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 photograph  
 fingerprints

6/18/20 #150309  
left \$3,600 #500 app fee  
✓ 6677602137

### Application for Alcoholic Beverage License

Business Name: MP Restaurante MEXICAN Seasoning LLC

Business Address: 4104 LAWRENCEVILLE HWY NW 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)



# Application for Alcoholic Beverage License

## 5. Business:

(a) Full Name: MI RESTAURANTE MEXICAN SEASONING LLC  
 (b) Location: 4104 LAWRENCEVILLE HWY NW  
 Street No. Street Name  
LILBURN GA 30047 828 712-8019  
 City State Zip Phone Number  
mirestaurante4104@gmail.com  
 E-mail address

(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):

## 6. Owner:

(a) Full Name: CATALINA CONCEPCION SOLANO SIMENES Social Security #: [REDACTED]  
 (b) Home Address: [REDACTED]  
 Street No. Street Name  
LAWRENCEVILLE GA 30047 [REDACTED]  
 City State Zip Phone Number  
mirestaurante4104@gmail.com  
 E-mail address

(c) Mailing Address (if different):  
4104 LAWRENCEVILLE HWY NW  
 Street No. Street Name  
LILBURN GA 30047 828/712-8019  
 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: CATALINA CONCEPCION SOLANO JIMENEZ  
 (b) Street Address: [REDACTED]  
LAWRENCEVILLE GA 30047 [REDACTED]  
 City State Zip Phone Number  
mirestaurante4104@gmail.com  
 E-mail address



# Application for Alcoholic Beverage License

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

(a) Full Name: CATALINA CONCEPCION SOLANO SIMENEZ  
 (b) Location: 4104 LAWRENCEVILLE HWY NW  
 Street No. Street Name  
LILBURN GA 30047 828 712-8019  
 City State Zip Phone Number  
mi.restaurant@4104@gmail.com  
 E-mail address Fax number

(c) Mailing Address (if different):  
 Street No. Street Name  
LAWRENCEVILLE GA 30044  
 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: \_\_\_\_\_  
 (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: \_\_\_\_\_  
 (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 %



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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.

NOA

## 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.

NOA



# 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, CATALINA C SOLANO Jimenez, 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.

Catalina Solano Jimenez  
Applicant's Signature

I hereby certify that Catalina C Solano Jimenez 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 17 day of June, 2020

(Seal)



Rebecca A. Baumann  
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: \_\_\_\_\_