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 SC12-01
 #: 12030114
 LS #: 12-0111

LICENSE NO: _____

SIDEWALK CAFE LICENSE APPLICATION

LITTLE ALLEY STEAK

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

955 CANTON ST # 120Roswell, GA, 30075

Location (Street and Suite #)

City State Zip

Description of location for the utilization of a Sidewalk Cafe:

RESTAURANT

Ownership

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

No. of tables

No. of Chairs

Date ____/____/____

Beginning of sidewalk cafe
within City of RoswellFIKRET KOVAC (LITTLE ALLEY STEAK)

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

SAME

Mailing Address (if other than above)

770-998-0440

City

State Zip

01 / 12 / 1973045592859 / GA

Business Phone

Date of Birth

Driver's License No. & State

404-456-2329260 - 87 - 434401 / 12 / 2017

Cell or Home Phone

Social Security Number

Driver's License Expires

Fax Phone

E-mail

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.

FIKRET KOVAC

Signature of Business Owner or Owner's Representative

Date: 01 / 21 / 12OWNER

Title

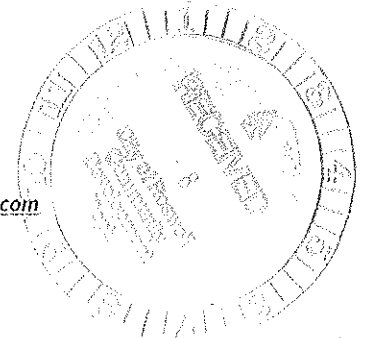
Office Use Only:

Fee: \$ 300.00Amount paid: \$ 300.00Date: 3 / 8 / 12☐ Cash ☒ Check # 10396 ☐ 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 FIKRET KOVAC OWNER Title (President)
3871 TRICKUM RD MARIETTA, GA, 30066

Home Address

404-456-2329

Home Phone Number

01-12-1973

Date of Birth

260 87 4344

Social Security Number

045592859, GA

Applicant Driver's License No. & State

Name HICHAM AZHARI OWNER Title (Vice President)

Home Address 4230 ARLEY COURT MARIETTA, GA, 30062

404-444-6630

Home Phone Number

01-07-1978

Date of Birth

253 99 2935

Social Security Number

057295626, GA

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

Fikret Kovac

Applicant Signature: Business Owner or Owner's Representative/Title

Date: 02 / 21 / 12



Sidewalk Café Occupancy Fire Inspection Form

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

Name of Business LITTLE ALLEY STEAK			
Business Street Address 955 CANTON ST #120		City State Zip Roswell, GA, 30075	
Name of Business Owner (Company and/or Individual - Please Print) FIKRET KOVAC (LITTLE ALLEY STEAK)			
Business Phone 404-456-2329	Emergency Phone RESTAURANT	Cell Phone 404-456-2329	E-mail FIKRETKOVAC@GMAIL.COM
Type of Business (Explain) RESTAURANT		Size of area in sq. feet, or 240.00	Dimensions 13' x 18.5'
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:

First Contact FIKRET KOVAC			
Home Street Address 3871 TRICKUM RD		City State Zip MARIETTA, GA, 30075	
Home Phone 404-456-2329	Cell Phone		
Second Contact Louis Soon			
Home Street Address 210 BALABAN CIR. Woodstock GA 30188		City State Zip GA 30188	
Home Phone 404-955-2960	Cell Phone 404-955-2960		
Name of Building/Property Owner Louis Pichulik			
Home Street Address 5230 Northside DR NW Atlanta GA 30327		City State Zip Atlanta GA 30327	
Home Phone 678-571-0300	Cell Phone LPichulik@gmail.com	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