

Business Name:

Judy's Island Grill PSG, LLC



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 Judy's Island Grill PSG, LLC

Business Address 3861 Siniard St., Powder Springs, GA 30127

Type of Business restaurant

EIN [Redacted]

Business Email judysislandgrillpsg@gmail.com

Business Phone 770-943-9783

Applicant Name Stasie Moore

Applicant Home Address [Redacted]

Applicant Phone [Redacted]

Applicant SSN [Redacted]

Ownership Type: LLC [checked], Corporation [ ], Partnership [ ], Sole Proprietorship [ ]
Publicly Traded Company? Yes [ ], No [checked]

Business Type (select all that apply): Liquor Package [ ], Beer Package [checked], Wine Package [checked], Liquor Pouring [ ], Beer Pouring [ ], Wine Pouring [checked], Wholesaler [ ]

Alcoholic Beverage License Fee. Select All That Apply

Table with 4 columns: Description, License Fee, Check if Applicable, Fee Due. Rows include New Applicant, Change of Licensee, Liquor, Beer, Wine, Sunday Sales, and Pouring Establishment. Total Due: \$1800

Licensee Required Actions. Checklist

Table with 2 columns: Description, Initials. Rows include Date of Meeting, Notification Ads, Ad Fee Paid, and Notification Letter.

RASS class date 2-18-21 for Stasie and Regis Moore

Business Name: *Judy's Island Grill PSG, LLC*

## 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	%
Stasie Moore	Owner	[REDACTED]	[REDACTED]	[REDACTED]	40
Pauline Scott	Owner	[REDACTED]	[REDACTED]	[REDACTED]	50
Andrae Scott	Owner	[REDACTED]	[REDACTED]	[REDACTED]	10

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	%
<i>Pauline Scott</i>	<i>Judy's Island Grill II</i>	<i>800 Crane Hwy N. Glen Burnie MD 21061</i>	<i>40</i>

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	%
Freka Scott	Sister	Judy's Island Grill II	800 Crain Hwy N., Glen Burnie, MD 21061	60
Pauline Scott	Mother	Judy's Island Grill II	800 Crain Hwy N., Glen Burnie, MD 21061	40



## 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
Jamshad Mahmood	[REDACTED]	none/Landlord
Naushad Ahmed	[REDACTED]	none/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
Stasie Moore	[REDACTED]	Self

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: These Bones  
owner (Lee Jones), closed business, retired

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.

\$50,000

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

\$200,000

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
Small Business Administration	233 Peachtree Center Ave NE, Atlanta, GA 30303	\$150,000	Nov 2, 2020	2.5%

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
Stasie Moore	[REDACTED]	profits only	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
Lisa Cook	[REDACTED]	[REDACTED]

## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. 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.
17. Please attach a survey showing distances to all buildings within a 600" radius of the business location.
18. Submit plans and renderings of premises.
19. 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.

Stacie Moore  
Signature of Applicant

Stacie Moore  
Applicant Printed Name

2/25/21  
Date



Business Name: Judy's Island Grill PSG, LLC

# 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 <u>Judy's Island Grill PSG, LLC</u>	3861 Siniard St., Powder Springs, GA 30127 Business Address
Applicant's Name <u>Stasie Moore</u>	Applicant's Address [REDACTED]
Applicant's DOB [REDACTED]	Applicant's SSN [REDACTED]
Applicant's Race [REDACTED]	Applicant's Gender [REDACTED]
Driver's License Number [REDACTED]	Drivers License State [REDACTED]
Are you a U.S. Citizen? [REDACTED]	Alien Registration Number <u>N/A</u>
Country of Birth [REDACTED]	State of Birth <u>N/A</u>
Applicant's Title or Job Position <u>Owner, Managing Partner</u>	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

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 Douglasville (City), GA (State).

