

DISCLAIMER

THIS IS AN UNOFFICIAL DOCUMENT UNTIL APPROVED BY GOVERNING BODY

AGENDA:

MAYOR AND BOROUGH COUNCIL

MEETING NO. 13

DATE: 5/28/13

7:00 P.M.

BUSINESS (X)

REGULAR ()

SPECIAL ()

ROLL CALL:	Mayor Krenzel	()			Atty: _____
	Clm. Guindi	()	Clm. Jones	()	Eng: _____
	Clm. Haussermann	()	Clm. Roselli	()	Adm: _____
	Clm. Hutchison	()	Clm. Vaughn	()	: _____

Public Announcement - Chapter 231, P. L. 1975

PUBLIC COMMENTS (agenda items only)

MINUTES

Minutes of Meeting No. 12 held on May 13, 2013

REPORTS

1. CFO/Treasurer
2. Professional staff
3. Departments

LICENSES

Taxi Owner Licenses - Oasis Taxi (8) (Attachment A)

NEW BUSINESS

- Refund of electric consumer deposits (Attachment B)
- Property Tax Refund and Cancellation – Block 187, Lot 5 (Attachment C)
- Property Tax Refund – Block 118, Lots 6, 6.01 (Attachment D)
- Release Performance Bond – Santos Minor Subdivision – Block 29, Lots 7, 8, 9 (Attachment E)
- Approve Release of Closed Session Minutes of December 3, 2012 and December 17, 2012
- Approve Mercantile License for Vertical Fitness and Dance (Attachment F)
- Resignation of Anastasia Kokinos, Alt. 1 Member – Board of Health (Attachment G)
- Appoint Shari Mammano – Alt. 1 Member – Board of Health (Attachment H)
- Mercantile License ordinance amendment (Attachment I)
- Time Clock - 48 Washington St.

UNFINISHED BUSINESS

- Amend Res. 2013-138 waiving permit fees related to Super Storm Sandy
- Shop South River
- Authorize RFQ for Firehouse Architect
- Buyout letter
- Food Bank
- 55 Reid St.
- Lincoln School
- Videotaping business meetings
- Solar Energy Project/Panels

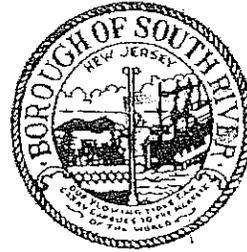
COUNCIL COMMENTS

EXECUTIVE SESSION

- Contracts
- Personnel
- Acquisition of Property
- Litigation

ADJOURNMENT

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
 08882-1247



PAID

APPLICATION FOR TAXICAB OWNER'S LICENSE **BOROUGH CLERK**

All taxicab licenses shall begin on January 1st and terminate on December 31st of each year

INDIVIDUAL OWNER

Name JOAQUIN PEREZ / ENIMIA PEREZ Home/Cell Phone 732 991-8721
 (Print Name) Business Phone (732) 589-4889
(732) 251-3700
 Address: 26 MAIN STREET SOUTH RIVER N-J 08882

The undersigned hereby applies for a license to operate a public taxicab or taxicabs as described below, within the Borough of South River.

THE FOLLOWING QUESTIONS **MUST** BE ANSWERED:

1. Are you covered by insurance as required by Title 48:16-1 to 48:16-12, Revised Statutes of New Jersey and Acts amendatory or supplemental thereto? YES
 Set forth the following insurance coverage information:

Insurance Company American Millennium Policy No. TLNJ 001-02

Date of commencement and expiration of insurance coverage presently in effect
02/21/2013 02/21/2014

A. If an individual:

Are you a citizen of the United States? YES (A) Resident - Enimia Perez
 When and where born? MEXICO (B) Citizen - JOAQUIN PEREZ
Enimia Perez 06-04-57 JOAQUIN - 03-20-77
 If naturalized, when and where? 04-15-2001 NEWARK New Jersey
 Date Number Location of Court

B. IF A CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY, THE FOLLOWING QUESTIONS **MUST** BE ANSWERED:

Give company name OASIS TAXI LLC.

Main office address 26 MAIN ST. SOUTH RIVER NJ 08882

Branch offices _____

8 ADDITIONAL VEHICLES

2. Give names and addresses of Directors, partners or members for the last five years:

ENIMIA PEREZ residing at 22 Hillsdale P-D EAST-BRUNSWICK NJ 08816

residing at _____

Joaquin Perez residing at 22 Hillsdale RD EAST-BRUNSWICK NJ 08816

residing at _____

residing at _____

Are all Directors, partners or members citizens of the United States? NO - 1 Resident 1 citizen

If naturalized, when and where?

