

Business Name:

2/6/24: Applicant uploaded
to statuportal
Confirm# 1-390-504-
904



Community Development Dept.
4488 Pineview Drive
Powder Springs, GA 30127
commdev@cityofpowdersprings.org
770-943-1666

Alcoholic Beverage License Application

Deadline for Objections

Consideration Date

Section A

Business Name	Havana Haven	Business Address	4093 Marietta St SW Powder Springs GA
Type of Business	Restaurant/Lounge	EIN	[REDACTED]
Business Email	havanahavenlounge@gmail.com	Business Phone	[REDACTED]
Applicant Name	Edward Dullas	Applicant SSN	[REDACTED]
Applicant Phone	[REDACTED]		
Ownership Type	<input checked="" type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	Publicly Traded Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business Type (select all that apply)	<input type="checkbox"/> Liquor Package <input type="checkbox"/> Beer Packag <input type="checkbox"/> Wine Package <input checked="" type="checkbox"/> Liquor Pouring <input checked="" type="checkbox"/> Beer Pouring <input checked="" type="checkbox"/> Wine Pouring <input type="checkbox"/> Wholesaler		

Alcoholic Beverage License Fee. Select All That Apply

Description	License Fee: Beer	Wine	Spirituous	Fee Due
New Applicant <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Date:	\$500.00 <input checked="" type="checkbox"/>			500.
Special Event Facility	\$250.00 <input type="checkbox"/>			
Brewery	\$500.00 <input type="checkbox"/>			
Sunday Sales	\$500.00 <input type="checkbox"/>			
Alcohol Package	\$400.00 <input type="checkbox"/>	\$400.00 <input type="checkbox"/>	\$1000.00 <input type="checkbox"/>	
Alcohol Pouring	\$400.00 <input checked="" type="checkbox"/>	\$400.00 <input checked="" type="checkbox"/>	\$3500.00 <input checked="" type="checkbox"/>	4300.
Alcohol Wholesale	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	
TOTAL DUE:				4800.

Licensee Required Actions. Checklist

Description	Initials
Date of Meeting:	
Notification Ads scheduled to run on the following dates: _____ and _____	
Ad Fee Paid	
Notification Letter	



eStore Payment Receipt
Powder Springs, GA
4484 Marietta Street
Powder Springs, Georgia 30127
Office: 770-943-8001

Order ID: 218725

Payment Type/Last 4 of CC: Visa-4336

Payment Method: WEB

Items Ordered

Office	Product	Ship	Price	Qty	Sales Tax	Subtotal
Alcohol	Processing Application [Business Name : Havana Haven, Business Physical Address : 4093 Marietta Street SW]		\$500.00	1		\$500.00

Customer Name:	Edward Dallas
Payor Name:	Edward Dallas
Billing Address:	5007 Crider Creek Dr
City/State/Zip:	Powder Springs, GA 30127
Phone #:	678-693-0628
Email:	havanahavenlounge@gmail.com
Payment Date:	02/02/2024 5:36:05 PM
Payment Clerk:	
Confirmation #:	29180114

Thank you for your payment. You will see two transactions on your card related to your payment:

- 1) eStore billed by Powder Springs, GA
- 2) Service Fee billed by GovernmentWindow

Order Amount:	\$500.00
Service Fee Amount:	\$15.00
Total Paid:	\$515.00

-- CUSTOMER COPY --

Business Name:

Section B

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

1. List full name, date of birth, social security number, address, and percentage of ownership for each individual or board member or corporate officer, including all owners, all partners including "limited" and "silent" partners, and any other person or entity having any vested interest in this application. (Attach any document indicating ownership, direct, indirect, or by default.)

Name	Position	Address	DOB	SSN	%
[Redacted]					

2. Does the licensee, partner, or any owner have any other vested interest in any other Alcohol Beverage License in the Georgia?

No ☒ Yes ☐ If yes, give complete names and address: _____

3. List all other businesses engaged in the sale of distilled spirits that you the licensee or any other owner listed in question 1 have any interest in or is associated with in any way whatsoever.

