



AIC License #2180

CITY OF LILBURN

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

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

BUSINESS NAME: Speedway LLC dba Speedway 4104

BUSINESS ADDRESS: 5604 Lawrenceville Hwy NW

1. TYPE OF APPLICATION (Check One): New Renewal Amendment

2. ADMINISTRATIVE AND INVESTIGATION FEES (does not apply to renewals)

\$250 – Packaged Beer and Wine Sales \$500 – All Other Applications

REC #139483 3/14/18

3. TYPE OF BUSINESS (Check One):

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

4. CHECK APPLICABLE LICENSE(S) APPLYING FOR:

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

(NOTE: 3/4 of fee after April 1st, 1/2 of fee after July 1st, 1/4 of fee after October 1st)

5. BUSINESS:

(a) FULL NAME: Speedway LLC dba Speedway 4104

(b) LOCATION: 5604 Lawrenceville Hwy NW
Street No. Street Name
Tucker GA 30084
City State Zip Phone Number

(c) MAILING ADDRESS (If Different): P O Box 1580-License Dept., Springfield, OH 45501

(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: Speedway LLC Social Security # _____

(b) HOME ADDRESS: 500 Speedway Dr.
Street No. Street Name
Enon OH 45323 (937) 863-7382
City State Zip Phone Number

(c) MAILING ADDRESS (If Different): P O Box 1580-License Dept., Springfield, OH 45501

(d) OTHER CITY OF LILBURN OR GWINNETT COUNTY LICENSE (Specify type of license, issuer and number): _____

7. REGISTERED AGENT (MUST BE A RESIDENT OF GWINNETT COUNTY):

(a) FULL NAME: Aubray Marie Petruzzo

(b) LOCATION: [REDACTED]
Street No. Street Name
Sugar Hill GA 30518 (865) 320-2479
City State Zip Phone Number

(c) MAILING ADDRESS: P O Box 1580-License Dept.
Street No. Street Name
Springfield OH 45501 (937) 863-7382
City State Zip Phone Number

(d) OTHER CITY OF LILBURN OR GWINNETT COUNTY LICENSE (Specify type of license, issuer and number): _____

am petruzzo @ speedway.com

8. TYPE OF OWNERSHIP:
- () Sole Ownership () Public Held Corporation Subject to S.E.C. Regulations
- () Partnership (X) Limited Liability Company
- () Private Held Corporation () Other _____

9. FOR PARTNERSHIP ONLY:

(a) STATE DATE THE PARTNERSHIP WAS FORMED: N/A

(b) ATTACH PARTNERSHIP AGREEMENT

(c) LIST PARTNERS:

NAME	SOCIAL SECURITY NUMBER	G-GENERAL L-LIMITED S-SILENT	INTEREST	
			INVESTMENT \$	PARTICIPATION %

N/A

FOR CORPORATION ONLY:

(a) DATE OF INCORPORATION: 07/18/1997

(b) PLACE OF INCORPORATION: Delaware

(c) STATE PARENT CORPORATION, IF APPLICABLE: _____

MPC Investment LLC

(d) NUMBER OF SHARES OF CAPITAL STOCK AUTHORIZED: 100

(e) NUMBER OF SHARES OF OUTSTANDING STOCK: 0

(f) IS THE CORPORATION OWNED BY A PARENT CORPORATION OR HELD BY A HOLDING COMPANY? No IF YES, EXPLAIN: _____

(g) FOR CORPORATIONS OTHER THAN PUBLIC 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 %
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Please see attached "List of Officers" & "Schedule of Ownership"

10. FINANCING

- (a) BANK TO BE USED BY BUSINESS, INCLUDE BRANCH: _____

- (b) STATE TOTAL AMOUNT OF CAPITAL THAT IS OR WILL BE INVESTED IN BUSINESS BY ANY PARTY OR PARTIES: _____
- (c) STATE TOTAL AMOUNT OF FUNDS INVESTED BY THE OWNER: _____
- (d) STATE TOTAL AMOUNT OF FUNDS INVESTED BY PARTY OR PARTIES OTHER THAN OWNER: _____
- (e) IF ANY CAPITAL IS BORROWED:

<u>NAME OF LENDER</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>EFFECTIVE ANNUAL INTEREST RATE</u>

- 11. (a) HAS OWNER AND/OR INDIVIDUAL PARTNER, SHAREHOLDER, DIRECTOR, OR OFFICER ANY FINANCIAL INTEREST IN ANY MANUFACTURER OR WHOLESALER OF ALCOHOLIC BEVERAGE? NO
- (b) HAS OWNER AND/OR INDIVIDUAL PARTNER, SHAREHOLDER, DIRECTOR, OR OFFICER RECEIVED ANY FINANCIAL AID OR ASSISTANCE FROM ANY MANUFACTURER OF ALCOHOLIC BEVERAGE? _____
- (c) 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.

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13. LIST ALL OTHER BUSINESSES ENGAGED IN SALE OF ALCOHOLIC BEVERAGES THAT YOU ARE THE OWNER, OR ANY INDIVIDUAL, PARTNER, SHAREHOLDER, ORRIDER 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

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.

Ohio

STATE OF GEORGINA, Clark COUNTY

I, Joey K. Allen for Speedway LLC, 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
Joey K. Allen, Treasurer for Speedway LLC

I HEREBY CERTIFY THAT Joey K. Allen 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 6th DAY OF February, 2018.

[Signature]
NOTARY



(SEAL)

IMPORTANT:

THIS APPLICATION WILL BE HEARD BY THE:

ALCOHOL REVIEW BOARD: _____
Date Time

LILBURN CITY COUNCIL: April 9, 2018 7:30pm
Date Time

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

SIGNED: _____

DATE: _____

REGISTERED AGENT FORM

Speedway LLC dba Speedway 4104
Business Name

5604 Lawrenceville Hwy NW
Business Location

Tucker, GA 30084
City/State/Zip Code

I, Aubray M. Petrullo, 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 23 day of FEBRUARY, 20 18.

[Signature]
Signature of Agent

[Redacted]
Agent Social Security Number

Aubray M. Petrullo for Speedway LLC
Type or Print Name of Agent

[Redacted]
Birthdate

Agent Home Address: [Redacted]
Street No. Street Address
Sugar Hill GA 30518 (865) 320-2479
City State Zip Phone Number

SWORN TO AND SUBSCRIBED BEFORE ME

THIS THE 23 DAY OF February, 20 18.

Anjum Merchant
NOTARY PUBLIC

(SEAL)



APPROVED:

[Signature]
Signature of Licensee
Joey K. Allen, Treasurer for Speedway LLC
[Signature]
Owner
Joey K. Allen, Treasurer for Speedway LLC
[Signature]
Officer or Director (Title)
Joey K. Allen, Treasurer for Speedway LLC



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 Speedway LLC (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) X 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:

884844
Federal Work Authorization User Identification Number (E-VERIFY NUMBER)

06/09/2015
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 6th date of February, 2018 in Springfield (city), Oh (state)

[Signature]
Signature of Authorized Officer or Agent

Joey K. Allen, Treasurer for Speedway LLC
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 6th DAY OF February, 2018

[Signature]
NOTARY PUBLIC

