



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.

Date: April 11, 2019 ☐ New ☐ Amended
Contact Name: Melissa Harris Phone: 678-438-4604
Business/Trade Name: Lickety Split Casual Dining LLC
D/B/A: Lickety split Southern Kitchen & Bar
Email: mylickety.split@gmail.com
Emergency Contact Name: Melissa Harris Phone: 678-438-4604
Business Address: 1155 Virginia Avenue, Ste. F

TYPE OF BUSINESS

- | | |
|--|---|
| ☐ Convenience Store | ☐ Specialty Beverage Store |
| ☐ Grocery Store | ☒ Restaurant |
| ☐ Hotel/Motel | ☐ Restaurant under 2,000 Sq. Ft. |
| ☐ Package Store | ☐ Wholesale |
| ☐ Manufacturer | ☐ 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: Melissa Gale Harris Date of Birth: [REDACTED] - 1961
Revised March 2018

Current Address: 4484 Mill Water Crossing, Douglasville Ga. 30135

N/A Spouse Name: _____

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

Name and Location of Employers for the last five years: KFC - Yumbrands Inc.
8765 Tara Blvd.
Hampton 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) _____

BUSINESS INFORMATION

Type of business entity: ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☒ Other LL

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: 831557109 State Tax ID Number: 20256439128

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.)

3350 - Riverwood Pkwy #450 Atlanta Ga. 30330

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

Full Name	Position	Social Security Number	Address	% of Interest
Melissa Harris	OWNER		4484 Mill Water xx	50%
Nadia Harris	Co-owner		4484 Mill Water xx	50%

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

BUSINESS SPECIFIC INFORMATION

County Tax Parcel ID _____ Zoning District U-V Urban Village

Nearest Intersection: Norman Berry

Building Square Footage: 2200 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). 8 parking spaces

Hours/days of operation: 11AM - 10pm Sun - Thursday
10AM - 12pm Friday - Saturday

Description of adjacent properties (residential/commercial) Smoothie King

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 cause 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.

Melissa Gale Harris

Signature of Applicant or Agent

Melissa Gale Harris

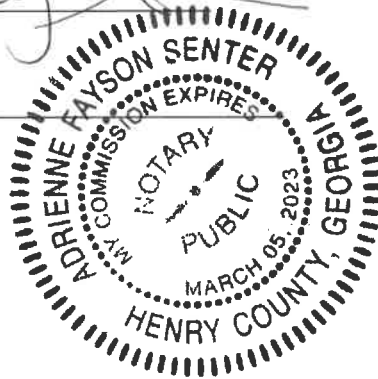
Print or Type Name

I certify that Melissa Gale Harris (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 11th day of April, 2019.

Adrienne Fayson Senter
Notary Public

My commission expires on:



Administrative Fee (applicable to all Licenses) \$200.00

FOR OFFICE USE ONLY

Department	Date	Approve	Deny	Comments
Code Enforcement	5-30-19	✓		RAL
Fire Department	5-30-2019	✓		B-
Planning & Zoning				
Police Department	5-30-19	✓		LM
Alcohol Review Board				

Finance 5-30-19 ✓

CITY MANAGER 5/30/19 ✓



Alcoholic Beverage Personnel Statement

For Official Use Only

Type of License: Beer/Wine/Liquor

Business: Lickety Split Casual Dining LLC

Address: 1155 Virginia Avenue Ste. F Hapeville

Telephone: 678-438-4604

Instructions: This personnel statement must be executed under oath or affirmation by every person having any ownership or profit sharing interest in, or managing any place of business applying for license from the City of Hapeville, Georgia to sell or deal in alcoholic beverages or liquors. Please type or print clearly in ink. If not legible, Statement will not be accepted. Each question must be fully answered. If the space provided is not sufficient, answer the question on a separate sheet and indicate in the space provided that such separate sheet is attached. A personnel statement, including two (2) passport-size photographs and two (2) fingerprint cards are required by Questions 35 and 36, for all owners/managers/assistant managers and must be submitted with every license application.

1. MELISSA Gale Harris 4484 Mill Water Crossing Douglasville Ga
Full Name of Applicant Address of Applicant 30135
2. Social Security Number [REDACTED]
3. Driver's License Number [REDACTED]
4. Date of Birth [REDACTED] - 1961 Place of Birth Jackson Mississippi
5. U.S. Citizen
 - a. ☒ By Birth
 - b. ☐ NaturalizedDate, Place and Court _____
Petition Number _____
Certificate Number _____
Derived Parent Certificate Number(s) _____
Alien Registration Number _____
Native Country _____
Date of Port Entry _____
6. How long have you been a legal resident of Georgia? 20 Years _____ Months

7. Marital Status ☒ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

8. If married, give Spouse's full name _____

9. Physical Description of Applicant _____ Race _____ Sex F Height 57

Weight 200 Age 57 Hair Color Blk Eyes Blk

10. Education and training specific to restaurant/alcohol field.

Licensed Mixologist

11. Have you ever used or been known by any other name ☐ Yes ☒ No

12. List maiden name, names by former marriages, former names changed legally or otherwise, aliases or nicknames. For each, list the period during which you were known by this name.

