



**Bulloch County
Board of
Commissioners
Regular Meeting**

**05.19.2015
Estimated Time: 45 Minutes
North Main Annex Community Room
Statesboro, Georgia
8:30 AM**

Meeting Function:	Board of Commissioners	Type of Meeting:	Regular Meeting
Meeting Chair:	Chairman, Garret Nevil (Presiding)	Recorder:	Clerk of the Board, Olympia Gaines
Parliamentarian:	County Attorney, Jeff Akins	Ex-Officio:	Tom Couch, County Manager; Andy Welch, Assistant County Manager; Whitney Richland, Chief Financial Officer, Kristie King, Chief Accountant, Cindy Steinmann Management Analyst, Chief Deputy Jared Akins

General Business Agenda

ITEM	RESOURCE PERSON/FACILITATOR	TIME	REFER
Call to Order; Welcome Media and Visitors	Chairman Nevil	8:30 AM	
Invocation and Pledge of Allegiance	County Manager	8:32 AM	
Roll Call	Clerk of the Board	8:34 AM	
Approval of General Agenda	Chairman Nevil	8:36 AM	
Public Comments	Audience	8:38 AM	
Consent Agenda	Chairman	8:40 AM	
To approve the minutes of the Regular Meeting and Executive Session held on May 5, 2015.	Clerk of the Board		Tab A
To approve a Transfer of Alcoholic Beverage License for Retail beer, wines and distilled spirits by the drink to Darin Van Tassel Forest Heights Country Club located at 3772 Country Club Road Statesboro, Georgia 30458	Clerk of the Board		Tab B
To adopt a resolution to approve Stop-Loss Insurance for Health Plan	County Manager/Human Resources/Legal		Tab C
To authorize a renewal and update of a mutual aid agreement	Public Safety/Fire		Tab D
To approve Inmate Excess Loss Medical Insurance	Legal/Sheriff/BCCI		Tab E
New Business		8:45 AM	
Discussion/ Action: To approve an alcohol beverage license for retail beer and wine sales to Shiva's Food (Niren Patel & Cassandra Wiggins) located at 10941 Highway 301 South Statesboro, Georgia 30458	Clerk of the Board	8:50 AM	Tab F
Discussion/Action: To approve suspension/revocation of Alcoholic Beverage License for Clito Store located at 5901 Georgia Highway 24 Statesboro, Georgia 30458	Clerk of the Board	8:55 AM	Tab G
Commission and Staff Comments	Chairman Nevil, et al.	9:00 AM	
Adjourn	Chairman Nevil	9:10 AM	

Additional Information: None

Background information in Board packets.

May 5, 2015
Statesboro, GA

Regular Meeting

The Board of Commissioners met at 5:30 pm in the Community Room of the North Main Annex. Chairman Nevil welcomed guests and called the meeting to order. Commissioner Gibson gave the invocation and Pledge of Allegiance.

Mrs. Olympia Gaines, Clerk of the Board, performed the roll call of the commissioners and staff. The following commissioners were present: Chairman Nevil, Commissioner Simmons, Commissioner Mosley, Commissioner Rushing, Commissioner Thompson, Commissioner Gibson, and Commissioner Ethridge. The following staff were present: County Manager Tom Couch, County Attorney Jeff Akins, Assistant County Manager Andy Welch, Chief Financial Officer Whitney Richland, Zoning Administrator Randy Newman, Solid Waste Director Fred White, Statesboro-Bulloch County Airport Director Kathy Boykin, Management Analyst Cindy Steinmann, EMS Director Doug Vickers, Captain Otto Lewis, and Warden Chris Hill.

Chairman Nevil stated the first item of business was the approval of the Zoning Agenda. Commissioner Simmons offered a motion to approve the Zoning Agenda as presented. Commissioner Ethridge seconded the motion and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Mosley, Commissioner Simmons, and Commissioner Ethridge all voting in favor of the motion.

Chairman Nevil called on Zoning Administrator Randy Newman to present the first item of business. Mr. Newman presented item #1 which was an application submitted by Doris Miller to rezone a 5.57 acre parcel from AG-5 to R-80. The property is located on Ash Branch Church Road, parcel number 154 000045 003. There was no one signed up to speak on this request (See Exhibit #2015-054). Hearing no further discussion, Commissioner Gibson offered a motion to approve the rezone request as presented. Commissioner Rushing seconded the motion and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Mosley, Commissioner Simmons, and Commissioner Ethridge all voting in favor of the motion.

Mr. Newman presented item #2 which was for an application submitted by Bulloch County for a conditional use for an Air Ambulance Service. The property consists of 1.75 acres

and is located on Hwy 67, parcel number 092 000011B001. Air Evac EMS is acting as agent. There were two people signed up to speak (See Exhibit #2015-055). Commissioner Thompson asked Ms. Whitney Miller if there would be a security fence around the site. Ms. Miller stated that they would be glad to add a fence at the expense of Air Evac. Commissioner Thompson asked if the facility would have 24 hour coverage. Ms. Miller confirmed that the facility would have 24 hour coverage. Ms. Miller and Mr. Jaime Roberts both stated they are able to work along with any specific aesthetic or landscaping requirements. Mr. Akins informed the Board and staff that requirements such as fencing and landscaping can be placed within the lease as the County owns the property. After some discussion, Commissioner Thompson offered a motion to approve the conditional use request as presented. Commissioner Simmons seconded the motion and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Mosley, Commissioner Simmons, and Commissioner Ethridge all voting in favor of the motion.

Chairman Nevil asked for changes or modifications of the General Agenda. Mr. Couch asked to modify the agenda by removing item #4 under the Consent Agenda to item #3 under New Business. Commissioner Ethridge offered a motion to approve the General Agenda with modifications requested by Mr. Couch. Commissioner Thompson seconded the motion and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Mosley, Commissioner Simmons, and Commissioner Ethridge all voting in favor of the motion.

Chairman Nevil asked for public comments from the audience at large or in writing. Mr. Thurmond Tillman, Partnership Specialist with the U.S. Census Bureau, presented information on the initiative supporting the Census Bureau's 2015 Census Test.

Hearing no additional comments from the audience at large, Chairman Nevil stated the next item on the agenda was to approve the Consent Agenda as follows: (1) approve the minutes of the Regular Meeting and Executive Session held on April 21, 2015; (2) to authorize the County Manager to execute an agreement with the Georgia Department of Corrections for the FY2016 Intergovernmental Agreement regarding State Inmates (See Exhibit #2015-056); (3) to authorize the execution of an agreement for compliance auditing with PRA Government Services, LLC d/b/a RDS (See Exhibit #2015-057); (4) to adopt a resolution to enter into a contract to accept state and federal funding (See Exhibit #2015-058); (5) to authorize an award

and contract to the lowest responsive and responsible bidder for construction of a T-Hangar (See Exhibit #2015-059). Without further discussion, Commissioner Simmons offered a motion to approve the Consent Agenda as presented. Commissioner Ethridge seconded the motion and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Mosley, Commissioner Simmons, and Commissioner Ethridge all voting in favor of the motion.

Chairman Nevil stated the first item under New Business was for Discussion and/or Action to adopt a resolution authorizing an application for regional transit funding. Chairman Nevil called on Mr. Couch to initiate discussion on the matter. Mr. Couch stated it has not been determined what the local match requirement will be and determination of funding for the local match is subject to approval in the county budget process. Mr. Couch stated that budget interviews with various departments and outside agencies were underway and the Coastal Regional Commission was scheduled for a budget interview on May 21, 2015. He stated their budget request information will be forwarded to the Commissioners for review. Mr. Couch stated that passing the resolution merely allows for the Coastal Regional Commission to apply for funding. Hearing no further discussion, Commissioner Gibson offered a motion to adopt a resolution authorizing an application for regional transit funding (See Exhibit #2015-060). Commissioner Ethridge seconded the motion and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Mosley, Commissioner Simmons, and Commissioner Ethridge all voting in favor of the motion.

Chairman Nevil stated the next item under New Business was for Discussion and/or Action to adopt a resolution concerning the Board of Education's General Obligation Sales Tax Bonds, Series 2015. Chairman Nevil called on Mr. Marc Bruce, Attorney for the Board of Education, to initiate the discussion on this matter. Mr. Bruce stated that the BOE intends to issue bonds in the amount of \$1,725,000.00 that will be paid for with revenues generated from the E-SPLOST, and that the bond proceeds will be used for several capital projects. Mr. Bruce stated that the resolution is a formality and that Bulloch County will collect the E-SPLOST for the BOE, keep the an administrative fee, and then remit the balance to the BOE, which in turn will be used to service the debt on the bonds. After further discussion, Commissioner Ethridge offered a motion to adopt a resolution concerning the Board of Education's General Obligation Sales Tax Bonds, Series 2015 (See Exhibit #2015-061). Commissioner Thompson seconded the

motion, and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Mosley, Commissioner Simmons, and Commissioner Ethridge all voting in favor of the motion.

Chairman Nevil stated the next item under New Business was for Discussion and/or Action concerning nominees for the Hospital Authority Board of Directors. Chairman Nevil called on Mr. Couch to initiate the discussion. Mr. Couch stated that the Hospital Authority had submitted an application for Stephen Rushing to be considered as a nominee for Seat 2-A and 2-B after the Board had previously voted on nominees at the April 21, 2015 meeting. Mr. Couch asked the Board if they would like to have this matter presented in Executive Session for re-discussion or continue with the present nominees for Seat 2-A as Becky Livingston, Roger Doty, and Phillip Tremble, and for Seat 2-B as Roy Rountree, Verna Bennett, and Laura Daniels. After some discussion, Commissioner Thompson offered a motion to continue with the present nominees for Seat 2-A as Becky Livingston, Roger Doty, and Phillip Tremble, and for Seat 2-B as Roy Rountree, Verna Bennett, and Laura Daniels. Commissioner Gibson seconded the motion and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Mosley, Commissioner Simmons, and Commissioner Ethridge all voting in favor of the motion.

