



**August 06, 2019 9:30 am**

1. Call to Order by Mayor Jonathan McCollar
2. Invocation and Pledge of Allegiance by Councilman John Riggs
3. Public Comments (Agenda Item):
4. Consideration of a Motion to approve the Consent Agenda
  - A) Approval of Minutes
    - a) 07-16-2019 Council Minutes
  - B) Consideration of a Motion to Accept the high bid for a bloc of firearms to be sold as surplus
5. Public Hearing & Consideration of a Motion to approve application for an alcohol license Sec. 6-5
  - A) Namaste Boro LLC  
DBA: Primos Italian Kitchen  
Ian Munger  
609 Brannen St Ste 9  
Statesboro, GA 30458
  - B) ALDI Inc.  
DBA: ALDI #85  
ALDI Inc.  
270 Henry Boulevard  
Statesboro, GA 30458
6. Consideration of a Motion to award a contract to provide general liability insurance to Travelers in the amount of \$524,609.00. If approved, this coverage will be for a one-year term beginning August 14, 2019.
7. Consideration of a Motion to award a contract to provide workers compensation insurance to Bitco in the amount of \$288,323.00. If approved, this coverage will be for a one-year term beginning August 14, 2019.
8. Consideration of a Motion to enter into a Mutual Aid Agreement between the Claxton Fire Department and the Statesboro Fire Department.

9. Consideration of a Motion to Approve **Resolution 2019-27**: A Resolution allowing Forth State Productions use of the Statesboro Fire Department Training Facilities.
10. Other Business from City Council
11. City Managers Comments
12. Public Comments (General)
13. Consideration of a Motion to enter into Executive Session to discuss “Personnel Matters” “Real Estate” and/or “Potential Litigation” in accordance with O.C.G.A 50-14-3(b)
14. Consideration of a Motion to Adjourn



## July 16, 2019 5:30 pm

### 1. Call to Order

Mayor Jonathan McCollar called the meeting to order

### 2. Invocation and Pledge

Councilman Jeff Yawn gave the Invocation and Pledge of Allegiance.

#### ATTENDENCE

Attendee Name	Title	Status	Arrived
Jonathan McCollar	Mayor	Present	
Phil Boyum	Councilmember	Present	
Sam Jones	Councilmember	Absent	
Jeff Yawn	Councilmember	Present	
John Riggs	Councilmember	Present	
Derek Duke	Councilmember	Present	

Other staff present was: City Manager Charles Penny, Director of Engineering and Public Works Jason Boyles, City Attorney Cain Smith and City Clerk Sue Starling.

### 3. Recognitions/Public Presentations: None

### 4. Public Comments (Agenda Item): None

### 5. Consideration of a Motion to approve the Consent Agenda

#### A) Approval of Minutes

a) 06-18-2019 Council Minutes

b) 06-26-2019 Called Council Minutes

A motion was made to approve the consent agenda

**RESULT:**

Unanimous

**MOVER:**

Councilman Jeff Yawn

**SECONDER:**

Councilman John Riggs

**AYES:**

Boyum, Yawn, Riggs, Duke

**ABSENT:**

Sam Jones

**6. Public Hearing & Consideration of a Motion to approve application for an alcohol license Sec. 6-5**

**A) M L Associates Inc.  
DBA Discount Beverage  
Lav Valik  
1285 Northside Dr. E  
Statesboro, GA 30458**

A motion was made to open the public hearing

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman John Riggs
<b>SECONDER:</b>	Councilman Jeff Yawn
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

No one spoke for or against the request.

A motion was made to close the public hearing

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Derek Duke
<b>SECONDER:</b>	Councilman John Riggs
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

A motion was made to approve the alcohol license application.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman John Riggs
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**7. Public Hearing and Consideration of a Motion to Approve: APPLICATION RZ 19-06-01; West District Development, LLC requests a zoning map amendment for a proposed combination of parcels addressed 40 West Cherry Street and West Cherry Street from the LI (Light Industrial) zoning district to the CBD (Central Business District) zoning district to allow for the construction of a mixed-use development (Tax Parcels S18 000170 000 and S19 000001 A000).**

A motion was made to open the public hearing

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman John Riggs
<b>SECONDER:</b>	Councilman Jeff Yawn
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

Brian Kent spoke in favor of the request.

A motion was made to close the public hearing

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Derek Duke
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

A motion was made to approve APPLICATION RZ 19-06- 01 with staff's conditions.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Derek Duke
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**8. Public Hearing and Consideration of a Motion to Approve: APPLICATION V 19-06-02; West District Development, LLC requests a variance from Article XII, Section 1213(A) to reduce the required front yard setback in order to create a zero-lot-line parcel for the redevelopment of an existing warehouse building on 0.892 acres, a portion of a larger 2.44 acre tract located at 40 West Cherry Street (Tax Parcel S18 000170 000).**

A motion was made to open the public hearing for items 8 thru 13.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Derek Duke
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

No one spoke for or against the request.

A motion was made to close the public hearing for items 8 thru 13.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Derek Duke
<b>SECONDER:</b>	Councilman John Riggs
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

A motion was made to approve APPLICATION V 19-06- 02 with staff's conditions.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Phil Boyum
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

9. **Public Hearing and Consideration of a Motion to Approve: APPLICATION V 19-06-03: West District Development, LLC requests a variance from Article XII, Section 1213(B) to reduce the required left side yard setback in order to create a zero-lot-line parcel for the redevelopment of an existing warehouse building on 0.892 acres, a portion of a larger 2.44 acre tract located at 40 West Cherry Street (Tax Parcel S18 000170 000).**

A motion was made to approve APPLICATION V 19-06- 03 with staff’s conditions.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Phil Boyum
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

10. **Public Hearing and Consideration of a Motion to Approve: APPLICATION V 19-06-04: West District Development, LLC requests a variance from Article XII, Section 1213(B) to reduce the required right side yard setback in order to create a zero-lot-line parcel for the redevelopment of an existing warehouse building on 0.892 acres, a portion of a larger 2.44 acre tract located at 40 West Cherry Street (Tax Parcel S18 000170 000)**

A motion was made to approve APPLICATION V 19-06- 04 with staff’s conditions.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman John Riggs
<b>SECONDER:</b>	Councilman Jeff Yawn
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

11. **Public Hearing and Consideration of a Motion to Approve: APPLICATION V 19-06-05: West District Development, LLC requests a variance from Article XII, Section 1213(C) to reduce the required rear yard setback in order to create a zero-lot-line parcel for the redevelopment of an existing warehouse building on 0.892 acres, a portion of a larger 2.44 acre tract located at 40 West Cherry Street (Tax Parcel S18 000170 000).**

A motion was made to approve APPLICATION V 19-06- 05 with staff’s conditions.

<b>RESULT:</b>	Unanimous
----------------	-----------

<b>MOVER:</b>	Councilman Phil Boyum
<b>SECONDER:</b>	Councilman Jeff Yawn
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**12. Public Hearing and Consideration of a Motion to Approve: APPLICATION V 19-06-06: West District Development, LLC requests a variance from Article XXX, Section 3010 regarding the requirement to provide sidewalks along the public right-of-way in the Downtown District for 2.44 acres of property located at 40 West Cherry Street (Tax Parcel S18 000170 000).**

A motion was made to approve APPLICATION V 19-06- 06 with staff’s conditions.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Derek Duke
<b>SECONDER:</b>	Councilman John Riggs
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**13. Public Hearing and Consideration of a Motion to Approve: APPLICATION V 19-06-07: West District Development, LLC requests a variance from Article XII, Section 1216 to increase the minimum floor area ratio percentage in order to create zero-lot-line parcel for the redevelopment of an existing warehouse building on 0.892 acres, a portion of a larger 2.44 acre tract located at 40 West Cherry Street (Tax Parcel S18 000170 000).**

A motion was made to approve APPLICATION V 19-06- 07 with staff’s conditions.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Phil Boyum
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones



**14. Public Hearing and Consideration of a Motion to Approve: APPLICATION CBD 19-06-08: West District Development, LLC requests approval of the proposed site plans submitted for a proposed combination of parcels totaling 5.52 acres of property located at South College Street, 40 West Cherry Street and West Cherry Street, which is located in the Central Business District (CBD). Per Article VIII, Section 803, development in the CBD zoning district requires a recommendation from City Council to affirm that the plans will keep in mind the integrity and harmony of the Central Business District (Tax Parcels S19 000001 000, S18 000170 000, and S19 000001 A000).**

A motion was made to open the public hearing.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman John Riggs
<b>SECONDER:</b>	Councilman Phil Boyum
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

No one spoke for or against the request.

