



Jackie Major
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Community Development

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Powder Springs, GA 30127

cityofpowdersprings.org

Alcohol Application Form

*zoning determined
Audit SOA need*

*1/8/21 applicant
submit survey
to srauna*

*1/12/21 pd condition for
RASS*

Deadline for Objections: _____
Consideration Date: _____
*need RASS
certificate*

Name of Business: HORSHU'S CRAFT BEERS & QUALITY WINES, LLC
Mailing Address: 4915 GOLDEN CIRCLE SW MABLETON GA 30126
City State Zip

Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

Your Initials	Form Checklist Items
	Date of Meeting _____
	License No.: _____
	Ads to Run on (date): _____ & _____
	Ad Fee Paid _____
	Notification Letter _____
	Ad to Journal _____

*pd \$500.00 1/16/21
Confirmation # 11970217*

Select all the applicable fields:

New (Fee \$500.00) Change of Licensee (Fee \$500.00) _____ Change of Ownership: _____ Date: _____

Liquor (Fee \$3500.00) _____ Beer (Fee \$400.00) Wine (Fee \$400.00) Sunday Sales Permit (Fee \$500.00)

Liquor Package Store _____ Beer Package Wine Package Liquor Pouring Establishment _____ Beer Pouring _____ Wine Pouring _____ Wholesaler _____

Type of Business: RETAIL FEI: 95-2884163 Business Phone: _____

Physical Address: 4110 AUSTELL POWDER SPRINGS RD City: POWDER SPRING State: GA Zip: 30127
No PO Boxes

Licensee Full Name: RICKY HARDIMON SSN: [REDACTED] Home Phone: [REDACTED]

Home Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Full Time Agent Full Name: HANNAGALE LYNN HARDIMON SSN: 336520800 Home Phone: 404-556-7681

Home Address: [REDACTED] City: [REDACTED] State: [REDACTED] Zip: [REDACTED]

Type of Ownership: Proprietor _____ Partnership _____ Corp: _____ LLC: Publicly traded: _____ Privately Held _____

Name of Owner(s): RICKY HARDIMON AND HANNAGALE HARDIMON

Corporate Name: HORSHU'S CRAFT BEERS & QUALITY WINES, LLC

(A photo of applicant must be attached.)

For any questions that require more detail, attach an additional sheet of paper to complete your answers. Reference the question number. Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

1. Full Name of Licensee (Use NO Initials) Ricky Hardimon SSN [REDACTED]

2. Home Phone [REDACTED] Business Phone: _____ Cell Phone [REDACTED]

3. Home Address [REDACTED]

4. Business Address: 4110 Austell Powder Spgs Rd STE 160, POWDER SPRINGS, GA 30127

5. Race DAK Sex M Height 6'0" Weight 180 Age 62 Color of Hair GRY Color of Eyes BROWN

6. Place of Birth [REDACTED] Day of Birth [REDACTED] US Citizen By Birth Naturalized _____

Date, Place, and Court _____ Certificate No. _____

Petition No. _____ Derived Parents Certificate No.(s) _____

Alien Registration No. _____ Native Country: _____

Date and Port of Entry _____

7. How long have you resided in the State of Georgia? 27 yrs 8. How long have you resided in Cobb County? Byrs

9. Number of years residing at your present address? Byrs 9 mos.

10. What has been your occupation for the past five (5) years? RETIRED / DISABLED

11. What is your position title with the business submitting the license application? OWNER & PRESIDENT

12. Are you: Single _____ Married Widowed _____ Divorced _____ Separated _____

13. Complete the below requested information on spouse

Full Name of Spouse HANNAGALE LYNN HARDIMON

Social Security No [REDACTED] Wife's Maiden Name [REDACTED] Place of Birth [REDACTED]

Date of Birth [REDACTED] Place of Marriage [REDACTED] Date of Marriage [REDACTED]

Name of Spouse's Employer DISABLED VETERAN / RETIRED

Address of Employer _____

14. Give names and addresses of all immediate living relatives including children and step-children -- regardless of age.

