



Application for Alcoholic Beverage License

Business Name: AGAVEO CANTINA The CRC Restaurant Group LLC dba Agavero Cantina Parkside

Business Address: 66 MAIN ST 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: ¾ of fee after April 1, ½ of fee after July 1, ¼ of fee after Oct. 1)



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5. Business:

- (a) Full Name: AGAVERO CANTINA The CRC Restaurant Group LLC dba Agavero Cantina Parkside
- (b) Location: 66 MAIN ST NW
 Street No. Street Name
LILBURN GA 30047 678-665-4449
 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: 83-1792513
- (e) State Withholding Number: _____
- (f) State Sales Tax Number: _____
- (g) Other City of Lilburn or Gwinnett County License (specify type of license, issuer and number): _____

6. Owner:

- (a) Full Name: JUAN CARLOS CASTREJON Social Security #: [REDACTED]
- (b) Home Address: [REDACTED]
 Street No. Street Name
LILBURN GA 30047 [REDACTED]
 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: JUAN CARLOS CASTREJON
- (b) Location: [REDACTED]
 Street No. Street Name
LILBURN GA 30047 [REDACTED]
 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): _____



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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 %
_____	_____	_____	_____
_____	_____	_____	_____



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10. Financing:

- (a) Bank to be used by business, including branch: _____
- (b) Total amount of capital that is or will be invested in business by any party/parties: _____
- (c) Total amount of funds invested by the owner: _____
- (d) Total amount of funds invested by party/parties other than owner: NONE
- (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 X no
- Has owner and/or individual partner, shareholder, director, or officer received any financial aid or assistance from any manufacturer of alcoholic beverage? ___ yes X 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.

JUAN CARLOS CASTREJON _____ SW, LILBURN, GA 30047

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.

AGAVERO CANTINA 4141 LAWRENCEVILLE HWY, LILBURN, GA 30047



Application for Alcoholic Beverage License

Registered Agent Form

Business Name: AGAVERO CANTINA The CRC Restaurant Group LLC dba Agavero Cantina Parkside

Location: 66 MAIN ST SW

Street No.	Street Name			
<u>LILBURN</u>		<u>GA</u>	<u>30047</u>	<u>678-665-4449</u>
City		State	Zip	Phone Number

I, JUAN CARLOS CASTREJON 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 7TH day of SEPTEMBER, 20 18.

[Signature]
Signature of Agent

[Redacted]
Agent Social Security Number

JUAN CARLOS CASTREJON
Type Or Print Name Of Agent

[Redacted] 1982
Birthdate

Agent Home Address: [Redacted]

Street No.	GA	Street Address	
<u>LILBURN</u>		<u>30047</u>	<u>[Redacted]</u>
City	State	Zip	Phone Number

Sworn to and subscribed before me

This the 7 day of September, 20 18.

[Signature]
Notary Public

(SEAL)



APPROVED:

Signature Of Licensee

Owner

Officer or Director (Title)



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Store/Restaurant Manager Consent Form

I, JUAN CARLOS CASTREJON, 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

9-7-2018
Date

Printed Name JUAN CARLOS CASTREJON

Home Address: 66 MAIN ST SW

Street No.	GA	Street Address	
LILBURN		30047	678-665-4449
City	State	Zip	Phone Number

Date of Birth ██████-1982 Social Security # ██████████

Sex MALE

Notary Public

9/7/18
Date

(SEAL)