A motion was made to close the public hearing.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Phil Boyum
<b>SECONDER:</b>	Councilman John Riggs
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

A motion was made to approve APPLICATION CBD 19-06- 08 with staff's conditions.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Phil Boyum
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**15. Public Hearing and Consideration of a Motion to Approve: APPLICATION RZ 19-06-09; Continental Road, LLC requests a zoning map amendment of 4.74 acres, a portion of a larger 33.35+/- acre tract located at 7130 Veterans Memorial Parkway from the CR (Commercial Retail) zoning district to the HOC (Highway Oriented Commercial) zoning district to allow for the construction of a car dealership (Tax Parcel MS42 000007 000).**

A motion was made to open the public hearing.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Derek Duke
<b>SECONDER:</b>	Councilman Phil Boyum
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

Joey Maxwell spoke in favor of the request.

A motion was made to close the public hearing.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman John Riggs
<b>SECONDER:</b>	Councilman Derek Duke
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

A motion was made to approve APPLICATION RZ 19-06- 09 with staff's conditions.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Derek Duke
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**16. Consideration of a Motion to Approve the Revision of the Intergovernmental Agreement (IGA) with Bulloch County regarding City of Statesboro Tax Allocation District #1: Downtown TAD.**

A motion was made to approve IGA.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Derek Duke
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**17. Consideration of a motion to approve Task Order 3 with Goldwyn Mills Cawood (formerly Ecological Planning Group) in the amount of \$93,100.00 to assist the City of Statesboro with stormwater master planning for Basin #2 studies.**

A motion was made to approve the Task Order 3.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Phil Boyum
<b>SECONDER:</b>	Councilman Derek Duke
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**18. Consideration of a Motion to enter into an Intergovernmental Agreement (IGA) with Bulloch County for Fire Protection Services in the Statesboro Fire Tax District, also known as the Statesboro 5-mile Fire District**

A motion was made to approve the IGA.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Phil Boyum
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**19. Consideration of a Motion to Approve RESOLUTION 2019-25: A Resolution authorizing the closing of the bank account for the 2007 Special Purpose Local Option Sales Tax fund.**

A motion was made to approve Resolution 2019-25.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Phil Boyum
<b>SECONDER:</b>	Councilman John Riggs
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**20. Consideration of a Motion to Approve RESOLUTION 2019-26: A Resolution amending the job position classification and compensation plan.**

A motion was made to approve Resolution 2019-26.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman Jeff Yawn
<b>SECONDER:</b>	Councilman Phil Boyum
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

**21. Other Business from City Council**

Councilman Boyum asked for an update on the Blight Ordinance. City Attorney Cain Smith stated he could bring it forward at the next Council meeting. Mayor McCollar asked that we hold off until we know if the City will qualify for an assistance program to help with housing issues.

Councilman Duke stated the Anti Bullying Rally will be held July 27<sup>th</sup> from 10-2 pm at Mill Creek and a Balloon Block Party will be held from 3-6pm at the Police Department.

**22. City Managers Comments**

City Manager Charles Penny thanked Mayor and Council for the opportunity to serve as City Manager and looks forward to working with them as well as all the departments. He also stated he would like to meet with Mayor and Council to better understand their expectations and also discuss his ideas and plans for the City.

**23. Public Comments (General)**

John from Boy Scout Troop 935 and Tony from Boy Scout Troop 332 were present as they are working to obtain their merit badges.

**24. Consideration of a Motion to enter into Executive Session to discuss “Personnel Matters” “Real Estate” and/or “Potential Litigation” in accordance with O.C.G.A 50-14-3(b)**

There was no Executive Session held.

**25. Consideration of a Motion to Adjourn**

A motion was made to adjourn the meeting.

<b>RESULT:</b>	Unanimous
<b>MOVER:</b>	Councilman John Riggs
<b>SECONDER:</b>	Councilman Phil Boyum
<b>AYES:</b>	Boyum, Yawn, Riggs, Duke
<b>ABSENT:</b>	Sam Jones

The meeting was adjourned at 6:36 pm.



# STATESBORO POLICE DEPARTMENT

Ph 912-764-9911

25 West Grady Street, Statesboro, Georgia 30458

Fx 912-489-5050

TO: Charles Penny, City Manager

FROM: Mike Broadhead, Chief of Police *MB*

DATE: August 6, 2019

RE: Property and Evidence Firearms to be Sold as Surplus.

POLICY ISSUE: Council agreement to surplus firearms

RECOMMENDATION: That Council accept the high bid for a bloc of firearms to be sold as surplus.

BACKGROUND: The police department is currently holding 40 firearms that have either been forfeited or are evidence firearms that are no longer needed for prosecution. In each instance, the police department is the official owner of these firearms through court orders. The bloc of firearms was put out for bid to three Federal Firearms License (FFL) dealers with the request that the value of the firearms be provided as "store credit" for future police department purchases for equipment, practice ammunition, or other firearms suitable for use by officers. We received three bids, with GT Distributors of Georgia having the highest bid at \$2,335.00.

BUDGET IMPACT: No direct budget impact. Future equipment purchases that will not require operational dollars.

COUNCIL DISTRICT: All

ATTACHMENTS: List of firearms for surplus, copies of three bids.





GT Distributors of Georgia  
 P.O. Box 458  
 Rossville GA 30741  
 (706) 866-2764 Ext. 0000

Quote	QTE0030598
Date	7/12/2019
Page:	1

**Bill To:**

Statesboro Police Department (GA)  
 25 W. Grady Street  
 Attn: Accounts Payable  
 Statesboro GA 30458

**Ship To:**

Statesboro Police Department  
 25 W. Grady Street  
 Statesboro GA 30458

Purchase Order No.	Customer ID	Salesperson ID	Shipping Method	Payment Terms	Req Ship Date	Master No.
SIEZED 7/12/19	000928	04		NET 30	0/0/0000	904,297

Quantity	Item Number	Description	UOM	Unit Price	Ext. Price
1	LOT OF GUNS*	Lot of Guns	EA	\$2,335.00	\$2,335.00
1	NOTES:	Lot of siezed guns Notes	EA	\$0.00	\$0.00
1	NOTES:	All guns must be fully functional to receive full trade value. Notes	EA	\$0.00	\$0.00
		The agency is responsible for packaging and all freight charges on trades to G T Distributors.			

**All returns must be authorized by GT Distributors. Interest charges on past due invoices at the maximum rate allowed by law.**

Your Salesperson is Ryan Mowrer. Thank you  
 Rob Bryan  
 rob.bryan@statesboroga.gov

<b>Subtotal</b>	\$2,335.00
<b>Misc</b>	\$0.00
<b>Tax</b>	\$0.00
<b>Freight</b>	\$0.00
<b>Total</b>	\$2,335.00





The City of  
Statesboro  
INCORPORATED 1882

Mike Broadhead <mike.broadhead@statesboroga.gov>

---

## Fwd: Trades

1 message

---

Rob Bryan <rob.bryan@statesboroga.gov>  
To: Mike Broadhead <mike.broadhead@statesboroga.gov>

Tue, Jul 30, 2019 at 11:02 AM

----- Forwarded message -----

From: **Troy Hendricks** <troyhendricks@spdist.com>  
Date: Fri, Jul 12, 2019 at 4:30 PM  
Subject: Trades  
To: Rob Bryan <rob.bryan@statesboroga.gov>

I can offer an even \$2,000 for the trades.

## Troy Hendricks

Outside Law Enforcement Sales

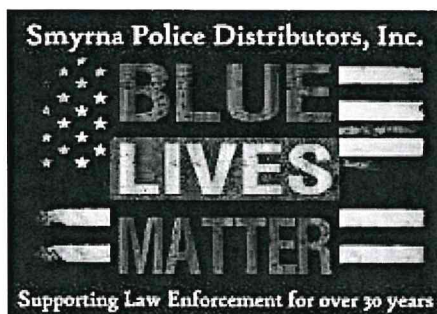
## Smyrna Police Distributors, Inc.

