

6/7/23 indicated working on getting a surveyor

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

Business Name: 1738 Restaurant and Bar



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: 1738 Restaurant and Bar	5780 C.H 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 Name: Bolaji Lawal	24 Crescent Chase, Dallas, GA 30157 Applicant Home Address
Applicant Phone: [REDACTED]	Applicant SSN: [REDACTED]
Ownership Type: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	Publicly Traded Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Business Type (select all that apply): <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	Spirituous	Fee Due
New Applicant <input checked="" type="checkbox"/> Ownership Change <input type="checkbox"/> Date:	\$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"/>	
TOTAL DUE:				\$ 5,300

Pd 5/26/23 Gov't window confirmation # 24906941

Licensee Required Actions. Checklist

Description	Initials
Date of Meeting:	BL
Notification Ads scheduled to run on the following dates: _____ and _____	BL
Ad Fee Paid	BL
Notification Letter	BL

Business Name:

1738 Restaurant and Bar

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	%
Bolaji Lawal	Partner	24 Crescent Chase, Dallas, GA 30157	██████	██████	40
Sulaiman Adewojo	Partner	257 Fairway Drive, Acworth, GA 30101	██████	██████	60

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	%

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	%

Business Name:

1738 Restaurant and Bar

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
--------------------------	---------	--

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.

\$80,000

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

\$120,000

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
Best Egg	PO Box 42912 Philadelphia PA, 19101	\$50,000	04/28/2022	4.86%

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
Bolaji Lawal	24 Crescent Chase, Dallas, GA 30157	Salary	40
Sulaiman Adewojo	257 Fairway Dr, Acworth, GA 30101	Salary	60

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 Assan-Mensah	2650 South Cobb Dr, Suite B, Smyrna, GA 30080	[REDACTED]

Business Name:

1738 Restaurant and Bar

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. Payment made monthly by check

17. How is the proposed property location zoned? ^{Comments} 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 Pallas (City), GA (State)

[Signature] BOLAJI LAWAL 06/06/2023
Signature of Applicant Printed Name of Applicant Date

Subscribed and sworn before me this 6 day of 6, 2023

[Signature] Olatunbosun Atun 04/21/23
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: 1738 Restaurant and Bar

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	5780 C.H James Pkwy, Ste 110, Powder Springs, GA 30127	Business Address
Applicant's Name	Bolaji Lawal	24 Crescent Chase, Dallas, GA 30157	Applicant's Address
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	GA
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.


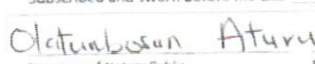

Offense Type	City and State	Date	Disposition

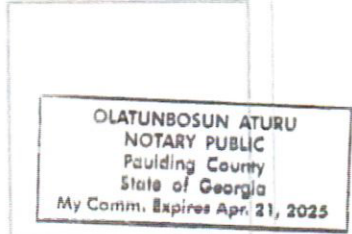
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

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 Dallas (City), GA (State)

	BOLAJI LAWAL	06/06/2023
Signature of Applicant	Printed Name	Date
Subscribed and sworn before me this <u>6</u> day of <u>6</u> 20 <u>23</u>		
		04/21/25
Signature of Notary Public	Name of Notary Public	My Commission Expires



Business Name: 1738 Restaurant and Bar

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	Business Address	5780 C H James Pkwy, Ste 110, Powder Springs, GA 30127
Type of Business	Restaurant and Bar	EIN	87-1413238
Business Email	[REDACTED]	Business Phone	[REDACTED]
Applicant's Name	Bolaji Lawal	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?

[REDACTED]

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

Bolaji Lawal
Applicant Printed Name

6/5/2023
Date

For Official Use

Approved By	Date
-------------	------

GEORGIA
DRIVER'S LICENSE

DRIVER'S LICENSE

DL



USA
GA

Governor: *B. Perdue*

Commissioner: *Spencer R. Moore*



[Signature]

4d DL NO. [REDACTED] 3 DOB [REDACTED]
9 CLASS C 4b EXP [REDACTED]
2 BOLAJI M
1 LAWAL

8 24 CRESCENT CHASE
DALLAS, GA 30157-5729
PAULDING

12 REST B
9a END NONE
4a ISS 04/30/2021
15 SEX M 18 EYES BRO
16 HGT 6'-01" 17 WGT 186 lb

5 DD [REDACTED]

♥ ORGAN DONOR

Business Name: 1738 Restaurant and Bar

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**

Business Address **5780 C H James Pkwy, Ste 110, Powder Springs, GA 30127**

Applicant's Name **Bolaji Lawal**

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: **6/5/2023**

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:	\$23,770.90	100	%
Gross Receipts from Alcoholic Beverage Sales this period:	\$N/A		%
Total Food Sales and Alcoholic Beverage Sales this period:	\$23,770.90		%

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


Our POS system is demarcated into two sections, one for food sales, the other is for alcohol when we are ready.