MELISSA Harris SCOTT - 1982 - 1990

MELISSA Harris BURNETT 1997 - 1998

13. Are you a registered voter in the State of Georgia ☒ Yes ☐ No

County registered

Number of years registered

3

14. For the last calendar year, did you file and pay any County property tax ☐ Yes ☐ No

Name of County

Douglas

15. For the last calendar year, did you file and pay any City property tax ☐ Yes ☒ No

Name of City

16. Employment record for the past ten (10) years (Give most recent experience first, if self-employed give details)

	From	To	Employer	Occupation Duties	Reason for leaving
(a)	2016	2019	(K7C)	Area Coach General Mgr	Retired
(b)	1998	2015	(K7C)	General Mgr	Changed to a Transisk
(c)					
(d)					
(e)					
(f)					
(g)					
(h)					

17. List, with your most recent place of residence first, all of your residences for the past ten (10) years

	Date From/To	Street	City	State
(a)	2017-	4484 Mill Water	Douglasville	Ga.
(b)	2015-2017	218 Acorn Hill	Villa Rica	Ga.
(c)	2010-2015	651 - Steel Creek	Charlotte	NC.
(d)				
(e)				

20. Military Service ☐ Yes ☒ No

List Serial Number _____ Branch of Service _____
 Period of Service _____ Date of Discharge _____
 Type of Discharge received _____

21. Have you ever been convicted of a felony relating to violence, illegal substances, gambling, theft or alcohol use, or of a crime opposed to decency and morality, or who has been convicted of a crime involving violation of the ordinances of the city or any other city or county relating to the use, sale, taxability or possession of malt beverages, wine or liquor, or violations of the laws of the state and federal government pertaining to the manufacture, possession, transportation or sale of

malt beverages, wine or intoxicating liquors, or the taxability thereof within five (5) years preceding this application? ☐ Yes ☒ No

22. *N/A* Full name of dealer and trade name, if any, submitting application of which this personnel statement is a part.

23. *N/A* Position of applicant in dealer's business.

24. Does applicant have any ownership/profit sharing interest in business? ☐ Yes ☐ No
Describe.

State annual salary of applicant or the estimated annual profit or compensation derived from this business. \$

40,000

25. Do you have any financial interest in any bar, lounge, tavern, restaurant, or other place of business where alcoholic beverages are sold and consumed on the business premises? ☐ Yes ☒ No If Yes, explain.

26. Do you have any financial interest or are you employed in any wholesale or retail liquor business other than the business submitting the license application of which this personnel statement is a part? ☐ Yes ☒ No If Yes, give names and locations and amount of interest in each.

27. Do you have any financial interest or are you employed in any business engaged in distilling, bottling, rectifying or selling (wholesale, retail or manufacturing) alcoholic beverages in this State or outside this State which has not otherwise been disclosed in this statement. ☐ Yes ☒ No If yes, explain.

28. Have you ever had any financial interest in an Alcoholic Beverage business which was denied a liquor permit ☐ Yes ☒ No If yes, explain.

29. Has any Alcoholic Beverage business in which you hold or have held any financial interest or have been employed, ever been cited for any violation for the rules and regulations of the State Revenue Commissioner relating to the sale and distribution of distilled spirits. ☐ Yes ☒ No If yes, explain.

30. Have you ever been denied a bond by a commercial surety company? ☐ Yes ☒ No
If yes, explain.

31. Are you related by blood, marriage or adoption to any persons engaged in any business handling alcoholic beverages, whiskeys or liquors in the State of Georgia.
☐ Yes ☒ No

32. Personal References. Give three (3) personal references, not relatives (i.e., former employers, fellow employees or school teachers who are responsible adults, business or professional men or women) who have known you well during the past five (5) years.

Name Gloria Cooper

Residence 6745 India Trail Norcross Ga.

Business Address

Telephone Number

Number of Years Known

15 years

Name Roxann Morris

Residence 2536 Old Bay Road

Business Address Biloxi, Ms. 39531

Telephone Number

Number of Years Known

29 years

Name Kevin Spann

Residence 448 Mill Water Crossing Douglasville Ga.

Business Address

Telephone Number

Number of Years Known

12

33. Attach two (2) passport-size photographs (front view). Write name on back of photographs and also the name of dealer submitting a license application. Initial here if such photographs are attached. AKH

34. There must be submitted with this personnel statement the fingerprints of applicant on two (2) fingerprint cards, which will be furnished by the City of Hapeville. Initial here that such fingerprint cards are attached. _____

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 or affirmation and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.

Verification

I, Melissa Gale Harris, applicant, do solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for a City of Hapeville license as a dealer in alcoholic beverage and liquors are true, and no false or fraudulent statement or answer is made therein to procure the granting of such license. I hereby submit for an Alcoholic Beverage Privilege License Personnel Statement for the City of Hapeville. I do hereby swear or affirm that the information provided herein is true, complete and accurate, and I understand that any inaccuracies may be considered just cause for invalidation of this statement and any related application and any action taken on this statement and any related application. I understand the City of Hapeville reserves the right to enforce any and all ordinances regardless of payment of license fees and further that it is my/our responsibility to conform to 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 statement. 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.