770-434-1986 - Office

770-891-0473 - Cell

770-989-1403 - Fax

troyhendricks@spdist.com





The City of  
Statesboro  
Georgia's Capital of the South

Mike Broadhead <mike.broadhead@statesboroga.gov>

---

## Fwd: Statesboro PD Seized Firearms Quote

1 message

---

**Rob Bryan** <rob.bryan@statesboroga.gov>  
To: Mike Broadhead <mike.broadhead@statesboroga.gov>

Tue, Jul 30, 2019 at 11:03 AM

----- Forwarded message -----

From: **Rob Ford** <rob@clydearmory.com>  
Date: Mon, Jul 29, 2019 at 3:22 PM  
Subject: Re: Statesboro PD Seized Firearms Quote  
To: Rob Bryan <rob.bryan@statesboroga.gov>

Rob,  
Good talking to you!

At this time we would be able to offer \$250 for the 40 seized weapons.

Thanks!

## Semper Fidelis

**Robert Ford**  
Director of Law Enforcement Sales  
Clyde Armory Inc.  
4800 Atlanta Highway  
Athens, GA 30606  
Tel:706-549-1842 Ex210

[www.clydearmory.com](http://www.clydearmory.com)

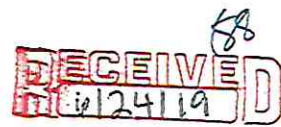
On Jul 16, 2019, at 11:23 AM, Rob Bryan <rob.bryan@statesboroga.gov> wrote:

Rob,

Keith will forward the photos this afternoon.

Thanks,

Rob



PLEASE BE ADVISED THAT KNOWINGLY PROVIDING FALSE OR MISLEADING INFORMATION ON THIS DOCUMENT IS A FELONY PURSUANT TO O.C.G.A. §16-10-20 WHICH STATES:

A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES  
CITY OF STATESBORO, GEORGIA

The undersigned applicant hereby applies to the City of Statesboro, Georgia for a license to sell alcoholic beverages within the corporate limits of the City of Statesboro. A non-refundable TWO HUNDRED dollar (\$200.00) application fee must be tendered with the application. (cash, credit card, certified check, or money order, checks should be payable to the City of Statesboro.)

1. BUSINESS TRADE NAME: Primos Italian Kitchen  
D/B/A Name

2. APPLICANT'S NAME: Namaste boro llc  
(Name of partnership, llc, corporation, or individual)

3. BUSINESS LOCATION ADDRESS: 609 #9 Brannen St Statesboro GA  
STE#

4. BUSINESS MAIL ADDRESS: 106 Irongate pl  
CITY: Statesboro STATE: GA ZIP CODE: 30458

5. LOCAL BUSINESS TELEPHONE NUMBER: (912) 623 2200

CORPORATE OFFICE TELEPHONE NUMBER: \_\_\_\_\_

6. CONTACT NAME FOR BUSINESS: Ian C Munger

TELEPHONE NUMBER FOR CONTACT PERSON: (912) 531 7707

7. NAME OF MANAGER: Ian C Munger  
(Person responsible for Alcohol Licensing Issues)

TELEPHONE NUMBER FOR MANAGER (912) 531 7707

ADDRESS OF MANAGER: 106 Irongate pl  
(Street, Road, RFD No., P. O. Box No.)

CITY: Statesboro COUNTY: Bulloch STATE: GA ZIP: 30458

8. PURPOSE OF APPLICATION IS: (CHECK ALL THAT APPLY)  
NEW MANAGER \_\_\_\_\_ NEW BUSINESS: \_\_\_\_\_ NEW OWNER: X

PREVIOUS OWNER'S NAME: Cory Ackerly

BUSINESS NAME CHANGE: NA PREVIOUS BUSINESS NAME: Same as current

ADDRESS CHANGE: NA PREVIOUS ADDRESS: Same Address

LICENSE CLASS CHANGE: BEER \_\_\_\_\_ WINE \_\_\_\_\_ LIQUOR \_\_\_\_\_ OTHER (circled) No previous license

9. INDICATE WHERE BUSINESS WILL BE LOCATED:

Above Ground  Street or Ground Floor Level

SEC. 6-10(D) ANY PERSON WITHIN THE CITY OF STATESBORO WHO WORKS AS A BOUNCER, EITHER AS AN EMPLOYEE, AGENT, OR SUBCONTRACTOR WHOSE RESPONSIBILITIES IN AN ESTABLISHMENT THAT IS LICENSED TO SELL ALCOHOLIC BEVERAGES FOR ON-PREMISES CONSUMPTION SHALL HAVE THEIR ALCOHOLIC BEVERAGE SECURITY PERMIT ON THEIR PERSON AT ALL TIMES WHILE ACTING AS AN EMPLOYEE, AGENT OR SUBCONTRACTOR OF THE LICENSEE. AN ALCOHOLIC BEVERAGE SECURITY PERMIT SHALL BE READILY AVAILABLE FOR INSPECTION UPON THE REQUEST OF ANY STATESBORO POLICE DEPARTMENT OFFICER, CITY CODE ENFORCEMENT OFFICER, OR THE CITY MANAGER OR HIS DESIGNEE.

DOES ANY EMPLOYEE DESCRIBED IN THE ABOVE PARAGRAPH HAVE AN ALCOHOLIC BEVERAGE SECURITY PERMIT?  YES  NO (PERMIT SHALL BE OBTAINED FROM THE STATESBORO POLICE DEPARTMENT)

**CALCULATION OF BASIC LICENSE FEE: FOR CALENDAR YEAR \_\_\_\_\_**

<u>CLASSIFICATION</u>	(Mark All That Apply)	<u>LICENSE FEE</u>
Class B, Retail Beer Package	_____	875.00
Class C, Retail Wine Package	_____	875.00
Class D, Retail Liquor by the Drink	_____	1,425.00
Class E, Retail Beer by the Drink	<u> X </u>	1,425.00
Class F, Retail Wine by the Drink	<u> X </u>	1,425.00
Class G, Wholesale Liquor	_____	1,500.00
Class H, Wholesale Beer	_____	1,500.00
Class I, Wholesale Wine	_____	1,500.00
Class J, Licensed Alcoholic Beverage Caterer	_____	200.00
Class K, Brewer, Manufacturer of Malt Beverages Only	_____	1,750.00
Class L, Broker	_____	1,750.00
Class M, Importer	_____	1,750.00
Class O, Manufacture on Wine Only	_____	1,750.00
Sunday Sales Permit	<u> X </u>	300.00
In Room Service Permit	_____	150.00

Georgia Law (O.C.G.A. Section 3-3-7) states: "The sale of alcoholic beverages is lawful for consumption on the premises on Sundays from 12:30 p.m. until 12:00 midnight in any licensed establishment which derives at least 50 percent of its total annual gross sales from the sale of prepared meals or food in all of the combined retail outlets of the individual establishment where food is served and in any licensed establishment which derives at least 50 percent of its total annual gross income from the rental of rooms for overnight lodging."

Sunday sales permit holders are subject to audit for compliance with State Law. Each establishment is required to maintain Financial Records on food sales and alcohol sales by separate business location to demonstrate compliance with State and Local Law.

TOTAL ANNUAL LICENSE FEE: \$ \_\_\_\_\_

PARTIAL YEAR CALCULATION IF APPLICABLE: \$ \_\_\_\_\_

Special Event Permit 50.00  
 Distance Waiver Application Fee 150.00  
 Alcohol Beverage Control Security Permit(Permit Shall Be Obtained From The Statesboro Police Department) 50.00

10. TYPE OF BUSINESS: (CHECK ONE)  Individual  Corporation  Partnership  (LLC)

(COMPLETE EITHER NUMBERS 11, 12 AND 13, AND/OR 14, 15 AND 16 IN THE SECTION BELOW)

11. IF APPLICANT IS AN INDIVIDUAL: Attach copy of trade name affidavit.

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
 HAVE YOU COMPLETED THE FINANCIAL AFFIDAVIT ATTACHED TO THIS APPLICATION? \_\_\_\_\_

12. IF APPLICANT IS A PARTNERSHIP, L.L.C., or L.L.P.: Attach trade name affidavit, if an LLC or LLP, attach a copy of certificate of LLC or LLP as filed with the Clerk of Superior Court and trade name affidavit, a copy of your operating agreement and/or partnership agreement as well as other documents listed below that establish ownership rights of members or partners.

