

CITY OF SUGAR HILL
5039 WEST BROAD STREET
SUGAR HILL, GA 30518
770-956-6716, FAX 678-714-8145
C/o Jane Whittington, City Clerk

APPLICATION FOR ALCOHOL/BEER/WINE LICENSES

(1) Type of License Requested

- Alcoholic Beverages for Consumption on the Premises
- Beer for Consumption on the Premises
- Wine for Consumption on the Premises
- Retail Sale of Beer
- Retail Sale of Wine
- Wholesale of Beer
- Wholesale of Wine

(2) Name of Business: Europea Taste LLC

Address: 5192 Nelson Brogdon Blvd. Unit #400
Sugar Hill GA 30518

Phone Number: [REDACTED] Fax: _____

Email: evropeantaste23@gmail.com

Applicant Name(s): Olena Matskan

Home Address: [REDACTED]

Home or Cell Phone: [REDACTED]

Is the applicant a citizen of the US? No

(3) Is the Business a Corporation? Yes _____ No Date Inc. _____ State Inc. _____

If so, Please list Shareholders _____

If the business is a Partnership, please list Partner(s): No

Does the applicant owe any outstanding taxes or fees to the City of Sugar Hill?
No

- (4) List the name and address of any person, firm, partnership or corporation (other than those listed above which have or will have any interest either directly or indirectly in the business for which the license is requested.)

- (5) Describe the interest, if any.

- (6) (a) Has the applicant, the Directors, or any of the shareholders, if the applicant is a corporation, or any partners if the applicant is a partnership or any individual listed in Paragraph 4, been convicted or pled guilty or entered a plea of nolo contendere to a felony or misdemeanor or any state of the United States, or any municipal ordinance except traffic violations within a period of ten (10) years prior to the date of the application? *No*

- (b) If yes, give details.

- (7) (a) Has applicant, whether an individual, corporation, partnership or other entity ever been or is presently the holder of a license permitting the sale of alcoholic beverages? *No*

- (b) If so, please give the dates and places of such licenses and their current status. _____

- (8) (a) Has applicant, whether an individual, corporation, partnership or other entity, held any prior license permitting the sale of alcoholic beverages, that was suspended or revoked within a period of ten (10) years prior to the date of the application? *No*

- (b) If yes, give details including the identity and address of the governmental agency or political Subdivision where such license was held and the name of the governing authority or political Subdivision which suspended or revoked said license. _____

- (9) List the names and addresses of the owners of the building and land in and upon which the Licensee proposes to operate and the name and address of any Lessor and Sub-Lessor of the Licensee:

		Name	Address
(a)	Owner of Building/Land:	<u>MKW Lee LLC</u>	<u>2550 Pleasant Hill Rd. #121 Duluth GA</u>
(b)	Lessor:	<u>Olena Matskan</u>	<u>5792 Nelson Bregdon Blvd. #400 30096</u>
(c)	Sub-Lessor:		<u>Sugar Hill GA 30518</u>

- (10) (a) Is there an existing agreement for the sale or transfer of this license, if granted, to another individual, corporation, partnership or other entity? NO
- (b) If yes, give details: _____
- _____
- _____

CERTIFICATION:

The undersigned hereby certifies that he/she is the Owner
 (authorized representative)
 of European Taste LLC and is authorized to sign this application. The undersigned further
 (Name of Business)
 certifies that:

The City of Sugar Hill Alcoholic Beverage Ordinance has been read and understood and a copy will be maintained on the premises, and each and every employee will be required to be familiar with said regulations;

All laws, rules and regulations of the United States of Georgia and of the City of Sugar Hill, now enforced or which may hereafter be promulgated or enacted, regulating and governing the sale of alcoholic beverages will be complied with; and

Any license issued shall cover the period of one year commencing the first day of January and expiring December 31, and that no license shall be assignable or transferrable, nor shall the holder thereof be entitled to a rebate of the license fee or any portion thereof by reason of the revocation of said license, or for any other reason.