Chairman Nevil called for general comments or statements from the commissioners and staff. The commissioners thanked everyone for their attendance, thanked the staff for all their hard work and help with the budget process, thanked Mr. Tillman for his presentation on the Census 2015 Initiative, and thanked the finance department for all they have done and continue to do. Mr. Couch reminded everyone of the scheduled budget interviews and thanked the commissioners for being involved in the budget interviews. Chairman Nevil thanked everyone for all their efforts and stated that changes in various departments have been constructive and have created more efficiency for those departments and the County. Mr. Couch also asked the staff to remember Benjy Thompson with the Development Authority during his time of bereavement with the loss of his mother, as well as the family of Shannon Mikel, who recently passed away, during their time of bereavement.

Hearing no further comments from the Board or Staff, Chairman Nevil stated that there was no further business expected for the open session of the regular agenda and the Board must close the meeting and enter into Executive Session to discuss Personnel Matters. Chairman Nevil

called for a motion to adjourn into Executive Session in accordance with the provisions of O.C.G.A. § 50-14-3 (b) (2), and other applicable laws, pursuant to the advice of County Attorney Jeff Akins, for the purpose of discussing and deliberating on Personnel Matters. Without further discussion, Commissioner Gibson offered a motion to adjourn and enter into Executive Session to discuss and deliberate on Personnel Matters (See Exhibit #2015-062). Commissioner Rushing seconded the motion and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Simmons, Commissioner Mosley and Commissioner Ethridge voting in favor of the motion.

The meeting was reconvened, and Chairman Nevil asked if there were any further comments from the commissioners or staff. Hearing no further comments from the commissioners or staff, Chairman Nevil asked for a motion to adjourn. Commissioner Mosley offered a motion to adjourn the meeting. Commissioner Simmons seconded the motion, and it carried unanimously with Commissioner Gibson, Commissioner Thompson, Commissioner Rushing, Commissioner Simmons, Commissioner Mosley and Commissioner Ethridge voting in favor of the motion.

J. Garrett Nevil, Chairman

Attest: _____

Olympia Gaines, Clerk of the Board

**BULLOCH COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM SUMMARY**

DEPARTMENT MAKING REQUEST:

MEETING DATE: 05.19.2015

Public Safety: Sheriff, Administration: Clerk of the Board

RESOLUTION ATTACHED?

YES

NO

X

REQUESTED MOTION OR ITEM TITLE:

To grant transfer alcoholic beverage license for package retail beer, wine, and distilled spirits sales to Darin Van Tassel (licensee) of Forest Heights Country Club located at 3772 Country Club road Statesboro, Georgia.

SUMMARY/BACKGROUND ATTACH DETAILED SUMMARY, IF NEEDED:

There is no apparent reason to deny the application. Approval is recommended. Application is attached. Criminal history is attached.

AGENDA CATEGORY (CHECK ONE)		FINANCIAL IMPACT STATEMENT					
PRESENTATION		BUDGETED ITEM?	YES	N	AMENDMENT REQUIRED?	YES	
			NO			NO	X
PUBLIC HEARING		ATTACH DETAILED ANALYSIS, IF NEEDED:					
CONSENT	X						
NEW BUSINESS							
OLD BUSINESS							
OTHER							

APPROVED FOR AGENDA

DEPARTMENT DIRECTOR		PURCHASING OFFICER		OTHER		COUNTY CLERK		COUNTY STAFF ATTORNEY		COUNTY MANAGER	
YES		YES		YES		YES	✓	YES	✓	YES	✓
NO		NO		NO		NO		NO		NO	
INITIAL		INITIAL		INITIAL		INITIAL	DM	INITIAL	Jh	INITIAL	ll
DATE		DATE		DATE		DATE	5/14/15	DATE	5/14/15	DATE	5.14.2015

COMMISSION ACTION AND REFERRAL (Box 9)

APPROVED		DATE TO BE RETURNED TO AGENDA
DENIED		
DEFERRED		NOTES
OTHER		

Bulloch County Sheriff's Office



Lynn M Anderson
Sheriff

17257 Hwy 301 North
Statesboro, GA 30458
(912)764-8888
FAX (912)764-2376
www.bullochsheriff.com

The following information is furnished to the Bulloch County Board of Commissioners in regards to an application for a beer and wine license. This information is furnished by the Bulloch County Sheriff's Office for the purpose of the Board in their decision on the issuance of a license.

NAME: DARIN H VAN TASSELL

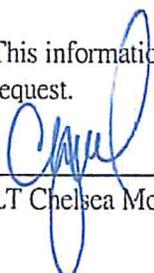
BUSINESS: FOREST HEIGHTS COUNTRY CLUB

LOCATION: 3772 COUNTRY CLUB RD

CRIMINAL HISTORY: NO CRIMINAL HISTORY

RESIDENCY: INSIDE BULLOCH COUNTY

This information is furnished to the Bulloch County Board of Commissioners for their information only at their request.



LT Chelsea Morgan

5-4-15

DATE



NOTARY PUBLIC

BULLOCH COUNTY, GEORGIA
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

YOU MUST COMPLETE APPLICATION IN ITS ENTIRETY

DATE OF APPLICATION 4/8/15 NEW _____ RENEWAL _____

Type of Business to be operated:

<input type="checkbox"/>	Retail beer and wine packaged only	\$1,500.00
<input type="checkbox"/>	Retail beer and wine by the drink (pouring license)	\$1,500.00
<input type="checkbox"/>	Retail liquor by the drink (pouring license)	\$3,000.00
<input type="checkbox"/>	Pouring license (beer, wine, and liquor)	\$4,500.00
<input type="checkbox"/>	Wholesale license	\$1,200.00
<input type="checkbox"/>	Farm Winery	\$2,250.00
<input type="checkbox"/>	Catering License (off premise)	\$ 500.00
<input checked="" type="checkbox"/>	Application Fee (<u>due upon returning application</u>)	\$ 250.00
<input type="checkbox"/>	Event Permit	\$ 50.00
<input checked="" type="checkbox"/>	License Transfers	\$ 250.00
<input type="checkbox"/>	Temporary Permit (all forms)	\$ 250.00

Total license fee (include the application fee) \$ _____

***Late Penalty ***

All renewal applications received after November 1 and before January 1 - 25% of license fee

All renewal applications received after January 1 - 50% of license fee

Applicant's full name Darin H. Van Tassell
Name of business Forest Heights Country Club, Inc.
Location of business 3772 Country Club Rd.
Type of business organization (Corporation, limited liability company, partnership, etc.)
Corp.
Business mailing address P.O. Box 995 - Statesboro 30459 Phone [REDACTED]
Applicant's home address 102 Lakewood Drive - Statesboro Phone [REDACTED]
Applicant's age 47 Date of birth [REDACTED] Social Security # [REDACTED]

Are you a resident U.S. Citizen?

YES NO

Are you a resident of Bulloch County?

YES NO

If "No", then you must designate a resident of Bulloch County who shall be responsible for any matter relating to the license (ie., a "designee"). If you are appointing a designee, provide the following information:

Designee's Name & Home Address _____

Designee's Home Phone _____ Designee's Age _____

Designee's Date of Birth _____ Designee's SS# _____

Are you the owner of the business?

YES NO

If "Yes", attach documentation demonstrating your ownership of the business, such as an Operating Agreement, Partnership Agreement, or Shareholder's Agreement.

If "No", what is your title or interest in the business? Treasurer - Board of Directors

List all partners, shareholders, members, or managers of the business below:

_____	_____
_____	_____
_____	_____
_____	_____

Attach a copy of your business's Certificate of Existence from the Secretary of State's office.

BE ADVISED THAT ANY PARTNER, SHAREHOLDER, MEMBER OR MANAGER LISTED ABOVE MUST COMPLETE A SEPARATE APPLICATION AND CONSENT FORM FOR A BACKGROUND CHECK AND IT IS YOUR RESPONSIBILITY TO ENSURE THIS IS DONE.

Has the applicant or designee been convicted of any crime(s) in the past 5 years?

YES NO

If "Yes", attach a detailed explanation to this application, and be sure to provide the date, jurisdiction, offense, and circumstances of the arrest/conviction.

Has the applicant or designee EVER been denied an alcoholic beverage license?

YES NO

If "Yes", attach a detailed explanation to this application, and be sure to provide the date, County or City, and circumstances of the denial.

Has the applicant or designee EVER had an alcoholic beverage license suspended or revoked?
YES _____ NO _____

If "Yes", attach a detailed explanation to this application, and be sure to provide the date, County or City, and circumstances of the suspension or revocation.

Approved _____ Rejected _____ This _____ day of _____, 20____.

Bulloch County Board of Commissioners

By: _____
J. Garrett Nevil, Chairman

Attest: _____
Olympia Gaines, Clerk

CONSENT FORM

I, Daren H. Van Tassell, hereby authorize the Bulloch County Sheriff's Department to release information on any criminal history record the State of Georgia or the Bulloch County Sheriff's Department might have access to concerning me to the Bulloch County Board of Commissioners and its agents or employees.