NAME AND ADDRESS OF PARTNERSHIP, LLC, or LLP: Namaste boro LLC  
106 Irongate pl statesboro GA 30458

DO YOU HAVE AN OPERATING AGREEMENT OR PARTNERSHIP AGREEMENT FOR THE LLC, LLP OR PARTNERSHIP? yes  
 IF NOT, WHAT DOCUMENTS ESTABLISH THE OWNERSHIP RIGHTS OF THE MEMBERS OR PARTNERS? \_\_\_\_\_

13. MEMBERS OF L.L.C. and/or PARTNERS:

FULL LEGAL NAME: Ian c Munges PHONE# \_\_\_\_\_  
 HOME ADDRESS: 106, Irongate pl  
 CITY: Statesboro STATE: GA ZIP CODE: 30458  
 RACE: white SEX: M BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

FULL LEGAL NAME: Prakul chandra PHONE# \_\_\_\_\_  
 HOME ADDRESS: 1207 Plantation Circle  
 CITY: Statesboro STATE: GA ZIP CODE: 30458  
 RACE: Asian SEX: M BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

FULL LEGAL NAME: Rahul Jagannath Prasad PHONE# \_\_\_\_\_ 3  
 HOME ADDRESS: 119 Pampas Dr  
 CITY: Pooler STATE: GA ZIP CODE: 31322  
 RACE: Asian SEX: M BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

HAS EACH MEMBER OR PARTNER COMPLETED A FINANCIAL AFFIDAVIT TO ATTACH TO THIS APPLICATION? \_\_\_\_\_

(ATTACH ADDITIONAL PAGES IF NECESSARY)

CORPORATION-STOCKHOLDERS: All corporate applicants who are corporations shall list the names and address of all stockholders and the percentage of stock owned by each. If a named stockholder therein is another corporation, the same information shall be given for the Stockholding Corporation. If, during the life of the license, the identity of the stockholders or their percentage of ownership should change, that information shall be sent to the Finance Department.

14. IF APPLICANT IS A CORPORATION: Attach a copy of the articles of incorporation, trade name affidavit, current annual corporation registration with the Georgia Secretary of State, as well as the bylaws, the shareholders agreement, and other documents listed below that identify ownership rights.

NAME OF CORPORATION: Namaste Boro, LLC.  
(Name shown exactly as in Articles of Incorporation or Charter)

HOME OFFICE: 106 Irongate Pl, Statesboro, GA 30458

MAIL ADDRESS IF DIFFERENT: Same

DATE AND PLACE OF INCORPORATION: February, 2019 Statesboro, GA

DO YOU HAVE A SHAREHOLDERS AGREEMENT? Yes

IF NOT, WHAT DOCUMENTS ESTABLISH THE OWNERSHIP RIGHTS OF THE SHAREHOLDERS? \_\_\_\_\_

15. OFFICERS:

FULL LEGAL NAME: Fan Christopher Munger PHONE# (912) 531-7707

HOME ADDRESS: 106 Irongate Pl, Statesboro, GA 30458

CITY: Statesboro STATE: GA ZIP CODE: 30458

RACE: W SEX: M BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

% STOCK OWNED: 33.4 OFFICE HELD: owner

FULL LEGAL NAME: Prakal Chandra PHONE# (912) 678-2826

HOME ADDRESS: 1207 Plantation Circle

CITY: Statesboro STATE: GA ZIP CODE: 30458

RACE: Asian Indian SEX: M BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

% STOCK OWNED: 33.3 OFFICE HELD: owner

FULL LEGAL NAME: Rahul Jagannath Prasad PHONE# (912) 944-9743  
HOME ADDRESS: 119 Pampas Drive  
CITY: Pooler STATE: GA ZIP CODE: 31322  
RACE: Asian Indian SEX: M BIRTHDATE: ..... SOCIAL SECURITY NO: \_\_\_\_\_  
% STOCK OWNED: 33-3 OFFICE HELD: owner

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
% STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_  
(ATTACH ADDITIONAL PAGES IF NECESSARY)

16. STOCKHOLDERS (If Different from Officer Names)

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
% STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
% STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
% STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
HOME ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
% STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_

HAS EACH OFFICER AND SHAREHOLDER COMPLETED THE FINANCIAL AFFIDAVIT ATTACHED TO THIS APPLICATION?  
\_\_\_\_\_  
(ATTACH ADDITIONAL PAGES IF NECESSARY)

17. If there is any individual or officer, who has resided at his current address less than five (5) years, complete information below.

NAME: Ian Mungler PHONE# (770) 531-7707

PREVIOUS ADDRESS: 100 Doublewood Drive, Statesboro FROM 10/2013 TO 7/2017

PREVIOUS ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

FULL NAME: Prakul Chandra PHONE# (770) 678-2826

PREVIOUS ADDRESS: 121 Tillman Road unit 101 FROM 7/2013 TO 9/2016

PREVIOUS ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

(ATTACH ADDITIONAL PAGES IF NECESSARY)

18. State name and address of owner of the property (Land and Building) where the business will be located.

Tracy Waters, TNT Enterprises  
609 Brannen St, Statesboro, GA 30458

19. Is the commercial space where the business is to be located rented or leased?

Answer: YES  NO \_\_\_\_\_ If yes, state name of lessor or landlord and address, and provide a copy of the lease with this application.

\_\_\_\_\_  
\_\_\_\_\_

20. Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firm, company, corporation, or other entity.

Answer: YES \_\_\_\_\_ NO  If yes, give name of person or firm and address and amount of percentage of profits or receipts to be split.

\_\_\_\_\_  
\_\_\_\_\_

21. Is there anyone connected with this business that is not a legal resident of the United States and at least twenty-one (21) years of age?

Answer: YES \_\_\_\_\_ NO  If yes, give full details on separate sheet.

If anyone connected with this business is not a U.S. Citizen, can they legally be employed in the United States.

Answer: YES  NO \_\_\_\_\_ N/A \_\_\_\_\_ If yes, explain on a separate sheet and submit copies of eligibility.

22. Is there anyone connected with this business that has applied for a beer, wine, and/or liquor license from the City of Statesboro or other City or County in the State of Georgia, or other state or political subdivision and been denied such?

Answer: YES \_\_\_\_\_ NO  If yes, give full details on separate sheet.



23. Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category?

Answer: YES \_\_\_\_\_ NO  If yes, give full details on separate sheet

24. Is there anyone connected with this business that has been convicted within fifteen years immediately prior to the filing of this application with any felony or for whom outstanding indictments, accusations or criminal charges exist charging such individual with any of such offenses and for which no final disposition has occurred?

Answer: YES \_\_\_\_\_ NO  If yes, give full details on separate sheet, including dates, charges and disposition.

25. Is there anyone connected with this business that has been convicted within five years immediately prior to the filing of this application of the violation ( i ) of any state, federal or local ordinance pertaining to the manufacture, possession, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof; ( ii ) of a crime involving moral turpitude; or ( iii ) of a crime involving soliciting for prostitution, pandering, gambling, letting premises for prostitution, keeping a disorderly place, the traffic offense of hit and run or leaving the scene of an accident, or any misdemeanor or serious traffic offense?

Answer: YES \_\_\_\_\_ NO  If yes, give full details on separate sheet, including dates, charges and disposition.

26. Is there anyone connected with this business that has been convicted for selling alcohol to an under-age person within the last three (3) year period?

Answer: YES \_\_\_\_\_ NO  If yes, give full details on separate sheet.

27. Is there anyone connected with this business that is an official or public employee of the City of Statesboro, any State or Federal Agency, or whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax collecting activity ?

Answer: YES \_\_\_\_\_ NO  If yes, give full details on separate sheet.

28. Have you or the applicant had any vehicles, trailers, or property belonging to you or the company in which you or any of such persons have or had an interest in ever been seized, condemned or forfeited as contraband by the State of Georgia or United States for the reason the same was being used or intended for use in criminal activities.

Answer: YES \_\_\_\_\_ NO  If yes, give full details on separate sheet.

29. Will live nude performances or adult entertainment be a part of this business' operations?

Answer: YES \_\_\_\_\_ NO  If yes, the City of Statesboro Ordinance 6-164 prohibits alcohol in an establishment having adult entertainment.

I, Jan C. Munger, solemnly swear, subject to the penalties O.C.G.A. §16-10-20 as provided above which I have read and understood, that all information required in this APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES and supporting documents is true and correct to the best of my knowledge and I fully understand that any false information will cause the denial or revocation of any alcohol license issued by the City of Statesboro license. I also fully understand that knowingly providing false information under oath in this affidavit will subject me to criminal prosecution and possible imprisonment.

