

6/7/23 indicated working on getting a supervisor

RASS online scheduled for 6/7/23  
\*Await certificate by email

Business Name:



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

## Alcoholic Beverage License Application

### Section A

Business Name <b>1738 RESTAURANT AND BAR LLC</b>	5780 CH JAMES PKWY, STE 110, POWDER SPGS GA 30127 <small>Business Address</small>
Type of Business <b>RESTAURANT AND BAR</b>	EIN <b>87-1413238</b>
Business Email [REDACTED]	Business Phone [REDACTED]
Applicant Name <b>SULAIMAN ADEWOJO</b>	257 FAIRWAY DRIVE ACWORTH GA. 30101 <small>Applicant Home Address</small>
Applicant Phone [REDACTED]	Applicant SSN [REDACTED]

<b>Ownership Type</b>	<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<b>Publicly Traded Company?</b>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>Business Type</b> <small>(select all that apply)</small>	<input type="checkbox"/> Liquor Package	<input type="checkbox"/> Beer Package	<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	Spirituos	Fee Due
New Applicant <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Date: <input type="checkbox"/>	\$500.00 <input checked="" type="checkbox"/>			
Special Event Facility	\$250.00 <input type="checkbox"/>			
Brewery	\$500.00 <input type="checkbox"/>			
Sunday Sales	\$500.00 <input checked="" 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"/>	
Alcohol Wholesale	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	\$100.00 <input type="checkbox"/>	
<b>TOTAL DUE:</b>				<b>\$5,300.00</b>

PD 5/26/23 Gov't window confirmation 24906941

### Licensee Required Actions. Checklist

<b>Description</b>	<b>Initials</b>
Date of Meeting:	S.A
Notification Ads scheduled to run on the following dates: _____ and _____	S.A
Ad Fee Paid	S.A
Notification Letter	S.A

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	%
SULAIMAN ADEWOJO	PARTNER	257 FAIRWAY DRIVE, ACWORTH GA 30101	[REDACTED]	[REDACTED]	60%
BOLAJI LAWAL	PARTNER	24 CRESCENT CHASE, DALLAS GA 30157	[REDACTED]	[REDACTED]	40%

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: N/A

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	%
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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	%
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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
RIVERVIEW INVESTMENT LLC	PO BOX 757, MABLETON GA 30126	LANDLORD

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
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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: N/A

8. State the total amount of capital funds that is or will be invested in the business. \$200,000

9. State the total amount of personal funds invested including the total amount of funds borrowed by the licensee / owner.

\$120,000

10. State the total amount of personal funds invested including the total amount of funds borrowed by other owners.

\$80,000

11. If any capital is borrowed, state the name of the each lender, amount of capital borrowed, date of the loan(s), and interest rate.

Name of Lender	Address	Amount	Date	Interest Rate
SOFI FINANCIAL SERVICES	2750 EAST COTTONWOOD PKWY STE 300 UT 84121	\$30,000	04/26/2022	9.99%
AMERICAN EXPRESS BANK	PO BOX 60189 CITY OF INDUSTRY, CA 91716	\$50,000	04/02/2022	5.64%

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

Name of Manager	Address	Manner of Compensation	% Owner if any
SULAIMAN ADEWOJO	257 FAIRWAY DRIVE ACWORTH GA 30101	SALARY	60%
BOLAJI LAWAL	24 CRESCENT CHASE, DALLAS GA. 30157	SALARY	40%

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

Accountant of CPA Name	Address	Phone
AOS Tax Services - Isaac Asan-Mensah	2650 South Cobb Dr. Suite B, Smyrna Ga. 30080	[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: N/A

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: N/A

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

No: \_\_\_\_\_ Yes:  If yes, what is the amount, frequency and form of payment? \$3,575 PER MONTH. PAYMENT BY CHECK.

17. How is the proposed property location zoned? <sup>COMMENT:</sup> 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 Dallas (City), Ga. (State).

  
Signature of Applicant

Sulaiman Adenijo  
Printed Name of Applicant

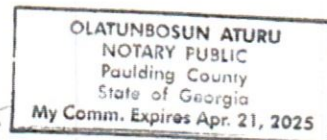
06/01/2023  
Date

Subscribed and sworn before me this 01 day of 01 20 23

  
Signature of Notary Public

Olatunbosun Aturu  
Name of Notary Public

07/21/25  
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.

Business Name **1738 RESTAURANT AND BAR LLC** Business Address **5740 CH JAMES PKWY STE 110 POWDER SPRINGS GA 30127**  
 Applicant's Name **SULAIMAN ADEWOJO** Applicant's Address **257 FAIRWAY DRIVE ACWORTH GA 30101**  
 Applicant's DOB [REDACTED] Applicant's SSN [REDACTED]  
 Applicant's Race **BLACK/AFRICAN** Applicant's Gender **MALE**  
 Driver's License Number [REDACTED] Drivers License State **GEORGIA**  
 Are you a U.S. Citizen? **YES** Alien Registration Number **N/A**  
 Country of Birth **NIGERIA** State of Birth **LAGOS**  
 Applicant's Title or Job Position **PARTNER/MANAGER** Phone Number [REDACTED]

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.



