

CLASS class certificate
 sign / Also survey needed
 Council hearing applies



CITY OF POWDER SPRINGS
 BUSINESS LICENSE DIVISION
 P. O. BOX 46
 4488 PINEVIEW DRIVE
 POWDER SPRINGS, GEORGIA 30127

DEADLINE FOR OBJECTIONS: _____
 CONSIDERATION DATE: _____

Date of Meeting _____ Ads to Run _____ & _____
 License No. _____ Ad Fee Paid () _____
 Notification Letter () _____
 Ad to Journal () _____

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

\$15000

\$5000

NEW _____ CHANGE OF LICENSEE _____ CHANGE OF OWNERSHIP _____ DATE _____

LIQUOR () BEER () WINE () SUNDAY SALES PERMIT ()
\$3500.00 *\$400.00* *\$400.00* *\$500*
 Package _____ Package _____ Package _____
 Pouring _____ Pouring _____ Pouring _____ WHOLESALE ()

*Top & cert 1286
 2-15-18
 500 alcohol app
 500 Sunday sales
 400 beer
 50 permit
 178 bus. lic
 \$1628*

- Type of Business gas station with C-station
- Business Name Powder Springs Drive-thru Business Phone # 229-322-7724
 Business Address 4448 Marietta Street
 City Powder Spring State GA Zip Code 30127
- Mailing Address _____
 City _____ State _____ Zip Code _____
- Licensee Full Name RAJNI KANT P. PATEL
 Soc. Sec. No. _____ business Phone _____ Home Phone _____
 Home Address: Street _____
 City ATLANTA State GA County Fulton Zip Code 30312
- Type of Ownership: Proprietor _____ Partnership _____ Corp
 Name of Owner(s): RAJNI KANT P. PATEL

6. If Corporation: - Publicly traded or privately held?

Corporate Name: Powder Springs Drive-Thru LLC

a. List each corporate officer by name, social security number, position held, and percentage of ownership, date of birth, home address, phone number, county of residency, length of residency, county of citizenship and any arrests:

RAJNI PATEL

b. List all stockholders; state names, social security numbers, address and number of shares owned by each. (Attach exhibits if necessary).

NAME	SSN	RESIDENT ADDRESS	#OF SHARES HELD
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<u>RAJNI</u>	<u>PATEL</u>		<u>100</u>
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7. If partnership:

List name, address, social security number, and percentage of ownership of each partner:

NAME	SSN	RESIDENT ADDRESS	% OF OWNERSHIP
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8. If Proprietorship:

Owner's Name: RAJNI PATEL

Social Security No.: _____

Address: _____

9. Does the licensee, partner, corporation or owner have any vested interest in any other Alcoholic Beverage License in the State of Georgia? (W) (). If so, give complete names and addresses.

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

N/A

NAME RESIDENT ADDRESS SSN % OWNED

11. a. List full name and other required information for each firm or corporation having any interest in this application and the percentage of ownership.

CORPORATE NAME BUSINESS ADDRESS % OWNED

b. List full name, address, position held, social security number, and percent of ownership for each board member of each corporation.

NAME POSITION HELD SSN RESIDENT ADDRESS % OWNED

12. List all other businesses engaged in sale of distilled spirits that you the licensee, or any owner listed in question ten (10) and eleven (11) that has any interest in or is associated with in any way whatsoever.

NAME	SSN	NAME OF BUSINESS	BUSINESS ADDRESS	% INTEREST

13. List full name and other required information for spouse, parents, step-parents, parents-in-law, brothers, and sisters, step-brothers and step-sisters, brothers-in-law and 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	RESIDENT ADDRESS	BUSINESS ADDRESS	% INTEREST
ALKA PATEL	wife			

14. 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)
Alex B. Cotta		Tenant

15. 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 OR OTHER OWNER(S)
Alex B. Cotta		No.

16. 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 OR OTHER OWNER(S)
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17. 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.