Jan C. Munger  
Print Full Name As Signed Below

[Signature]  
Signature of Applicant

owner  
Title

6/5/2019  
Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS

5 DAY OF June 20 19

[Signature]  
NOTARY PUBLIC (SEAL)  
My Commission Expires: 6-12-21

**Primos Italian Kitchen  
609 Brannen St Ste 9  
Statesboro, Ga 30458**

*Please enter your recommendations and comments with your full name.*

**Alcohol License Review**

**Department                  Full Name          Recommendation                          Comments**

<b>Planning &amp; Development</b>	Justin Williams	Approve	See Memo
<b>Fire Department</b>	Carlos Nevarez	Approve	Pick up Alcohol Max Occupancy Load Certificate from SFD
<b>Police Department</b>	Mike Broadhead	Approve	Background completed, no disqualifiers noted
<b>Legal</b>	Cain Smith	Approve	None

PLEASE BE ADVISED THAT KNOWINGLY PROVIDING FALSE OR MISLEADING INFORMATION ON THIS DOCUMENT IS A FELONY PURSUANT TO O.C.G.A. §16-10-20 WHICH STATES:

A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES  
CITY OF STATESBORO, GEORGIA

The undersigned applicant hereby applies to the City of Statesboro, Georgia for a license to sell alcoholic beverages within the corporate limits of the City of Statesboro. A non-refundable TWO HUNDRED dollar (\$200.00) application fee must be tendered with the application. (cash, credit card, certified check, or money order, checks should be made payable to the City of Statesboro.)

1. BUSINESS TRADE NAME: ALDI #85  
D/B/A Name

2. APPLICANT'S NAME: ALDI Inc. (Georgia)  
(Name of partnership, llc, corporation, or individual)

3. BUSINESS LOCATION ADDRESS: 270 Henry Boulevard, Statesboro, GA 30458 STE# \_\_\_\_\_

4. BUSINESS MAIL ADDRESS: 1597 Dry Pond Road

CITY: Jefferson STATE: GA ZIP CODE: 30549

5. LOCAL BUSINESS TELEPHONE NUMBER: (TBD) \_\_\_\_\_

CORPORATE OFFICE TELEPHONE NUMBER: (706) 387-7700

6. CONTACT NAME FOR BUSINESS: Shayna Berry

TELEPHONE NUMBER FOR CONTACT PERSON: (706) 387-7700

7. NAME OF MANAGER: Hali A. Lawless  
(Person responsible for Alcohol Licensing issues)

TELEPHONE NUMBER FOR MANAGER (404) 324-2825

ADDRESS OF MANAGER: 552 East Main Street, Apt. 2103 (move-in date 7/22/2019)  
(Street, Road, RFD No., P. O. Box No.)

CITY: Statesboro COUNTY: Bulloch STATE: GA ZIP: 30461

8. PURPOSE OF APPLICATION IS: (CHECK ALL THAT APPLY)

NEW MANAGER \_\_\_\_\_ NEW BUSINESS: X NEW OWNER: \_\_\_\_\_

PREVIOUS OWNER'S NAME: N/A

BUSINESS NAME CHANGE: N/A PREVIOUS BUSINESS NAME: \_\_\_\_\_

ADDRESS CHANGE: N/A PREVIOUS ADDRESS: \_\_\_\_\_

LICENSE CLASS CHANGE: BEER \_\_\_\_\_ WINE \_\_\_\_\_ LIQUOR \_\_\_\_\_ OTHER \_\_\_\_\_

9. INDICATE WHERE BUSINESS WILL BE LOCATED:

       Above Ground        X   Street or Ground Floor Level

SEC. 6-10(D) ANY PERSON WITHIN THE CITY OF STATESBORO WHO WORKS AS A BOUNCER, EITHER AS AN EMPLOYEE, AGENT, OR SUBCONTRACTOR WHOSE RESPONSIBILITIES IN AN ESTABLISHMENT THAT IS LICENSED TO SELL ALCOHOLIC BEVERAGES FOR ON-PREMISES CONSUMPTION SHALL HAVE THEIR ALCOHOLIC BEVERAGE SECURITY PERMIT ON THEIR PERSON AT ALL TIMES WHILE ACTING AS AN EMPLOYEE, AGENT OR SUBCONTRACTOR OF THE LICENSEE. AN ALCOHOLIC BEVERAGE SECURITY PERMIT SHALL BE READILY AVAILABLE FOR INSPECTION UPON THE REQUEST OF ANY STATESBORO POLICE DEPARTMENT OFFICER, CITY CODE ENFORCEMENT OFFICER, OR THE CITY MANAGER OR HIS DESIGNEE.

DOES ANY EMPLOYEE DESCRIBED IN THE ABOVE PARAGRAPH HAVE AN ALCOHOLIC BEVERAGE SECURITY PERMIT?        YES        X   NO (PERMIT SHALL BE OBTAINED FROM THE STATESBORO POLICE DEPARTMENT)

**CALCULATION OF BASIC LICENSE FEE:                      FOR CALENDAR YEAR            2019**

<u>CLASSIFICATION</u>	<u>(Mark All That Apply)</u>	<u>LICENSE FEE</u>
Class B, Retail Beer Package	<u>  X  </u>	875.00
Class C, Retail Wine Package	<u>  X  </u>	875.00
Class D, Retail Liquor by the Drink	<u>      </u>	1,425.00
Class E, Retail Beer by the Drink	<u>      </u>	1,425.00
Class F, Retail Wine by the Drink	<u>      </u>	1,425.00
Class G, Wholesale Liquor	<u>      </u>	1,500.00
Class H, Wholesale Beer	<u>      </u>	1,500.00
Class I, Wholesale Wine	<u>      </u>	1,500.00
Class J, Licensed Alcoholic Beverage Caterer	<u>      </u>	200.00
Class K, Brewer, Manufacturer of Malt Beverages Only	<u>      </u>	1,750.00
Class L, Broker	<u>      </u>	1,750.00
Class M, Importer	<u>      </u>	1,750.00
Class O, Manufacture on Wine Only	<u>      </u>	1,750.00
Sunday Sales Permit	<u>  X  </u>	300.00
In Room Service Permit	<u>      </u>	150.00

Georgia Law (O.C.G.A. Section 3-3-7) states: "The sale of alcoholic beverages is lawful for consumption on the premises on Sundays from 12:30 p.m. until 12:00 midnight in any licensed establishment which derives at least 50 percent of its total annual gross sales from the sale of prepared meals or food in all of the combined retail outlets of the individual establishment where food is served and in any licensed establishment which derives at least 50 percent of its total annual gross income from the rental of rooms for overnight lodging."

Sunday sales permit holders are subject to audit for compliance with State Law. Each establishment is required to maintain Financial Records on food sales and alcohol sales by separate business location to demonstrate compliance with State and Local Law.

TOTAL ANNUAL LICENSE FEE:                      \$       1,750.00      

PARTIAL YEAR CALCULATION IF APPLICABLE: \$       875.00

Special Event Permit 50.00  
 Distance Waiver Application Fee 150.00  
 Alcohol Beverage Control Security Permit(Permit Shall Be Obtained From The Statesboro Police Department) 50.00

10. TYPE OF BUSINESS: (CHECK ONE) \_\_\_\_\_ Individual  Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC

**(COMPLETE EITHER NUMBERS 11, 12 AND 13, AND/OR 14, 15 AND 16 IN THE SECTION BELOW)**

11. IF APPLICANT IS AN INDIVIDUAL: Attach copy of trade name affidavit.

FULL LEGAL NAME: N/A PHONE# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

HAVE YOU COMPLETED THE FINANCIAL AFFIDAVIT ATTACHED TO THIS APPLICATION? \_\_\_\_\_

12. IF APPLICANT IS A PARTNERSHIP, L.L.C., or L.L.P.: Attach trade name affidavit, if an LLC or LLP, attach a copy of certificate of LLC or LLP as filed with the Clerk of Superior Court and trade name affidavit, a copy of your operating agreement and/or partnership agreement as well as other documents listed below that establish ownership rights of members or partners.