Name	Business Name	Business Address	%
None			

4. List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, sisters, step-brothers, step-sisters, brothers-in-law, sisters-in-law, children, and step children, if such relatives are related to the licensee or any owner and have, or have had in the past any license or any financial or ownership interest whatsoever in any business dealing in alcoholic beverages.

Name	Relationship	Business Name	Business Address	%
None				

Business Name:

Section B

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

5. List the full name and address of every owner of the property or building where this business is to be conducted.

Name Property Owner	Address	Relationship to Applicant / Other Owners
Devagupathapu LLC	[REDACTED]	Landlord/Owner

6. List the full name and address of every lessor and sub-lessor of the property where the business is to be conducted.

Name lessor / sub-lessor	Address	Relationship to Applicant / Other Owners
None		

7. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this location?

No ☒ Yes ☐ If yes, give the name of the business, date closed, and reason for closing: _____

8. [REDACTED]

9. [REDACTED]

10. [REDACTED]

11. [REDACTED]

12. Name the person(s) that will be manager of the business, state how they will be compensated, and % ownership interest if any.

[REDACTED]

13. Provide the following information for the person or firm responsible for preparing and maintaining the financial and tax records.

Accountant or CPA Name	Address	Phone
[REDACTED]		

Business Name:

Section B

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

14. Have you (the applicant/licensee/owner), your spouse, or any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, city government, or other governmental authority?

No: ☒ Yes: _____ If yes, give full details: _____

15. Have you, (the applicant/licensee/owner), or any person having any interest in this business, ever been detained, arrested, indicted, or convicted of any offense, by any federal, state, county, city government, or other governmental authority?

No: _____ Yes: ☒ If yes, give full details: Chasandra Dallas - Arrested for Driving
W/ suspended license + no insurance. Fought in jail
and fine, complete all requirements.

16. Is the property / building / suite for the business location leased?

No: _____ Yes: ☒ If yes, what is the amount, frequency and form of payment? _____

Electronically paid. Monthly.

17. How is the proposed property location zoned? _____ If this is an application for an original license attach hereto proof of adequate parking facilities of one (1) parking space for each two hundred (200) square feet of total floor space within the building in conformance with the Zoning Ordinance and regulations of the city.
18. Please attach a survey showing distances to all buildings within a 600' radius of the business location. ☐
19. Submit plans and renderings of premises. ☐
20. Submit a copy of warranty deed or lease agreement. ☐

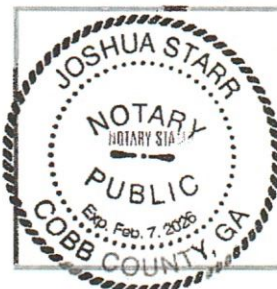
I declare the foregoing statements in Sections A and B are true and correct. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that that I will notify the City of Powder Springs Community Development Department of any changes affecting my status and/or position with the business associated with this license.

Executed in Powder Springs (City), Georgia (State).

Signature of Applicant: [Signature] Printed Name of Applicant: Eden M. [Signature] Date: 2-2-24

Subscribed and sworn before me this 2nd day of Feb month, 2024.

Signature of Notary Public: [Signature] Name of Notary Public: Joshua Starr My Commission Expires: 02/07/2026



Business Name:

Section B

(Info Only #15) Additional page

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

14. Have you (the applicant/licensee/owner), your spouse, or any person having any interest in this business or their spouse ever had any interest in any business, ever been a licensee, or ever been an officer in any business that was cited, had an employee of any business cited, detained, arrested, indicated, or convicted for any offense by any federal, state, county, or city government or has any business been warned or had any license placed on probation, denied, suspended, or revoked by any federal, state, county, city government, or other governmental authority?

No: ☒ Yes: ☐ If yes, give full details: _____

15. Have you, (the applicant/licensee/owner), or any person having any interest in this business, ever been detained, arrested, indicted, or convicted of any offense, by any federal, state, county, city government, or other governmental authority?

