



DEPARTMENT OF PLANNING & SUSTAINABILITY

SPECIAL LAND USE PERMIT APPLICATION

Amendments will not be accepted after 5 working days after the filing deadline.

Date Received: _____ Application No: _____

APPLICANT NAME: Sky Lounge Cafe - Decatur

Daytime Phone: (404)-343-1661 E-Mail: skyloungeatl@gmail.com

Mailing Address: 1850 Lawrenceville Highway, Georgia 30033

Owner Name: Air Hospitality Group, LLC

(If more than one owner, attach contact information for each owner)

Daytime Phone: 404-316-9191 E-Mail: anil@tenantxpress.com

Mailing Address: 5815 Live Oak Pkwy, Suite 2F, Norcross, GA, 30093

SUBJECT PROPERTY ADDRESS OR LOCATION: 1850 Lawrenceville Highway, Georgia 30033

DeKalb County, GA

Parcel ID: 18 062 08 075 Acreage or Square Feet: 1.09 acres Commission Districts: 2&6

Existing Zoning: C-1 Proposed Special Land Use (SLUP): Late-night establishment

I hereby authorize the staff of the Planning and Sustainable Department to inspect the property that is the subject of this application.

Owner: _____ Agent: [checkmark]

Signature of Applicant: [Handwritten Signature]

YOU ARE INVITED
to
NOTICE OF SPECIAL LAND USE APPLICATION COMMUNITY MEETING
FOR

SKYLounge 1850 Lawrenceville Highway is applying for

Special Land Use Permit to extend operating hours

Submitted for Applicant by:

M. Hakim Hilliard, Esq.

Find out more about the
project, ask questions, and
voice your opinion at the
following community meeting:

on

Wednesday April 17, 2024

At 6:00 PM

At 1850 Lawrenceville
Highway

(If you have any questions or concerns regarding the application, prior to or after the meeting please email them to

dhayley@cglawfirm.com)

Name	Address	email
Jim Smith	716 Densley Dr	JF1smith@gmail.com
Marietta Hall	2665 Woodridge Dr.	macmh43@gmail.com
Claire French	840 Welchel Dr.	CVfrench@emory.edu
Brittney Mott	858 Gaymont Cir	britmott@gmail.com
Malina Rodriguez and Blake Beckham	2637 Woodridge Dr.	tbamalina@gmail.com
Jayles Engel	81 Welchel	taengel@gmail.com
Erika Engel	811 Welchel	erikavanatta@gmail.com
ALI OWENS & BEN HENLEY	817 Welchel	ms.a.owens@gmail.com stertin.henley@gmail.com
Alex Sherrill	824 Welchel Dr	sherrillsatl@gmail.com
Allen Venet	2536 Sagamore Hills Dr.	avenet@bellsouth.net
Elizabeth Grimbergew	806 Welchel Dr	egrumbergew@gmail.com
Jessica Andrews-Wilson	jpandrewswilson@gmail.com 823 Welchel Dr	

Discount Mailing service

2459 Perkeron road SW
Atlanta, GA 30315-7217

Invoice

Date	Invoice #
3/20/2024	64-#899

Bill To
Chilivis Grubman 1834 Independence Square Atlanta Ga 30338 Attn: Maiysha Rashad

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	Setup mailing file for (Chilivis Grubman) Senior Associate Attorney Mailing 129 Post Cards 5x7		
	Mailing Service and Pringing Fees	350.00	350.00
1	Postage due for mailing—paid by (Discount Mailing) First Class Mail	125.00	125.00
1	Delivery Mailing to Post Office	50.00	50.00
<p>DISCOUNT MAILING SERVI 2459 PERKERSON RD SW ATLANTA, GA 303157217</p> <p>03/21/2024 13:51:56 MID: 00000003556242 TID: 05406069 345444911886</p> <p>CREDIT CARD VISA SALE</p> <p>CARD # XXXXXXXXXXXX9094 INVOICE 0003 Batch #: 000150 Approval Code: 581937 Entry Method: Manual Mode: Online Tax Amount: \$0.00 Avs Code: YYY</p> <p>SALE AMOUNT \$550.00</p> <p>CUSTOMER COPY</p>			
Thank You For Choosing Discount Mailing Service		Total	\$525.00

#550



1834 Independence Square
Atlanta, Georgia 30338
T 404-233-4171 F 404-261-2842

Direct dial 404-797-5525
hhilliard@cglawfirm.com

April 29, 2024

BY EMAIL ONLY

DeKalb County Government
Development Services Center
DeKalb County, Georgia 30030

RE: Letter of Application of Sky Lounge Café - Decatur
Application for Special Land Use Permit for Late-Night Establishment
1850 Lawrenceville Highway, Decatur, Georgia 30030

To Whom it May Concern:

This letter is prepared on behalf of Sly Lounge Café-Decatur, located at 1850 Lawrenceville Highway, Decatur, Georgia, 30033 (the “Subject Property”) seeking a Special Land Use Permit to allow for the operation of a late-night establishment at the Subject Property, which allow the business to open from 12:30am-2:00am every evening, except Sundays.

The Subject Property consists of approximately 3200 square feet within a 13,778 square foot commercial building. The Subject Property has historically been used for commercial purposes and, more specifically, as an eating and drinking establishment. The Applicant currently operates the business as a full-service restaurant with an expanded menu, where hookah service is permitted by DeKalb County Government. The proposed hours of

With the expanded permission afforded with a late-night permit, the Applicant’s proposed operating hours shall be 1:00PM-2AM on Monday through Saturday, but the late-night hours will not consistently extend until 2:00AM. The business will be closed on Sundays. No live entertainment shall be provided.

The Applicant has had several conversations over the short period the business has been located at the Subject Property. Based upon those discussions, the Applicant is proposing the following conditions:

1. A vestibule shall be installed at the entrance to the Subject Property to reduce noise spillage from inside the Subject Property.
2. The Applicant shall conduct a sound study to ensure that interior sound is not heard outside the Subject Property. (This has already been completed.)
3. The Applicant shall remove base components to the interior sound system. *This has already been completed.

4. Ventilation system installed and all furniture is fire retardant to avoid accidents caused by use of hookahs. (This has already been completed.)
5. Activity at the rear of the Subject Property from employees is limited and efficient.
6. The Applicant shall inform all patrons regularly that the business is adjacent to a residential neighborhood and to be respectful entering and exiting the Subject Property as a result.
7. Provide the neighborhood representative a 24-hour business contact to address any questions or concerns real-time that may arise during business hours.

Thank you for your attention to this matter. We look forward to working with all concerned as this request is processed.

Yours very truly,

A handwritten signature in black ink, appearing to read 'M. Hilliard', written over a solid black horizontal line.

M. Hakim Hilliard

cc: Maiysha Rashad, Esquire

IMPACT ANALYSIS

- A. Adequacy of the size of the site for the use contemplated and whether or not adequate land area is available for the proposed use including provision of all required yards, open space, off-street parking, transitional buffer zones, and all other applicable requirements of the zoning district in which the use is proposed to be located.**

The building where Sky Lounge Café – Decatur (“Sky Lounge”) is located is an existing commercial building and the suite Sky Lounge is located within has been a restaurant use for many years.

