



Application for Alcoholic Beverage License

2/19/20 #149355 \$1700
2/11/20 \$500 App fee
\$149280
2/18/2020 Approved (Emailed) ✓ (MP)
#1779
BQpizza@gmail.com

Business Name: Brick oven PIZZA Bar

Business Address: 411 Beaver run RD 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: 3/4 of fee after April 1, 1/2 of fee after July 1, 1/4 of fee after Oct. 1)



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5. Business:

- (a) Full Name: Brick oven PIZZA, INC.
- (b) Location: 411 BEAVER RUN Rd
 Street No. Street Name
Lilburn GA 30047 678-431-7789
 City State Zip Phone Number
BQPIZZA@gmail.com
 E-mail address
- (c) Mailing Address (if different):
 [Redacted]
 Street No. Street Name
LAWRENCEVILLE, GA 30044 [Redacted]
 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: Brian Avieoz Social Security #: [Redacted]
- (b) Home Address: [Redacted]
 Street No. Street Name
Lawrenceville GA 30047
 City State Zip Phone Number
BQPIZZA@gmail.com
 E-mail address
- (c) Mailing Address (if different):
NA
 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. Store or Restaurant Manager Information:

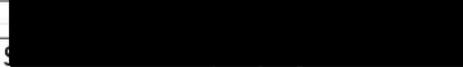
- (a) Full Name: LUIS MARTINEZ
- (b) Street Address: [Redacted]
 Street No. Street Name
TUCKER GA 30084 [Redacted]
 City State Zip Phone Number
 E-mail address



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

(a) Full Name: Leticia Ramirez

(b) Location: 

Lawrenceville GA 30047 

City State Zip Phone

E-mail address Fax 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):

9. Type of Ownership (check one):

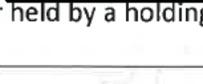
- Sole Ownership
- Partnership
- Private Held Corporation
- Public Held Corporation Subject To S.E.C. Regulations
- Limited Liability Company
- Other

10. For Partnership Only:

- (a) Date the partnership was formed: ~~10-1-19~~
- (b) Attach partnership agreement
- (c) List partners:

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

11. For Corporation Only:

- (a) Date of Incorporation: 9-27-19
- (b) Place of Incorporation: GA
- (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: NO

(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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12. 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:

Name of Lender	Date	Amount	Effective Annual Interest Rate

13.

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:

14.

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.

15.

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



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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.

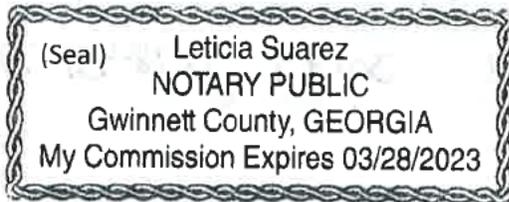
State of Georgia, GWINNETT County

I, BRIAN QUIROZ, 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.

Brian Quiroz
Applicant's Signature

I hereby certify that Brian Quiroz 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 12 day of Feb, 20 2020.



[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: _____



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Registered Agent Form

Business Name: Brick Oven PIZZA
 Location: 411 Beaver Run Rd
 Street No. Street Name
Lilburn GA 30047 770-806-7723
 City State Zip Phone Number

I, BRIAN QUIROZ, 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 14 day of Feb, 2020.

Brian Q

Signature of Agent

Agent Social Security Number

BRIAN QUIROZ

Type Or Print Name Of Agent

Birthdate

Agent Home Address:

Street No. Street Address
Laurensville GA 30044
 City State Zip Phone Number

Sworn to and subscribed before me

This the 14 day of February, 2020.

Notary Public

(SEAL)



APPROVED:

Signature Of Licensee

Owner

Officer or Director

(Title)