NAME AND ADDRESS OF PARTNERSHIP, LLC, or LLP: N/A

DO YOU HAVE AN OPERATING AGREEMENT OR PARTNERSHIP AGREEMENT FOR THE LLC, LLP OR PARTNERSHIP? \_\_\_\_\_

IF NOT, WHAT DOCUMENTS ESTABLISH THE OWNERSHIP RIGHTS OF THE MEMBERS OR PARTNERS? \_\_\_\_\_

13. MEMBERS OF L.L.C. and/or PARTNERS:

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ 875.00

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

HAS EACH MEMBER OR PARTNER COMPLETED A FINANCIAL AFFIDAVIT TO ATTACH TO THIS APPLICATION? \_\_\_\_\_

(ATTACH ADDITIONAL PAGES IF NECESSARY)

CORPORATION-STOCKHOLDERS: All corporate applicants who are corporations shall list the names and address of all stockholders and the percentage of stock owned by each. If a named stockholder therein is another corporation, the same information shall be given for the Stockholding Corporation. If, during the life of the license, the identity of the stockholders or their percentage of ownership should change, that information shall be sent to the Finance Department.

14. **IF APPLICANT IS A CORPORATION:** Attach a copy of the articles of incorporation, trade name affidavit, current annual corporation registration with the Georgia Secretary of State, as well as the bylaws, the shareholders agreement, and other documents listed below that identify ownership rights.

NAME OF CORPORATION: ALDI Inc. (Georgia)  
(Name shown exactly as in Articles of Incorporation or Charter)

HOME OFFICE: 1597 Dry Pond Road, Jefferson, GA 30549

MAIL ADDRESS IF DIFFERENT: N/A

DATE AND PLACE OF INCORPORATION: 09/06/2000; Georgia

DO YOU HAVE A SHAREHOLDERS AGREEMENT? No

IF NOT, WHAT DOCUMENTS ESTABLISH THE OWNERSHIP RIGHTS OF THE SHAREHOLDERS? Stock Certificate  
and Georgia Election of Directors

15. OFFICERS:

FULL LEGAL NAME: Terry Edward Pfortmiller PHONE# (706) 387-7700

HOME ADDRESS: 40W657 Prairie Crossing

CITY: Elgin STATE: IL ZIP CODE: 60124

RACE: Caucasian SEX: Male BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

% STOCK OWNED: 0% OFFICE HELD: Secretary/Treasurer

FULL LEGAL NAME: Shaun Michael O'Keefe PHONE# (706) 387-7700

HOME ADDRESS: 2359 Weeping Oak Drive

CITY: Braselton STATE: GA ZIP CODE: 30517

RACE: Caucasian SEX: Male BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

% STOCK OWNED: 0% OFFICE HELD: Vice President

FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
 % STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_  
 FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
 % STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_  
 (ATTACH ADDITIONAL PAGES IF NECESSARY)

16. STOCKHOLDERS (If Different from Officer Names)

FULL LEGAL NAME: ALDI Inc. PHONE# (630) 879-8100  
 HOME ADDRESS: 1200 N. Kirk Rd.  
 CITY: Batavia STATE: IL ZIP CODE: 60510  
 RACE: N/A SEX: N/A BIRTHDATE: N/A SOCIAL SECURITY NO: 42-1051659  
 % STOCK OWNED: 100% OFFICE HELD: Shareholder  
 FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
 % STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_  
 FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
 % STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_  
 FULL LEGAL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_  
 % STOCK OWNED: \_\_\_\_\_ OFFICE HELD: \_\_\_\_\_

HAS EACH OFFICER AND SHAREHOLDER COMPLETED THE FINANCIAL AFFIDAVIT ATTACHED TO THIS APPLICATION?  
Yes

(ATTACH ADDITIONAL PAGES IF NECESSARY)

17. If there is any individual or officer, who has resided at his current address less than five (5) years, complete information below.

NAME: Shaun M. O'Keefe PHONE# (214) 535-8118

PREVIOUS ADDRESS: 39W582 Henry David Thoreau Place, St. Charles, IL 60175 FROM 2016 TO 2018

PREVIOUS ADDRESS: 6059 Palomino Drive, Allentown, PA 18106 FROM 2012 TO 2016

PREVIOUS ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

FULL NAME: \_\_\_\_\_ PHONE# \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

(ATTACH ADDITIONAL PAGES IF NECESSARY)

18. State name and address of owner of the property (Land and Building) where the business will be located.

Statesboro Crossing, LLC - 2030 Hamilton Place Boulevard, Suite 500, Chattanooga, TN 37421

19. Is the commercial space where the business is to be located rented or leased?

Answer: YES  NO \_\_\_\_\_ If yes, state name of lessor or landlord and address, and provide a copy of the lease with this application.

Landlord/Lessor: Statesboro Crossing, LLC - 2030 Hamilton Place Boulevard, Suite 500, Chattanooga, TN 37421

20. Does any person or firm have any interest in the proposed business as a silent, undisclosed partner or joint venture; or has anyone agreed to split the profits or receipts from the proposed business with any persons, firm, company, corporation, or other entity.

Answer: YES \_\_\_\_\_ NO  If yes, give name of person or firm and address and amount of percentage of profits or receipts to be split.

N/A

21. Is there anyone connected with this business that is not a legal resident of the United States and at least twenty-one (21) years of age?

Answer: YES \_\_\_\_\_ NO  If yes, give full details on separate sheet.

If anyone connected with this business is not a U.S. Citizen, can they legally be employed in the United States.

Answer: YES \_\_\_\_\_ NO \_\_\_\_\_ N/A  If yes, explain on a separate sheet and submit copies of eligibility.

22. Is there anyone connected with this business that has applied for a beer, wine, and/or liquor license from the City of Statesboro or other City or County in the State of Georgia, or other state or political subdivision and been denied such?

Answer: YES  NO \_\_\_\_\_ If yes, give full details on separate sheet. Please see attached Exhibit "A"



23. Is there anyone connected with this business who holds another alcohol license in any retail category or any license under any wholesale category?

Answer: YES X NO \_\_\_\_\_ If yes, give full details on separate sheet. Please see attached Exhibit "B" for a list of related businesses of ALDI Inc. (Georgia)

24. Is there anyone connected with this business that has been convicted within fifteen years immediately prior to the filing of this application with any felony or for whom outstanding indictments, accusations or criminal charges exist charging such individual with any of such offenses and for which no final disposition has occurred?

Answer: YES \_\_\_\_\_ NO X If yes, give full details on separate sheet, including dates, charges and disposition.

25. Is there anyone connected with this business that has been convicted within five years immediately prior to the filing of this application of the violation ( i ) of any state, federal or local ordinance pertaining to the manufacture, possession, transportation or sale of malt beverages, wine, or intoxicating liquors, or the taxability thereof; ( ii ) of a crime involving moral turpitude; or ( iii ) of a crime involving soliciting for prostitution, pandering, gambling, letting premises for prostitution, keeping a disorderly place, the traffic offense of hit and run or leaving the scene of an accident, or any misdemeanor serious traffic offense?

Answer: YES \_\_\_\_\_ NO X If yes, give full details on separate sheet, including dates, charges and disposition.

26. Is there anyone connected with this business that has been convicted for selling alcohol to an under-age person within the last three (3) year period?

Answer: YES X NO \_\_\_\_\_ If yes, give full details on separate sheet. Please see attached Exhibit "C" for a list of underage sale violations of ALDI Inc. (Georgia)

27. Is there anyone connected with this business that is an official or public employee of the City of Statesboro, any State or Federal Agency, or whose duties include the regulation or policing of alcoholic beverages or licenses, or any tax collecting activity ?

Answer: YES \_\_\_\_\_ NO X If yes, give full details on separate sheet.

28. Have you or the applicant had any vehicles, trailers, or property belonging to you or the company in which you or any of such persons have or had an interest in ever been seized, condemned or forfeited as contraband by the State of Georgia or United States for the reason the same was being used or intended for use in criminal activities.

Answer: YES \_\_\_\_\_ NO X If yes, give full details on separate sheet.

29. Will live nude performances or adult entertainment be a part of this business' operations?

Answer: YES \_\_\_\_\_ NO X If yes, the City of Statesboro Ordinance 6-164 prohibits alcohol in an establishment having adult entertainment.

