

MEETING OF 8/7/17

WARD 1 (dn)

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

**ISSUE:**

Application for a name change for Jasmine At The Galleria dba The Aaron.. The previous owner/agent was Jasmine At The Galleria dba Jasmine At The Galleria. The applicant is Zack Foster.

**SUMMARY:**

Zack Foster is the agent for Jasmine At The Galleria dba The Aaron and requests a change of name for the apartment complex located at 8 Cumberland Way SE..

**BACKGROUND:**

Jasmine At The Galleria dba The Aaron was is requesting the name change.

**STAFF RECOMMENDATION:**

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

**REQUESTED ACTION:**

Approval of the name change from Jasmine At The Galleria dba Jasmine At The Galleria to Jasmine At The Galleria dba The Aaron with Zack Foster as agent.

NAME CHANGE REQUEST  
FOR  
APARTMENTS/SHOPPING CENTERS/OFFICE BUILDINGS

PRESENT NAME: JASMINE AT THE GALLERIA

ADDRESS: 8 CUMBERLAND WAY SE, SMYRNA, GA 30080

REQUESTED NEW NAME: THE AARON

SUBMITTED BY: LYON LIVING / STEPHANIE JOHNSON

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: X DISAPPROVE: \_\_\_\_\_ DATE: 7/25/2017

FIRE MARSHAL: [Signature]

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

BUILDING INSPECTION DEPT: [Signature]

APPROVE: ✓ DISAPPROVE: \_\_\_\_\_ DATE: 7/28/17

CITY ENGINEER: [Signature]

APPROVE: X DISAPPROVE: \_\_\_\_\_ DATE: 7/28/2017

9-1-1 COMMUNICATIONS DIVISION: [Signature]

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

BUSINESS LICENSE NOTIFIED: [Signature] Date: 7/28/17

Comments: As of 7/25/2017 THE PROPERTY HAS OPEN VIOLATIONS.

[Signature] 7/

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

Name of Business: The Aaron fka Jasmine at the Galleria Phone: (770) 432-1266

Business Address: 8 Cumberland Way SE  
Number/Street Suite #  
Smyrna GA 30080  
City State Zip

Mailing Address: 4901 Birch Street  
Number/Street Suite #  
Newport Beach CA 92660  
City State Zip

Applicant/Owner: Jasmine at the Galleria, LLC Phone: (949) 252-9101

Check One: ☐ Applicant ☒ Owner Number of Employees: 10

Residential Address of Applicant: 4901 Birch Street Newport Beach CA 92660  
Number/Street City State Zip

Federal Tax ID Number: 13-4331765 Social Security Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check One: ☐ Proprietorship ☒ LLC Partnership ☐ Foreign ☐ Corp-Domestic Limited Liability Company

Full Description of Business: Apartment Complex

President: Frank T. Suryan, Jr. Vice President: \_\_\_\_\_

Secretary: Michael Barmettler Treasurer: Michael Rios

DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS: \$3,237,477

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

If yes, describe renovations: i.e.: Finish upgrades in units (paint and flooring)

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] 8/01/17  
SIGNATURE OF APPLICANT DATE

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.\*\*\***

**SMYRNA POLICE DEPARTMENT  
911 COMMUNICATIONS DIVISION  
2646 Atlanta Road  
Smyrna, Georgia 30080**

Dear Smyrna Business Owner/Manager:

In the City's continuing efforts to provide the highest level of public safety services both during and after your business hours, please provide the following information:

BUSINESS NAME: The Aaron fka Jasmine at the Galleria

BUSINESS ADDRESS: 8 Cumberland Way SE

BUSINESS PHONE: 770-432-1266

AFTER HOURS BUSINESS PHONE: 770-432-1299

NORMAL BUSINESS HOURS: 9-6 Mon-Fri and Saturday 9-5

LEGAL OWNER OF BUILDING: Jasmine at the Galleria, LLC

LEGAL OWNER'S ADDRESS: 4901 Birch Street, Newport Beach CA 92660

Please list in preferred order of contact those persons to be notified of an emergency after normal business hours:

Name:	Home Phone Number	Cell or Pager Number
1. <u>Terry Hall</u>	<u></u>	<u>678-876-8334</u>
2. <u>David Lee</u>	<u></u>	<u>202-350-7051</u>
3. <u>Luis Ramirez</u>	<u></u>	<u>949-838-1240 Mobile</u>

Please answer the following questions by selecting the proper circle. If you do not know the answer, please leave it blank.

Does your business have an alarm system?

☒ YES ☐ NO

What type of alarm do you have?

BURGLARY

☐ SILENT

☒ AUDIBLE

FIRE

☐ SILENT

☒ AUDIBLE

HOLDUP

☐ SILENT

☐ AUDIBLE N/A

Do you have a monitoring service for your alarm system?

☒ YES ☐ NO

If YES please list the name and phone number Nationwide Integrators

Phone: 770-926-0611

Does your business have a fire sprinkler system?

☒ YES

☐ NO

Bldgs: 2, 11, 14  
(portions)

Does your business have a Knox box installed?

Yelp Device

☐ YES

☒ NO

Yelp Device

Does SARA Title III (toxic waster) apply to your business?

☐ YES

☒ NO

NAME

QUANTITY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If necessary, please continue the list on a blank sheet of paper and enclose with this form.

The information you have provided will remain confidential and will not be made available to the general public. This information will be used to assist Police, Fire, and Medical personnel should an incident occur on your property.

Please contact the Communications Division at (770) 434-6666 should the information contained herein change.

Your assistance is appreciated.

**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]                      Secretary                      8/1/17  
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 [Signature] 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 1<sup>st</sup> day of August, 2017                      Stephanie Johnson  
Notary Public

AFFIX SEAL

See attached CA Acknowledgment  
SJ

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.

CITY OF SMYRNA

NAME CHANGE APPLICATION SUMMARY

DATE: 08/01/17 MAYOR & COUNCIL 08/07/17

TYPE OF APPLICATION REQUESTED: NAME CHANGE FROM JASMINE AT THE CALLERIA  
DBA JASMINE AT THE GALLERIA TO JASMINE AT THE GALLERIA DBA THE AARON.

NEW APPLICATION: YES OWNERSHIP NO AGENT YES

NAME OF NEW BUSINESS: JASMINE AT THE GALLERIA  
D/B/A THE AARON

PLACE OF BUSINESS: 8 CUMBERLAND WAY  
SMYRNA, GEORGIA 30080

AGENT: ZACK FOSTER  
HOME ADDRESS: 1113 POWERS FERRY  
MARIETTA, GA 30064

CITIZENSHIP YES

COMMENTS: TAXES PAID

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA )

COUNTY OF Orange )

On August 11, 2017, before me, Stephanie Johnson, Notary Public  
Date Name And Title Of Officer (e.g. "Jane Doe, Notary Public")

personally appeared Michael A. Burrell  
Name of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature Stephanie Johnson (Seal)

