



## ALC-120

### Alcoholic Beverage License

**Status:** Active

**Date Created:** Jun 2, 2022

#### Applicant

Family Dollar Family Dollar Stores of Georgia,  
LLC  
ab-licensing@dollartree.com  
500 Volvo Parkway ( 9th FL )  
AB Licensing 9th Floor  
Chesapeake, VA 23320  
757-321-5493

#### Primary Location

2500 S COBB DR SE Unit STE F  
Unit STE F  
SMYRNA, GA 30082

#### Owner:

SOUTH COBB FESTIVAL LLC  
6961 PEACHTREE INDUSTRIAL BLVD  
NORCROSS, GA 30092

### Alcoholic Beverage License Information

#### Type of Alcohol (select all that apply):

Wine



#### Malt Beverage (Beer)



**A NEW Alcoholic Beverage License is required when there has not been an active alcoholic beverage license at the business LOCATION within the previous 12 months. If there has been an active license, an AGENT CHANGE would be applied for.**

#### New, Renewal, or Change of Agent?

New

#### Type of License

Package

#### Add on Licenses (Select all that apply):



#### Sunday Sales

### Business Information

**Legal Name of Business**

**DBA (Doing Business As)**

Family Dollar Stores of Georgia , LLC

Family Dollar #23143

**Business Type:**

Limited Liability Corporation

**Business Street Address**

2500 S Cobb DR.

**Suite/Unit Number**

Suite F

**Business City**

Smyrna

**Business State**

GA

**Business Zip Code**

30080

**Business Direct Phone**

757-321-5493

**Business Email Address**

ab-licensing@dollartree.com

**Business Website**

<https://www.familydollar.com/locations/ga/smyrna/23143>

**Federal Tax ID Number**

xx-xx-xx43

**Alcohol Agent Full Name**

Paul Scott Phillips

**Is this business establishment within the designated distance requirements per license type of any of the following uses?**

**PACKAGE SALES OF DISTILLED SPIRITS (LIQUOR)**

**POURING SALES OF DISTILLED SPIRITS (LIQUOR)**

**PACKAGE SALES OF WINE OR MALT BEVERAGES (BEER)**

**Is the establishment within 600 feet of a school?**

No

**Is the establishment within 300 feet of a church/park/public building/library?**

No

**POURING SALES OF WINE OR MALT BEVERAGES (BEER)**

**WHOLESALE / MANUFACTURE**

**Is the establishment 600 feet from a school?**

No

**Is the establishment 600 feet from a church, park, public building, library, or residence?**

No

**BREWERY**

**WINERY**

**BUSINESSES LOCATED IN SMYRNA  
CENTRAL DOWNTOWN OR ZONED MIXED  
USE**

**POURING SALES OF DISTILLED SPIRITS,  
WINE, MALT BEVERAGES (BEER)**

**PACKAGE SALES OF WINE, OR MALT  
BEVERAGES (BEER)**

**CIGAR SPECIALTY SHOP**

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**Owner Information**

**Full Name of Owner**

Family Dollar Stores of Georgia, LLC

**Number of Years at Address**

12

**Driver's License Number and State**

N/A

**What has been your occupation for the past five (5) years? Please describe in detail:**

N/A

**Corporation CEO**

Harry Spencer (Assistant Secretary)

**Is this a new business in Smyrna?**

No

**Is this a transfer or change of ownership?**

No

**If a change of ownership, attach copy of the  
sales contract and closing statement in  
Attachments section.**

**Has the owner ever had an alcoholic beverage license revoked in Smyrna or another jurisdiction?**

No

**If a partnership, attach list showing each  
partner owning 10% or more with address,  
telephone number, Date of Birth, and Social  
Security Number.**

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**Manager Information (as Applicant)**

**Is the Manager the same as the Owner?**

No

**Full Name of Manager**

Paul Scott Phillips

**Are you a citizen of the United States?**

Yes

**Manager Social Security Number**

XXX-XX-

**Date of Birth**

**Birthplace**

**Manager Current Address**

**Manager City/State**

**Manager Zip Code**

**Manager Direct Phone**

**Manager Email**

ab-licensing@dollartree.com

**Number of years at this address**

3

**Do you reside in Cobb County?**

No

**Previous Address**

**Previous City/State**

**Previous Zip Code**

GA

**Number of years at previous address**

8

**Driver's license number and state**

**What has been your occupation for the past five (5) years? Give a detailed list:**

Family Dollar Manager

**Manager's employment date with owner**

01/15/2002

**Has the manager (as the applicant):**

**Been adjudicated as incompetent or insane, or been deemed to have insufficient mental capacity to conduct the business for which the application is made?**

No

**Been discharged from any military service under dishonorable conditions?**

No

**Within a five-year period immediately preceding the date of application, been arrested or convicted of violating any laws, ordinances, or regulations regulating such business? (The term "conviction" shall include an adjudication of guilt, a plea of guilty or nolo contendere, or the forfeiture of bond when charged with a crime.)**

No

**Within a five-year period preceding the date of application, been convicted for any felony charged under any of the laws of the states or the United States?**

No

**Within a three-year period preceding the application, been convicted of more than one misdemeanor, including traffic violations, involving the use or abuse of any alcoholic beverage, opiate, or drug?**

NO

**If yes to any of the above questions, please attach a statement describing the issue in full detail.**

**Has any license authorizing the sale of alcoholic beverages at the location for which the present license is sought:**

**Been declared to be under supervision, at the date the application is filed?**

No

**Been revoked within six months of the date the application is filed?**

No

**If yes to any of the above questions, please attach a statement describing the issue in full detail.**

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### **Property Information**

**Do you own the land on which this business is to operate?**

No

**If you are not the owner, list the terms of the lease; including the way the rent is determined; to whom and at what intervals it is paid.**

**Have you, your spouse, partner, or stockholder any financial interest in the wholesale liquor business?**

No

**If this is a previously licensed location, give the amount of alcohol sales for the previous twelve months and give the dates used in computing the gross sales. Indicate sales for beer, wine, and liquor separately.**

N/A

**Please digitally sign here to indicate that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance.**

Marie A Johnson

03/31/2022

**Are you familiar with the City of Smyrna ordinances and state and federal laws and regulations governing the operation of this type of business?**

Yes

**Are you aware that you are required to apply for a State license?**

Yes

Please contact the Georgia Department of Revenue Alcohol Division at (404) 417-4900 or <https://dor.georgia.gov/alcohol-tobacco/alcohol-licenses-permits/alcohol-licensing>.

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## Notifications

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## Authorization

I, the applicant, being duly sworn to law, do swear that the statements made by me in the above and foregoing application are true, and no false or fraudulent statement is made herein and such statements were made in order to procure the granting of a license.

### Applicant Signature

Marie A Johnson  
03/31/2022

## Internal

### MDJ Advertisement Date (1)

01/06/2023

### MDJ Advertisement Date (2)

01/13/2023

### Date Added to Legistar

12/15/2022

### Mayor & Council Date

01/17/2023

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