



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: **BJ Package Inc** Business Address: **4481 Hiram Lithia Springs Road SW, Powder Springs, GA 30127**

Type of Business: **Upscale retailer of beer, wine, and spirits** EIn

Business Email:  Business Phone:

Applicant Name: **Balbir Sahdra** Applicant Home Address:

Applicant Phone:  Applicant SSN:

Ownership Type:  LLC  Corporation  Partnership  Sole Proprietorship Publicly Traded Company?  Yes  No

Business Type (select all that apply):  Liquor Package  Beer Package  Wine Package  Liquor Pouring  Beer Pouring  Wine Pouring  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 checked="" type="checkbox"/> Date:	\$500.00 <input checked="" type="checkbox"/>			500.00
Special Event Facility	\$250.00 <input checked="" type="checkbox"/>			
Brewery	\$500.00 <input checked="" type="checkbox"/>			
Sunday Sales	\$500.00 <input checked="" type="checkbox"/>			
Alcohol Package	\$400.00 <input checked="" type="checkbox"/>	\$400.00 <input checked="" type="checkbox"/>	\$1000.00 <input checked="" type="checkbox"/>	1,800.00
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 checked="" type="checkbox"/>	\$100.00 <input checked="" type="checkbox"/>	\$100.00 <input checked="" type="checkbox"/>	
<b>TOTAL DUE:</b>				<b>2,300.00</b>

### Licensee Required Actions. Checklist

Description	Initials
Date of Meeting: <b>07/19/24</b>	<b>B.S.S.</b>
Notification Ads scheduled to run on the following dates: <b>06/28/24</b> and <b>07/05/24</b>	<b>B.S.S.</b>
Ad Fee Paid	<b>B.S.S.</b>
Notification Letter	<b>B.S.S.</b>

# 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.

- 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	%
Balbir Sahdra	Owner	[REDACTED]			

- 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: 4400 Brownsville Road Suite 106  
Powder Springs, GA 30127

- 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	%
Balbir Sahdra	Brownsville Package	4400 Brownsville Road Suite 106, Powder Springs, GA 30127	100

- 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	%

# 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
Balbir Sahdra	[REDACTED]	Applicant

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: \_\_\_\_\_

8. State the total amount of capital funds that is or will be invested in the business. [REDACTED]

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

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

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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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
Balbir Sahdra	[REDACTED]	[REDACTED]	[REDACTED]

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
Summit CPA & Financials	[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: X 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: X Yes: \_\_\_\_\_ If yes, give full details: \_\_\_\_\_

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

No: X Yes: \_\_\_\_\_ If yes, what is the amount, frequency and form of payment? \_\_\_\_\_

17. How is the proposed property location zoned? CRC 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.

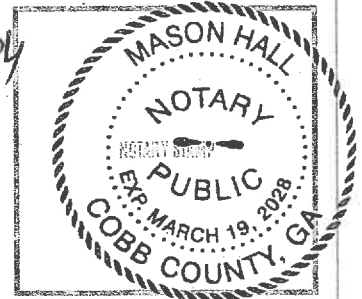
I declare the foregoing statements in Sections A and B are true and correct. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that that I will notify the City of Powder Springs Community Development Department of any changes affecting my status and/or position with the business associated with this license.

Executed in Powder Springs (City), GA (State).

Balbir Singh Sahdra Signature of Applicant  
BALBIR SINGH SAHDRA Printed Name of Applicant  
06/22/24 Date

Subscribed and sworn before me this 23 day of June month, 2024

[Signature] Signature of Notary Public  
MASON HALL Name of Notary Public  
03-19-2028 My Commission Expires



# 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 BJ Package Inc dba Brownsville Package	Business Address 4481 Hiram Lithia Springs Road SW, Powder Springs, GA 30127
Applicant's Name Balbir Sahdra	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 Georgia
Are you a U.S. Citizen? [REDACTED]	Alien Registration Number [REDACTED]
Country of Birth [REDACTED]	State of Birth [REDACTED]
Applicant's Title or Job Position [REDACTED]	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.

