

# ALCOHOL BEVERAGE APPLICATION



NAIS  
#45310

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

B/L  
#3542

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 ONLY (POURING OR PACKAGE)  
☐ \$1000 WINE ONLY (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: RAY'S PLACE WHERE CHICAGO MEETS ATLANTA

Physical Business Address: 265 JONESBORO RD JONESBORO GA 30236

Mailing Address: [REDACTED]

City: FAYETTEVILLE State: GA Zip Code: 30214

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: KELLY J EPPS

Relationship of Applicant to Business: SELF

Other names used by the applicant, including maiden name, names by former marriages, former names changed legally or otherwise, aliases, nicknames, etc.: KELLY EPPS-BUTLER, KELLY WILLIAMS

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

Home Address: [REDACTED]

City: HAMPTON State: GA Zip Code: 30228

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

If yes, for how long? 10 MOS

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: \_\_\_\_\_

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: JONATHAN AND ARLEEN HATCHER

Mailing Address: [REDACTED]

City: ARARAT State: VA Zip Code: 24053

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? NO

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 \_\_\_\_\_, 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: \_\_\_\_\_ File verified by: \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_

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

Name: \_\_\_\_\_ S.S # \_\_\_\_\_

Address: \_\_\_\_\_ % Interest: \_\_\_\_\_

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, KELLY J EPPS, 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.

KELLY JEAN EPPS

Full legal name: \_\_\_\_\_

Date of Birth:      /      / 1967 Social Security Number:     

Driver's License Number:      Issuing State: GA

Applicant Signature: Kelly Epps Date: 01 / 03 / 2025

I hereby certify that Kelly Epps 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 3<sup>rd</sup> Day of January, 2025

Notary Public Signature: Pat Daniel

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

ALCOHOL BEVERAGE APPLICATION



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

Signature of Applicant:

Date:

Kelly J Epps

1-3-25

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS

3<sup>rd</sup> DAY OF January, 2025

Notary Public

My Commission Expires: 2-3-28

Pat Daniel

NOTARY PUBLIC

CLAYTON COUNTY, GEORGIA

My Commission Expires 02/03/2028

Printed Name of Applicant:

KELLY J EPPS

\*

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: \_\_\_\_\_



ALCOHOL BEVERAGE APPLICATION

FOR OFFICE USE ONLY:

Date Received: 1 / 3 / 25

Type of License: pouring

Fee Amount Enclosed: \$ 5087

State Alcohol License Number: \_\_\_\_\_

Date Approved: \_\_\_\_\_

City Alcohol License Number: 3542

Date Denied:    /    /   

Reason (if any) \_\_\_\_\_  
\_\_\_\_\_

Misc. Notes:  
\_\_\_\_\_  
\_\_\_\_\_

City Manager Signature: \_\_\_\_\_ Date:    /    /

NOTES  
CODE OF ORDINANCES CITY OF JONESBORO, GEORGIA  
CHAPTER 6: ALCOHOLIC BEVERAGES AND TOBACCO PRODUCTS  
ARTICLE I: IN GENERAL  
ARTICLE II: LICENSING