Full Name	Address	Age	Place of Birth
Mother, <u>DECEASED</u>			
Father <u>DECEASED</u>			
Brothers/Sisters <u>SON VAN HARDIMON</u>	<u>[REDACTED]</u>		<u>[REDACTED]</u>
Father-in-Law <u>DECEASED</u>	<u>[REDACTED]</u>		
Mother-in-Law <u>MARY WILKINS</u>	<u>[REDACTED]</u>		

Full Name of Licensee (Use NO Initials) _____ SSN: _____

Alcoholic Beverage Sunday Sales Permit

Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

Applicant Name: RICKY HARDIMON AND HANNA-BALE L. HARDIMON

Name of Business: HORSTH'S CRAFT BEERS & QUALITY WINES, LLC

Street Address: 4110 AUSTELL POWDER SPRINGS RD., SUITE 160,

City: POWDER SPRINGS State: GA Zip: 30127

Home Number: [REDACTED] Cell Number: [REDACTED] Work Number: _____

Location of Premises on which alcoholic beverages are proposed to be served.
POWDER SPRINGS SHOPPING CENTER

Any additional information which the City of Powder Springs shall find reasonably necessary to make a fair determination as to whether a permit should be issued:
WE WILL CATER EXCLUSIVELY TO GEORGIA BREWERIES AND INDEPENDENT WINERIES.

New applicants must meet all the requirements of the alcoholic beverage ordinance of the City of Powder Springs and hold a pouring license to qualify for a Sunday Sales Permit

Renewals must meet the requirements of the City of Powder Springs Alcoholic Beverage Ordinance, plus submit a statement by a Certified Public Accountant stating that no more than 50% of sales at this establishment are derived solely from the sale of alcoholic beverages to qualify for a Sunday Sales Permit.

Hanna-Bale L. Hardimon
Applicant Signature Applicant Printed Name Phone Date

For City Use Only
Approved by: _____ Date Approved: _____

Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

A. List each corporate officer if a corporation, stockholders if publicly traded, each partner if a partnership including % owned, sole proprietor information: name, social security number, position held and percentage of ownership, # of shares held, date of birth, home address, phone number, county of residency, length of residency, country of citizenship and any arrests:

RICKY HARDIMON, PRESIDENT
HANNAGALE LYNN HARDIMON, VICE PRESIDENT

B. Does the licensee, partner, corporation or owner have any vested interest in any other Alcoholic Beverage license in the State of Georgia?

Yes No If so, give complete names and addresses _____

C. List full name, address, social security number and percentage of ownership for each individual, including all "Limited" and "Silent" partners, board members, corporation or firm having any vested interest in this application (Attach exhibits if necessary)

Name (Corporate Name)	SSN	Resident/Business Address	% Owned
<u>RICKY HARDIMON</u>	[REDACTED]	[REDACTED]	<u>50%</u>
<u>HANNAGALE HARDIMON</u>	[REDACTED]	[REDACTED]	<u>50%</u>

D. List all other businesses engaged in sale of distilled spirits that you the licensee, or any owner listed in question B that has any interest in or is associated with in any way whatsoever

Name	SSN	Name of Business	Business Address	% of interest
<u>N/A</u>				

E. List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, and sisters, 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	Resident Address	Business Address	% of interest
<u>HANNAGALE L. HARDIMON</u>	<u>SPOUSE</u>	[REDACTED]	<u>4110 AUSTELL POWDER SPRING RD POWDER SPRINGS, GA 30127</u>	<u>50%</u>

F. List the full name and address of every owner of the property on which this business is to be conducted

Name of Property Owner	Address	Relationship to Applicant/Other Owner(s)
<u>CHUBERT PROPERTIES, LLLP</u>	<u>850 KENNESAW AVE NW MARIETTA, GA 30060-1095</u>	<u>NONE</u>

G. List the full name and address of every owner of the building in which this business is to be conducted

Name of Building Owner	Address	Relationship to Applicant/Other Owner(s)
<u>SAME AS ABOVE</u>		

H. List the full name and address of every lessor and sublessor of the property where this business is to be conducted

Name	Lessor or Sublessor	Address	Relationship to Applicant/Other Owner(s)

I. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this address? NO if yes, give the name of the business and the reason for closing.

Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

- J. State the total amount of capital funds that is or will be invested in this business. \$100,000-
- a. State the total amount of personal funds invested including the total amount of funds borrowed by you licensee/owner. \$60,000-
- b. State the total amount of personal funds invested including the total amount of funds borrowed by other owners. \$0
- c. If any capital is borrowed, state the name of lender(s), amount of capital borrowed from each, date of the loan(s), and true rate of interest on each. A copy of notes(s) or other evidence of indebtedness, with all amendments, must be attached to the application.

Name	Address	Amount	Date	Interest
<u>JP MORGAN CHASE BANK</u>				

K. Name the person that will be the manager of this business, giving all pertinent information. In addition, state how the manager will be compensated.

Name	SSN	Address	% Interest (If any)	Compensation
<u>HANNABAE HARDIMON</u>				<u>NONE</u>

L. Provide the following information for person or firm responsible for preparing and maintaining financial and tax records of this business.

Name	Business ID# or SSN	Business Address
<u>INTUIT QUICK BOOKS</u>		

M. Has this place of business, or any owner or employee been cited, charged, or convicted at any time within the last twelve (12) months, for any violation of Georgia Law, Federal Law, or any rule or regulation of the State Revenue Commissioner or any rule or regulation of any City or County, or other Governmental unit? Yes No If yes, give full details.

N. Have you, the licensee, or any person having an interest in this business, ever been detained, arrested, indicted, or convicted for any offense, by any State, County, City, Federal, or Foreign officer, or any other Governmental authority? NO If yes, give full details.

O. 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) off-street parking space for each two hundred (200) square feet of total floor area within the building in conformance with the Zoning Ordinance and regulations of the city.

P. Please attach a survey showing distances to all buildings within a 600' radius.

Q. Submit plans and renderings of premises.

R. Submit a copy of warranty deed or lease agreement.

I do solemnly swear, that the foregoing statements are true. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that I will notify the City of Powder Springs Business License Department of any changes affecting my status and/or position with this company.

Ricky Hahn
APPLICANT SIGNATURE

Ricky HARDIMON
APPLICANT PRINTED NAME

12/18/2020
DATE

Alcoholic Beverage License Application Criminal History Consent Form

List your NAME as it appears on your driver's license. Information you submit may be subject to the Open Records Act O.C.G.A. § 50-18/-70 et seq.

Failure to make a full disclosure in response to this question will result in a denial of the application or a revocation of the license if information which should have been given, but was not, for any reason, is forthcoming subsequent to the grant of the license.

Name & Address of person making application:

1. Last: HARDIMON First: Ricky Middle:
2. List maiden name & all married names:
3. Race: BIK Sex: M Date of Birth: Age: SS#:
4. Driver's License Number: State: GA
5. Address:
City:
Home Number: Cell Number: Work Number:
6. Place of Birth (State): Country: USA
7. Are you a US Citizen? YES Alien Registration #:
8. Naturalized Date/Place/Court Certificate #:

Name & Address of business for which the background check applies:

9. Business Name: HORSHU'S CRAFT BEERS & QUALITY WINES, LLC
Street Address (No PO Box): 4110 AUSTELL POWDER SPRINGS RD SUITE 160
City: POWDER SPRINGS State: GA Zip Code: 30127
10. Your position with above business: OWNER & PRESIDENT

11. List anytime that YOU have been ARRESTED including all PENDING offenses and offenses for which you have been convicted, pleaded guilty, pleaded nolo contendere, or been on probation, parole, or fined. Additionally, please list any CITATIONS involving drugs or alcohol. Write "None" if applicable.

Table with 4 columns: Date of Offense, Place of Offense, Type of offense, Disposition. Row 1: NONE

Under Georgia Criminal Code Section 16-10-20, any person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device, makes a false, fictitious, or fraudulent statement or representation, shall upon conviction, therefore, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one (1) year nor more than five (5) years, or both.

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

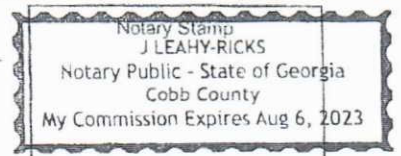
I agree to submit any documentation to the City of Powder Springs Police Department needed to accurately complete the background investigation of this application, i.e. birth certificates, social security card, naturalization certificate, court records, alien registration cards, etc.