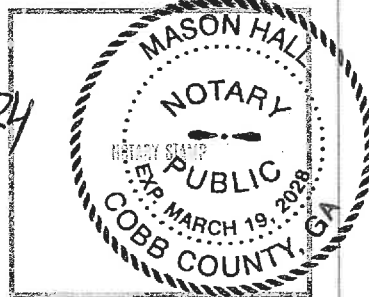
I agree to submit any documentation to the City of Powder Springs Police Department needed to complete the background investigation of this application, i.e. birth certificate, social security card, naturalization card, court records, etc.

Executed in Powder Springs (City), GA (State).

Balbir Singh Sahdra BALBIR SINGH SAHDRA 06/22/24  
 Signature of Applicant Printed Name Date

Subscribed and sworn before me this 22 day of JUNE month, 2024

[Signature] MASON HALL 03-19-2028  
 Signature of Notary Public Name of Notary Public My Commission Expires



Business Name: BJ Package Inc dba Brownsville Package

## 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 BJ Package Inc dba Brownsville Package	Business Address 4481 Hiram Lithia Springs Road SW, Powder Springs, GA 30127
Type of Business Upscale retailer of beer, wine, and spirits	EIN [REDACTED]
Business Email [REDACTED]	Business Phone [REDACTED]
Applicant's Name Balbir Sahdra	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'm looking to expand my growing business to better meet the demand in the community by relocating my store to a larger building within the same shopping where I have operated compliantly for the last 20 years.

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.

*Balbir Sahdra*      BALBIR SINGH SAHDRA      06/22/24  
Signature of Applicant      Applicant Printed Name      Date

### For Official Use

Approved By	Date
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# 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.

<b>Business Name</b>	<b>Business Address</b>
<b>Applicant's Name</b>	<b>Applicant's Title</b>

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: \_\_\_\_\_  
 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:	\$ _____	_____ %
Gross Receipts from Alcoholic Beverage Sales this period:	\$ _____	_____ %
Total Food Sales and Alcoholic Beverage Sales this period:	\$ _____	_____ %

**Briefly describe the method by which receipts are segregated daily into food sales and alcoholic beverage 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 \_\_\_\_\_ (City), \_\_\_\_\_ (State).

_____ Signature of CPA	_____ Printed Name of CPA	_____ CPA Firm
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Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ month, 20\_\_\_\_.

_____ Signature of Notary Public	_____ Name of Notary Public	_____ My Commission Expires
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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).

_____ Signature of Applicant	_____ Printed Name	_____ Date
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Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ month, 20\_\_\_\_.

_____ Signature of Notary Public	_____ Name of Notary Public	_____ My Commission Expires
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# Section F

Business Name BJ Package Inc dba Brownsville Package

Phone Number [REDACTED]

Applicant Name Balbir Sahdra

Business Address 4481 Hiram Lithia Springs Road SW, Powder Springs, GA 30127

Email [REDACTED]

Applicant Title Owner

### 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.

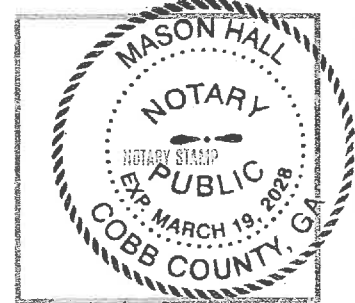
I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in Powder Springs (City), G.A (State).

Balbir Sahdra BALBIR SINGH SAHDRA 06/22/24  
Signature of Applicant      Printed Name      Date

Subscribed and sworn before me this 22 day of June month, 2024

[Signature] MASON HALL 03-19-2028  
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 Powder Springs (City), G.A (State).

Balbir Sahdra BALBIR SINGH SAHDRA 06/22/24  
Signature of Applicant      Printed Name      Date

Subscribed and sworn before me this 22 day of June month, 2024

[Signature] MASON HALL 03/19/2028  
Signature of Notary Public      Name of Notary Public      My Commission Expires







# 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>Balbir Sahdra</b>		Home Address [Redacted]	
Email [Redacted]		Home Phone [Redacted]	
4481 Hiram Lithia Springs Road SW, Powder Springs, GA 30127 Business Address		Business Phone [Redacted]	
SSI [Redacted]	Race [Redacted]	DOB [Redacted]	Gender [Redacted]
2. Are you a U.S. Citizen?		Date [Redacted]	
If Naturalized U.S. Citizen:	Certificate # [Redacted]	Place: <b>Atlanta</b>	
If Non U.S. Citizen: (Documentation Required)	Alien Registration #:	Native Country:	Date and Port of Entry:

3. How long have you resided at your current address?  
Year: [Redacted] If less than one (1) year, provide previous address: \_\_\_\_\_

4. What is your Marital Status?      Single       Married       Divorced       Widowed       Separated

5. If Married or Separated, complete the following information about your spouse:

Spouse's Full Legal Name <b>Balwinder</b>		Maiden Name <b>Kaur</b>	
SSI [Redacted]	Race [Redacted]	DOB [Redacted]	Gender [Redacted]
Is spouse a U.S. Citizen?		Date [Redacted]	
If Naturalized U.S. Citizen:	[Redacted]	Date [Redacted]	
If Non U.S. Citizen: (Documentation Required)	Alien Registration #:	Native Country:	Date and Port of Entry:

6. Is your spouse employed?  
No \_\_\_\_\_ Yes  If yes, provide name and address of employer: **BJ Package Inc dba Brownsville Package**

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

Mother: \_\_\_\_\_  
Father: \_\_\_\_\_  
Adult Children (over age 18) [Redacted]  
Brother(s) \_\_\_\_\_  
Sister(s) \_\_\_\_\_  
Mother-in-law [Redacted]  
Father-in-law [Redacted]

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

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. \_\_\_\_\_

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

Occupation	Date Range (month/year)	Reason for Leaving	Employer Address

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

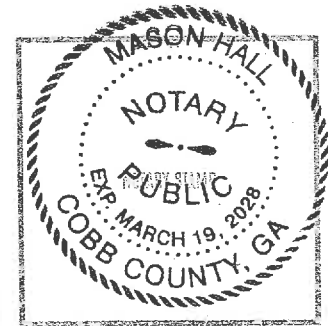
I declare the foregoing statements in Section H are true and correct. I understand that any falsehoods are grounds for automatic dismissal of this application. I further certify that that I will notify the City of Powder Springs Community Development Department of any changes affecting my status and/or position with the business associated with this license.

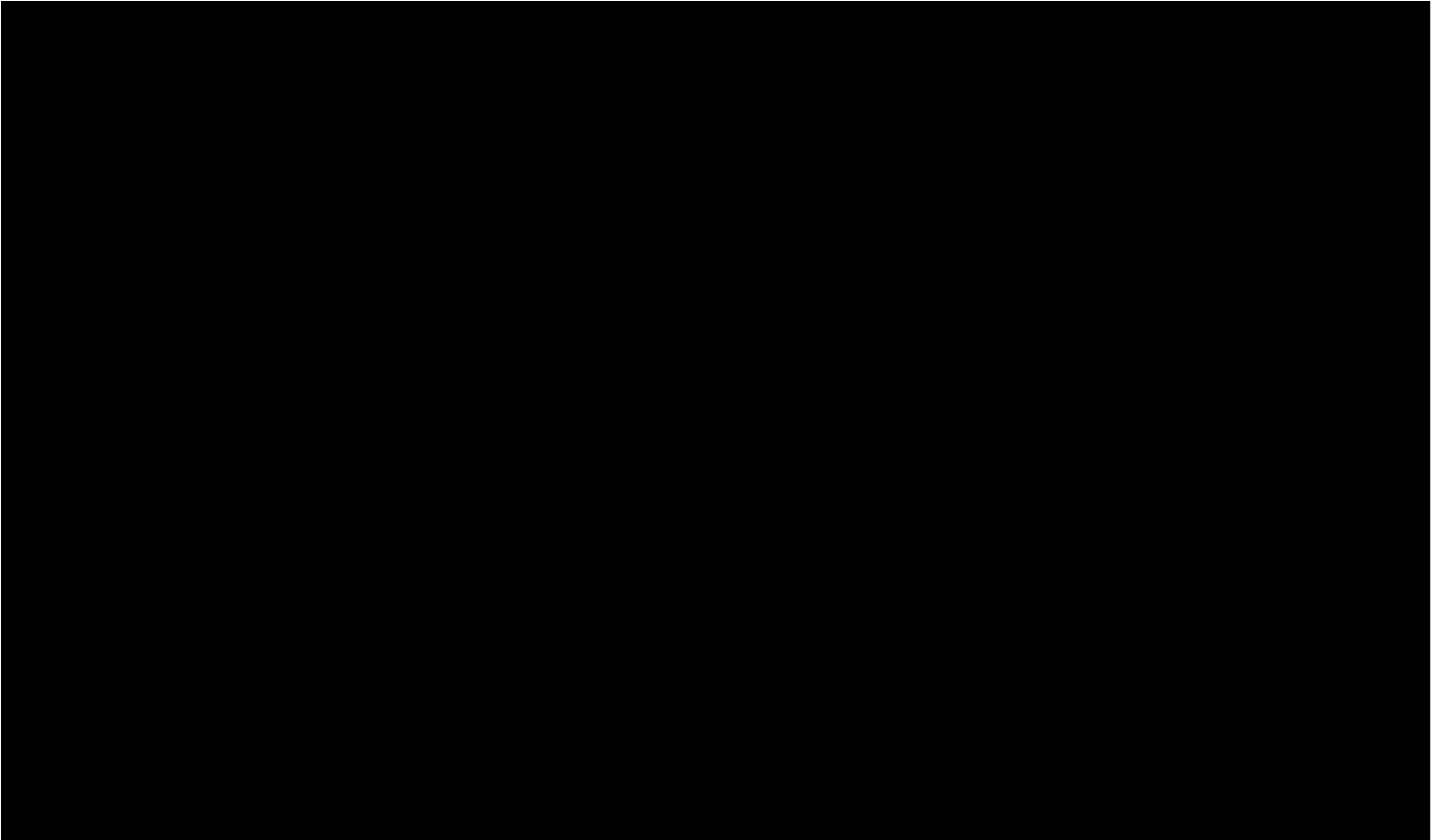
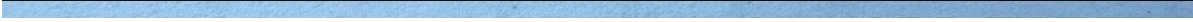
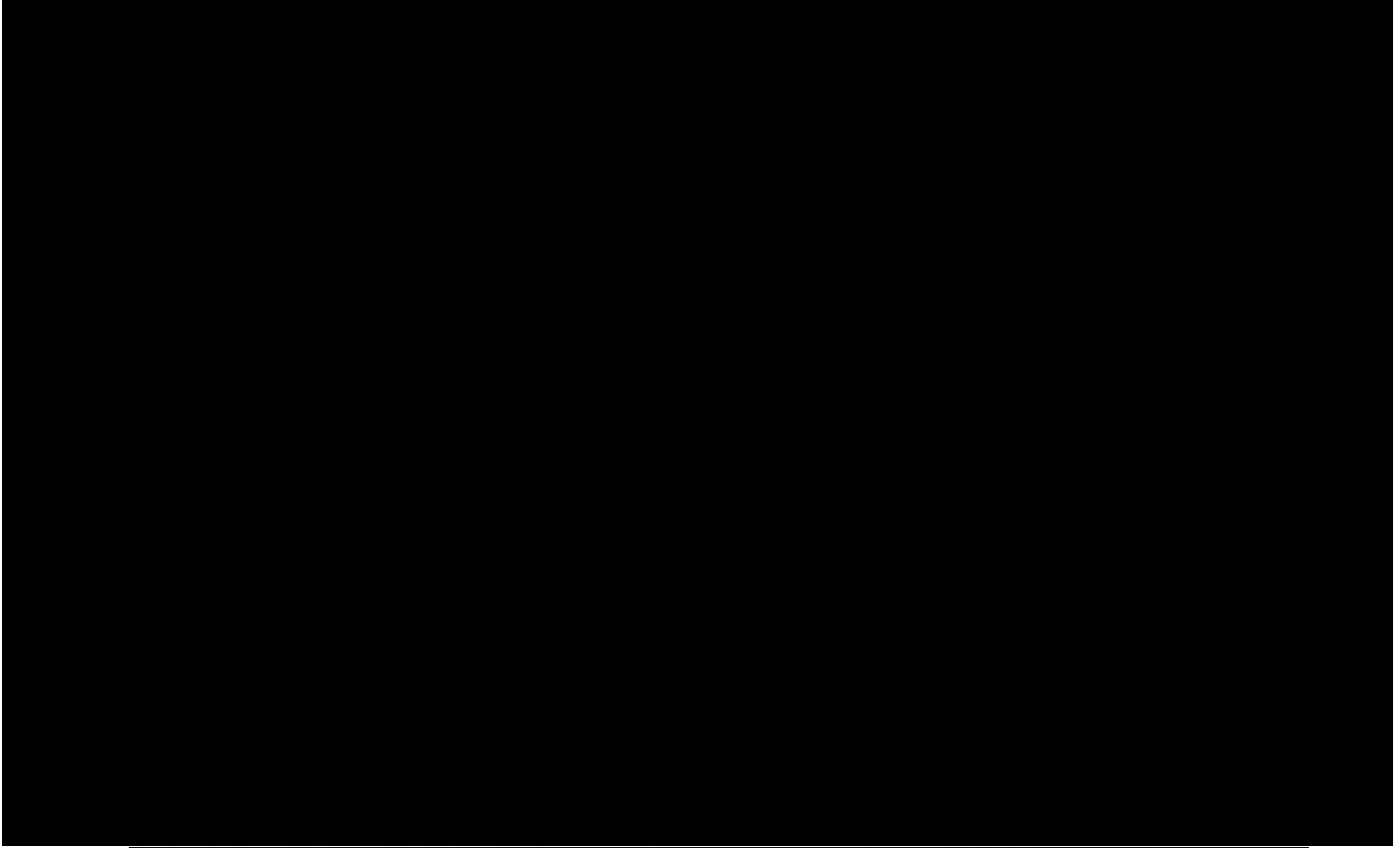
Executed in Powder Springs (City), G.A (State).

