2020-5 (2<sup>nd</sup> READING): GRANTING A FRANCHISE AGREEMENT FOR OPERATION OF RENTAL BUSINESS OF CONVEYANCES REGULATED BY CHAPTER 12, ARTICLE V OF THE CODE OF ORDINANCES OF MYRTLE BEACH TO AUSTIN SHELLEY D/B/A AJAX GOLF CART RENTALS LOCATED AT 1307 NATURE'S WAY, NORTH MYRTLE BEACH, SC 29582, FOR A PERIOD OF ONE YEAR. THE AGREEMENT INCLUDES 24 GOLF CARTS.

<u>Applicant/Purpose</u>: Staff/ to regulate the # & location of golf cart & moped rental businesses by franchising their operations.

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#### Brief:

- After experiencing several weekends when # of moped/golf cart rentals & conduct of the operators became a serious issue, Council imposed a moratorium on increasing the # of such conveyances.
  - For 2020 franchisee is requesting 24 golf cart plates, the same # as was awarded in 2019.
  - For 2017 the # of mopeds was capped at the # that each company had in service during the summer of 2016.
  - For 2017 the # of golf carts was capped at the # each company had in service for 2016 + the # already ordered at the time the moratorium was imposed.
- Council also directed staff to work out a permanent solution w/ company owners.
- Ordinance 2017-56, approved 1/9/18 in consultation w/ the business owners, approved the framework of a franchise agreement similar to the system in place for taxis.
- The franchise ordinance requires annual renewals.
- No changes since 1<sup>st</sup> reading.

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# Issues:

- Franchising allows Council to restrict the # of mopeds & golf carts available for rental, as well as the location of each rental business.
- Under the franchise terms each conveyance will be issued a City "plate" similar to a license plate. These plates assist law enforcement to track operational violations.
- This proposed ordinance:
  - Sets the location for rental conveyances.
  - Sets the # of rental conveyances allowed/location.
- Agreement is for a 1-year period.

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Public Notification: Normal meeting notification

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#### Alternatives:

- Modify proposed ordinance.
- Deny ordinance.

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Financial Impact: Annual franchise fee of \$10/plate issued.

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#### Manager's Recommendation:

- I recommend 1st reading (2/11/2020).
- I recommend approval (2/25/2020).

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Attachment(s): Ordinance, franchise agreement, & franchise application.

JENNIFER STANFORD, CITY CLERK

First reading: 2-11-2020

Second reading: 2-25-2020

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# APPLICATION FOR

# FRANCHISE TO RENT CONVEYANCES REGULATED BY CHAPTER 12, ARTICLE V, WITHIN THE CITY OF MYRTLE BEACH

Pursuant to the exercise of its police power the City shall require a franchise for the rental and operation of rental conveyances on the highways, streets, alleys and public ways within its police power jurisdiction and the City has determined that the delivery of these services can be provided most effectively and efficiently through the grant of a non-exclusive franchise. Applications shall be made by completing this form. All sections of this form must be completely filled out and supporting documentation attached. An incomplete application will not be processed and will be returned to the applicant. The provision of false, misleading or incomplete information shall be grounds for denial or revocation of a Franchise.

# **APPLICANT INFORMATION**

Owner's Name: Austin Shelley				
Residence Address: 1803 Hwy 57 N, L	ittle River, SC 295	82		
Business Address: 1307 Nature's Way,	North Myrtle Beac	h, SC 29582		
Driver's License No.: 011200127	State: SC	Expiration Date:	8-21-2024	
Persons managing, supervising or control of the supervision of the sup	onducting busin	ess for the owner:Telephone:		
Driver's License No.:	State:	Expiration Date	:	
Position/Title:				
2. Name:Residence Address:				
Driver's License No.:	State:	Expiration Date	•	
Position/Title:				
		Telephone:		
Driver's License No.:	State:	Expiration Date		
Position/Title:				
BUSINESS INFORMATION				
Business Name: A-JAX Golf Cart Renta	ls Ti	ade Name:		
Business Address: 1307 Nature's Way,	North Myrtle Beach	, SC 29582		
Business Telephone: 843-421-1006				
City of Myrtle Beach Business Licer	se No.: 28381	Issued I	Date: 6-1-19	
Type of Business (Check One): X	Sole-Proprietor	rPartnership	Corporation	