I hereby agree that the Bulloch County Sheriff's Department, the Georgia Crime Information Center, the employees of either agency, or any other agency or employees of the county, state or federal government, shall not be responsible or liable for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

FULL NAME: Darin H. Van Tassell
Print or Type

ADDRESS: 102 Lakewood Drive Statesboro GA 30450
Street Address City State Zip Code

SEX: Male RACE: W DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED]

[Signature]
Signature

4/8/15
Date

Sworn to and subscribed before me this 8th day of April, 2015.

[Signature]
Notary Public



**AFIS Responses for:
VANTASSELL, DARIN H TCN: 1655061011**

Message Type

Message Imported Date

DHS Resp

4/14/2015 9:00:21 AM

Message:

Subject: mfi TCN: 20151032087089992-1655061011 - FBI Identification Response
Message Date: 14 Apr 2015 09:00:19
LSTCN:1655061011

TYPE:mfi - FBI Identification Response
LS TCN:1655061011
GBI TCN:51032087089992
DATE/TIME:2015-04-14 09:00:18
OCA:
FBI NUMBER:
SID:
NAME:VANTASSELL,DARIN H
FBI IDENT:N
FBI RAPSHEET RESPONSE BELOW:

CIVIL APPLICANT RESPONSE

ICN E201510400000078928 CIDN OCA
VANTASSELL,DARIN H W 510 [REDACTED]
MNU SOC [REDACTED] SEX M
GA0160000 SHERIFF'S OFFICE
 STATESBORO GA 2015/04/13
A SEARCH OF THE FINGERPRINTS ON THE ABOVE
INDIVIDUAL HAS REVEALED NO PRIOR ARREST
DATA. CJIS DIVISION
2015/04/14 FEDERAL BUREAU OF INVESTIGATION

**AFIS Responses for:
VANTASSELL, DARIN H TCN: 1655061011**

Message Type

Message Imported Date

GA0160000
BULLOCH COUNTY
SHERIFF'S OFFICE
17257 HWY 301 N
STATESBORO,GA 30458

**AFIS Responses for:
VANTASSELL, DARIN H TCN: 1655061011**

<u>Message Type</u>	<u>Message Imported Date</u>
GBI Resp Message: Subject: mid TCN: 1655061011 - GBI Identification Response Message Date: 14 Apr 2015 08:56:52 LSTCN:1655061011 TYPE:mid LSTCN:1655061011 GBITCN:51032087089992 DATE/TIME:2015-04-14 08:56:51 NAME:VANTASSELL, DARIN H SID:NoRecord OTN: OCA: IDENT:NO GEORGIA CRIMINAL HISTORY IS AVAILABLE FOR THIS REQUEST	4/14/2015 8:56:59 AM
Submission Message: SUBMISSION DATE=4/13/2015 TCN=1655061011 NAM=VANTASSELL, DARIN H	4/13/2015 4:28:03 PM

Monday, May 04, 2015

Page 1

Response Key: .BUSX-

0923814 GA-CCH 20150504 13:50:28 20150504 13:50:27 2015055D99
IR.GASIR0000.GA0160001.

GEORGIA CRIMINAL HISTORY NAME AND IDENTIFIER SEARCH

REQUESTED BY:

DATE: 20150504 PUR: E ATTN: NEVILS/KCM

ARN: ALR FOREST HEIGHTS

RESPONSE DATE: 20150504

QUERY REQUESTED ON:

NAM/VANTASSELL, DARIN

DOB/ [REDACTED]

SEX/M

RAC/U

SOC/ [REDACTED]

NO RECORD FOUND

END OF RECORD

U^a

**BULLOCH COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM SUMMARY**

DEPARTMENT MAKING REQUEST (Box 1)		MEETING DATE (Box 2) May 19, 2015									
County Manager/Human Resources/Legal		RESOLUTION ATTACHED? (Box 3)				YES	X				
						NO					
REQUESTED MOTION OR ITEM TITLE (Box 4)											
Resolution to Approve Stop-Loss Insurance for Health Plan											
SUMMARY/BACKGROUND ATTACH DETAILED SUMMARY, IF NEEDED (Box 5)											
We have received final quotations for stop-loss insurance for the health plan for the 2015-2016 plan year. The attached resolution will approve the lowest and most advantageous proposal for stop-loss insurance for the 2015-2016 health plan year.											
AGENDA CATEGORY (CHECK ONE) (Box 6)			FINANCIAL IMPACT STATEMENT (Box 7)								
PRESENTATION (6a)			BUDGETED ITEM? (7a)		YES	X	AMENDMENT REQUIRED? (7b)	YES			
					NO			NO	X		
PUBLIC HEARING (6b)			ATTACH DETAILED ANALYSIS, IF NEEDED (7c)								
CONSENT (6c)			X								
NEW BUSINESS (6d)											
OLD BUSINESS (6e)											
OTHER (6f)											
APPROVED FOR AGENDA (Box 8)											
DEPARTMENT DIRECTOR		PURCHASING OFFICER		OTHER		COUNTY CLERK		COUNTY STAFF ATTORNEY		COUNTY MANAGER	
YES		YES		YES		YES	✓	YES	✓	YES	✓
NO		NO		NO		NO		NO		NO	
INITIAL		INITIAL		INITIAL		INITIAL OD		INITIAL Jga		INITIAL	
DATE		DATE		DATE		DATE 5/14/15		DATE 5/7/15		DATE 5.14.15	
COMMISSION ACTION AND REFERRAL (Box 9)											
APPROVED		DATE TO BE RETURNED TO AGENDA									
DENIED											
DEFERRED		NOTES									
OTHER											

STATE OF GEORGIA

COUNTY OF BULLOCH

THE BULLOCH COUNTY BOARD OF COMMISSIONERS

RESOLUTION # 2015 - ____

WHEREAS, Bulloch County sponsors a self-funded health plan for the benefit of its employees with a plan year commencing on July 1 and ending on June 30 each year; and

WHEREAS, a component of the health plan is stop-loss insurance to protect the health plan's fund from unanticipated excessive claims; and

WHEREAS, stop-loss insurance quotations have been received for the plan year commencing on July 1, 2015 and ending on June 30, 2016; and

WHEREAS, based on recommendations from the independent health insurance broker retained by Bulloch County to obtain and make recommendations regarding stop-loss insurance quotations, as well as recommendations from staff, it appears to the Bulloch County Board of Commissioners that it is advisable to accept the stop-loss insurance quotation from Reliance Standard Life Insurance Company with a specific deductible of \$100,000 as shown on Exhibit "A" attached hereto;

NOW THEREFORE, BE IT RESOLVED that the Bulloch County Board of Commissioners hereby accepts and approves the stop-loss insurance quotation from Reliance Standard Life Insurance Company with a specific deductible of \$100,000 as shown on Exhibit "A" attached hereto, and further authorizes the County Manager to execute the contract for said stop-loss insurance and to take all other actions and execute all other documents necessary to effectuate and implement said contract.

SO BE IT RESOLVED this 19th day of May, 2015.

BOARD OF COMMISSIONERS OF
BULLOCH COUNTY, GEORGIA

By: _____
J. Garrett Nevil, Chairman

Attest: _____
Olympia Gaines, Clerk

(SEAL)

Cost Summary

Prepared for Bulloch County Board of Commissioners

Date: May 1, 2015

Proposal Number: 3

Proposal Expiration Date: July 15, 2015

SPECIFIC EXCESS RISK INSURANCE

Coverages	Option 1	
	Medical, Rx Card	
Claim Basis		12/15
Annual Specific Deductible per Individual	\$	100,000
except for Riggs, Mae	\$	300,000
Annual Company Limit of liability		Unlimited
Lifetime Company Limit of liability		Unlimited
Quoted Rate Per Month	<u>Enrollment</u>	
Single	158 \$	64.10
Family	128 \$	169.66
Estimated Annual Premium	\$	382,131
Quoted Rate(s) includes Commissions of		0.00%

AGGREGATE EXCESS RISK INSURANCE

Coverages	Option 1	
	Medical, Rx Card	
Claim Basis		12/15
Loss Limit per Individual	\$	100,000
Annual Company Limit of Liability	\$	1,000,000
Rate Per Month	<u>Enrollment</u>	
Composite	286 \$	5.13
Estimated Annual Premium	\$	17,606
Rate(s) includes Commissions of		0.00%
Annual Aggregate Deductible	\$	4,533,809
Minimum Aggregate Deductible	\$	4,533,809
Plan Benefits Incurred prior the Effective Date are Limited to	\$	0
Monthly Aggregate Claim Factors	<u>Enrollment</u>	
<u>Medical, Rx Card</u>		
Composite	286 \$	1,321.04

EXHIBIT A

BULLOCH COUNTY BOARD OF COMMISSIONERS

Stop Loss Insurance Renewal

Financial Summary

Effective Date: July 1, 2015 - Review Date: May 6, 2015

Insurance Company	Current Reliance Standard		Renewal Reliance Standard		
A. M. Best Rating	A+/X		A+/X		
MGU	Direct		Direct		
General					
Firm Quote	Yes		Yes		
Specific Deductible	\$100,000		\$100,000		
Laser Deductible	No		No		
Laser Conditional	1@\$300,000		1@\$300,000		
Coverage	Medical & Drug		Medical & Drug		
Claim Basis	12/15		12/15		
Plan Year Maximum	Unlimited		Unlimited		
Lifetime Maximum	Unlimited		Unlimited		
Premium					
Specific	<u>Units</u>	<u>Rate</u>	<u>Annual</u>	<u>Rate</u>	<u>Annual</u>
Single	158	\$ 64.10	\$ 121,534	\$ 64.10	\$ 121,534
Family	128	\$ 169.66	\$ 260,598	\$ 169.66	\$ 260,598
Total Annual	286		\$ 382,132		\$ 382,132
Aggregate					
Composite	286	\$ 5.32	\$ 18,258	\$ 5.13	\$ 17,606
Total Premium			\$ 400,390	\$ 399,738	
Increase (Decrease)				\$ (652)	
Percent				(.16)%	
Maximum Claims					
Composite	286	\$ 1,372.56	\$ 4,710,626	\$ 1,321.04	\$ 4,533,809
Increase (Decrease)				\$ (176,817)	
Percent				(3.75)%	

Comments:

1. Source is Covenant Administrators renewal proposal.
2. Laser Conditional Deductible is for transplant only.
3. Increase (Decrease) is based on current Reliance rates.