I, Hali A. Lawless, solemnly swear, subject to the penalties O.C.G.A. §16-10-20 as provided above which I have read and understood, that all information required in this APPLICATION FOR LICENSE TO SELL ALCOHOLIC BEVERAGES and supporting documents is true and correct to the best of my knowledge and I fully understand that any false information will cause the denial or revocation of any alcohol license issued by the City of Statesboro license. I also fully understand that knowingly providing false information under oath in this affidavit will subject me to criminal prosecution and possible imprisonment.

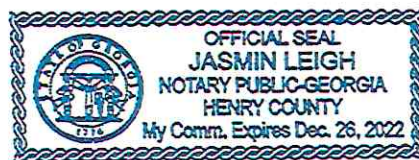
Hali A. Lawless  
Print Full Name As Signed Below

Hali Lawless Manager  
Signature of Applicant Title  
6-20-19  
Date

SWORN TO AND SUBSCRIBED BEFORE ME THIS

20<sup>th</sup> DAY OF June 2019

Jasmin Leigh  
NOTARY PUBLIC (SEAL)  
My Commission Expires: 12/26/22



**Aldi Inc**  
**270 Henry Blvd**  
**Statesboro, Ga 30458**

*Please enter your recommendations and comments with your full name.*

**Alcohol License Review**

**Department                  Full Name          Recommendation                          Comments**

<b>Planning &amp; Development</b>	Justin Williams	Approve	See Attached Memo
<b>Fire Department</b>	Carlos Nevarez	Approve	Location under construction
<b>Police Department</b>	Mike Broadhead	Approve	Background complete, no disqualifiers noted
<b>Legal</b>	Cain Smith	Approve	None

# CITY OF STATESBORO



## COUNCIL

Phil Boyum, District 1  
Sam Jones, District 2  
Jeff Yawn, District 3  
John Riggs, District 4  
Derek Duke, District

Jonathan McCollar, Mayor  
Charles Penny, City Manager  
Sue Starling, City Clerk  
I. Cain Smith, City Attorney

50 EAST MAIN STREET • P.O. Box 348  
STATESBORO, GEORGIA 30459-0348

**To:** Charles Penny, City Manager  
**From:** Darren Prather, Central Services Director  
**Date:** July 29th, 2019  
**RE:** Recommendation: General Liability and Workers Comp Insurance Renewal

### Recommendations:

We recommend the renewal for the provision of general liability insurance be awarded to Travelers in the amount of \$524,609.00 and we recommend Bitco to be awarded the renewal for the provision of workers compensation insurance in the amount of \$288,323.00. This coverage, if approved, will begin on August 14, 2019 and will provide coverage for the term of one year.

### Background:

The City of Statesboro is in the second year of a three-year contract with Glenn Davis and Associates that serves as our general liability and workers compensation insurance brokers. They are responsible for shopping the market for renewals as well as assisting Human Resources and the Central Services in the yearly management of these two insurance program areas. These two areas of coverage involve general liability (property/vehicles/equipment, personnel) coverage and workers compensation coverage. An umbrella coverage of \$5,000,000 is also included in this package as well. This coverage extends over both the general liability and workers compensation areas and will be provided by Travelers. Following, is a comparison of last year's premiums and the premiums recommended for this year's renewal. The coverage limits provided by these policies are \$2,000,000 aggregate and \$1,000,000 per occurrence for the general liability policy and a \$1,000,000 aggregate for the workers compensation policy. The \$5,000,000 umbrella policy provided by Travelers will extend over both the general liability policy as well as the workers compensation policy per an agreement between Travelers and Bitco. This provides a potential maximum coverage amount of \$7,000,000 for general liability insurance and \$6,000,000 for workers compensation insurance.

### 2018-2019 Premiums

General Liability	\$493,126.00
Workers Compensation	\$383,882.41
Total	\$877,008.41

### 2019-2020 Premiums

General Liability	\$524,609.00
Workers Compensation	\$288,323.00
Total	\$812,932.00

**Note:** The initial premium for 2018-2019 produced a total of \$800,045 (\$480,143 General Liability and \$319,902 Workers Compensation). For the purpose of an accurate comparison, the 2018-2019 premiums have been adjusted to allow for added vehicles/equipment and the recent change in our payroll amount.

The 2019-2020 premium represents an offering from Travelers (current carrier) for our general liability coverage and from Bitco for our workers compensation coverage. Our current carrier for workers compensation coverage is Travelers who offered a renewal premium of \$389,149.00 versus the offer from Bitco of \$288,323.00 (included in above 2019-2020 Total). Both of these carriers have a high market rating by the insurance industry.

**Council Person and District:** All

**Attachments:** Recommendation Letter from Insurance Consultant/Glenn Davis

Georgia Municipal Association City of Excellence · Certified City of Ethics  
Telephone: (912) 764-5468 · Fax: (912) 764-4691 · email: cityhall@statesboroga.net

Recommendations

For 2019-2020 term

The Workers Compensation has been quoted with both Travelers (the incumbent) and BITCO for the 2019-2020 policy term. Using the same payrolls and class codes, BITCO is \$100,826.00 lower than Travelers on the renewal. BITCO is an A+ Superior rated company with AM Best Rating. Travelers has an A++ rating. Both BITCO and Travelers offer quarterly site visits, safety management development, training for management, supervisors and employees, self-inspection programs, training materials, and loss summary/analysis reports. BITCO and Travelers both have a great reputation in the industry for handling claims and for their Risk Control programs. BITCO and Travelers have offered to meet with the City during the year to review your opened and closed claims as needed. Travelers' claims are handled in house, and BITCO's are handled by a third party.

Currently, most of BITCO's rates are significantly lower than Travelers rates on the Workers Compensation. This not only helps the City save money during the policy term, but it also helps with the future audits.

Our agency knows that both Travelers and BITCO are a good fit for the City; however, BITCO has offered a competitive quote which would make it difficult for the City to not consider moving.

In regards to the Property and Liability renewal, we feel that Travelers has the most competitive quote, and offers the best coverages and premium.



Sean Davis



Timothy E. Grams  
Fire Chief

# Statesboro Fire Department

*Proudly serving the City of Statesboro and  
surrounding communities since 1905!*



Jonathan M. McCollar  
Mayor

---

## City Council Agenda Memorandum

**To:** Charles Penny, City Manager

**From:** Timothy E. Grams, Fire Chief

**Date:** 7-29-2019

**RE:** Mutual Aid Agreement with Claxton Fire Department

**Policy Issue:** N/A

**Recommendation:** Approval - Execution of the agreement requires Mayor and Fire Chief Signatures.

**Background:** Staff received a request from the City of Claxton to update a Mutual Aid Agreement for Fire Services. Agreement was reviewed by staff and recommends approving agreement.

**Budget Impact:** N/A

**Council Person and District:** All

**Attachments:** Mutual Aid Agreement supplied by City of Claxton Fire Department and accompanying letter.



## Claxton Fire Department

**CHIEF JASON STONE**

204 W. RAILROAD ST.

P.O. BOX 829

CLAXTON, GA. 30417

Phone 912-739-3111

Fax 912-739-9811



June 27, 2019

Dear Chief,

The Claxton Fire Department is interested in entering into a or extending the existing mutual aid agreement for fire services that I feel is mutually beneficial to our communities and I have attached a copy of this agreement for your review.

If this agreement is acceptable, please sign the original, make a copy for yourself and return the original to me.

Thank you for your time and consideration in this matter.

If I can ever assist you or your staff in any way please do not hesitate to call.

Sincerely,

Chief Jason Stone  
Claxton Fire Department

**Mutual Aid Agreement  
Claxton Fire Department and  
Statesboro Fire Department**

I. DURATION

This agreement, entered into by and between the **Claxton Fire Department** and the **Statesboro Fire Department** shall be in full force and effect and binding upon the parties hereto upon execution of this agreement and shall continue in full force and effect for a period of two (2) years. At the end of the two (2) year period this agreement shall continue in force on a year to year basis, for an indefinite term, until terminated by the parties. Any party desiring to terminate or modify this agreement shall notify the other party of this intent in writing ninety (90) days before the date upon which the party intends to withdraw or request changes in this agreement.

