

ALC-148

Alcoholic Beverage

License

Status: Active

Submitted On: 8/3/2023

Primary Location

1461 VETERANS MEMORIAL HWY SE

SMYRNA, GA 30126

Owner

LAESK DEVELOPMENT LLC 342 SHILOH PASS NW KENNESAW, GA 30144

Applicant

RaceTrac Inc.

J 770-431-7600

storelicensing@racetrac.com

Attn: Licensing / 200

Galleria Pkwy.

Suite 900

Atlanta, GA 30339

Alcoholic Beverage License Information

Type of Alcohol (select all that apply):

Distilled Spirits (Liquor)
Malt Beverage (Beer)
Wine

Wine

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?*

Type of License*

Change of Agent Package

Add on Licenses (Select all that apply):

Sunday Sales	Growler Specialty Shop ②
\checkmark	
Wine Specialty Shop ②	Cigar Specialty Shop ②
Brewery ②	Winery ②
Distillery ②	
Business Information	
Legal Name of Business*	DBA (Doing Business As)
RaceTrac, Inc.	RaceTrac #140
Business Type:*	Business Street Address*
Corporation - Domestic	1461 Veterans Memorial Hwy, SE
Suite/Unit Number	Business City*
	Mabelton
Business State*	Business Zip Code*
GA	30126
Business Direct Phone*	Business Email Address*
(770) 431-7600	storelicensing@racetrac.com

Business	Website
-----------------	---------

Federal Tax ID Number*

-*2959

Alcohol Agent Full Name*

Tobauis Melson

Owner Information

Is the Business Owner a Corporation?*

Yes

Corporation Address*

200 Galleria Pkwy., Ste. 900

Corporation Phone Number*

(770) 431-7600

State of Incorporation*

GΑ

Is this a transfer or change of ownership?*

No

Full Name of Owner*

RaceTrac, Inc.

Corporation City, State, & Zip Code*

Atlanta, GA 30339

Corporation CEO*

Max E. McBrayer, Jr.

Is this a new business in Smyrna?*

No

Manager Information (as Applicant)

Is the Manager the same as the Owner?*

No

Full Name of Manager*

Tobauis Melson

Are you a citizen of the United States?*	Manager Social Security Number*
Yes	***_**
Date of Birth*	Birthplace*
Manager Current Address*	Manager City/State*
	,
Manager Zip Code*	Manager Direct Phone*
Manager Email*	Number of years at this address*
tmelson@racetrac.com	
Do you reside in Cobb County?*	evious Address*
No	
D 01. (01.1. *	D 7. 0 . 1 *
Previous City/State*	Previous Zip Code*
Number of years at previous address*	Driver's license number and state*
mainibel of years at previous address	Direct 3 license number and state
What has been your occupation for the past five (5) year	s? Give a detailed list:*

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

RaceTrac, Inc.; 2013-Present; General Manager/Operations Supervisor

Manager's employment date with owner*

04/01/2014

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?*

Been discharged from any military service under dishonorable conditions?*

No

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.)*

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

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

No

Property Information

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

Yes

Date Purchased*

application is filed?*

08/23/2005

Amount Paid (\$)

1087250

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

Been revoked within six months of the date the

No

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

Tobauis Melson May 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

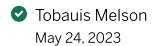
Are you aware that you are required to apply for a State license?*

Yes

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



Internal

MDJ Advertisement Date (1)*	■ MDJ Advertisement Date (2)*	
_	_	
■ Date Added to PrimeGov*		
_	_	
■ Decision		
_		