BULLOCH COUNTY BOARD OF COMMISSIONERS AGENDA ITEM SUMMARY

DEPARTMENT MAKING REQUEST:	MEETING DATE: 05.19.2015		
Public Safety/Fire	RESOLUTION ATTACHED?	YES	
		NO	X

REQUESTED MOTION OR ITEM TITLE:

To authorize a renewal and update of a mutual aid agreement.

SUMMARY/BACKGROUND ATTACH DETAILED SUMMARY:
Please see the attached letter and contract from the City of Swainsboro, Georgia requesting to update the current agreement.

AGENDA CATEGORY	FINANCIAL IMPACT STATEMENT					
(CHECK ONE)	BUDGETED ITEM?	YES	N	AMENDMENT OR TRANSFER REQUIRED?	YES	N
		NO	N		NO	N
PRESENTATION				ATTACH DETAILED ANALYSIS, IF NEEDED: No impact on County finances.		
PUBLIC HEARING						
CONSENT	X					
NEW BUSINESS						
UNFINISHED BUSINESS						
OTHER						

AGENDA ITEM REVIEW AND APPROVAL											
DEPARTMENT DIRECTOR		PURCHASING OFFICER		OTHER		COUNTY CLERK		COUNTY STAFF ATTORNEY		COUNTY MANAGER	
YES		YES		YES		YES	✓	YES	✓	YES	✓
NO		NO		NO		NO		NO		NO	
INITIAL		INITIAL		INITIAL		INITIAL <i>JD</i>		INITIAL <i>ga</i>		INITIAL <i>me</i>	
DATE		DATE		DATE		DATE 5/14/15		DATE 5/14/15		DATE 5.12.15	

COMMISSION ACTION AND REFERRAL	
APPROVED	DATE TO BE RETURNED TO AGENDA:
DENIED	NOTES:
DEFERRED	



CITY OF
Swainsboro GEORGIA
Crossroads of the Great South

Charles Schwabe
Mayor

P. O. Box 600, Swainsboro, Ga 30401

City Hall: (478)237-7025

Fax: (478)237-3358

April 8, 2015

Bulloch County
Thomas Couch, County Manager
P. O. Box 347
Statesboro, Ga 30459

Dear Mr. Couch;

The City of Swainsboro is updating our files on our Mutual Aid Agreements. Enclosed is a current contract that will bring our paperwork up to date. This is not a new request; this is just an update on the current agreement. Please obtain the appropriate signatures and return to our office.

If you have any questions, please don't hesitate to call me at city hall (478)237-7025. Thank you for your time and attention in this matter.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Al L. Lawson', is written over the typed name and title.

Al L. Lawson
City Administrator
City of Swainsboro

ALL/cg

Enclosure

CONTRACT

MUTUAL AID AGREEMENT BETWEEN THE FIRE DEPARTMENTS OF BULLOCH COUNTY, GA. & THE CITY OF SWAINSBORO, GA.

This Agreement made and entered into this the first day of _____, 2015 to extend an agreement by and between the County Commissioners of the **County of Bulloch County, Georgia** and Mayor and Council of the **City of Swainsboro Georgia** WITNESSETH:

It is the purpose of this agreement to secure to each of the parties hereto and to pledge mutual aid in the protection of life and property from fire, and in fire fighting;

It is agreed that:

1. Upon a request of a representative of **Bulloch County, Georgia**, by a representative of the **City of Swainsboro, Georgia**, fire fighting equipment and personnel of **Bulloch County** Fire Department will be dispatched to any point within the area for which the **City of Swainsboro** normally provides fire protection, as designated by the representative of the Fire Department of the **City of Swainsboro**.

2. Upon request to a representative of the **City of Swainsboro** by representative of **Bulloch County**, fire fighting equipment and personnel of the **City of Swainsboro** Fire Department will be dispatched to any point within the area for which the Fire Department of **Bulloch County** normally provides fire protection, as designated by the representative of **Bulloch County**.

3. Any dispatch of equipment and personnel pursuant to the agreement is subject to the following conditions :

(a) Any request for aid hereunder by either party shall include a statement of the amount and type of equipment and of personnel needed and shall specify the location to which the personnel and equipment are to be dispatched; however, the amount and type of equipment and number of personnel to be furnished shall be determined by a representative of the responding organization at the time of request..

(b) The responding organization shall report to the fire officer in charge of the requesting organization at the location to which the equipment is dispatched and shall be subject to the orders of that official until officially released.

(c) The responding organization shall be released by the requesting organization when the services of the responding organization are needed within the area for which it normally provides fire protection.

4. Each party to this agreement waives and renounces all claims against the other party for compensation for any loss, damage of personal injury or death occurring as a consequence

of the performance of any of the conditions of this agreement.

5. Neither party shall be reimbursed by the other party for any cost incurred pursuant to this agreement.

6. All equipment used by the responding organization in carrying out the terms of this agreement will at the time of action hereunder, be owned by it, and personnel acting for the responding organization will at the time of such action be an employee or volunteer member of the fire department of the responding organization and familiar with the use and operation the responding equipment.

7. The term of this agreement shall be until such time as (a) it is superseded by a subsequent agreement or (b) either party shall notify the other party by registered U.S. Mail of intent to cancel the agreement. Such cancellation notice shall be received at least thirty (30) days prior to effective date of cancellation.

IN WITNESS WHEREOF, **Bulloch County, Georgia** and the **City of Swainsboro, Georgia** have caused these presents to be executed by its duly designated officers.

Signed, sealed and delivered
In the presence of :

County Commissioners of
Bulloch County

By : _____
Notary Public

By: _____
Chairman -Bulloch County

Date : _____

Attest: _____
Manager- Bulloch County

SEAL

Signed, sealed and delivered
In the presence of :

Mayor and City Council of
The City of Swainsboro

By: Cindy Gray
Notary Public

By: [Signature]
Mayor- City of Swainsboro

Date: April 8, 2015

Attest: [Signature]
Adm. -City of Swainsboro



BULLOCH COUNTY BOARD OF COMMISSIONERS AGENDA ITEM SUMMARY

DEPARTMENT MAKING REQUEST (Box 1)				MEETING DATE (Box 2) May 19, 2015							
Legal/Sheriff's Dept./Correctional Inst.				RESOLUTION ATTACHED? (Box 3)		YES					
						NO	X				
REQUESTED MOTION OR ITEM TITLE (Box 4)											
Inmate Excess Loss Medical Insurance											
SUMMARY/BACKGROUND ATTACH DETAILED SUMMARY, IF NEEDED (Box 5)											
Attached is a renewal quote for the inmate excess loss medical insurance that covers inmates at the Bulloch County Jail and Correctional Institute. Option 1 is the coverage we currently have, which includes a \$65,000.00 specific deductible per inmate and a \$500,000.00 limit of coverage per inmate. The medical insurance reimburses the County for a specific claim when it exceeds \$65,000.00 and reimburses a maximum of \$500,000.00 for a specific claim. The difference between Options 1 and 2 is in the amount of the specific deductible (\$65k and \$70k) and the corresponding reduction in premium for the higher specific deductible. The premium has not increased from last year.											
AGENDA CATEGORY (CHECK ONE) (Box 6)			FINANCIAL IMPACT STATEMENT (Box 7)								
PRESENTATION (6a)			BUDGETED ITEM? (7a)		YES	X	AMENDMENT REQUIRED? (7b)		YES		
					NO				NO	X	
PUBLIC HEARING (6b)			ATTACH DETAILED ANALYSIS, IF NEEDED (7c)								
CONSENT (6c)											
NEW BUSINESS (6d)											X
OLD BUSINESS (6e)											
OTHER (6f)											
APPROVED FOR AGENDA (Box 8)											
DEPARTMENT DIRECTOR		PURCHASING OFFICER		OTHER		COUNTY CLERK		COUNTY STAFF ATTORNEY		COUNTY MANAGER	
YES		YES		YES		YES		YES		YES	
NO		NO		NO		NO		NO		NO	
INITIAL		INITIAL		INITIAL		INITIAL <i>OW</i>		INITIAL <i>Spa</i>		INITIAL	
DATE		DATE		DATE		DATE <i>5/14/15</i>		DATE <i>5/13/15</i>		DATE	
COMMISSION ACTION AND REFERRAL (Box 9)											
APPROVED		DATE TO BE RETURNED TO AGENDA									
DENIED											
DEFERRED		NOTES									
OTHER											

CATASTROPHIC INMATE MEDICAL INSURANCE QUOTE

Name of Insured: Bulloch County, GA
Date of Quote: 5/12/2015
Insurance Carrier: United HealthCare-OptumHealth
Inmate Count: 345 Inmates

Hunt Insurance Group LLC / Willis
3606 Maclay Boulevard S, Ste 204
Tallahassee, FL 32312
(850) 385-3636 • (850) 385-2124

COVERAGE BENEFITS:

- Off-Site Inpatient Hospital Services and Outpatient Surgical and attending Physician Services. The maximum eligible expenses shall be limited to the lesser of the amount paid, or up to an "Average Daily Maximum" (ADM) per admission of \$20,000 ADM for the first three days and \$12,000 ADM for each day thereafter.

