

MEETING OF 10/01/2018

WARD 2 (ab)

ITEM NUMBER _____
\$ IMPACT _____

ISSUE:

Application for a name change for 1898 Spring LP dba Spring Apartment Homes to 1898 Spring LP dba The Arlowe Townhomes. The previous owner/agent was 1898 Spring LP dba Spring Apartment Homes.

SUMMARY:

Frederic Dawson is the agent for The Arlowe Townhomes and requests a change of name for the apartment complex located at 1898 Spring Road SE.

BACKGROUND:

1898 Spring LP dba Spring Apartment Homes recently decided to change the name of the complex to The Arlowe Townhomes.

STAFF RECOMMENDATION:

The proper Name Change Application has been reviewed and approved by the Fire Marshal, Building Inspector, City Engineer, 911 Communications, Water Department as well as reported to the Business License Officer.

REQUESTED ACTION:

Approval of a name change from 1898 Spring LP dba Spring Apartment Homes to 1898 Spring LP dba The Arlowe Townhomes located at 1898 Spring Road SE with Frederick Dawson as agent.

Blount
can
7-26
B

DMA
No name change

CITY OF SMYRNA
3180 ATLANTA ROAD
P.O. BOX 1226
SMYRNA, GA 30081

(678) 631-5321 or FAX # (770) 431-2814

Name of Business: 1898 Spring, LP *dba SPRING Apartment homes* Phone: (770) 693-9093 x 102

Business Address: 1898 Spring Rd *The Arlowe Townhomes*
Number/Street
Smyrna GA Suite # 30080

Mailing Address: 2675 Paces Ferry Rd., SE
City State Zip
Atlanta GA 30339

Applicant/Owner: Frederic Dawson
City State Zip
Atlanta GA 30339

Phone: (770) 693-9093

Check One: Applicant Owner Number of Employees: 3

Residential Address of Applicant: 4980 Vallo Vista Ct. Atlanta GA 30342
Number/Street City State Zip

Federal Tax ID Number: 37-1868818 Social Security Number: 253-53-3565

Driver's License Number: 035665870 Date of Birth: 06/07/1974

Check One: Proprietorship Partnership Foreign Corp-Domestic

Full Description of Business: Apartment Complex *Rachael Mame*

President: Frederic Dawson - Partner Vice President: _____

Secretary: _____ Treasurer: _____

DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS: \$1,440,000

Will there be renovations of any kind, inside or outside the structure? Yes No

If yes, describe renovations: Exterior building and site upgrades

Will the outside of the building be painted? Yes No If yes, colors must be muted earth tone.

I hereby affirm that I am a legal resident of the United States, and further acknowledge that periodically, the Smyrna Police Department will verify information contained in the license application. I further affirm that I will adhere to the provisions of the Immigration and Nationality Act, as amended, by verifying the identity and employment eligibility of all employees hired after November 6, 1986 and that I will complete and maintain Form I-9 for all employees as required by this act.

[Signature]
SIGNATURE OF APPLICANT
10/12/2017
DATE

FIRE MARSHAL BUILDING INSPECTOR SIGN MARSHAL *RM-12*

Sign Permits are required when changing copy area on existing signs, installing new signs, and for displaying banner or other temporary signs. Please check with the Community Development Department before installing any signs or displaying temporary signs at (770) 319-5387.

F.DAWSON@Castlegateprop.com

1535⁰⁰

sent apt name change reg + 11/1

change
DBA The Arlowe townhomes

CITY OF SMYRNA
3180 ATLANTA ROAD
P.O. BOX 1226
SMYRNA, GA 30081
(678) 631-5321 or FAX # (770) 431-2814

Name of Business: 1898 Spring, LP Phone: (770) 693-9093

Business Address: 1898 Spring Rd
Number/Street Suite #
Smyrna GA 30080

Mailing Address: 2675 Paces Ferry Rd., SE
City State Zip
Atlanta GA 30339

498 43

Applicant/Owner: Frederic Dawson Phone: (770) 693-9093

Check One: Applicant Owner Number of Employees: 3

Residential Address of Applicant: 4980 Vallo Vista Ct. Atlanta GA 30342
Number/Street City State Zip

Federal Tax ID Number: 37-1868818 Social Security Number: 253-53-3565

Driver's License Number: 035665870 Date of Birth: 06/07/1974

Check One: Proprietorship Partnership Foreign Corp-Domestic

Full Description of Business: Apartment Complex

President: Frederic Dawson - Partner Vice President:

Secretary: Treasurer:

DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS: \$1,440,000

Will there be renovations of any kind, inside or outside the structure? Yes No

If yes, describe renovations: Exterior building and site upgrades

Will the outside of the building be painted? Yes No If yes, colors must be muted earth tone.

I hereby affirm that I am a legal resident of the United States, and further acknowledge that periodically, the Smyrna Police Department will verify information contained in the license application. I further affirm that I will adhere to the provisions of the Immigration and Nationality Act, as amended, by verifying the identity and employment eligibility of all employees hired after November 6, 1986 and that I will complete and maintain Form I-9 for all employees as required by this act.

SIGNATURE OF APPLICANT DATE 9-6-18

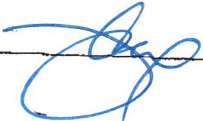
FIRE MARSHAL BUILDING INSPECTOR SIGN MARSHAL

Sign Permits are required when changing copy area on existing signs, installing new signs, and for displaying banner or other temporary signs. Please check with the Community Development Department before installing any signs or displaying temporary signs at (770) 319-5387.

NAME CHANGE REQUEST FOR
APARTMENTS/SHOPPING CENTERS/OFFICE BUILDINGS

PRESENT NAME: 1898 Spring, LP (The Springs Townhomes)
ADDRESS: 1898 Spring Rd. Smyrna, GA 30080
REQUESTED NEW NAME: The Arlowe Townhomes
SUBMITTED BY: Tacy Reyes, Regional Manager
TO: MAYOR AND COUNCIL

THE ABOVE OCCUPANCY HAS REQUESTED A NAME CHANGE, IN ACCORDANCE WITH SECTION 50-30 OF THE CITY OF SMYRNA FIRE PREVENTION CODE, THE BELOW AGENCIES HAVE APPROVED OR DISAPPROVED ACCORDINGLY.

FIRE MARSHAL: APPROVE: DISAPPROVE: DATE: 7/25/18 Bmp
BUILDING INSPECTION: APPROVE: DISAPPROVE: DATE: 7/26/18 AE
CITY ENGINEER: APPROVE: DISAPPROVE: DATE: 7/31/18 ✓
9-1-1 COMMUNICATIONS APPROVE: DISAPPROVE: DATE: 9/6/18 A
WATER DEPARTMENT APPROVE: DISAPPROVE: DATE: 9-6-18 BAV
CITY MARSHAL: APPROVE: DISAPPROVE: DATE: 7-6-18 F.
BUSINESS LICENSE NOTIFIED:  Date: 9/6/18

COMMENTS:

CITY OF SMYRNA

NAME CHANGE APPLICATION SUMMARY

DATE: 09/06/2018 MAYOR & COUNCIL 10/01/2018

TYPE OF APPLICATION REQUESTED:

NAME CHANGE FROM 1898 SPRING LP dba SPRING APARTMENT HOMES TO 1898 SPRING LP dba THE ARLOWE TOWNHOMES.

NEW APPLICATION: YES OWNERSHIP NO AGENT YES

NAME OF NEW BUSINESS: 1898 SPRING LP
dba THE ARLOWE TOWNHOMES.

PLACE OF BUSINESS: 1898 SPRING ROAD SE
SMYRNA, GEORGIA 30080

AGENT: FREDERIC DAWSON
HOME ADDRESS: 4980 VALLOW VISTA CT
ATLANTA, GA 30342

CITIZENSHIP YES

COMMENTS: TAXES PAID

THE OCCUPATION TAX CERTIFICATE WILL NOT BE ISSUED OR RENEWED WITHOUT COMPLETION AND NOTARIZATION OF THIS FORM!

Affidavit of Compliance with O.C.G.A. 50-36-1 "Verification of Lawful Presence within the United States."

O.C.G.A. 50-36-1 requires that applicants applying for such things as licenses for public benefits complete a signed and sworn affidavit verifying the applicant's lawful presence in the United States. Therefore, the applicant must answer the following questions:

The applicant is a United States citizen or legal permanent resident at least eighteen (18) years old.

YES

NO

IF NOT:

The applicant is a qualified alien or nonimmigrant under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, at least eighteen (18) years old, and is lawfully present in the United States. *A photo static copy of the applicant's alien card issued by the Department of Homeland Security or other federal immigration agency must be included with this document.*

O.C.G.A. 50-36-1 states that "Any person who knowingly and willfully makes a false, fictitious, or fraudulent statement of representation in an affidavit executed pursuant to this Code section shall be guilty of a violation of Code Section 16-10-20."

I declare, under penalty of law, that this affidavit has been completed by me and is true and correct.

Signature

Title

Date

(Must be signed by applicant. If the applicant is a corporation, must be signed by an officer of the corporation. **A STAMPED SIGNATURE IS NOT ACCEPTABLE.**)

I hereby certify that _____ is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained in this affidavit are true.

This 12 day of Oct, 2017

Notary Public

AFFIX SEAL

All applicants must attach a copy of a secure and verifiable document as defined in O.C.G.A. 50-36-2. Such documents include a valid Georgia issued Driver's License or ID Card, a valid Driver's license issued by another State or an identification document issued by the United States Government.