- B. Compatibility of the proposed use with adjacent properties and land uses and with other properties and land uses in the district, and whether the proposed use will create adverse impacts upon any adjoining land use by reason of traffic volume/congestion, noise, smoke, odor, dust, or vibration generated by the proposed use.**

The building where Sky Lounge is located is a part of a larger commercial building, which is located on property zoned commercial. It is fronted by Lawrenceville Highway, a busy roadway. To the rear of the Subject Property are single-family homes. Despite a restaurant business having been in the proposed location for many years, the Applicant is taking steps to ameliorate the impact of its business on nearby and adjacent properties. These steps include, but are not limited to, building a vestibule at its entrance to reduce sound spillage, remove base speakers from inside, encourage patrons to enter and leave the inside of the building quietly and otherwise adhere to all applicable rules and regulations related to noise control.

- C. Adequacy of public services, public (or private) facilities, and utilities to serve the proposed use.**

The business is in a space that has historically been used as a restaurant and adequate public and private services and utilities are available to serve the proposed use.

- D. Adequacy of the public street on which the use is proposed to be located and whether or not there is sufficient traffic carrying capacity for the use proposed so as not to unduly increase traffic and create congestion in the area.**

The Subject Property fronts on Lawrenceville Highway and sufficient capacity is available thereon.

- D. Adequacy of ingress and egress to the subject property and to all proposed buildings, structures, and uses thereon, with particular reference to pedestrian and automotive safety and convenience, traffic flow and control, and access in the event of fire or other emergency.**

There are two points of ingress and egress on the Subject Property at Lawrenceville Highway.

- E. Whether the proposed use will create adverse impacts upon any adjoining land use by reason of the manner and hours of operation of the proposed use.**

The proposed use could potentially create adverse impacts upon adjoining residential neighborhoods. As such, the Applicant has taken steps outlined to ameliorate these impacts. In this regard, the Applicant has been in communication with the adjacent residential neighbors and looks forward to agreeing on proposed conditions to be associated with the SLUP to address all issues.

F. Whether the proposed use is otherwise consistent with the requirements of the zoning district classification in which the use is proposed to be located.

Yes.

G. Whether the proposed use is consistent with, advances, conflicts, or detracts from the policies of the comprehensive plan.

The proposed use is consistent with the policies of the comprehensive plan.

H. Whether there is adequate provision of refuse and service areas.

The proposed use has adequate room for refuse and service. The dumpster is located to the rear of the Subject Property and efficient service is otherwise coordinated by the property owner.

I. Whether the length of time for which the special land use permit is granted should be limited in duration.

The Applicant is willing to work with the County to agree to a limited duration for the SLUP, and re-apply upon conclusion of the agreed upon period, so that all impacted parties will have confidence that the Applicant will be a good neighbor to its neighbors.

J. Whether the size, scale and massing of proposed buildings are appropriate in relation to the size of the subject property and in relation to the size, scale and massing of adjacent and nearby lots and buildings; and whether the proposed use will create any shadow impact on any adjoining lot or building as a result of the proposed building height.

Yes. It is an existing building that has been used for the same purpose over time.

K. Whether the proposed use will adversely affect historic buildings, sites, districts, or archaeological resources.

N/A.

L. Whether the proposed use satisfies the requirements contained within the supplemental regulations for such special land use permit.

Yes. All supplemental requirements are satisfied.

M. Whether the proposed use would be consistent with the needs of the neighborhood or the community as a whole, as expressed and evidenced during the review process.

The Applicant believes that with adequate conditions in place, its proposed use would be consistent with the needs of the neighborhood and the community as a whole.



DeKalb County Department of Planning & Sustainability

178 Sams Street
Decatur, GA 30030

Phone: (404) 371-2155
dekalbcountyga.gov/planning

Michael Thurmond
Chief Executive Officer

Cedric Hudson
Interim Director



LETTER OF ENTERTAINMENT

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

- Both the tenant and property owner are required to sign the form.
- All signatures must be original.
- Both signatures must be individually notarized (two seals, two stamps, etc.).
- *Agents (holding companies, property managers, attorneys, etc.) signer for property owner must attach any and all documentation necessary to prove they have authorization to act on behalf of the owner. Failure to provide such information **will delay** approval of all permits and licenses necessary to open this business.

Current Name of Business: Sky Lounge Cafe - Decatur

Previous Name of Business (if name has changed in past twelve (12) months): _____

Address of Business: 1850 Lawrenceville Highway, Georgia Suite # _____

Business Contact Name & Number: Rizwan Budhwani - 678.467.2751

Date: _____

EACH OF THE FOLLOWING QUESTIONS MUST BE ANSWERED COMPLETELY:	
1.	Is this Letter of Entertainment for a <input checked="" type="checkbox"/> New Establishment OR <input type="checkbox"/> Renewal of Existing Establishment?
2.	Is this establishment a Restaurant <u>OR</u> a Freestanding bar? (Check Only One) <input checked="" type="checkbox"/> <u>Restaurant</u> : An establishment where food and drink are prepared, served, and consumed primarily within the principal building. <input type="checkbox"/> <u>Freestanding Bar</u> : An establishment that is devoted to the serving of alcoholic beverages for consumption by guests on the premises and which derives at least fifty (50) percent of its total annual gross food and beverage sales from the sale of beverages, including but not limited to taverns, nightclubs, cocktail lounges, and cabaret. <i>Note: Sunday Sales are Prohibited for Establishments which are classified as a Freestanding Bar.</i>
3.	Is this establishment permitted to sell alcohol on Sunday? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Licensed establishments deriving a minimum of sixty (60) percent of their total annual gross food and beverage sales from the sale of prepared meals or food are authorized to apply for a Sunday sales permit to sell and serve distilled spirits by the drink from 12:30 pm Sundays. Note: Sunday Sales are allowed only for Establishments which are classified as Restaurants</i>
4.	Is this establishment open after 12:30 am? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Late Night Establishment: Any establishment licensed to dispense alcoholic beverages for consumption on premises where such establishment is open for use by patrons beyond 12:30 a.m.</i>
5.	Does this establishment include a patio or deck? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6a.	Does this establishment sell tobacco products, allow smoking, or otherwise allow consumption of tobacco products on the premises including, but not limited to Hookah Services? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Smoking means inhaling, exhaling, burning, or carrying any lighted or heated cigar, cigarette, e-cigarette, oral smoking device, or pipe, or any other lighted or heated tobacco intended for inhalation, in any manner or in any form.</i>
6b.	Do you have the required mechanical ventilation permit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: Onsite Tobacco Is Prohibited without a Ventilation Permit. Please refer to DeKalb County Clean Indoor Air Ordinance-File No. 52-1548</i>
7.	Is this establishment a nightclub with dancing and musical entertainment? <i>Nightclub: A commercial establishment dispensing alcoholic beverages for consumption on the premises and in which dancing and musical entertainment is allowed.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8.	Is this an " <u>Adult Entertainment</u> " establishment as defined by the DeKalb County Zoning and Adult Entertainment licensing and alcohol beverage ordinances? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9.	Has a <u>Special Land Use Permit (SLUP)</u> been approved for this establishment? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>A Special Land Use Permit is granted by the Board of Commissioners under Section 27-7.4. If yes; please provide Case Number _____</i>

Operation hours cannot exceed the time permitted by the Alcohol Licensing Ordinance in Chapter 4 of the DeKalb County Code. Rev. 4/5/23



Letter of Entertainment

I, THE UNDERSIGNED, DO HEREBY SWEAR OR AFFIRM, UNDER PENALTY OF PERJURY, THAT I HAVE ANSWERED THE ABOVE QUESTIONS AND STATEMENTS TRUTHFULLY AND ACCURATELY AND I UNDERSTAND THAT THE BUILDING PERMIT(S) AND CERTIFICATE(S) OF OCCUPANCY ISSUED IN RELATION TO THIS "ENTERTAINMENT STATEMENT" ARE CONDITIONED ON THE ANSWERS TO THE ABOVE QUESTIONS AND STATEMENTS.