04-15-2002 1 Newark New-Jersey
Date Number Location of Court

3. Have any of the above described individuals ever been arrested or summoned to Court? NO If yes, give particulars and disposition of every case. _____

4. How many licenses are being sought? 18

5. Address where all vehicles are to be kept. Municipal parking lot

6. When above address is changed, will you advise this office in writing? yes

7. Are you the owner of the said vehicles to be licensed? yes

8. If vehicles are to be leased, state name and address of Lessor

10. THE FOLLOWING MUST BE COMPLETED IF THE APPLICANT IS OPERATING UNDER A NAME OTHER THAN THE NAME OF AN INDIVIDUAL

I hereby certify that on the _____ day of _____, 20____, there was filed in the office of the Clerk of Middlesex County or the Treasury Department of the State of New Jersey a certificate setting forth the name under which this business is to be conducted, together with the full names and addresses of the owners, incorporators or members. A filed copy of such certificate is attached hereto.

Name of Company OASIS TAXI LLC
Title of Person signing below Owner
Signature [Signature]

INDIVIDUAL APPLICANT'S AFFIDAVIT

(NOTARY: PLEASE EXERCISE EXTREME CARE IN ACKNOWLEDGING THE FOLLOWING APPLICABLE AFFIDAVIT.)

STATE OF NEW JERSEY,
COUNTY OF MIDDLESEX } SS. :

Joaquin Perez / Oasis Taxi, being duly sworn, deposes and says that he/she is the undersigned and the person/party making the foregoing application for a taxicab license; that the information contained in this application is true and correct. I understand that if any information provided by me is not true, I am subject to punishment by law.

Date: 2/14/13 (Signed) X Joaquin Perez

On Feb 14, ~~2009~~ 2013 Joaquin Perez appeared before me and acknowledged that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Sworn to and subscribed before me
this 14
day of Feb, 20 13

[Signature]
KAREN BORTOLINO
Commissioner
NOTARY PUBLIC OF NEW JERSEY
March 13, 2013

Affix Seal

CORPORATION OR PARTNERSHIP APPLICANT'S AFFIDAVIT

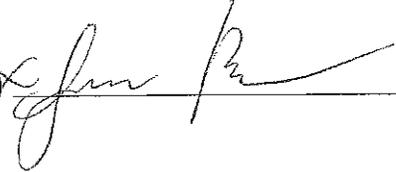
(TO BE FILLED OUT WHERE CORPORATION, PARTNERSHIP OR LIMITED LIABILITY COMPANY APPLICATIONS ARE MADE.)

STATE OF NEW JERSEY,
COUNTY OF MIDDLESEX,} SS.:

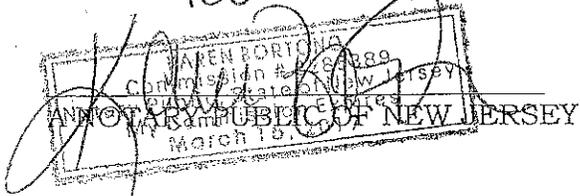
Joaquin Perez, being duly sworn, deposes and says that he/she is one of the Directors, partners or members of 0065 Taxi which said company is making the foregoing application for a taxicab license; that the information contained in this application is true and correct. I understand that if any information provided by me is not true, I am subject to punishment by law.

(Signed)

Title:



Sworn to and subscribed before me
this 14
day of Feb, 2013



Affix Seal

FOR BOROUGH USE ONLY:

- Completed Application (in duplicate)
- \$100.00 for each Taxi Owner's License sought Check # 1284 Cash 8800.
- on file Passport Photos (4)
- on file Copy of NJ Drivers License
- on file Insurance Policy (\$500,00.00 coverage) - new cars added
- on file Schedule of Rates
- on file Copy of Mercantile License
- on file Certificate of Formation/Business Registration Certificate (Issued by Division of Treasury/County)

Rec'd. by DN Date 2/22/13

Background check to SRPD had, check done and received in Dec. for year 2013

Approval OK Date _____

Discrepancies _____ Date _____

Agenda 5/24/13
License Issued/Sent _____

Initials _____

Denial Sent to Applicant _____

Initials _____

*To Eddie Gordon
3/1/13*

Sheryl Nevin

From: Edward Avallon [Eavallon@southriverpd.org]
Sent: Tuesday, March 12, 2013 7:40 AM
To: Sheryl Nevin
Subject: Oasis Inspections

Good Morning Sheryl. Oasis presented seven vehicles out of the eight he applied for. One was not ready and one did not pass. Below is a breakdown of the vehicles that passed:

Car #	Registration	Passed	Decal #
T03-011	OXZ4424	X	15
T03-029	OXZ7558	X	16
T03-016	OXZ4413	X	18
T03-018	OYA1559	X	19
T03-003	OYA3309	X	20
T03-030	OYA2706	X	21

*Additional
to be done*

The other two vehicles should be ready for Thursday. We will see. I advised him that with 10 vehicles on the road he needs at least thirty registered drivers. He got the message I think.