I hereby authorize the City of Powder Springs and/or Cobb County Police Department to receive and/or disseminate any criminal history record information pertaining to me which may be in the files of any state and/or local criminal justice agency in Georgia

Applicant Signature: Ricky Hardimon Applicant Printed Name: Ricky Hardimon Phone: 404) 917-5699 Date: 12-18-20

Signature of Notary

Subscribed and Sworn before me on this day 18th of Dec. 2020



15. Are you a registered voter in Cobb County and City of Powder Springs? YES

16. Did you file a Georgia tax return last year? NO How much tax did you pay? \$ _____

17. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the premises? NO If so, give details:

18. Do you have any financial interest or are you 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? NO If so, give name, location and the amount of interest in each.

19. Education (Include all above elementary, giving name of school, address, dates attended and degrees received.)
GEORGIA GEN 1999 , DEVRY UNIVERSITY - BACHALOR SCIENCE 2012
AMERICAN PUBLIC UNIVERSITY - MASTERS OF ARTS 2015

20. Employment Record: _____

21. List residences for the past ten (10) years:
From _____ To _____ Street _____ City _____ State _____
MAY 1996 DEC 2011 [REDACTED]
JAN 2012 APR 2016 [REDACTED]

22. Have you ever been arrested for any municipal, county, state, or federal law during the past ten (10) years? If so, give dates, charges, place of arrest, and disposition of charges.
NO

I, _____ being duly sworn according to law, do swear that the facts and things stated by me in the above and foregoing answers to questions are true, and no false or fraudulent statement is made herein and such answers were made in order to procure the granting of such a license.

I further, certify that I will notify the City of Powder Springs Business License Department of any change in management, licensee, or ownership immediately. Executed on 18th Dec. 20 20 in Marietta (city), Georgia (state).

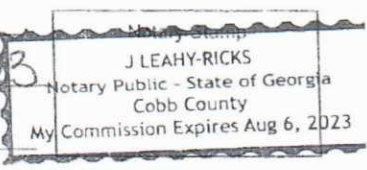
[Signature] Ricky Hardimon
Signature of Authorized Officer or Agent Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 18th DAY OF Dec., 20 20

[Signature] My Commission Expires: Aug. 6, 2023

Signature and Title of person other than applicant filling out this application: _____

Telephone Number: _____



****REQUIRED****
Complete both Affidavits

Business Name: _____

Affidavit Verifying Status of Benefit Applicant

Pursuant to the Georgia Security and Immigration Compliance Act (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 for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from Brookhaven:

Select one of the below.

RT I am a United States citizen 18 years of age or older;

_____ I am a legal permanent resident 18 years of age or older;

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is _____.

The undersigned applicant also hereby verifies that he or she has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as: _____
(Please enclose legible copy of document with Affidavit.)

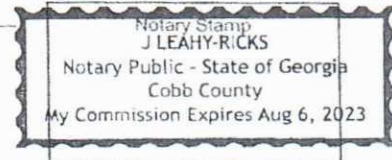
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20.

Executed in Marietta (city), Georgia (state) on 12/18/2020 (date)

Ricky Hardimon Signature of Applicant
Ricky Hardimon Printed Name

Subscribed and sworn before me on this the 18th DAY OF Dec, 2020.

[Signature] My Commission Expires: Aug 6, 2023
NOTARY PUBLIC



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:

N/A
Federal Work Authorization User Identification Number Date of Authorization Name of Private 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.

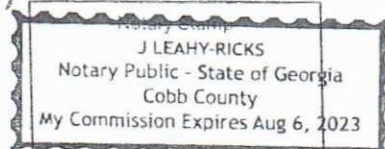
I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in Marietta (city), Georgia (state) on 12/18/2020 (date)

Ricky Hardimon Signature of Applicant
Ricky Hardimon Printed Name

Subscribed and sworn before me on this the 18 DAY OF Dec, 2020.

[Signature] My Commission Expires: Aug 6, 2023
NOTARY PUBLIC



****FORM REQUIRED**** This form must be completed in full and returned with your Occupational Tax Renewal and payment. Failure to return the completed Affidavit Verifying Status of Benefit Applicant, Verifiable and Secure Document, and the Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.

