

# APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE

## CITY OF STONE MOUNTAIN, GEORGIA

Please read through the entire application before answering any questions. Every question must be answered fully and correctly. If the space provided is not sufficient, answer the questions on another sheet of paper and indicate that a separate sheet is attached. If a particular question does not apply to you, then answer "N/A" and if necessary explain why the question is not applicable to you. **Do not leave any questions blank.** When the form is completed, it must be dated, signed and verified under oath by the applicant and filed with the City Clerk of the City of Stone Mountain, Georgia together with all supporting documents, and a certified check or cash for Three Hundred Fifty Dollars and No/100 (\$350.00) which is non-refundable if the license is not granted. If the license is granted, this processing/investigative fee will be applied towards the first annual license issued.

Type of establishment: (Check one)

- ☒ Restaurant      ☐ Private Club      ☐ Hotel/Motel      ☐ Bed & Breakfast  
☐ Caterer      ☐ Convenience Store      ☐ Grocery Store      ☐ Wholesaler  
☐ Theater or Other Entertainment Establishments      ☐ Poolrooms & Billiard Parlors

Type of license applied for: (Check one)

**License Fee must be paid by certified check or cash within 30 days of approval**

- ☒ Retail consumption – Restaurant, Private Club, Bed & Breakfast, Caterer, Poolrooms & Billiard Parlors, Hotel/Motel, Theater or Other Entertainment Establishments (distilled spirits, malt beverages and wine)      \$2,800
- ☐ Retail consumption - Restaurant, Private Club, Bed & Breakfast, Caterer, Poolrooms & Billiard Parlors, Hotel/Motel, Theater or Other Entertainment Establishments (malt beverages and wine only)      \$ 500
- ☐ Retail dealer: Building size greater than 4,000 sq. ft. (beer and wine package sales only)      \$1,000
- ☐ Retail dealer: Building size 4,000 sq. ft. or less (beer and wine package sales only)      \$ 500
- ☐ Wholesale dealer (beer or wine)      \$ 200
- ☐ Transfer Fee (New Owner or Change in Licensee or Licensed Representative)      \$ 100
- ☐ Brew Pub      \$1,000
- ☐ Temporary license      \$ 50
- ☐ Temporary License Representative      N/C
- ☐ Business Relocation (No Change in Licensee or License Representative)      N/C

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Type of ownership: ☐ Individual ☐ Partnership ☐ Close Corporation  
(check one) ☒ Corporation ☐ Limited Liability ☐ Limited Partnership

WHAT COUNTY DOES THE LICENSEE RESIDE? \_\_\_\_\_

DeKalb

*If the licensee is a resident of either DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, will be named as the manager of the business and be on the premises on a regular basis, then the licensee may also be the license representative of the business.*

*If a separate individual must be named as the license representative, then the license representative shall be a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, be the manager of the business and be on the premises on a regular basis.*

**IF AN INDIVIDUAL, FULL NAME AND LEGAL RESIDENCE OF OWNER:**

NAME \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS (If different) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

Is this individual a U.S. Citizen? ☐ YES ☐ NO

If not, please provide the permanent alien registration # \_\_\_\_\_  
(A copy of the green card must be attached)

**IF A PARTNERSHIP, PROVIDE THE FOLLOWING:**  
(Please use a separate sheet if necessary)

Name, address & social security number of general partner(s):

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

Name, social security number, percent interest and legal address of all partners:

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

Are all of these stockholders U.S. Citizens? ☐ YES ☐ NO

If not, please provide the permanent alien registration # \_\_\_\_\_  
(A copy of the green card must be attached)

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**IF CLOSE CORPORATION:**

CLOSE CORPORATION NAME

STREET ADDRESS

MAILING ADDRESS (If Different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

NAME, SOCIAL SECURITY NUMBER, PER CENT INTEREST AND LEGAL ADDRESS OF ALL STOCKHOLDERS:

Are all of these stockholders U.S. Citizens?    ☐ YES    ☐ NO

If not, please provide the permanent alien registration # \_\_\_\_\_

(A copy of the green card must be attached)

**IF A CORPORATION:**

CORPORATION NAME

STREET ADDRESS

MAILING ADDRESS (If Different)

