



#147018
\$500
9/13/19
RD

Application for Alcoholic Beverage License

Business Name: Mama Empanadas, LLC.

Business Address: 605 Indian Trl. Rd. # 207 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 Growler- Craft Beer - \$250 Breweries & Distilleries - \$200
 Art Shop & Personal Service - \$200 All Other Applications - \$500

3. Type of Business (check one):

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

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

Retail Package & Retail Consumption On Premises:

Brewery - \$500 Growler - \$ 850 Distillery - \$500 Distillery/Tasting Room - \$500

Retail Package:

Beer (Includes Sunday Sales) - \$850 Wine (Includes Sunday Sales) - \$850
 Beer And Wine (Includes Sunday Sales) - \$1,700
 Distilled Spirits, Beer And Wine (Includes Sunday Sales) - \$6,000
 Hotel Minibar - Beer And Wine (Includes Sunday Sales) - \$320
 Hotel Minibar - Distilled Spirits, Beer And Wine (Includes Sunday Sales) - \$1,390

Retail Consumption On Premises:

Beer (Includes Sunday Sales) - \$850 Wine (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

Other Consumption on Premises:

Personal Service License - \$300
 Art Shop License - \$300

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



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5. Business:

- (a) Full Name: Mama Empanas LLC.
- (b) Location: 605 Indian Trl. Rd. #207
 Street No. Street Name
Lilburn GA 30047 678-585-4465
 City State Zip Phone Number
- (c) Mailing Address (if different):
Same as above
 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): _____

6. Owner:

- (a) Full Name: Fanny de Jesus Carpio Social Security #: [REDACTED]
- (b) Home Address: [REDACTED]
Lawrenceville GA 30044 [REDACTED]-5337
 City State Zip Phone Number
- (c) Mailing Address (if different):
Same as above.
 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): _____

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

- (a) Full Name: ~~Fanny C. [REDACTED]~~ Fanny de Jesus Carpio
- (b) Location: [REDACTED]
 Street No. Street Name
Lawrenceville GA 30047
 City State Zip Phone Number
- (c) Mailing Address (if different):
Same as above.
 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): _____



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: 08/02/2016
- (b) Place of Incorporation: Georgia
- (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 %



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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: [REDACTED]
- (c) Total amount of funds invested by the owner: [REDACTED]
- (d) Total amount of funds invested by party/parties other than owner: [REDACTED]
- (e) Capital borrowed, if any: [REDACTED]

Effective Annual

[REDACTED]

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.

N/A

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.

N/A



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, Fanny de Jesus Carpio, 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.

Fanny de Jesus Carpio
Applicant's Signature

I hereby certify that Fanny de Jesus Carpio 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 22nd day of July, 2019.

(Seal)
JACQUELYN ESCALANTE
NOTARY PUBLIC
GWINNETT COUNTY, GEORGIA
MY COMMISSION EXPIRES
AUGUST 24, 2021

[Signature]
Notary Public

IMPORTANT: This application will be heard by the:

Alcohol Review Board: _____
Date _____ Time _____

Lilburn City Council: _____
Date _____ Time _____

EITHER THE APPLICANT OR HIS REPRESENTATIVE MUST BE IN ATTENDANCE AT THIS MEETING

Signed: _____

Date: _____



Application for Alcoholic Beverage License

Registered Agent Form

Business Name: Mama Empanadas LLC

Location: 405 Indian Trl. Rd. # 207

Street No. Street Name

Lilburn

City

GA - 30047

State

Zip

678-585-4465

Phone Number

I, Fanny de Jesus Carpio, 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 22ND day of July, 2019.

Fanny de Jesus Carpio
Signature of Agent

[Redacted]
Agent Social Security Number

Fanny de Jesus Carpio
Type Or Print Name Of Agent

[Redacted] 1985
Birthdate

Agent Home Address: [Redacted]

Lawrenceville GA. 30044

City State Zip Phone Number

[Redacted] -5337

Sworn to and subscribed before me

This the 22ND day of July, 2019.

