



## License and Variance Board Meeting - Final

May 24, 2023  
10:00 AM

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- A. LIC2023-008** Privilege License Agent Change Request – Beer, Wine, and Liquor (retail pouring) – 2467 Cobb Parkway SE – GMRI, Inc. dba Olive Garden #1136, with Sara Elizabeth Hall as agent.



# City of Smyrna

## Issue Sheet

A Max Bacon  
City Hall  
2800 King Street  
Smyrna, GA 30080

File Number: LIC2023-008

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**Agenda Date:** 5/24/2023

**In Control:** License and Variance Board

**File Type:** License

**Agenda Section:**  
Formal Business

**Agenda Number:** A

**Department:** Community Development

**Agenda Title:**

Privilege License Agent Change Request – Beer, Wine, and Liquor (retail pouring) – 2467 Cobb Parkway SE – GMRI, Inc. dba Olive Garden #1136, with Sara Elizabeth Hall as agent.

***Ward 1 Councilmember - Glenn Pickens***

**ISSUE AND BACKGROUND:**

Application was made for privilege license agent change for GMRI, Inc. dba Olive Garden #1136 for the sale of beer, wine, and liquor (retail pouring). Sara Elizabeth Hall is the agent applicant.

Sara Elizabeth Hall will be the registered agent responsible for the sale of alcohol at 2467 Cobb Parkway SE. The applicant has been given a copy of the Alcoholic Beverage ordinances and attended the mandatory alcohol awareness workshop.

A background investigation conducted by the Smyrna Police Department failed to reveal information that would preclude issuance of this license. Ms. Hall has agreed to abide by the guidelines set forth by the City of Smyrna ordinance governing the sale of alcohol.

**RECOMMENDATION / REQUESTED ACTION:**

Privilege License Agent Change Request – Beer, Wine, and Liquor (retail pouring) – 2467 Cobb Parkway SE – GMRI, Inc. dba Olive Garden #1136, with Sara Elizabeth Hall as agent.



## ALC-146

### Alcoholic Beverage License

**Status:** Active

**Date Created:** Apr 12, 2023

#### Applicant

Sard & Leff  
dorbulk@sardandleff.com  
3789 Roswell Road  
Atlanta, GA 30342  
7706440800

#### Primary Location

2467 COBB PKWY SE  
SMYRNA, GA 30080

#### Owner:

CUMBERLAND SQUARE NORTH LLC DBA THE  
OLIVE GARDEN STORE 1136, DBA THE OLIVE  
GARDEN STORE 1136  
ATTN PROPERTY TAX DEPARTMENT PO BOX  
695019 ORLANDO, FL 32869

### Alcoholic Beverage License Information

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

##### Malt Beverage (Beer)



#### Distilled Spirits (Liquor)



#### 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

Pouring

#### Retail Pouring Type

Restaurant

#### Sunday Sales



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

### Business Information

**Legal Name of Business**

GMRI, Inc.

**DBA (Doing Business As)**

Olive Garden #1136

**Business Type:**

Corporation - Foreign

**Business Street Address**

2467 Cobb Parkway

**Business City**

Smyrna

**Business State**

GA

**Business Zip Code**

30080

**Business Direct Phone**

7709338971

**Business Email Address**

swood@darden.com

**Federal Tax ID Number**

-

**Alcohol Agent Full Name**

Sara Elizabeth Hall

**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****Is the Business Owner a Corporation?**

Yes

**Full Name of Owner**

GMRI, Inc.

**Corporation Address**

1000 Darden Center Drive

**Corporation Phone Number**

407-245-4841

**State of Incorporation**

Florida

**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.**

**Corporation City, State, & Zip Code**

Orlando, FL 32837

**Corporation CEO**

Angela Simmons

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

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

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

Yes

**Date of Birth****Full Name of Manager**

Sara Elizabeth Hall

**Manager Social Security Number**

- -

**Birthplace****Manager Current Address****Manager City/State****Manager Zip Code****Manager Direct Phone****Manager Email**

shall@olivegarden.com

**Number of years at this address**

1

**Do you reside in Cobb County?**

No

**Previous Address****Previous City/State****Previous Zip Code****Number of years at previous address**

6

**Driver's license number and state**

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

02/2003 - Present: Olive Garden, Various locations, General Manager

**Manager's employment date with owner**

02/22/2003

**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.**

On File - Change of Managing Agent only

**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 indicate that you have received a copy of the City of Smyrna Alcoholic Beverage Ordinance.**

Sara Elizabeth Hall

04/12/2023

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

**Applicant Signature**

Sara Elizabeth Hall

04/12/2023

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Internal

**MDJ Advertisement Date (1)**

05/12/2023

**MDJ Advertisement Date (2)**

05/19/2023

**License & Variance Board Date**

05/24/2023

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# Training Institute for Responsible Vendors, Inc.

certifies that

Sara Elizabeth Hall

has successfully completed training in our RASS Workshop thus  
entitling them to all the rights and privileges appertaining thereto .

In witness thereof the undersigned have affixed their names  
this 23rd day of March, 2023

Seal



President



"Policing with a Purpose"

# Smyrna Police Department

2646 Atlanta RD SE  
Smyrna, GA 30080-2118  
Phone: 770-434-9481  
Fax: 678-631-5005

Chief of Police  
Keith Zgonc



Deputy Chief  
Robert Harvey

Date: May 2, 2023

To: Joseph Bennett, City Administrator

From: Keith Zgonc, Chief of Police

Major Mark Binicewicz, Office of Professional Standards

Subject: Application for Alcohol License

Applicant: Sara Hall

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This applicant, SARA HALL, is the manager of the business listed below and has submitted an application with the business license office to obtain an alcohol beverage license, issued to, **OLIVE GARDEN.**

The business name is OLIVE GARDEN.

The business is incorporated under the name **GMRI, Inc.**

A background check was conducted on this applicant. There was nothing in her background within the requirements of City of Smyrna Ordinance 6-51 that would prohibit her from holding the license as long as she meets all the other requirements of the ordinances that regulate this type of business.

CC: Heather Peacon-Corn, City Clerk

Kelly Moon, Business License

File