



CITY OF JONESBORO
1859 City Center Way
Jonesboro, Georgia 30236
www.jonesboroga.com

ATTACH ADDITIONAL PAGES IF NECESSARY. ALL ATTACHMENTS MUST BE NUMBERED. INDICATE THE PAGE NUMBER OF THE ATTACHMENT IN THE SPACES PROVIDED FOR EACH RELEVANT ANSWER. USE A SEPARATE PAGE FOR EACH NECESSARY QUESTION/ANSWER ATTACHMENT.

LICENSE FEE: **\$5000 LIQUOR STORE**
\$4500 POURING OF BEER, WINE AND DISTILLED SPIRITS
\$2000 BEER & WINE (POURING OR PACKAGE)
\$1000 BEER (POURING OR PACKAGE)
\$1000 WINE (POURING OR PACKAGE)
\$500 PROCESSING FEE
\$50 FINGERPRINTING
\$35 BACKGROUND CHECK

(ALL FEES ARE NON-REFUNDABLE)

ANY MISSTATEMENT OR CONCEALMENT OF FACT IN THIS APPLICATION SHALL BE GROUNDS FOR REVOCATION OF THE LICENSE ISSUED AND SHALL MAKE THE APPLICANT LIABLE TO PROSECUTION FOR PERJURY. PLEASE DO NOT LEAVE ANY AREAS UNANSWERED.

Legal Business Name: Southside Sports & Grill

Physical Business Address: 8562 TARA blud Jonesboro GA 30236

Mailing Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Please check all that apply to the type of business you intend to operate:

- ☐ Hotel/Motel/Bed & Breakfast
- ☐ Retail Package Liquor Store
- ☐ Private Club
- ☒ Restaurant
- ☐ Retail Consumption Dealer

ALCOHOL BEVERAGE APPLICATION

Licensee/License Representative Name: bobbie kimble

Relationship of Applicant to Business: owner

Other names used by the applicant, including maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc.: bobbie lynn young

Phone: (Day) [REDACTED] (Evening) [REDACTED]

Home Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Is the above address your legal and bona fide domicile? yes

If yes, for how long? [REDACTED]

Are you a United States citizen? yes

If yes, are you a citizen by birth or a naturalized citizen? birth

If no, please state your native country, date and port of entry. If applicable, also state the date, place, and court of your naturalization: NA

Owner of the building and/or land in which the proposed business is to be located (you may

Skip this section if you are an owner/applicant: _____

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Day) _____ (Evening) _____

Has the applicant entered into an agreement or contracted with either the owner or owners, lessors and sublessors, for either the building or the land or both, which provide payment of rent on a percentage or profit share basis? _____

If so, explain the nature of the agreement, including the name(s) and contact information of all parties: _____

ALCOHOL BEVERAGE APPLICATION

What is the distance from the proposed premises to the nearest school See Survey, church _____, public library _____, publicly operated alcohol treatment center _____, other retail dealer _____?

Note: A certified survey will be required at the applicant's expense.

Are there other uses or businesses within the same property? NO If so, please describe, and provide contact information for the shared users of the property:

Do you, alone or with others, hold (or have held) any other license for the sale of alcoholic beverages? NO If so, please state the type of license, name in which the license was issued, the dates held, and the full address of the licensed premises for each license:

Do you currently own any property on which an alcoholic beverage licensed establishment is located? NO If so, please provide the property address and business name for each property:

Have you ever had any financial interest in a liquor business which was denied a liquor license or had its license revoked or suspended for any reason? NO If so, please give details:

Has any place of business, engaged in the sale of alcoholic beverages, with which you have been associated, ever been cited, or charged, at any time, with any violation of Georgia, Federal, or Municipal law or any rule, regulation, or ordinance concerning the sale of such products? NO If so, please provide full details, including the date(s), alleged charge(s), citation issuing authority, and any legal action or result: _____

ALCOHOL BEVERAGE APPLICATION

Has any business, with which you were affiliated as owner, manager, employee, stockholder, officer, director, partner, or any other capacity, or have any of your associates, partners, or employees ever been charged with violating any law or ordinance related to narcotics, prostitution, or gambling? NO

If so, please explain in detail: _____

Applicants cannot have been convicted of, nor entered a plea of nolo contendere to, any felony or misdemeanor relating to the sale or use of alcoholic beverages or illegal drugs within five (5) years prior to the date of this application. Applicants must read and understand the City of Jonesboro ordinance regarding the rules and regulations of the sales of alcoholic beverages. The licensee and/or the license representative must be a resident of the State of Georgia and an acting manager of the business. If the licensee and/or licensee representative have not been a resident of the State of Georgia for at least five years, then they must have a background investigation conducted by a law enforcement agency in their previous state(s) of residence. The background investigation report must include all arrests and convictions for misdemeanors, felonies and local ordinances. This report must be sent directly from the investigating agency to the City of Jonesboro, Chief of Police, 1859 City Center Way, Jonesboro, Georgia 30236.

