

Powder Springs Alcohol Dept.
 PO Box 830900
 Birmingham, AL 35283-0900

\$5000 payable to City of Powder Springs
 19-00498 PD 6/28/19 #1117 TG
~~\$250~~ check or money order
 payable to Tax Trust
 PD 6/28/19 Account
 check # 1118 TG

Alcohol Application Form

Deadline for Objections: _____
 Consideration Date: _____

Georgia Palms and Gardens LLC
 Name of Business June 24, 2019
Date
3228 Powder Springs Road Powder Springs GA 30127
 Mailing Address 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 _____

Select all the applicable fields:

New (Fee \$500.00): Change of Licensee (Fee \$500.00) _____ Change of Ownership: _____ Date: June 24, 2019
 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: Wedding/Event Venue FEIN: _____ Business Phone: 678 402 5861
 Physical Address: 3228 Powder Springs Road City: Powder Springs State: GA Zip: 30127
No PO Boxes
 Licensee Full Name: Ida Emilie Malling Kroell SSN: 641615107 Home Phone: 4049032083
 Home Address: _____ City: _____ State: _____ Zip: _____
 Full Time Agent Full Name: Ida Emilie Malling Kroell SSN: 641615107 Home Phone: 4049032083
 Home Address: _____ City: _____ State: _____ Zip: _____
 Type of Ownership: Proprietor _____ Partnership: _____ Corp.: _____ LLC: Publicly traded: _____ Privately Held: _____
 Name of Owner(s): Ida Kroell, Chukuwemeka Ohuabunwa, Ugochi Ohuabunwa,
 Corporate Name: Georgia Palms and Gardens LLC Chima Ohuabunwa

same
 same

Ida Kroell : 25%, 641-61-5107, Director of Events and Operations, Feb 5, 1985, no arrests
 Chukwuemeka Ohuabunwa : 15%, 674-28-2415, Property Manager, Aug 9, 1986, no arrests, - 3228 powder spring road

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:

(30%) Chima Ohuabunwa, USA. 671097605. NO ARREST. UGOCHI OHUABUNWA (30%)
USA, DEKALB COUNTY, 668128250, NO ARREST DOB: 07/23/67
 Chima: President Ugochi: Vicepresident → 2365 Spencers Way, Stone Mountain

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
UGOCHI OHUABUNWA	671097605	2365 SPENCERS WAY	30%
CHIMA OHUABUNWA	668128250	-11-	30%
IDA KROELL	641615107	3228 Powder Spring Road	46%
CHUKWUEMEKA OHUABUNWA	674-28-2415	-11-	15%

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

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

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)
IDA KROELL	3228 POWDER SPRINGS ROAD	Co-owner
CHUKWUEMEKA OHUABUNWA		Co-owner
UGOCHI OHUABUNWA	2365 SPENCERS WAY	Co-owner
CHIMA OHUABUNWA		Co-owner

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)
FATHERS LOVE ESTATES		CHUKWUEMEKA'S UNCLE AND AUNT

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)
Georgia Palms and Gardens		3228 POWDER SPRINGS ROAD	

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

Sullivan House (they were elderly and sold property to Father's Love Estate)

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. \$250k

a. State the total amount of personal funds invested including the total amount of funds borrowed by you licensee/owner. \$250k

b. State the total amount of personal funds invested including the total amount of funds borrowed by other owners. \$250k

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>Cadence Bank</u>		<u>\$15k</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>Ida Kroell</u>	<u>641615107</u>	<u>3228 Powder Springs Road</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>All owners</u>		<u>3228 Powder Springs Road</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 a 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.

[Signature]

APPLICANT SIGNATURE

Ida Kroell

APPLICANT PRINTED NAME

June 18, 2019

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: Kroell First: Ida Middle: Emilie Malling

2. List maiden name & all married names: KROELL

3. Race: White Sex: F Date of Birth: 02 February 5, 1985 Age: 34 SS#: 641615107

4. Driver's License Number: 060371665 State: Georgia

5. Address: 3228 Powder Springs Road
Powder Springs GA 30127
 City State Zip Code

Home Number: _____ Cell Number: 4049037083 Work Number: 678-402-5861

6. Place of Birth (State): Denmark Country: Denmark

7. Are you a US Citizen? Yes Alien Registration #: 063-99F-501 X

8. Naturalized Date/Place/Court: 11/26/14 Certificate #: _____ X

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

9. Business Name: Georgia Palms and Gardens

Street Address (No PO Box): 3228 Powder Springs Road

City: Powder Springs State: GA Zip Code: 30127

10. Your position with above business: Manager of Events and Operations

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.

Date of Offense	Place of Offense	Type of offense	Disposition

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.

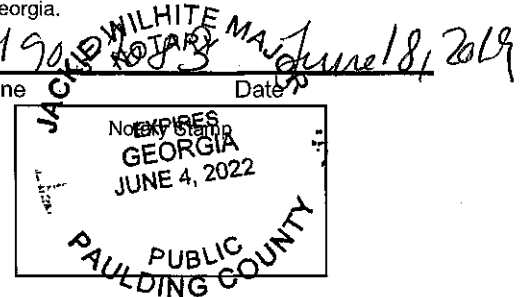
I have read and understand that any falsehood or half-truth submitted in the application for alcoholic beverage license is a felony and will render me ineligible to serve alcoholic beverages in this City. I also understand that any falsehood or half-truth discovered by investigators during the term of 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.

