

MEETING OF 9/18/17

WARD 1 (dn)

ITEM NUMBER _____
\$ IMPACT _____

ISSUE:

Application for a name change for the apartment complex Blue Atlantic Vinings LP dba The Atlantic Vinings. The previous doing-business-as name was Rock Creek at Vinings. The corporate name does not change..

SUMMARY:

Chip Short is the agent for Blue Atlantic Vinings LP dba The Atlantic Vinings and requests a change of name for the apartment complex located at 3385 Atlanta Road SE.

BACKGROUND:

Blue Atlantic Vinings LP requests a name change to The Atlantic Vinings.

STAFF RECOMMENDATION:

The proper Name Change Application has been reviewed and approved by the Fire Marshal, Building Inspector, City Engineer, and 9-1-1 Communication Director as well as reported to the Business License Officer.

REQUESTED ACTION:

Approval of a name change to Blue Atlantic Vinings LP dba The Atlantic Vinings at 3385 Atlanta Road with Chip Short as agent

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

PRESENT NAME: Rock Creek at Vinings

ADDRESS: 3385 Atlanta Road SE, Smyrna, GA 30080

REQUESTED NEW NAME: The Atlantic Vinings

SUBMITTED BY: Chip Short - Asset 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: X **DISAPPROVE:** _____ **DATE:** 8-24-2017

FIRE MARSHAL: [Signature]

APPROVE: X **DISAPPROVE:** _____ **DATE:** 8/21/17

BUILDING INSPECTION DEPT: [Signature]

APPROVE: X **DISAPPROVE:** _____ **DATE:** 8/23/17

CITY ENGINEER: [Signature]

APPROVE: X **DISAPPROVE:** _____ **DATE:** 8/31/2017

9-1-1 COMMUNICATIONS DIVISION: Chad Almond

APPROVE: ✓ **DISAPPROVE:** _____ **DATE:** 8/31/17

BUSINESS LICENSE NOTIFIED: [Signature] **Date:** _____

Comments: THIS COMPLEX HAS OPEN VIOLATIONS FROM THE ANNUAL FIRE INSPECTION.

CITY OF SMYRNA
2800 KING STREET
P. O. BOX 1226
SMYRNA, GA 30081
(678) 631-5321 or FAX # (770) 431-2814

Name of Business: The Atlantic Vinings Phone: (770) 432-3818

Business Address: 3385 Atlanta Road SE
Number/Street Suite #
Smyrna GA 30080

Mailing Address: 1349 West Peachtree Street NE
City State Zip
Atlanta GA 30309

Applicant/Owner: Blue Atlantic Vinings, LP Phone: (404) 334-8458
Number/Street Suite #
Atlanta GA 30309

Applicant/Owner: Blue Atlantic Vinings, LP Phone: (404) 334-8458

Check One: ☐ Applicant ☒ Owner Number of Employees: 8

Residential Address of Applicant: _____
Number/Street City State Zip

Federal Tax ID Number: 81-2569613 Social Security Number: _____

Driver's License Number: _____ Date of Birth: _____

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

Full Description of Business: Apartment Community

President: _____ Vice President: _____

Secretary: _____ Treasurer: _____

DOLLAR AMOUNT OF TOTAL GROSS RECEIPTS: \$5,250,000

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

If yes, describe renovations: Paint, Unit 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.

Chip Short

Digitally signed by Chip Short
Date: 2017.08.03 17:45:09 -04'00'

SIGNATURE OF APPLICANT

DATE

Fire Marshal

Building Inspector

Sign Marshal

Environmental Technician

*****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.*****

CITY OF SMYRNA

APARTMENT NAME CHANGE APPLICATION SUMMARY

DATE: 08/31/17 MAYOR & COUNCIL 09/18/2017

TYPE OF APPLICATION REQUEST: NAME CHANGE TO BLUE ATLANTIC VININGS LP
dba THE ATLANTIC VININGS

NEW APPLICATION: YES OWNERSHIP NO AGENT YES

NAME OF BUSINESS: BLUE ATLANTIC VININGS LP
dba THE ATLANTIC VININGS

PLACE OF BUSINESS: 3385 ATLANTA ROAD
SMYRNA, GEORGIA 30080

AGENT: CHIP SHORT
HOME ADDRESS: 3385 ATLANTA ROAD SE
SMYRNA, GA 30080

CITIZENSHIP YES

ADVERTISED: 09/08/2017 & 09/15/2017

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: Glenn Peel Title: community manager Date: 6-18-17

(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 18 day of Aug, 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.

APPLICATION FOR PRIVILEGE LICENSE

I have made application at the Business License Office of the City of Smyrna, Georgia for Blue Vinings Atlantic LP dba The Atlantic Vinings requesting a name change. This application will be heard before the Mayor & Council for the City of Smyrna, 2800 King Street, Smyrna, Georgia on September 18 at 7:00 p.m. All concerned persons are hereby notified.

Chip Short
Owner and Licensee

BLUE ATLANTIC VININGS LP
Dba The Atlantic Vinings
3385 Atlanta Road
Smyrna, GA 30080

Ads to Run 09/08/17 and 09/15/17