PROPERTY ADDRESS:  
265 JONESBORO ROAD  
JONESBORO, GEORGIA 30236

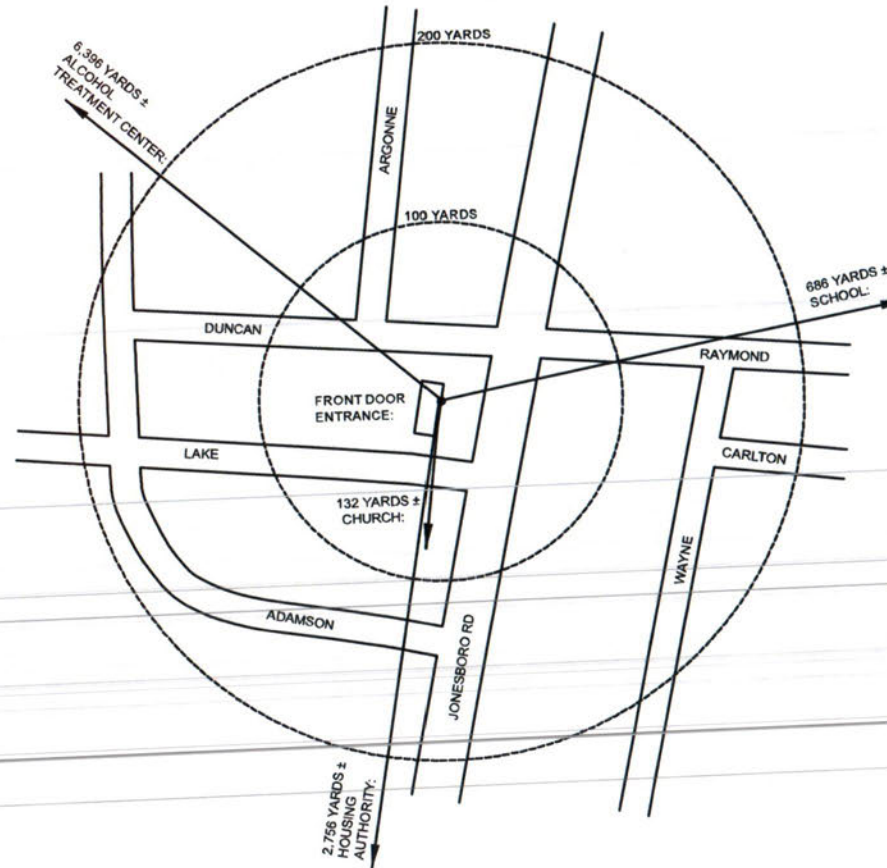
## ALCOHOL LICENSE SURVEY FOR:

### RAY'S PLACE

LAND LOT 48  
12TH DISTRICT  
CLAYTON COUNTY, GEORGIA  
CITY OF JONESBORO

## HARBUCK LAND SURVEYORS, INC

LAND SURVEYOR FIRM NO: 959  
WILLIAM G. HARBUCK  
GEORGIA REGISTERED LAND SURVEYOR NO. 3006  
53C JEFFERSON STREET  
NEWMAN, GA 30263  
770-253-5585  
HARBUCKLANDSURVEYORS@GMAIL.COM  
SCALE: 1" = 200'  
09.12.2024  
FIELD WORK: 09.11.2024



6,396 YARDS ± TO NEAREST  
ALCOHOL TREATMENT CENTER:  
ATLANTA DETOX CENTER  
277 MEDICAL WAY  
RIVERDALE, GA 30274

132 YARDS ± TO THE  
NEAREST CHURCH:  
CHURCH OF GOD OF PROPHECY  
259 JONESBORO RD  
JONESBORO, GA 30236  
(DOOR TO DOOR ROUTE OF TRAVEL)

686 YARDS ± TO THE NEAREST  
SCHOOL:  
JONESBORO HIGH SCHOOL  
7728 MT ZION BLVD  
JONESBORO, GA 30236

2,758 YARDS ± TO NEAREST  
HOUSING AUTHORITY:  
JONESBORO HOUSING AUTHORITY  
203 HIGHTOWER ST  
JONESBORO, GA 30236



GRAPHIC SCALE IN FEET





CITY OF JONESBORO  
770-478-3800

REC#: 00035064 1/03/2025 1:24 PM  
OPER: PD TERM: 003  
REF#: 2357

TRAN: 1.0000 BUSINESS LICENSE  
3542-12/31/24 RAY'S PLACE  
ALCOHOL POURING LICEN 4,500.00CR

TRAN: 26.0000 BACKGROUND CHECK  
NAME: KELLY EPPS  
265 JONESBORO RD  
100-0000-32-1102  
ALCOHOL BACKGROUND 35.00CR

TRAN: 36.0000 ALCOHOL PACKAGE APP  
NAME: RAY'S PLACE  
265 JONESBORO RD  
100-0000-32-1101  
APPLICATION FEE 500.00CR

TRAN: 37.0000 ALC FINGERPRINTING  
NAME: KELLY EPPS  
265 JONESBORO RD  
100-0000-32-1102  
ALCOHOL BACKGROUND 50.00CR

TRAN: 73.0000 CONVENIENCE FEE  
100-0000-34-9500  
CONVENIENCE FEE 2.00CR

TENDERED: 5,087.00 CREDIT CARD  
APPLIED: 5,087.00-

CHANGE: 0.00

THANK YOU FOR VISITING  
THE CITY OF JONESBORO  
1859 CITY CENTER WAY  
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 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: KELLY  
First

