

#### 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: BUDDY 8113 MARKET LLC
Physical Business Address: 8113 TARA BLVD STE A JONESBORO GA 30236
Mailing Address: 8113 TARA BLVD STE A
City: JONESBORO State:GA Zip Code: 8113 TARA BLVD JONESBORO, GA 30236
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
RETAIL PACKAGE - CONVENIENCE STORE.

Licensee/License Representative Name:SWAPANDEEP SINGH
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.: N/A
Phone: (Day) (Evening)
Home Address:
City: State: Zip Code:
Is the above address your legal and bona fide domicile?YES
If yes, for how long?3+ YEARS
Are you a United States citizen?YES
If yes, are you a citizen by birth or a naturalized citizen?YES
If no, please state your native country, date and port of entry. If applicable, also state the date,
place, and court of your naturalization:
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:DALGEET SINGH
Name:DALGEET SINGH
Mailing Address:
City: State: Zip Code:
Phone: (Day) (Evening)
Has the applicant entered into an agreement or contracted with either the owner or owners, essors and sublessors, for either the building or the land or both, which provide payment of rent on a percentage or profit share basis?NO
If so, explain the nature of the agreement, including the name(s) and contact information of all parties:

What is the distance from the proposed premises to the nearest school, 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? YES If so, please describe, and provide contact information for the shared users of the property:  K SWEEZ BOBA - BAKERY - SUIT B
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 lf so, please provide full details, including the date(s), alleged charge(s), citation issuing authority, and any legal action or result:

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 prince of the date of this application. Applicants must read an ordinance regarding the rules and regulations of the sales of the license representative must be a resident of the State of business. If the licensee and/or licensee representative har for at least five years, then they must have a background in agency in their previous state(s) of residence. The background in the arrests and convictions for misdemeanors, felonies and local directly from the investigating agency to the City of Jonesb Jonesboro, Georgia 30236.	ages or illegal drugs within five (5) years and understand the City of Jonesboro of alcoholic beverages. The licensee and/or of Georgia and an acting manager of the ve not been a resident of the State of Georgia avestigation conducted by a law enforcement bund investigation report must include all cal ordinances. This report must be sent oro, Chief of Police, 1859 City Center Way,	
Jonesboro Police Department.		
Date last fingerprint taken: File verifie	ed by:	
Is any person who owns an interest in this license an empl Jonesboro? If so, please explain whom and how the perso Potential licensee:	oyee, or elected official, of the City of n(s) is affiliated with the City and this	
SWAPANDEEP SINGH - 100% OWNERSHIP		
Name, social security number, per cent interest and legal a or more of the company.	address of all stockholders owning 5%	
Name: SWAPANDEEP SINGH	S.S#	
Address:	% Interest: 100%	
Name:	S.S #	
Address:	% Interest	

# ALCOHOL BEVERAGE APPLICATION CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE PRO

Are all of these stockholders U. S. Citizens?	
If not, give permanent alien registration Nocard.	and attach a copy of the green
Before signing this application, please check to make sure that all an fully and correctly. The following statement is to be executed under of false swearing. Be sure that it includes all attached sheets submitted.	ath and is subject to the penalties
STATE OF GEORGIA, CLAYTON COUNTY, CITY OF JONESBORO	)
penalties of false swearing, that the statements and answers made be foregoing application are true and correct. I am familiar with, have reabide by all applicable City Ordinances, local, state, and federal laws and operation of a business inside the City of Jonesboro's City limits and the proper conduct of its management. I understand that a violation matter how minor, may result in the permanent revocation of my lique	ad, understand, and agree to pertaining to the establishment involved in the sale of alcohol ion of any applicable law, no
Full legal name:SWAPANDEEP SINGH	
Date of Birth: Social Security Number	er:
Driver's License Number:	ssuing State
Applicant Signature:	Date: 07
I hereby certify thatSWAPANDEEP SINGH foregoing application stating to me that he or she knew and understo made therein, and under oath actually administered by me, has swor and answers are true and correct.	
This 9 Day of 04/4 , 2025	BOYOUTH EXPERIENCE ARY TO SEE
Notary Public Signature:	- ONE ON CONTRACT OF THE PROPERTY OF THE PROPE