Ptl. Edward Avallon
South River Police Department
Traffic Safety Unit
61 Main Street
South River, N.J. 08882
(732) 257-6727 ext. 107
eavallon@southriverpd.org

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From: Sheryl Nevin [snevin@southrivernj.org]
Sent: Friday, March 08, 2013 2:49 PM
To: Edward Avallon
Subject: Change in Oasis Car for Monday

Eddie – We were just a talking about the Mercury Marquis – Joaquim is swapping out the 2002 Marquis for the 1999 Marquis to bring on Monday.

See attached. Have a nice weekend!

*Sheryl L. Nevin, RMC/CMR
Deputy Borough Clerk
Deputy Registrar of Vital Statistics
Borough of South River
48 Washington St., South River, NJ 08882
Phone: 732-257-1999 ext. 115
Fax: 732-613-6105*

5/10/2013

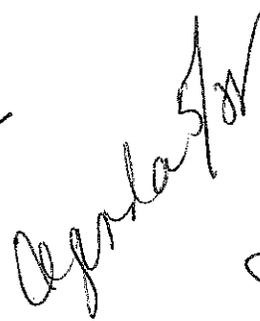
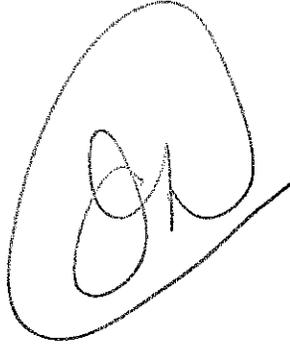
Sheryl Nevin

From: Edward Avallon [Eavallon@southriverpd.org]
Sent: Wednesday, May 22, 2013 9:21 AM
To: Sheryl Nevin
Subject: RE: Oasis Taxi

Sherl, the decal for "OX24424" is # 15.

the decal for "OXZ9869" is # 23.

Ptl. Edward Avallon
South River Police Department
Traffic Safety Unit
61 Main Street
South River, N.J. 08882
(732) 257-6727 ext. 107
eavallon@southriverpd.org



8+2
70 ml 10

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From: Sheryl Nevin [snevin@southrivernj.org]
Sent: Friday, May 10, 2013 2:04 PM
To: Edward Avallon
Subject: RE: Oasis Taxi

Do you have the medallion #'s for OX24424 and OXZ9869. That's all I really need right now. Paperwork can wait until you get back.

*Sheryl L. Nevin, RMC/CMR
Deputy Borough Clerk
Deputy Registrar of Vital Statistics
Borough of South River
48 Washington St., South River, NJ 08882
Phone: 732-257-1999 ext. 115
Fax: 732-613-6105*

From: Edward Avallon [mailto:Eavallon@southriverpd.org]
Sent: Friday, May 10, 2013 1:39 PM
To: Sheryl Nevin
Subject: RE: Oasis Taxi

I did and they all passed. i will forward you the copies. Sorry
Ptl. Edward Avallon
South River Police Department
Traffic Safety Unit
61 Main Street
South River, N.J. 08882
(732) 257-6727 ext. 107
eavallon@southriverpd.org

5/24/2013

B

Request for Council Action

RECEIVED

Date:

5-23-13

MAY 23 2013

Resolution:

✓

BOROUGH ADMINISTRATOR

Ordinance:

Other Reason for Request (Attach Back-up)

UTILITY REFUNDS

Funds Appropriated:

yes

no

not applicable



Department Head



Approval/Disapproved Administrator

RES: 2013

JUNE 10, 2013

RESOLUTION

WHEREAS, the official utility records of the Borough of South River, New Jersey show certain refunds which include electric, water and consumer deposits (CD); and

WHEREAS, the Collector of Utility Revenue recommends that the following refunds should be made to the consumer noted herein below listed; and

NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED by the Borough Council of the Borough of South River that the Collector of Utility Revenue is hereby authorized to make the following refunds and adjustments indicated below and any attached list.

