

SC10-03
 Geo#10070307
 LS#10-0501

LICENSE NO: _____

SIDEWALK CAFE LICENSE APPLICATION

ZEST

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

957 CANTON ST.

ROSWELL GA 30075

Location (Street and Suite #)

City State Zip

Description of location for the utilization of a Sidewalk Cafe:

A RESTAURANT W/ 2

WINDOWS IN THE FRONT

Ownership

- Proprietorship;
- Partnership;
- Corporation

- In-town
- Out-of-state

4
No. of tables

8
No. of Chairs

Date 9/1/10
Beginning of sidewalk cafe within City of Roswell

RON PAO

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

1005 GRACE HILL DR. ROSWELL, GA 30075

Mailing Address (if other than above)

City State Zip

Business Phone

7062715764

Date of Birth

11/16/1958

Cell or Home Phone

770 941 1884

RHP1010@AOL.COM

Fax Phone

E-mail

27 1725654
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: 7/20/10

Title

Office Use Only:

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

- Cash Check # _____ CC Visa MC

Approved By: _____

Denied By: _____

Date: _____ / _____ / _____



BUSINESS

BUSINESS OWNER

AFFIDAVIT

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 RON PAO Title (President)

Home Address 1005 GRACE HILL DR. ROSWELL, GA 30075

Home Phone Number N/A

Date of Birth 11-16-58

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

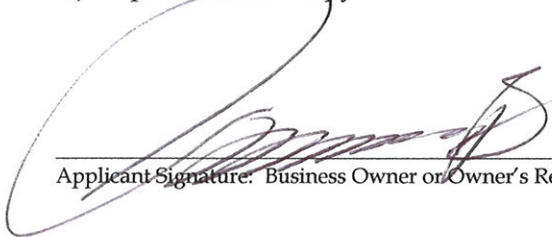
Coverage: FULL
 Company: WILLIAM & TURNER INS. CO
 Expiration Date: 8-30-11

2.) Business registration verification: Yes No

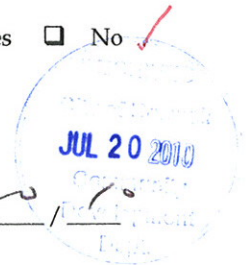
Registration No: 14397

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: 7/20/10





Sidewalk Café Occupancy Fire Inspection Form

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

REST

Name of Business _____

957 CANTON ST. ROSWELL GA 30075

Business Street Address Suite/Apt. # City State Zip

RON PAO

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

770 998 1019 706 291 5964 706 291 5964 RHP1010@AOL.COM

Business Phone Emergency Phone Cell Phone E-mail

RESTAURANT 1800 18' x 175'

Type of Business (Explain) Size of area in sq. feet, or Dimensions

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

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT:

RON PAO

First Contact _____

1005 GRACE HILL DR ROSWELL GA 30075

Home Street Address Suite/Apt. # City State Zip

706 291 5964 706 291 5964

Home Phone Cell Phone

JULIE OPRASEUTH

Second Contact _____

2230 KILMINGTON SQUARE ALPHARETTA GA 30009

Home Street Address Suite/Apt. # City State Zip

770 846 7455 770 846 7455

Home Phone Cell Phone

TOM CAMPBELL

Name of Building/Property Owner _____

1088 CANTON ST. ROSWELL GA 30075

Home Street Address Suite/Apt. # City State Zip

770 998 1019 770 998 1019 N/A

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 _____