#### 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 reside	ent of the United States.	
3) I am a qualified alien or non-ii with an alien number issued by the Departi	mmigrant under the Federal Immigrat ment of Homeland Security or other fe	tion and Nationality Act ederal immigration agency
The undersigned applicant also hereby verifies one secure and verifiable document, as require the secure and verifiable document provided were secure and verifiable document provided were secured.	ed by O.C.G.A. § 50-36-1 (e)(1), with this	s affidavit.
In making the above representation under oat false, fictitious, or fraudulent statement or repr § 16-10-20, and face criminal penalties as allo	resentation in an affidavit shall be guilty o	wingly and willfully makes a of a violation of O.C.G.A.
Executed in Jonesboro, Georgia	Signature of Applicant:	Date: 87/09/25
SUBSCRIBED AND SWORN BEFORE ME ON THIS  DAY OF  Notary Public frame 2 29/2027  My Commission Expires: 01/29/2027	Printed Name of Applicant:  Swapondeep  K. BO  OTARY  Alient Registration number for the public Registration number for the public Registration number for t	€4
Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens unde	or the federal immigration and Nationality Act, Title	8 U.S.C., as amended, provide th

Note: O.C.G.A. § 50-36-1 (e)(2) requires that aliens under the repert immigration and Nationality Act, I the 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:

FOR OFFICE USE ONLY:	
Date Received: 7 / 9 / 25	Type of License: Been + Wine Retail Package Sales
Fee Amount Enclosed: \$	State Alcohol License Number:
Date Approved:	City Alcohol License Number:3618
Date Denied://	Reason (if any)
Misc. Notes:	
City Manager Signature:	Date:/



SITE ADDRESS: \$113 TARA BLVD, JONESBORO GA 30236

MEAREST SCHOOL: ±3.986 /1.322 YDS E J SWINT ELEMENTARY SCHOOL 500 GA-138 JONESBORO, GA 30238

NEAREST CHURCH: ±3.468'/1.155 YOS LIGHT OF FAITH CHRISTIAN CHURCH 737 VETERANS PKWY #200 JONESBORO, GA 30238 NEAREST CHILD CARE: ±1,253'/417 YOS. FUTURE LEADERS CHRISTIAN ACADEMY 354 WEST AVE. JONESBORO, GA 30236

NEAREST PACKAGE STORE: ±4.196'/1.398 YDS TARA PACKAGE 8525 TARA BLVD JONESBORO, GA 30236 NEAREST SINGLE FAMILY RESIDENCE: ±1.273 /424 YDS 172 NORTH AVE JONESBORO, GA 3023#

NEAREST ALCOHOL TREATMENT CENTER: ±4.915 /1.638 YDS CLAYTON CENTER ADMINISTRATION 157 SMITH ST JONESBORO, GA 30236

"ALL DISTANCES SHALL BE MEASURED BY THE MOST DIRECT ROUTE OF TRAVEL AND SHALL BE MEASURED IN THE FOLLOWING MANUER.

(1) FROM THE PRONT DOOR OF THE STRUCTURE OR PARTIAL BUILDING UNIT FROM WHICH BEVERAGE ALCOHOL IS SOLD OR OFFERED FOR SALE; THENCE,

(2) IN A STRANGIT LINE, REGARDLESS OF CESTRUCTRIONS, TO THE MEAREST PUBLIC SIDEMAKY, STREET, ROAD OR HOHMAY, THENCE,

(3) ALONG SUCH PUBLIC SIDEMAK, WALKMAY, STREET, ROAD OR HIGHMAY BY THE MEAREST ROUTE THENCE, (4)TO THE FRONT DOOR OF THE BUILDING