<u>COVERAGE & PREMIUM BASIS:</u>	<u>Option 1</u>	<u>Option 2</u>
Limit of Coverage per Inmate:	\$500,000	\$500,000
Specific Deductible per Inmate:	\$65,000	\$70,000
Current Inmate Population:	345	345
Rate per Inmate, per Month:	\$3.64	\$3.45
Total Estimated Annual Premium:	\$15,069.60	\$14,283.00

EXCLUSIONS OR LIMITATIONS: (For a complete list refer to policy)

- All charges for which government authorities are not legally obligated to pay
- All charges in connection with the rehab portion of a substance abuse claim
- All charges in connection with the rehab portion of a mental/nervous claim
- All charges which are incurred after the release from custody
- All charges in connection with security or guarding an inmate
- All charges paid outside the terms of the Plan Document

ASSUMPTIONS AND CONDITIONS:

- This quote is an estimate based on data provided & subject to a completed application
- This quotation contains general information & is not a contract or binder of insurance
- Eligible claims are those occurring in 12 months and paid in 18 months
- The Company reserves the right to audit the inmate count
- This proposal directly reflects administration over ride 5%
- This proposal directly reflects commission of 17%
- AIDS/HIV and Pregnancy claims included
- No pre-existing conditions exclusions
- Large claim updates may be required
- Prior to Booking claims covered
- Quotes are valid for 30 days

Georgia

**BULLOCH COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM SUMMARY**

DEPARTMENT MAKING REQUEST:

MEETING DATE: 05.19.2015

Public Safety: Sheriff, Administration: Clerk of the Board

RESOLUTION ATTACHED?

YES	
NO	x

REQUESTED MOTION OR ITEM TITLE:

To grant an alcoholic beverage license for package retail beer and wine sales to Niren Patel (licensee) and Cassandra Wiggins (Designee) of Shiva's Food located at 10941 Highway 301 South Statesboro, Georgia.

SUMMARY/BACKGROUND ATTACH DETAILED SUMMARY, IF NEEDED:

Please review Criminal History attached

AGENDA CATEGORY (CHECK ONE)		FINANCIAL IMPACT STATEMENT					
PRESENTATION		BUDGETED ITEM?	YES	N	AMENDMENT REQUIRED?	YES	
			NO			NO	x
PUBLIC HEARING		ATTACH DETAILED ANALYSIS, IF NEEDED:					
CONSENT							
NEW BUSINESS	x						
OLD BUSINESS							
OTHER							

APPROVED FOR AGENDA

DEPARTMENT DIRECTOR		PURCHASING OFFICER		OTHER		COUNTY CLERK		COUNTY STAFF ATTORNEY		COUNTY MANAGER	
YES		YES		YES		YES	✓	YES	✓	YES	✓
NO		NO		NO		NO		NO		NO	
INITIAL		INITIAL		INITIAL		INITIAL	<i>OB</i>	INITIAL	<i>CP</i>	INITIAL	<i>[Signature]</i>
DATE		DATE		DATE		DATE	<i>5/14/15</i>	DATE	<i>5/14/15</i>	DATE	<i>05.14.15</i>

COMMISSION ACTION AND REFERRAL (Box 9)

APPROVED		DATE TO BE RETURNED TO AGENDA
DENIED		
DEFERRED		NOTES
OTHER		

Bulloch County Sheriff's Office



Lynn M Anderson
Sheriff

17257 Hwy 301 North
Statesboro, GA 30458
(912)764-8888
FAX (912)764-2376
www.bullochsheriff.com

The following information is furnished to the Bulloch County Board of Commissioners in regards to an application for a beer and wine license. This information is furnished by the Bulloch County Sheriff's Office for the purpose of the Board in their decision on the issuance of a license.

NAME: NIREN PATEL

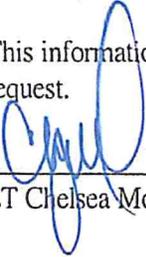
BUSINESS: SHIVA'S FOOD

LOCATION: 10941 US HWY 301 SOUTH

CRIMINAL HISTORY: CRIMINAL HISTORY ATTACHED

RESIDENCY: OUTSIDE BULLOCH COUNTY

This information is furnished to the Bulloch County Board of Commissioners for their information only at their request.



LT Chelsea Morgan

5/11/15

DATE



NOTARY PUBLIC

**BULLOCH COUNTY, GEORGIA
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

YOU MUST COMPLETE APPLICATION IN ITS ENTIRETY

DATE OF APPLICATION _____ NEW RENEWAL _____

Type of Business to be operated:

_____ Retail beer and wine packaged only	\$1,500.00
_____ Retail beer and wine by the drink (pouring license)	\$1,500.00
_____ Retail liquor by the drink (pouring license)	\$3,000.00
_____ Pouring license (beer, wine, and liquor)	\$4,500.00
_____ Wholesale license	\$1,200.00
_____ Farm Winery	\$2,250.00
_____ Catering License (off premise)	\$ 500.00
_____ Application Fee (<u>due upon returning application</u>)	\$ 250.00
_____ Event Permit	\$ 50.00
_____ License Transfers	\$ 250.00
_____ Temporary Permit (all forms)	\$ 250.00

Total license fee (include the application fee) \$ _____

***Late Penalty ***

All renewal applications received after November 1 and before January 1 - 25% of license fee

All renewal applications received after January 1 - 50% of license fee

Applicant's full name NIREN PATIL
Name of business SHUK'S FOOD
Location of business 10941, US Hwy 301 S, STATESBORO, GA: 30458
Type of business organization (~~Corporation~~) limited liability company, partnership, etc.)
AEROCHEM AGENCY INC
Business mailing address 10941, US Hwy 301, S Phone [REDACTED]
Applicant's home address 501 Pine Springs rd Phone [REDACTED]
Applicant's age 40 Date of birth [REDACTED] Social Security # [REDACTED]

Are you a resident U.S. Citizen?

YES NO _____

Are you a resident of Bulloch County?

YES NO

If "No", then you must designate a resident of Bulloch County who shall be responsible for any matter relating to the license (ie., a "designee"). If you are appointing a designee, provide the following information:

Designee's Name & Home Address Niren Patel 801 Pine Spring Rd Columbia, SC
Designee's Home Phone Designee's Age 40
Designee's Date of Birth Designee's SS# 29211

Are you the owner of the business?

YES NO

If "Yes", attach documentation demonstrating your ownership of the business, such as an Operating Agreement, Partnership Agreement, or Shareholder's Agreement.

If "No", what is your title or interest in the business? _____

List all partners, shareholders, members, or managers of the business below:

NIREN PATEL

Attach a copy of your business's Certificate of Existence from the Secretary of State's office.

BE ADVISED THAT ANY PARTNER, SHAREHOLDER, MEMBER OR MANAGER LISTED ABOVE MUST COMPLETE A SEPARATE APPLICATION AND CONSENT FORM FOR A BACKGROUND CHECK AND IT IS YOUR RESPONSIBILITY TO ENSURE THIS IS DONE.

Has the applicant or designee been convicted of any crime(s) in the past 5 years?

YES NO

If "Yes", attach a detailed explanation to this application, and be sure to provide the date, jurisdiction, offense, and circumstances of the arrest/conviction.

Has the applicant or designee **EVER** been denied an alcoholic beverage license?

YES NO

If "Yes", attach a detailed explanation to this application, and be sure to provide the date, County or City, and circumstances of the denial.

Has the applicant or designee EVER had an alcoholic beverage license suspended or revoked?
YES _____ NO

If "Yes", attach a detailed explanation to this application, and be sure to provide the date, County or City, and circumstances of the suspension or revocation.

Approved _____ Rejected _____

This _____ day of _____, 20____.

Bulloch County Board of Commissioners

By: _____
J. Garrett Nevil, Chairman

Attest: _____
Olympia Gaines, Clerk

CONSENT FORM

I, NIREN PATEL, hereby authorize the Bulloch County Sheriff's Department to release information on any criminal history record the State of Georgia or the Bulloch County Sheriff's Department might have access to concerning me to the Bulloch County Board of Commissioners and its agents or employees.

