



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 _____
 License No. _____

Ads to Run _____ & _____
 Ad Fee Paid ()
 Notification Letter ()
 Ad to Journal ()

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

^{\$1500⁰⁰} NEW CHANGE OF LICENSEE ^{\$500⁰⁰} CHANGE OF OWNERSHIP DATE 04/15/16

LIQUOR () BEER () WINE () SUNDAY SALES PERMIT ()
~~\$3500⁰⁰~~ ^{\$1000⁰⁰} ~~\$400⁰⁰~~ ^{\$400⁰⁰} ~~\$500~~
 Package Package Package
 Pouring _____ Pouring _____ Pouring _____ WHOLESALER ()

16-01741 1800⁰⁰
 16-01742 1000⁰⁰
 cash \$2800⁰⁰
 5/13/16

- Type of Business PACKAGE SPIRIT
- Business Name AMERICAN SPIRIT Business Phone # _____
 Business Address 5780 CH JONES PKWY, HWY 278 SUITE 290
 City POWDER SPRINGS State GA Zip Code 30127
- Mailing Address 5780 CH JONES PKWY, HWY 278 SUITE 290
 City POWDER SPRINGS State GA Zip Code 30127
- Licensee Full Name BOLORUNDURO, AKINTAYO DANIEL
 Soc. Sec. No. _____ Business Phone 770-439-9463 Home Phone _____
 Home Address: Street _____
 City DUFORD State GA County GWINNETT Zip Code 30519
- Type of Ownership: Proprietor Partnership _____ Corp _____
 Name of Owner(s): BOLORUNDURO, AKINTAYO DANIEL

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

Corporate Name: N/A

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:

N/A

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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N/A

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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N/A

8. If Proprietorship:

Owner's Name: BOLDRUNDURO, AKINTAYO DANIEL

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? () (). If so, give complete names and addresses.

~~N/A~~

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).

NAME RESIDENT ADDRESS SSN % OWNED

~~N/A~~

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

~~N/A~~

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

~~N/A~~

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
N/A				

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
NONE				
N/A				

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)
N/A		

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)
N/A		

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)
		N/A	

17. Has any individual, firm, partnership, or corporation been issued a license to sell alcoholic beverages at this address? YES. If yes, give the name of the business and the reason for closing.

AMERICAN SPIRITS
GOT A NEW JOB

18. State the total amount of capital funds that is or will be invested in this business. \$ 220,000

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. 220,000

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

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
BOLORUNDURO		AKINTAYO DANIEL	

20. State name of person or firm responsible for preparing and maintaining financial and tax records of this business giving all pertinent information.

NAME

BUSINESS ID# OR SSN

BUSINESS ADDRESS

BOLORUNDURO AKINTAYO DANIEL

N/A

21. 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/A

22. 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. (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).

N/A

23. How is the proposed property location zoned? N/A. 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.

N/A

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

25. Submit plans and renderings of premises.

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

I, BOLORUNDURO AKINTAYO DANIEL, 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.

[Signature] BOLORUNDURO AKINTAYO · D
APPLICANTS SIGNATURE, FULL NAME IN INK)

[Signature]
NOTARY PUBLIC

4/29/16
DATE



OWNER/LICENSEE PERSONAL STATEMENT

(A Photo of Applicant Must Be Attached)

1. Full Name of Licensee (Use No Initials) BOLORUNDURO ALINTAYO DANIEL
2. Social Security # _____ Business Phone 770-439-9463
Home Phone _____
3. Home Address _____
4. Business Address 5780 CH JAMES PKWY POWDER SPRING
5. Race AFRICAN/AMERICAN Sex M Height 5'6 Weight 167 Age 34
Color of Hair BLACK Color of Eyes BROWN
6. Place of Birth NIGERIA Date of Birth _____
U.S. Citizen YES By Birth NO Naturalized YES
Date, Place and Court 2012 / ARMY Certificate No. _____
Petition No. _____ Derived Parents Certificate No. (s) _____
Alien Registration No. _____ Native Country NIGERIAN
Date and Port of Entry 11/11/2011
7. How long have you resided in the State of Georgia? 2 YEARS
8. How long have you resided in Cobb County? NA
9. Number of years resided at your present address? 2 YEARS
10. What has been your occupation for the past five (5) years? MILITARY
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 FRACISCA BOLORUNDURO
Social Security # N/A Wife's Maiden Name ULANMO
Place of Birth NIGERIA Date of Birth _____

Place of Marriage NIGERIA Date of Marriage 07/31/2015

Name of Spouse's Employer IBANO LLC

Address of Employer 272 IKOYI LAGOS

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

FULL NAME ADDRESS AGE PLACE OF BIRTH

a. BOLATITO BOLORUNDURO

b. _____

c. _____

d. _____

e. _____

~~N/A~~

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

NAME/RELATIONSHIP ADDRESS AGE PLACE OF BIRTH

Father

A. MORAKINYO BOLORUNDURO

Mother

B. FELICIA BOLORUNDURO

Brothers/Sisters

c. KEHIND BOLORUNDURO

ADEJOKE BOLORUNDURO

Father-in-law

D. MOSES ULANMO

Mother-in-law

E. ADE ULANMO

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? \$ 800.00

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.

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

OSUN STATE COLLEGE OF EDUCATION STAFF SCHOOL

ILESA GRAMMAR SCHOOL ILESA

OSUN STATE COLLEGE OF TECHNOLOGY

GRANTHAM UNIVERSITY

MILITARY SCHOOL

22. Employment Record:

UNITED STATE MILITARY (ARMY)
FOBOL PUBLICATIONS
TRI STATE VALLEY

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

FROM	TO	STREET	CITY	STATE
-				
-				
-				
-				

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, BOLOKUNDURO AKINTAYO DANIEL 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.

[Handwritten Signature]
Signature of Applicant

Sworn to and subscribed before me this 15 day of APRIL, 2016.

[Handwritten Signature]
Notary Public
6/7/18
My Commission Expires



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

Telephone Number

ALL QUESTIONS MUST BE ANSWERED