



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.
 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 ?

☒

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

☒

Growler Specialty Shop ?

☐

Wine Specialty Shop ?

☐

Cigar Specialty Shop ?

☐

Brewery ?

☐

Winery ?

☐

Distillery ?

☐

Business Information

Legal Name of Business*

RaceTrac, Inc.

DBA (Doing Business As)

RaceTrac #140

Business Type:*

Corporation - Domestic

Business Street Address*

1461 Veterans Memorial Hwy, SE

Suite/Unit Number

Business City*

Mabelton

Business State*

GA

Business Zip Code*

30126

Business Direct Phone*

(770) 431-7600

Business Email Address*

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

Full Name of Owner*

RaceTrac, Inc.

Corporation Address*

200 Galleria Pkwy., Ste. 900

Corporation City, State, & Zip Code*

Atlanta, GA 30339

Corporation Phone Number*

(770) 431-7600

Corporation CEO*

Max E. McBrayer, Jr.

State of Incorporation*

GA

Is this a new business in Smyrna?*

No

Is this a transfer or change of ownership?*

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?*

Yes

Manager Social Security Number*

***_**

Date of Birth*

Birthplace*

Manager Current Address*

Manager City/State*

,

Manager Zip Code*

Manager Direct Phone*

Manager Email*

tmelson@racetrac.com

Number of years at this address*

Do you reside in Cobb County?*

No

Previous Address*

Previous City/State*

Previous Zip Code*

Number of years at previous address*

Driver's license number and state*

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?*

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

Property Information

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

Yes

Date Purchased*

08/23/2005


Amount Paid (\$)

1087250

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.*

 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

✓ Tobauis Melson
May 24, 2023

Internal

🔒 MDJ Advertisement Date (1)*

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🔒 MDJ Advertisement Date (2)*

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🔒 Date Added to PrimeGov*

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🔒 License & Variance Board Date*

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🔒 Decision

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