18. State the total amount of capital funds that is or will be invested in this business. _____

a. State the total amount of personal funds invested by you the licensee/owner, including the total amount of funds borrowed by you the licensee/owner. _____

b. State the total amount of personal funds invested by other owners including the total amount of funds borrowed by other owners: _____

c. If any capital is borrowed, state 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 note(s) or other evidence of indebtedness, with all amendments, must be attached to the application).

NAME	ADDRESS	AMOUNT	DATE	INTEREST
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19. 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
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I, RAJINI KANT P PATIL, DO SOLEMNLY SWEAR, THAT THE AFOREGOING 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.



APPLICANTS SIGNATURE, FULL NAME IN INK)

Porche Tracetta Powell
NOTARY PUBLIC



2-15-18
DATE



Community Development Department

2/16/18

Please process a background check for Rajni Kant P. Patil
Powder Springs Drive Thru LLC ~~aka Chivva~~
4148 Marietta Street

new business
owner

This background check is required as part of an application for:

- Alcohol license
- Peddlers Permit
- Solicitors Permit

• Only send:

- Copy of 2 page Criminal Consent form
- Enlarged copy of valid drivers license or passport

Thank you,

Requested by Darcie X355

Police Department will only send back outcome of results.



PLEASE PRINT CLEARLY

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

NAME & ADDRESS OF PERSON MAKING APPLICATION:

1. LAST: PATEL FIRST: RAJNI KANT MIDDLE: P.

2. LIST MAIDEN NAME & ALL MARRIED NAMES: _____

3. RACE: Asian SEX: M DATE OF BIRTH: _____ AGE: 51 SS# _____

4. DRIVERS LICENSE#: _____ STATE: CA

5. ADDRESS: STREET NAME & NUMBER: _____

APT #: N CITY: ATLANTA STATE: CA ZIP CODE: 30312

HOME/CELL #: _____ WORK #: _____

6. PLACE OF BIRTH: (STATE) Gujarat (COUNTRY) INDIA

7. ARE YOU A U.S. CITIZEN?: Yes ALIEN REGISTRATION #: _____

8. NATURALIZED DATE/PLACE/COURT: _____ CERTIFICATE #: _____

NAME & ADDRESS OF BUSINESS FOR WHICH THE BACKGROUND CHECK APPLIES:

9. BUSINESS NAME: Powder spring drive thru

STREET ADDRESS: 4148 Marietta st

CITY: Powder springs STATE: CA ZIP CODE: 30127

10. YOUR POSITION WITH ABOVE BUSINESS: OWNER

TURN PAGE OVER & COMPLETE THE BACK*

CRIMINAL HISTORY CONSENT FORM

LIST anytime that **you** have been **ARRESTED** including all pending offenses and offenses for which you have been convicted, pled guilty, pled nolo contendere or been on probation, parole, or fined.

Additionally, please list any **CITATIONS** involving drugs or alcohol. Write "None" if applicable.

Date of offense	Place of offense	Type of offense	Disposition
1.	<u>None</u>		
2.			
3.			
4.			

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** 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 the 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 certificate, 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.



Signature of Applicant



2/16/18

Date

Sworn and Subscribed before me this 15 day of February, 2018.

Porché Tracetta Powell
(Notary Public)

CERTIFICATE OF ATTENDANCE

This certificate is awarded to

Patel, Rajnikant
Powder Springs Drive Thru, LLC
4148 Marietta Street
Powder Springs, GA 30127

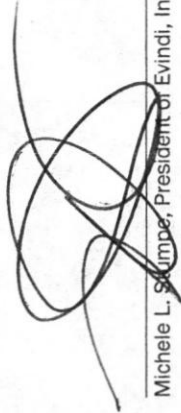


EVINDI

INCORPORATED

For satisfactory completion of Evindi, Inc.'s

Responsible Alcohol Sales & Service Workshop (3 hrs.)



Michele L. Scumpe, President of Evindi, Inc.

3-7-18

Date

This workshop has been approved to satisfy the following alcohol ordinance requirements:
Cobb County; City of Kennesaw; City of Roswell; Cherokee County; City of Powder Springs;
Douglas County; City of Holly Springs; City of Sandy Springs; City of Johns Creek; Forsyth
County, City of Smyrna, Fayette County Rockdale County and Spalding County

Certificate to be posted in conspicuous location at licensed premises.



