

Assignment and Report

1. OPERATING NAME AND ADDRESS (INCLUDE ZIP CODE AND COUNTY) James Brays Enterprises LLC 405 N Morningside Drive Vidalia, GA 30474, Toombs		2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.) 760555-2016-0026-B1B		
		3. PERMIT/LICENSE NUMBER 158279016K04238	4a. TARGET DATE 9/30/2016	4b. TARGET HOURS
		5. REQUESTED BY (SIGNATURE, TITLE AND DATE)		
6. ATF OFFICER(S) ASSIGNED (b) (6) - Lead Investigator (b) (6) - Assigned Investigator				
7. ASSIGNED BY (SIGNATURE, TITLE AND DATE) (b) (6), Area Supervisor, 10/02/2015				
8. PURPOSE/SPECIAL INSTRUCTIONS Conduct FULL RECALL compliance inspection in accordance with ATF regulations and the IO Manual. *** Please check for possible hidden ownership.				
9. INSPECTION RESULTS <input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC				
NO. OF VIOLATIONS	2	NO. OF REFERRALS	2111 - PER DIEM	
NO. OF TECS CHECKS	40	NO. OF TECS HITS	2112 - P.O.A.	
NO. OF TAX ADJUSTMENTS		\$ VALUE OF TAX INCREASES	2113 - COMM. AIR	
		\$ VALUE OF TAX DECREASES	2114 - RENTAL CAR	
NO. OF ASSESSMENTS		\$ VALUE OF ASSESSMENTS	2115 - GPV EXPENSES	
NO. OF CLAIMS		\$ VALUE OF CLAIMS	2116 - MISC.	
NO. OF TAX PERIODS		\$ VALUE OF TAXES VERIFIED	TOTAL \$ FOR INSP.	
11. ATF OFFICER'S RECOMMENDATION Submitted by (b) (6) - Industry Operations Investigator Submitted on: 12/21/2015 Viols ROV Only and No Recall Inspection. ¿ FLS should be amended to reflect the RP's home address as: (b) (6) ¿ FLS should be amended to add the RP's email address to: (b) (6) Viols ROV ONLY No Recall Inspection				
12. TIME ACCOUNTING DATA				
ATF OFFICER'S NAME (MONTH, YEAR, HOURS) (b) (6)				
OCT 2015		3.00		
DEC 2015		40.00		
ATF OFFICER'S SUBTOTAL		43.00		
		ATF OFFICER'S SIGNATURE		
ATF OFFICER'S NAME (MONTH, YEAR, HOURS) (b) (6)				
OCT 2015		3.00		
DEC 2015		7.00		
ATF OFFICER'S SUBTOTAL		10.00		
		ATF OFFICER'S SIGNATURE		
TOTAL HOURS		53.00		

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13. REVIEW AND ROUTING

REVIEW COMMENTS AND RECOMMENDATION

Viols ROV Only and No Recall Inspection.

FLS should be amended to reflect the RP's home address as: (b) (6)

FLS should be amended to add the RP's email address to (b) (6).

Reviewed the inspection file and report. Based on the findings documented by the IOI that the licensee has improved the business operations and greatly reduced the violations, I concur with the recommendation of VIOL WL ONLY and No Recall Inspection. No further action.

Viols WL ONLY and No Recall Inspection

☒ REVIEWED

☒ CONCUR

☒ SEE COMMENTS

☒ FINAL DISPOSITION

SIGNATURE AND TITLE

(b) (6) - Area Supervisor

(b) (6)

REVIEW DATE

12/24/2015

ROUTING SEQUENCE AND DATE

- ☐ 1. _____
- ☐ 2. _____
- ☐ 3. _____
- ☐ 4. _____

CONTROL FILE POSTED DATE _____

U.S. Department of Justice

Bureau of Alcohol, Tobacco, Firearms and Explosives

Report of Violations

Instructions

Please write firmly with a ball point pen when completing this form. ATF officers will prepare this form in triplicate. The original copy will be given to the proprietor or a responsible representative. The remaining copies will be submitted with the completed inspection report. Supervisors will detach one copy from the completed report for their files.

Name of Proprietor James Brays Enterprises LLC	Street Address 405 N Morningside Drive	City Vidalia	State GA	Zip Code 30474-	County Toombs	Page 1 of 1 Pages
License/Permit/Registry Number <i>(If any)</i> 158279016K04238	Expiration Date 10/1/2016	Date(s) or Period of Inspection 12/14/2015 through 12/15/2015				

Inspection Results

An examination of your premises, records and operations has disclosed the following violations which have been explained to you:

I Have Received a Copy of This Report of Violations *(Proprietor's signature and title)*

Signature and Title of ATF Officer

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For Official Use Only

ATF E-Form 5030 5
Revised April 2005