<u>ACCOUNT #</u>	<u>PAYABLE TO:</u>	<u>AMOUNT OF CHECK</u>
65-999-873-863 CD	ISAIAS ANORVE 10 VIRGINIA ST SOUTH RIVER, NJ 08882	\$111.92
65-999-860-443 CD	DANIELLE BYRNES 63 SOUTHWOOD DR OLD BRIDGE, NJ 08857	\$167.75
65-999-855-735 CD	BRIAN COLE 15 BRIGHT ST SOUTH RIVER, NJ 08882	\$100.79
65-999-856-296 CD	DANIEL CRUZ & KEVIN KOPLIN 125 LOUISVILLE AVE NEPTUNE, NJ 07753	\$217.91
65-999-932-196 CD	FOUST COUTURE 30 KATHERINE ST SOUTH RIVER, NJ 08882	\$95.34
65-999-861-576 CD	JONATHAN HARRIS RIVERVIEW DR H4 SOUTH RIVER, NJ 08882	\$32.38
65-999-946-991 CD	MAREZ UNISEX HAIR DESIGN C/O MOUSSA BASSALY 65 MAIN ST SOUTH RIVER, NJ 08882	\$521.15
65-999-000-196 CD	AMY MONDADORI 50 OLD FORGE LANE BERKLEY HEIGHTS, NJ 07922	\$245.09
65-999-854-833 CD	TERESA & WILMER MORENO 74 JACKSON ST 1 ST FL SOUTH RIVER, NJ 08882	\$218.76
65-999-854-514 CD	PEDRO PEREIRA 9 ESSEX ST SOUTH RIVER, NJ 08882	\$301.68
65-999-859-321 CD	ROBERT & ROBIN THOMAS 20 BURTON AVE SOUTH RIVER, NJ 08882	\$147.13

65-999-894-081 CD

MARIO & ELIZABETE ZARGO
108 HILLSIDE AVE
SOUTH RIVER, NJ 08882

\$68.50

/s/ _____
Councilmember

/s/ _____
Councilmember

C

Request for Council Action

Date: 5/21/13

Resolution: ✓

Ordinance: _____

Other Reason for Request (Attach Back-up)

Funds Appropriated: yes no not applicable



Ruben D. D. D.
Department Head



Approval/Disapproved Administrator

PROPERTY TAX CANCELLATION

WHEREAS, The following properties listed below applied for tax exempt status under the provisions for a total disabled veteran status in accordance with N.J.S.A. 54:4-3.30et seq, and

WHEREAS, the Tax Assessor reviewed and approved the application for the 2012 & 2013 tax year, and

WHEREAS, the Tax Collector is recommending that taxes for 2012 & 2013 be cancelled and refunded accordingly.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the Borough of South River, County of Middlesex, State of New Jersey, that the Tax Collector cancel and refund the 2012 & 2013 taxes in accordance with the following schedule:

<u>Block Lot</u>	<u>Property Location:</u>	<u>Amount</u>
187 5	32 Claremont Ave	\$2,281.54 Refund

BOROUGH OF SOUTH RIVER
OFFICE OF THE TAX ASSESSOR
MIDDLESEX COUNTY
SOUTH RIVER, NEW JERSEY 08882-1247

48 Washington Street

Office: 732-257-1999 ext. 123
Fax: 732-613-6105

March 18, 2013

Richard Dudas
Tax Collector
48 Washington St
South River, N.J. 08882

RE: Disabled Veterans Exemption on Block 187 Lot 5

Dear Mr. Dudas:

Mr. Charles Mieszkuc was declared a Permanently Disabled Veteran as of September 25, 2012. Under Statute N.J.S.A. 54: 4-3.30 et. Seq. he is entitled to receive an exemption on his property taxes for the current tax year.

Can you please notify council of any cancellation or repayment of taxes. Under law, council has the discretion to go back to the date of disability.

Sincerely,


Michael Frangella
Tax Assessor

D

5/28/13
Gusiner

Request for Council Action

RECEIVED

MAY 13 2013

BOROUGH ADMINISTRATOR

Date: 5/13/13

Resolution: ✓

Ordinance: _____

Other Reason for Request (Attach Back-up)

Refund overpayment

Funds Appropriated: yes no not applicable

[Signature]
Department Head

[Signature]

Approval/Disapproved Administrator

PROPERTY TAX REFUND

WHEREAS, the official tax records of the Borough of South River, New Jersey show certain adjustments, recessions, amendments, cancellations, corrections, refunds, and uncollectible should be made on certain accounts due to various reasons; and

WHEREAS, the Tax Collector recommends these changes as listed; and

NOW, THEREFORE BE IT AND IT IS HEREBY RESOLVED that the Borough Tax Collector be and he is authorized to make the necessary adjustments, indicated below and any attached list.