16. Is the property / building / suite for the business location leased?

No: ☐ Yes: ☒ If yes, what is the amount, frequency and form of payment? _____

17. How is the proposed property location zoned? Commercial If this is an application for an original license attach hereto proof of adequate parking facilities of one (1) parking space for each two hundred (200) square feet of total floor space within the building in conformance with the Zoning Ordinance and regulations of the city.

18. Please attach a survey showing distances to all buildings within a 600" radius of the business location. ☒

19. Submit plans and renderings of premises. ☒

20. Submit a copy of warranty deed or lease agreement. ☒

I declare the foregoing statements in Sections A and B are true and correct. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that that I will notify the City of Powder Springs Community Development Department of any changes affecting my status and/or position with the business associated with this license.

Executed in Powder Springs (City), Georgia (State).

[Signature]
Signature of Applicant

Edward Davis
Printed Name of Applicant

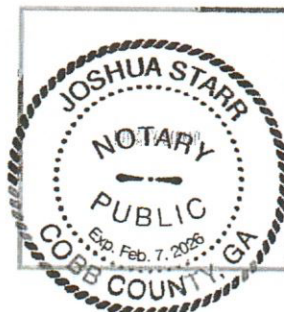
2-2-24
Date

Subscribed and sworn before me this 2nd day of Feb, 2024.

[Signature]
Signature of Notary Public

Joshua Starr
Name of Notary Public

02/07/2026
My Commission Expires

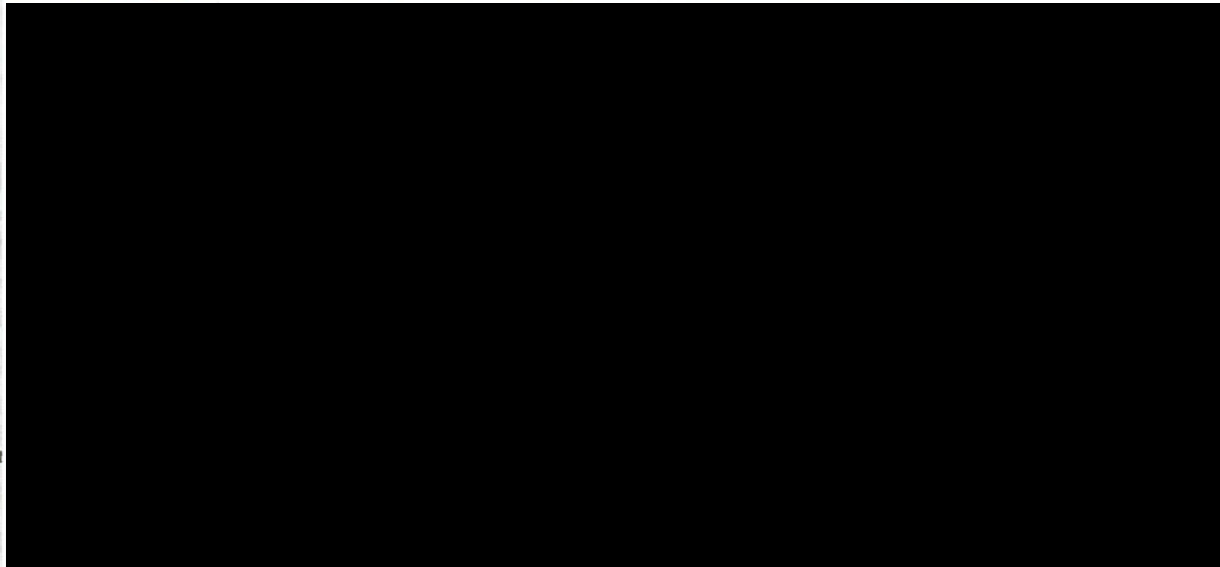


Business Name:

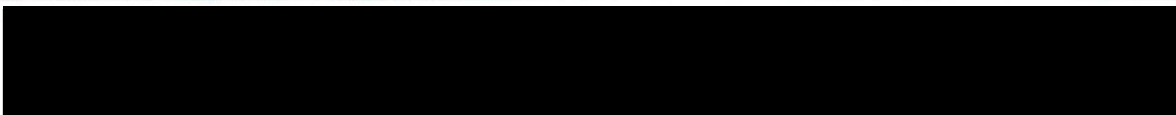
Section C

Consent to Search Criminal Records.