I, THE UNDERSIGNED, AFFIRM THAT THE BUSINESS OPERATING NAME IS THE SAME AS THE NAME REFERENCED ON ALL COUNTY APPLICATIONS.

I ALSO UNDERSTAND THAT SHOULD I, IN THE FUTURE, OFFER ANY USE NOT EXPRESSLY PERMITTED BY THE DEKALB COUNTY CODE OR STATE LAW AND/ OR CHANGE THE USE OF THE ESTABLISHMENT FROM THE APPROVED PERMITTED USE, THAT MY CERTIFICATE OF OCCUPANCY SHALL BE IMMEDIATELY NULL AND VOID.

Sworn to and subscribed before this

_____ day of _____ 20 _____

Notary Public

Sworn to and subscribed before me

_____ day of _____ 20 _____

Notary Public

Sign Avishak Syam
Tenant or Authorized Agent

(Print/Type name) Anil I. Jivani

Sign [Signature]
Property Owner or Authorized Agent

(Print/Type name) _____



Letter of Entertainment

TO BE COMPLETED BY PLANNING & SUSTAINABILITY DEPARTMENT STAFF AFTER REVIEW OF LETTER OF ENTERTAINMENT AND SUPPORTING DOCUMENTATION

Alcohol Serving Establishments Within 1,500 feet of residentially zoned property

License Review Type	Approved	Denied	Not Applicable
New License close at 12:30 am			
New License – Nightclub- SLUP granted			
New License- Late Night – SLUP granted			
Renewal License close at 12:30 am			
Renewal License –Late Night- No SLUP Required (grandfather documents submitted/validated)			
Renewal License -Nightclub- No SLUP Required (grandfather documents submitted/validated)			

Alcohol Serving Establishments Beyond 1,500 feet of residentially zoned property

License Review Type	Approved	Denied	Not Applicable
New License close at 12:30 am			
New License – Nightclub			
New License – Late Night			
Renewal License close at 12:30 am			
Renewal License – Nightclub			
Renewal License – Late Night			

This _____ day of _____, 20____ I have reviewed this letter of entertainment application and have taken the actions set forth above.

(Sign Name)

(Print Name)

(Title)

LATE NIGHT ESTABLISHMENT OR NIGHTCLUB CHECK LIST

1. Is the requested SLUP for a new business or an existing business? (Please check only one) New Business _____ Existing Business . If the SLUP is for an existing business, please answer question Nos. 2 - 5.
2. Does this Business have a current Business License? Yes No _____ If yes, provide a copy of current business license.
3. Has this business ever been operated without a Business License? Yes No _____
If yes, how long did the business operate without a business license? _____
4. Has this business received a citation for any of the following:
 - a. Life safety violations such as pyrotechnics, overcrowding, inadequate ingress/egress operating beyond the permitted hours of operation.
 - b. Construction (major/minor renovation, alteration and addition) without a valid DeKalb County permit.
 - c. Business closure and renovation without surrendering license to State and County as required by State law.
 - d. Change of business name, ownership, or use without DeKalb County approval.
 - e. No valid Certificate of Occupancy issued by DeKalb County
 - f. Violation of operating hours of the Zoning ordinance or Alcohol Ordinance.
 - g. Lack of proof of residency under DeKalb County. Any person who holds a liquor license in DeKalb County is required under DeKalb County law to be a resident of DeKalb County.
5. If one or more of the citations mentioned in No. 4 have been issued, please provide copies of summons and citations and summary of court decision or resolution.

Submittal of a fraudulent application is a violation of DeKalb County and State law.

UNIFORM TRAFFIC CITATION, SUMMONS AND ACCUSATION

GA0440200

24974537

Court Case Number

NCIC NUMBER

Citation Number

DEKALB COUNTY, GEORGIA POLICE DEPARTMENT

Upon (Month) April (Day) 15 (Year) 2023 at 12:50 A.M. P.M.

Operator License No. 057010771

License Class or Type C State GA Endorsements Expires 2026

Name (Last) Swann (First) Avishak (Middle)

Address 71426 Pheasant Ave

City Gresham State GA Zip Code 30177

DOB 4/5/95 Hair BLK Hgt 5'10" Wgt 150 Sex M Eyes BLK

Veh. Yr. Make Style Color

Registration No. Yr. State

CDL YES NO ACCIDENT YES NO INJURIES YES NO FATALITIES YES NO

2-LANE ROAD DRIVER REQUESTED ACCURACY CHECK VASCAR LASER RADAR

Within the State of Georgia, did commit the following offense: SPEEDING Clocked by PATROL VEHICLE OTHER (Serial # Calibration/Check at MPH in a zone)

DUI (Test Administered): BLOOD BREATH URINE OTHER DUI Test Result

TEST ADMINISTERED BY (if Applicable):

OFFENSE (Other than above) After hour Alcohol 7-12

in Violation of Code Section 4-126 of State Law Local Ordinance

REMARKS

stopped after 12:30

WEATHER (A) ROAD (B) TRAFFIC LIGHTING COMMERCIAL VEHICLE INFORMATION

Clear Dry Concrete Light Daylight 16+ Passengers

Cloudy Wet Blacktop Medium Darkness Commercial Vehicle Violation

Raining Ice Dirt Heavy Other Hazardous Material Violation (PLACARD)

Other Other Other Other Other

County of DeKalb and miles of (city)

on 350 Lawrence Hwy at or near mile post or within (city)

at/on (secondary location) OFFICER Sgt. Cantrell Badge # 7073 Div. Permits

You are hereby ordered to appear in Court to answer this charge on the 13 days of June

2023 at AM PM in the Magistrate Court

at 3630 Camp Circle

City Decatur Georgia.

NOTICE: This citation shall constitute official notice to you that failure to appear in Court at the date and time stated on this citation to dispose of the cited charges against you shall cause the designated Court to forward your driver's license number to the Department of Driver Services, and your driver's license shall be suspended. (Georgia Code 17-6-11 and 40-5-56) The suspension shall remain in effect until such time as there is a satisfactory disposition in this matter or the Court notifies the Department of Driver Services.

LICENSE DISPLAYED IN LIEU OF BAIL YES NO RELEASED TO

SIGNATURE ACKNOWLEDGES SERVICE OF THIS SUMMONS AND RECEIPT OF COPY OF SAME.

SECTION I - VIOLATOR

SECTION II VIOLATION

SECTION III LOCATION

SECTION IV SUMMONS

NCIC NO. GA0440200

2497

Court Case Number

GA0440200

NCIC NUMBER

24974502

Citation Number

DEKALB COUNTY, GEORGIA POLICE DEPARTMENT

Upon (Month) April (Day) 15 (Year) 2002 at 1:05 A.M. P.M.

