

MEETING OF 3/20/17

WARD 5 (sw)

ITEM NUMBER \_\_\_\_\_  
\$ IMPACT \_\_\_\_\_

**ISSUE:**

Application for a name change for Lexington Park LLC dba Lexington Park Apartments. The previous owner/agent was S & S Property Management dba Cumberland Run Apartments.

**SUMMARY:**

Bridget Ray is the agent for Lexington Park Apartments and requests a change of name for the apartment complex located at 2950 South Cobb Drive.

**BACKGROUND:**

Cumberland Run Apartments was recently purchased by Lexington Park LLC dba Lexington Park Apartments.

**STAFF RECOMMENDATION:**

The proper Name Change Application (attached) has been reviewed and approved by the Fire Marshal, Building Inspector, City Engineer, and Housing Authority as well as reported to the Business License Officer.

**REQUESTED ACTION:**

Approval of the name changes.

..... from S & S Propety Management dba Cumberland Run Apartments to Lexington Park LLC dba Lexington Park Apartments with Bridget Ray as agent.

**NAME REQUEST  
FOR  
APARTMENTS/SHOPPING CENTERS/OFFICE BUILDINGS**

**PRESENT NAME: CUMBERLAND RUN**

**ADDRESS: 2950 S. COBB DRIVE, SMYRNA, GA 30080**

**REQUESTED NEW NAME: LEXINGTON PARK**

**SUBMITTED BY: CLAUDIA FLORES/PROPERTY 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.**

**RECOMMENDATION:**

APPROVE: ✓ DISAPPROVE: \_\_\_\_\_ DATE: 2/22/17

FIRE MARSHAL: Bud Johnson

APPROVE: ✓ DISAPPROVE: \_\_\_\_\_ DATE: \_\_\_\_\_

BUILDING INSPECTION DEPT: Bob Bl

APPROVE: \_\_\_\_\_ DISAPPROVE: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY ENGINEER: [Signature]

APPROVE: ✓ DISAPPROVE: \_\_\_\_\_ DATE: 2/27/17

9-1-1 COMMUNICATIONS DIVISION: Chad Almond

APPROVE: ✓ DISAPPROVE: \_\_\_\_\_ DATE: 2/27/17

BUSINESS LICENSE NOTIFIED: [Signature] Date: 2/28/17

Comments: \_\_\_\_\_

CITY OF SMYRNA

NAME CHANGE APPLICATION SUMMARY

DATE: 03/01/2017 MAYOR & COUNCIL 03/20/2017

TYPE OF APPLICATION REQUESTED:

NAME CHANGE FROM S & S PROPERTY MANAGEMTN dba CUMBERLAND RUN APARTMENTS TO LEXINGTON PARK LLC dba LEXINGTON PARK APARTMENTS.

NEW APPLICATION: YES OWNERSHIP NEW AGENT YES

NAME OF NEW BUSINESS: LEXINGTON PARK LLC.  
D/B/A LEXINGTON PARK APARTMENTS

PLACE OF BUSINESS: 2950 SOUTH COBB DRIVE SE  
SMYRNA, GEORGIA 30080

AGENT: BRIDGET RAY  
HOME ADDRESS: 1200 LAKE HEARN DR STE 200  
ATLANTA, GA 30319

CITIZENSHIP YES

COMMENTS: TAXES PAID PERSONAL/REAL

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

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

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Name of Business: Lexington Park Apartments Phone: (770) 435-3244

Business Address: 2950 S Cobb Drive 30-03  
Number/Street Suite #

Smyrna, GA 30080  
City State Zip

Mailing Address: 2950 S Cobb Drive 30080  
Number/Street Suite #

Smyrna, GA 30080  
City State Zip

Applicant/Owner: Lexington Park, LLC Phone: (770) 435-3244

Check One: ☒ Applicant ☐ Owner Number of Employees: \_\_\_\_\_

Residential Address of Applicant: 1200 Lake Hearn Dr Ste 200 Atlanta, GA 30319  
Number/Street City State Zip

Federal Tax ID Number: 61-1807061 Social Security Number: N/A

\* Driver's License Number: \_\_\_\_\_ \* Date of Birth: 1/21/75

Check One: ☐ Proprietorship ☐ Partnership ☐ Foreign ☐ Corp-Domestic

Full Description of Business: Real Estate Apartment Rental and Leasing

\* President: Bridget Lay Vice President: \_\_\_\_\_  
Secretary: \_\_\_\_\_ Treasurer: \_\_\_\_\_

DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS: \_\_\_\_\_

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

If yes, describe renovations: \_\_\_\_\_

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.

\* Bridget Lay SIGNATURE OF APPLICANT DATE \_\_\_\_\_

FIRE MARSHAL

BUILDING INSPECTOR

SIGN MARSHAL RM-12

3/2/17

\*\*\*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.\*\*\*

MULTI-FAMILY  
RESIDENTIAL

under renovation - awaiting fire  
marshal sign-off.

**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.

X  
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]  
Signature

Area Manager  
(agent of owner) TIN

6/15/16  
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.**)

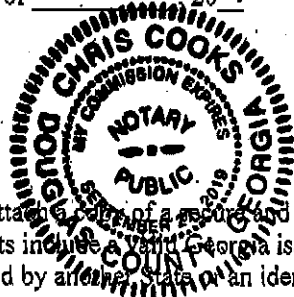
I hereby certify that DARYL CURTAN is personally known, or verified by me, that the applicant signed this application after stating to me his or her personal knowledge and understanding of all statements and, under oath actually administered by me, has sworn that the statements and answers contained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

This 15<sup>th</sup> day of JUNE 20 16

[Signature]

Notary Public

AFFIX SEAL



All applicants must attach a copy of a restricted 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.