



#146763
\$500 app fee

Application for Alcoholic Beverage License

Business Name: Frida's Taqueria

Business Address: 5514 Lawrenceville Hwy, Lilburn GA 30047

1. Type of Application (check one): New Renewal Amendment

2. Administrative and Investigation Fees (does not apply to renewals)

Packaged Beer & Wine Sales – \$250 All Other Applications – \$500 Breweries & Distilleries – \$200

3. Type of Business (check one):

- Bona Fide Eating Establishment
- Indoor Comm. Recreational Establishment
- Banquet/Event Hall
- Supermarket
- Package Store
- Other Retail Business
- Convenience Store
- Hotel Minibar

4. License(s) Applying For (check all applicable):

Retail Package & Retail Consumption On Premises:

- Brewery – \$500
- Distillery – \$500

Retail Package:

- Beer (Includes Sunday Sales) – \$850
- Beer And Wine (Includes Sunday Sales) – \$1,700
- Dis tilled Spirits, Beer And Wine (Includes Sunday Sales) – \$5,000
- Hotel Minibar – Beer And Wine (Includes Sunday Sales) – \$320
- Hotel Minibar – Distilled Spirits, Beer And Wine (Includes Sunday Sales) – \$1,390
- Wine (Includes Sunday Sales) – \$850

Retail Consumption On Premises:

- Beer (Includes Sunday Sales) – \$850
- Beer And Wine (Includes Sunday Sales) – \$1,700
- Beer, Wine & Distilled Spirits (Includes Sunday Sales) – \$7,200
- Banquet Hall – Beer (Includes Sunday Sales) – \$850
- Banquet Hall – Wine (Includes Sunday Sales) – \$850
- Banquet Hall – Beer & Wine (Includes Sunday Sales) – \$1,700
- Banquet Hall – Beer, Wine & Dist. Spirits (Includes Sunday Sales) – \$7,200
- Wine (Includes Sunday Sales) – \$850

(Note: ¾ of fee after April 1, ½ of fee after July 1, ¼ of fee after Oct. 1)



Application for Alcoholic Beverage License

5. Business:

(a) Full Name: Frida's Taqueria LLC
 (b) Location: 5514 Lawrenceville hwy.
 Street No. Street Name
Lilburn GA 30047 470-273-5349
 City State Zip Phone Number

(c) Mailing Address (if different):
 Street No. Street Name
 City State Zip Phone Number

(d) Federal Employer Identification Number: [REDACTED]
 (e) State Withholding Number: [REDACTED]
 (f) State Sales Tax Number: [REDACTED]
 (g) Other City of Lilburn or Gwinnett County License (specify type of license, issuer and number): [REDACTED]

6. Owner:

(a) Full Name: Nancy Carrillo Social Security #: [REDACTED]
 (b) Home Address: [REDACTED]
 Street No. Street Name
Tucker GA 30084 [REDACTED] 0205
 City State Zip Phone Number

(c) Mailing Address (if different):
 Street No. Street Name
 City State Zip Phone Number

(d) Other City of Lilburn or Gwinnett County License (specify type of license, issuer and number): [REDACTED]

7. Registered Agent (must be a Gwinnett County resident):

(a) Full Name: Marco Silva
 (b) Location: [REDACTED]
 Street No. Street Name
Lilburn GA 30047 [REDACTED] 5858
 City State Zip Phone Number

(c) Mailing Address (if different):
 Street No. Street Name
 City State Zip Phone Number

(d) Other City of Lilburn or Gwinnett County License (specify type of license, issuer and number): [REDACTED]



Application for Alcoholic Beverage License

8. Type of Ownership (check one):

- Sole Ownership
- Partnership
- Private Held Corporation
- Public Held Corporation Subject To S.E.C. Regulations
- Limited Liability Company
- Other

9. For Partnership Only:

- (a) Date the partnership was formed: _____
- (b) Attach partnership agreement _____
- (c) List partners:

Name	Social Security Number	G-General L-Limited S-Silent	Interest Investment Participation \$ / %
_____	_____	_____	_____
_____	_____	_____	_____

For Corporation Only:

- (a) Date of Incorporation: _____
- (b) Place of Incorporation: _____
- (c) Parent corporation, if applicable: _____
- (d) Number of shares of capital stock authorized: _____
- (e) Number of shares of outstanding stock: _____
- (f) Is the corporation owned by a parent corporation or held by a holding company? If yes, please explain: _____

- (g) For corporations other than a publicly held corporation subject to S.E.C. Regulations, list officers, directors, and principal shareholders with 20% or more of the stock:

Name	Social Security Number	Position	Interest Investment Participation %
_____	_____	_____	_____
_____	_____	_____	_____



Application for Alcoholic Beverage License

10. Financing:

- (a) Bank to be used by business, including branch: [REDACTED]
- (b) Total amount of capital that is or will be invested in business by any party/parties: None
- (c) Total amount of funds invested by the owner: [REDACTED]
- (d) Total amount of funds invested by party/parties other than owner: NA
- (e) Capital borrowed, if any: _____

Name of Lender	Date	Amount	Effective Annual Interest Rate

11.

- Has owner and/or individual partner, shareholder, director, or officer any financial interest in any manufacturer or wholesaler of alcoholic beverage? yes no
- Has owner and/or individual partner, shareholder, director, or officer received any financial aid or assistance from any manufacturer of alcoholic beverage? yes no
- If answer is "yes" to either of the immediate foregoing, explain:

12.

Show hereunder any and all persons, corporation, partnerships, or associations (other than persons stated herein as owner(s), directors, or officers) who have received or will receive, as a result of your operation under the requested license, any financial gain or payment derived from any interest or income from the operation. (Financial gain or payment shall include payment or gain from any interest in the land, fixtures, building, stock, and any other asset of the proposed operation under the license). In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders.

NA

13.

List all other businesses engaged in sale of alcoholic beverages of which that you the owner, or any individual, partner, shareholder, officer or director, are interested in, employed by or associated with in any way whatsoever, or have been interested in, employed by, or associated with in the past.

NA



Application for Alcoholic Beverage License

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing, and it includes all attached sheets submitted herewith.

State of Georgia, Gwinnett County

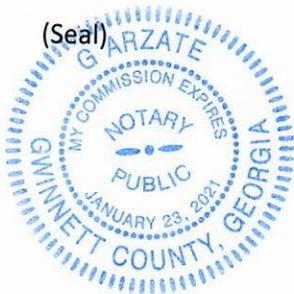
I, Nancy Carrillo , do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me as the applicant in the foregoing personnel statement are true and correct.

Applicant's Signature *Nancy Carrillo*

I hereby certify that Nancy Carrillo signed his/her name to the foregoing application stating to me that he knew and understood all statements and answers made therein, and, under oath actually administered by me, has sworn that his statements and answers are true and correct.

This the 20th day of August , 20 19 .

Notary Public *[Signature]*





Application for Alcoholic Beverage License

Registered Agent Form

Business Name: Frida's Taqueria
 Location: 5514 Lawrenceville Hwy
 Street No. Street Name
Lilburn GA 30047 470 2735349
 City State Zip Phone Number

I, Marco Silva, do hereby consent to serve as the registered agent for the licensee, owners, officers, and/or directors and to perform all obligations of such agency under the provisions of the ordinances of Lilburn, Georgia. (Every establishment holding an alcoholic beverage license in the city must have a registered agent and this person must be a resident of Gwinnett County, Georgia.

This the 20th day of August, 2019.

Marco Silva
Signature of Agent
 [Redacted]
Agent Social Security Number
Marco Silva
Type Or Print Name Of Agent
 [Redacted]

Agent Home Address: [Redacted]
 Street No. Street Address
Lilburn GA 30047 [Redacted] 5858
 City State Zip Phone Number

Sworn to and subscribed before me

This the 20th day of August, 2019.

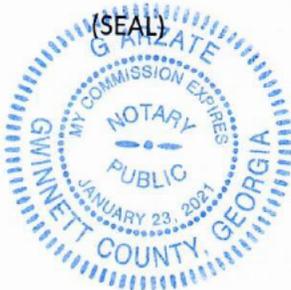
[Signature]
Notary Public

APPROVED:

Signature Of Licensee

Owner

Officer or Director (Title)





City Hall (770) 921-2210 • Fax (770) 921-8942
Police Department (770) 921-2211 • Fax (770) 923-6871
Court Services (770) 921-2505 • Fax (770) 921-7723
Planning (770) 279-3710 • Fax (770) 921-9822

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath in the presence of a Notary Public, and as an applicant for an Alcoholic Beverage License, a public benefit as referenced in O.C.G.A. § 36-60-6(d), from the City of Lilburn, Georgia, the undersigned applicant representing the private employer known as Frida's Taqueria (printed name of private employer) verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between July 1, 2012, and June 30, 2013.

(a) _____ On January 1st of the below signed year the individual, firm or corporation employed one hundred (100) or more employees. ✓

(b) _____ On January 1st of the below signed year the individual, firm or corporation employed less than one hundred (100) employees.

If the employer selected 1(a) please fill out Section 3 below.

2. Fill out this section on or after July 1, 2013.

(a) _____ On January 1st of the below signed year the individual, firm or corporation employed more than ten (10) employees.

(b) ✓ _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 2(a) please fill out Section 3 below.

3. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number (E-VERIFY NUMBER)

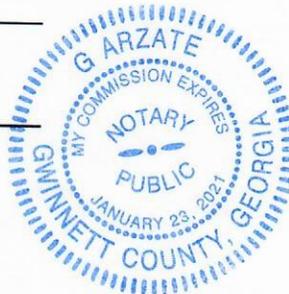
Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the 20th date of August, 2019 in Lilburn (city), GA (state)

[Signature]
Signature of Authorized Officer or Agent

Nancy Carrillo
Printed Name of and Title of Authorized Officer or Agent



SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 20th DAY OF August, 2019

[Signature]
NOTARY PUBLIC

My Commission Expires: January 23, 2021



CITY OF LILBURN

340 Main Street * Lilburn, Georgia 30047 * (770) 921-2210
Alcohol License Department

STATEMENT OF PERSONAL HISTORY

TYPE OF LICENSE: BEER AND/OR WINE DISTILLED SPIRITS

INSTRUCTIONS: THIS STATEMENT MUST BE TYPED AND EXECUTED, UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

1. NAME: Carrillo Nancy Y
Last First Middle

RESIDENCE: [REDACTED]
Street Name
Tucker GA 30084 [REDACTED] 0205
City State Zip Phone Number

2. Sole Owner Partner: General Limited Silent
 Direct Principal Stockholder (20% or more of stock)

3. TRADE NAME OF BUSINESS WHICH THIS STATEMENT IS FOR:
Frida's Taqueria LLC

LOCATION: 5514 Lawrenceville Hwy
Street No. Street Name
Lilburn GA 30047 470-273-5349
City State Zip Phone Number

4. STATE THE PERCENTAGE OF OWNERSHIP OR INTEREST, IF ANY, IN THIS BUSINESS:
50%

5. STATE METHOD AND AMOUNT OF COMPENSATION, IF ANY, DIRECTLY OR INDIRECTLY:
none

6. DATE OF BIRTH: [REDACTED] PLACE OF BIRTH: Mexico
SOCIAL SECURITY # [REDACTED] SEX F RACE Hispanic
COLOR OF HAIR black COLOR OF EYES black
HEIGHT 5'11 WEIGHT 160

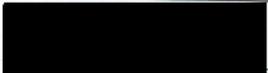
DRIVER'S LICENSE STATE Georgia DRIVERS LICENSE # [REDACTED]

7. U.S. CITIZEN LEGAL ALIEN OTHER, EXPLAIN

8. SINGLE MARRIED WIDOWED DIVORCED SEPARATED
IF MARRIED OR SEPARATED, PLEASE COMPLETE BELOW REQUESTED INFORMATION ON SPOUSE:

FULL NAME OF SPOUSE: Aurora Silva SOCIAL SEC. # 

MAIDEN NAME _____ PLACE OF BIRTH USA

DATE OF BIRTH  NAME AND ADDRESS OF SPOUSE'S

EMPLOYER: Selfemployed

9. STATE ANY OTHER NAMES WHICH YOU HAVE USED: MAIDEN NAME, NAMES BY FORMER MARRIAGES, FORMER NAMES CHANGED LEGALLY OR OTHERWISE, ALIASES, NICKNAMES, ETC. SPECIFY WHICH, SHOW DATES, ETC. _____

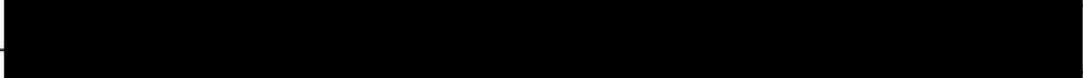
10. GIVE NAME AND ADDRESSES OF ALL CHILDREN AND STEPCHILDREN (regardless of age):

FULL NAME	ADDRESS	AGE	PLACE OF BIRTH
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<u>NA</u>			

11. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:

NAME	ADDRESS	AGE	PLACE OF BIRTH
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<u>A. Father</u>			
<u>B. Mother</u>			

<u>C. Brother/Sister</u>			

D. Father-in-Law 

E. Mother-in-Law 

12. EMPLOYMENT RECORD FOR THE PAST TEN YEARS (Give the most recent first):

From Month Year	To Month Year	Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
06 - 2018	11 - 2018	Receiving	11.50 hr	XPO Logistics	starting a bussiness
10 - 2014	05 - 2018	Busser/ catering	10 hr	Mezcalitos Cocina	
05 - 2009	10 - 2013	Customs	10 hr	Intermex Mexico	

13. LIST IN REVERSE CHRONOLOGICAL ORDER ALL OF YOUR RESIDENCES FOR THE PAST 10 YEARS:

Dates		Street	City	State
From	To			
07/2015	Now	[REDACTED]	Tucker	GA
10/2013	07/2015	[REDACTED]	Norcross	GA
05/2000	10/2013	[REDACTED]	Chihuahua	Mexico

14. DO YOU HAVE ANY FINANCIAL INTEREST, OR ARE YOU EMPLOYED IN ANY OTHER WHOLESALE OR RETAIL BUSINESS ENGAGED IN DISTILLING, BOTTLING, RECTIFYING OR SELLING ALCOHOLIC BEVERAGES? NO

IF YES, GIVE NAMES AND LOCATIONS AND AMOUNT OF INTEREST IN EACH:

15. HAVE YOU EVER HAD ANY FINANCIAL INTEREST IN ANY ALCOHOLIC BEVERAGE BUSINESS WHICH WAS DENIED A LICENSE? NO IF SO, GIVE DETAILS:

16. HAS ANY ALCOHOL BEVERAGE BUSINESS IN WHICH YOU HOLD, OR HAVE HELD, ANY FINANCIAL INTEREST OR ARE EMPLOYED, OR HAVE BEEN EMPLOYED, EVER BEEN CITED FOR ANY VIOLATION OF THE RULES AND REGULATIONS OF THE STATE REVENUE COMMISSIONER RELATING T THE SALE AND DISTRIBUTION OF ALCOHOLIC BEVERAGES? NO IF SO, GIVE DETAILS _____

17. IF DURING THE PAST TEN YEARS YOU HAVE BOUGHT AND SOLD ANY ALCOHOLIC BEVERAGE BUSINESS GIVE DETAILS (Date, License Number, Persons and Considerations Involved): NO

18. HAVE YOU EVER BEEN DENIED BOND BY COMMERCIAL SECURITY COMPANY? NO
IF SO, GIVE DETAILS: _____

19. ARE YOU A REGISTERED VOTER? NO
IN WHAT STATE? _____ IN WHAT COUNTY? _____

20. HAVE YOU EVER BEEN ARRESTED, OR HELD BY FEDERAL, STATE OR OTHER LAW ENFORCEMENT AUTHORITIES, FOR ANY VIOLATION OF ANY FEDERAL LAW, STATE LAW, COUNTY OR MUNICIPAL LAW, REGULATION OR ORDINANCES? (Do not include traffic violations. All other charges must be included even if they were dismissed. Give reason charged or held, date, place where charged and disposition. If no arrest, write no arrest. After last arrest is listed, please write no other arrest.)