<u>Block</u>	<u>Lot</u>	<u>Reason</u>	<u>Name& Address</u>	<u>Property Location</u>	<u>Amount</u>
118	6	Overpayment	Marcia Silva 44 Colfax St South River, NJ 08882	44 Colfax St.	\$1633.67
118	6.1	Overpayment	Marcia Silva 44 Colfax St South River, NJ 08882	Colfax St.	\$75.55

BLQ: 118. 6.
Owner Name: SILVA, MARCIA

Tax Year: 2013 to 2013
Property Location: 44 COLFAX ST

Tax Year: 2013	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	1,633.67	1,633.67	0.00	0.00	3,267.34
Adjusted Billed:	0.00	0.00	0.00	0.00	0.00
Balance:	0.00	1,633.67-	0.00	0.00	1,633.67-

Date	Qtr	Type	Code	Check No	Mthd	Reference	Principal	Interest	2013 Prin Balance	Batch Id
01/31/13	1	Payment	001	multiple	CK	3586 94	1,633.67	0.00	1,633.67	WELLS
		Description								
		wells fargo								
04/30/13	2	Payment	001	multiple	CK	3722 92	1,633.67	0.00	0.00	WELLS
		Description								
		wells fargo								
05/06/13	2	Payment	001	81664	CK	3734 120	1,633.67	0.00	1,633.67-	DBELL1
		Description								
		foundation title								

Total Principal Balance for Tax Years in Range: 1,633.67-

Miscellaneous Payments for Date Range 01/01/13 to 12/31/13:

Date	Type	Code	Check No	Mthd	Reference	Principal	Interest	Total	Batch Id
03/12/13	Payment	035		CS	3650 1	0.20	0.00	0.20	DBELL2
	Description								
	priority search				44 colfax st				
								<u>0.20</u>	

BLQ: 118. 6.1
Owner Name: SILVA, MARCIA

Tax Year: 2013 to 2013
Property Location: COLFAX ST

Tax Year: 2013	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total
Original Billed:	75.56	75.55	0.00	0.00	151.11
Adjusted Billed:	0.00	0.00	0.00	0.00	0.00
Balance:	0.00	75.55-	0.00	0.00	75.55-

Date	Qtr	Type	Code	Check No	Mthd	Reference	Principal	Interest	2013 Prin Balance	Batch Id
01/31/13	1	Payment	001	multiple	CK	3586 109	75.56	0.00	75.55	WELLS
		Description								
		wells fargo								
04/30/13	2	Payment	001	multiple	CK	3722 93	75.55	0.00	0.00	WELLS
		Description								
		wells fargo								
05/06/13	2	Payment	001	81663	CK	3734 119	75.55	0.00	75.55-	DBELL1
		Description								
		foundation title								

Total Principal Balance for Tax Years in Range: 75.55-

E

JOHN H. ALLGAIR, 1989-01
DAVID J. SAMUEL, P.E., P.P.
JOHN J. STEFANI, P.E., L.S., P.P.
JAY B. CORNELL, P.E., P.P.
MICHAEL J. McCLELLAND, P.E., P.P.
GREGORY R. VALES, P.E., P.P.



TIMOTHY W. GILLEN, P.E., P.P.
BRUCE M. KOCH, P.E., P.P.
LOUIS J. FLOSKONKA, P.E.
TREVOR J. TAYLOR, P.E., P.P.
BEHRAM TURAN, P.E.

May 9, 2013

Mayor and Borough Council
Borough of South River
48 Washington Street
South River, NJ 08882

**RE: Santos Minor Subdivision Application
Block 29, Lots 7, 8 and 9
South River, New Jersey
Performance Bond Release
Our File No.: PSRP0029.02/600.01
South River File No.: 10-02**

Dear Mayor and Borough Council:

The developer of the above referenced project, the developer, has requested release of the Performance Bond for same. We reviewed the site in the field and found all of the required work has been completed. Accordingly, the Performance Bond can be released subject to the following:

- Posting of a 2 year Maintenance Bond in the amount of \$2,071.80.
- Payment of any outstanding engineering inspection fees.
- Payment of any outstanding Borough fees.

Should you have any questions regarding this matter, please do not hesitate to contact this office.

