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LICENSE NO:

17404

~~17636~~

## SIDEWALK CAFE LICENSE APPLICATION

REAL FIX PIZZERIA

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

14 ELIZABETH WAY

Location (Street and Suite #)

ROSWELL GA 30075

City State Zip

Description of location for the utilization of a Sidewalk Cafe:

In the Front of the Fix Pizzeria @ 14 ELIZABETH WAY

Ownership

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

No. of tables

No. of Chairs

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

Beginning of sidewalk cafe within City of Roswell

HICHAH AZHARI

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

4230 ARLEY COURT

Mailing Address (if other than above)

MARIETTA GA 30062

City State Zip

Business Phone

404-444-6630

Cell or Home Phone

770-985-2981

Fax Phone

Date of Birth

01 / 07 / 1978

FHFOOD35@GMAIL.COM

E-mail

46-4118584

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: 08 / 27 / 2014

MANAGING PARTNER

Title

Office Use Only:

Fee: \$ 300.00

Amount paid: \$ 300.00

Date: 8 / 28 / 14

☐ 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.

HICHAM AZHAR MANAGING PARTNER  
Name Title (President)

4230 Arley Ct. Marietta, GA. 30062  
Home Address

404-444-6630  
Home Phone Number

January 7, 1978  
Date of Birth

FIKRET KOVAC MANAGING PARTNER  
Name Title (Vice President)

3871 Trickum Rd. Marietta, GA. 30066  
Home Address

404-456-2329  
Home Phone Number

January 12, 1973  
Date of Birth

ERROL DWIGHT SAMUELS REGISTERED AGENT  
Name Title

4167 TROTTERS WAY DR SNELLVILLE, GA 30039  
Home Address

404-759-6979  
Home Phone Number

12-08-63  
Date of Birth

1.) Proof of insurance ☒ Yes ☐ No

Coverage: PROPERTY, GENERAL LIAB, LIQUOR LIAB

Company: CAPITOL INDEMNITY CORP

Expiration Date: 08/25/2015

2.) Business registration verification: ☒ Yes ☐ No

Registration No: 17404

3.) Fulton County Health Department certification - copy ☒ Yes ☐ No

4.) Liquor License - copy ☒ Yes ☐ No

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

Date: 08/27/2014



## Sidewalk Café Occupancy Fire Inspection Form

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

Fix Pizzeria  
Name of Business  
14 ELIZABETH WAY Roswell GA 30075  
Business Street Address Suite/Apt. # City State Zip  
HICHAM AZHARI  
Name of Business Owner (Company and/or Individual - Please print)  
770-985-9281 404-932-9779 404 444 6630 PHFOOD35@gmail.com  
Business Phone Emergency Phone Cell Phone E-mail  
Restaurant 25' x 3'  
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:

Hamid Azhari  
First Contact  
4230 ARLEY CT. MARIETTA GA 30062  
Home Street Address Suite/Apt. # City State Zip  
404-932-9779  
Home Phone Cell Phone  
Ouafae Azhari  
Second Contact  
113 Nocatee Trail Woodstock GA 30188  
Home Street Address Suite/Apt. # City State Zip  
678-619-7560  
Home Phone Cell Phone  
DEWY ROSE PARTNERSHIP, LLC  
Name of Building/Property Owner  
DEWY ROSE/1296 MCLENDON AVE ATLANTA GA 30307  
Home Street Address Suite/Apt. # City State Zip  
404-759-6979 SUZANNEPICHELNIK@gmail.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





### Sidewalk Café License Fee Schedule

<input checked="" type="checkbox"/> Application for Sidewalk Café License Registration fee	\$ 300.00
<input type="checkbox"/> Changes or additions to original license	\$ 100.00
<input type="checkbox"/> Annual renewal with no changes	\$ 50.00
<input type="checkbox"/> Change of Name and Address	No Fee

Fees are payable to the City of Roswell.

### Contact Us

For general questions regarding the application process, or to schedule an application review for a sidewalk café license contact between the hours of 8:00 a.m. to 5:00 p.m.:

City of Roswell  
Community Development Department  
38 Hill Street, Suite G - 30  
Roswell, GA 30075  
Phone: 770-641-3780  
Web Site: [www.roswellgov.com](http://www.roswellgov.com)