

SC09-02
Permit # ~~090450~~
09040450

ROSWELL
GA
LIC # 09-0378

LICENSE NO: _____

SIDEWALK CAFE LICENSE APPLICATION

946 - Nine South

Name of Business with Sidewalk Cafe (include d/b/a if applicable)

946 Canton Street

Roswell, GA 30075

Location (Street and Suite #)

City State Zip

Description of location for the utilization of a Sidewalk Cafe:

Directly in front of the Restaurant.

Ownership

- Proprietorship; In-town
- Partnership; Out-of-state
- Corporation

No. of tables

No. of Chairs

Date ____/____/____
Beginning of sidewalk cafe
within City of Roswell

Mike Bramblett

Owner Name (Company and/or Individual - Please print)

946 Canton Street

Roswell, GA 30075

Mailing Address (if other than above)

City State Zip

7-992-4830

3, 17, 43

Business Phone

Date of Birth

Driver's License No. & State

6-983-4082

Social Security Number

Driver's License Expires

Cell or Home Phone

Fax Phone

E-mail

Fed. ID No./Employee Identification No.

kellieclark64@yahoo.com

03, 17, 2014

STATEMENT OF CONFIDENTIALITY: Information provided by a business or practitioner to the City of Roswell for the purpose of determining applicability is confidential to the extent it qualifies for exemption from disclosure under Article 4, Chapter 18, Title 50 of the Official Code of Georgia.

APPLICANT AFFIDAVIT: I hereby certify that all information provided herein is complete. I have answered all questions completely and truthfully to the best of my knowledge. I hereby acknowledge that I have read and understand the rules and regulations for the Licensing of Sidewalk Cafe in the City of Roswell. Any false statement on this application automatically voids this license.

Mike Bramblett

Date: 4, 9, 09

Signature of Business Owner or Owner's Representative

Manager - Owners Rep.

Title

Office Use Only:

Fee: \$ _____ Amount paid: \$ _____ Date: ____/____/____

Cash Check # _____ CC Visa MC

Approved By: _____ Denied By: _____

Date: ____/____/____

RECEIVED

APR 16 2009
City of Roswell
Community
Development
Dept.



Business Questionnaire - For use in the licensing of Sidewalk Cafes

1. If the business requesting the license is a Sole Proprietorship or a Partnership, provide the names, home addresses, date of birth and driver's license information for each individual owner. If the business is a Corporation, a Limited Liability Corporation or a Limited Liability Partnership, then list the name and business address of the registered agent for the business entity and the name and title of the president, CEO, or managing partner.

Name		Title (President)
Mike Bramblett		Pres
Home Address		
6-983-4082		
Home Phone Number		
3-17-43		
Date of Birth	Social Security Number	Applicant Driver's License No. & State

Name		Title (Vice President)
Home Address		
Home Phone Number		
Date of Birth	Social Security Number	Applicant Driver's License No. & State

Name		Title
Home Address		
Home Phone Number		
Date of Birth	Social Security Number	Applicant Driver's License No. & State

- 1.) Proof of insurance Yes No
 Coverage: _____
 Company: _____
 Expiration Date: _____
- 2.) Business registration verification: Yes No
 Registration No: _____
- 3.) Fulton County Health Department certification - copy Yes No
- 4.) Liquor License - copy Yes No

Applicant Signature: Mike Bramblett - owner's rep Date: 4 / 9 / 09

APR 11 2009



Sidewalk Café Occupancy Fire Inspection Form

EMERGENCY SERVICES CONTACT INFORMATION. THIS FORM MUST BE FILLED OUT COMPLETELY.

946-NINE SOUTH
Name of Business

946 Canton ST Roswell, GA 30075
Business Street Address Suite/Apt. # City State Zip

Mike Bramblett
Name of Business Owner (Company and/or Individual - Please print)
678-7-992-4830 678-983-4082 678-983-4084 kelli.clark64@yahoo.com
Business Phone Emergency Phone Cell Phone E-mail

Restaurant
Type of Business (Explain) Size of area in sq. feet, or Dimensions 22" x 14" approx or 16"

Hazardous or flammable materials stored on site? No Yes If yes, please list

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT:

Kellie Clark
First Contact
750 Rivergate Dr. Atlanta, GA 30350
Home Street Address Suite/Apt. # City State Zip
678-983-4082
Home Phone Cell Phone

Mike Bramblett
Second Contact
220 Pruitt DR Alph GA 30004
Home Street Address Suite/Apt. # City State Zip
770-597-9373
Home Phone Cell Phone

Lewis Pichulik
Name of Building / Property Owner
1186 Lenox Circle Atlanta GA 30306
Home Street Address Suite/Apt. # City State Zip
7-984-2708 678-571-0300 SPichulik@aol.com
Home Phone Cell Phone E-mail

TO BE COMPLETED BY THE FIRE DEPARTMENT

Date Last Inspection Approved: ____ / ____ / ____ Sq. Ft. _____

The Roswell Fire Department recommends that a License for a Sidewalk Café be issued for the business listed at the address as stated above.

Date: ____ / ____ / ____ Approved by Fire Inspector - Signature & Title