I hereby agree that the Bulloch County Sheriff's Department, the Georgia Crime Information Center, the employees of either agency, or any other agency or employees of the county, state or federal government, shall not be responsible or liable for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

FULL NAME: Niren Patel
Print or Type

ADDRESS: 504 Pine Spring Rd Columbia SC 29210
Street Address City State Zip Code

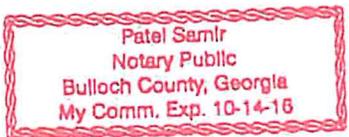
SEX: MALE RACE: ASIAN DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED]

[Signature]
Signature

4/20/15
Date

Sworn to and subscribed before me this 20th day of April, 2015.
[Signature]
Notary Public



SUBJECT: MFI TCN: 20151282205089990-1655061167 - FBI IDENTIFICATION RESPONSE
MESSAGE DATE: 08 MAY 2015 17:06:41
LSTCN:1655061167

TYPE:MFI - FBI IDENTIFICATION RESPONSE

LS TCN:1655061167
GBI TCN:51282205089990
DATE/TIME:2015-05-08 17:06:41
OCA:
FBI NUMBER:890567WB4
SID:
NAME:PATEL,NIREN KANUBHAJ
FBI IDENT:Y
FBI RAPSHEET RESPONSE BELOW:

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

GA0160000 ICN E201512800000391218
TCN 20151282205089990-1655061167

THE ENCLOSED RECORD, DATED 2015/05/08, WITH THE FBI NO. 890567WB4 AND
NGI CONTROL NUMBER (NCN) E201512800000391218 IS BEING PROVIDED AS THE
RESULT OF CIVIL RETURN IDENT TEN-PRINT SUBMISSION.

A CRIMINAL HISTORY REQUEST NOTIFICATION(S) WAS SENT BY THE FBI
TO THE FOLLOWING ORGANIZATIONS, EXCEPT FOR THOSE INDICATING THAT THE
REFERENCED SUBJECT IS DECEASED.

NORTH CAROLINA - STATE ID/NC0985384A
FBI - FBI/890567WB4

SINCE THIS RESPONSE CONTAINS NATIONAL FINGERPRINT FILE (NFF) AND/OR III
PARTICIPANT STATE(S) REGULATED DATA, THE RESPONSE MAY NOT BE COMPLETE.
HOWEVER THE FBI MAINTAINED DATA FROM THE NON-RESPONDING III PARTICIPANT
STATE(S) IS INCLUDED IN THE RESPONSE.

GA0160000

BULLOCH COUNTY
SHERIFF'S OFFICE
17257 HWY 301 N
STATESBORO,GA 30458

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

GA0160000
TCN 20151282205089990-1655061167

THE FBI IDENTIFIED YOUR TEN-PRINT SUBMISSION WHICH
CONTAINED THE FOLLOWING DESCRIPTORS:

NAME PATEL,NIREN KANUBHAI

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR
M	W	██████████511	200	BROWN	BROWN	

STATE ID	BIRTH PLACE
NULL	INDIA

CITIZENSHIP
UNITED STATES

OTHER BIRTH DATES	BIRTH SOCIAL SCARS-MARKS-TATTOOS	SECURITY	MISC NUMBERS
NONE	NONE	NONE	NONE

ALIAS NAME(S)
NONE

END OF COVER SHEET

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

GA0160000

ICN E201512800000391218

BECAUSE ADDITIONS OR DELETIONS MAY BE MADE AT ANY TIME, A NEW COPY SHOULD BE REQUESTED WHEN NEEDED FOR SUBSEQUENT USE.

THIS RECORD IS SUBJECT TO THE
FOLLOWING USE AND DISSEMINATION RESTRICTIONS

UNDER PROVISIONS SET FORTH IN TITLE 28, CODE OF FEDERAL REGULATIONS (CFR), SECTION 50.12, BOTH GOVERNMENTAL AND NONGOVERNMENTAL ENTITIES AUTHORIZED TO SUBMIT FINGERPRINTS AND RECEIVE FBI IDENTIFICATION RECORDS MUST NOTIFY THE INDIVIDUALS FINGERPRINTED THAT THE FINGERPRINTS WILL BE USED TO CHECK THE CRIMINAL HISTORY RECORDS OF THE FBI. IDENTIFICATION RECORDS OBTAINED FROM THE FBI MAY BE USED SOLELY FOR THE PURPOSE REQUESTED AND MAY NOT BE DISSEMINATED OUTSIDE THE RECEIVING DEPARTMENT, RELATED AGENCY OR OTHER AUTHORIZED ENTITY. IF THE INFORMATION ON THE RECORD IS USED TO DISQUALIFY AN APPLICANT, THE OFFICIAL MAKING THE DETERMINATION OF SUITABILITY FOR LICENSING OR EMPLOYMENT SHALL PROVIDE THE APPLICANT THE OPPORTUNITY TO COMPLETE, OR CHALLENGE THE ACCURACY OF, THE INFORMATION CONTAINED IN THE FBI IDENTIFICATION RECORD. THE DECIDING OFFICIAL SHOULD NOT DENY THE LICENSE OR EMPLOYMENT BASED ON THE INFORMATION IN THE RECORD UNTIL THE APPLICANT HAS BEEN AFFORDED A REASONABLE TIME TO CORRECT OR COMPLETE THE INFORMATION, OR HAS DECLINED TO DO SO. AN INDIVIDUAL SHOULD BE PRESUMED NOT GUILTY OF ANY CHARGE/ARREST FOR WHICH THERE IS NO FINAL DISPOSITION STATED ON THE RECORD OR OTHERWISE DETERMINED. IF THE APPLICANT WISHES TO CORRECT THE RECORD AS IT APPEARS IN THE FBI'S CJIS DIVISION RECORDS SYSTEM, THE APPLICANT SHOULD BE ADVISED THAT THE PROCEDURES TO CHANGE, CORRECT OR UPDATE THE RECORD ARE SET FORTH IN TITLE 28, CFR, SECTION 16.34.

- FBI IDENTIFICATION RECORD -

WHEN EXPLANATION OF A CHARGE OR DISPOSITION IS NEEDED, COMMUNICATE DIRECTLY WITH THE AGENCY THAT FURNISHED THE DATA TO THE FBI.

END OF PART 1 - PART 2 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

GA0160000 ICN E201512800000391218
PART 2
- FBI IDENTIFICATION RECORD - FBI NO.-890567WB4

NAME FBI NO. DATE REQUESTED
PATEL,NIREN KANUBHAI 890567WB4 2015/05/08

SEX RACE BIRTH DATE HEIGHT WEIGHT EYES HAIR
M W ██████████ 511 190 BRO BLK

BIRTH PLACE
INDIA

PATTERN CLASS CITIZENSHIP
INDIA
WU WU RS RS LS WU WU WU WU UNITED STATES
WU LS

1-ARRESTED OR RECEIVED 2005/06/21
AGENCY-USM ASHEVILLE (NCUSM0100)
AGENCY CASE-

FINGERPRINT INFORMATION
BSI/2000065491212
PRINT DATE/2005/06/21

PHOTO INFORMATION - 1 PHOTOS AVAILABLE
BSI/40018663901
POSE/ DESC/
PHOTO DATE/2005/06/21

NAME USED-PATEL,NIREAN KANUBHAI
CHARGE 1-3599 - DANGEROUS DRUGS

COURT- 0
CHARGE-DISTRIBUTION OF CHEMICALS USED TO MANUFACTURE
METHAMPHETAMINE
07-27-06, 12 MOS 1 DAY IMPRISONMENT, 2 YRS SUPERVISED RELEASE

END OF PART 2 - PART 3 TO FOLLOW

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
CRIMINAL JUSTICE INFORMATION SERVICES DIVISION
CLARKSBURG, WV 26306

GA0160000 ICN E201512800000391218
PART 3
- FBI IDENTIFICATION RECORD - FBI NO.-890567WB4

SUPERVISION OR CUSTODY-
AGENCY-US PROBATION GREENSBORO (NC041017G)
2007/07/26-SUPERVISED RELEASE

2-ARRESTED OR RECEIVED 2005/06/21A
AGENCY-DEA CHARLOTTE (NCDEA0300)
AGENCY CASE-KF-05-0067

FINGERPRINT INFORMATION
BSI/2000065490224
PRINT DATE/2005/06/21

PHOTO INFORMATION - 1 PHOTOS AVAILABLE
BSI/40018663902
POSE/ DESC/
PHOTO DATE/2005/06/21

CHARGE 1-SALE OF LIST I CHEMICALS

COURT- 0
CHARGE-21-USC 843(A)(7) LISTED I CHEMICAL
CONVICTED, 6-27-2006, SENTENCED TO 12 MOS PRISON, \$500 FINE,
2 YRS SUPERVISED RELEASE, \$100 SPECIAL ASSESSMENT FEE

RECORD UPDATED 2015/05/08

ALL ARREST ENTRIES CONTAINED IN THIS FBI RECORD ARE BASED ON
FINGERPRINT COMPARISONS AND PERTAIN TO THE SAME INDIVIDUAL.

THE USE OF THIS RECORD IS REGULATED BY LAW. IT IS PROVIDED FOR OFFICIAL
USE ONLY AND MAY BE USED ONLY FOR THE PURPOSE REQUESTED.