Offense Type	City and State	Date	Disposition
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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, (ie birth certificate, social security card, naturalization card, court records, etc.

Executed in **Dallas** (City), **Ga** (State)

 **Sulaiman Adewojo** **06/01/2023**  
 Signature of Applicant Printed Name Date  
 Subscribed and sworn before me this **06** day of **01** 20**23**  
 **Olatunbosun Aturu** **04/21/2025**  
 Signature of Notary Public Name of Notary Public My Commission Expires

**OLATUNBOSUN ATURU**  
 NOTARY PUBLIC  
 Building County  
 State of Georgia  
 My Comm. Expires Apr. 21, 2025

USA  
Georgia

DRIVER'S LICENSE



GOVERNOR Nathan Deal

092375



COMMISSIONER  
Suzanne E. Spivey

*[Handwritten signature]*

DL NO. [REDACTED] DOB [REDACTED]  
CLASS C EXP [REDACTED]

SULAIMAN FOLORUNSO  
ADEWOJO

257 FAIRWAY DR  
ACWORTH, GA 30101-6332  
PAULDING

Restrictions A End NONE  
Iss 05/19/2018

Sex M Eyes BLK  
Hgt 6'-02" Wgt 170 lb



DD [REDACTED]

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	1738 RESTAURANT AND BAR LLC	5780 CH JAMES PKWY STE 110 POWDER SPRINGS GA 30127	Business Address
Type of Business	RESTAURANT AND BAR	EIN	87-1413238
Business Email	[REDACTED]	Business Phone	[REDACTED]
Applicant's Name	SULAIMAN ADEWOJO	Applicant's Phone	[REDACTED]

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.

  
Signature of Applicant

SULAIMAN ADEWOJO 5/30/2023  
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 **1738 RESTAURANT AND BAR LLC**      5780 CH JAMES PKWY STE 110, POWDER SPRINGS GA 30127  
 Business Address

Applicant's Name **SULAIMAN ADEWOJO**      Applicant's Title **PARTNER/MANAGER**

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: **05/05/2023**  
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:	\$ 18,369.65	100	%
Gross Receipts from Alcoholic Beverage Sales this period:	\$ N/A		%
Total Food Sales and Alcoholic Beverage Sales this period:	\$ N/A		%

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


**WE HAVE SEPARATE POS FOR FOOD SALES AND ALCOHOL SALES.**

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 **Dallas** (City), **Ga.** (State).

      **ISAAC A. MENSAH**      **ABSTRACT ACCOUNTING INC**  
 Signature of CPA      Printed Name of CPA      CPA Firm

Subscribed and sworn before me this **06** day of **01**, 20**23**

      **Olatunbosun Aturu**      **04/21/2025**  
 Signature of Notary Public      Name of Notary Public      My Commission Expires

**OLATUNBOSUN ATURU**  
**NOTARY PUBLIC**  
 Paulding County  
 State of Georgia  
 My Comm. Expires Apr. 21, 2025

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 **Dallas** (City), **Ga.** (State).

      **Sulaiman Adewojo**      **06/01/2023**  
 Signature of Applicant      Printed Name      Date

Subscribed and sworn before me this **06** day of **01**, 20**23**

      **Olatunbosun Aturu**      **04/21/2025**  
 Signature of Notary Public      Name of Notary Public      My Commission Expires

**OLATUNBOSUN ATURU**  
**NOTARY PUBLIC**  
 Paulding County  
 State of Georgia  
 My Comm. Expires Apr. 21, 2025



Business Name:

# Section F

Business Name	1738 RESTAURANT AND BAR LLC	5780 CH JAMES PKWY STE 110, POWDER SPRINGS GA 30127	Business Address
Phone Number	[REDACTED]	[REDACTED]	Email
Applicant Name	SULAIMAN ADEWOJO	Partner/Manager	Applicant Title

### 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 its 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
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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.

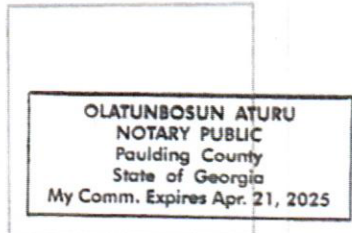
I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in Dallas (City), Ga. (State)

[Signature] → Sulaiman Adewopo 06/06/23  
 Signature of Applicant Printed Name Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

[Signature] Olatunbosun Aturu 06/06/23  
 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: \_\_\_\_\_

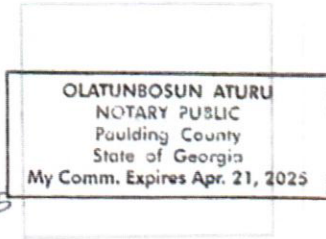
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Executed in Dallas (City), Ga. (State)

[Signature] → Sulaiman Adewopo 06/01/2023  
 Signature of Applicant Printed Name Date

Subscribed and sworn before me this 06 day of 01 2023

[Signature] Olatunbosun Aturu 04/21/2025  
 Signature of Notary Public Name of Notary Public My Commission Expires



Business Name:

# Section 6

## Employee Photo Permit Affidavit Pursuant to Section 3-53 of the City of Powder Springs Code of Ordinances


**SULAIMAN ADEWOJO** licensee for, **1738 RESTAURANT AND BAR LLC**, located at **3780 CH JAMES PKWY, STE 110, POWDER SPRINGS**

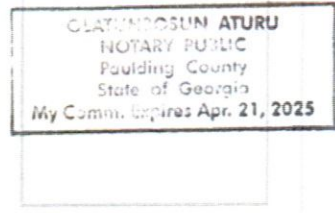
Georgia 30127, applying for a City of Powder Springs alcohol license do hereby affirm that all employees involved in either the dispensing, serving or sale of alcoholic beverages, all managers and employees serving in a managerial capacity, and any employee who provides security shall be required to 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.

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

Executed in Dallas (City), Ga (State)

Signature of Applicant:  Printed Name: Sulaiman Adewojo Date: 06/01/2023

Subscribed and sworn before me this 06 day of 01 20 23  
Signature of Notary Public:  Name of Notary Public: Claturibosun Aturu My Commission Expires: 04/21/2025



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

Name	Position	Name	Position
SASHA DANIELS	BARTENDER/SERVER		
SULAIMAN ADEWOJO	MANAGER/BARTENDER		
BOLAJI LAWAL	MANAGER/BARTENDER		

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. Full Legal Name <b>SULAIMAN ADEWOJO</b>		257 FAIRWAY DRIVE ACWORTH GA 30101 Home Address	
Email [REDACTED]	Home Phone [REDACTED]		
5780 CH JAMES PKWY, STE110, POWDER SPRINGS GA 30127 Business Address		Business Phone [REDACTED]	
SSN [REDACTED]	Race <b>BLACK/AFRICAN</b>	DOB [REDACTED]	Gender <b>MALE</b>
2. Are you a U.S. Citizen? Yes: By Birth <input type="checkbox"/>		Yes: Naturalized <input checked="" type="checkbox"/>	No: Non U.S. Citizen <input type="checkbox"/>
If Naturalized U.S. Citizen: [REDACTED]	Certificate #: [REDACTED]	Date: <b>02/20/2015</b>	Place: <b>Atlanta Ga.</b>
If Non U.S. Citizen: [REDACTED] (Documentation Required)	Alien Registration #: [REDACTED]	Native Country: [REDACTED]	Date and Port of Entry: [REDACTED]
3. How long have you resided at your current address?			
Years: <b>5</b>	Months: <b>9</b>	if less than one (1) year, provide previous address:	
4. What is your Marital Status?			
Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>			
5. If Married or Separated, complete the following information about your spouse:			
Spouse's Full Legal Name <b>ADETUTU ADEWOJO</b>		Maiden Name <b>ADETUTU DANTES</b>	
SSN [REDACTED]	Race <b>BLACK/AFRICAN</b>	DOB [REDACTED]	Gender <b>FEMALE</b>
Is spouse a U.S. Citizen? Yes: By Birth <input type="checkbox"/>		Yes: Naturalized <input checked="" type="checkbox"/>	No: Non U.S. Citizen <input type="checkbox"/>
If Naturalized U.S. Citizen: [REDACTED]	Certificate #: [REDACTED]	Date: <b>09/18/2021</b>	Place: <b>Atlanta Ga.</b>
If Non U.S. Citizen: [REDACTED] (Documentation Required)	Alien Registration #: [REDACTED]	Native Country: [REDACTED]	Date and Port of Entry: [REDACTED]
6. Is your spouse employed?			
No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/>	If yes, provide name and address of employer: <b>KELLER WILLIAMS REALTY</b> <b>3375 DALLAS HWY SUITE 100, MARIETTA GA 30064</b>	
7. Give names and addresses of all immediate living relatives:			
Mother:			
Father:			
Adult Children (over age 18):			
Brother(s):			
Sister(s):			
Mother-in-law:			
Father-in-law:			

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?

No:  Yes:  If yes, provide name(s) and address(es): N/A

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?

No:  Yes:  If yes, please give name, location, amount of interest, and/or type of employment in each. N/A

10. List occupation(s) for the past five (5) years.

Occupation	Date Range (month/year)	Reason for Leaving	Employer Address
GXO LOGISTICS INC	08/2019 - TILL DATE	STILL WORKING	6705 DAKLEY IND BLVD UNION CITY GA 30291
HON INC	01/2018-07/2019	BETTER OPPORTUNITY	907 WEST AVE CEDARTOWN GA 30125

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 name, dates, charges, places of arrest, and disposition of charges(s)


Offense Type	City and State	Date	Disposition

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 Dallas (City), Ga (State)

Signature of Applicant:  Printed Name of Applicant: Sulaiman Adewopo Date: 06/01/2023

Subscribed and sworn before me this 06 day of 01 2023

Signature of Notary Public:  Name of Notary Public: Olatunbosun Aturu My Commission Expires: 04/21/25

<p>OLATUNBOSUN ATURU          NOTARY PUBLIC          Powder Springs County          State of Georgia          My Comm. Expires Apr. 21, 2025</p>
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