Name: Austin Shelley D.L. no.: 011200127 State: SC Name  D.L. no.: State: State: State: State: D.L. no.: State: State: State: State: State: D.L. no.: State: State: State: State: State: D.L. no.: State: State: State: State: State: State: D.L. no.: State:	Provide	the following for Al	LL owners/par	mers/corporate of	ficers as applicable:	Name:
Attach all relevant documents showing the legal formation of the partnership or corporation in the State of South Carolina  Provide a description of the financial condition of your company including assets and liabilities (attach documentation):  We have been in business for 12 years.  Has any applicant, owner, partner, officer or any other individual with an interest in the business ever been convicted or entered a plea of guilty or no contest to any crime classified as a felony, misdemeanor or traffic violation? YES NO _X  If yes, then please describe below (attach additional sheets if necessary):  Name: Charge: Date:  Location: Disposition:  Name: Charge: Date:  Location: Disposition:  Name: Charge: Date:	ivaliic.	Addit Choicy	D.L. ii D.L. no.:	Sta	ate:	IVAIIIC.
liabilities (attach documentation):  We have been in business for 12 years.  Has any applicant, owner, partner, officer or any other individual with an interest in the business ever been convicted or entered a plea of guilty or no contest to any crime classified as a felony, misdemeanor or traffic violation? YES NO _X	Attach	all relevant documen	ts showing the			
business ever been convicted or entered a plea of guilty or no contest to any crime classified as a felony, misdemeanor or traffic violation? YES NO X	liabiliti	es (attach documentat	tion):			s and
business ever been convicted or entered a plea of guilty or no contest to any crime classified as a felony, misdemeanor or traffic violation? YES NO X						
Name:         Charge:         Date:           Location:         Disposition:           Name:         Charge:         Date:           Location:         Disposition:           Name:         Charge:         Date:           Name:         Charge:         Date:	busines	s ever been convicted	i or entered a p	olea of guilty or ne	o contest to any crim	
Name:         Charge:         Date:           Location:         Disposition:           Name:         Charge:         Date:           Location:         Disposition:           Name:         Charge:         Date:           Name:         Charge:         Date:	If yes, t	then please describe b	elow (attach a	dditional sheets if	f necessary):	
Name: Charge: Date:  Location: Disposition:  Name: Charge: Date:  Location: Disposition:  Name: Charge: Date:	Name:		Charge:		Date:	
Name: Charge: Date:  Location: Disposition:  Name: Charge: Date:  Location: Disposition:  Name: Charge: Date:	Locatio	on:		_ Disposition:		
Location: Disposition: Date:	Name:		Charge:		Date:	
Name: Charge: Date: Location: Disposition: Date:	Locatio	on:		Disposition:		_
Location: Disposition: Date: Date:	Name:		Charge:		Date:	
Name: Date:	Locatio	n:		_ Disposition: _		
Location: Disposition:	Name:		Charge:		Date:	
	Locatio	n:		Disposition:		

The failure of any individual with an interest in this application to fully disclose requested criminal/traffic history information shall be grounds for the City's denial fo the request. Please attach a criminal history report and a 10-year driving history for every individual who has an interest in the proposed business.

Type of service: Year Round: Days of the week: Year Round (seven days a week) 9AM-5PM Hours:				
(describe service schedule): We stop deliverles at 3PM.				
Will the applicant provide the insurance required for all authorized units: Yes				
Issuing Insurance Company: Burlington Insurance Company				
Policy Number (if available): 861BW44874				
Limits of Liability: Per Person: Per Occurence: \$1,000,000 Property Damage: General Liability				
If "No", explain how the applicant will ensure that each unit will comply with the insurrequirements set forth in the City Code of Ordinances.	rance			
Applicants authorized under state law to operate as Self-Insured should attach a copy of authorization to this application.	of such			
Explain why you believe that public convenience and necessity requires the granting of application (attach statistical data and additional sheets as necessary):  We rent to many families who are vacationing in Myrtle Beach and are not staying at oceanfront property				
They use the golf cart to transport themselves and their beach gear, such as chairs and toys, to the beac				
rather than driving in their car. People like the convenience of keeping the sand out of the car and the ear				
of parking the smaller vehicle.				
I certify that all of the information contained in this application is true and complete to of my knowledge. I further certify that I have read and understand the City of Myrtle F Regulations for Operation of Moped and Golf Cart Rental Companies and the City of M Beach Regulations for Operators of ATV's, Mopeds, Golf Carts, LSV's and Scooters, a hereto.	Beach Myrtle			

Applicants Name (printed): Austin Snelley	
Applicants Signature:	Date: 1-15-2020
Attachments: (check those that apply)	
Receipt for payment of application fee* List of additional owner, partners or corporate officers Documents that prove the legal formation of the partner Documents outlining current financial condition Additional sheets to document crimes  Criminal History report for every individual having an invented to the partner of	interest in the business* nterest in the business*

<sup>\*</sup> denotes attachments required to process this application



# **UNOFFICIAL 10 YEAR DRIVER RECORD (Web)**

**Customer No: 25502513** 

Driver License No: 11200127

Name: SHELLEY, AUSTIN PAUL Address: 1803 HIGHWAY 57 N

City:

LITTLE RIVER

County: HORRY

DOB: 08/21/1983

State: SC

Zip: 29566703

Sex: M

**Zib:** 295827600

Posted: 03/20/2019

Status - DL: NO SUSPENSION

CDL: NO DISQUALIFICATION

# License Information

Type	Class	Function	issued	Expires	First Issued Re	str.Endor.	Document Identifier
Current	_				200000		(ACN / DDN)
DL	D	Renewal	08/22/2014	08/21/2024	04/09/1 <b>999</b> N	N	1011329700006633
					(1) The second of the second o	<b>.</b>	
Prior					isl	<b>宝</b> 册	
DL	D	Renewal	08/09/2004	08/21/2014	04/09/1 <b>9</b> 99 N	N'	N/A
DL	D	Reissue	08/09/2004	08/21/2014	04/09/1999 N	N	N/A
DL	D	Reissue	08/09/2004	08/21/2014	04/09/1999 N	₽ N	N/A
DL	D	Duplicate	08/28/2006	08/21/2014	04/0 <b>9/19</b> 99 N	N	N/A
DL	D	Modify	04/16/2012	08/21/2014	04/09/1 <b>999</b> N	N	1011131200020379
DL	D	Modify	04/22/2008	08/21/2014	04/09/1999 N	N	N/A
DL	D	Modify	05/18/2009	08/21/2014	04/09/1999 N	N	N/A
DL	D	BP to DL	04/09/1999	08/21/2004	04/ <b>09</b> /1999 N	N	N/A
					- SEC. 1		

Address Change -

Address: 1100 DAVID ST APT 1211

City:

NORTH MYRTLE BEACH

Date Changed: 04/16/2012

**Point Summary** 

**Total Current Points:** 

**Driver Credit:** 

**Adjusted Current Points:** 

ACC: REPORTABLE

Accident: 03/15/2019

Accident Case Number: 19533379
Accident Jurisdiction: SC Acc Loc Ref: SCHDPT

Contributed: Y

FR-10 Audit Number: W-393102

End of Report

1/15/2020 1:54:30 PM

Page 1 of 1





# Results

Name AUSTIN SHELLEY DOB 1983 08 21 Gender Male

Maiden Name

SSN \*\*\*\*\*4131

Transaction 11513434RT

Date of Check January 15, 2020 at 13:43

NO ARREST DATA
IN ACCORDANCE WITH
SEARCH CRITERIA SUBMITTED
S.C. Law Enforcement Division
WWW

## To Whom it May Concern:

The criminal history search was based upon the criteria furnished. It did not include a fingerprint comparison, which is the only means of positive identification. This NO ARREST DATA verification is only valid as of January 15, 2020 at 13:43 since a record may be established after that time. Therefore, if no action is taken within a reasonable period, it is recommended that another check be made.

Sincerely.

Chief Mark Keel

South Carolina Law Enforcement Division

## A-JAX Golf Carts 2020

# (Requesting 24 decals)

# Serial Numbers

- 1. AG1320-367984 white
- 2. 2793707 white
- 3. 2778051 red
- 4. 2795619 green
- 5. 2753801 green
- 6. 2816308 white
- 7. 2517176 orange
- 8. PH1402-432502 black
- 9. PH1403-433255 black
- 10. PH1403-433239 black
- 11. PH1403-433410 black
- 12. PH1402-432453 black
- 13. PH1402-432539 black
- 14. PH1403-433241 black
- 15. PH1403-433418 black
- 16. PH1402-432452 black
- 17. PH1402-432487 black
- 18. 2806099 blue
- 19. PD1323-376332 black
- 20. PQ0433-422091 yellow
- 21. 2617360 blue
- 22. 2752849 red
- 23. PQ0738-818832 red
- 24. JE1422-466943 white

OP ID: NAR

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/28/2020

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(les) must have ADDITIONAL INSURED provisions or 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). 843-436-2106 CONTACT Naomi Aranda PRODUCER Strovis Insurance- Georgetown FAX Noj: 843-546-1638 PHONE (A/C, No, Ext): 843-436-2106 Corporate Office E-Mail ADDRESS: naomi.aranda@strovis.com 1309 Highmarket Street Georgetown, SC 29440 INSURER(S) AFFORDING COVERAGE Naomi Aranda INSURER A : Burlington Insurance Company INSURED Ajax Golf Cart Rental Austin P Shelley 730 Main Street, Box 247 North Myrtle Beach, SC 29582 INSURER C : INSURER D : INSURER INGURER F **COVERAGES CERTIFICATE NUMBER: 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. ADDL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY 1,000,000 EACH OCCURRENCE CLAIMS-MADE X OCCUR 100,000 DAMAGE TO RENTED PREMISES (Ea occutioned).... 861BW44874 X 04/16/2019 04/16/2020 5.000 MED EXP (Any one person) 1,000,000 PERSONAL & ADV INJURY \$ 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER **GENERAL AGGREGATE** PRO. included POLICY LOC PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT (Ea accident) A AUTOMOBILE LIABILITY 1,000,000 ANY AUTO 8618W44874 04/16/2019 04/16/2020 BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY BODILY INJURY (Per accident)
PROPERTY DAMAGE
(Per accident) HIRED ONLY NON-QWNED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE **AGGREGATE** DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NI I A E.L. DISEASE - EA EMPLOYEE If yos, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) CERTIFICATE HOLDER CANCELLATION CITYOFM SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City of Myrtle Beach PO Box 2468 Myrtle Beach, SC 29528 AUTHORIZED REPRESENTATIVE Naomi Aranda

POLICY NUMBER: 861BW51272

## THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

#### SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations				
City of Myrtle Beach PO Box 2468 Myrtle Beach SC 29528					
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.					

- A. Section II Who is An insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:
  - 1. Your acts or omissions: or
  - The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above. B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- 2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.