The licensee and/or license representative must also be fingerprinted or have fingerprints on file at the Jonesboro Police Department.

Date last fingerprint taken: 8-19-25 File verified by: Pat

Is any person who owns an interest in this license an employee, or elected official, of the City of Jonesboro? If so, please explain whom and how the person(s) is affiliated with the City and this Potential licensee:

NO

Name, social security number, per cent interest and legal address of all stockholders owning 5% or more of the company.

Name: Bobbie Kimble S.S # [REDACTED]

Address: [REDACTED] % Interest: 100

Name: _____ S.S # _____

Address: _____ % Interest _____

ALCOHOL BEVERAGE APPLICATION

Are all of these stockholders U. S. Citizens? yes

If not, give permanent alien registration No. _____ and attach a copy of the green card.

Before signing this application, please check to make sure that all answers and explanations are stated fully and correctly. The following statement is to be executed under oath and is subject to the penalties of false swearing. Be sure that it includes all attached sheets submitted herewith.

STATE OF GEORGIA, CLAYTON COUNTY, CITY OF JONESBORO

I, Bobbie Kimble, do solemnly swear or affirm, subject to the penalties of false swearing, that the statements and answers made by me, as the applicant, in the foregoing application are true and correct. I am familiar with, have read, understand, and agree to abide by all applicable City Ordinances, local, state, and federal laws pertaining to the establishment and operation of a business inside the City of Jonesboro's City limits involved in the sale of alcohol and the proper conduct of its management. I understand that a violation of any applicable law, no matter how minor, may result in the permanent revocation of my liquor license.

Full legal name: bobbie kimble

Date of Birth: [REDACTED] Social Security Number: [REDACTED]

Driver's License Number [REDACTED] Issuing State: GA.

Applicant Signature: Bobbie Kimble Date: 8 / 12 / 2025

I hereby certify that Bobbie Kimble signed his or her name to the foregoing application stating to me that he or she knew and understood all statements and answers made therein, and under oath actually administered by me, has sworn or affirmed, that said statements and answers are true and correct.

This 13 Day of August, 2025

Notary Public Signature: Pat Daniel

Pat Daniel
NOTARY PUBLIC
CLAYTON COUNTY, GEORGIA
My Commission Expires 02/03/2028



CITY OF JONESBORO
1859 City Center Way, Jonesboro GA 30236
CITY HALL: (770) 478-3800
FAX: (470) 726-1646

Affidavit Verifying Status for City Public Benefit Application

By executing this affidavit under oath, as an applicant for a Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit, as referenced in O.C.G.A. Section 50-36-1, from the City of Jonesboro, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

1) X I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in Jonesboro, Georgia

Pat Daniel
 NOTARY PUBLIC
 CLAYTON COUNTY, GEORGIA
 My Commission Expires 02/03/2028

Signature of Applicant:

Date:

Bobbie Kimble 8/13/2025

SUBSCRIBED AND SWORN
 BEFORE ME ON THIS

13 DAY OF Aug, 2025

Notary Public
 My Commission Expires:

Pat Daniel
2-3-25

Printed Name of Applicant:

Bobbie Kimble

*

Alien Registration number for non-citizens

Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number:

CITY OF JONESBORO
770-478-3800

REC# [REDACTED] 8/19/2025 8:29 AM
OPER. # [REDACTED] TERM: 007

IN: 36.0000 ALCOHOL PACKAGE APP
NAME: SOUTHSIDE SPORTS & GRILL
8562 TARA BLVD

APPLICATION FEE 500.00CR

IN: 37.0000 ALC FINGERPRINTING
NAME: BOBBIE KIMBLE
SOUTHSIDE SPORTS & GRILL LLC

ALCOHOL BACKGROUND 50.00CR

N: 26.0000 BACKGROUND CHECK
NAME: BOBBIE KIMBLE
SOUTHSIDE SPORTS & GRILL LLC
00-0000-32-1102

ALCOHOL BACKGROUND 35.00CR

IN: 73.0000 CONVENIENCE FEE
CONVENIENCE FEE 2.00CR

TRAN: 73.0000 CONVENIENCE FEE
CONVENIENCE FEE 2.00CR

TENDERED: 302.00 CREDIT CARD
APPLIED: 287.00 CREDIT CARD
589.00-

CHANGE: 0.00

THANK YOU FOR VISITING
THE CITY OF JONESBORO
1859 CITY CENTER WAY
JONESBORO, GA 30236

Date Received: 8 / 19 / 25

Type of License: Alcohol Pouring
Distilled Spirits

Fee Amount Enclosed: \$ 585-

State Alcohol License Number: _____

Date Approved: _____

City Alcohol License Number: 3641

Date Denied: ____ / ____ / ____

Reason (if any) _____

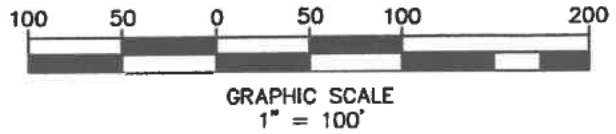
NAICS
#445310

Misc. Notes:

pd for new app, B/G & FP

City Manager Signature: _____ Date: ____ / ____ / ____

APPLICATION FOR: CITY OF JONESBORO
SITE ADDRESS:
8562 TARA BLVD
JONESBORO, GA 30236
ZONING: C4
TAX PARCEL ID: 13242D B001



TARA BLVD

PARKING
MAIN ENTRANCE *

8560

SITE
8562

8564

FAYETTEVILLE RD

MAGNETIC

1. SCHOOL: 880 YARDS TO LEE ST ELEMENTARY SCHOOL
178 LEE ST JONESBORO, GA 30236
2. CHURCH: 245 YARDS TO SHILOH BAPTIST CHURCH
216 W MILL ST JONESBORO, GA 30236
3. ALCOHOL TREATMENT CENTER: 1,056 YARDS TO ANGELS RECOVERY INC
124 S MAIN ST SUITE 1H JONESBORO, GA 30236

ALL DISTANCES MEASURED BY DIRECT ROUTE OF TRAVEL



Advance Survey, Inc.

1923 JOSHUA DRIVE
LAWRENCEVILLE, GA. 30045
OFFICE: (770) 995-0938



© COPYRIGHT 2025
ADVANCE SURVEY INC.
LSF000455

ALL MATTERS OF TITLE EXCEPTED

ALCOHOLIC BEVERAGE SURVEY FOR:

SOUTHSIDE SPORTS AND GRILL

LAND LOT:	242	SCALE:	1"=100'
DISTRICT:	13TH	DATE:	8/12/2025
SECTION:	---	DRAWN BY:	LAR
COUNTY:	CLAYTON	CHK BY:	GSO PC: GSO
STATE:	GEORGIA	JOB NO:	250222



City of Jonesboro
1859 City Center Way
Jonesboro, Georgia 30236

926095

**APPLICATION FOR ALCOHOL IDENTIFICATION CARD AND BACKGROUND CHECK
OFFICE OF THE CITY MANAGER**

The City of Jonesboro requires an employee identification card for any employee, agent representative, or independent contractor of a licensee holding a license for the sale of alcoholic beverages for consumption on the premises who pours, handles, dispenses, or serves alcoholic beverages on the licensed premises or anyone who manages or supervises any employee who pours, handles, dispenses, or serves alcoholic beverages on the licensed premises. (Ordinance 2021-077).

EMPLOYEE ID CARD/BACKGROUND CHECK \$25

REPLACEMENT CARD \$25

BACKGROUND CHECK FOR BUSINESS OWNER/MANAGER/LICENSE REPRESENTATIVE \$35 ✓

Name: Bobbie Lynn Kimble
First Middle Last

Social Security # [REDACTED] Date of Birth [REDACTED]

Permanent Address [REDACTED]

City, State, Zip [REDACTED] Phone [REDACTED]

Driver's License # [REDACTED] Applicant's Employer Southside Sports & Grill LLC

Employers Address 8562 Tara Blvd Employers Phone # [REDACTED]

Yes ___ No ☒ Have you ever been convicted of a felony within the past five years? List conviction(s), date(s), city, state & county. Attach a separate sheet of paper if necessary. (Sec. 6-101)

Yes ___ No ☒ Have you been convicted of or had a diversion for DUI (Driving Under the Influence) within the past 5 years? List conviction(s), date(s), city, state & county. Attach a separate sheet of paper if necessary. (Sec. 6-101)

Bobbie Lynn Kimble
Applicant's Signature/Date

[Signature]
Notary Public/Date



FOR OFFICE USE ONLY

Date Received 8/21/25 Background Check Completed 8/21/25 Results 20 Record
Approved [Signature] Denied _____ Reason _____
08/22/25