CITY, STATE, ZIP CODE

CITY, STATE, ZIP CODE

NAME OF REGISTERED AGENT FOR SERVICE OF PROCESS FOR THE CORPORATION

STREET ADDRESS

MAILING ADDRESS (If Different)

Monks Meadery Inc Road  
1312 Woodward 5379 E Mountain Rd  
Stone Mtn GA 30083  
Ju

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**IF LIMITED LIABILITY COMPANY:**

\_\_\_\_\_  
LIMITED LIABILITY COMPANY NAME

\_\_\_\_\_  
ADDRESS OF PRINCIPAL PLACE OF BUSINESS

NAME, ADDRESS & SOCIAL SECURITY NUMBER OF MANAGING MEMBER(S):

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

NAME, SOCIAL SECURITY NUMBER, PER CENT INTEREST AND LEGAL ADDRESS OF ALL MEMBERS:

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

Are all of these partners U.S. Citizens?    ☐ YES    ☐ NO

If not, please provide the permanent alien registration # \_\_\_\_\_  
*(A copy of the green card must be attached)*

NAME OF REGISTERED AGENT FOR SERVICE OF PROCESS FOR THE LIMITED LIABILITY COMPANY:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
MAILING ADDRESS (If Different)

\_\_\_\_\_  
CITY, STATE, ZIP CODE

\_\_\_\_\_  
CITY, STATE, ZIP CODE

**IF LIMITED PARTNERSHIP:**

\_\_\_\_\_  
LIMITED PARTNERSHIP NAME

\_\_\_\_\_  
ADDRESS OF PRINCIPAL PLACE OF BUSINESS



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NAME, ADDRESS & SOCIAL SECURITY NUMBER OF GENERAL PARTNER(S):


NAME, SOCIAL SECURITY NUMBER, PER CENT INTEREST AND LEGAL ADDRESS OF LIMITED PARTNERS:


Are all of these partners U.S. Citizens?    ☐ YES    ☐ NO

If not, please provide the permanent alien registration # \_\_\_\_\_  
*(A copy of the green card must be attached)*

NAME, OF REGISTERED AGENT FOR SERVICE OF PROCESS FOR THE LIMITED PARTNERSHIP

NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS (If Different) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

NAME OF LICENSEE:

NAME \_\_\_\_\_

MAILING ADDRESS (If Different) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

Is the registered agent a U.S. Citizen?    ☐ YES    ☐ NO

If not, please provide the permanent alien registration # \_\_\_\_\_  
*(A copy of the green card must be attached)*

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**NAME OF LICENSE REPRESENTATIVE (REQUIRED)**

*The license representative shall be a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County; be the manager of the business and be on the premises on a regular basis. The licensee can be the license representative if the licensee meets the same requirements as the license representative.*

Justin Schoendorf  
NAME

[REDACTED]  
STREET ADDRESS

[REDACTED]  
CITY, STATE, ZIP CODE

THE COUNTY YOU RESIDE

Is the license representative a U.S. Citizen? ☒ YES [ ] NO

If not, please provide the permanent alien registration # \_\_\_\_\_  
(A copy of the green card must be attached)

Is the above address the license representative's legal and bona fide place of domicile?  
☒ YES [ ] NO

**NAME AND LOCATION OF BUSINESS FOR WHICH APPLICATION IS MADE:**

Marks Meadery Inc  
NAME OF BUSINESS

5379 E Mountain Rd ST  
STREET ADDRESS

Stone Mountain GA 30083  
CITY, STATE, ZIP CODE

DO YOU CURRENTLY HOLD OR HAVE HELD WITHIN THE LAST 10-YEARS ANY OTHER ALCOHOL BEVERAGE LICENSE OTHER THAN ONE ISSUED BY STONE MOUNTAIN? ☒ YES [ ] NO

IF YES, WHERE AND IF THE LICENSE IS CURRENT, PROVIDE THE LICENSE NUMBER AND ISSUING AUTHORITY.

0167831 City of Atlanta  
License Number Issuing Authority

HAVE YOU RECEIVED, READ, AND UNDERSTAND THE CITY OF STONE MOUNTAIN BEVERAGE LICENSE ORDINANCE? ☒ YES [ ] NO

[Signature] [Signature]  
Licensee Signature License Representative Signature

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**VERIFICATION OF LICENSEE**

STATE OF GEORGIA, DeKalb COUNTY.

