

JAN 20 2026 PM 4:55

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE  
CITY OF STONE MOUNTAIN, GEORGIA

PAGE 2

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

THIS ↑

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:

JONATHAN HARTNETT 253-67-2059  
NAME SOCIAL SECURITY #

1766 MOUNTAIN GLEN \_\_\_\_\_  
STREET ADDRESS MAILING ADDRESS (if different)

STONE MOUNTAIN GA 30087 \_\_\_\_\_  
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)

**APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE  
CITY OF STONE MOUNTAIN, GEORGIA  
PAGE 3**

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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)*

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**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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APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE  
CITY OF STONE MOUNTAIN, GEORGIA  
PAGE 4

IF LIMITED LIABILITY COMPANY:

LIVE OAK TAP LLC

LIMITED LIABILITY COMPANY NAME

947 MAIN STREET, STONE MOUNTAIN GA 30083

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

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

JONATHAN HARTNETT 253-67-2059

1706 MOUNTAIN GLEN STONE MOUNTAIN GA 30087

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

JONATHAN HARTNETT 253-67-2059 100%

1706 MOUNTAIN GLEN, STONE MOUNTAIN Ga. 30087

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:

JONATHAN HARTNETT

NAME 1706 MOUNTAIN GLEN

STONE MOUNTAIN GA 30087

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

**APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE  
CITY OF STONE MOUNTAIN, GEORGIA  
PAGE 5**

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)*

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE  
CITY OF STONE MOUNTAIN, GEORGIA  
PAGE 6

**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.*

JONATHAN HARTNETT  
NAME

1766 Mountain Glen  
STREET ADDRESS

STONE MOUNTAIN Ga 30087      DEKALB  
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:**

LIVE OAK TAP  
NAME OF BUSINESS

947 MAIN STREET  
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.

CITIZEN ROSE      STONE MOUNTAIN  
STONE MOUNTAIN BBQ      LLC  
License Number      Issuing Authority

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

[Signature]      \_\_\_\_\_  
Licensee Signature      License Representative Signature

N

APPLICATION FOR ALCOHOLIC BEVERAGE PRIVILEGE LICENSE  
CITY OF STONE MOUNTAIN, GEORGIA  
PAGE 7

VERIFICATION OF LICENSEE

STATE OF GEORGIA, DEKALB COUNTY.

I, JONATHAN HARTNETT, 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.

[Signature]  
Applicant/Licensee Signature (Full Name in Ink)

I hereby certify that JONATHAN HARTNETT signed his/her name to the 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 21<sup>st</sup> day of FEB, 20 25.

[Signature]  
NOTARY PUBLIC

My Commission Expires: June 29, 2025

[AFFIX SEAL]

**COREY EATON**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires June 29, 2025

VERIFICATION OF LICENSE REPRESENTATIVE

STATE OF GEORGIA, DEKALB COUNTY.

I, JONATHAN HARTNETT, 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.

[Signature]  
License Representative (Full Name in Ink)

I hereby certify that Jonathan Hartnett signed his/her name to the 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 21<sup>st</sup> day of February, 20 25.

[Signature]  
NOTARY PUBLIC

My Commission Expires: June 29, 2025

[AFFIX SEAL]

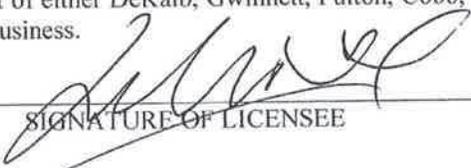
**COREY EATON**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires June 29, 2025

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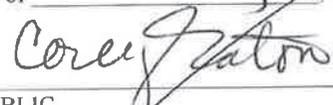
**AFFIDAVIT OF LICENSEE/LICENSE REPRESENTATIVE**  
**PAGE 8**

STATE OF GEORGIA, DEKALB COUNTY

The undersigned licensee hereby certifies that he/she (is not) (is) serving as licensee and the license representative of JONATHAN HARTNETT; 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 OF LICENSEE

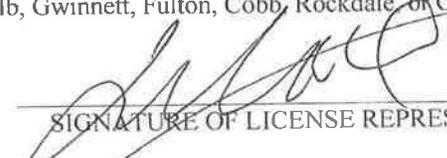
Sworn to and subscribed before me, this  
21<sup>st</sup> day of February, 2025.

  
NOTARY PUBLIC

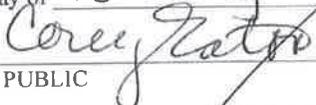
MY COMMISSION EXPIRES June 29, 2025  
[SEAL] 

COREY EATON NOTARY PUBLIC DeKalb County State of Georgia My Comm. Expires June 29, 2025
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The undersigned license representative hereby certifies that he/she is serving as the license representative of JONATHAN HARTNETT; 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  
21<sup>st</sup> day of February, 2025.

  
NOTARY PUBLIC

MY COMMISSION EXPIRES June 29, 2025  
[SEAL] 

COREY EATON NOTARY PUBLIC DeKalb County State of Georgia My Comm. Expires June 29, 2025
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N

All Individuals Named in the Application Must Submit and Complete a Consent Form  
PAGE 9

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.

JONATHAN AKIRA HARTNETT  
Full Name Printed

1766 MOUNTAIN GLEN  
Street Address

STONE MOUNTAIN GA 30087  
City, State, Zip

M Sex      Mixed Race      07/28/1979 Date of Birth      253-67-2059 Social Security #

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

Signature [Handwritten 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.

Corey Eaton  
NOTARY PUBLIC

2/21/2025  
DATE

MY COMMISSION EXPIRES: June 29, 2025

[SEAL]

**COREY EATON**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires June 29, 2025

N

All Individuals Named in the Application Must Complete and Submit a 5-Year Background History Affidavit  
**PAGE 10**

**AFFIDAVIT**  
**5-YEAR BACKGROUND HISTORY**

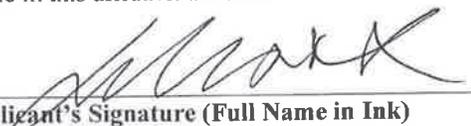
I, JONATHAN HARTNETT, do hereby swear that I have not within 5 years prior to the date of this application been convicted or nor entered a plea of nolo contendere to any felony, misdemeanor, or charge related to the sale, manufacture, distribution, taxability, possession or use of alcoholic beverages 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.

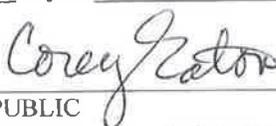
I, JONATHAN HARTNETT, Licensee, do hereby subject to criminal penalties for false swearing, that the statements made by me in this affidavit are true.

  
Applicant's Signature (Full Name in Ink)

I hereby certify that Jonathan Hartnett 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 21<sup>st</sup> day of February, 20 25.

  
NOTARY PUBLIC

**COREY EATON**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires June 29, 2025

N

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

PAGE 11

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: JONATHAN HARTNETT    Date of Birth 07/28/1979

1) X 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:**

GEORGIA STATE DRIVERS LICENSE

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]  
Signature of Applicant

2/21/2025  
Date

JONATHAN HARTNETT  
Printed Name

SUBSCRIBED AND SWORN BEFORE ME ON THIS 21<sup>st</sup> DAY OF February, 20 25

Corey Eaton  
Notary Public  
My Commission Expires: June 29, 2025

SEAL

**COREY EATON**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires June 29, 2025



**CITY OF STONE MOUNTAIN POLICE DEPARTMENT  
CRIMINAL HISTORY CONSENT  
ALCOHOLIC BEVERAGE PRIVILEGE LICENSE  
PAGE 12**

I, JONATHAN HARTNETT, 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.

<u>JONATHAN AKIRA HARTNETT</u>	<u>07/28/1979</u>
FULL LEGAL NAME (No abbreviations)	DATE OF BIRTH
<u>1766 MOUNTAIN GLEN</u>	MAIDEN NAME (if applicable)
STREET ADDRESS	<u>CA / USA</u>
<u>STONE MOUNTAIN GA 30087</u>	STATE / COUNTRY OF BIRTH
CITY, STATE, ZIP CODE	<u>M</u> <u>MULTI-racial</u>
<u>253-67-2059</u>	SEX RACE
SOCIAL SECURITY NUMBER	<u>053236776 / GA</u>
	DRIVERS LIC NUMBER / STATE

*Jonathan Hartnett*  
SIGNATURE  
2/20/2025  
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.

*Major SE Paul #101*  
SIGNATURE - CHIEF OF POLICE *Designee*  
01/21/2026  
DATE

Christine  
@ 2015  
- Champ. com

**CITY OF STONE MOUNTAIN**  
**NOTICE OF APPLICATION ADVERTISEMENT**  
**PAGE 13**

**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**

JONATHAN HARTNETT, 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:

947 MAIN STREET, STONE MOUNTAIN GA 30083

The application will be heard by City Council at a public hearing to be held at \_\_\_\_\_ o'clock \_\_\_\_\_ m. on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signed   
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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.”

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.

N

**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, JONATHAN HARTNETT, do hereby swear that a sign announcing that an application for an alcoholic beverage license has been placed on the property located at 947 MAIN STREET, STONE MTN GA 30083, in accordance with Section 3-30 (b) of the Code of Ordinances of the City of Stone Mountain. This sign was erected the 15<sup>th</sup> day of MARCH, 2025.

[Signature]  
Applicant's Signature

Business Name: LIVE OAK TAP

**VERIFICATION**

State of Georgia, DEKALB County

I, JONATHAN HARTNETT, 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 Jonathan Hartnett 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 21<sup>st</sup> day of February, 2025.

[Signature]  
Notary Public

My Commission Expires June 29, 2025

(Affix Seal)

**COREY EATON**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires June 29, 2025

### 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**

ONLY THIS ->

- 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

N

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

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: JONATHAN HARTNETT                      Date of Birth 07/28/1979

1) Y I am a United States citizen

**OR**

2) \_\_\_\_\_ I am a legal permanent resident 18 years 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:***

GEORGIA DRIVERS LICENSE

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

JONATHAN HARTNETT

Printed Name

Date

2/21/2025

SUBSCRIBED AND SWORN BEFORE ME ON THIS 21<sup>st</sup> DAY OF February, 2025

Notary Public

My Commission Expires: June 29, 2025

SEAL

**COREY EATON**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires June 29, 2025

CITY OF STONE MOUNTAIN

W

Owner/Applicant Information

I, hereby, affirm that I am either the owner or legal lessee of the aforementioned business property and that I will be occupying an existing commercial development with the same use or similar use as determined by the City of Stone Mountain Office of Building Administration.

The existing tenant space is 5,000 square feet or less and the proposed use is Business or Mercantile. I have made no changes in any way (i.e., any gas, mechanical, plumbing and/or electrical work, load bearing, non-load bearing walls, exits, etc.) apart from paint or other finishes.

I understand that if I wish to make structural or other types of changes, I (or my contractor) is to submit plans/or apply for building and/or trade service permits with the Office of Building Administration. I also understand that if I wish to change the type of business, I am to submit a Zoning Certification Request to the Administrative Office.

I understand that a life safety inspection will be conducted of my business. The inspector may discover safety violations that will need to be corrected and re-inspected prior to any certificate of occupancy being issued. I also understand that the inspector may find violations such that I will be required to submit plans and obtain an additional permit to correct the violations. If it is determined that the actual use is not consistent with the information provided, this application shall be considered null and void.

I hereby affirm that the information provided is true and accurate. I, hereby, affirm that approval of this application does not constitute approval for any other permit that may be required by the City or other agency having jurisdiction.

Signature [Handwritten Signature]

Printed Name of Tenant/Owner JONATHAN HARTNETT

Sworn to and subscribed before me this 21<sup>st</sup> day of FEB, 2025

Notary Signature [Handwritten Signature: Corey Eaton]

My Commission Expires June 29, 2025

**COREY EATON**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires June 29, 2025  
(Seal)

Official Office Use Only

Zoning \_\_\_\_\_ Construction Type \_\_\_\_\_ Occupancy Load \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City Clerk Signature \_\_\_\_\_

Date \_\_\_\_\_

Goggans, Stutzman, Hudson, Wilson & Mize, LLP  
 ALTA Universal ID: 946240  
 2921 Piedmont Road Northeast  
 Suite B  
 Atlanta, GA 30305  
 (404) 207-1620

ALTA Combined Settlement Statement

<b>File #:</b>	4-100762-GA	<b>Property</b>	947 Main Street	<b>Settlement Date</b>	01/31/2025
<b>Print Date &amp; Time:</b>	01/30/2025 at 10:06 AM		Stone Mountain, GA 30083	<b>Disbursement Date</b>	01/31/2025
	EST	<b>Buyer</b>	David Downs, Stephen		
<b>Attorney:</b>	Kirsten Howard		Weslee Knapp, and Jonathan		
<b>Settlement Location:</b>	2921 Piedmont Road		Hartnett		
	Northeast		947 Main Street		
	STE B		Stone Mountain, GA 30083		
	Atlanta, GA, 30305	<b>Seller</b>	Rory Webb and Jeff Carey		
			1130 Ridge Ave		
			Stone Mountain, GA 30083		
		<b>Lender</b>	Rory Webb and Jeff A. Carey		
			1130 Ridge Ave		
			Stone Mountain, GA 30083		

Seller			Buyer	
Debit	Credit		Debit	Credit
		<b>Financial</b>		
	\$350,000.00	Sale Price of Property	\$350,000.00	
		Deposit		\$5,000.00
		Loan Amount		\$150,000.00
\$150,000.00		Seller Finance Loan Amount		
		<b>Prorations/Adjustments</b>		
\$200.09		County Taxes 01/01/2025 to 01/31/2025		\$200.09
		<b>Loan Charges</b>		
		Prepaid Interest (\$8.20 per day from 01/31/2025 to 02/01/2025)	\$8.20	
		<b>Payoff(s)</b>		
\$15,490.03		Payoff to Jim McCurdy		
		<b>Government Recording and Transfer Charges</b>		
		Recording Fees	\$50.00	
		---Deed: \$25.00		
		---Mortgage: \$25.00		
		e-Recording Fee(s) to Dekalb County Clerk of Superior Court	\$10.50	
		Georgia Intangibles Tax (Security Deed) EXEMPT		
		Transfer Tax (Warranty Deed) to Dekalb County Clerk of Superior Court	\$350.00	
		<b>Title Charges &amp; Escrow / Settlement Charges</b>		
		Title - CertifID Processing Fee to Goggans, Stutzman, Hudson, Wilson & Mize, LLP	\$4.95	
		Title - Document Preparation Fee to Goggans, Stutzman, Hudson, Wilson & Mize, LLP	\$200.00	
		Title - e-Recording Transaction Fee to Goggans, Stutzman, Hudson, Wilson & Mize, LLP	\$10.00	
\$120.00		Title - Payoff Services to Goggans, Stutzman, Hudson, Wilson & Mize, LLP		
		Title - Settlement Fee to Goggans, Stutzman, Hudson, Wilson & Mize, LLP	\$350.00	
		Title - Title Exam to Traditional Title Services, LLC	\$400.00	
		Title - Owner's Title Policy to Stewart Title Guaranty Company	\$2,093.00	

Seller			Buyer	
Debit	Credit		Debit	Credit
\$165,810.12	\$350,000.00	<b>Subtotals</b>	\$353,476.65	\$155,200.09
		Due from Buyer		\$198,276.56
\$184,189.88		Due to Seller		
\$350,000.00	\$350,000.00	<b>Totals</b>	\$353,476.65	\$353,476.65

## CITY OF STONE MOUNTAIN

### Move-In As-Is Affidavit

This form is applicable for tenant spaces 3,000 square feet or less  
(Business or Mercantile only)

*Please check the appropriate box*

- Change in ownership without Renovation (Name Change):** The business is changing ownership without any renovations to the interior or exterior of the property including changes to finishes. The business and use stay the same.
- Change in ownership with Changes to Finish Only:** The business is changing owners and changes to only the finishes are required. The business and use stay the same.
- Change in Occupant with Changes to Finish Only or No Changes:** The property is changing from one business to another. The new business is similar in use to that previously approved for the property or structure. Any changes to the space are limited to finishes only. A change in use will only be permitted under this affidavit where the new use is similar to the use of the previously approved tenant, as determined by review conducted by staff from the Office of the Building Administration.

#### Applicant Information

Name:

JONATHAN HARNETT

Address:

947 MAIN STREET

City:

STONE MOUNTAIN GA

State:

Zip Code:

30083

Phone Number: 678-388-5550

E-mail:

jona.kira@gmail.com

Business Name:

LIVE OAK TAP

Address:

947 MAIN STREET

City:

STONE MOUNTAIN GA

State:

Zip Code:

30083

Tenant Square Footage:

1475

Occupancy Classification:

40

Sprinkler

Yes

No

Fire Alarm

Yes

No

Business Description:

Restaurant with DINING and BAR seating. 40 seats

#### Optional Information - Provide If Known

Previous Business Name:

STONE MOUNTAIN PUBLIC HOUSE

Building Square Footage:

1475

W

**Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

**Section 1. Please check only one:**

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

\*\*\* If you select Section 1(A), please fill out Section 2 and then execute below.

(B) X On January 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

\*\*\* If you select Section 1(B), please skip Section 2 and execute below.

**Section 2.**

**The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:**

\_\_\_\_\_  
Name of Private Employer

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on 21<sup>st</sup>, 21<sup>st</sup>, 2025 in \_\_\_\_\_ (city), GA (state).

Jonathon Harnick  
Signature of Authorized Officer or Agent

JONATHAN HARNICK  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE 21<sup>st</sup> DAY OF February, 2025

Corey Eaton  
NOTARY PUBLIC  
My Commission Expires: June 29, 2025

**COREY EATON**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires June 29, 2025

<sup>1</sup> To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.



MVR Results as of 24-Feb-2025 Request Type: Individual  
Letter ID: L1197904408

JONATHAN AKIRA HARTNETT  
1766 MOUNTAIN GLN  
STONE MOUNTAIN GA 30087-1727

DOB: 28-Jul-1979  
License Number: 053236776  
Gender: Male  
Height: 5' 8  
Weight: 150

Documents Issued

License Class CM                      Type: Regular  
Issued: 14-Jan-2025                  Restrictions: None  
Expires: 28-Jul-2030

Non-Commercial Privilege:          Valid  
Commercial Privilege:                Not Licensed  
Limited Permit:                         NA  
Current Points:                         0  
Original Issue Date:                    10-Sep-1994

Driver History  
Years Requested: 7

Citation(s)

OCGA: 40672B  
Description: Failure to obey stop sign  
Violation Date: 06-Oct-2020  
Accident Involved: No  
Commercial Vehicle: No  
Hazardous Material: No  
Court: GA044081J - Avondale Estates Municipal Court  
Disposition Date: 05-Nov-2020  
Disposition: Nolo Contendere  
Points: 3  
Jurisdiction: GA

OCGA: 40672B  
Description: Failure to obey stop sign  
Violation Date: 19-Mar-2019  
Accident Involved: No  
Commercial Vehicle: No  
Hazardous Material: No  
Court: GA044041J - Decatur Municipal Court  
Disposition Date: 19-Sep-2019  
Disposition: Bond Forfeiture  
Points: 3  
Jurisdiction: GA

**OCGA: 40671**

**Description:** Failure to yield right of way, turning

**Violation Date:** 19-Dec-2018

**Accident Involved:** Yes

**Commercial Vehicle:** No

**Hazardous Material:** No

**Court:** GA044041J - Decatur Municipal Court

**Disposition Date:** 13-Mar-2019

**Disposition:** Bond Forfeiture

**Points:** 3

**Jurisdiction:** GA

**OCGA: 40672B**

**Description:** Failure to obey stop sign

**Violation Date:** 04-Jun-2018

**Accident Involved:** No

**Commercial Vehicle:** No

**Hazardous Material:** No

**Court:** GA044041J - Decatur Municipal Court

**Disposition Date:** 30-Jul-2018

**Disposition:** Nolo Contendere

**Points:** 0

**Jurisdiction:** GA

**OCGA: 40610**

**Description:** Failure to maintain insurance

**Violation Date:** 04-Jun-2018

**Accident Involved:** No

**Commercial Vehicle:** No

**Hazardous Material:** No

**Court:** GA044041J - Decatur Municipal Court

**Disposition Date:** 30-Jul-2018

**Disposition:** Nolo Contendere

**Points:** 0

**Jurisdiction:** GA

\*\*\*\*\* No Withdrawal information was found on this individual. \*\*\*\*\*

Pursuant to order of the Commissioner, Department of Driver Services the undersigned is designated as an official custodian of the Department of Driver Services Records: as such I hereby certify that this is a true and correct copy of the original or duplicate original as appears in the records of the Department of Driver Services.

Date 02.25.2025 Signed Susan Davis

\*\*\*\*\* THIS CONCLUDES INFORMATION IN THE RECORDS FOR THIS DRIVER. \*\*\*\*\*

CITY OF STONE MOUNTAIN  
770-498-8984

REC#: 00029179      1/21/2026      2:27 PM  
OPER: CJ      TERM: 006  
REF#: 5304401902  
PAID BY: LIVE OAK TAP

TRAN: 103.0000      LIQUOR,B & W LICENSE  
LIVE OAK TAP  
01 -3000.32.1130  
Liquor Licenses      2,800.00CR

TENDERED:      2,800.00      CHECK  
APPLIED:      2,800.00-

CHANGE:                                0.00

THANK YOU FOR YOUR BUSINESS