Very truly yours,

Bruce M. Koch, P.E., P.P., C.M.E.
Borough Engineer's Office

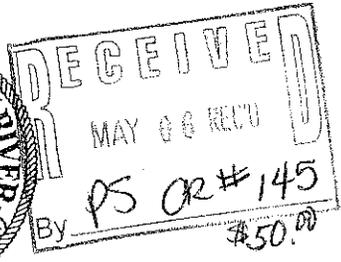
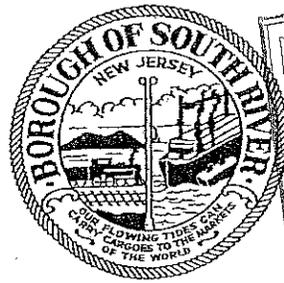
BMK/GVP

cc: All Council Members
Borough Administrator
Borough Clerk
Borough Attorney
Chief Financial Officer
Borough Construction Official
Daniel Santos



BOROUGH OF SOUTH RIVER
 48 WASHINGTON STREET
 SOUTH RIVER, NJ 08882
 PHONE 732-257-1999
 FAX 732-613-6105

R



APPLICATION FOR MERCANTILE LICENSE

FEES:
 \$50.00 NEW
 \$25.00 Transfer

NAME OF BUSINESS Vertical Fitness & Dance, LLC

PROPOSED LOCATION 56 Ferry St. South River 08882

BLOCK# 157 LOT# 11

BUSINESS TELEPHONE 732-991-5676

NATURE OF BUSINESS (Describe Operation)

Fitness Studio (yoga classes belly dancing classes hoop dance classes pole fitness) & Consulting

APPLICANT INFORMATION

NAME Amy Gibbons

HOME ADDRESS 489 E. Woodbridge Ave

CITY, STATE, ZIP Avenel NJ 07001

TELEPHONE# HOME 732 636-9373 CELL 732 991 5676

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE# _____

ATTACH A COPY OF YOUR DRIVERS LICENSE - Address on your identification must match the address on this application.

PROPOSED BUSINESS AT THIS LOCATION:

NUMBER OF EMPLOYEES 3-6 (INCLUSIVE OF OWNERS)

DAYS AND HOURS OF OPERATION earliest 10:00 AM, 9:30 PM latest - Varying Mon-Sun

SQ. FOOTAGE OF AREA TO BE OCCUPIED 1200

OFF STREET PARKING SPACES AVAILABLE TO SPACE BEING OCCUPIED # _____

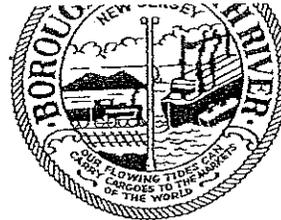
DOES OPERATION INVOLVE USE OR STORAGE OF FLAMMABLE/COMBUSTIBLE OR HAZARDOUS MATERIALS _____ YES NO IF YES, SUPPLY QUANTITIES AND MSDS SHEETS ON PRODUCTS INVOLVED (ATTACH TO APPLICATION)

BOROUGH USE ONLY:

REFERRAL DATE _____

DEPARTMENT	APPROVAL/DENIAL	SIGNATURE	DATE
Zoning/Building	<i>OK</i>	<i>CEL</i>	5/15/13
<i>Public Works</i>	<i>OK</i>	<i>JW</i>	5/10/13
<i>Field Proj</i>	<i>OK</i>	<i>AL</i>	5/14/13
<i>Health</i>	<i>OK</i>	<i>CB</i>	5/14/13

BOROUGH OF SOUTH RIVER
 48 WASHINGTON STREET
 SOUTH RIVER, NJ 08882
 PHONE 732-257-1999
 FAX 732-613-6105



APPLICATION FOR MERCANTILE LICENSE

FEES:
 \$50.00 NEW
 \$25.00 Transfer

NAME OF BUSINESS VERTICAL FITNESS & DANCE LLC

PROPOSED LOCATION 56 FERRY STREET SR NJ 08882

BLOCK# _____ LOT# _____

BUSINESS TELEPHONE 732-991-5676

NATURE OF BUSINESS (Describe Operation)

FITNESS STUDIO (YOGA, BELLY DANCE, HOOP DANCE & POLE FITNESS)
& CONSULTING

APPLICANT INFORMATION

NAME KYMBERLI M. RIOS

HOME ADDRESS 8 BRENNIG PLACE

CO-OWNERS

CITY, STATE, ZIP SOUTH RIVER, NEW JERSEY 08882

TELEPHONE# HOME 732-698-1968 CELL 732-735-7124

DATE OF BIRTH _____ SOCIAL SECURITY # _____

DRIVER'S LICENSE# _____

ATTACH A COPY OF YOUR DRIVERS LICENSE - Address on your identification must match the address on this application.