<u>Stasie Moore</u> Signature of Applicant	<u>Stasie Moore</u> Printed Name	<u>2/25/21</u> Date
Subscribed and sworn before me this <u>25<sup>th</sup></u> day of <u>February</u> , 20 <u>21</u>		
<u>Weldon Coleman</u> Signature of Notary Public	<u>Weldon Coleman</u> Name of Notary Public	<u>10/31/2023</u> My Commission Expires



Business Name: *Judy's Island Grill PSG, LLC*

## 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 <b>Judy's Island Grill PSG, LLC</b>	Business Address 3861 Siniard St., Powder Springs, GA 30127
Type of Business <b>Restaurant</b>	EIN [REDACTED]
Business Email <b>judysislandgrillpsg@gmail.com</b>	Business Phone <b>770-943-9783</b>
Applicant's Name <b>Stasie Moore</b>	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.

*Stasie Moore*

Signature of Applicant

Stasie Moore

Applicant Printed Name

*2/25/21*

Date

### For Official Use

Approved By

Date



15. Are you a registered voter in Cobb County and City of Powder Springs? NO

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

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.)

Green Spring Middle School  
Polytechnic Institute (Hauptschule) (Diploma)  
Goucher College (Bachelors Business)  
University of Phoenix (Masters)

20. Employment Record: TEKsystems, Target, Amazon, McLane Food Service, (BA)  
Golden State Foodservice, Ice Mobility, Walmart

21. List residences for the past ten (10) years:  
From \_\_\_\_\_ To \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_



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, Stacie Moore 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 Feb 25, 2021 in Douglasville (city), GA (state).

Stacie Moore Signature of Authorized Officer or Agent  
Stacie Moore Printed Name of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 25<sup>th</sup> DAY OF February, 2021

Weldon Coleman  
NOTARY PUBLIC

My Commission Expires: 10/31/2023

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

Telephone Number: \_\_\_\_\_



(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) Stasie Michelle Moore SSN: [REDACTED]

2. Home Phone: [REDACTED] Business Phone: 770-943-9783 Cell Phone: [REDACTED]

3. Home Address: [REDACTED]

4. Business Address: 3861 Sinclair St. Powder Springs GA 30127

5. Race [REDACTED] Sex [REDACTED] Height [REDACTED] Weight [REDACTED] Age [REDACTED] Color of Hair [REDACTED] Color of Eyes [REDACTED]

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: [REDACTED]

Date and Port of Entry \_\_\_\_\_

7. How long have you resided in the State of Georgia? 8 MO 8. How long have you resided in Cobb County? NA

9. Number of years residing at your present address? 8 MO

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

11. What is your position title with the business submitting the license application? owner/Managing Partner

12. Are you: Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

13. Complete the below requested information on spouse

Full Name of Spouse Regis Moore

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 [REDACTED]

Address of Employer [REDACTED]

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>Pauline Scott</u>	[REDACTED]	[REDACTED]	[REDACTED]
Father <u>Mikel Scott</u>	[REDACTED]	[REDACTED]	[REDACTED]
Brothers/Sisters <u>Faeha Scott</u>	[REDACTED]	[REDACTED]	[REDACTED]
<u>Andrew Scott</u>	[REDACTED]	[REDACTED]	[REDACTED]
Father-in-Law <u>Richard Whitmore</u>	[REDACTED]	[REDACTED]	[REDACTED]
Mother-in-Law <u>Hellen Johnson</u>	[REDACTED]	[REDACTED]	[REDACTED]

Full Name of Licensee (Use NO Initials) Stasie Michelle Moore SSN: [REDACTED]







Business Name: Judy's Island Grill PSG, LLC

## Section F

Business Name Judy's Island Grill PSG, LLC

3861 Siniard St., Powder Springs, GA 30127  
Business Address

Phone Number 770-943-9783

Email judysislandgrillpsg@gmail.com

Applicant Name Stasie Moore

Applicant Title Owner, Managing Partner

### 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

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 Douglasville (City), GA (State).

Stasie Moore Stasie Moore 2/25/21  
Signature of Applicant Printed Name Date

Subscribed and sworn before me this 25 day of March 2021

Kimale Denise Baker Kimale Denise Baker 3/22/25  
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: \_\_\_\_\_

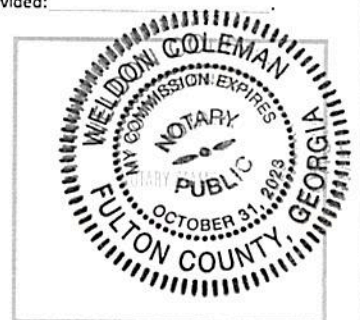
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Executed in Douglasville (City), GA (State).

