

**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 \$ 100  
(New Owner or Change in Licensee or Licensed Representative)
- ☐ Brew Pub \$1,000
- ☐ Temporary license \$ 50
- ☐ Temporary License Representative N/C
- ☐ Business Relocation N/C  
(No Change in Licensee or License Representative)

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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 

 SOCIAL SECURITY # 

839 main st Stone  
STREET ADDRESS

Mountain 30083  
MAILING ADDRESS (If different)

G-7

DeKalb  
CITY, STATE, ZIP CODE

30083  
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)

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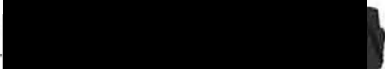
+ OMMA holding, LLC

IF LIMITED LIABILITY COMPANY:

OMMA holding, LLC  
LIMITED LIABILITY COMPANY NAME

839 main St Stone Mountain 30083 GA  
ADDRESS OF PRINCIPAL PLACE OF BUSINESS

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

G. B. Hendon, medicaid ss   
839 main St Stone Mountain 30083 GA

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):

Gibriel Medina  
839 main St Stone Mountain  
30083 HSS. [REDACTED]

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.*

G. B. Remdin medina  
NAME

839 main St Stonemountain  
STREET ADDRESS

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:**

Village Bottle Shop  
NAME OF BUSINESS

839 main St  
STREET ADDRESS

Stonemountain 30083 GA  
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.

055015973  
License Number Issuing Authority

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

G. B. Remdin medina  
Licensee Signature License Representative Signature

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VERIFICATION OF LICENSEE

STATE OF GEORGIA, DeKalb COUNTY.

I, Gibiremdin medhina, 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.

Gibiremdin medhina  
Applicant/Licensee Signature (Full Name in Ink)

I hereby certify that Gibiremdin Medhina 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 Jan day of 09, 20 24

NOTARY PUBLIC Danny P. Mai

My Commission Expires: 01/31/2028

[AFFIX SEAL]



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 G.B. Reading Media 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.

G.B. Reading Media Inc.  
SIGNATURE OF LICENSEE

Sworn to and subscribed before me, this

Jan day of 09, 2024

Danny P. Mai  
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.

Gib Rendin medhina  
Full Name Printed

839 main St Stone Mountain 30083 GA  
Street Address

Stone Mountain 30083  
City, State, Zip

M Sex      Hispanic Race      [REDACTED] Date of Birth      [REDACTED] Social Security #

U.S. Citizen Yes No  
(Attach proof, if applicable)

Gib Rendin medhina  
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 Phi Mai  
NOTARY PUBLIC

06.10.2024  
DATE

MY COMMISSION EXPIRES: 01/31/2028

[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, Gibirendin medehina, 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.

Gibirendin medehina  
Applicants Signature

**VERIFICATION**

STATE OF GEORGIA, DeKalb COUNTY.

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

Gibirendin medehina  
Applicant's Signature (Full Name in Ink)

I hereby certify that Gibirendin medehina 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 10<sup>th</sup> day of June, 2024

NOTARY PUBLIC

Danny Phi Mai



MY COMMISSION EXPIRES: 01/31/2028

[SEAL]



**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: G.B. Barendin medhina Date of Birth: [REDACTED]

1) Yes 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.

G.B. Barendin medhina  
Signature of Applicant

06 10 2024  
Date

G.B. Barendin medhina  
Printed

SUBSCRIBED AND SWORN BEFORE ME ON THIS 10<sup>th</sup> DAY OF June 2024

Danny Phi Mai  
Notary Public

My Commission Expires: 01/31/2028

SEAL





**CITY OF STONE MOUNTAIN POLICE DEPARTMENT  
CRIMINAL HISTORY CONSENT  
ALCOHOLIC BEVERAGE PRIVILEGE LICENSE  
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I, Gib Rendin, 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.

Gib Rendin medina  
FULL LEGAL NAME (No abbreviations)

[REDACTED]  
DATE OF BIRTH

839 main st stone mountain  
STREET ADDRESS

[REDACTED]  
MAIDEN NAME (if applicable)

GA - 30083  
CITY, STATE, ZIP CODE

GA  
STATE / COUNTRY OF BIRTH

[REDACTED]  
SOCIAL SECURITY NUMBER

055015973  
DRIVERS LIC NUMBER / STATE

ML  
SEX

Blk  
RACE

medina Gib Rendin  
SIGNATURE

06/10/2024  
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]  
SIGNATURE - CHIEF OF POLICE  
6/10/24  
DATE

**CITY OF STONE MOUNTAIN**  
**NOTICE OF APPLICATION ADVERTISEMENT**  
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**Section 3-30**

All persons applying for a license under the terms of this ordinance shall give notice of that application by placing a notice in the City legal organ (The Champion) for two (2) consecutive weeks prior to the week when the application shall be heard by the City Council. An affidavit from the publisher of said legal organ shall be filed with the City Clerk prior to the hearing. **(The Champion – 404-373-7779 – Press 4 for Legal Advertising)**

Said notice shall contain the location of the proposed business, names of all persons as they appear on the application as required by Section 3-22 of this ordinance, and the date and time the City Council will hear the application. The advertisement shall be the type used for legal ads in the legal organ of the City, and the notice referred to shall be in the following form:

**NOTICE OF APPLICATION FOR RETAIL  
LICENSE TO SELL ALCOHOLIC BEVERAGES**

G. B. Hendrix has/have made application to the Council of the City of Stone Mountain for a retail license to sell alcoholic beverages at the following location:  
City Hall, 815 Main Street, Stone Mountain, GA 30038  
The application will be heard by City Council at a public hearing to be held at \_\_\_\_\_  
o'clock 6:30 pm. on the 2nd day of July, 2024.  
Signed G. B. Hendrix  
Licensee

*Note: Names of the individual, general partners, corporation, licensee and license representative must be shown.*

Those applying for a license shall place signs upon the location of the proposed business. Said signs shall read as follows:

“Alcohol beverage license applied for. Hearing before City Council of the City of Stone Mountain, Georgia on the 2nd day of July, 2024.”

The applicant shall post the signs described above on the location of the proposed business for two (2) weeks prior to the week of the hearing. Each sign shall be obtained from the City, and the applicant shall pay of fee of \$25.00 per sign. Each sign shall face toward all public or private property adjoining the proposed location. Such signs shall be placed where they can be easily seen from all public or private property adjoining the proposed location. An affidavit from the applicant certifying posting shall be filed with the City Clerk prior to the hearing.

This subsection does not apply when application is made for a license transfer pursuant to Section 3-34 of this ordinance.

**CITY OF STONE MOUNTAIN**  
**AFFIDAVIT**  
**POSTING OF SIGN ON PROPERTY**  
**PAGE 14**

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, Gibirendin medhina, do hereby swear that a sign announcing that an application for an alcoholic beverage license has been placed on the property located at 839 main St Stone Mountain 30083 in accordance with Section 3-30 (b) of the Code of Ordinances of the City of Stone Mountain. This sign was erected the 20th day of June, 2024.

Gibirendin medhina  
Applicant's Signature

Business Name: Wine Bottle Shop

**VERIFICATION**

State of Georgia, DeKalb County

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

Gibirendin medhina  
Applicant's Signature (Full Name in Ink)

I hereby certify that Medhina Gibirendin 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 20th day of June, 2024.

[Signature]  
Notary Public

My Commission Expires 1/4/2027

