

February 11, 2020 – Presented for 1st Reading

1 **2020-12 (1ST READING): GRANTING A FRANCHISE AGREEMENT FOR**
 2 **OPERATION OF RENTAL BUSINESS OF CONVEYANCES REGULATED BY**
 3 **CHAPTER 12, ARTICLE V OF THE CODE OF ORDINANCES OF MYRTLE**
 4 **BEACH TO BAYLISS SPIVEY D/B/A/ KOA CAMPGROUND, LOCATED AT 613**
 5 **5TH AVENUE SOUTH, MYRTLE BEACH, SC 29577, FOR A PERIOD OF ONE**
 6 **YEAR. THE AGREEMENT INCLUDES 50 VEHICLES.**

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

10 **Brief:**

- 11 • After experiencing several weekends when the # 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 franchisee is requesting 24 golf cart plates, the same # as was
 - 15 awarded in 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, approved
- 22 the framework of a franchise agreement similar to the system in place for taxis.
- 23 • The franchise ordinance requires annual renewals.
- 24

25 **Issues:**

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

35 **Public Notification:** Normal meeting notification

36

37 **Alternatives:**

- 38 • Modify proposed ordinance.
- 39 • Deny ordinance.
- 40

41 **Financial Impact:** Annual franchise fee of \$10/plate issued.

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43 **Manager’s Recommendation:** I recommend 1st reading (2/11/2020).

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

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**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
BAYLISS SPIVEY D/B/A KOA
CAMPGROUND LOCATED AT 613 5TH
AVENUE SOUTH, MYRTLE BEACH, SC
29577, FOR A PERIOD OF ONE YEAR.
THE AGREEMENT INCLUDES 50
VEHICLES.**

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 BAYLISS SPIVEY, D/B/A KOA CAMPGROUND, LOCATED AT 613 5TH AVENUE SOUTH, MYRTLE BEACH, SC 29577, FOR A PERIOD OF ONE YEAR. THE AGREEMENT INCLUDES 50 VEHICLES.

This ordinance shall take effect immediately upon adoption.

BRENDA BETHUNE, MAYOR

ATTEST:

JENNIFER STANFORD, CITY CLERK

First reading: 2-11-2020

Second reading:

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: Bayliss L. Spivey III Telephone: 843-448-3421
Residence Address: _____
Business Address: 613 5th Ave S, Myrtle Beach SC 29577
Driver's License No.: 004243917 State: SC Expiration Date: 05/10/25

Persons managing, supervising or conducting business for the owner:

1. Name: Bayliss L. Spivey III Telephone: 843-446-1081
Residence Address: 402 36th Ave N Myrtle Beach SC 29577
Driver's License No.: 004243917 State: SC Expiration Date: 5/10/25
Position/Title: Owner

2. Name: Amanda Powell Telephone: 336-460-8258
Residence Address: 685 Burdette Rd, B5 Myrtle Beach SC 29579
Driver's License No.: 105380345 State: SC Expiration Date: 4/26/27
Position/Title: _____

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

BUSINESS INFORMATION

Business Name: Myrtle Beach KOA (Cov-Rent) Trade Name: Salt Creek Campground
Business Address: 613 5th Ave South Myrtle Beach SC 29577
Business Telephone: 843-448-3421
City of Myrtle Beach Business License No.: 30512 Issued Date: June 11, 2019

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

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

Name: Bygness L. Spruce III D.L. no.: 004243917 State: SC 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):

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: Sunday - Sat
Hours: 8a - 8p
(describe service schedule): _____

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

Issuing Insurance Company: Fenn - America Insurance Company
Policy Number (if available): PAC7127731
Limits of Liability: Per Person: _____ Per Occurrence: _____
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):
We are the only campground in the heart of Myrtle Beach, located inside city limits. We want our guests to have the ability to visit the town and beautiful beaches while adhering to city mandated rules. It helps build relationships with our guests and the city.

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): Rayless L. Spivey III

Applicants Signature: [Handwritten Signature] Date: _____

Attachments: (check those that apply)

- Receipt for payment of application fee* ~~XXXXXX~~
- 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/18/2018

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 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).

