

MEETING OF OCT 23, 2013

WARD 4 (cw)

ITEM NUMBER _____

\$ IMPACT _____

ISSUE:

Application for change of agent for American Legion Post #160 for privilege licenses for beer, wine, and liquor (retail pouring). Harold E Watkins is the applicant. Previously Charles Barrett was agent.

SUMMARY:

Harold E Watkins as the registered agent for American Legion Post #160 requests privilege licenses for the sale of beer, wine, and liquor (retail pouring) at 160 Legion Dr.

BACKGROUND:

Harold E Watkins will be the registered agent, responsible for the sale of alcohol, at the referenced location. Harold E Watkins has been given a copy of the Alcoholic Beverage Ordinance and attended the mandatory alcohol awareness workshop. (Certificate attached)

STAFF RECOMMENDATION:

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

REQUESTED ACTION:

Approval of privilege licenses for the sale of beer, wine, and liquor (retail pouring) American Legion Post #160 with Harold E Watkins as the registered agent.

CITY OF SMYRNA
BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5321 Fax (770) 431-2814
Web site: www.smyrnacity.com

PLEASE TYPE APPLICATION AND ANSWER ALL QUESTIONS.

TYPE OF LICENSE: [CHECK APPROPRIATE SPACES]

LIQUOR:

- NEW
- RENEWAL
- TRANSFER
- MANUFACTURER
- WHOLESALER
- PKG. BEER/WINE
- PKG. DIST. SPIRITS
- RETAIL POURING
- Restaurant
- Package Store
- Dancing/Live Ent
- Private
- Other

BEER:

- NEW
- RENEWAL
- TRANSFER
- MANUFACTURER
- WHOLESALER
- PKG. BEER/WINE
- PKG. DIST. SPIRITS
- RETAIL POURING
- Restaurant
- Package Store
- Dancing/Live Ent.
- Private
- Other

WINE:

- NEW
- RENEWAL
- TRANSFER
- MANUFACTURER
- WHOLESALER
- PKG. BEER/WINE
- PKG. DIST. SPIRITS
- RETAIL POURING
- Restaurant
- Package Store
- Dancing/Live Ent.
- Private
- Other

1. Legal Name of Business American Legion Post 160

Operating name of the Business American Legion Post 160

Is the Business a: proprietorship partnership corporation foreign

2. Location 160 Legion Dr, Smyrna GA 30080 Phone 770 436-2501

3. Is business within the designated distance of any of the following?

	YES	NO
PACKAGE DISTILLED SPIRITS		
SCHOOL 600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE 300 FEET	<input type="radio"/>	<input checked="" type="radio"/>
POURING DISTILLED SPIRITS		
SCHOOL 600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE 200 FEET [BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]	<input type="radio"/>	<input checked="" type="radio"/>
PACKAGE WINE, MALT BEVERAGE		
SCHOOL 600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY 300 FEET [EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]	<input type="radio"/>	<input checked="" type="radio"/>
POURING WINE, MALT BEVERAGE		
SCHOOL 600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE 200 FEET [BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]	<input type="radio"/>	<input checked="" type="radio"/>

HAROLD E WATKINS

4. Full name of Owner American Legion Post 160 INC.

If a sole proprietor, will you manage the business full time on the premises? Yes No

Social Security Number [REDACTED] Date of Birth May 29 1948

Are you a Citizen of the United States? Yes No Birthplace Buchanan, GA,

Current Address 3894 Ronald rd. City/State Smyrna Zip 30082

Home Telephone [REDACTED] Number of years at present address 1.6 yrs

Drivers License Number and State [REDACTED]

What has been your occupation for the past five (5) years? Give detailed list Commander of American Legion Post 160, retired

If a partnership, attach list showing each partner owning 10% or more, with address, telephone number, date of birth, and social security number.

If a corporation, provide corporate address, phone number & name of Chief Executive Officer Harold E. Watkins
160 Legion Dr. Smyrna 30080 404 217 8704

Federal Tax ID # 58-0550078 State of Incorporation Georgia

Is this a new business in Smyrna? Yes No If yes, date business will begin in Smyrna _____

Is this a transfer or change of ownership? Yes No Effective date _____

If yes, enclose a copy of the sales contract, closing statement.

Has owner ever had an alcoholic beverage license revoked in Smyrna or other jurisdiction?

Yes No If yes, attach full details.