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** **ADSTAX ACCOUNTING SERVICES**
 Signature of CPA Printed Name of CPA CPA Firm

Subscribed and sworn before me this **6** day of **6** 20**23**

 **Olatunbosun Aturu** **04/21/25**
 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 _____ (City), _____ (State)

 **BOLAJI LAWAL** **06/06/2023**
 Signature of Applicant Printed Name Date

Subscribed and sworn before me this _____ day of _____ 20_____

 **Olatunbosun Aturu** **04/21/25**
 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: 1738 Restaurant and Bar

Section F

Business Name	1738 Restaurant and Bar	5780 C.H James Pkwy, Ste 110, Powder Springs, GA 30127	Business Address
Phone Number	[REDACTED]	[REDACTED]	Email
Applicant Name	Bolaji Lawal	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 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 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.

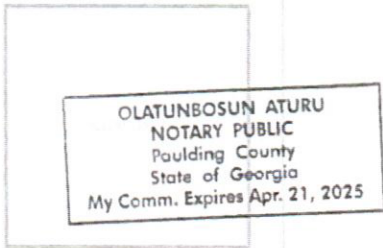
I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in Dallas (City), GA (State)

[Signature] BOLAJI LAWAL 06/06/2023
 Signature of Applicant Printed Name Date

Subscribed and sworn before me this 6 day of 6 20 23

[Signature] Olatunbosun Aturu 04/21/25
 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: _____

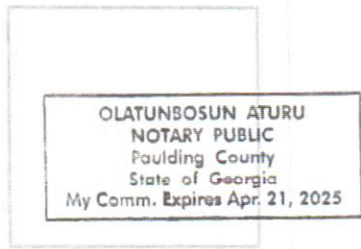
In making the above representation under oath, I understand that any person who knowingly and willfully makes a false representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Executed in Dallas (City), GA (State)

[Signature] BOLAJI LAWAL 06/06/2023
 Signature of Applicant Printed Name Date

Subscribed and sworn before me this 6 day of 6 20 23

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



Business Name:

1738 Restaurant and Bar

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 Bolaji Lawal		24 Crescent Chase, Dallas, GA 30157 Home Address	
Email [REDACTED]		Home Phone [REDACTED]	
5780 C H James Pkwy, Ste 110, Powder Springs, GA 30127 Business Address		Business Phone [REDACTED]	
SSN [REDACTED]	Race Black/African	DOB [REDACTED]	Gender Male
2. Are you a U.S. Citizen?		Yes: <input type="checkbox"/> By Birth <input type="checkbox"/>	Yes: <input checked="" type="checkbox"/> Naturalized <input type="checkbox"/> No: <input type="checkbox"/> Non U.S. Citizen <input type="checkbox"/>
If Naturalized U.S. Citizen:		Certificate #: [REDACTED]	Date: 03/05/2021
If Non U.S. Citizen: (Documentation Required)		Alien Registration #:	Native Country:
3. How long have you resided at your current address?			
Years 4 Months 6 If less than one (1) year, provide previous address:			
4. What is your Marital Status? <input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
5. If Married or Separated, complete the following information about your spouse:			
Spouse's Full Legal Name Mercy Lawal		Maiden Name Famodimu	
SSN [REDACTED]		Race Black/African	
DOB [REDACTED]		Gender Female	
Is spouse a U.S. Citizen?		Yes: <input type="checkbox"/> By Birth <input type="checkbox"/>	Yes: <input checked="" type="checkbox"/> Naturalized <input type="checkbox"/> No: <input type="checkbox"/> Non U.S. Citizen <input type="checkbox"/>
If Naturalized U.S. Citizen:		Certificate #: [REDACTED]	Date: 9/17/2012
If Non U.S. Citizen: (Documentation Required)		Alien Registration #:	Native Country:
Place: Providence, RI		Date and Port of Entry:	
6. Is your spouse employed?			
No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If yes, provide name and address of employer: Cox Automotive 6205 PEACHTREE DUNWOODY ROAD, ATLANTA, GA 30328			
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: 1738 Restaurant and Bar

Section H

Licensee Personal Statement.

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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
Sr. Project Manager	Mar 2022 - Present	Still Working	3100 Windy Hill Rd SE, Atlanta, GA 30339
EMR Consultant	Jan 2017 - Mar 2022	Better opportunity	4445 Corporation Ln, Virginia Beach, VA 23462

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: [Signature] Printed Name of Applicant: BOLAJI LAWAL Date: 06/06/2023

Subscribed and sworn before me this 6 day of 6 2023
Signature of Notary Public: [Signature] Name of Notary Public: Olutunbosun Aturu My Commission Expires: 04/21/25