1. No arrest
2. _____
3. _____
4. _____
5. _____
6. _____

21. HAVE YOU EVER HAD ANY LICENSE ISSUED UNDER THE REGULATORY POWERS OF GWINNETT COUNTY OF CITY OF LILBURN DENIED, SUSPENDED OR REVOKED WITHIN TWO (2) YEARS PRIOR TO THE FILING OF THE APPLICATION? NO

IF SO, GIVE DETAILS: _____

22. LIST BELOW FOUR REFERENCES (PERSONAL AND BUSINESS). GIVE COMPLETE ADDRESS AND PHONE NUMBER INCLUDING AREA CODE. IF GIVING A BUSINESS REFERENCE, NAME A PERSON AT THAT LOCATION TO BE CONTACTED. DO NOT INCLUDE RELATIVES OR EMPLOYERS OR FELLOW EMPLOYEES OF PARTICULAR BUSINESS. ALSO INDICATE NUMBER OF YEARS REFERENCE YOU HAVE KNOWN REFERENCE.

1. Francis Vanegas
[REDACTED] Atlanta GA 30311
[REDACTED] 9160

2. Perla Espinoza
[REDACTED] Lilburn GA 30047
[REDACTED] 0921

3. Sandra Mendez ~~3~~
[REDACTED] Lawrenceville GA 30044
[REDACTED] -4420

4. Amelia Gregory
[REDACTED] Lawrenceville GA 30045
[REDACTED] -4834

23. ATTACH PHOTOGRAPH (FRONT VIEW) TAKEN WITHIN THE PAST YEAR

(ATTACH HERE)

NOTE: BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

STATE OF GEORGIA, Gwinnett COUNTY

I, Nancy Carrillo, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT.

[Signature]
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT Nancy Carrillo SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT DAIS STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS THE 20th DAY OF August, 20 19.

[Signature]
NOTARY PUBLIC



CONSENT FORM – FOR ALCOHOLIC BEVERAGE LICENSE APPLICATION

I, Nancy Carrillo, do hereby authorize the City of Lilburn to receive all records which may be in the files of any state or local criminal justice agency (including criminal history) concerning myself, whether the said records are of a public, private or confidential nature.

I further authorize release of this information under the Open Records Act, and certify that person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. A photocopy of this release form will be valid as an original thereof, even though a photocopy does not contain an original writing of my signature.

Signature Nancy Carrillo Date 08/20/19
Printed Name Nancy Carrillo
Home Address [REDACTED]
Tucker, GA 30084
Date of Birth [REDACTED] SS# [REDACTED]
Sex female Race Hispanic

[Signature]
Notary



August 20, 2019
Date



CITY OF LILBURN

340 Main Street * Lilburn, Georgia 30047 * (770) 921-2210
Alcohol License Department

PREMISE AND STRUCTURE

INSTRUCTIONS: THIS STATEMENT MUST BE TYPED AND EXECUTED, UNDER OATH. EACH QUESTION MUST BE FULLY ANSWERED. IF SPACE PROVIDED IS NOT SUFFICIENT, ANSWER ON A SEPARATE SHEET AND INDICATE IN THE SPACE PROVIDED THAT A SEPARATE SHEET IS ATTACHED.

1. TYPE OF BUSINESS

- Bona Fide Eating Establishment
- Supermarket
- Convenience Store
- Indoor Comm. Recreational Estab.
- Package Store
- Hotel Minibar
- Banquet/Event Hall
- Other Retail Business _____

2. TRADE NAME OF BUSINESS: Frida's Taqueria

LOCATION: 5514 Lawrenceville Hwy
Street No. Street Name

Lilburn GA 30047 470-273-5349
City State Zip Phone Number

District Land Lot Parcel

3. IS THIS LOCATION WITHING A COMMERCIAL ZONING DISTRICT? Yes
IF NO, SPECIFY THE PRESENT ZONING AND EXPLAIN PLANS FOR REZONING, ETC.:

4. DOES THE COMPLETED BUILDING OR THE PROPOSED BUILDING COMPLY WITH THE ORDINANCES OF THE CITY OF LILBURN, REGULATIONS OF THE STATE REVENUE COMMISSIONER, AND THE LAWS OF THE STATE OF GEORGIA? Yes
IF NO, EXPLAIN NON-COMPLIANCE AND PROPOSED MEHTODS TO RECTIFY SAME:

5. (a) DOES THE BUILDING IN WHICH THE BUSINESS IS TO BE LOCATED CONTAIN SUFFICIENT LIGHING SO THAT THE BUILDING ITSELF AND THE PREMISES ON ALL SIDES OF THE BUILDING ARE READILY VISIBLE AT ALL TIMES FROM THE FRONT OF THE STREET ON WHICH THE BUILDING IS LOCATED SO AS TO REVEAL ALL OF THE OUTSIDE PREMISES OF SUCH BUILDING? Yes

(b) IS THE INTERIOR SO ILLUMINATED SO THAT ALL HALLWAYS, PASSAGE WAYS AND OPEN AREAS MAY BE CLEARLY SEEN BY THE CUSTOMER THEREIN? yes

IF THE ANSWER IS NO TO EITHER OR BOTH (a) AND (b) ABOVE, PLEASE EXPLAIN PROPOSED METHODS TO RECTIFY THE INSUFFICIENT LIGHTING:

6. **FOR BONA FIDE EATING ESTABLISHMENTS AND BANQUET/EVENT HALLS ONLY**

- (a) NUMBER OF SQUARE FEET OF TOTAL FLOOR AREA: 1400
- (b) NUMBER OF SQUARE FEET DEVOTED TO DINING/SEATING AREA: 700
- (c) STATE SEATING CAPACITY EXCLUDING BAR AREA: 33
- (d) DO YOU HAVE A FULL SERVICE KITCHEN? yes
- INDICATE WHETHER THE FULL SERVICE KITCHEN CONTAINS: FOUR (4) COMPARTMENT SINK yes; STOVE AND/OR GRILL PERMANENTLY INSTALLED yes; REFRIGERATOR APPROVED BY THE HEALTH AND FIRE DEPARTMENT yes. IF ANSWER TO ANY OF THE IMMEDIATE FOREGOING IS NO, PLEASE EXPLAIN: _____
- _____

- (e) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISEMENT PROHIBITION ("NO OUTDOOR ADVERTISING OR SIGNS WITH RESPECT TO THE PROMOTION OF THE SALE OF ALCOHOLIC BEVERAGES, OR THE PRICES OF SUCH BEVERAGE, SHALL BE PERMITTED ON THE EXTERIOR OF ANY RETAIL, OUTLET, OR IN THE WINDOWS OR ELSEWHERE, IN THE OUTLET THAT MAY BE VIEWED FROM THE OUTSIDE")? yes

FOR BONA FIDE EATING ESTABLISHMENTS ONLY

- (a) STATE HOURS PREPARED MEALS OR FOOD ARE SERVED: 10am - 10pm
- (b) STATE MAXIMUM NUMBER OF EMPLOYEES ON HIGHEST SHIFT: 4
- (c) STATE NUMBER OF PARKING SPACES: 49
- (d) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED: 4