ALCOHOLIC BEVERAGE SUNDAY SALES PERMIT

CITY OF POWDER SPRINGS
P.O. BOX 46, 4488 PINEVIEW DRIVE
POWDER SPRINGS, GEORGIA 30127
PHONE: 770-943-1666

APPLICANT NAME: RAJNI KANT P PATIL

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE NUMBER: _____

LOCATION OF PREMISES ON WHICH ALCOHOLIC BEVERAGES ARE PROPOSED TO BE SERVED:

Package of beer.

ANY ADDITIONAL INFORMATION WHICH THE CITY OF POWDER SPRINGS SHALL FIND REASONABLY NECESSARY TO A FAIR DETERMINATION AS TO WHETHER A PERMIT SHOULD BE ISSUED:

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 PER CENT OF SALES AT THIS ESTABLISHMENT ARE DERIVED SOLELY FROM THE SALE OF ALCOHOLIC BEVERAGES TO QUALIFY FOR A SUNDAY SALES PERMIT.

APPLICANT SIGNATURE: [Signature]

DATE SIGNED: _____

APPROVED BY: _____

DATE APPROVED: _____

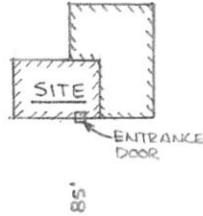
MAGNETIC



NEW MACCLAND ROAD



Site Address-
4148 Marietta Street



MARIETTA STREET

The following distances were measured according to City of Powder Springs code:

CHURCH- 1270' to Calvary Baptist Church, @ 3988 Powder Springs Road.

SCHOOL- 4270' to Powder Springs Elementary School, @ 4570 Grady Grier Road.
1370' to pre-school @ Powder Springs First Baptist Church, @ 4330 Marietta Street.

RESIDENCE- 320' to a house @ 3845 New Macland Road.

There are no alcohol treatment centers within 600' of this site.

City of Powder Springs Package Wine and Malt Beverage License Survey for:

RAJ PATEL



DATE: 3-29-2018	SCALE: 1" = 100'	0 50 100 200 GRAPHIC SCALE IN FEET
DRAWN BY: GD		
LAND LOT 873	19TH DISTRICT	2ND SECTION
COBB COUNTY	GEORGIA	
GEORGIA LAND SURVEYING CO. 155 CLIFTWOOD DRIVE, ATLANTA, GA 30328 PH (404)255-4671 FAX (404)255-6607 WWW.GLSURVEY.COM		198840

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

By executing this affidavit under oath, as an applicant for a(n) ~~business license~~ Alcohol
[business license, occupational tax certificate, or other document required to operate a business]
as referenced in O.C.G.A. § 36-60-6(d), from the City of Powder Springs, the undersigned
applicant representing the private employer known as Powder Springs Drive Thru
[printed name of private employer] verifies one of the following with respect to my
application for the above mentioned document:

Select Only One:

(a) _____ On January 1st of the below signed year the individual, firm, or corporation
employed more than ten (10) employees.

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(a). The undersigned private employer also attests that its federal work authorization user
identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

OR

(b) On January 1st of the below signed year the individual, firm, or corporation
employed ten (10) or fewer employees and is exempt from compliance with
O.C.G.A. 36-60-6 and is not required to register with and/or utilize the federal
work authorization program commonly known as E-Verify, or any subsequent
replacement program..

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, and face criminal penalties allowed by such
statute.

Executed on the 16th date of Feb, 2018 in Powder Springs (city), GA (state)

Signature of Authorized Officer or Agent

RATNI PATIL
Printed Name of and Title of Authorized Officer or Agent



SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 15 DAY OF Feb, 2018.