I further understand that I am liable to penalties of the law (both fine and imprisonment) should any false or fraudulent statement or representation be made in connection with this application.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Sugar Hill, Georgia, are true and correct.

[Signature]
 Applicant

Sworn to and subscribed before me this

7 day of November, 2024.

[Signature]
 Notary Public

My Commission Expires: 12/13/2026



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Address: 5192 Nelson Brogdon Blvd. Unit #400
Sugar Hill GA 30518

Phone Number: [REDACTED] Fax: _____

Email: evropeantaste23@gmail.com * best way to contact.

Applicant Name(s): Olena Matskan

Home Address: [REDACTED]

Home or Cell Phone: [REDACTED]

Is the applicant a citizen of the US? No

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If so, Please list Shareholders _____

If the business is a Partnership, please list Partner(s): No

Does the applicant owe any outstanding taxes or fees to the City of Sugar Hill?

No

- (4) List the name and address of any person, firm, partnership or corporation (other than those listed above which have or will have any interest either directly or indirectly in the business for which the license is requested.)

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- (b) If yes, give details.

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(a) Owner of Building/Land: MKW Lee LLC ^{Name} 2550 Pleasant Hill Rd. #121 Duluth GA ^{Address}
 (b) Lessor: Olena Matskan 5192 Nelson Brogdon Blvd. #400 30096
 (c) Sub-Lessor: Sugar Hill GA 30518

(10) (a) Is there an existing agreement for the sale or transfer of this license, if granted, to another individual, corporation, partnership or other entity? No

(b) If yes, give details: _____

CERTIFICATION:

The undersigned hereby certifies that he/she is the Owner
 (authorized representative)
 of European Taste LLC and is authorized to sign this application. The undersigned further
 (Name of Business)
 certifies that:

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I further understand that I am liable to penalties of the law (both fine and imprisonment) should any false or fraudulent statement or representation be made in connection with this application.

I solemnly swear that the facts stated in the above and foregoing application for a license in the City of Sugar Hill, Georgia, are true and correct.

A. Ray
 Applicant

Sworn to and subscribed before me this

7 day of November, 2024.

Sarah Lee
 Notary Public
 My Commission Expires: 12/13/2026





O.C.G.A. § 50-36-1(e)(2) SAVE Affidavit

By executing this affidavit under oath, as an applicant for a City of Sugar Hill, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. § 50-36-1, from City of Sugar Hill, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: [REDACTED]

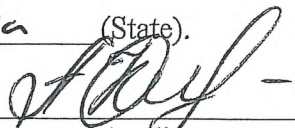
The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

Driver license


In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal Statute.

Executed in Sugar Hill (City), Georgia (State).



 Signature of Applicant
OLENA MATSKAN
 Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
7 DAY OF November, 2024



NOTARY PUBLIC

My Commission Expires:
12/13/2024



REGISTERED AGENT FORM

CITY CLERK
CITY HALL
CITY OF SUGAR HILL
4988 W. BROAD STREET
SUGAR HILL, GEORGIA 30518

European Taste
Business Name

5192 Nelson Brogdon BLVD,
Business Location Suite 400

Sugar Hill GA 30518
City/State/Zip Code

I, Olena Matskan, do hereby consent to serve as the registered agent for the licensee, owners, officers and/or directors and to perform all obligations of such agency under the provisions of the Ordinances of Sugar Hill, Georgia. (Every establishment holding an alcoholic beverage license in the City must have a registered agent and this person must be a resident of Gwinnett County, Georgia.)

This 06 day of December, 2024.

A. Deel
Signature of Agent

OLENA MATSKAN
Type or Print Name of Agent

[REDACTED]
Agent's Social Security Number

[REDACTED]
Birthdate

[REDACTED]
Agent's Home Address

Sugar Hill, GA 30518
City/State/Zip Code

APPROVED
A. Deel
Signature of Licensee

Owner

Officer or Director (Title)

Officer or Director (Title)



European Taste