PROPOSED BUSINESS AT THIS LOCATION:

NUMBER OF EMPLOYEES 3-6 (Inclusive of owners)

DAYS AND HOURS OF OPERATION 10:00AM EARLIEST, 9:30pm LATEST Mon-Sun Varying

SQ. FOOTAGE OF AREA TO BE OCCUPIED 1200

OFF STREET PARKING SPACES AVAILABLE TO SPACE BEING OCCUPIED # _____

DOES OPERATION INVOLVE USE OR STORAGE OF FLAMMABLE/COMBUSTIBLE OR HAZARDOUS MATERIALS _____ YES NO IF YES, SUPPLY QUANTITIES AND MSDS SHEETS ON PRODUCTS INVOLVED (ATTACH TO APPLICATION)

BOROUGH USE ONLY:

REFERRAL DATE _____

DEPARTMENT	APPROVAL/DENIAL	SIGNATURE	DATE
Zoning/Building	/	/	/
Police			
Fire Prevention			
Health			

NAME VERTICAL FITNESS & DANCE LLC

PREVIOUS BUSINESS AT THIS LOCATION:

DESCRIBE OPERATION OF PREVIOUS BUSINESS

Unoccupied

NUMBER OF EMPLOYEES AT PREVIOUS BUSINESS _____ PARKING SPOTS _____

IF CORPORATION: The information below is required for each officer and each stockholder owning 10% or more of the stock. List the name, address and phone number of each registered agent:

LC NAME Amy Gibbons
ADDRESS 489 E Woodbridge Ave
Avenel NJ 07001
PHONE # 732-991-5676

NAME KyMBERLI M Rios
ADDRESS 8 BRENNIS PL
SOUTH RIVER, NEW JERSEY 08882
PHONE # 732-698-1968 / 732-735-7124

NAME, ADDRESS AND PHONE OF ATTORNEY (IF ANY):

N/A

PLEASE ANSWER THE FOLLOWING:

Applicant(s) ever been denied a license to conduct a business YES NO
If YES, describe in detail. (Date, business, location)

N/A

Applicant(s) ever been arrested or convicted of a crime, or violation of any municipal ordinance in the Borough of South River or any other municipality, other than traffic offenses?

YES NO

Is applicant currently the subject of any outstanding warrants? YES NO

If YES to the above, set forth the date and place of the offense, nature of the offense and the punishment or penalty imposed. (Date, location, disposition)

N/A

The undersigned makes these statements above to induce the Borough of South River to issue the license herein applied for and agrees to comply with all laws and ordinances of the Borough applicable to the subject business above referred to. I certify the information contained in this application is true and correct.

Amy Hill / KyMBERLI M Rios
Applicant Signature

4/23/13 4/23/2013
Date

G

RECEIVED

MAY 17 2013

BOROUGH CLERK

Anastasia Kokinos
41 Mercer St.
South River, NJ 08882
732-425-8993
Soulak2011@hotmail.com

May 15, 2013

South River Board of Health
Jaime Keith, President

Re: Resignation

Dear Ms. Keith,

It is with deep regret I must inform you that due to time constraints I will find it impossible to continue as a board member of the South River Board of Health and I request this resignation to take effect immediately.

Because the board is important to our town and its residents, I find it difficult to devote the time I believe it deserves to assist in its functions.

I apologize if this creates any inconvenience and I hope I will be able to assist in a future time.

Sincerely,

Anastasia Kokinos
Cc: Debra Jones BOH Secretary

May 23, 2013

H

To Whom It May Concern:

I would like to apply for the alternate position on the South River Board of Health. As a previous member, I am aware of the Board's accomplishments and community dedication. I would truly be honored to be part of this organization.

I have included my resume below for you to review. Thank you so much for your consideration.

Sincerely,
Shari Mammano

SHARI Levy Mammano

94-D Arrowood Road, Manalapan, NJ 07726
(732) 995-2313 · wellnessed@aol.com

EDUCATION:

Attend Health & Wellness Conferences and Seminars (1996-present)

Brooklyn College, Brooklyn, New York
Bachelor of Arts in Sociology with a major concentration in Math

PROFESSIONAL EXPERIENCE:

1996–Present

ALTERNATIVE INTEGRATED MEDICAL SERVICES, LLC (AIMS)
East Brunswick, New Jersey
Public Relations/Marketing Director

Responsible for overseeing all marketing and public relations for an alternative medical healthcare center.

The Wellness Foundation Director - non-profit organization providing health and wellness information via seminars and fairs, as a public service. Create programs, press releases, oversee all marketing, book dates and secure venues. Develop surveys to determine topics of interest for presentation.