PRODUCER Leavitt Recreation & Hospitality Insurance, Inc. 942 14th Street Sturgis SD 57785		CONTACT NAME: Jill Dell PHONE (A/C, No, Ext): (800)525-2060 E-MAIL ADDRESS: jill-delle@leavitt.com FAX (A/C, No): (866)465-2707	
INSURED Salt Creek Campground, LLC, DBA: Myrtle Beach KOA 613 5th Avenue South Myrtle Beach SC 29577		INSURER(S) AFFORDING COVERAGE INSURER A: Northfield Excess & Surplus Lines NAIC # 27987 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 18/19 COX city of **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	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	WH007889	2/15/2018	2/15/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTH-ER 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)

Location: 613 5th Ave S, Myrtle Beach, SC, 29577

CERTIFICATE HOLDER**CANCELLATION**

City of Myrtle Beach 937 Broadway St. Myrtle Beach, SC 29577-3718	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 John Suhr/MBCONR
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SLED CATCH
Citizens Access to Criminal Histories

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

Results

Name **BAYLISS SPIVEY**
DOB **1975 05 10**
Gender **Male**
Maiden Name
SSN
Transaction **115112353V**
Date of Check **January 15, 2020 at 11:23**

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 11:23 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



SLED CATCH
Citizens Access to Criminal Histories

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

Results

Name **AMANDA POWELL**
DOB **1995 04 26**
Gender **Female**
Maiden Name
SSN
Transaction **115112552Y**
Date of Check **January 15, 2020 at 11:25**

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 11:25 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



UNOFFICIAL 10 YEAR DRIVER RECORD (Web)

Customer No: 34722424 Driver License No: 105330345
 Name: POWELL, AMANDA NOELLE MARIE
 Address: 685 BURCALE RD APT F8
 City: MYRTLE BEACH State: SC Zip: 295798321
 County: HORRY Sex: F Driver Training: N
 DOB: 04/26/1995

Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

License Information

Type	Class	Function	Issued	Expires	First Issued	Restr.	Endor.	Document Identifier (ACN / DDN)
DL (R)	D	Original	04/23/2019	04/26/2027	04/23/2019	N	N	2600940002258961034

Point Summary

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

OOS Driver License Surrendered

OOS License No: 30057729 OOS Jurisdiction: NC Issued: 04/26/2016
 Date Surrendered: 04/23/2019
 Reason for Return: OOS LICENSE EXCHANGE FOR SC LICENSE

End of Report



UNOFFICIAL 10 YEAR DRIVER RECORD (Web)

Customer No: 25683965 Driver License No: 4243917
 Name: SPIVEY, BAYLISS L III
 Address: 402 36TH AVE N
 City: MYRTLE BEACH State: SC Zip: 295772920
 County: HORRY Sex: M Driver Training: N
 DOB: 05/10/1975
 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	Duplicate	06/04/2019	05/10/2025	08/30/1996	N	N	2600940302261259051
Prior								
DL	D	Renewal	06/03/2015	05/10/2025	08/30/1996	N	N	1011425900055540
DL	D	Modify	11/30/2018	05/10/2025	08/30/1996	N	N	2600940402251325254
DL	D	Renewal	05/09/2005	05/10/2015	08/30/1996	N	N	N/A
DL	D	Duplicate	08/30/2006	05/10/2015	08/30/1996	N	N	N/A
DL	D	Duplicate	12/12/2006	05/10/2015	08/30/1996	N	N	N/A
DL	D	Duplicate	04/16/2008	05/10/2015	08/30/1996	N	N	N/A
DL	D	Modify	04/27/2009	05/10/2015	08/30/1996	N	N	N/A
DL	D	Modify	11/26/2008	05/10/2015	08/30/1996	N	N	N/A
DL	D	Renewal	01/12/2000	05/10/2005	08/30/1996	N	N	N/A
DL	D	Modify	10/14/2003	05/10/2005	08/30/1996	N	N	N/A

Address Change -

Address: 704 45TH AVE N Date Changed: 08/31/2015
 City: MYRTLE BEACH State: SC Zip: 295772613

Address Change -

Address: 613 5TH AVE S Date Changed: 11/30/2018
 City: MYRTLE BEACH State: SC Zip: 295774107

Point Summary

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

VIOL: 421 - Speeding 10 mph or less
 Violation: 01/08/2013 Conviction: 02/27/2013
 ACD: S51 Conviction Loc Ref:
 Conviction State: SC

Ticket#: F786057
 Recd: 03/27/2013 Post: 04/10/2013
 Conviction Reference:
 Court Type: Magistrate Court
 Violation Points: 2 Current Points: 0

ACC: REPORTABLE
 Accident: 05/19/2010
 Accident Case Number: 10054581
 Accident Jurisdiction: SC Acc Loc Ref: SCHDPT
 Contributed: Y

Posted: 06/11/2010
 FR-10 Audit Number: Z-067912

End of Report