***** CRIMINAL HISTORY RECORD *****

***** INTRODUCTION *****

THIS RAP SHEET WAS PRODUCED IN RESPONSE TO THE FOLLOWING REQUEST:

SUBJECT NAME(S) PATEL,NIREN KANUBHAI
FBI NUMBER 890567WB4
STATE ID NUMBER NC0985384A (NC)
REQUEST ID UNKNOWN
PURPOSE CODE I
ATTENTION E201512800000391218;T

THE INFORMATION IN THIS RAP SHEET IS SUBJECT TO THE FOLLOWING CAVEATS:
BASED ONLY ON SID NUMBER (NC)

THIS CRIMINAL HISTORY IS FOR A MULTI-STATE RECORD. (NC)
THIS RESPONSE CONTAINS ONLY NORTH CAROLINA CHARGES. (NC)
A MULTI-STATE NCIC RESPONSE WILL BE PROVIDED BY THE FBI. (NC)
THIS CRIMINAL HISTORY RECORD INFORMATION ON THE ABOVE-NAMED INDIVIDUAL
IS A CERTIFIED COPY SUBSTANTIATED BY FINGERPRINTS, AS IT APPEARS IN THE
SBI/DCI FILES. STATE/FEDERAL REGULATIONS REQUIRE A ONE-YEAR RECORD OF
DISSEMINATION.*** CAUTION ***CHANGES TO THIS RECORD MAY OCCUR AT
ANY TIME AND A NEW INQUIRY SHOULD BE MADE FOR SUBSEQUENT USE. THIS
RECORD MUST NOT BE USED AFTER 2015-08-06 (NC)

***** IDENTIFICATION *****

SUBJECT NAME(S)
PATEL, NIREN KANUBHAI
SUBJECT DESCRIPTION
FBI NUMBER STATE ID NUMBER
890567WB4 NC0985384A (NC)

SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER

[REDACTED] (NC)

SEX RACE SKIN TONE
MALE UNKNOWN DARK BROWN
HEIGHT WEIGHT DATE OF BIRTH
5'11" 190 [REDACTED]
HAIR COLOR EYE COLOR
BLACK BROWN

PLACE OF BIRTH
INDIA (AND SIKKIM)

***** CRIMINAL HISTORY *****

CYCLE 001 TRACKING NUMBER 01
EARLIEST EVENT DATE 2002-08-08 INCIDENT DATE 2002-08-03

ARREST DATE 2002-08-08
ARREST CASE NUMBER 0202602
ARRESTING AGENCY NC0840000 STANLY CO SO - ALBEMARLE
SUBJECT'S NAME PATEL,NIREN KANUBHAI
OFFENDER ID NUMBER JD1658G
CHARGE 01
CHARGE LITERAL AWDW SERIOUS INJURY
STATUTE (14-32(B) NC)
SEVERITY FELONY

COURT DISPOSITION (CYCLE 001)
COURT CASE NUMBER 2002CR 052721
FINAL DISPOSITION DATE 2002-10-08
COURT AGENCY NC084025J STANLY CO DIST COURT - ALBEMARLE
CHARGE LITERAL AWDW SERIOUS INJURY
STATUTE (14-32(B) NC)
SEVERITY FELONY
DISPOSITION (2002-10-08; NO PROBABLE CAUSE FOUND)

COURT DISPOSITION (CYCLE 001)
COURT CASE NUMBER 2002CR 052721
FINAL DISPOSITION DATE 2002-11-12
COURT AGENCY NC084025J STANLY CO DIST COURT - ALBEMARLE
CHARGE LITERAL ASSAULT WITH A DEADLY WEAPON
STATUTE (14-33(C)(1) NC)
SEVERITY MISDEMEANOR
DISPOSITION (2002-11-12; TRIAL BY JUDGE; VERDICT: NOT
GUILTY)

COURT COMMENT PLEA: NOT GUILTY
***** INDEX OF AGENCIES *****

AGENCY STANLY CO SO - ALBEMARLE; NC0840000;

AGENCY STANLY CO DIST COURT - ALBEMARLE; NC084025J;

*** END OF RECORD ***

SUBJECT: MID TCN: 1655061167 - GBI IDENTIFICATION RESPONSE
MESSAGE DATE: 08 MAY 2015 17:02:13
LSTCN:1655061167

TYPE:MID
LSTCN:1655061167
GBITCN:51282205089990
DATE/TIME:2015-05-08 17:02:13
NAME:PATEL, NIREN KANUBHAI
SID:NORECORD
OTN:
OCA:
IDENT:NO GEORGIA CRIMINAL HISTORY IS AVAILABLE FOR THIS REQUEST

Bulloch County Sheriff's Office



Lynn M Anderson
Sheriff

17257 Hwy 301 North
Statesboro, GA 30458
(912)764-8888
FAX (912)764-2376
www.bullochsheriff.com

The following information is furnished to the Bulloch County Board of Commissioners in regards to an application for a beer and wine license. This information is furnished by the Bulloch County Sheriff's Office for the purpose of the Board in their decision on the issuance of a license.

NAME: CASSANDRA L WIGGINS

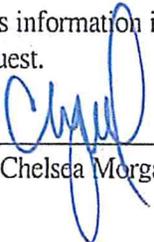
BUSINESS: SHIVA'S FOOD

LOCATION: 10941 US HWY 301 SOUTH

CRIMINAL HISTORY: CRIMINAL HISTORY ATTACHED

RESIDENCY: INSIDE BULLOCH COUNTY

This information is furnished to the Bulloch County Board of Commissioners for their information only at their request.



LT Chelsea Morgan

DATE

NOTARY PUBLIC

**BULLOCH COUNTY, GEORGIA
APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

YOU MUST COMPLETE APPLICATION IN ITS ENTIRETY

DATE OF APPLICATION 4/20/15 NEW RENEWAL

Type of Business to be operated:

- | | | |
|-------------------------------------|---|------------|
| <input checked="" type="checkbox"/> | Retail beer and wine packaged only | \$1,500.00 |
| <input type="checkbox"/> | Retail beer and wine by the drink (pouring license) | \$1,500.00 |
| <input type="checkbox"/> | Retail liquor by the drink (pouring license) | \$3,000.00 |
| <input type="checkbox"/> | Pouring license (beer, wine, and liquor) | \$4,500.00 |
| <input type="checkbox"/> | Wholesale license | \$1,200.00 |
| <input type="checkbox"/> | Farm Winery | \$2,250.00 |
| <input type="checkbox"/> | Catering License (off premise) | \$ 500.00 |
| <input type="checkbox"/> | Application Fee (<u>due upon returning application</u>) | \$ 250.00 |
| <input type="checkbox"/> | Event Permit | \$ 50.00 |
| <input type="checkbox"/> | License Transfers | \$ 250.00 |
| <input type="checkbox"/> | Temporary Permit (all forms) | \$ 250.00 |

Total license fee (include the application fee) \$ _____

***Late Penalty ***

All renewal applications received after November 1 and before January 1 - 25% of license fee

All renewal applications received after January 1 - 50% of license fee

Applicant's full name CASSANDRA L WIGGINS

Name of business SHIVA'S FOOD

Location of business 10941, US Hwy 301 S, STATESBORO, GA, 30458

Type of business organization (Corporation, limited liability company, partnership, etc.)

AGRO CHEM AGENCY INC

Business mailing address LOCATION ADDRESS Phone 

Applicant's home address 20551, Hwy 80 E, Lot 10, STATESBORO Phone 

Applicant's age 35 Date of birth  Social Security # 

Are you a resident U.S. Citizen?

YES NO

Are you a resident of Bulloch County?

YES NO

If "No", then you must designate a resident of Bulloch County who shall be responsible for any matter relating to the license (ie., a "designee"). If you are appointing a designee, provide the following information:

Designee's Name & Home Address _____

Designee's Home Phone _____ Designee's Age _____

Designee's Date of Birth _____ Designee's SS# _____

Are you the owner of the business?

YES NO

If "Yes", attach documentation demonstrating your ownership of the business, such as an Operating Agreement, Partnership Agreement, or Shareholder's Agreement.

If "No", what is your title or interest in the business? DESIGNEE

List all partners, shareholders, members, or managers of the business below:

NIREN PATEL

Attach a copy of your business's Certificate of Existence from the Secretary of State's office.

BE ADVISED THAT ANY PARTNER, SHAREHOLDER, MEMBER OR MANAGER LISTED ABOVE MUST COMPLETE A SEPARATE APPLICATION AND CONSENT FORM FOR A BACKGROUND CHECK AND IT IS YOUR RESPONSIBILITY TO ENSURE THIS IS DONE.

Has the applicant or designee been convicted of any crime(s) in the past 5 years?

YES NO

If "Yes", attach a detailed explanation to this application, and be sure to provide the date, jurisdiction, offense, and circumstances of the arrest/conviction.

Has the applicant or designee **EVER** been denied an alcoholic beverage license?

YES NO

If "Yes", attach a detailed explanation to this application, and be sure to provide the date, County or City, and circumstances of the denial.

Has the applicant or designee EVER had an alcoholic beverage license suspended or revoked?
YES _____ NO

If "Yes", attach a detailed explanation to this application, and be sure to provide the date, County or City, and circumstances of the suspension or revocation.

Approved _____ Rejected _____

This _____ day of _____, 20__.

Bulloch County Board of Commissioners

By: _____
J. Garrett Nevil, Chairman

Attest: _____
Olympia Gaines, Clerk

CONSENT FORM

I, CASSANDRA WIGGINS, hereby authorize the Bulloch County Sheriff's Department to release information on any criminal history record the State of Georgia or the Bulloch County Sheriff's Department might have access to concerning me to the Bulloch County Board of Commissioners and its agents or employees.

I hereby agree that the Bulloch County Sheriff's Department, the Georgia Crime Information Center, the employees of either agency, or any other agency or employees of the county, state or federal government, shall not be responsible or liable for defamation, invasion of privacy, negligence or any other claim in connection with any dissemination of information pursuant to this record check.

FULL NAME: CASSANDRA WIGGINS
Print or Type

ADDRESS: 20551 Hwy 80 E, LOT 10, STATESBORO GA 30458
Street Address City State Zip Code

SEX: FEMALE RACE: AFRICAN-AMERICAN DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED]

Cassandra Wiggins
Signature

4/27/15
Date

Sworn to and subscribed before me this 27 day of April, 2015.