Melissa Gale Harris
Applicant's Signature
(Full name in ink)

MELISSA GALE HARRIS
Applicant's Name
(Print or Type)

I certify that

Melissa Gale Harris
(the above named applicant)

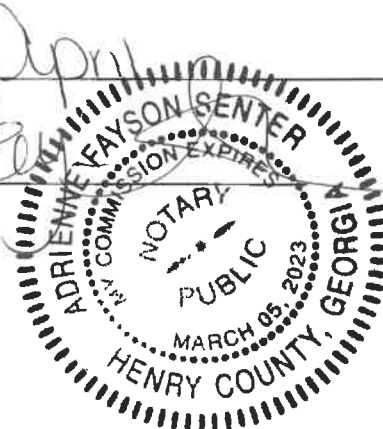
is personally known to me, and that he signed his name to the foregoing statements and answers made therein, and, under oath, has sworn that said statements and answers are true.

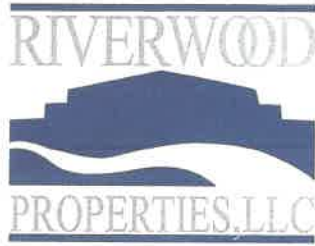
This 11th day of April, 2019.

Adrienne Fayson Senter
Notary Public

Seal:

personnel statement.doc





March 7, 2019

Melissa G. Harris
4484 Mill Water Crossing
Douglasville, GA 30153

Re: Lease agreement by and between **MNG MANAGEMENT, LLC and LICKETY
SPLIT CASUAL DINING LLC. dated October 1, 2016.**

Dear Melissa,

Enclosed please find one (1) each of the executed Assignment of Tenant's Interest in Lease and Assumption Agreement and Exhibit "N" for the above referenced Lease Agreement. Please keep these originals for your records.

Let me know if you have any questions or concerns.

Thank you,

A handwritten signature in blue ink, appearing to read "Joy L. Griffin".

Joy Griffin

GUARANTY

Atlanta, Georgia

Date: Feb 9, 2019

FOR VALUE RECEIVED, the receipt, adequacy and sufficiency of which are hereby acknowledged, and in consideration of a lease dated **October 1, 2016**, between **LICKETY SPLIT CASUAL DINING LLC**, as Tenant (hereinafter called the "Debtor"), and **MNG MANAGEMENT, LLC** as Landlord (hereinafter, together with his heirs, successors and assigns, called the "Lender"), for that certain location known as **GATEWAY CENTER** and situated in 1155 Virginia Ave, Hapeville, Georgia, Suite F-G, in Fulton County, Georgia (the "Lease") with the undersigned, **MELISSA G. HARRIS** hereby, unconditionally guarantees the full and prompt payment when due, whether by acceleration or otherwise, and at all times hereafter, of (a) all obligations, liabilities and indebtedness of the Debtor to the Lender, however and whenever incurred or evidenced, whether direct or indirect, absolute or contingent, or due or to become due under the Lease or otherwise; (b) any and all extensions, renewals, modifications, or substitutions of the foregoing, and all expenses, including without limitation attorneys' fees sought to be collected if the Lender endeavors to collect from the Debtor by law or through an attorney at law; (c) all other charges and expenses, including without limitation late charges, and the payment of all costs, expenses, charges and other expenditures required to be made by Debtor including without limitation any liabilities caused under the Lease, or which Debtor agrees to make, under the terms and provisions of any other Documents (as that term is hereinafter defined). All such items (a), (b) and (c) are herein collectively referred to as the "Liabilities."

In the event that Debtor fails to perform any of his obligations under the Lease or to pay any of the Liabilities, the undersigned shall, upon the demand of Lender, promptly and with due diligence pay all Liabilities and perform and satisfy for the benefit of Lender all obligations.

The undertakings of the undersigned hereunder are independent of the Liabilities and obligations of Debtor, and a separate action or actions for payment, damages, or performance may be brought or prosecuted against the undersigned whether or not an action is brought against the Debtor and whether or not Debtor is joined in any such action or actions, and whether or not notice is given or demand is made upon Debtor.

The undersigned hereby represents that the execution of the Lease by the Lender and the Debtor will be to the direct interest and advantage of the undersigned.

This guaranty shall be continuing, absolute and unconditional and shall remain in full force and effect so long as the Lease or any obligations under the Lease are in effect.

The Lender may, from time to time, without notice to the undersigned (or any of

IN WITNESS WHEREOF, the undersigned have set their hands and affixed their seals the day and year above written.

Signed, sealed and delivered in
the presence of:


Official Witness

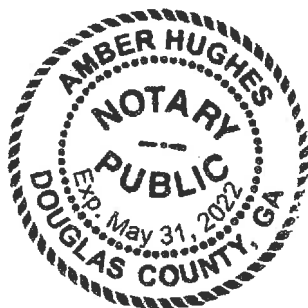

[Redacted]

MELISSA G. HARRIS

Social Security Number: [Redacted]

Address: 4484 Mill Water Crossing
Douglasville, GA 30135-4191


Notary Public



Pasta (54)

CONSENT TO ASSIGNMENT

(18)
MNG MANAGEMENT, LLC a limited liability company, ("Lessor"), Lessor under that certain Lease Agreement (the "Lease") dated October 1, 2016 by and between Lessor and **LA VITA PIZZA I, LLC** a Domestic Limited Liability Company as Lessee (the "Lease"), hereby consents to the transfer and assignment of the Lease to **LICKETY SPLIT CASUAL DINING LLC** a Domestic Limited Liability Company ("Assignee"). By consenting to the assignment of the Lease as set forth herein, Lessor does not release Assignor from, and Assignor shall continue to remain liable and responsible for, the payment of all rental due under the Lease and for compliance with all of the terms, provisions, covenants and conditions of the Lease through the end of the Lease term.

