

February 11, 2020 – 1<sup>st</sup> Reading  
 February 25, 2020 - Presented for approval.

1 **2020-6 (2<sup>nd</sup> READING): GRANTING A FRANCHISE AGREEMENT FOR OPERATION**  
 2 **OF RENTAL BUSINESS OF CONVEYANCES REGULATED BY CHAPTER 12,**  
 3 **ARTICLE V OF THE CODE OF ORDINANCES OF MYRTLE BEACH TO RON**  
 4 **SIMANTOV D/B/A/ BLUE CORAL SURF LLC, MOPED USA, LOCATED AT 1301**  
 5 **SOUTH KINGS HIGHWAY, MYRTLE BEACH, SC 29577, FOR A PERIOD OF ONE**  
 6 **YEAR. THE AGREEMENT INCLUDES 20 GOLF CARTS.**

7 **Applicant/Purpose:** Staff/to regulate the # & location of golf cart & moped rental  
 8 businesses by franchising their operations.  
 9

10 **Brief:**

- 11 • After experiencing several weekends when # of moped/golf cart rentals & conduct  
 12 of the operators became a serious issue, Council imposed a moratorium on increasing  
 13 the # of such conveyances.
  - 14 ▪ For 2020, the franchisee is requesting 20 golf cart plates, the same # as  
 15 2019.
  - 16 ▪ For 2017 the # of mopeds was capped at the # that each company had in  
 17 service during the summer of 2016.
  - 18 ▪ For 2017 the # of golf carts was capped at the # each company had in service  
 19 for 2016 + the # already ordered at the time the moratorium was imposed.
- 20 • Council also directed staff to work out a permanent solution w/ company owners.
- 21 • Ordinance 2017-56, approved 1/9/18 in consultation w/ the business owners,  
 22 approved the framework of a franchise agreement similar to the system in place for  
 23 taxicabs.
- 24 • The franchise ordinance requires annual renewals.
- 25 • No changes since 1<sup>st</sup> reading.

26  
 27 **Issues:**

- 28 • Franchising allows Council to restrict the # of mopeds & golf carts available for  
 29 rental, as well as the location of each rental business.
- 30 • Under the franchise terms each conveyance will be issued a City “plate” similar to a  
 31 license plate. These plates would assist law enforcement to track operational  
 32 violations.
- 33 • This proposed ordinance:
  - 34 ▪ Sets the location for rental conveyances.
  - 35 ▪ Sets the # of rental conveyances allowed/location.
- 36 • Agreement is for a 1-year period.

37  
 38 **Public Notification:** Normal meeting notification  
 39

40 **Alternatives:**

- 41 • Modify proposed ordinance.
- 42 • Deny ordinance.

43  
 44 **Financial Impact:** Annual franchise fee of \$10/plate issued.  
 45

46 **Manager’s Recommendation:**

- 47 • I recommend 1<sup>st</sup> reading (2/11/2020).
- 48 • I recommend approval (2/25/2020).

49  
 50 **Attachment(s):** Ordinance, franchise agreement, & franchise application.

CITY OF MYRTLE BEACH  
COUNTY OF HORRY  
STATE OF SOUTH CAROLINA

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  
RON SIMANTOV D/B/A BLUE CORAL  
SURF LLC, MOPED USA, LOCATED AT  
1301 SOUTH KINGS HIGHWAY, MYRTLE  
BEACH, SC 29577, FOR A PERIOD OF  
ONE YEAR. THE AGREEMENT INCLUDES  
20 GOLF CARTS.

WHEREAS, 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

WHEREAS, the City had determined that the delivery of these services can be provided most effectively and efficiently through the grant of a non-exclusive franchise; and

THEREFORE, PURSUANT TO THE FRANCHISE POWER OF THE CITY OF MYRTLE BEACH, the City of Myrtle Beach grants a Franchise Agreement for Operation of Conveyances to RON SIMANTOV D/B/A BLUE CORAL SURF, LLC, MOPED USA, LOCATED AT 1301 SOUTH KINGS HIGHWAY, MYRTLE BEACH, SC 29577, FOR A PERIOD OF ONE YEAR. THE AGREEMENT INCLUDES 20 GOLF CARTS.