Olympia Gaines
Notary Public

March 8, 2019
expires



SUBJECT: MID TCN: 1655061265 - GBI IDENTIFICATION RESPONSE
MESSAGE DATE: 27 APR 2015 17:28:25
LSTCN:1655061265

TYPE:MID
LSTCN:1655061265
GBITCN:51171734089995
DATE/TIME:2015-04-27 17:28:25
NAME:WIGGINS, CASSANDRA LAGRETTA
SID:2962490T
OTN:
OCA:
IDENT:RECORD ON FILE

SUBJECT: MERGED AFIS RAPSHEETS FOR GA-CCH TCN 51171734089995, REQUESTING ORI GA0160000 (SEND), LSTCN 1655061265
MESSAGE DATE: 27 APR 2015 17:28:25
LSTCN:1655061265

THIS INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR RECORD REQUEST FOR FBI/212534DD8. THE RECORD MAY BE OBTAINED FROM WITHIN YOUR STATE. THE INTERSTATE IDENTIFICATION INDEX CONTAINS NO ADDITIONAL DATA.
END

===== RAP SHEET SEPARATOR =====

GEORGIA CRIME INFORMATION CENTER
3121 PANTHERSVILLE ROAD
DECATUR, GA 30037
(404) 244-2639

***** CRIMINAL HISTORY RECORD *****

PRODUCED ON 2015-04-27

***** INTRODUCTION *****

THIS RAP SHEET WAS PRODUCED IN RESPONSE TO THE FOLLOWING REQUEST:

FBI NUMBER 212534DD8
STATE ID NUMBER GA2962490T (GA)
PURPOSE CODE E
ATTENTION 51171734089995

THE INFORMATION IN THIS RAP SHEET IS SUBJECT TO THE FOLLOWING CAVEATS:

**THIS RESPONSE IS BEING PRODUCED FOR YOUR REQUEST SENT: 2015-04-27
(GA; 2007-08-11)

IMPORTANT! CRIMINAL HISTORY RECORD INFORMATION IS OBTAINED ONE OF TWO WAYS: 1) BY CONDUCTING AN INQUIRY USING PERSONAL IDENTIFIERS SUCH AS NAME AND DATE OF BIRTH (NAME SEARCH), OR 2) BY SUBMITTING FINGERPRINT CARDS TO THE GEORGIA CRIME INFORMATION CENTER (GCIC). WHEN CONDUCTING A NAME SEARCH FOR CRIMINAL HISTORY RECORD INFORMATION, THERE IS A POSSIBILITY THAT THE INFORMATION RETURNED BELONGS TO A DIFFERENT PERSON WITH THE SAME, OR SIMILAR, IDENTIFIERS. IN THIS CASE, A POSITIVE MATCH OF THE PERSON WHOSE CRIMINAL HISTORY RECORD IS SOUGHT REQUIRES SUBMISSION OF FINGERPRINT CARDS TO GCIC. WHEN CONDUCTING A FINGERPRINT SEARCH FOR CRIMINAL HISTORY RECORD INFORMATION, THE INFORMATION RETURNED DOES, IN FACT, BELONG TO THE INDIVIDUAL. IN THIS CASE, CONDUCTING A NAME SEARCH USING THE INDIVIDUAL'S PERSONAL IDENTIFIERS WOULD BE THE SAME INFORMATION. (GA; 2007-08-11)

WHEN THE INFORMATION CONTAINED IN A CRIMINAL HISTORY REPORT CAUSES AN ADVERSE EMPLOYMENT OR LICENSING DECISION THE INDIVIDUAL, BUSINESS OR AGENCY MAKING THE DECISION MUST INFORM THE APPLICANT OF ALL INFORMATION PERTINENT TO THE DECISION. THE DISCLOSURE MUST INCLUDE INFORMATION THAT A CRIMINAL HISTORY RECORD CHECK WAS CONDUCTED, THE SPECIFIC CONTENTS OF THE RECORD AND THE EFFECT THE RECORD HAD UPON THE DECISION. FAILURE TO PROVIDE ALL SUCH INFORMATION TO THE PERSON SUBJECT TO THE ADVERSE DECISION IS A MISDEMEANOR OFFENSE UNDER GEORGIA LAW. ADDITIONALLY, ANY UNAUTHORIZED DISSEMINATION OF THIS RECORD OR INFORMATION HEREIN ALSO VIOLATES GEORGIA LAW. THE PLEA OF NOLO CONTENDERE MAY BE CONSIDERED A CONVICTION FOR SOME PURPOSES: HOWEVER, EXCEPT AS OTHERWISE PROVIDED BY LAW, IT SHALL NOT BE USED AGAINST THE DEFENDANT IN ANY OTHER COURT AS A CONVICTION OR ADMISSION OF GUILT OR FOR THE PURPOSE OF EFFECTING ANY CIVIL DISQUALIFICATION OF THE DEFENDANT TO HOLD PUBLIC OFFICE, TO VOTE, TO SERVE UPON ANY JURY, OR ANY OTHER CIVIL DISQUALIFICATION IMPOSED UPON A PERSON CONVICTED OF ANY OFFENSE UNDER THE LAWS OF THIS STATE.
(GA; 2007-08-11)

CHARGE TRACKING NUMBER 00101955313-002

CHARGE LITERAL
SENTENCE FINE \$300
PROBATION 6 MONTHS

===== OTN 88368866703 (CYCLE 002 OF 002) =====

OFFENDER TRACKING NUMBER (OTN) 88368866703
EARLIEST EVENT DATE 2009-03-09
OFFENSE DATE 2009-03-09

ARREST (CYCLE 002)
ARREST DATE 2009-03-09
ARRESTING AGENCY GA0160100 STATESBORO POLICE DEPARTMENT
SUBJECT'S NAME WIGGINS, CASSANDRA LAGRETTA
ARREST TYPE ADULT

CHARGE 1
CHARGE TRACKING NUMBER 88368866703-001
CHARGE LITERAL PROBATION VIOLATION (WHEN PROBATION TERMS ARE ALTERED) FOR FINGERPRINTABLE CHARGE -
MISDEMEANOR
STATUTE 42-8-38; GA
STATE OFFENSE CODE 5002
SEVERITY MISDEMEANOR

COURT DISPOSITION (CYCLE 002)
COURT AGENCY GA016011J STATESBORO RECORDERS COURT
SUBJECT'S NAME WIGGINS, CASSANDRA LAGRETTA

CHARGE 1
CHARGE TRACKING NUMBER 88368866703-001
CHARGE LITERAL PROBATION VIOLATION (WHEN PROBATION TERMS ARE ALTERED) FOR FINGERPRINTABLE CHARGE -
MISDEMEANOR
STATUTE 42-8-38; GA
STATE OFFENSE CODE 5002
SEVERITY MISDEMEANOR
DISPOSITION DISMISSED (2009-03-17; DISMISSED)

***** INDEX OF AGENCIES *****

AGENCY STATESBORO POLICE DEPARTMENT; GA0160100;
CHIEF
ADDRESS 22 WEST GRADY STREET
STATESBORO, GA 304580000

AGENCY STATESBORO RECORDERS COURT; GA016011J,
JUDGE
ADDRESS 22 WEST GRADY STREET
STATESBORO, GA 304580000

*** END OF RECORD ***

**BULLOCH COUNTY BOARD OF COMMISSIONERS
AGENDA ITEM SUMMARY**

DEPARTMENT MAKING REQUEST:	MEETING DATE: 05.19.2015		
Public Safety: Sheriff, Administration: Clerk of the Board	RESOLUTION ATTACHED?	YES	
		NO	X

REQUESTED MOTION OR ITEM TITLE:

To grant revocation/suspension of alcoholic beverage license for package retail beer and wine sales to Rachel Wasdin (Designee) of Lav Brothers, Inc., doing business as Clito Store, and is located at 5901 Highway 24 Statesboro, Georgia.

SUMMARY/BACKGROUND ATTACH DETAILED SUMMARY, IF NEEDED:

The licensee has moved from the area and is no longer a resident of Bulloch County, the owner of the store is not a US citizen and is not qualified to obtain an alcoholic beverage license under the Bulloch County code of Ordinances.

AGENDA CATEGORY (CHECK ONE)		FINANCIAL IMPACT STATEMENT				
PRESENTATION		BUDGETED ITEM?	YES	N	AMENDMENT REQUIRED?	YES
			NO			NO
PUBLIC HEARING		ATTACH DETAILED ANALYSIS, IF NEEDED:				
CONSENT						
NEW BUSINESS	X					
OLD BUSINESS						
OTHER						

APPROVED FOR AGENDA											
DEPARTMENT DIRECTOR		PURCHASING OFFICER		OTHER		COUNTY CLERK		COUNTY STAFF ATTORNEY		COUNTY MANAGER	
YES		YES		YES		YES	✓	YES	✓	YES	✓
NO		NO		NO		NO		NO		NO	
INITIAL		INITIAL		INITIAL		INITIAL	OD	INITIAL	OK	INITIAL	W
DATE		DATE		DATE		DATE	5/14/15	DATE	5/14/15	DATE	5.14.15

COMMISSION ACTION AND REFERRAL (Box 9)	
APPROVED	DATE TO BE RETURNED TO AGENDA
DENIED	
DEFERRED	NOTES
OTHER	