

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 ☐  
WHOLESALE ☐  
PKG. BEER/WINE ☐  
PKG. DIST. SPIRITS ☐  
RETAIL POURING ☒  
Restaurant ☐  
Package Store ☐  
Dancing/Live Ent ☐  
Private ☒  
Other ☐

**BEER:**

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

**WINE:**

NEW ☐  
RENEWAL ☐  
TRANSFER ☒  
MANUFACTURER ☐  
WHOLESALE ☐  
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?

**PACKAGE DISTILLED SPIRITS**

		YES	NO
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	<input type="radio"/>	<input checked="" type="radio"/>
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]			

**PACKAGE WINE, MALT BEVERAGE**

SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY	300 FEET	<input type="radio"/>	<input checked="" type="radio"/>
[EXCEPT GROCERY STORES AS DEFINED BY ORDINANCE]			

**POURING WINE, MALT BEVERAGE**

SCHOOL	600 FEET	<input type="radio"/>	<input checked="" type="radio"/>
CHURCH/PARK/PUBLIC BUILDING/ LIBRARY/RESIDENCE	200 FEET	<input type="radio"/>	<input checked="" type="radio"/>
[BUILDING NO CLOSER THAN 75 FEET FROM PROPERTY LINE]			

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.

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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.

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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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**CITY OF SMYRNA**  
**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.

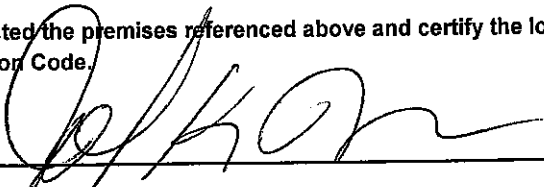


Date 9/30/13

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.

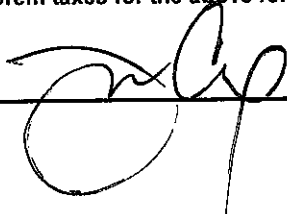


Date 10-4-13

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:**

M. G. [Signature]

Date

9/23/13

**RECEIVED IN CITY OF SMYRNA BUSINESS LICENSE DEPARTMENT BY:**

[Signature]

Date

9/19/13

# Training Institute for Responsible Vendors, Inc.

certifies that

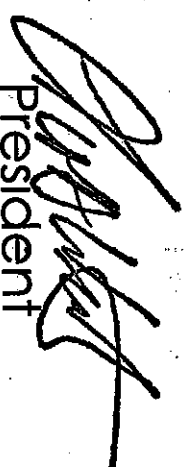
**Harold Watkins**

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

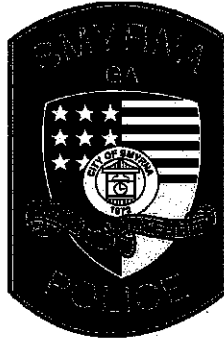
MAP FURNISHED: N/A

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](http://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

3739 DONALD RD SW  
SMYRNA, GA 30082-2001  
DOB NONE

Restrictions A  
Iss. 04/26/2013  
Sex M  
Hgt 6'-00" Eyes GRN  
Wgt 220 LB

DD3160044690030044234VET1551

02211557

DONOR