Furthermore, this agreement is contingent upon Lessor's receipt of proof of business insurance coverage for the Assignee as stipulated in the Lease. Additionally, as consideration for the processing of this lease assignment, Lessor is due a nonrefundable assignment fee of Two Thousand Five Hundred & NO/00 Dollars (\$2,500.00) upon execution of this Consent to Assignment agreement.

This 10 day of February, 2019.

LESSOR:

MNG MANAGEMENT, LLC

By: 

Its: **Manager**

Date: 2/21/19

**ACKNOWLEDGEMENT OF
CONTINUING LIABILITY:**

GUARANTOR:

By: 

Jiri Matousek



USA
Georgia

083861

DRIVER'S LICENSE

DL NO. [REDACTED]
CLASS C
MELISSA GALE
HARRIS

DOB [REDACTED]
EXP [REDACTED]

4484 MILL WATER XING
DOUGLASVILLE, GA 30135-4181
DOUGLAS
Restrictions: A
Iss 11/29/2017
End NONE

Sex: F
Hgt: 5'-08"
Wgt: 190 lb

Eyes: BRO
Hair: BRO



Melissa Gale Harris

Rev 07/01/2015

www.dds.ga.gov
(878) 413-3400

32714682390401



MEDICAL
INFORMATION:
None



08/18/1961

CLASS: C-S 28,000 lbs. GVWR and Trailer ≤ 10,000 lbs. All recreational vehicle is included

ENDORSEMENTS: None

RESTRICTIONS: A-None



Georgia Bureau of Investigation
Georgia Crime Information Center

Consent Form

I hereby authorize **HAPEVILLE POLICE DEPARTMENT** to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

MELISSA HARRIS
Full Name (print)

[REDACTED]
Driver's License Number and State

4484 Mill Water Crossing
Address

Lickety Split Casual Dining
Company Name

Female
Sex

Black
Race

[REDACTED] - 1961
Date of Birth

[REDACTED]
Social Security Number

[Signature]
Signature

April 11, 2019
Date

Purpose Codes Used (check appropriate one)

- ☐ Employment (Licensing, Public/Private employment, Firefighter employment Adoptions, Education employment, and Military Recruitment) (E)
☐ Employment with mentally disabled (M)
☐ Employment with elder care (N)
☐ Employment with children (W)
☐ Criminal Justice Employment (J)
☐ Public Access (GA Felonies Only) (P)
☐ Used by Law Enforcement Only (C) _____ Case Number
☐ Pre-employment or Employment of Police Officers (Z)

Inquiry ran by: _____

If ran Purpose Code C Officer Signature: _____

LSTCN:5489000913 GBITCN:91161685089997 DATE/TIME:2019-04-26 22:34:18 NAME:HARRIS,
MELISSA GALE



Georgia Bureau of Investigation
3121 Panthersville Road
Decatur, Georgia 30034
404-244-2639

LSTCN:5489000913
GBITCN:91161685089997
DATE/TIME:2019-04-26 22:34:18
NAME:HARRIS, MELISSA GALE
PHOTO:PHOTO NOT AVAILABLE

NO GEORGIA OR FBI NATIONAL CRIMINAL HISTORY RECORD FOUND



List ALL employees. Use full complete names (No initials). Attach additional pages if needed.

List ALL employees. Use full complete names (no initials).

Lickety Split Southern Kitchen and Bar

April 12, 2019

[illegible]

LICKETY SPLIT

SOUTHERN KITCHEN & BAR

CAIN'T HOL' YOUR HORSES:

(STARTERS)

FRIED GREEN TOMATOES \$5
3 crispy fried to perfection tomatoes w/ a tangy remoulade sauce

DEVEILED EGGS \$4
Includes order of 3

SPLIT WING DECISION \$6
5 pc wings either Smoked, Ginger LemonPepper, Buffalo, or Sweet Thai Chili

SALMON CROQUETTES \$6
Includes order of 2

KICK'N CHICKEN & SHRIMP KABOBS \$7
2 kabobs marinated in spices giving a nice kick of flavor

BREAD BASKET \$4
Choose 3: hoecakes, cornbread, or dinner rolls

SOUPS Cup \$4
Bowl \$6

Choose between our signature Lickety Split Soups (chicken and vegetable) or our Taco Chili

SALADS \$5
Garden, Cobb, or Caesar

Add a protein \$3-5

JUST A LICK' (SMALL PLATES)

SLIDERS \$7
Choose between 2 slow roasted beef brisket or Southern Smoked Red Hots on a sweet bun w/ a side of creamy house made slaw

IT'S A PICNIC \$7
Juicy Grilled Hot Dog & a Slider choice w/ a side item

MINI KABOBS \$8

3 charred chicken kabobs w/ pineapples and yellow rice
*JUMBO shrimp substitute \$2 up-charge