[Signature]
Notary Public
(SEAL)

APPROVED: _____

Signature Of Licensee

Owner

Officer or Director (Title)

JACQUELYN ESCALANTE
NOTARY PUBLIC
GWINNETT COUNTY, GEORGIA
MY COMMISSION EXPIRES
AUGUST 24, 2021



Application for Alcoholic Beverage License

Store/Restaurant Manager Consent Form

I, Fanny de Jesus Carpio, 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.

Fanny de Jesus Carpio Signature 7/22/2019 Date

Printed Name Fanny de Jesus Carpio

Home Address: [Redacted]
Lawrenceville GA 30047 [Redacted] 5737
City State Zip Phone Number

Date of Birth [Redacted]-85 Social Security [Redacted]

Sex F

[Signature] Notary Public 07/22/2019 Date

(SEAL)

JACQUELYN ESCALANTE
NOTARY PUBLIC
GWINNETT COUNTY, GEORGIA
MY COMMISSION EXPIRES
AUGUST 24, 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: de Jesus Carpio Fanny
Last First Middle

RESIDENCE: [REDACTED] Street Name
Lawrenceville GA. 30047 [REDACTED] -5337 jacque.lante@pho.com
City State Zip Phone Number E-mail Address

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:
Mama Empanadas

LOCATION: 605 Lilburn Trl. Rd. # 201
Lilburn GA 30047 [REDACTED] 678-585-4465
City State Zip Street No. Street Name Phone Number

4. STATE THE PERCENTAGE OF OWNERSHIP OR INTEREST, IF ANY, IN THIS BUSINESS:
100%

5. STATE METHOD AND AMOUNT OF COMPENSATION, IF ANY, DIRECTLY OR INDIRECTLY:

6. DATE OF BIRTH: [REDACTED] 1985 PLACE OF BIRTH: Dominican Rep.
SOCIAL SECURITY: [REDACTED] SEX: F RACE: H
COLOR OF HAIR: Blond. COLOR OF EYES: Brown
HEIGHT: 5'5 WEIGHT: 135
DRIVER'S LICENSE STATE: GA. 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: _____ SOCIAL SEC. # _____

MAIDEN NAME _____ PLACE OF BIRTH _____

DATE OF BIRTH _____ NAME AND ADDRESS OF SPOUSE'S

EMPLOYER: _____

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. Libre

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

FULL NAME	ADDRESS	AGE	PLACE OF BIRTH
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[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
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11. GIVE NAMES AND ADDRESSES OF ALL IMMEDIATE LIVING RELATIVES:

NAME	ADDRESS	AGE	PLACE OF BIRTH
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A. Father [REDACTED]

B. Mother [REDACTED]

C. Brother/Sister [REDACTED]

D. Father-in-Law _____

E. Mother-in-Law _____

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

From Month	To Year	To Month	To Year	Occupation and Description of Duties Performed	Salaries Received	Employers	Reason for Leaving
05/	2019	Present		Owner		[REDACTED]	month.
04/	2017	01/	2019	Manager		[REDACTED]	month. Opening own business
02/	2015	04/	2017	waitress		[REDACTED]	month. better job

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

From	To	Dates	Street	City	State
6/	2017	Present	[REDACTED]	[REDACTED]	GA 30047
12/	2014	6/	2017	[REDACTED]	GA 30071
12/	1985	12/	2014	[REDACTED]	La Romana Dom. Rep.

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
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. Franklin E. Martinez Urbaez
409 Spring Falls Dr. Lawrenceville GA 30045
678-849-4453

2. Jacquelyn Escalante
239 New Hope Rd. #2204
Lawrenceville GA. 30046 678-851-4885

3. Anahaisy Diaz
3250 Burnt Creek Dr. Lilburn, GA 30047
404-514-8519

4. Enrique Ferreras
3983 Isaac Ct. Lilburn GA. 30047
470-800-3425

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, Fanny de Jesus Carpio, 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.

Fanny de Jesus Carpio
APPLICANT'S SIGNATURE

I HEREBY CERTIFY THAT Fanny de Jesus Carpio 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 22ND DAY OF July, 2019.

Jacquelyn Escalante
NOTARY PUBLIC

(SEAL)

JACQUELYN ESCALANTE
NOTARY PUBLIC
GWINNETT COUNTY, GEORGIA
MY COMMISSION EXPIRES
AUGUST 24, 2021