I, Justin Schwendorf, Licensee, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

*Justin Schwendorf*  
Applicant/Licensee Signature (Full Name in Ink)

I hereby certify that Justin Schwendorf signed his/her name to the  
(Full Name of Applicant/Licensee)

foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This 9th day of May, 20 24.

NOTARY PUBLIC

My Commission Expires: ~~01/31/2024~~ 01/31/2028

**REVIEWED**

By Danny Mai at 6:30 pm, Jun 03, 2024

*Danny P. Mai*



**VERIFICATION OF LICENSE REPRESENTATIVE**

STATE OF GEORGIA, \_\_\_\_\_ COUNTY.

I, \_\_\_\_\_, License Representative, do hereby swear subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions this application are true, and no false or fraudulent statement or answer is made herein to procure the granting of such license.

\_\_\_\_\_  
License Representative (Full Name in Ink)

I hereby certify that \_\_\_\_\_ signed his/her name to the  
(Full Name of License Representative)

foregoing application after stating to me that he/she knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that said statements and answers are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

[AFFIX SEAL]

AFFIDAVIT OF LICENSEE/LICENSE REPRESENTATIVE

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STATE OF GEORGIA, DeKalb COUNTY

The undersigned licensee hereby certifies that he/she (is not) (is) serving as licensee and the license representative of Marks Meadery Inc; that he/she is at least twenty one (21) years of age, (is not) (is) a resident of either DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, and (is not) (is) a manager of the business.

[Signature]  
SIGNATURE OF LICENSEE

Sworn to and subscribed before me, this

9th day of May, 2024.

[Signature]  
NOTARY PUBLIC

MY COMMISSION EXPIRES: 01/31/2028

[SEAL]



The undersigned license representative hereby certifies that he/she is serving as the license representative of \_\_\_\_\_; that he/she is at least twenty one (21) years of age, is a resident of DeKalb, Gwinnett, Fulton, Cobb, Rockdale, or Clayton County, and is a manager of the business.

\_\_\_\_\_  
SIGNATURE OF LICENSE REPRESENTATIVE

Sworn to and subscribed before me, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

MY COMMISSION EXPIRES:

[SEAL]



CONSENT FORM

I hereby authorize THE CITY OF STONE MOUNTAIN to receive any criminal history record information pertaining to me which may be in the files of any state and local criminal justice agency in Georgia via a fingerprinting process.

Justin Theris Schoendorf

Full Name Printed

[REDACTED]

Street Address

[REDACTED]

City, State, Zip

[REDACTED]

Sex

Race

Date of Birth

Social Security #

U.S. Citizen ☒ Yes

☐ No

(Attach proof, if applicable)

[Signature]

Signature

**NOTICE**

\*\*\*\*\*

Criminal justice agencies which disseminate criminal history records to private individuals and to public and private agencies shall advise all requestors that, if an employment or licensing decision adverse to the record subject is made, the record subject must be informed by the individual or agency making the adverse decision of all information pertinent to that decision. This disclosure must include information that a criminal history record check was made, the specific contents of the record, and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision is a misdemeanor. This disclosure requirement applies to criminal justice agencies when such agencies make employment or licensing decisions adverse to record subjects.

Danny P. Mai

NOTARY PUBLIC

May 9, 2024

DATE

MY COMMISSION EXPIRES:

[SEAL]





All Individuals Named in the Application Must Complete and Submit a 5-Year Background History Affidavit

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AFFIDAVIT  
5-YEAR BACKGROUND HISTORY

I, Justin Schoendorf, do hereby swear that I have not within 5 years prior to the date of this application been convicted or nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drug, has not entered a guilty plea, or been convicted of a felony or a misdemeanor of a crime opposed to decency and morality.

Applicants Signature

VERIFICATION

STATE OF GEORGIA, DeKalb COUNTY.

I, Justin Schoendorf, Licensee, do hereby subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.

Applicant's Signature (Full Name in Ink)

I hereby certify that Justin Schoendorf signed his/her name  
(Full Name of Applicant)

to the foregoing affidavit after stating to me that he/she knew and understood all statements made therein, and, under oath actually administered by me, has sworn that said statements are true.