Beehinduch Sahdra BALBIR SINGH SAHDRA 06/22/24  
Signature of Applicant Printed Name of Applicant Date

Subscribed and sworn before me this 22 day of JUNE month, 2024

[Signature] MASON HALL 03-19-2028  
Signature of Notary Public Name of Notary Public My Commission Expires







# Online Payments - e-Store



Start Over

## Powder Springs, GA - E-STORE

[View Cart \(\)](#)

**Your order was successfully completed.**

You will receive an email receipt or you can download it

[Confirmation #31730811](#)

[Back to e-Store](#)

[Translate](#)

### **Powder Springs GA**

For specific information or questions, please contact the city directly at number(s) above.

### **GovtWindow Help**

877-575-7233  
or Send Email  
or Read FAQ

\* = Required





**eStore Payment Receipt**  
**Powder Springs, GA**  
 4484 Marietta Street  
 Powder Springs, Georgia 30127  
 Office: 770-943-8001

**Order ID:** 231337  
**Payment Type:**Last 4 of CC: Visa-1901  
**Payment Method:** WEB

**Items Ordered**

Office	Product	Ship	Price	Qty	Sales Tax	Subtotal
Alcohol	Spirituos(Package) [Business Name : BJ Package Inc, Business Physical Address : 4481 Hiram Lithia Springs RD SW]		\$2,000.00	1		\$2,000.00
Alcohol	Wine (Package) [Business Name : BJ Package Inc, Business Physical Address : 4481 Hiram Lithia Springs RD SW]		\$450.00	1		\$450.00
Alcohol	Beer (Package) [Business Name : BJ Package Inc, Business Physical Address : 4481 Hiram Lithia Springs RD SW]		\$450.00	1		\$450.00
Alcohol	Processing Application [Business Name : BJ Package Inc, Business Physical Address : 4481 Hiram Lithia Springs RD SW]		\$500.00	1		\$500.00
Alcohol	Sunday Sales [Business Name : BJ Package Inc, Business Physical Address : 4481 Hiram Lithia Springs RD SW]		\$550.00	1		\$550.00

Customer Name:	
Payer Name:	
Billing Address:	
City/State/Zip:	
Phone #:	
Email:	
Payment Date:	
Payment Clerk:	
<b>Confirmation #:</b>	<b>31730811</b>

**Thank you for your payment.** You will see two transactions on your card related to your payment:

- 1) eStore billed by Powder Springs, GA
- 2) Service Fee billed by GovernmentWindow

Order Amount:	\$3,950.00
Service Fee Amount:	\$118.50
<b>Total Paid:</b>	<b>\$4,068.50</b>

-- CUSTOMER COPY --