

PIN# 1219050386014



LICENSE NO: \_\_\_\_\_

10020366

SC10-01

LS:10-0136

## SIDEWALK CAFE LICENSE APPLICATION

Roux on Canton

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

946 Canton St.

Roswell GA 30075

Location (Street and Suite #)

City State Zip

Description of location for the utilization of a Sidewalk Cafe:

OUTSIDE DINING

Ownership

☐ Proprietorship;

In-town

☐ Partnership;

Out-of-state

☒ Corporation12  
No. of tables24  
No. of ChairsDate \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Beginning of sidewalk cafe  
within City of RoswellTATARY BRAMBLETT  
Owner Name (Company and/or Individual - Please print)~~2 DOORS UPTOWN 105~~ Roux on Canton Inc.

SAME

Mailing Address (if other than above)

City State Zip

770 992-4830

Business Phone

770 656 6369

Cell or Home Phone

07 / 01 / 1985  
Date of Birth

Fax Phone

RouxonCanton@gmail.com  
E-mail27-171787  
Fed. ID No./Employee Identification No.

**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.

Signature of Business Owner or Owner's Representative

Date: 1 / 5 / 10

OWNER

Title

Office Use Only:

Fee: \$ \_\_\_\_\_

Amount paid: \$ \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Cash ☐ Check # \_\_\_\_\_ ☐ CC Visa MC

Approved By: \_\_\_\_\_

Denied By: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### 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) \_\_\_\_\_

ZACHARY JOSEPH EDWIN BRAMBLETT

Home Address \_\_\_\_\_

(770) 656-6369

Home Phone Number \_\_\_\_\_

07/01/1985

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Title (Vice President) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

1.) Proof of insurance ☒ Yes ☐ No

Coverage: COPY ENCLOSED

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: Business Owner or Owner's Representative/Title \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Sidewalk Café Occupancy Fire Inspection Form

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

Roux on Canton			
Name of Business			
946 Canton St.		Roswell	GA. 30075
Business Street Address Suite/Apt. #		City	State Zip
Zachary Bramblett			
Name of Business Owner (Company and/or Individual - Please print)			
770 992-4830	770 656-6369	1	Roux on Canton@gmail.com
Business Phone	Emergency Phone	Cell Phone	E-mail
Restaurant	1200	20	x 60
Type of Business (Explain)	Size of area in sq. feet, or	Dimensions	
Hazardous or flammable materials stored on site? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list:			

### IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT:

Zachary Bramblett			
First Contact			
220 Pruitt Dr.		Alpharetta	GA. 30004
Home Street Address Suite/Apt. #		City	State Zip
770 656-6369			
Home Phone	Cell Phone		
Trent Bramblett			
Second Contact			
220 Pruitt Dr.		Alpharetta	GA. 30004
Home Street Address Suite/Apt. #		City	State Zip
678 234 2772			
Home Phone	Cell Phone		
Rosebriar Partnership LLC			
Name of Building/Property Owner			
1186 Lenox Circle NE		Atlanta	GA. 30306
Home Street Address Suite/Apt. #		City	State Zip
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

## Sidewalk Café License Fee Schedule