CATFISH 'N' CHIPS \$8
Bite size fish tenders w/ homemade fries

COME 'N GET IT (ENTREES)

JUICY CHICKEN \$7
3 pc Grilled, Fried, or Smothered

JUICY SMOKED TURKEY \$9
2 herb battered turkey wings slowly smoked and smothered in gravy w/ a side of dressing

GLAZED RIBS \$9
Half rack of smoked ribs topped with our signature Sweet Heat Maple Ginger BBQ sauce

TENDER CATFISH FILETS \$8
2 farm raised filets grilled or fried w/ tartar sauce

JUMBO SHRIMP \$12
10 pc w/ your choice of grilled or fried

SMOKED SALMON \$9
Topped with a bourbon glaze

CHICKEN TENDER BASKET \$7
Basket of 5 grilled or fried tenders

PORK CHOPS \$8
2 pc juicy seasoned chops grilled, fried, or smothered

HOMESTYLE BURGER \$8
Momma's homemade angus beef burger served on thick toast w/ mayo, tomatoes, lettuce, & cheese

KIDS' MEALS (UNDER 10)

1 KABOB SKEWER	\$3	2 CHICKEN TENDERS	\$3
3 PC CATFISH NIPS	\$5	1 PC LEG OR WING	
HOT DOG OR SLIDER	\$4	OR 1 PC CHOP	\$2

Capri Suns and Milk Available

FIXIN'S (SIDES \$3)

Kick'n Collard Greens	Steamed Spinach
Homemade Mashed Taters	Parmesan Corn on the Cob
Sautéed Green Beans	Mixed Vegetables
Blackeye Peas	Steamed Broccoli
Candied Yams	Hoecakes
Fried Okra	Homestyle Fries
Homestyle Slaw	1 Bread [\$1.50]
Yellow Rice	S'mack 'N Cheese [\$4]
Smoked Turkey Cabbage	

AIN'T FULL AS A TICK (DESSERTS)

STRAWBERRY 'NANA PUDDING \$5	
<i>A twist on the traditional southern fave w/ strawberries, bananas, classic vanilla wafers, and whipped cream</i>	
SWEET POTATO PIE SLICE \$4	
<i>Made with love 'bout sums it up</i>	
HOMEMADE COBBLER \$5	
<i>Peach Cobbler w/ vanilla ice cream</i>	
SLICED CAKE \$4	
<i>Moist pound cake</i>	
FRESH CUT FRUIT MEDLEY \$3	
<i>Cup of season's best fruit assortment</i>	

DRANKS

COKE PRODUCTS \$1.50	
<i>Coca-Cola, Diet Coke, Sprite, Ginger Ale, Orange Fanta, and Root Beer</i>	
HOMEMADE SPECIALTIES \$3	
<i>Strawberry Lemonade, Lemonade, Peach Sweet Tea, & Red Kool-Aid</i>	
SWEET/UNSWEETENED TEA \$2	
BOTTLED WATER \$2	
<i>Dasani</i>	
ENERGY DRINKS \$3	
ROOT BEER FLOAT \$4	
SMOOTHIES \$6	
<i>Strawberry Banana, Orange Mango, Green, & Tropical</i>	

JOIN US FOR BRUNCH ON SAT/SUN FROM 10-3



JUST IN TIME FOR BRUNCH

OMELET **\$9**
Build your own 3-egg omelet with your choice of 1 meat and veggies

BREAKFAST BOWL **\$8**
Mixed bowl of scrambled eggs, creamy grits, sharp cheddar, grilled peppers and onions, hash brown potatoes, mushrooms, and Pico de Gallo

BUTTERMILK PANCAKES **\$7**
Stack of 3 fluffy pancakes served with sweet cream butter and warm syrup

PEACH WALNUT FRENCH TOAST **\$10**
2 Brioche French toasts topped with sweet Georgia peaches, crumbled walnuts, melted butter, and cinnamon sugar

SOUTHERN BREAKFAST **\$11**
2 eggs any style, with your choice of a meat, grits, or hash browns, and the option of a biscuit or toast

CHICKEN & WAFFLES **\$13**
3 juicy chicken wings fried with a light fluffy homemade waffle. Ask us about additional toppings.

SHRIMP & GRITS **\$15**
Classic southern dish w/ tenderized jumbo shrimp seasoned w/ spices, bell peppers, green onions, and pork bacon over slow cooked buttery & triple cheese grits.