FOR SUPERMARKET/CONVENIENCE STORE, PACKAGE STORE ONLY

- (a) STATE NUMBER OF SQUARE FEET OF FLOOR AREA: _____
- (b) STATE NUMBER OF SQUARE FEET OF FLOOR AREA DEVOTED TO THE SALE OF GROCERIES AND FOOD PRODUCTS: _____
- (c) IS THE ESTABLISHMENT DEVOTED PRINCIPALLY TO THE RETAIL SALE OF GROCERIES AND FOOD PRODUCTS? _____
IF NO, EXPLAIN _____
- (d) STATE NUMBER OF PARKING SPACES: _____
- (e) STATE NUMBER OF PARKING SPACES DEVOTED TO HANDICAPPED: _____

- (f) WILL THE ESTABLISHMENT COMPLY WITH THE ADVERTISEMENT PROHIBITION (“NO SIGNS SHALL BE ERECTED ANYWHERE WITHIN THE COUNTY ADVERTISING OR PROMOTING THE SALE OF BEER OR WINE EXCEPT THAT A RETAIL FOOD STORE DISPLAYING ITS MERCHANDISE MAY, IN THE SAME MANNER AS SUCH OTHER MERCHANDISES IS DISPLAYED, ERECT A SIGN OR SIGNS INDICATING THE COUNTER ON WHICH BEER OR WINE IS SOLD; PROVIDING THE LETTERING ON SUCH SIGNS DOES NOT EXCEED IN SIZE THE LETTERING OF SIGNS ON OTHER COUNTERS WHERE OTHER PRODUCTS ARE SOLD”)? _____
7. ATTACH A CERTIFIED SCALE DRAWING OF THE PROPOSED PREMISES BY A REGISTERED LAND SURVEYOR OR PROFESSIONAL ENGINEER SHOWING THE DISTANCES FROM CHURCHES AND SCHOOLS, CERTIFYING THAT THE LOCATION COMPLIES WITH THE DISTANCE REQUIREMENT FROM CHURCHES, SCHOOLS, AND IN THE CASE OF PACKAGE STORES, FROM OTHER PACKAGE STORES AS REQUIRED BY STATE LAW.
 8. ATTACH EVIDENCE OF OWNERSHIP OF THE BUILDING OR PROPOSED BUILDING OR A COPY OF THE LEASE IF THE APPLICANT IS LEASING THE BUILDING.
 9. IF THE APPLICANT IS A FRANCHISE, ATTACH A COPY OF THE FRANCHISE AGREEMENT OR CONTRACT.
 10. IF BONA FIDE EATING ESTABLISHMENT, ATTACH A COPY OF THE MENU(S).
 11.
 - (a) IF BUILDING IS COMPLETE, ATTACH COPIES OF DETAILED PLANS OF SAID BUILDING AND OUTSIDE PREMISES.
 - (b) IF BUILDING IS PROPOSED, ATTACH COPIES OF PROPOSED PLANS AND SPECIFICATIONS AND A BUILDING PERMIT OF THE PROPOSED BUILDING TO BE BUILT.
 12. ATTACH A CERTIFICATE OF OCCUPANCY FROM THE FIRE MARSHAL OF GWINNETT COUNTY. (678-518-6100)
 13. IF A BONA FIDE EATING ESTABLISHMENT OR A BANQUET/EVENT HALL, ATTACH A COPY OF YOUR FOOD SERVICE PERMIT FROM THE GWINNETT COUNTY HEALTH DEPARTMENT. (770-963-5132)
 14. ATTACH A CERTIFICATE OF OCCUPANCY FROM THE PLANNING AND ZONING DEPARTMENT OF THE CITY OF LILBURN.

NOTE: BEFORE SIGNING THIS STATEMENT, CHECK ALL ANSWERS AND EXPLANATIONS TO SEE THAT YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY. THIS STATEMENT IS TO BE EXECUTED UNDER OATH AND SUBJECT TO THE PENALTIES OF FALSE SWEARING, AND IT INCLUDES ALL ATTACHED SHEETS SUBMITTED HEREWITH.

STATE OF GEORGIA, Gwinnett COUNTY

I, Nancy Carrillo, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONNEL STATEMENT ARE TRUE AND CORRECT.

[Signature]
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT Nancy Carrillo SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT DAIS STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS THE 20th DAY OF August, 20 19.

[Signature]
NOTARY PUBLIC

