



# Application for Alcoholic Beverage License

Business Name: Versace Dominican Restaurant & Gym Inc

Business Address: 510 Pleasant Hill Rd suite D

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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## 10. Financing:

- (a) Bank to be used by business, including branch: Wells Fargo
- (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: \_\_\_\_\_
- (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       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.

None

\_\_\_\_\_

\_\_\_\_\_

## 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.

None

\_\_\_\_\_

\_\_\_\_\_



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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, Lenor Romero, 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.

Lenor Romero  
Applicant's Signature

I hereby certify that Lenor Romero 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 26 day of September, 2018.

Cristian A. Feliz  
Notary Public



**IMPORTANT:** This application will be heard by the:

Alcohol Licensing 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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## 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	Ownership Type		Interest Investment Participation \$/%
		G-General	L-Limited	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	

## For Corporation Only:

- (a) Date of Incorporation: \_\_\_\_\_
- (b) Place of Incorporation: Georgia
- (c) Parent corporation, if applicable: Leonor Romero
- (d) Number of shares of capital stock authorized: 1000 %
- (e) Number of shares of outstanding stock: 100 %
- (f) Is the corporation owned by a parent corporation or held by a holding company? If yes, please explain:  
parent corporation

(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 %
<u>Leonor Romero</u>	<u>105-90-6858</u>	<u>owner</u>	<u>100 %</u>



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**5. Business:**

(a) Full Name: Versace Dominican Restaurant y mas Inc.

(b) Location: 510 Pleasant Hill Rd suite D.  
 Street No. Street Name  
Lilburn GA 30047 770-931-8412  
 City State Zip Phone Number

(c) Mailing Address (if different):  
510 Pleasant Hill Rd suite D.  
 Street No. Street Name  
Lilburn GA 30047 770-931-8412  
 City State Zip Phone Number

(d) Federal Employer Identification Number: 82-2524862

(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: Leonor Romero Social Security #: \_\_\_\_\_

(b) Home Address: 2884 Arcadel Dr.  
 Street No. Street Name  
Lawrenceville GA 30044 985-518-0319  
 City State Zip Phone Number

(c) Mailing Address (if different):  
same  
 Street No. Street Name  
 City State Zip Phone Number 985-518-0319

(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: Luana B Hernandez Ramirez

(b) Location: 4465 Tee Pee Ct  
 Street No. Street Name  
Duluth GA 30096 770-896-7307  
 City State Zip Phone Number

(c) Mailing Address (if different):  
same  
 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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## Registered Agent Form

Business Name: Versace Dominican Restaurant y Mas Inc  
 Location: 510 Pleasant Hill Rd suite D  
Street No. Street Name  
Lilburn GA 30047 770-931-8412  
City State Zip Phone Number

I, Juana B Hernandez Ramirez, 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 26 day of September, 2018.

Juana B Hernandez Ramirez  
Signature of Agent 811-82-9550  
Agent Social Security Number  
Juana B Hernandez Ramirez 6/27/83  
Type Or Print Name Of Agent Birthdate

Agent Home Address: 4465 Tee Pee rd  
Street No. Street Address  
Duluth GA 30096 770-896-7367  
City State Zip Phone Number

Sworn to and subscribed before me

This the 26 day of September, 2018.

Christian A Teley  
Notary Public

(SEAL)

APPROVED:  
Leonor Romero  
Signature Of Licensee  
Leonor Romero  
Owner  
Leonor Romero CEO  
Officer or Director (Title)



# Application for Alcoholic Beverage License

## Store/Restaurant Manager Consent Form

I, Lionel Romero, 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.

Lionel Romero Signature 9/26/2018 Date

Printed Name Lionel Romero

Home Address: 2884 Arendel Dr.  
Street No. Street Address  
Lawrenceville GA 30044 985-518-0319  
City State Zip Phone Number

Date of Birth 1/10/76 Social Security # 105-90-6858

Sex Male

Cristian A. Feliz Notary Public 9/26/2018 Date

(SEAL)