Stasie Moore Stasie Moore 2/25/21  
Signature of Applicant Printed Name Date

Subscribed and sworn before me this 25th day of February, 2021

Weldon Coleman Weldon Coleman 10/31/2023  
Signature of Notary Public Name of Notary Public My Commission Expires



Business Name: Judy's Island Grill PSG, LLC

# Section G

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

I, Stasie Moore licensee for, Judy's Island Grill PSG, LLC, located at 3861 Siniard St., 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.

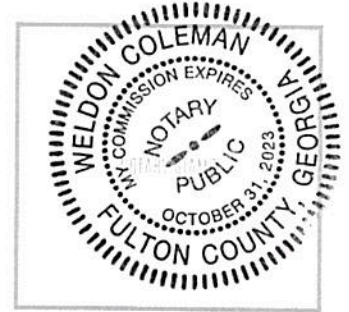
I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in Douglasville (City), GA (State).

<u>Stasie Moore</u> Signature of Applicant	<u>Stasie Moore</u> Printed Name	<u>2/25/21</u> Date
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Subscribed and sworn before me this 25<sup>th</sup> day of February, 20 21

<u>Weldon Coleman</u> Signature of Notary Public	<u>Weldon Coleman</u> Name of Notary Public	<u>10/31/2023</u> My Commission Expires
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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
<u>Stasie Moore</u>	<u>Owner</u>
<u>Regis Moore</u>	<u>Manager</u>
<u>Hellen Johnson</u>	<u>Supervisor</u>

Name	Position



# Section H

## Family Interest Affidavit.

The information requested below is required pursuant to City of Powder Springs Code of Ordinance Sec. 3-118. - Limitation on number of retail package licenses within a family.

I. Names and addresses of all persons interested in the ownership (see Note 1) of the business of selling a retail packaged liquor, together with any interest each person or any member of his immediate family has in any other retail liquor store [attach additional page if necessary]:

1	Business Owner Name	Home Address	Phone Number
	Percent Interest	Immediate Family	Other Retail Liquor Store(s)
2	Business Owner Name	Home Address	Phone Number
	Percent Interest	Immediate Family	Other Retail Liquor Store(s)
3	Business Owner Name	Home Address	Phone Number
	Percent Interest	Immediate Family	Other Retail Liquor Store(s)

II. Names and addresses of all persons having ownership of the land and building where this retail business is operated [attach additional copies of this page when necessary for additional entries]:

1	Property Owner Name	Jamshad Mahmood	Home Address	Phone Number
2	Property Owner Name	Naushad Ahmed	Home Address	Phone Number
3	Property Owner Name		Home Address	Phone Number

III. Rent/Lease Information (a copy of the Lease/Rental Agreement is required):

\$3250	Negotiated	Blade Properties, LLC	Monthly
Amount of Rent	How is Rent Amount Determined	Rent Paid to Whom	Rent Due How Often (Intervals)

IV. When there are other persons having whole, partial, beneficial, or other interest in and to the land and building on and in which the retail liquor store is located, the names and addresses of all must be provided, by affidavit, from the owner, lessor, or sublessor.

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.

Executed in Douglasville (City), GA (State).

<u>Stacie Marie</u> Signature of Applicant	<u>Stacie Marie</u> Printed Name	<u>2/25/21</u> Date
Subscribed and sworn before me this <u>25<sup>th</sup></u> day of <u>February</u> , 20 <u>21</u>		
<u>Weldon Coleman</u> Signature of Notary Public	<u>Weldon Coleman</u> Name of Notary Public	<u>10/31/2023</u> My Commission Expires



**Note 1:** As used in this section an interest in a licenhall be deemed to exist if the person involved is the outright owner of the license, a co-owner of the license, a partner in a partnership which owns all or any part of a license, a stockholder in any corporation organized for pecuniary gain which owns all or any part of a license, an owner, lessor, sublessor or stockholder in any corporation is occupied by a retail liquor store or share in any of the income or corpus of any trust fund or estate having any interest in a retail liquor store.