[Signature] Ida Kroell 4049037083 June 18, 2019
 Applicant Signature Applicant Printed Name Phone Date

[Signature] _____
 Signature of Notary Subscribed and Sworn before me on this day



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: Ida Kroell

Name of Business: Georgia Palms and Gardens

Street Address: 3228 Powder Springs Road

City: Powder Springs State: GA Zip: 30127

Home Number: _____ Cell Number: 4049037083 Work Number: 678-402-5861

Location of Premises on which alcoholic beverages are proposed to be served:

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;

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.

Ida Kroell Ida Kroell 4049037083 June 18, 2019
Applicant Signature Applicant Printed Name Phone Date

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

(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) Ida Emilie Malling Kroell SSN: 641615107

2. Home Phone: _____ Business Phone: 6784025861 Cell Phone: 4049037083

3. Home Address: 3228 Powder Springs Road

4. Business Address: -/-

5. Race White Sex F Height 5.7 Weight 148 Age 34 Color of Hair Blond Color of Eyes Blue

6. Place of Birth Denmark Day of Birth Feb 5, 1985 US Citizen _____ By Birth _____ Naturalized _____

Date, Place, and Court _____ Certificate No. _____

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

Alien Registration No. 063-991-501 Native Country: Denmark

Date and Port of Entry NYC

7. How long have you resided in the State of Georgia? 3 8. How long have you resided in Cobb County? 1

9. Number of years residing at your present address? 1

10. What has been your occupation for the past five (5) years? Event Planning

11. What is your position title with the business submitting the license application? Manager of Events and operations

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

13. Complete the below requested information on spouse.

Full Name of Spouse Chukwuemeka Ohuabunwa

Social Security No. 674-28-2415 Wife's Maiden Name IDA KROELL Place of Birth Nigeria

Date of Birth August 9, 1986 Place of Marriage NYC Date of Marriage August 2, 2013

Name of Spouse's Employer Georgia Self-employed

Address of Employer 3228 Powder Springs Road

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 Beritte Kroell 56 _____

Father _____

Brothers/Sisters Anders Kroell Dierksen, Mads Kroell Dierksen, Frederik Kroell Dierksen, Sara Malling Nielsen

Father-in-Law Sam Ohuabunwa

Mother-in-Law Stella Ohuabunwa

Full Name of Licensee (Use NO Initials) Ida Emilie Malling Kroell SSN: 641-61-5107

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? Yes 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.)
Master's Degree in Communications

20. Employment Record: EVENTLAND, SLS, ONE TRUST, GEORGIA PALMS AND GARDENS

21. List residences for the past ten (10) years:
From July 2018 To present Street 3228 Powder Springs Road City Powder Springs State GA
May 2018 - July 2018 2365 Spencers Way Stone Mountain GA

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, Ida Kroell 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 June 8, 2019 in Powder Springs (city), GA (state).

Ida Kroell Signature of Authorized Officer or Agent Printed Name of Authorized Officer or Agent

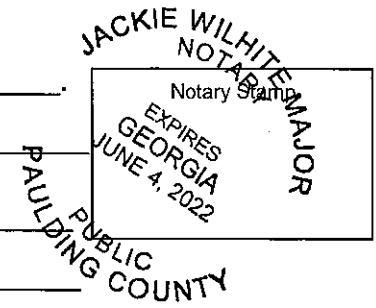
SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 25th DAY OF June, 2019

Jackie Wilhite Major
NOTARY PUBLIC

My Commission Expires: _____

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

Telephone Number: _____



****REQUIRED****

Complete both Affidavits

Business Name: George's Pabns and Gardens Avenu Account No: _____

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 in **Brookhaven** 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

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

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

X _____ 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.)

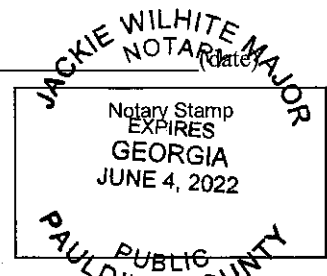
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20.

Executed in _____ (city), _____ (state) on _____

[Signature] Signature of Applicant IDA KROELL Printed Name

Subscribed and sworn before me on this the 25th DAY OF June, 2019.

[Signature] My Commission Expires: _____
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:

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.

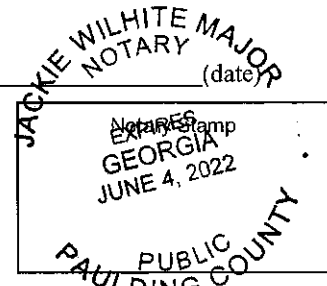
I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ (city), _____ (state) on _____

[Signature] Signature of Applicant IDA KROELL Printed Name

Subscribed and sworn before me on this the 25th DAY OF June, 2019.

[Signature] My Commission Expires: _____
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.