

2013 APPLICATION GORDON COUNTY
MALT BEVERAGE, WINE AND LIQUOR LICENSE

1. Business is:

Sole Proprietorship
 Corporation
 Private Club (check one) Non-Profit For Profit
 Partnership

1 a. Name of owner(s)

Sole proprietorship _____ Date of birth _____

Corporation (list of officers) _____

Partnership (list partners) _____

Private Club (list officers) _____

1. b. Name of applicant : KRUPAL B. PATEL Date of birth 10-14-1974

2. Name of corporation (if a corporation): SHREETI KRUPALU INC

3. Address: 144 REGENCY ROW, CALHOUN, GA-30701 Phone # 706-263-4755

4. How long a resident of Gordon County 9 years

5. Name of business: RAINBOW CORNER Phone # 706-629-9866

Type of application: beer, wine (beer, wine, alcohol, consumption, package)

6. Location of business 4594 DEWSPOND RD. CALHOUN, GA-30701

7. Description of premises (convenience store, etc.) Convenience store & CAFE

8. Has the applicant or any interested person made a previous application for a license in Gordon County

Yes No

If yes: Where ~~Calhoun~~ When 2008 approved or rejected Approved

9. Has applicant or any person with any interest in the application ever been convicted of a crime other than traffic violation () Yes No

If yes: What crime _____ When _____ Where _____

10. Name and address of all persons (other than applicant) who have a direct or indirect interest in the profits or losses of the business _____

Submitted this 19 day of Oct 2012 Print Applicant's Name Krupal B. Patel

K.B. Patel
Signature of Applicant

Sworn to and subscribed before me this 19 day
of Oct 2012

Annette Berry

Notary Public

My Commission expires: _____

(Notary Seal)