ADD-ONS

CHICKEN' N WAFFLE POPS **\$7**
2 Southern or Buffalo Chicken flavor cooked in a fluffy waffle on a stick

SHRIMP' N GRITS COCKTAIL **\$7**

FRESH CUT FRUIT MEDLEY **\$7**
Bowl of season's best fruit assortment

BREAD BASKET **\$6**
Choose 5: Biscuit, Grill Cheese, Hoecake, or Muffins

A LA CARTE

Hash browns **\$3**
Eggs (2 any style) **\$2.50**
Creamy Grits **\$3**
Oatmeal **\$3**
Bacon (3 pork or turkey) **\$3**
Sausage (2 pork or turkey) **\$3**
Fried Green Tomatoes **\$5**
Salmon Croquettes **\$6**

DRANKS

COKE PRODUCTS **\$1.50**
Coca-Cola, Diet Coke, Sprite, Ginger Ale, Orange Fanta, and Root Beer

HOMEMADE SPECIALTIES **\$3**
Strawberry Lemonade, Lemonade, Peach Sweet Tea, & Red Kool-Aid

SWEET/UNSWEETENED TEA **\$2**

BOTTLED WATER **\$2**
Dasani

ENERGY DRINKS **\$3**

ROOT BEER FLOAT **\$4**

SMOOTHIES **\$6**
Strawberry Banana, Orange Mango, Green, & Tropical

ASK US ABOUT OUR BOTTOMLESS MIMOSAS



COCKTAILS & BEERS

SPLIT SECOND (A signature cocktail) **\$8**

Ketel One Vodka, peach schnapps, fresh lime juice

SOUTHERN ROYAL LEMONADE **\$9**

Crown Royal or Hennessy with homemade lemonade and a splash of fresh pineapple juice

THE COTTON GIN **\$8**

Gin, fresh lime juice, club soda, topped w/ cotton candy

FIG MOJITO (A southern favorite) **\$8**

Blend of Rum, lime juice, simple syrup, club soda, w/ sliced figs

SOUTHERN TEA TIME **\$11**

*Gin, Silver Tequila, Vodka, White Rum, triple sec w/ a hint of lemon juice
Who says you have to go to Long Island to have Tea the way you like?*

"HOT" DAMN **\$8**

Captain Morgan Spiced Rum, Spiced Schnapps, Dark Rum, sweet/sour, lime juice, passion fruit, and grenadine

MELON BALL **\$8**

The boss' favorite. Vodka, Midori, Cranberry Juice, topped w/fresh cold melon balls

WATERMELON MARGARITA **\$9**

Cool sassy spin on margarita made from fresh watermelon w/ silver tequila, agave, & tangy lime juice

BOTTLED BEER AND WINE

Bud light, Corona, Heineken, Budweiser, Michelob, Stella, Coors Light, Estrella Jalisco, Sweetwater, Blue Moon **\$3-6**

WINES

White Wines Assortment **\$5/22**

Red Wines Assortment **\$5/30**

Mimosa **\$6**

FULL BAR AVAILABLE

MUST BE 21 TO DRINK



Monday-Thursday 11-10
Friday-Saturday 11-11
Sunday 12-9



LICKETY SPLIT
& BAR

Hours
Monday - Thursday 11-11
Friday - Saturday 11-11
Sunday 12-9

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

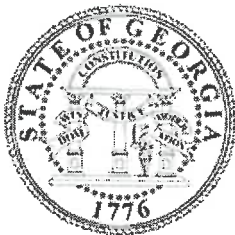
CERTIFICATE OF ORGANIZATION

I, **Brian P. Kemp**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Lickety Split Casual Dining, LLC
a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **08/16/2018** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on **08/28/2018**.



A handwritten signature in black ink, appearing to read "B: P. Kemp".

Brian P. Kemp
Secretary of State

TIMES JOURNAL, INC.

P.O. BOX 1633
ROME GA 30161-1633

PHONE: 770-428-9411
FAX: 1888

Advertising Payment Receipt

Account number:	226532	Credit Card #:	*****[REDACTED]
Account name:	LICKETY SPLIT SOUTHERN KI MELISSA HARRIS 1155 VIRGINIA AVE ATLANTA GA 30354	Approval Code:	05736G[259375323]
		Credit Holder Name:	
Phone number:	[REDACTED]		
Payment number:	182103		
Payment date:	04/16/19		
Amount:	180.18		
Payment description:	CREDIT CARD PAYMENTS LICKETY SPLIT SOUTHERN KI		

Ad Number:	167373	Class Code:	A
Ad Taker:	treev	Salesperson:	R913
First Words:	OPEN LEGAL RATE		

PUBLIC NOTICE

Application has been made by Lickety Split Southern Kitchen and Bar, Owner Melissa Harris at 1155 Virginia Avenue Ste. F Hapeville GA. 30354 FOR THE ISSUANCE OF A 2019 Alcohol Beverage on premise Consumption of beer, wine and liquor.



Effective Date: April 18, 2019



Western Surety Company

LICENSE AND PERMIT BOND

KNOW ALL PERSONS BY THESE PRESENTS:

Bond No. 72149365

That we, Licketysplit Casual Dining, LLC dba Licketysplit Southern Kitchen & Bar

of Hapeville, State of Georgia, as Principal,
and WESTERN SURETY COMPANY, a corporation duly licensed to do surety business in the State of
Georgia, as Surety, are held and firmly bound unto the

City of Hapeville, State of Georgia, as Obligee, in the penal

sum of Five Thousand and 00/100 DOLLARS (\$5,000.00),
lawful money of the United States, to be paid to the Obligee, for which payment well and truly to be made,
we bind ourselves and our legal representatives, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the Principal has been
licensed Liquor

_____ by the Obligee.

NOW THEREFORE, if the Principal shall faithfully perform the duties and in all things comply
with the laws and ordinances, including all amendments thereto, pertaining to the license or permit
applied for, then this obligation to be void, otherwise to remain in full force and effect until
April 18th, 2020, unless renewed by Continuation Certificate.