JEAN  
Middle

EPPS  
Last

Social Security #

Date of Birth

1/1/1967

Permanent Address

City, State, Zip

Fayetteville GA 30214

Phone

Driver's License #

Applicant's Employer

Ray's Place

Employers Address

265 Jonesboro GA 30236

Employers Phone #

404 519 9503

Yes \_\_\_ No X 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 X Have you been convicted of or had a diversion for DUI (Driving Under the Influence) within the past 10 years? List conviction(s), date(s), city, state & county. Attach a separate sheet of paper if necessary. (Sec. 6-101)

Applicant's Signature/Date

Kelly J Epps

Notary Public/Date

Pat Daniel

1.3.24

**FOR OFFICE USE ONLY**

Date Received  
Approved

Background Check Completed  
Denied Reason

Results

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



# Georgia Commercial Lease Agreement

This Lease Agreement made the 9<sup>th</sup> day of July, 2024, by and between ARLEEN HATCHER [name of lessor], of [redacted] [street address], State of [redacted], hereinafter referred to as "Lessor", and Kelly Foss + Lorne Foss [name of lessee], of [redacted] [street address], State of Georgia, hereinafter referred to as "Lessee", collectively referred to herein as the "Parties", agree as follows:

I. **Property Description:** The Lessor agrees to lease to the Lessee the following described 3300 square feet (SF) of Commercial [type of space] located at 265 Jonesboro Rd [street address], State of Georgia.

Additional Description: \_\_\_\_\_

Hereinafter known as the "Premises".

II. **Lease Duration Length:** The term of this Lease shall be for a period of 5 year(s) 0 month(s) commencing on the 1 day of August, 2024 and expiring at Midnight on the 31 day of July, 2029. ("Initial Term")

III. **Base Rent:** The net monthly payment shall be Six Thousand dollars (\$ 6000), payable monthly with the first payment due upon the commencement of the Lease and each monthly installment payable thereafter on the \_\_\_\_\_ day of each month. Said net monthly payment is-hereafter referred to as the "Base Rent". Rent for any period during the term hereon, which is for less than 1 month shall be a pro-rata portion of the monthly rent.

IV. **Premises Use:** The Lessor is leasing the Premises to the Lessee and the Lessee is hereby agreeing to lease the Premises for the following use and purpose:

Restaurant w/ Full Service Food and Bar

Any change in use or purpose the Premises other than as described above shall be upon prior written consent of Lessor only.

V. **Option to Renew:** (Check One)

☐ - Lessee may not renew the Lease.



original.  
XXV. **Binding Effect:** This Lease and any amendments thereto shall be binding upon the Lessor and the Lessees and/or their respective successors, heirs, assigns, executors and administrators.

IN WITNESS WHEREOF, the parties hereto set their hands and seal this \_\_\_\_\_ day of July 10, 2024.

Lessee's Signature: Kelly Epps Lorne Epps

Printed Name: KELLY EPPS LORNE EPPS Date: 7/10/24

Lessor's Signature: Arleen M. Hatcher

Printed Name: ARLEEN M. HATCHER Date: 7.10.24

### ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF Georgia  
Clayton County, ss.

On this 10 day of July, 2024, before me appeared \_\_\_\_\_, as **LESSOR** of this Commercial Lease Agreement who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that they executed the same as their free act and deed.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

### ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF Georgia  
Clayton County, ss.

On this 10 day of July, 2024, before me appeared KELLY EPPS LORNE EPPS as **LESSEE** of this Commercial Lease Agreement who proved to me through government issued photo identification to be the above-named person, in my presence executed foregoing instrument and acknowledged that they executed the same as their free act and deed.

\_\_\_\_\_  
Notary Public  
My commission expires: 9/1/2025







City of Jonesboro  
1859 City Center Way  
Jonesboro, Georgia 30236

225009

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

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**EMPLOYEE ID CARD/BACKGROUND CHECK \$25**

**REPLACEMENT CARD \$25**

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

Name: KELLY  
First

JEAN  
Middle

EPPS  
Last

Social Security # 321 621 446

Date of Birth 1967

Permanent Address

City, State, Zip Fayetteville GA 30214

Phone

Driver's License #

Applicant's Employer

Ray's Place

Employers Address 265 Jonesboro GA 30236

Employers Phone # 404 519 9503

Yes \_\_\_ No X 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)

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Applicant's Signature/Date

Notary Public/Date

1.3.24

Pat Daniel

NOTARY PUBLIC

CLAYTON COUNTY, GEORGIA

My Commission Expires 02/03/2025

**FOR OFFICE USE ONLY**

Date Received 1/7/25

Approved [Signature]

Denied

Background Check Completed 1/7/25

Reason

Results NO Record

1/14/25