5. Full name of Manager (as Applicant) _____

Social Security Number _____ Date of Birth _____

Are you a Citizen of the United States? Yes No Birthplace _____

Current Address _____ City/State _____ Zip _____

Home Telephone _____ Number of years at present address _____

Do you reside in Cobb County? Yes No If yes, how long _____

Previous address _____

Number of years at previous address _____ Drivers License Number and State _____

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

Manager's employment date with owner _____

Has the manager (as applicant):

(a) Been adjudicated as incompetent or insane, or been deemed to have insufficient mental capacity to conduct the business for which the application is made? Yes No

(b) Been discharged from any military service under dishonorable conditions? Yes No

(c) 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.) Yes No

If there was an arrest, are charges still pending? Yes No

(d) Within a five-year period preceding the date of application, been convicted for any felony charged under any of the laws of the several states or of the United States? Yes No (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.) If there was an arrest, are charges are still pending? Yes No

(e) 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? Yes No (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.) If there was an arrest, are charges still pending? Yes No

(f) Been currently placed on parole from any governing authority? Yes No

Has any license authorizing the sale of alcoholic beverages at the location for which the present license is sought:

(g) Been declared to be under suspension, at the date the application is filed? Yes No

(h) Been revoked within six months of the date that the application is filed? Yes No

If yes to any of the above questions, please attach full detail.

7. Do you own the land and building on which this business is to operate? Yes No

Date Purchased _____ Amount Paid _____

If not, list the terms of the lease; including the manner in which the rent is determined, to whom and at what intervals it is paid.

Attach a copy of the lease and any other pertinent documents.

8. How is the proposed location zoned? _____

Attach copy of zoning certification from the City of Smyrna (Community Development 770-319-5387).

9. If this is an application for an original license, attach proof of adequate parking facilities as per the City of Smyrna zoning requirements (Community Development 770-319-5387).

10. 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)? Yes No If so, state the number of stores and where each store is located.

11. Have you, your spouse, partner or stockholder any financial interest in the wholesale liquor business? Yes No
If yes, give details.

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BUSINESS LICENSE DEPARTMENT
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE
Phone (678) 631-5321 Fax (770) 431-2814
Web site: www.ci.smyrna.ga.us

1. Legal Name of Business: American Legion Post 160 LLC
2. Location: 160 Legion Dr, Smyrna Ga, 30080 Phone: 770 436 2501
3. Name of Applicant: Harold Edward Watkins

CERTIFICATION BY BUILDING INSPECTOR

I have inspected the premises referenced above and certify the location meets all minimum requirements of the Smyrna Building Code.

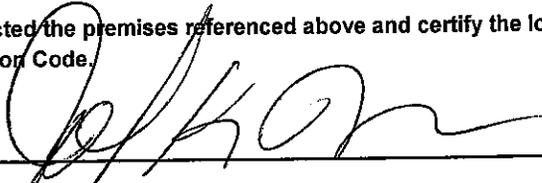


Date 9/30/13

Chief Building Inspector

CERTIFICATION BY FIRE MARSHAL

I have inspected the premises referenced above and certify the location meets all minimum requirements of the City of Smyrna Fire Prevention Code.

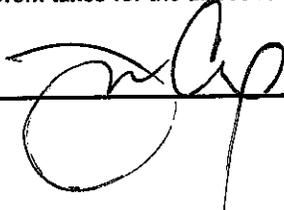


Date 10-4-13

Fire Marshal

CERTIFICATION BY TAX CLERK

I certify the ad valorem taxes for the above referenced property have been paid and there are no outstanding liens.



Date 9/19/13

Tax Clerk

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GEORGIA, COBB COUNTY

I, Harold Edward Watkins, 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.

Signature of Owner (type name before signing) Harold Edward Watkins

Signature and title of person other than Owner completing this application
Phone Number: Work: _____ Home: _____

Signature of Managing Applicant (type name before signing) Harold Edward Watkins

Signature and title of person other than Applicant completing this application
Phone Number: Work: _____ Home: _____

Sworn to and subscribed before me
This 19 day of Sept 2013.

Notary Public [Signature]

FINGERPRINTED AT SMYRNA POLICE DEPARTMENT:

[Signature] Date 9/23/13

RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:

Date 9/19/13

Training Institute for Responsible Vendors, Inc.