This bond may be terminated at any time by the Surety upon sending notice in writing, by First Class
U.S. Mail, to the Obligee and to the Principal at the address last known to the Surety, and at the expiration
of thirty-five (35) days from the mailing of said notice, this bond shall ipso facto terminate and the Surety
shall thereupon be relieved from any liability for any acts or omissions of the Principal subsequent to said
date. Regardless of the number of years this bond shall continue in force, the number of claims made
against this bond, and the number of premiums which shall be payable or paid, the Surety's total limit of
liability shall not be cumulative from year to year or period to period, and in no event shall the Surety's total
liability for all claims exceed the amount set forth above. Any revision of the bond amount shall not be
cumulative.

Dated this 18th day of April, 2019.

LICKETYSPLIT CASUAL DINING, LLC DBA
LICKETYSPLIT SOUTHERN KITCHEN & BAR

Melissa Lee Harris
Principal

WESTERN SURETY COMPANY

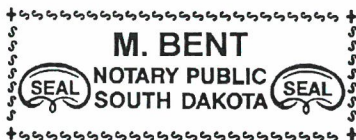
By Paul T. Bruzat
Paul T. Bruzat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

On this 18th day of April, 2019, before me, the undersigned officer, personally appeared Paul T. Bruflat, who acknowledged himself to be the aforesaid officer of WESTERN SURETY COMPANY, a corporation, and that he as such officer, being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as such officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.



M. Bent

Notary Public — South Dakota

My Commission Expires March 2, 2020

ACKNOWLEDGMENT OF PRINCIPAL
(Individual or Partners)

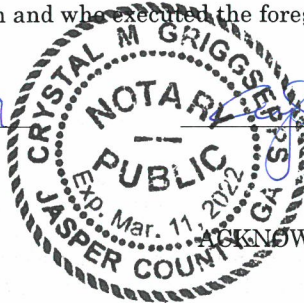
STATE OF Georgia }
COUNTY OF Fulton } ss

On this 24th day of April, 2019, before me personally appeared Melissa Harris, known to me to be the individual 1 described in and who executed the foregoing instrument and acknowledged to me that she executed the same.

My commission expires

3/22

2019



Crystal M. Griggs
Notary Public

STATE OF _____ }
COUNTY OF _____ } ss

ACKNOWLEDGMENT OF PRINCIPAL
(Corporate Officer)

On this _____ day of _____, _____, before me personally appeared _____, who acknowledged himself/herself to be the _____ of _____, a corporation, and that he/she as such officer being authorized so to do, executed the foregoing instrument for the purposes therein contained by signing the name of the corporation by himself/herself as such officer.

My commission expires

Notary Public

 Western Surety Company

License or Permit No. _____

LICENSE AND PERMIT
BOND
As _____

of _____

State of _____

Name of Applicant _____

Address _____

Filed _____

Approved this _____

day of _____

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Paul T. Bruflat of Sioux Falls,
State of South Dakota, its regularly elected Vice President,
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One Liquor City of Hapeville

bond with bond number 72149365

for Licketysplit Casual Dining, LLC dba Licketysplit Southern Kitchen & Bar
as Principal in the penalty amount not to exceed: \$5,000.00.

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Vice President with the corporate seal affixed this 18th day of April,
2019.

ATTEST

L. Nelson

L. Nelson, Assistant Secretary

WESTERN SURETY COMPANY

By

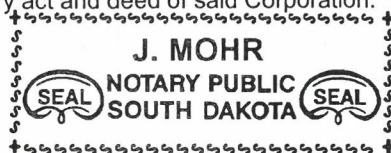
Paul T. Bruflat

Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA }
COUNTY OF MINNEHAHA } ss

On this 18th day of April, 2019, before me, a Notary Public, personally appeared
Paul T. Bruflat and L. Nelson

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the
voluntary act and deed of said Corporation.



My Commission Expires June 23, 2021

J Mohr

Notary Public





Alcohol License Establishment Planning & Zoning Form

Date: May 17, 2019

Business Name: Lickety Split Casual Dining, LLC

Business Address: 1155 Virginia Avenue, Suite F

Business Owner: Melissa Harris

Business Owner Address: 4484 Mill Water Crossing, Douglasville, GA 30135

Business Owner Phone 678-438-4604

Business Owner Email: mylicketysplit@gmail.com

Building Square Footage: 2200 SF

Square footage of Business Unit: Not provided

Will the establishment provide patio/outdoor dining? No outdoor seating has been proposed. Should alcohol service be proposed for outdoor dining, all applicable regulations must be met

Number of Parking Spaces Provided: Eight parking spaces dedicated out of a shared lot

STAFF USE ONLY

Zoning Classification: U-V, Urban Village

Sec. 93-11.2-3. Permitted uses.

Restaurants, grills, cafes, taverns and similar eating and drinking establishments with a maximum size of 6,000 square feet, but excluding drive-in restaurants, fast food restaurants, or restaurants in which patrons are not served exclusively seated or standing at a counter. Such restaurants, grills, cafes, taverns and similar eating and drinking establishments shall be allowed to operate no more than six billiard tables upon the premises.

