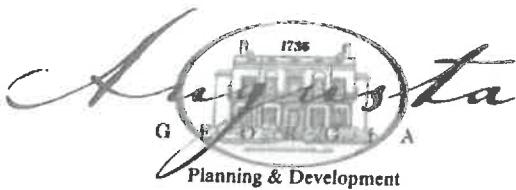


26-08

COPY

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



Alcohol License Number (Office Use Only): LCB20250002084

Alcohol Beverage Application

Business Legal Name: ARSEN INVESTMENT 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 a foreign entity with the Georgia Secretary of State. If you are a sole proprietor, provide your legal name.

Physical Location: 2614 PEACH ORCHARD RD AUGUSTA GA 30906
(Complete Street Address - City, State, Zip Code)

Business Location: Map & Parcel #: 098-4-037-00-0 Zoning: B2

Business Phone: (____) _____ Home Phone: (440) 381-0443

Applicant Name: CHAKRAVARTHY THOTA

Applicant's Address: 3310 EMERSON DR AUGUSTA GA 30906
(Complete Street Address - City, State, Zip Code)

Applicant's Social Security: _____ Date of Birth: 31 DEC 1966

If Applicant is a transfer, list previous Applicant: _____

Location Manager(s): 1. CHAKRAVARTHY THOTA .

2. _____

3. _____

Is Applicant an American Citizen or Alien lawfully admitted for permanent residency? Yes No

Ownership Information

Corporation (if applicable): Date Chartered: 09/15/2025

Mailing Address:

Name of Business: AONE LOTTO MART.

Attention: CHAKRAVARTHY THOTA.

Address: 2614 PEACH ORCHARD RD

City/State/Zip: AUGUSTA GA 30906.

Ownership Type: Corporation Partnership Individual

Corporate Name: ARSEN INVESTMENT LLC.

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

What type of business will you operate in this location?

Restaurant – Full Restaurant – Limited Hybrid Lounge Convenience Store
 Package Store Other: _____

License Information	Liquor	Beer	Wine	Dance	Sunday Sales
Retail Package Dealer	X	YES	YES	NO	NO
Consumption on Premises	NO	NO	NO	NO	NO
Wholesale	NO	NO	NO	NO	NO

Total License Fee: \$ 1330

Prorated License Fee (After July 1 ONLY): \$ 445

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:

Attach a passport-sized photograph (front view) taken 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.

SPECTRUM INVESTORS LLC

G.A

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

CHAKRAVARTHY THOTA . 100'1.

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, Chakravarthy Thota, 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.

Chakravarthy Thota
Applicant Signature

I hereby certify that Chakravarthy Thota is personally known to be. 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 administered by me, has sworn that said statements and answers are true.

This 11 day of Dec., in the year 2025.



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 day of , in the year ,
(Approved/Disapproved) the forgoing application.

Administrator

Date