

ALC-151

Alcoholic Beverage License

Status: Active

Date Created: Aug 3, 2023

Applicant

Paula Conner paula.conner@optum.com 517 Battleview Drive Smyrna, GA 30082 6786424686

Primary Location

730 CONCORD RD SE SMYRNA, GA 30082

Owner:

TW TUCKER PROPERTIES LLC 730 CONCORD RD SMYRNA, GA 30082

Alcoholic Beverage License Information

Type of Alcohol (select all that apply):

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.

Add on Licenses (Select all that apply):

Distilled Spirits (Liquor) ☑

Wine

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

Type of License Pouring

Retail Pouring Type Restaurant

Sunday Sales

Business Information

Legal Name of Business

Red Pierce Enterprises

DBA (Doing Business As) Timbers Tavern 08/16/2023

Business Type: Limited Liability Corporation

Business City Smyrna

Business Zip Code 30082

Business Email Address redstimbers@gmail.com

Federal Tax ID Number

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

Business Street Address

730 Concord Rd

Business State GA

Business Direct Phone 7704342432

Business Website http://www.redandterrystimbers.com/

Alcohol Agent Full Name Paula Conner

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

WINERY

BREWERY

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

Owner Information

Full Name of Owner Paula Conner **Corporation CEO** Paula Conner

Is this a new business in Smyrna?

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.

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

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

IT yes το any οτ τηε above questions, please attach a statement describing the issue in full detail.

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.

Monthly rent is paid to the property owner at the 1st of each month.

Do you, your spouse, any family members, or any of the other owners, partners, or stockholders have an interest in a retail liquor store(s)?

No

Have you, your spouse, partner, or stockholder any financial interest in the wholesale liquor business? No

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

Paula Conner 02/09/2023

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/alcoholtobacco/alcohol-licenses-permits/alcohollicensing.

Notifications

Authorization

Applicant Signature

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. Paula Conner 02/09/2023

Internal

MDJ Advertisement Date (1) 09/01/2023 **MDJ Advertisement Date (2)** 09/08/2023

Date Added to PrimeGov 08/16/2023

License & Variance Board Date 09/13/2023