



## ALC-147

### Alcoholic Beverage License

**Status:** Active

**Date Created:** Jun 6, 2023

#### Applicant

Noordin Bhimani  
quickmart3002llc@gmail.com  
3002 Atlanta RD SE  
Smyrna, GA 30080  
6789784317

#### Primary Location

3002 ATLANTA RD SE  
SMYRNA, GA 30080

#### Owner:

MEADOW & SONS LLC  
4942 MEADOW LN MARIETTA, GA 30068

### 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?

Change of Agent

#### Type of License

Package

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

#### Sunday Sales



### Business Information

#### Legal Name of Business

QUICKMART 3002 LLC

#### Business Type:

Limited Liability Corporation

**Business Street Address**

3002 ATLANTA RD SE

**Business State**

GA

**Business Direct Phone**

7702569320

**Federal Tax ID Number****Business City**

SMYRNA

**Business Zip Code**

30080

**Business Email Address**

QUICKMART3002LLC@GMAIL.COM

**Alcohol Agent Full Name**

NOORDIN BHIMANI

**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)**

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

**WHOLESALE / MANUFACTURE**

**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**

NOORDIN BHIMANI

**Corporation CEO**

Noordin Bhimani

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

No

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

yes

**Effective date**

05/01/2023

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

**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?**

Yes

**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.**

Rent will be \$30,000 paid per month to Imara Management LLC

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

No

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

Noordin Bhimani

05/24/2023

**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**

**Applicant Signature**

Noordin Bhimani

05/24/2023

made herein and such statements were made in order to procure the granting of a license.

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Internal

**MDJ Advertisement Date (1)**

07/14/2023

**MDJ Advertisement Date (2)**

07/21/2023

**License & Variance Board Date**

07/26/2023

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