Operator License No. 057010571

License Class or Type C State GA Endorsements Expires 9-26

Name (Last) Spivey (First) Nicholas (Middle)

Address 1926 Blue Sky Ave

City State GA Zip Code 30017

DOB 4/11/1983 Hair BRK Hgt 506 Wgt 150 Sex M Eyes BRK

Veh. Yr. Make Style Color

Registration No. Yr. State

CDL YES NO ACCIDENT YES NO INJURIES YES NO FATALITIES YES NO

2-LANE ROAD DRIVER REQUESTED ACCURACY CHECK VASCAR LASER RADAR

Within the State of Georgia, did commit the following offense: SPEEDING Clocked by PATROL VEHICLE OTHER (Serial # Calibration/Check) at MPH in a zone

DUI (Test Administered): BLOOD BREATH URINE OTHER) DUI Test Results

TEST ADMINISTERED BY (If Applicable):

OFFENSE (Other than above) No Alcohol consumed per +

in Violation of Code Section 40-127-2 of State Law Local Ordinance

REMARKS

SECTION I - VIOLATOR

SECTION II VIOLATION

SECTION III LOCATION

SECTION IV SUMMONS

NCIC NO. GA0440200

2497

WEATHER	(A) ROAD	(B)	TRAFFIC	LIGHTING	COMMERCIAL VEHICLE INFORMATION
<input type="checkbox"/> Clear	<input type="checkbox"/> Dry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Light	<input type="checkbox"/> Daylight	<input type="checkbox"/> 16+ Passengers
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Wet	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Medium	<input type="checkbox"/> Darkness	<input type="checkbox"/> Commercial Vehicle Violation
<input type="checkbox"/> Raining	<input type="checkbox"/> Ice	<input type="checkbox"/> Dirt	<input type="checkbox"/> Heavy	<input type="checkbox"/> Other	<input type="checkbox"/> Hazardous Material Violation (PLACARD)
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other			

County of DeKalb and miles of (city) on 1850 Lawrenceville at or near mile post or within (city)

at/on (secondary location) OFFICER (Print) Lamb Badge # 2907 Div. A

You are hereby ordered to appear in Court to answer this charge on the 13th days of June 2002 at 7:00 AM in the Magistrate Court at 3630 Camp Circle

City Decatur Georgia.

NOTICE: This citation shall constitute official notice to you that failure to appear in Court at the date and time stated on this citation to dispose of the cited charges against you shall cause the designated Court to forward your driver's license number to the Department of Driver Services, and your driver's license shall be suspended. (Georgia Code 17-6-11 and 40-5-56) The suspension shall remain in effect until such time as there is a satisfactory disposition in this matter or the Court notifies the Department of Driver Services.

LICENSE DISPLAYED IN LIEU OF BAIL YES NO RELEASED TO SIGNATURE KNOWLEDGES SERVICE OF THIS SUMMONS AND RECEIPT OF COPY OF SAME.

TRAFFIC CITATION, SUMMONS AND ACCUSATION

Court Case Number GA0440200 NCIC NUMBER 24974501 Citation Number

DEKALB COUNTY, GEORGIA POLICE DEPARTMENT

Upon (Month) April (Day) 15 (Year) 2004 at 1:05 A.M. P.M.
Operator License No. 057010971
License Class or Type C State GA Endorsements _____ Expires 2/15/2006
Name Syran (Last) Avichalk (First) _____ (Middle) _____
Address 1426 Blue Sky Drive
City Grayson State GA Zip Code 30017
DOB 11/18/1985 Hair Blk Hgt 5'6" Wgt 150 Sex M Eyes Blk
Veh. Yr. _____ Make _____ Style _____ Color _____
Registration No. _____ Yr. _____ State _____
CDL YES NO ACCIDENT YES NO INJURIES YES NO FATALITIES YES NO

SECTION I - VIOLATOR

2-LANE ROAD DRIVER REQUESTED ACCURACY CHECK
Within the State of Georgia, did commit the following offense: SPEEDING Clocked by VASCAR LASER RADAR
(Serial # _____ Calibration/Check _____) at _____ MPH in a _____ zone
 DUI (Test Administered): BLOOD BREATH URINE OTHER) DUI Test Results _____
TEST ADMINISTERED BY (If Applicable): _____

SECTION II VIOLATION

OFFENSE (Other than above) No to school bus permit
in Violation of Code Section 14-7-127.2 of State Law Local Ordinance
REMARKS _____

WEATHER	(A) ROAD (B)	TRAFFIC	LIGHTING	COMMERCIAL VEHICLE INFORMATION
<input type="checkbox"/> Clear	<input type="checkbox"/> Dry <input type="checkbox"/> Concrete	<input type="checkbox"/> Light	<input type="checkbox"/> Daylight	<input type="checkbox"/> 16+ Passengers
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Wet <input type="checkbox"/> Blacktop	<input type="checkbox"/> Medium	<input type="checkbox"/> Darkness	<input type="checkbox"/> Commercial Vehicle Violation
<input type="checkbox"/> Raining	<input type="checkbox"/> Ice <input type="checkbox"/> Dirt	<input type="checkbox"/> Heavy	<input type="checkbox"/> Other	<input type="checkbox"/> Hazardous Material Violation (PLACARD)
<input type="checkbox"/> Other	<input type="checkbox"/> Other <input type="checkbox"/> Other			

SECTION III LOCATION

County of DeKalb and _____ miles _____ of (city) _____
on 1850 Lawrenceville at or near _____ mile post _____, or within (city) _____
at/on (secondary location) _____
OFFICER Lawrence (Print) _____ Badge # 2867 Div. Permit

You are hereby ordered to appear in Court to answer this charge on the 13th days of June
2004 at 9:00 AM PM in the _____ Magistrate Court
at 3630 Camp Circle

SECTION IV SUMMONS

City Decatur, Georgia.
NOTICE: This citation shall constitute official notice to you that failure to appear in Court at the date and time stated on this citation to dispose of the cited charges against you shall cause the designated Court to forward your driver's license number to the Department of Driver Services, and your driver's license shall be suspended. (Georgia Code 17-6-11 and 40-5-56) The suspension shall remain in effect until such time as there is a satisfactory disposition in this matter or the Court notifies the Department of Driver Services.

LICENSE DISPLAYED IN LIEU OF BAIL YES NO RELEASED TO _____
SIGNATURE ACKNOWLEDGES SERVICE OF THIS SUMMONS AND RECEIPT OF COPY OF SAME.

NCIC NO. GA0440200

24

CODE ORDINANCE CITATION, SUMMONS AND ACCUSATION

DEKALB COUNTY, STATE OF GEORGIA

CITATION NUMBER 042104

VIOLATOR

NAME: Arishak Syan
 LAST FIRST MIDDLE
 ADDRESS: 1426 Blue Sail Ave
 NUMBER STREET NAME APARTMENT NO.
 CITY: Graysen GA 30017
 CITY STATE ZIP CODE
 SEX: M DOB: 4/15/85 ID/LICENSE NUMBER: 057010971 STATE: GA HT: 5'6" WT: 150

THE UNDERSIGNED STATES THAT HE / SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE THAT THE PERSON NAMED HEREIN HAS COMMITTED THE OFFENSE(S) HEREIN SET FORTH, CONTRARY TO LAW, IN THAT:

ON THE 15 DAY OF April, 2023 AT 00:50 AM / PM IN UNINCORPORATED DEKALB COUNTY THE ABOVE DID COMMIT THE FOLLOWING OFFENSE:

VIOLATION

SECTION / CODE: 12-21 TITLE OF SECTION: Fire Code Violation

REMARKS

You are in violation of International Fire Code, 2018 Edition section 308.1.4 Open Flame Cooking Devices (Hookah) without permitted ventilation system

WARNING NOTICE ISSUED

PLACE OF OFFENSE: 1850 Lawrenceville Hwy #100 Decatur, Ga
THIS 15 DAY OF April, 2023

OFFICER/INSPECTOR (PRINT) D. Smalls BADGE NO. #

SUMMONS

YOU ARE HEREBY ORDERED TO APPEAR AT THE MAGISTRATE COURT OF DEKALB COUNTY GEORGIA LOCATED AT:
3630 CAMP CIRCLE, DECATUR GA 30032

ON THE 13 DAY OF June, 2023, AT 09:00 AM / PM

() I HAVE THIS DAY SERVED THE DEFENDANT, _____ PERSONALLY WITH THE FOREGOING CITATION THIS _____ DAY OF _____, 20____.