This 9th day of May, 2024.

NOTARY PUBLIC



**AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION**  
**CITY OF STONE MOUNTAIN, GEORGIA**

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By executing this affidavit under oath, as an applicant for a City of Stone Mountain, Georgia Occupation Tax Certificate; Alcohol Beverage License; Taxicab, Limousines and Other Passenger-Carrying Vehicles License; Pawnbrokers License, Adult Entertainment License, Contract or Peddlers & Solicitors I am stating the following with respect to my application for a City of Stone Mountain, Georgia

**Check One:**

- ☐ Occupation Tax Certificate    ☒ Alcohol Beverage License    ☐ Pawnbrokers    ☐ Adult Entertainment  
☐ Taxicab, Limousines & Other Passenger-Carrying Vehicles    ☐ Contract    ☐ Peddlers & Solicitors

Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity:

Print Name: Justin Schoendorf    Date of Birth 12/20/1974

1) ☒ I am a United States citizen

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 year of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

***Alien Registration Number for Non-Citizens Issued by the Department of Homeland Security or other federal immigration agency.***

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 below:

***Other Identifying Number***

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. § 50-36-2(b)(3) 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 Code Section 16-10-20 of the Official code of Georgia and face criminal penalties as allowed by such criminal statute.

Signature of Applicant

Date

Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS

9<sup>th</sup> DAY OF

Notary Public

SEAL

My Commission Expires:





**CITY OF STONE MOUNTAIN POLICE DEPARTMENT  
CRIMINAL HISTORY CONSENT  
ALCOHOLIC BEVERAGE PRIVILEGE LICENSE  
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I, Justin Schoendorf, authorize the City of Stone Mountain Police Department to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in the State of Georgia and a criminal history record from the Georgia Crime Information Center. I understand that this information will be used to determine my eligibility to hold an Alcoholic Beverage Privilege License in the City of Stone Mountain. I acknowledge the personal information provided below is true and complete.

Justin Theris Schoendorf

FULL LEGAL NAME (No abbreviations)

DATE OF BIRTH

STREET ADDRESS

MAIDEN NAME (if applicable)

CITY, STATE, ZIP CODE

STATE / COUNTRY OF BIRTH

SOCIAL SECURITY NUMBER

DRIVERS LIC NUMBER / STATE

SEX

RACE

SIGNATURE

DATE OF AUTHORIZATION

**CERTIFICATION OF THE CHIEF OF POLICE**

☒ I hereby certify that the person named in the application has been investigated and found not to have within the 5 years prior to this date been convicted of nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages or illegal drugs including the offense of driving a motor vehicle under the influence of alcohol or drugs, has not entered a guilty plea, or been convicted of a felony or misdemeanor or a crime opposed to decency and morality.

☐ I hereby certify that the person named in this application has been investigated and found ineligible for an Alcoholic Beverage Privilege License.

SIGNATURE - CHIEF OF POLICE

DATE



**CITY OF STONE MOUNTAIN**  
**AFFIDAVIT**  
**POSTING OF SIGN ON PROPERTY**  
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Sign must be posted two (2) weeks prior to the week of the hearing date. See Section 3-30 (b) for the requirements of posting. If this affidavit is not submitted, the hearing will not be held.

I, Justin Schoendorf, do hereby swear that a sign announcing that an application for an alcoholic beverage license has been placed on the property located at 5379 E Mountain Rd, Stone Mountain GA, in accordance with Section 3-30 (b) of the Code of Ordinances of the City of Stone Mountain. This sign was erected the 17 day of May, 2024.

[Signature]  
Applicant's Signature

Business Name: Marks Meanderly DBA Java Vibe

**VERIFICATION**

State of Georgia, DeKalb County

I, Justin Schoendorf, Licensee, do hereby subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.

[Signature]  
Applicant's Signature (Full Name in Ink)

I hereby certify that Justin Schoendorf signed his/her name to the foregoing affidavit after stating to me that he/she knew and understood all statements made therein, and, under oath actually administered by me, has sworn that said statements are true.

This 9<sup>th</sup> day of May, 2024.

[Signature]  
Notary Public

My Commission Expires 01/31/28

(Affix Seal)

