Home Phone ( )  
 5. Applicant Name and Address: Windsor Manor, Augusta  
3594 Windsor Springs, Rd Hephzibah, 30815

6. Applicant Social Security # ██████████ D.O.B. ██████████

7. If Application is a transfer, list previous Applicant:

8. Business Location: Map & Parcel 142-0-004-01-0-Real Zoning R-1  
 9. Location Manager(s) Christine Hagemeyer

10. Is Applicant an American Citizen or Alien lawfully admitted for permanent residency?  
 (  ) Yes (  ) No

**OWNERSHIP INFORMATION**

11. Corporation (if applicable): Date Chartered: \_\_\_\_\_

12. Mailing Address:

Name of Business Venue Ventures Group, LLC  
 Attention Gwen Allen  
 Address 4303 Vineland Rd #f18  
 City/State/Zip Orlando fl 32811

13. Ownership Type: (  ) Corporation (  ) Partnership (  ) Individual

14. Corporate Name: Venue Ventures Group, LLC  
 List name and other required information for each person having interest in this business.

Name	Position	SSNO #	Address	Interest
Sourikone Soukhavong	Manager	██████████	██████████	50%
Gwendolyn Allen	Manager	██████████	██████████	50%

15. What type of business will you operate in this location?

(  ) Restaurant (  ) Lounge (  ) Convenience Store  
 (  ) Package Store (  ) Other: Wedding Venue

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

Total License Fee: \$ 5765  
 Prorated License Fee: (After July 1 ONLY) \$ 2882.50

16. Have you ever applied for an Alcohol Beverage License before: No  
 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. gja 6/1

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 Richmond County or the State Revenue Commission relating to the sale and distribution of distilled spirits? ( ) Yes (X) 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 (X) 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.  
Venue Ventures Group, LLC by Sourikone Soukhavong, Gwendolyn Allen

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

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 \_\_\_\_\_ C.) School \_\_\_\_\_  
B.) Library \_\_\_\_\_ D.) Public Recreation \_\_\_\_\_

24. State of Georgia, Augusta-Richmond County, I, Windsor Manor, Augusta  
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.

Gwendolyn Allen

Applicant Signature

25. I hereby certify that Gwendolyn Allen is personally known to be, 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 18<sup>th</sup> day of September, in the year 2024.

Tan R. Rivers-Gillard

Notary Public



**FOR OFFICE USE ONLY**

Department Recommendation	Approve	Deny	Comments
Alcohol Inspector			
Sheriff			
Fire Inspector			

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

Administrator

Date