(X) I HAVE THIS DAY SERVED THE DEFENDANT, SKY Lounge, A CORPORATION, PERSONALLY BY LEAVING THE FOREGOING CITATION WITH Syan Arishak AN OFFICER/AGENT OF SAID CORPORATION THIS 15 DAY OF April, 2023.

SERVICE

Arishak Syan 4045094006 D. Smalls # Fire Insp.
VIOLATOR SIGNATURE PHONE NUMBER SERVING AGENT NAME/TITLE

042103

VIOLATOR

NAME: Arishak Syam
LAST FIRST MIDDLE

ADDRESS 1426 Blue Sail Ave.
NUMBER STREET NAME APARTMENT NO.

Grayson Ga. 30017
CITY STATE ZIP CODE

M 4/1/95 057010971 Ga. 5'6" 150
SEX DOB ID/LICENSE NUMBER STATE HT WT

THE UNDERSIGNED STATES THAT HE / SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE THAT THE PERSON NAMED HEREIN HAS COMMITTED THE OFFENSE(S) HEREIN SET FORTH, CONTRARY TO LAW, IN THAT:

ON THE 15 DAY OF April, 2023 AT 00:30 AM / PM IN UNINCORPORATED DEKALB COUNTY THE ABOVE DID COMMIT THE FOLLOWING OFFENSE:

VIOLATION

12-21
SECTION / CODE Fire Code Violation
TITLE OF SECTION

REMARKS
You are in violation of International Fire Code 2018 Ed., section 111.1 "Unsafe Conditions" Blocked egress,

WARNING NOTICE ISSUED

PLACE OF OFFENSE: 1850 Lawrenceville Hwy. #100 Decatur Ga
THIS 15 DAY OF April, 2023

OFFICER/INSPECTOR (PRINT) D. Smalls BADGE NO. #808

YOU ARE HEREBY ORDERED TO APPEAR AT THE MAGISTRATE COURT OF DEKALB COUNTY GEORGIA LOCATED AT:
3630 CAMP CIRCLE, DECATUR GA 30032

ON THE 13 DAY OF June, 2023, AT 9:00 AM / PM

() I HAVE THIS DAY SERVED THE DEFENDANT, _____ PERSONALLY WITH THE FOREGOING CITATION THIS _____ DAY OF _____, 20____.

(X) I HAVE THIS DAY SERVED THE DEFENDANT, Sky Lounge, A CORPORATION, PERSONALLY BY LEAVING THE FOREGOING CITATION WITH Syam Arishak AN OFFICER/AGENT OF SAID CORPORATION THIS 15 DAY OF April, 2023.

SUMMONS

SERVICE

K Arishak Syam 4045094006 D Smalls / Fire Inspector
VIOLATOR SIGNATURE PHONE NUMBER SERVING AGENT NAME/TITLE

CODE ORDINANCE CITATION, SUMMONS AND ACCUSATION

DEKALB COUNTY, STATE OF GEORGIA

CITATION NUMBER 044956

VIOLATOR

NAME: LAST STAM FIRST AVISHAK MIDDLE _____
 ADDRESS NUMBER 1420 STREET NAME BLUE SAIL AVE APARTMENT NO. _____
 CITY GRAYSON STATE GA ZIP CODE 30017
 SEX M DOB 4/15/95 ID/LICENSE NUMBER 057010971 STATE GA HT 5'-6" WT 150

THE UNDERSIGNED STATES THAT HE / SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE THAT THE PERSON NAMED HEREIN HAS COMMITTED THE OFFENSE(S) HEREIN SET FORTH, CONTRARY TO LAW, IN THAT:

ON THE 15 DAY OF APRIL 2023 AT 1:14 (AM) / PM IN UNINCORPORATED DEKALB COUNTY THE ABOVE DID COMMIT THE FOLLOWING OFFENSE:

VIOLATION

SECTION / CODE 15-28A TITLE OF SECTION REGISTRATION OF NAME OF BUSINESS

REMARKS

FAILED TO PRESENT CURRENT BUSINESS LICENSE (2022 POSTED)

WARNING NOTICE ISSUED

PLACE OF OFFENSE: 1850 LAWRENCEVILLE HWY STE 100
THIS 15 DAY OF APRIL, 20 23

OFFICER/INSPECTOR (PRINT) J. TORRES BADGE NO. 11123

SUMMONS

YOU ARE HEREBY ORDERED TO APPEAR AT THE MAGISTRATE COURT OF DEKALB COUNTY GEORGIA LOCATED AT:
3630 CAMP CIRCLE, DECATUR GA 30032

ON THE 13 DAY OF JUNE, 20 23, AT 9: 00 (AM) / PM

() I HAVE THIS DAY SERVED THE DEFENDANT, _____ PERSONALLY

WITH THE FOREGOING CITATION THIS _____ DAY OF _____, 20 _____

(X) I HAVE THIS DAY SERVED THE DEFENDANT, SKY LOUNGE / 1850 LAWRENCEVILLE HWY INC. CORPORATION, PERSONALLY BY LEAVING THE FOREGOING CITATION WITH A. STAM

AN OFFICER/AGENT OF SAID CORPORATION THIS _____ DAY OF _____, 20 _____

Avishak Stam 404 509-4000 TOP RES
VIOLATOR SIGNATURE PHONE NUMBER SERVING AGENT NAME/TITLE

SERVICE



Cafe

CODE ORDINANCE CITATION, SUMMONS AND ACCUSATION

DEKALB COUNTY, STATE OF GEORGIA

CITATION NUMBER **042105**

VIOLATOR

NAME: Avishak Syam
LAST FIRST MIDDLE

ADDRESS: 1426 Blue Sail Ave
NUMBER STREET NAME APARTMENT NO.

CITY: Bryson Ga 30017
CITY STATE ZIP CODE

SEX: M DOB: 4/15/91 ID/LICENSE NUMBER: 057010971 STATE: Ga HT: 5'6" WT: 150
SEX DOB ID/LICENSE NUMBER STATE HT WT

THE UNDERSIGNED STATES THAT HE / SHE HAS JUST AND REASONABLE GROUNDS TO BELIEVE THAT THE PERSON NAMED HEREIN HAS COMMITTED THE OFFENSE(S) HEREIN SET FORTH, CONTRARY TO LAW, IN THAT:

VIOLATION

ON THE 15 DAY OF April, 2023 AT 0:50 AM/PM IN UNINCORPORATED DEKALB COUNTY THE ABOVE DID COMMIT THE FOLLOWING OFFENSE:

SECTION / CODE: 13-21 TITLE OF SECTION: Fire Code Violation

REMARKS:
You are currently in violation of 13-21.3
International Fire Code, 2018 Ed.
"Change of use"

WARNING NOTICE ISSUED

PLACE OF OFFENSE: 1560 Lawrenceville Hwy. #100, Decatur Ga
THIS 15 DAY OF April, 2023

OFFICER/INSPECTOR (PRINT) D. Smalls BADGE NO. 788

SUMMONS

YOU ARE HEREBY ORDERED TO APPEAR AT THE MAGISTRATE COURT OF DEKALB COUNTY GEORGIA LOCATED AT:
3630 CAMP CIRCLE, DECATUR GA 30032

ON THE 13 DAY OF June, 2023, AT 9:00 AM/PM

() I HAVE THIS DAY SERVED THE DEFENDANT, _____ PERSONALLY WITH THE FOREGOING CITATION THIS _____ DAY OF _____, 20____.