Does the proposed use require a Conditional Use Permit? No.

Number of parking spaces required by zoning: Nine, which will be met by shared parking.

Outdoor dining: Not applicable at this time.

Staff Recommendation: The proposed location complies with zoning. The application may be approved.



Zoning Compliance

Zoning Classification: U-V, Urban Village. The business is a restaurant which has an approved occupational tax permit in the U-V, Urban Village Zoning district.

Alcoholic Beverage Ordinance Compliance

Sec. 5-3-4. – Standards for approval, denial, renewal, suspension or revocation.

- (1) The nature of the neighborhood immediately adjacent to the proposed location, that is, whether the same is predominantly residential, industrial or business.

The proposed location is in a commercial area of Hapeville. There are other restaurants in the same property that have received alcohol licenses.

- (2) The proximity of churches, school buildings, school grounds, college campuses, and alcoholic treatment centers owned and operated by the state or any county or municipal government therein.

There is no minimum distance required for on-site premises consumption from the nearest churches, school/school grounds, college campuses, or alcoholic treatment centers.

- (3) Whether the proposed location has adequate off-street parking facilities or other parking available for its patrons.

Parking is adequate per site plan, however, there are ongoing concerns regarding parking given the number of establishments.

- (4) Whether the location would tend to increase and promote traffic congestion and resulting hazards therefrom.

This area is in an existing shopping center. No additional traffic is expected.

Sec. 5-6-3. - On-premises consumption regulations generally.

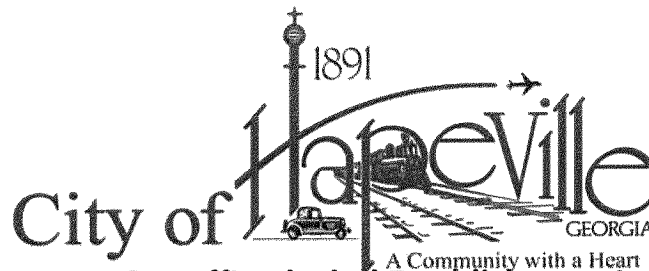
The following regulations shall apply to licensed on-premises consumption establishments:

- (2) No pouring of liquor, malt beverages, or wine, or any other on-premises alcohol service shall be permitted between the hours of 12:00 a.m. and 8:00 a.m. for licensed establishments whose property lines abut an area zoned residential, and 2:00 a.m. and 8:00 a.m. for all others. Except for bed and breakfasts and hotels, all patrons shall vacate such licensed establishments whose property lines abut an area zoned residential no later than 12:45 a.m., and 2:45 a.m. for all others. For purposes of this subsection, "residential" shall mean any parcel of land designated for use as a single or multifamily dwelling and duplexes.

There are no residential properties abutting the proposed location.

700 Doug Davis Drive
Hapeville, GA 30354

Ph: 404-669-2111
Fax 404-669-2140



Police, Code Enforcement, & Traffic Alcohol Establishment Inspection Report

Date: **April 29, 2019**

Business Name: **Lickety Spill**

Address: **1155 Virginia Avenue, Ste F, Atlanta, GA 30054**

Exterior Observations:

Condition of Signage: **Satisfactory**

Window Signage & Visibility: **Satisfactory**

Condition of Property: **Satisfactory**

Exterior Illumination: ☐ Low Level ☒ Moderate Level ☐ High Level

Employee ID Badges: ☐ In Compliance ☐ Non-Compliant ☒ N/A

Interior Observations:

Interior Illumination: ☐ Low Level ☒ Moderate Level ☐ High Level

☐ Unknown

Cameras: ☐ In Compliance ☐ Non-Compliant ☒ N/A

Broken Packages: ☐ In Compliance ☐ Non-Compliant ☒ N/A

Traffic Considerations:

Private Property Accidents 0 Notes: _____

COMPLIANCE: To resolve this issue please N/A from premises within N/A days from receipt of this notice to be considered for an Alcohol License.

RIGHT TO APPEAL: Appeals are made thru the ARB, City of Hapeville Mayor and Council by contacting City Hall at 404-669-2100. Non-compliance may result in a Court Citation.

Additional Violations Noted: _____

History:

Law Enforcement: **0** calls Code Enforcement: **0** calls

Inspector's Signature

 **04/29/2019**

Inspection No: IAL 19 - 005

Inspection Date: 4/29/2019

Inspection Time:

Inspector: Brian Eskew

Inspection Report



Inspection and Compliance Orders

Facility:	Lickety Split	Address:	1155 Virginia AVE		
Phone:					
Fax:		City:	Hapeville		
Email:		State:	GA	Postal Code:	30354
Contact:	Melissa Harris	Work:			
Email:	mylicketysplit@gmail.com	Cell:	(678) 438-4604		

Inspection Type:	Inspection General
-------------------------	--------------------

Violation Code	Days to Correct *	Violation/Notes	Location
----------------	-------------------	-----------------	----------

Inspection Notes

Approved For Alcohol License

Owner/Representative:

Inspector:

A handwritten signature in black ink, appearing to be "B. C. C.", is written over the Inspector label.

A variance procedure is available. Please contact the inspector named for further assistance with this or any other matter.

* Number of days to correct from date inspected.