OR TO THE MEAREST PORTION OF THE GROUNDS, WHICHEVER IS APPLICABLE" (SEC 6-47 (6) LONESBORD OTT, GEORGIA - DODE OF ORDINANCES)

THIS DRAWING WAS PREPARED FOR THE EXCLUSIVE USE OF THE PERSON, PERSONS OR ENTITY NAMED HERBON FOR ALCOHOL PERMIT OR LICENSE APPLICATION PURPOSES ONLY AND DOES NOT EXTEND TO ANY UNNAMED PERSON WITHOUT A RECERTIFICATION BY THE SURVEYOR NAMING SAID PERSON.

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BOUNDARY zone, inc. LAND SURVEYING SERVICES

WWW.BOUNDARYZONE.COM (770) 271-5772 / (919) 363-9226

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200

100

PROVIDING SERVICES FOR METRO ATLANTA, RALEIGH-DURHAM & CENTRAL FLORIDA.

RYZONE, COM 919) 363-9226 GRAPHIC SCALE - IN FEET

400



MAGNETIC NORTH

SCALE: 1"=200'

GEORGIA - 05/08/2023

COUNTY,

CLAYTON

ALCOHOL SURVEY
PREPARED FOR: DEWAYNE MARTIN
8113 TARA BLVD, JONESBORO, GA 30236
LAND LOTS 210 & 239, 13TH DISTRICT



FOR THE FIRM
BOUNDARY ZONE, INC.
LSF #839
NOT VALID WITHOUT
ORIGINAL SIGNATURE

PROJECT 25702-01

> SHEET 1 OF 1

#### POST IN A CONSPICUOUS PLACE - NOT TRANSFERABLE

3617 Business Tax #:

#### CITY OF JONESBORO

1859 City Center Way Jonesboro, GA 30236 PHONE (770) 478-3800

2025

### OCCUPATIONAL TAX CERTIFICATE

Code: 445120 Date of Issue: 7/07/2025

**BUDDYS FOOD MART** 8113 TARA BLVD A **JONESBORO, GA 30236** 

Type of Business: **CONVENIENCE STORE** 

In consideration of which City of Jonesboro has granted a Certificate for carrying on the business of:

#### **BUDDYS FOOD MART**

This license is valid until December 31, 2025.

**Issuer Community Development** 

### This certificate is not transferable and is subject to be revoked if abused.

Occupational Tax is levied for revenue purposes only and is not for regulatory purposes nor is the payment of tax a condition precedent to the practice of any profession, trade or calling. Issuance of this certificate does not constitute approval by the city that the business activity or use of the property is permitted or complies with the City's Zoning Ordinance. Renewal returns shall be filed on or before March 15 of each year. Occupational Tax due from businesses continuing operation from the preceding year shall be considered delinquent if not paid by April 15 of each year.

Notify this office of any changes in location or ownership.

--- RECEIPT---

**Fee Description** 

RATE 01 - .75

Fee Amount

65,000.00

123.75

Penalties **Total Fees** 

\$ 0.00 \$ 123.75

Your Business License for the period January 01, 2025 - December 31, 2025 is attached.

Total Fees paid for this year are: \$ 123.75

**BUDDYS FOOD MART BUDDY 8113 MARKET LLC** 8113 TARA BLVD #A JONESBORO GA 30236



City of Jonesboro 1859 City Center Way Jonesboro, Georgia 30236



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

The City of ionesboro 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).