X) I HAVE THIS DAY SERVED THE DEFENDANT, Sky Lounge Cafe, A CORPORATION, PERSONALLY BY LEAVING THE FOREGOING CITATION WITH Syam Avishak AN OFFICER/AGENT OF SAID CORPORATION THIS 15 DAY OF April, 2023.

SERVICE

Avishak Syam 4015094006 D. Smalls / Fire Inspector
VIOLATOR SIGNATURE PHONE NUMBER SERVING AGENT NAME/TITLE

FAILURE TO APPEAR MAY RESULT IN A WARRANT FOR YOUR ARREST

DEKALB COUNTY, GEORGIA POLICE DEPARTMENT

Upon (Month) April (Day) 15 (Year) 2003 at 1:05 A.M. P.M.
 Operator License No. 057010971
 License Class or Type C State GA Endorsements _____ Expires 4/15/2006
 Name Syam (Last) Avi (First) Shah (Middle)
 Address 1426 Blue Hill Ave
 City _____ State GA Zip Code 30017
 DOB 4/15/1985 Hair Blk Hgt 506 Wgt 150 Sex M Eyes BRN
 Veh. Yr. _____ Make _____ Style _____ Color _____
 Registration No. _____ Yr. _____ State _____

SECTION I - VIOLATOR

CDL YES NO ACCIDENT YES NO INJURIES YES NO FATALITIES YES NO
 2 - LANE ROAD DRIVER REQUESTED ACCURACY CHECK VASCAR LASER RADAR
 Within the State of Georgia, did commit the following offense: SPEEDING Clocked by PATROL VEHICLE OTHER
 (Serial # _____ Calibration/Check _____) at _____ MPH in a _____ zone
 DUI (Test Administered): BLOOD BREATH URINE OTHER) DUI Test Results _____
 TEST ADMINISTERED BY (If Applicable): _____

OFFENSE (Other than above) 110 counts violation
 in Violation of Code Section 41-96 of State Law Local Ordinance

SECTION II VIOLATION

REMARKS _____

WEATHER	(A) ROAD	(B)	TRAFFIC	LIGHTING	COMMERCIAL VEHICLE INFORMATION
<input type="checkbox"/> Clear	<input type="checkbox"/> Dry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Light	<input type="checkbox"/> Daylight	<input type="checkbox"/> 16+ Passengers
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Wet	<input type="checkbox"/> Blacktop	<input type="checkbox"/> Medium	<input type="checkbox"/> Darkness	<input type="checkbox"/> Commercial Vehicle Violation
<input type="checkbox"/> Raining	<input type="checkbox"/> Ice	<input type="checkbox"/> Dirt	<input type="checkbox"/> Heavy	<input type="checkbox"/> Other	<input type="checkbox"/> Hazardous Material Violation (PLACARD)
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other			

SECTION III LOCATION

County of DeKalb and _____ miles _____ of (city)
 on _____ at or near _____ mile post _____, or within (city) _____
 at/on (secondary location) _____
 OFFICER (Print) C Lamb Badge # 2267 Div. Jerome

You are hereby ordered to appear in Court to answer this charge on the 13 days of June
2003 at 9:00 AM PM in the _____ Court
 at 3630 Camp Circle
 City Decatur Georgia.

SECTION IV SUMMONS

NOTICE: This citation shall constitute official notice to you that failure to appear in Court at the date and time stated on this citation to dispose of the cited charges against you shall cause the designated Court to forward your driver's license number to the Department of Driver Services, and your driver's license shall be suspended. (Georgia Code 17-6-11 and 40-5-56) The suspension shall remain in effect until such time as there is a satisfactory disposition in this matter or the Court notifies the Department of Driver Services.

LICENSE DISPLAYED IN LIEU OF BAIL YES NO RELEASED TO _____
 SIGNATURE ACKNOWLEDGES SERVICE OF THIS SUMMONS AND RECEIPT OF COPY OF SAME.

SIGNATURE _____
 ARRESTING OFFICER'S CERTIFICATION

The undersigned has just and reasonable grounds to believe, and does believe, that the person named herein has committed the offense set forth, contrary to law.

SIGNATURE _____ Badge # 2267
 Signature of Arresting Officer
 Signature of Violator _____

NCIC NO. GA04A0200

24974503

VIOLATOR'S COPY

Purpose of Inspection: Routine Follow-up Initial
 Issued Provisional Permit Temporary
 Risk Type: 1 2 3 Permit#: 000339

Last Date: 10/24/21
 Grade: A
 Date: 12/24/21

Risk Factors are important practices or procedures as the most contributing factors in foodborne illness outbreaks. Public Health Interventions are control measures to prevent illness or injury.

SCORING AND GRADING: A=90-100 B=80-89 C=70-79 U<69

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

(Mark designated compliance status (IN, OUT, NA, or NO) for each numbered item. For items marked OUT, mark COS or R for each item as applicable.)
 IN=in compliance OUT=not in compliance NO=not observed NA=not applicable COS=corrected on-site during inspection R=Repeat violation of the same code provision=2 points

Compliance Status		Points	
IN	OUT	NA	NO
1 Supervision 4 points			
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
1-2A PIC present, demonstrates knowledge, performs duties		<input type="radio"/>	<input type="radio"/>
1-2B Certified Food Protection Manager		<input type="radio"/>	<input type="radio"/>
2 Employee Health, Good Hygienic Practices, Preventing Contamination by Hands 9 points			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-1A Proper use of restriction & exclusion		<input type="radio"/>	<input type="radio"/>
2-1B Hands clean and properly washed		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-1C No bare hand contact with ready-to-eat foods or approved alternate method properly followed		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-2A Management knowledge, responsibilities, reporting		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-2B Proper eating, tasting, drinking, or tobacco use		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-2C No discharge from eyes, nose, and mouth		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-2D Adequate handwashing facilities supplied & accessible		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2-2E Response procedures for vomiting & diarrheal events		<input type="radio"/>	<input type="radio"/>
3 Approved Source 9 points			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-1A Food obtained from approved source		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-1B Food received at proper temperature		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-1C Food in good condition, safe, and unadulterated		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3-1D Required records: shellstock tags, parasite destruction		<input type="radio"/>	<input type="radio"/>
4 Protection From Contamination 9 points			
<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-1A Food separated and protected		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-1B Proper disposition of returned, previously served, reconditioned, and unsafe food		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-2A Food stored covered		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4-2B Food-contact surfaces: cleaned & sanitized		<input type="radio"/>	<input type="radio"/>