This ordinance shall take effect immediately upon adoption.

\_\_\_\_\_  
BRENDA BETHUNE, MAYOR

ATTEST:

\_\_\_\_\_  
JENNIFER STANFORD, CITY CLERK

First reading: 2-11-2020  
Second reading: 2-25-2020

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: RON SIMANTOV Telephone: 843-457-2903  
Residence Address: 9174 ABINGDON DR MB SC 29579  
Business Address: 1301 SOUTH KING HWY MB SC 29577  
Driver's License No.: 004334722 State: SC Expiration Date: 03/29/2026

Persons managing, supervising or conducting business for the owner:

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

BUSINESS INFORMATION

Business Name: BLUE ORAL SURF Trade Name: DBA WAKOPEL USA  
Business Address: 1301 SOUTH KING HWY MYRTLE BEACH, SC 29577  
Business Telephone: 843-916-2291  
City of Myrtle Beach Business License No.: 20463 Issued Date: JUN/01/2019

Type of Business (Check One):  Sole-Proprietor  Partnership  Corporation  
LLC

Provide the following for ALL owners/partners/corporate officers as applicable:

Name: Attc D.L. no.: \_\_\_\_\_ State: \_\_\_\_\_ Name: \_\_\_\_\_  
D.L. no.: \_\_\_\_\_ State: \_\_\_\_\_

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):

Attc  
\_\_\_\_\_  
\_\_\_\_\_

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

If yes, then please describe below (attach additional sheets if necessary):

Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ 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: 7 DAYS A WEEK  
Hours: 8am - 8pm SUMMER TIME mon-fri  
(describe service schedule): winter time - close

Will the applicant provide the insurance required for all authorized units: yes

Issuing Insurance Company: MBA INSURANCE  
Policy Number (if available): 241890-4  
Limits of Liability: Per Person: 25,000 Per Occurrence: 50,000  
Property Damage: \_\_\_\_\_

If "No", explain how the applicant will ensure that each unit will comply with the insurance requirements set forth in the City Code of Ordinances.

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

Applicants authorized under state law to operate as Self-Insured should attach a copy of such authorization to this application.

Explain why you believe that public convenience and necessity requires the granting of this application (attach statistical data and additional sheets as necessary):

I've been in this location for 12 years  
been renting golf cart for the past 11 years,  
did not have ever any issue regarding the  
matter, GOLF cart Rental is part of my operation  
and it a great help to keep my store going.  
I make sure always to comply with the city  
regulation necessary. In addition my Rating on line  
is almost max customer satisfaction.

I certify that all of the information contained in this application is true and complete to the best of my knowledge. I further certify that I have read and understand the City of Myrtle Beach Regulations for Operation of Moped and Golf Cart Rental Companies and the City of Myrtle Beach Regulations for Operators of ATV's, Mopeds, Golf Carts, LSV's and Scooters, attached hereto.



Applicants Name (printed): RON SIMANTOV

Applicants Signature: Ron Simantov Date: JAN 15/20

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 partnership or corporation
- Documents outlining current financial condition
- Additional sheets to document crimes
- Criminal History report for every individual having an interest in the business\*
- 10-year driving history for every individual having an interest in the business\*
- Vehicle registration(s)
- Photographs or drawings of proposed color scheme\*
- Authorization to Self-Insure
- Additional documentation regarding public necessity, including statistical data

\* denotes attachments required to process this application



# UNOFFICIAL 10 YEAR DRIVER RECORD (Web)

Customer No: 25534401 Driver License No: 4334722  
 Name: SIMANTOV, RON  
 Address: 9174 ABINGDON DR  
 City: MYRTLE BEACH State: SC Zip: 295795191  
 County: Horry Sex: M Driver Training: Y  
 DOB: 03/29/1964

Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

### License Information

Type	Class	Function	Issued	Expires	First Issued	Restr.	Endor.	Document Identifier (ACN / DDN)
Current								
DL	D	Renewal	03/24/2016	03/29/2026	02/13/1991	N	N	1011526100069488
Prior								
DL	D	Renewal	05/16/2011	03/29/2016	02/13/1991	N	N	1011032300003714
DL	D	Renewal	07/31/2006	03/29/2011	02/13/1991	N	N	N/A
DL	D	Reissue	07/31/2006	03/29/2011	02/13/1991	N	N	N/A
DL	D	Renewal	03/17/2005	07/10/2006	02/13/1991	N	N	N/A
DL	D	Renewal	01/31/2000	03/29/2005	02/13/1991	N	N	N/A

### Point Summary

Total Current Points: 0  
 Driver Credit: -0  
 Adjusted Current Points: 0

**VIOL:** 441 - Speeding more than 10 mph but LT 25 mph Ticket#: 41706  
 Actual Speed: 88 Posted Speed: 70  
 Reqd: 08/11/2014 Post: 08/21/2014  
 Violation: 01/12/2014 Conviction: 03/13/2014  
 Conviction Reference:  
 ACD: S92 Conviction Loc Ref:  
 Court Type: Municipal Court  
 Conviction State: GA Violation Points: 4 Current Points: 0

**ACC:** REPORTABLE  
 Accident: 05/18/2014  
 Accident Case Number: 14545820  
 Accident Jurisdiction: SC Acc Loc Ref: SCHDPT  
 Contributed: N  
 Posted: 06/14/2014  
 FR-10 Audit Number: F-362675

**VIOL:** 421 - Speeding 10-mph or less Ticket#: E729758  
 Violation: 10/26/2010 Conviction: 01/13/2011  
 Reqd: 02/11/2011 Post: 03/21/2011  
 Conviction Reference:  
 ACD: S51 Conviction Loc Ref:  
 Court Type: Magistrate Court  
 Conviction State: SC Violation Points: 2 Current Points: 0

**End of Report**



# SLED CATCH

Citizens Access to Criminal Histories

## Results

Name **RON SIMANTOV**  
DOB **1964 03 29**  
Gender **Male**  
Maiden Name  
SSN **\*\*\*\*\*8041**  
Transaction **115130292L**  
Date of Check **January 15, 2020 at 13:00**

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

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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 13:00 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

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# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

BLUE CORAL INC, a corporation duly organized under the laws of the State of South Carolina on April 18th, 2013, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina  
this 18th day of April, 2013

*Mark Hammond*

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT  
COPY AS TAKEN FROM AND COMPARED  
WITH THE ORIGINAL ON FILE IN THIS OFFICE  
Apr 18 2013  
*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

130418-0152 Filed: 4/18/2013  
BLUE CORAL INC  
Filing Fee: \$135.00 ORIG  
  
Mark Hammond South Carolina Secretary of State

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF INCORPORATION

1. The name of the proposed corporation is BLUE CORAL INC
2. The initial registered office of the corporation is 9174 ABINGDON DR  
Street Address  
MYRTLE BEACH HORRY SC 295795191  
City County State Zip  
and the initial registered agent at such address is RON SIMANTOV  
Print Name

I hereby consent to the appointment as registered agent of the corporation:

Electronically filed on SCBOS. Signature not required.

Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:
- a.  The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100
- b.  The corporation is authorized to issue more than one class of shares:

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

COMMON

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended). 2013-04-17

# CITY OF MYRTLE BEACH BUSINESS LICENSE

THIS LICENSE IS NOT  
TRANSFERRABLE WITH  
A CHANGE OF OWNERSHIP



*First in Service*

THIS LICENSE MUST  
BE POSTED IN A  
CONSPICUOUS PLACE

Effective Date: Jun 01, 2019

License #: 18443

Business Description:  
RETAIL VARIETY STORE

Business Location:  
1301 S KINGS HWY

Business Name:  
U S A BEACHWEAR

Legal Name of Business:  
BLUE CORAL SURF LLC  
Person Responsible:  
RON SIMANTOV

1301 S KINGS HWY  
MYRTLE BEACH, SC 29577

Date Issued: May 31, 2019

*Mary C. McDowell*  
MARY C. McDOWELL, DIRECTOR OF FINANCIAL SERVICES

Expiration Date: May 31, 2020  
Myrtle Beach, South Carolina  
Not valid unless certified for  
the full amount of the license.  
This license expires as specified above.  
Licensed business to be conducted  
in conformity with and subject to  
the provisions of the ordinances  
of the City of Myrtle Beach and the  
laws of the State of South Carolina.

# CITY OF MYRTLE BEACH BUSINESS LICENSE

THIS LICENSE IS NOT  
TRANSFERRABLE WITH  
A CHANGE OF OWNERSHIP



*First in Service*

THIS LICENSE MUST  
BE POSTED IN A  
CONSPICUOUS PLACE

Effective Date: Jun 01, 2019

License #: 20463

Business Description:  
MOPED RENTAL

Business Location:  
1301 S KINGS HWY

Business Name:  
MOPED U S A

Legal Name of Business:  
BLUE CORAL SURF LLC  
Person Responsible:  
RON SIMANTOV

1301 S KINGS HWY  
MYRTLE BEACH, SC 29577

Expiration Date: May 31, 2020  
Myrtle Beach, South Carolina  
Not valid unless certified for  
the full amount of the license.  
This license expires as specified above.  
Licensed business to be conducted  
in conformity with and subject to  
the provisions of the ordinances  
of the City of Myrtle Beach and the  
laws of the State of South Carolina.

Date Issued: May 31, 2019

*Mary C. McDowell*  
MARY C. McDOWELL, DIRECTOR OF FINANCIAL SERVICES

VARIOUS COLORS ON  
DIFFERENT CARTS  
BUT SAME LOGO



1/15/2019

To Whom It may concern

This letter states that Blue Coral Inc has an account at Pinnacle Financial Partners and is in good standing.

Thanks



Aaron McKnight

Senior Vice President

Myrtle Beach Grissom Office





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/24/2020

**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(ies) 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).**

<b>PRODUCER</b> License # 1000009384 Hub International Carolinas 4331 Robert M. Grissom Parkway, Suite 201 Myrtle Beach, SC 29577	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): (866) 903-5324 E-MAIL ADDRESS:	FAX (A/C, No): (866) 492-8155
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> Blue Coral Surf, LLC DBA USA Beachwear 1301 S Kings Hwy Myrtle Beach, SC 29577	<b>INSURER A:</b> Auto-Owners Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

NAIC #  
**18988**

**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.**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
<b>A</b>	<b>X</b> COMMERCIAL GENERAL LIABILITY			36688078	1/24/2020	1/24/2021	EACH OCCURRENCE	\$ 1,000,000		
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <b>X</b> CGL Plus	<b>X</b>					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000		
	<input type="checkbox"/> MED EXP (Any one person) <input type="checkbox"/> PERSONAL & ADV INJURY <input type="checkbox"/> GENERAL AGGREGATE <input type="checkbox"/> PRODUCTS - COMP/OP AGG						\$ 10,000	\$ 1,000,000	\$ 2,000,000	\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident)	\$		
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$		
							BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$		
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE	\$		
	<b>EXCESS LIAB</b>						AGGREGATE	\$		
							DED	\$		
							RETENTION S	\$		
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE	\$		
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b>	<b>N/A</b>				E.L. EACH ACCIDENT	\$		
							E.L. DISEASE - EA EMPLOYEE	\$		
							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

City of Myrtle Beach  
 1101 N Oak St.  
 Myrtle Beach, SC 29577

### CANCELLATION

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