2015
~~2014~~ APPLICATION GORDON COUNTY
MALT BEVERAGE, WINE AND LIQUOR LICENSE

1. Business is:
_____ Sole Proprietorship
__X__ Corporation
_____ Private Club (check one) ___Non-Profit ___For Profit
_____ Partnership

1 a. Name of owner(s)
Sole proprietorship RASHEED·R VIRANI Date of birth APRIL 1, 1959

Corporation (list of officers) _____ _____
Partnership (list partners) _____ _____
Private Club (list officers) _____ _____

1. b. Name of applicant : Rasheed R. Virani Date of birth _____

2. Name of corporation (if a corporation): SONY ENTERPRISES (USA). INC.

3. Address: 1133 S. WALL STREET, CALHOUN GA 30701 Phone # 706-629-4100

4. How long a resident of Gordon County N/A

5. Name of business: SNR GROCERIES # 1. Phone # 706-629-4100.

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

6. Location of business 1133. S. WALL ST CALHOUN GA. 30701.

7. Description of premises (convenience store, etc.) CONVENIENCE-STORE WITH GASOLINE

8. Has the applicant or any interested person made a previous application for a license in Gordon County
(X) Yes ( ) No
If yes: Where SAME AS ABOVE When 2005 TO 2012 2013 approved or rejected APPROVED. Rejected

9. Has applicant or any person with any interest in the application ever been convicted of a crime other than traffic violation ( )Yes (X)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 None.

Submitted this 25 day of March 2014 Print Applicant's Name RASHEED. R. VIRANI

Signature of Applicant

Sworn to and subscribed before me this 25 day of March 2014

Notary Public
My Commission expires: 6/27/2015

(Notary Seal)

Forms2014.MaltBevapp-lic