Compliance Status		Points	
IN	OUT	NA	NO
5 Cooking and Reheating of TCS Foods, Consumer Advisory 9 points			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5-1A Proper cooking time and temperatures		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5-1B Proper reheating procedures for hot holding		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5-2 Consumer advisory provided for raw and undercooked foods		<input type="radio"/>	<input type="radio"/>
6 Holding of TCS Foods, Date Marking of TCS Foods 9 points			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6-1A Proper cold holding temperatures		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6-1B Proper hot holding temperatures		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6-1C Proper cooling time and temperature		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6-1D Time as a public health control: procedures and records		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6-2 Proper date marking and disposition		<input type="radio"/>	<input type="radio"/>
7 Highly Susceptible Populations 9 points			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7-1 Pasteurized foods used: Prohibited foods not offered		<input type="radio"/>	<input type="radio"/>
8 Chemicals 4 points			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8-2A Food additives: approved and properly used		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8-2B Toxic substances properly identified, stored, used		<input type="radio"/>	<input type="radio"/>
9 Conformance with Approved Procedures 4 points			
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9-2 Compliance with variance, specialized process and HACCP plan		<input type="radio"/>	<input type="radio"/>

GOOD RETAIL PRACTICES

(Mark the numbered item OUT, if not in compliance. For items marked OUT, mark COS or R for each item as applicable. R = Repeat Violation of the same code provision = 1 point)
 Good Retail Practices are preventive measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Compliance Status		Points	
IN	OUT	NA	NO
10 Safe Food and Water, Food Identification 3 points			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10A. Pasteurized eggs used where required		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10B. Water and ice from approved source		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10C. Variance obtained for specialized processing methods		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10D. Food properly labeled; original container		<input type="radio"/>	<input type="radio"/>
11 Food Temperature Control 3 points			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11A. Proper cooling methods used: adequate equipment for temperature control		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11B. Plant food properly cooked for hot holding		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11C. Approved thawing methods used		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11D. Thermometers provided and accurate		<input type="radio"/>	<input type="radio"/>
12 Prevention of Food Contamination 3 points			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12A. Contamination prevented during food preparation, storage, display		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12B. Personal cleanliness		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12C. Wiping cloths: properly used and stored		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12D. Washing fruits and vegetables		<input type="radio"/>	<input type="radio"/>
13 Postings and Compliance with Clean Air Act 1 point			
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13A. Posted: Permit/Inspection/Choking Poster/Handwashing		<input type="radio"/>	<input type="radio"/>
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13B. Compliance with Georgia Smoke Free Air Act		<input type="radio"/>	<input type="radio"/>

Compliance Status		Points	
IN	OUT	NA	NO
14 Proper Use of Utensils 1 point			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14A. In-use utensils: properly stored		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14B. Utensils, equipment and linens: properly stored, dried, handled		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14C. Single-use/single-service articles: properly stored, used		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14D. Gloves used properly		<input type="radio"/>	<input type="radio"/>
15 Utensils, Equipment and Vending 1 point			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15A. Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15B. Warewashing facilities: installed, maintained, used; test strips		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15C. Nonfood-contact surfaces clean		<input type="radio"/>	<input type="radio"/>
16 Water, Plumbing and Waste 2 points			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16A. Hot and cold water available; adequate pressure		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16B. Plumbing installed; proper backflow devices		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
16C. Sewage and waste water properly disposed		<input type="radio"/>	<input type="radio"/>
17 Physical Facilities 1 point			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17A. Toilet facilities: properly constructed, supplied, cleaned		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17B. Garbage/refuse properly disposed; facilities maintained		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17C. Physical facilities installed, maintained, and clean		<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17D. Adequate ventilation and lighting; designated areas used		<input type="radio"/>	<input type="radio"/>
18 Pest and Animal Control 3 points			
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Insects, rodents, and animals not present		<input type="radio"/>	<input type="radio"/>

Food Service Establishment Inspection Report Addendum

Violations cited in this report must be corrected within the time frames specified below, or as stated in the Georgia Department of Public Health Rules and Regulations Food Service Chapter 511-6-1, Rule .10 subsections (2)(h) and (i).

Page 2 of 2

Establishment SKY Lounge Permit # 000339
 Address 1853 Lawrenceville Highway City/State Decatur GA Date _____
 Zip Code 30033

TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Chicken in walk in	51				
Raw Chicken in boxes	41				
Meat	64				
	40				

OBSERVATIONS AND CORRECTIVE ACTIONS

- owner yesernework Gulema
- 6-1A Chicken at 51 in walk in all TCS foods need to be at 41° or below
- 2-2A 2 Handwash Sinks with things in them / Not Accessible
- 4-41A Chicken stored on floor in walk in other items stored on floor All items need to be six inches off the floor
- 6-2 once food is prepared it must be date mark
- 12A all Beverages of employees must have cover and straw
- 15A all surfaces need to be cleanable
- 15C all Non Food Surfaces need to be clean
- 17A Mens room unclean Womens trash can needs to be
- 16B Plumbing / Sink Stopped by
- 2-1A Person in charge was unaware of employee health agreement

Person in Charge (Signature) Arifhak Yam
 Inspector (Signature) [Signature]

Date 04/15/2023

850 LAWRENCEVILLE HWY
 DBA SKY LOUNGE
 1850 LAWRENCEVILLE HWY
 DECATUR, GA
 PAY TO THE ORDER

DEPARTMENT OF PLANNING & SUSTAINABILITY

AUTHORIZATION

The property owner should complete this form or a similar signed and notarized form if the individual who will file the application with the County is not the property owner.

Date: _____

TO WHOM IT MAY CONCERN:

(I), (WE) AIR HOSPITALITY GROUP, LLC
Name of owners(s) (If more than one owner, attach a separate sheet)

Being (owner) (owners) of the subject property described below or attached hereby delegate authority to:

Avishat Syam
Name of Agent or Representative

to file an application on (my), (our) behalf.

Notary Public

Owner

Notary Public

Owner

Notary Public

Owner

Notary Public

Owner

Notary Public

Owner

DEPARTMENT OF PLANNING & SUSTAINABILITY

DISCLOSURE OF CAMPAIGN CONTRIBUTION

In accordance with the Conflict of Interest in Zoning Act, OCGA Chapter 36-67A, the following questions must be answered.

Have you, the applicant, made \$250.00 or more in campaign contribution to a local government official within two years immediately preceding the filing of this application?

Yes _____ No *

If the answer is yes, you must file a disclosure report with the governing authority of DeKalb County showing:

1. The name and official position of the local government official to whom the campaign contribution was made.
2. The dollar amount and description of each campaign contribution made during the two years immediately preceding the filing of this application and the date of each such contribution.

The disclosure must be filed within 10 days after the application is first filed and must be submitted to the C.E.O. and to the Board of Commissioners of DeKalb County, 1300 Commerce Drive, Decatur, GA 30030.