The undersigned does hereby consent and authorize the City of Powder Springs Police Department, or any other Federal, state or Local agency, to conduct an investigation on the criminal history record of criminal history pertaining to the undersigned; which may be found in the files of an Federal, State or Local Criminal Justice Agency as maintained by the Georgia Bureau of Investigation's Georgia Crime Information Center or similar agency.



List all arrests including pending offense and any offense for which you have been convicted, pleaded guilty, pleaded nolo contendere, or been on probation, parole, or fined. Additionally, specify any citations involving drugs or alcohol related offenses.


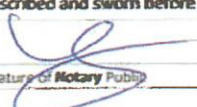


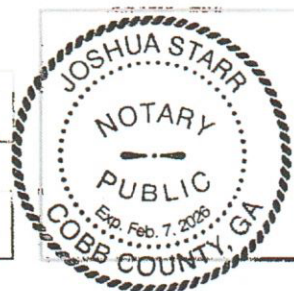
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

I have read and understand that any falsehood or half-truths submitted in this application for an alcohol beverage license is a felony and will render me ineligible to serve alcohol beverages in the city. I also understand that any falsehood or half-truths discovered by investigators during the term one (1) year from the date of this application is grounds for revocation of license, and subsequent prosecution of licensee.

I agree to submit any documentation to the City of Powder Springs Police Department needed to complete the background investigation of this application, i.e. birth certificate, social security card, naturalization card, court records, etc.

Executed in Powder Springs (City), Georgia (State).

	<u>Edwin Mills</u>	<u>2-2-24</u>
Signature of Applicant	Printed Name	Date
Subscribed and sworn before me this <u>02</u> day of <u>Feb</u> , 20 <u>24</u> .		
	<u>Joshua Starr</u>	<u>02/07/2026</u>
Signature of Notary Public	Name of Notary Public	My Commission Expires



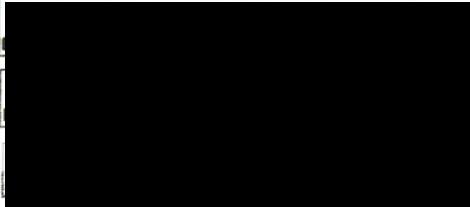
Business Name:

Section D Alcoholic Beverage Sunday Sales Permit

COMPLETE IF APPLICABLE. Pursuant to The City of Powder Springs Code of Ordinances Chapter 3 Section 63; Licensees in pouring distilled spirits and licensees in pouring wine and malt beverages may sell and serve on Sundays from 11:00 a.m. until 10:00 p.m. Licensees of package distilled spirits and wine and malt beverages establishments may sell on Sundays from 12:30 p.m. until 10:00 p.m.

Licensee must apply for and receive a Sunday Sales Permit.

The licensee must also hold an Alcoholic Beverage Pouring License from The City.

Business Name <u>Havana Haven</u>	Business Address <u>4093 Marietta St SW Ste C</u>
Type of Business <u>Restaurant/Lounge</u>	
Business Email <u>havanahavenlounge@gmail.com</u>	
Applicant's Name <u>Edward Dallas</u>	

Is there any additional information which The City might find reasonable necessary to make a fair determination as to whether a Sunday Sales Permit should be issued?

I hereby affirm that I understand and will comply with the provisions set forth in The City of Powder Springs Code of Ordinances Article 3-63. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that that I will notify the City of Powder Springs Community Development Department of any changes affecting my status and/or position with the business associated with this license.

	<u>Edward Dallas</u>	<u>2-2-24</u>
Signature of Applicant	Applicant Printed Name	Date

For Official Use

Approved By	Date
-------------	------

Business Name:

Section E Alcoholic Beverage Pouring License

POURING ESTABLISHMENTS ONLY. Pursuant to The City of Powder Springs Code of Ordinances Chapter 3 Section 126, No alcoholic beverage pouring license shall be issued to, or held by, any applicant unless at least thirty (30) percent of the business by volume, when considering the total of sales from alcoholic beverages and food consumed on the premises shall be from the sale of food prepared on the premises of this establishment.

Business Name <u>Havana Haven</u>	Business Address <u>4093 Marietta St SW Ste C</u>
Applicant's Name <u>Edmund Dullies</u>	Applicant's Title <u>Owner</u>

- I. Food Sales and Alcohol Beverage Sales. Financial reports must be attached to support the reported sales totals or CPA certification must be completed attesting to the reported sales totals. This information must be provided from the financial records of the above establishment on a calendar year basis, or such period during which the establishment has been open.

PERIOD FOR WHICH INFORMATION IS PROVIDED: Business Not Open
IF EXISTING BUSINESS, MUST BE 12 MONTH PERIOD. IF NEW BUSINESS, MUST BE 12 MONTH ESTIMATE

	Dollar Amount	% of Total Sales
Gross Receipts from Food Sales this period:	\$ _____	% _____
Gross Receipts from Alcoholic Beverage Sales this period:	\$ _____	% _____
Total Food Sales and Alcoholic Beverage Sales this period:	\$ _____	% _____

Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage sales:

Business not open

I certify that I have a working knowledge of the books and records of the establishment whose name appears above, and that to the best of my knowledge the figures presented above represent accurate sales totals for the period specified.

Executed in _____ (City), _____ (State).

Signature of CPA _____	Printed Name of CPA _____	CPA Firm _____
------------------------	---------------------------	----------------

Subscribed and sworn before me this _____ day of _____, 20__.

Signature of Notary Public _____	Name of Notary Public _____	My Commission Expires _____
----------------------------------	-----------------------------	-----------------------------



- II. I hereby affirm that I understand that the privilege of selling alcoholic beverages on Sundays from 11:00 am until 10:00 pm requires a valid alcoholic beverage pouring license, valid Sunday Sales Permit, and that at least 30% of the licensed establishment's annual gross food and alcoholic beverage sales must be derived from the sale of prepared meals and food.

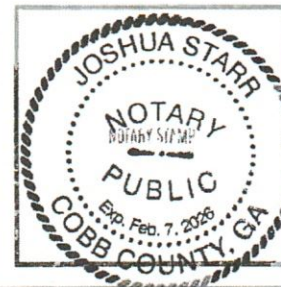
I hereby affirm that I understand that records of food sales and alcoholic beverage sales must be prepared and maintained. Failure to prepare and maintain records of food sales and alcoholic beverage sales is cause for denial or revocation of an alcoholic beverage pouring license, including a Sunday Sales pouring license. I further affirm that I understand that the Cobb County Business License Division may audit our records to verify same at its discretion.

Executed in Powder Springs (City), Georgia (State).

Signature of Applicant <u>[Signature]</u>	Printed Name <u>Edmund Dullies</u>	Date <u>2-2-24</u>
---	------------------------------------	--------------------

Subscribed and sworn before me this 2nd day of Feb, 2024.

Signature of Notary Public <u>[Signature]</u>	Name of Notary Public <u>Joshua Starr</u>	My Commission Expires <u>02/07/2026</u>
---	---	---



Business Name:

Section F

Business Name <u>Arkana Haven</u>	Business Address <u>4093 Marietta SE SW Ste C</u>
Phone Number <u>[REDACTED]</u>	Email <u>ArkanaHavenBunge@gmail.com</u>
Applicant Name <u>Edward Sallas</u>	Applicant Title <u>Owner</u>

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

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number _____

Date of Authorization _____

Name of Employer _____

If your business employs less than ten (10) employees, please check this box and sign below. ☒

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

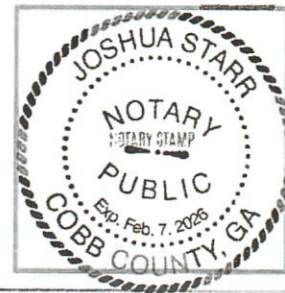
I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in Powder Springs (City), Georgia (State).

<u>[Signature]</u>	<u>Edward Sallas</u>	<u>2-2-24</u>
Signature of Applicant	Printed Name	Date

Subscribed and sworn before me this 2nd day of Feb, 2024

<u>[Signature]</u>	<u>Joshua Starr</u>	<u>02/07/2026</u>
Signature of Notary Public	Name of Notary Public	My Commission Expires



Affidavit Verifying Status of Applicant Pursuant to O.C.G.A 50-36-1.

Effective July 1, 2007, every agency providing public benefits through any local program is responsible for determining the immigration status of citizen applicants.

By executing this affidavit under oath, as an applicant for a City of Powder Springs Business License benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a license or permit or benefit:

- ☐ I am a United States citizen 18 years of age or older; OR
- ☐ I am a legal permanent resident of the United States 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. AND
- ☐ I provided at least one secure and verifiable document, required by O.C.G.A 50-36-1(e)(1) with this affidavit. O.C.G.A. Section 50-36-1(e)(2) requires that aliens and legal permanent residents provide their alien registration number. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency: _____. The secure and verifiable document provided: _____.

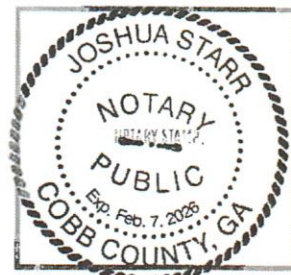
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Executed in Powder Springs (City), Georgia (State).

<u>[Signature]</u>	<u>Edward Sallas</u>	<u>2-2-24</u>
Signature of Applicant	Printed Name	Date

Subscribed and sworn before me this 2nd day of Feb, 2024

<u>[Signature]</u>	<u>Joshua Starr</u>	<u>02/07/2026</u>
Signature of Notary Public	Name of Notary Public	My Commission Expires



Section 6

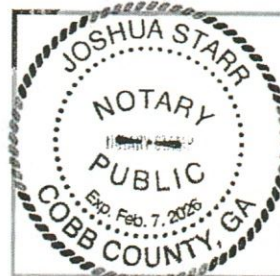
I, Edward Nalle licensee for, Harbana Haven, located at 4093 Marietta St. SW. Ste C, Georgia, 30127, applying for a City of Powder Springs alcohol license do hereby affirm that all employees involved in either the dispensing, serving or sale of alcoholic beverages, all managers and employees serving in a managerial capacity, and any employee who provides security shall be required to have a photo permit whether or not they sell alcohol to customers. Employees must report to the City of Powder Springs Police Department for the purpose of applying for photo permit as required by Section 3-53 of the City of Powder Springs Code of Ordinances within fourteen (14) calendar days from their first day of employment in my establishment. No person may remain employed by any establishment holding an alcoholic beverage license unless the provisions of Section 3-53 have been complied with. A photo permit shall be valid for a period of two (2) years from the date of issue. At expiration, a new photo permit must be applied for.

Executed in Powder Springs (City), Georgia (State).

2-2-24

Subscribed and sworn before me this 2nd day of Feb month, 20 24

02/07/2024
My Commission Expires



List all employees involved in either the dispensing, serving or sale of alcoholic beverages, all managers and employees serving in a managerial capacity, and all employees who provides security.

[illegible][illegible]

Business Name:

Section H

Licensee Personal Statement.

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

1

2

3

4

5. If Married or Separated, complete the following information about your spouse:

Spouse's Full Legal Name <i>AA</i>		Maiden Name	
SSN	Race	DOB	Gender
Is spouse a U.S. Citizen?	Yes: By Birth <input type="checkbox"/>	Yes: Naturalized <input type="checkbox"/>	No: Non U.S. Citizen <input type="checkbox"/>
If Naturalized U.S. Citizen:	Certificate #:	Date:	Place:
If Non U.S. Citizen: (Documentation Required)	Alien Registration #:	Native Country:	Date and Port of Entry:

6. Is your spouse employed?

No _____ Yes _____ If yes, provide name and address of employer: _____

7. Give names and addresses of all immediate living relatives:

Business Name:

Section H

Licensee Personal Statement.

Failure to make full disclosure in response to these questions will result in the denial of this application or the revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the granting of the license. Attach additional pages where form fields are not sufficient.

8. Do you have financial interest in any other bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises?

[Redacted]

9. Do you or does your spouse or any relative have any financial interest, or are you or your spouse or any relative employed in any wholesale or retail alcoholic beverage business other than the business submitting the license application of which this personal statement is a part?

[Redacted]

10.

[Redacted]

11. Have you or your spouse ever been arrested, convicted, detained, indicted, plead guilty, plead nolo contendere, on probation, or have any pending charges? If you answered "YES" to any of these questions, list below in complete detail the charges, dates, and outcomes of each case.

[Redacted]

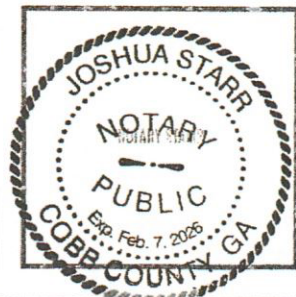
I declare the foregoing statements in Section H are true and correct. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that that I will notify the City of Powder Springs Community Development Department of any changes affecting my status and/or position with the business associated with this license.

Executed in Powder Springs (City), Georgia (State).

[Signature] Edward Dallas 2-2-24
Signature of Applicant Printed Name of Applicant Date

Subscribed and sworn before me this 2nd day of Feb, 2024.

[Signature] Joshua Starr 02/07/2026
Signature of Notary Public Name of Notary Public My Commission Expires



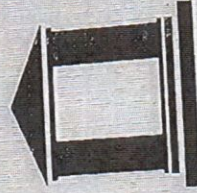
Training Institute for Responsible Vendors, Inc.

certifies that

Edward Dwayne Dallas

has successfully completed training in our RASS Workshop thus
entitling them to all the rights and privileges appertaining thereto .

In witness thereof the undersigned have affixed their names
this 22nd day of February, 2024



[Signature]
President



Day-to-Day Operations Overview - Havana Haven Lounge

Attention: City of Powder Springs

I hope this letter finds you well. I am writing to provide you with an overview of the day-to-day operations at Havana Haven Lounge, located at 4093 Marietta St SW, Powder Springs, GA 30127, Suite C.

Operational Hours: Havana Haven Lounge is open from Wednesday to Sunday, creating a vibrant and engaging atmosphere for our patrons. Our operational hours extend until 2 am on these days, allowing guests to enjoy our offerings well into the night.

Culinary Experience: At Havana Haven, we pride ourselves on offering a delightful culinary experience with a menu curated to complement the lounge ambiance. Our focus is on serving light bar foods, providing a perfect accompaniment to our selection of beverages. From appetizers to small plates, our menu is designed to cater to various tastes and preferences.

Beverage Selection: Our lounge boasts a well-stocked bar featuring a diverse selection of alcoholic beverages. From classic cocktails to innovative mixes, our skilled bartenders are dedicated to crafting drinks that satisfy the discerning tastes of our clientele.

Entertainment: Music is at the heart of Havana Haven's atmosphere. We feature a DJ on regular nights, curating an adult playlist that enhances the mood and energy of the lounge. Additionally, we host live entertainment on special occasions, adding an extra layer of excitement and variety to the overall experience.

Location: Conveniently situated at 4093 Marietta St SW, Powder Springs, GA 30127, Suite C, Havana Haven Lounge is easily accessible for both locals and visitors seeking a unique and enjoyable night out.

Community Engagement: We are committed to fostering a sense of community and engagement. We are also looking forward to sponsoring and participating in events throughout Powder Springs. Havana Haven strives to

be a gathering place where individuals can come together, unwind, and create lasting memories.

This brief overview provides a glimpse into the day-to-day operations at Havana Haven Lounge. We invite you to join us and experience firsthand the vibrant atmosphere, delicious offerings, and exceptional entertainment that define our establishment.

Thank you for considering Havana Haven for your entertainment and dining needs. We look forward to welcoming you soon.

Best regards,

Edward Dallas, Owner Havana Haven Lounge 4093 Marietta St SW, Suite C
Powder Springs, GA 30127