

ALCOHOL BEVERAGE APPLICATION



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 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: AHS Ewik Mart

Physical Business Address: 249 N Main St.

Mailing Address: Same

City: Jonesboro State: GA Zip Code: 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

ALCOHOL BEVERAGE APPLICATION

Licensee/License Representative Name: Akshat Shah

Relationship of Applicant to Business: member/owner

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

Phone: (Day) _____ (Evening) _____

Home Address: _____

City: _____ State: GA Zip Code: _____

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

If yes, for how long? 6 years

Are you a United States citizen? Yes

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

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: Bhavesh Shah

Mailing Address: _____

City: _____ State: GA 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? yes

If so, explain the nature of the agreement, including the name(s) and contact information of all parties: As a tenant I am responsible through business

to pay rent as agreed on timely manner. I will be
collecting rent from on monthly basis.

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. enclosed

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:

Barbershop and Fast food corner

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: 1-30-25 File verified by: Pat Daniel

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: Akshat Shah 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, Akshat Shah, 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: Akshat Shah

Date of Birth: 04 / 26 / Social Security Number:

Driver's License Number: Issuing State: GA

Applicant Signature: *Akshat Shah* Date: 01 / 30 / 2025

I hereby certify that Akshat Shah 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 30 Day of January, 2025

Notary Public Signature: *[Signature]*



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) ☒ 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:

Ghentk

01/30/25

SUBSCRIBED AND SWORN
BEFORE ME ON THIS

Printed Name of Applicant:

30 DAY OF January, 2025

Akshat Shah

Notary Public [Signature]
My Commission Expires 01/28/2025

*
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: 01 / 30 / 2025 Type of License: Beer + Wine Pkg.

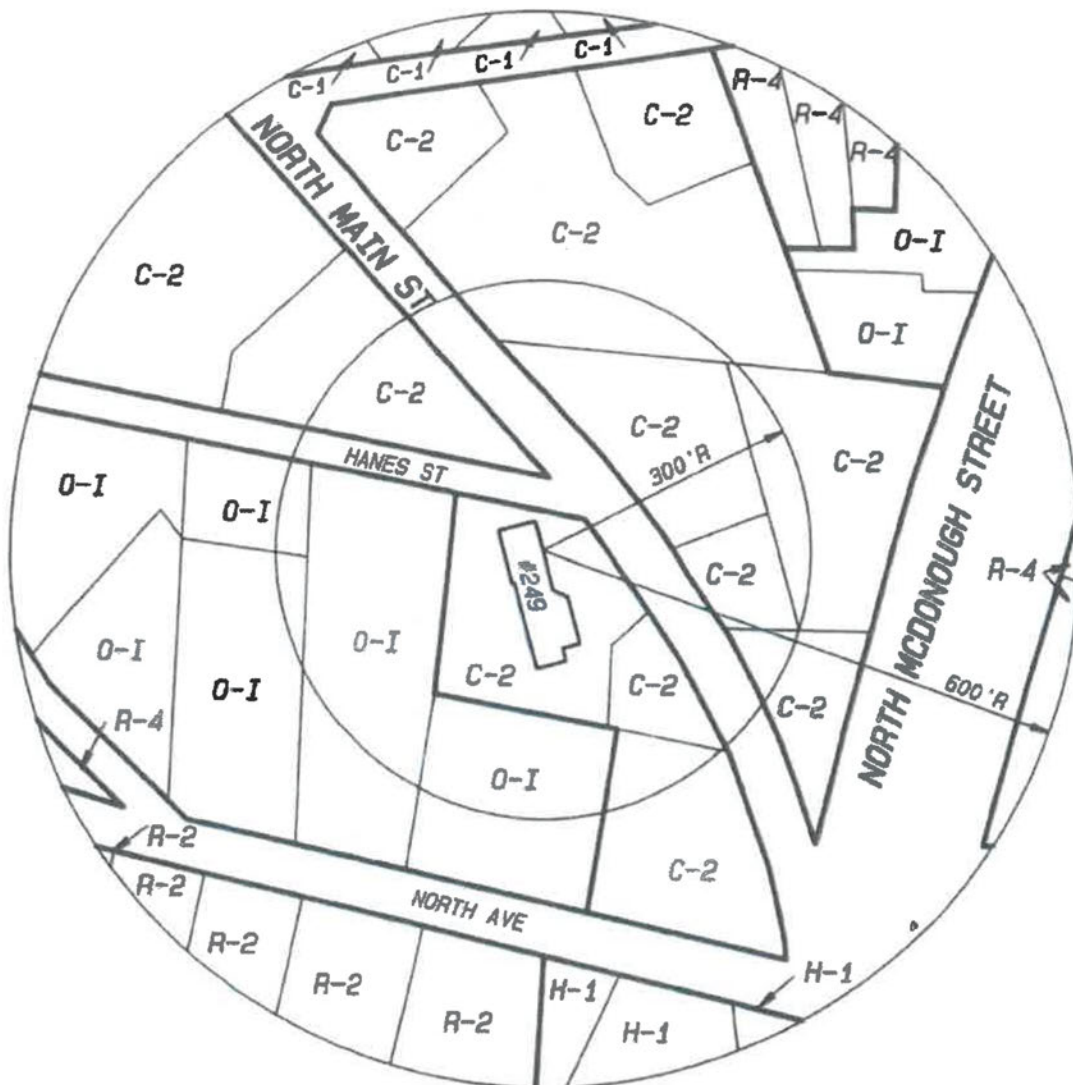
Fee Amount Enclosed: \$ 2,585.00 State Alcohol License Number: _____

Date Approved: _____ City Alcohol License Number: 3549

Date Denied: ____ / ____ / ____ Reason (if any) _____

Misc. Notes:

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



ALCOHOL LICENSE SURVEY NOTES:

NEAREST CHURCH: 392± YARDS TO SHILOH BAPTIST CHURCH ANNEX
203 NORTH MAIN STREET

NEAREST SCHOOL: 996± YARDS TO CLAYTON COUNTY PUBLIC SCHOOLS
1058 FIFTH AVENUE

NEAREST DRUG AND ALCOHOL TREATMENT CENTER: 8, 260± YARDS TO RIVERWOODS PSYCHIATRIC CENTER
223 UPPER RIVERDALE ROAD

GRAPHIC SCALE 1"=200'



0 200

BETTERTON
SURVEYING & DESIGN, INC.

LAND SURVEYING,
LAND PLANNING,
SUBDIVISION & COMMERCIAL
SITE DESIGN

950 WEST SANDTOWN ROAD
MARIETTA, GEORGIA 30064
(678) 483-0242



SEPTEMBER 17, 2021

ALCOHOL DISTANCE SURVEY

249 NORTH MAIN STREET
SUITE B

LOCATED IN: LAND LOT 240
13TH DISTRICT,
CLAYTON COUNTY, GEORGIA
CITY OF JONESBORO
SCALE: 1"=200FT
DATE: SEPTEMBER 17, 2021
PREPARED FOR:

BOBBY SHAH

21198