II. PURPOSE

The parties hereto, by their respective Chief's hereby find and declare:

- 1) **WHEREAS**, the **Claxton Fire Department** and the **Statesboro Fire Department**, parties to this agreement desire to provide aid and assistance to each other in times of disasters, including but not limited to fire, flood, tornadoes and other acts of God; and
- 2) **WHEREAS**, the parties, hereto, individually and collectively are in danger of and susceptible to disaster, including but not limited to fire, flood, tornadoes and other acts of God;
- 3) **WHEREAS**, it would be for the mutual benefit and advantage of all concerned to counter disaster, casualty, or other calamities through greater cooperation, pooling of resources, and the exchange of expertise and manpower.
- 4) **WHEREAS**, each fire department shall provide mutual aid assistance to the requesting agency except when;  
In the opinion of the Fire Chief or Ranking Officer, it is impossible to do so on account of other possible fire or situations within its own area, broken apparatus, manpower conditions, dangerous highways or other limiting conditions.
- 5) **WHEREAS**, it is understood and agreed by all parties of this agreement that the agency requesting assistance will be the agency in command of the situation and that the ranking officer from the agency providing mutual aid assistance will remain in charge over that agency's manpower and equipment.

III. LIABILITY

It is agreed that each party of this agreement will provide and/or continue in full force its own workmen's compensation coverage and retirement benefits of that agency (if provided by the agency) while their employee's are providing mutual aid assistance.

It is further agreed that nothing in this agreement shall be construed to impose civil liability on the requesting agency, who acts in good faith and without malice, for or on account of injury and/or damages resulting to personnel or equipment of the assisting agency.

It is understood and agreed that the assisting agency or any of that agency's employees providing mutual aid assistance while acting in good faith and without malice, shall not render themselves liable and are hereby relieved of all liability for or on account of injury and/or damages resulting to personnel or equipment of the requesting agency.

**THEREFORE**, this agreement is entered in to and in full force on the date of the last signing authority.

  
\_\_\_\_\_  
**Jason Stone, Chief**  
**Claxton Fire Department**

5-27-19  
**Date**

  
\_\_\_\_\_  
**Terry Branch, Mayor**  
**City of Claxton**

5-27-19  
**Date**

\_\_\_\_\_  
**Tim Grams, Chief**  
**Statesboro Fire Department**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Jonathan M. McCollar, Mayor**  
**City Of Statesboro**

\_\_\_\_\_  
**Date**





Timothy E. Grams  
Fire Chief

# Statesboro Fire Department

*Proudly serving the City of Statesboro and  
surrounding communities since 1905!*



Jonathan M. McCollar  
Mayor

---

## City Council Agenda Memorandum

**To:** Charles Penny, City Manager

**From:** Timothy E. Grams, Fire Chief

**Date:** 7-29-2019

**RE:** Resolution allowing Fourth State Productions use of the Statesboro Fire Department Training Facilities

**Policy Issue:** N/A

**Recommendation:** Approval

**Background:** The Fire Department received a request from Fourth State Productions to utilize the FD Training Facilities located at 301 North for a production project. Fourth State Productions has submitted all required documentation and information which has been reviewed by the City Attorney.

**Budget Impact:** N/A

**Council Person and District:** All

**Attachments:** Resolution Allowing Fourth State Productions use of the FD Training Facilities, a signed copy of the Hold Harmless Agreement and Certificate of Liability Insurance.

**Resolution Regarding Allowing Forth State Productions Use Of The Statesboro Fire Department Training Facilities**

**RESOLUTION NO. 2019-27**

**A RESOLUTION ALLOWING FORTH STATE PRODUCTIONS USE OF THE STATESBORO FIRE DEPARTMENT TRAINING FACILITIES**

**WHEREAS** Fourth State Productions has requested the use of the Statesboro Fire Department Training Center Facilities located at 301 North for dates and times to be determined between August 8<sup>th</sup>, 2019 and November 30<sup>th</sup>, 2019;

**WHEREAS** Dates and times requested by Fourth State Productions to utilize said facilities will be approved by the Fire Chief or their designee;

**WHEREAS** Fourth State Productions agrees to adhere to rules, regulations and terms set forth by the Statesboro Fire Department while using Training Facilities and/or on the Training Facility property;

**WHEREAS** Fourth States Productions has provided Certificate of Liability Insurance with the City of Statesboro as the named Certificate Holder;

**WHEREAS** Fourth State Productions has signed a Hold Harmless Agreement as well as acknowledges responsibility and obligations for any damages sustained as a result of their use of the Training Facilities; and

**WHEREAS** Fourth State Productions agrees to pay applicable fees for the use of said training facilities as negotiated and approved by the Statesboro Fire Department;

**BE IT RESOLVED** by the City Council of the City of Statesboro, Georgia while in regular session on August 6, that Fourth State Productions are granted access and use of the Statesboro Fire Department Training Facilities located at 301 North, Statesboro during dates and times approved by the Statesboro Fire Department for fees negotiated and/or assessed by the Statesboro Fire Department.

City of Statesboro, Georgia

\_\_\_\_\_  
Jonathan J McCollar, Mayor

Attest:

\_\_\_\_\_  
Sue Starling, City Clerk



Timothy E. Grams  
Fire Chief

# Statesboro Fire Department

*Proudly serving the City of Statesboro and  
surrounding communities since 1905!*



Jonathan M. McCollar  
Mayor

## Hold Harmless Agreement – Training Facilities

Fourth State Productions agrees to indemnify and hold harmless the Statesboro Fire  
(Individual, Organization, Agency/Department)

Department and the City of Statesboro, Georgia and its employees and agents from any and all liability and/or claims for all and any types of personal injury, property or other damages, including attorney's fees and costs arising out of the use or occupancy of the fire training premises controlled by the Statesboro Fire Department located on 301 North. Fourth State Productions acknowledges its responsibility to ensure the safety of its equipment and certifies that its personnel or members, whether voluntary or employed, are physically able and have satisfied any conditions necessary to participate in the training exercises at the Statesboro Fire Department Training Facility.

Fourth State Productions hereby certifies that it shall be responsible for any damages sustained to the Training Facility premises, furniture or equipment because of the occupancy and/or use of said premises by Fourth State Productions. Fourth State Productions agrees to abide by and enforce the rules, regulations and policies of the Training Facility.

Participant Name (Print): Sam Lucchese  
(Individual or Authorized Representative Organization, Agency/Department)

Participant Signature: [Signature]  
(Individual or Organization, Agency/Department Authorized Representative)

Signed this 26<sup>th</sup> day of July 2019



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/25/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Integro USA Inc. 1 State Street Plaza 9th Floor New York NY 10004	<b>CONTACT NAME:</b> Jessica Martinez <b>PHONE (A/C No. Ext):</b> 212-702-3326 <b>E-MAIL ADDRESS:</b> jessica.martinez@integrogrou.com	<b>FAX (A/C, No):</b> 212-702-3376
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> ITVAMER-HN ITV US Holdings, Inc & its subsidiaries including Fourth State Productions Inc 460 West 34th Street 16th floor New York NY 10001	<b>INSURER A:</b> QBE Insurance Corporation <b>NAIC #</b> 39217	
	<b>INSURER B:</b> General Casualty Company Wisconsin <b>NAIC #</b> 24414	
	<b>INSURER C:</b> Federal Insurance Company <b>NAIC #</b> 20281	
	<b>INSURER D:</b> Allianz Global Corporate & Specialty (lead)	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**

CERTIFICATE NUMBER: 1718041995

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	CGA1232808	06/28/2019 12:01 am	06/28/2020 12:01 am	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> Phys Damage <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	CBA1232808 Auto Physical Damage At Actual Cash Value at the time of loss Deductible \$3,000	06/28/2019 12:01 am	06/28/2020 12:01 am	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Phys Damage \$ ACV
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y	Y	CCU1232808	06/28/2019 12:01 am	06/28/2020 12:01 am	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	79941130	03/01/2019 12:01 am	03/01/2020 12:01 am	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Production Equipment Props/Sets/Wardrobe Third Party Property Damage			GBP000782116 Transit \$2,000,000	06/29/2019	06/28/2020	Each Limit 5,000,000 Deductible 5,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

The Certificate Holder(s) are hereby included as Additional Insured on a primary and non-contributory basis with a waiver of subrogation in favor of the Additional Insureds where required by written contract, agreement or permit with the Named Insured. Certificate holder is also included as a Loss Payee under the property policy but only as respects to their agreement with the Named Insured. A 30 Day Notice of Cancellation is provided where required by written contract. No unattended vehicle exclusion applies.

**CERTIFICATE HOLDER****CANCELLATION**

City Of Statesboro  
 50 E. Main Street  
 Statesboro GA 30458  
 United States

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2014 ACORD CORPORATION. All rights reserved.