Porché Tracetta Powell
NOTARY PUBLIC

My Commission Expires: May 9 2021



THE CITY OF Powder Springs

Affidavit Verifying Status of Applicant for Business License, Occupational Tax Permit or other permit, or a renewal of any, issued under any codes of the City of Powder Springs

By executing this affidavit under oath, as an applicant for a City of Powder Springs Business License or Occupational Tax Permit, Alcohol License, Taxi Permit or other public 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 public benefit for Powder Springs Drive Thru. [INSERT NAME of natural person applying on behalf of individual, business, corporation, partnership or other private entity and check the appropriate boxes below]:

- 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 have provided at least one secure and verifiable document, as required by O.C.G.A 50-36-1(e)(1) with this 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 Code Section 16-10-20 of the Official Code of Georgia and face criminal penalties as allowed by such criminal statute.

Executed in Powder Springs (city), Georgia (state).

The secure and verifiable document provided:

Signature of Applicant

Date

Printed Name of Applicant

*Alien Registration Number for non citizen

Name of business, corporation, partnership



SUBSCRIBED AND SWORN BEFORE ME ON Feb 15, 2018

Signature of Notary

Commission Expires: May 9 2021

** Note: O.C.G.A. Section 50-36-1(e)(2) requires that aliens 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 apply another identifying number:

OWNER/LICENSEE PERSONAL STATEMENT

(A Photo of Applicant Must Be Attached)

1. Full Name of Licensee (Use No Initials) RAJNI KANT P. PATEL
2. Social Security # _____ Business Phone _____
Home Phone _____
3. Home Address _____
4. Business Address 4148 Marietta St Powder Springs GA 30127
5. Race Asian Sex M Height 5-11 Weight 230 lbs Age 35
Color of Hair Black Color of Eyes Black
6. Place of Birth INDIA Date of Birth _____
U.S. 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? 13 yrs
8. How long have you resided in Cobb County? _____
9. Number of years resided at your present address? 5 yrs
10. What has been your occupation for the past five (5) years? Business
11. What is your position title with the business submitting the license application?
OWNER
12. Are you: Single () Married (X) Widowed ()
Divorced () Separated ()
13. If married, divorced or widowed, complete the below requested information on spouse.
Full Name of Spouse ALIKA S PATEL
Social Security # _____ Wife's Maiden Name _____
Place of Birth INDIA Date of Birth _____

Place of Marriage INDIA Date of Marriage 3/31/87

Name of Spouse's Employer husc wife

Address of Employer _____

14. Give names and addresses of all children and stepchildren - (Regardless of Age):

FULL NAME	ADDRESS	AGE	PLACE OF BIRTH
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a.		<u>28</u>	<u>New York</u>
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b.		<u>24</u>	<u>New York</u>
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c.			
----	--	--	--

d.			
----	--	--	--

e.			
----	--	--	--

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

NAME/RELATIONSHIP	ADDRESS	AGE	PLACE OF BIRTH
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Father

A. ✓			
------	--	--	--

Mother

B. ✓			
------	--	--	--

Brothers/Sisters

C.		<u>61</u>	<u>INDIA</u>
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--	--	--	--

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Father-in-law

D. _____

Mother-in-law

E. _____ 81

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

NO

17. Did you file a Georgia tax return last year? Yes

18. How much tax did you pay? \$ _____

19. 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? If so, give details:

NO

20. 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? If so, give name, location and the amount of interest in each.

NO

21. Education (Include all above elementary, giving name of school, address, dates attended and degrees received).

RPTP Science college INDIA H. Sc. Passed
SP University INDIA B.S. Chemistry.
Lyons Union INDIA M.S. Chemistry. Part I

22. Employment Record:

Self Employed from 1995

23. List Residences For the Past ten (10) Years:

FROM	TO	STREET	CITY	STATE
<u>2008</u>	<u>2013</u>		<u>Carlele</u>	<u>GA</u>
<u>2013</u>	<u>Present</u>		<u>ATLANTA</u>	<u>GA</u>

24. 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

GEORGIA, COBB COUNTY, CITY OF POWDER SPRINGS

I, RAJINI PATIL 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.

[Signature]
Signature of Applicant

Sworn to and subscribed before me this 16th day of Feb., 2018.

Rachelle Tracetta Powell
Notary Public



May 9 2021
My Commission Expires

Signature and Title of Person other than applicant filling out this application.

229 322-7724
Telephone Number

ALL QUESTIONS MUST BE ANSWERED