REPLACE	MENT CARD	BACKGROUND CHECK \$25 K FOR BUSINESS OWN	\$25	REPRESEN	STATIVE \$35	
Name:	SWAPA	ANDEEP SINGH				
	First	Mid	ldle		Last	
Social Se	curity#		Date	of Birth_		-
Permane	nt Address					
City, Stat	e, Zip			Phone (	)	Brodly C
Driver's L	icense#_	060706146	Applicant's E	mployer_	SELF EMPLOYED	MACL
Employe	rs Address	-8113 Tar	BILD EMPLO	oyers Phon	e#	
Yes convictio 101)	No X Ha	ve you ever been conv	ricted of a felony within . Attach a separate she	the past fiv et of paper	ve years? List if necessary. (Sec. 6-	
influence	) within the	e past 10 years? List co aper if necessary. (Sec	of or had a diversion for onviction(s), date(s), cit (s. 6-101)  Notary Public/Date	or DUI (Driv by, state & c	August Viunos	NO HANEL
		FOI	R OFFICE USE ONLY	- /-	EXPIRE	NO. THE WAY
Date Rec	. 11/ 11/	Denied	end Check Completed Reason	1/22	A Resduce HON	XXXXXX



City of Jonesboro 1859 City Center Way Jonesboro, Georgia 30236

# 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).

	OR BUSINESS OWNER/MANAGER/LICENSE REPRESE	NTATIVE \$35
Name:	DEEP SINGH	
First	Middle	Last
Social Security #	Date of Birth	
Permanent Address		
City, State, Zip	Phone (	)
Driver's License #	Applicant's Employer	SELF EMPLOYED
Employers Address	Employers Pho	ne#
YesNo_X_Have yo conviction(s), date(s), ci 101)	ou ever been convicted of a felony within the past ity, state & county. Attach a separate sheet of pape	live years? List er if necessary. (Sec. 6-
influence) within the pas	ou been convicted of or had a diversion for DUI (Dr st 10 years? List conviction(s), date(s), city, state & if necessary. (Sec. 6-101)	LCOUNTY. Attach 30 876
071	if necessary. (Sec. 6-101)  ate Notary Public/Date	11/2012 PAND
Applicant's Signature/Di	ate notally rubited bate	E CONTRACTOR
	FOR OFFICE USE ONLY	ON EXPIRES. A
Date Received	Background Check Completed	Hespiration A.
	Reason	







#### **Pat Daniel**

From:

Pat Daniel

Sent:

Wednesday, July 9, 2025 4:22 F CITY OF JONESBORD

To:

License Office

Subject:

RE: Buddy 8113 Market LLC - B

**Attachments:** 

ALCOHOL BACKGROUND CHE

REC#: OPER: PD

770-478-3800

7/21/2025

1:12 PM

le).pdf

REF#:

Mr. Singh,

Please fill out the attached background check form. You will fingerprints taken. The amount due to get started is:

\$500 Application Fee \$50 Fingerprints \$35 Background Check Total \$585

You can come here to pay or pay with the attached form.

I also need the name of the other employee besides yoursel

Thank you

Pat Daniel | Assistant City Clerk | Tel: <u>770-478-3800</u> | | <u>pdaniel@jones</u> 1859 City Center Way | Jonesboro, G Like Us On Facebook Like Us or

TRAN: NAME: buddy's food mart

ALCOHOL PACKAGE APP

8113 TARA BLVD

APPLICATION FEE

500.00CR

TRAN: BACKGROUND CHECK NAME: SWAPANDEEP SINGH BUDDYS FOOD MART

TERM: 003

ALCOHOL BACKGROUND

35.00CR

TRAN: ALC FINGERPRINTING NAME: SWAPANDEEP SINGH BUDDYS FOOD MART

ALCOHOL BACKGROUND

50,00CR

TRAN: CONVENTENCE FEE CUNVENIENCE FEE

2.00CR

TENDERED:

587.00 CREDIT CARD

APPLIED:

587,00-

CHANGE:

0.00

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

From: License Office < license.office0@gmail.com>

Sent: Wednesday, July 9, 2025 3:06 PM To: Pat Daniel <pdaniel@jonesboroga.gov>

Subject: Re: Buddy 8113 Market LLC - Business License application

Dear Pat,

Please find attached the Alcohol license application and supporting documents, Please help to process further and let me know if you need anything else.

Thanks Mike