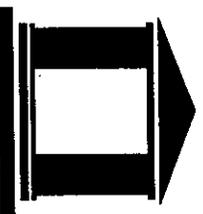
certifies that

Harold Watkins

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 19th day of September, 2013

Seal




President



CITY OF SMYRNA

3180 Atlanta Road, Smyrna, Georgia 30080

(770) 319-5387 / www.smyrnacity.com

Date: September 30, 2013

To: Eric Taylor, City Administrator

From: Ken Suddreth, Community Development Director
Robin Broyles, Chief Building Official

Subject: Application for New Alcoholic Beverage License

Applicant: **Harold Edward Watkins**

Business: **American Legion Post 160 Inc.**

This applicant, **Harold Edward Watkins**, has submitted with the business license office to have a new alcoholic beverage license issued to **American Legion Post 160 Inc.**

The proposed location has been checked and no building code violations exist at this time. Also, the proposed location has adequate parking.

CC: Terri Graham, City Clerk

Jim Cox, Business License

File

MAYOR
A. MAX BACON

CITY COUNCIL	WARD 1 MELLENY PRITCHETT	WARD 2 ANDREA BLUSTEIN	WARD 3 TERI ANULEWICZ	WARD 4 CHARLES A. WELCH	WARD 5 SUSAN WILKINSON	WARD 6 WADE L NENICKA	WARD 7 RON FENNEL
	CITY ADMINISTRATOR ERIC TAYLOR		CITY CLERK SUSAN D. HIOTT, M.M.C	CITY ATTORNEY SCOTT A. COCHRAN	MUNICIPAL COURT JUDGE E. ALTON CURTIS, JR.		

CITY OF SMYRNA

PRIVILEGE LICENSE APPLICATION SUMMARY

DATE: 10/3/2013 AGENDA: _____ LICENSE/VARIANCE: 10/23/2013

TYPE OF LICENSES REQUESTED: BEER, WINE, & LIQUOR (RETAIL POURING)

NEW APPLICATION: NO OWNERSHIP NO AGENT YES

NAME OF BUSINESS: AMERICAN LEGION POST #160

PLACE OF BUSINESS: 160 LEGION DR
SMYRNA, GA 30080

AGENT: HAROLD E WATKINS
HOME ADDRESS: 3799 DONALD RD.
SMYRNA, GEORGIA 30080

CITIZENSHIP YES

POLICE REPORT: DATE REQUESTED 9/23/13 RECEIVED 9/30/13

RESULTS: INVESTIGATION FAILED TO REVEAL INFORMATION THAT WOULD
PRECLUDE ISSUANCE OF THIS LICENSE

TYPE OF BUILDING MASONRY
DISTANCE MET: SCHOOL YES CHURCH YES LIBRARY YES PARK YES

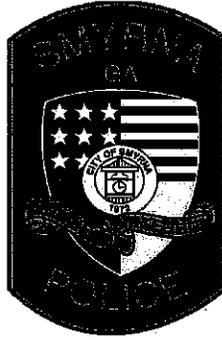
MAP FURNISHED: N/A

ADVERTISED: 10/11/13 & 10/18/13

COMMENTS: NONE

David Lee
Chief of Police

Michael L. Brown
Deputy Chief of Police



2646 Atlanta Road
Smyrna, Ga. 30080
(770) 434-9481
www.ci.smyrna.ga.us

Date: September 24, 2013

To: Eric Taylor, City Administrator

From: David Lee, Chief of Police

Lt. Terry McCormick, Office of Professional Standards

Subject: Application for Alcoholic Beverage License Transfer

Applicant: Mr. Harold Watkins

This applicant, Mr. Harold Watkins, is the listed manager/commander of the business listed below and has submitted an application with the business license office to obtain an alcoholic beverage license issued to **160 Legion Dr Smyrna Ga. 30080**.

The business name is **American Legion Post 160 Inc.**

The business is incorporated under the name **American Legion Post 160 Inc.**

A check of the GA Secretary of State's Office revealed that the corporation is Active/Compliant.

A criminal history was conducted on this applicant and there is nothing in his criminal history that would prohibit him from holding the license as long as he meets all the other requirements of the ordinances that regulate this type of business.

CC: Terri Graham, City Clerk

Jim Cox, Business License

File

USA
Georgia
DRIVER'S LICENSE

DL NO. 050521557
CLASS C
HAROLD EDWARD
WATKINS
DOB 05/29/1948
EXP 05/29/2018

3738 DONALD RD SW
SMYRNA GA 30082
DOB NONE
Res. 04/26/2013
Sex M Eyes GRN
Hgt 6'-00" Wgt 220

00376004690030044234VE155

CDWR 2