Notary



Signature of Applicant /Date

Check one: Owner _____ Agent

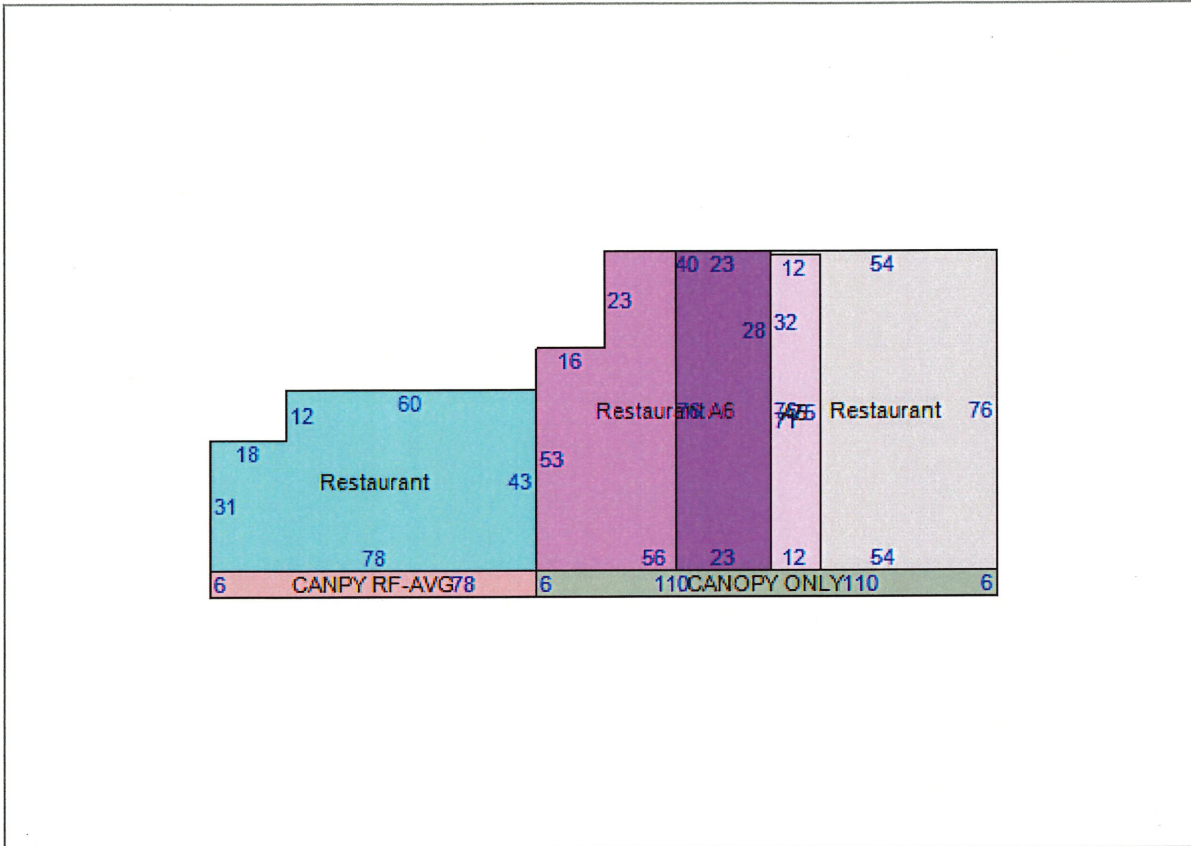
Expiration Date/ Seal

*Notary seal not needed if answer is "no".



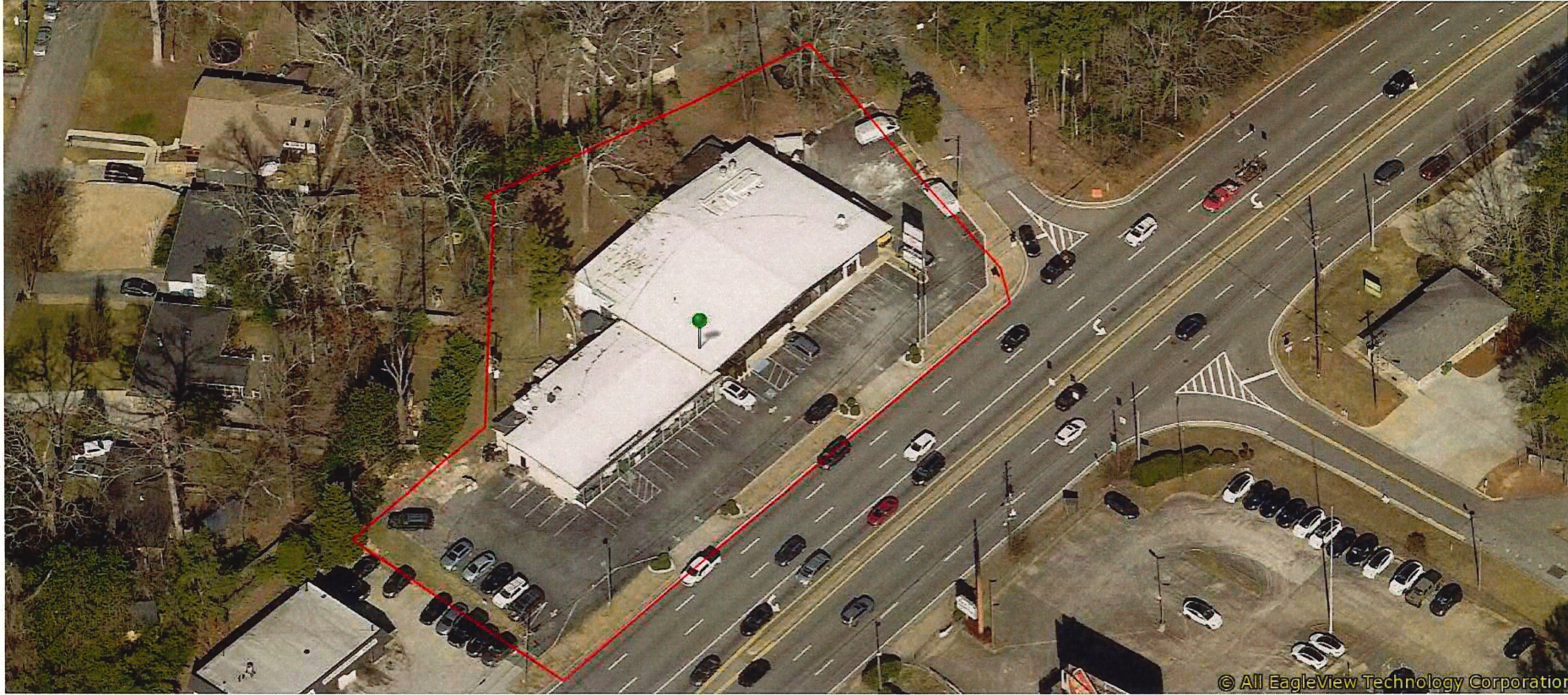
PARID: 18 062 08 075
AIR HOSPITALITY GROUP LLC

1850 LAWRENCEVILLE HWY



Printed on Monday, April 29, 2024, at 3:20:32 PM EST

Sky Lounge Cafe - Decatur





DeKalb County
GEORGIA

Government Services Center
178 Sams Street
Decatur, GA 30030
www.dekalbcountyga.gov/planning
404-371-2155 (o); 404-371-4556 (f)

Chief Executive Officer
Michael Thurmond

DEPARTMENT OF PLANNING & SUSTAINABILITY

Interim Director
Cedric Hudson

PRE-APPLICATION FORM
REZONE, SPECIAL LAND USE PERMIT, MODIFICATION, AND LAND USE
(Required prior to filing application: signed copy of this form must be submitted at filing)

Applicant Name: Hakim Hilliard Phone: 404-797-5525 Email: hhilliard@cglawfirm.com

Property Address: 1850 Lawrenceville Hwy, Decatur 30033

Tax Parcel ID: 18 062 08 075 Comm. District(s): 2 & 6 Acreage: 1.09

Existing Use: _____ Proposed Use: Late-night establishment.

Supplemental Regs: _____ Overlay District: No DRI: _____

Rezoning: Yes _____ No X

Existing Zoning: C-1 Proposed Zoning: _____ Square Footage/Number of Units: _____

Rezoning Request: _____

Land Use Plan Amendment: Yes _____ No X

Existing Land Use: TC Proposed Land Use: _____ Consistent _____ Inconsistent _____

Special Land Use Permit: Yes _____ No _____ Article Number(s) 27- _____

Special Land Use Request(s): Late-night establishment.

Major Modification:

Existing Case Number(s): N/A

Condition(s) to be modified:

