Administrative Services Department
3468 North Fulton Avenue
Hapeville, GA 30354
Phone: (404) 766-3004
Fax: (404) 669-3302

Alcohol Beverage License Application

Instructions: This application must be typed or printed legibly and executed under oath. Each question must be fully answered. If space provided is not sufficient to answer the question please use a separate sheet of paper.

Holding an alcohol beverage license with the City of Hapeville is a privilege.

☐ New ☒ Amended

Date: 12/21/2018

Contact Name: Michael T. Sutter Phone: [redacted]

Business/Trade Name: Kimpton Hotel & Restaurant Group, LLC

D/B/A: Kimpton Hotel & Restaurant Group

Email: _____

Emergency Contact Name: Michael T. Sutter Phone: [redacted]

Business Address: Two Porsche Drive, Hapeville, GA 30354

TYPE OF BUSINESS

- ☐ Convenience Store
- ☐ Grocery Store
- ☒ Hotel/Motel
- ☐ Package Store
- ☐ Manufacturer
- ☐ Specialty Beverage Store
- ☐ Restaurant
- ☐ Restaurant under 2,000 Sq. Ft.
- ☐ Wholesale
- ☐ Other: _____

TYPE OF LICENSE AND FEES

Retail		On-Premise Consumption		Wholesale/Manufacturer	
☐ Beer/Wine	$3,150.00	☐ Beer/Wine	$3,150.00	☐ Beer/Wine	$3,150.00
☐ Package	$5,000.00	☒ Beer/Wine/Liquor	$5,000.00	☐ Beer/Wine/Liquor	$5,000.00

On-Premise Consumption below 2,000 Sq. Ft.

☐ Beer	$750.00
☐ Wine	$750.00
☐ Liquor	$1600.00

APPLICANT INFORMATION

Please submit a passport photograph of owner(s) with completed application.

Full Name: Michael T. Sutter on behalf of Kimpton Hotel & Restaurant Group, LLC Date of Birth: N/A

Current Address: 2362 Oberon Walk, Smyrna, GA 30080

Spouse Name: Traci W. Sutter

Address of Applicant (if different for the past 5 years):
N/A

Name and Location of Employers for the last five years: 05/2017 - Present: Solis Hotel - Hapeville, GA
06/2016 - 05/2017: Kimpton Hotel & Restaurant Group - Atlanta, GA
03/2011 - 05/2016: Renaissance Hotels - Atlanta, GA

Have you been arrested in the last five years? ☐ Yes ☒ No (If yes, explain)
N/A

Has your spouse been arrested in the last five years? ☐ Yes ☒ No (If yes, explain)
N/A

BUSINESS INFORMATION

Type of business entity: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☒ Other
Limited Liability Company

Has an Occupational Tax Certificate been obtained and paid for said business? ☒ Yes ☐ No (If not issued by the City of Hapeville please include a copy with application.)

Federal Tax ID Number: 94-3386163 State Tax ID Number: Applied for

Do you own the property? ☐ Yes ☒ No (If no, please provide name, address, and contact number for the landlord. A copy of the Lease must be attached to this application.) Acron 2 Porsche Drive Atlanta, LLC, 2424 E. 21st Street, Suite 150, Tulsa, OK 74114; (918) 587-9901

Name each person(s) having a financial interest in the Establishment.

Full Name	Position	Social Security Number	Address	% of Interest
Kimpton Hotel &	Hotel management company		Two Porsche Drive Hapeville, GA 30354	
Restaurant Group, LLC				
ACRON 2 Porsche Drive	Hotel ownership company		Two Porsche Drive Hapeville, GA 30354	
Atlanta, LLC				

Have you or anyone with interest in the establishment ever or do you currently hold an alcohol beverage license with any other municipality, county, or state? ☒ Yes ☐ No

If so, have you or anyone holding interest in the establishment ever been placed on probation or had your license revoked? ☐ Yes ☒ No (If yes, please explain on separate sheet of paper and attach hereto.)

Provide name, address, Social Security Number, and phone number for each Manager if different from owner. A passport photograph, Personnel Statement, and Background Check must be submitted for each manager.

Full Name	Social Security Number	Address	Phone Number
Michael T. Sutter	xxx-xx-[redacted]	2363 Oberon Walk, Smyrna, GA 30080	(678) 463-9601

BUSINESS SPECIFIC INFORMATION On File

County Tax Parcel ID _____ Zoning District _____

Nearest Intersection: _____

Building Square Footage: _____ Business Square Footage (if not using entire building): _____

Patio/Outdoor Dining Square Footage (if applicable): _____

Number of Parking Spaces for business? (Attach site plan showing designated, striped parking and lighting)

_____

If shared parking, detail of how many are dedicated to the business and details of other businesses sharing parking (addresses). _____

_____

_____

Hours/days of operation: Twenty-four (24) hours per day, seven (7) days per week.

_____

Description of adjacent properties (residential/commercial) _____

_____

_____

_____

If application is for Retail Sale, attach a surveyor's certificate containing the following information:

- A scale drawing of the building and/or proposed building
- The proposed off-street parking facilities available to the building and all outdoor lighting on the premises
- The exact location of the business, including street address, ward, and county tax map number
- Current zoning classification of the location
- The distance from the business to each of the following: the nearest school, church building, and the nearest alcoholic treatment center owned and operated by state, county or municipality.

VERIFICATION OF APPLICATION

I hereby make application for an Alcohol Beverage License for the City of Hapeville. I understand that holding this license is a privilege. I do hereby affirm and swear that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just case for invalidation of this application and any action taken on this application. I understand the City of Hapeville reserves the right to enforce any and all ordinances regardless of payment of license fee and further that it is my/our responsibility to conform with said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I can

read the English language and I freely and voluntarily have completed this application. I understand that it is a felony to make false statements or writings to the City of Hapeville pursuant to O.C.G.A. §16-10-20.

Signature of Applicant or Agent

Michael T. Sutter on behalf of
Kimpton Hotel & Restaurant Group, LLC

Print or Type Name

I certify that Michael T. Sutter (name of applicant) personally appeared before me, and that he signed his name to the foregoing statements and answers made therein, and under oath, has sworn that said statements and answers are true.

This 20th day of December, 2018.

Pamela A. Allen

Notary Public

My commission expires on: 9/12/2020

Pamela A. Allen
EXPIRES
GEORGIA
SEP 12, 2020
NOTARY PUBLIC-COWETA COUNTY