ASSOCIATIONS:

- South River Coat Drive (2012)
- Salvation Army Board of Advisors (2011-present)
- East Brunswick Business Alliance - Board Member (2011-present)
- South River Board of Health - Board Member (2010-2011)
- W & G Women's Networking Group (2000-present)
- Board of Advisors - American Cancer Society (2007-present)
- Committee Member for Wine and Roses - American Cancer Society (2007-present)
- East Brunswick Regional Chamber of Commerce - Board Member (2004-present)
- East Brunswick Regional Chamber of Commerce Charitable Foundation - Board Member (2004-present)
- Committee Chair for the Kick Cancer Program (2007-2009)
- Co-Vice President of the East Brunswick Regional Chamber of Commerce (2006-2007)
- East Brunswick Holiday Food Drive (2001-2008)
- Wellness Education Foundation Coat Drive (2001)
- Relay for Life (American Cancer Society)
- Strides (American Cancer Society)
- American Heart Association
- Toys 4 Tots
- NJ Food Bank

AWARD:

- 2012 East Brunswick Business Alliance Chairman's Award
- 2011 East Brunswick Regional Charitable Foundation Award
- 2006 Volunteer-of-the-Year (presented by the East Brunswick Regional Chamber of Commerce)

I

Patricia Oconnor

From: Eric Lange [elange@jpnlaw.us]
Sent: Monday, May 20, 2013 1:09 PM
To: Patricia Oconnor; Frederick Carr
Cc: James Nolan
Subject: Mercantile License Ordinance Amendment
Attachments: ORDINANCE.mercantile license.docx

Pat:

Attached is an ordinance amending the existing mercantile license ordinance. As discussed at the prep session prior to the last council meeting, this amendment eliminates the requirement to perform a criminal background/warrant check on applicants for a mercantile license. If you need anything else, let me know. Thanks.

Eric Lange
James P. Nolan & Associates
61 Green Street
Woodbridge, NJ 07095
phone (732) 636-3344
fax (732) 636-1175

5/22/2013

AN ORDINANCE AMENDING BOROUGH CODE CH. 209 – LICENSED TRADES AND OCCUPATIONS, REMOVING THE REQUIREMENT TO PERFORM A CRIMINAL BACKGROUND CHECK ON ALL APPLICANTS

WHEREAS, in accordance with Ordinance Number 209-6(A)(3), all applications for a mercantile license or permit are to be submitted to the Chief of Police to determine whether the applicant has been convicted of a criminal or disorderly persons offense and whether or not there are any outstanding warrants against the applicant, and

WHEREAS, the ability of the Chief of Police to perform criminal background checks for the purposes of approving a mercantile license is limited to determining if an applicant has ever been convicted of an offense within the Borough of South River, and

WHEREAS, obtaining the criminal history of applicants for mercantile licenses is of little benefit to the Borough,

NOW, THEREFORE BE IT ORDAINED AND ENACTED, by the Mayor and Borough Council of the Borough of South River, that Ordinance 209 entitled ALicensed Trades and Occupations@ be amended as follows:

SECTION I: Ordinance Number 209-6(A)(3) shall be deleted.

SECTION II: All questions related to an applicant's criminal history shall be deleted from the Borough Mercantile License Application.

SECTION III: Chapter 209 shall now read as follows:

Chapter 209. LICENSED TRADES AND OCCUPATIONS

§ 209-6. Investigations and inspections.

[Amended 9-27-1995 by Ord. No. 1995-27]

A. Upon receipt of an application for a license or permit, the Borough Clerk shall refer such application to the following departments for the purpose of making an investigation or inspection, and said departments shall make a report thereon, favorably or otherwise, within seven business days after receiving the application or a copy thereof. If said report shall recommend a denial, the reasons for said denial must be set forth.

(1) Health Department (with respect to such licenses in connection with the care and handling of food and preventing of nuisances and spread of disease).

- (2) Zoning Officer (to determine solely whether the proposed business conforms to the zone in which the property is located).
- (3) Fire Prevention Department (to determine whether or not the building or structure in which the business is intended to operate complies with the fire safety codes).

B. In the event that the departments' investigation or inspection produces an unfavorable decision, that department must set forth specifically why the applicant is being given the unfavorable decision in writing.

SECTION IV: The various parts, sections, clauses of this Ordinance are hereby declared to be severable. If any part, sentence, paragraph, section or clause is adjudged unconstitutional or invalid by a court of competent jurisdiction, the remainder of the Ordinance shall not be affected thereby.

SECTION V: Any ordinances and parts thereof in conflict with the provisions of this Ordinance are hereby repealed to the extent of such conflict.

SECTION VI: This Ordinance shall take effect upon final adoption and publication as may be required by law.

Dated:

APPROVED:

JOHN M. KRENZEL MAYOR

ATTEST:

PATRICIA O'CONNOR, Registered Municipal Clerk

*Borough of South River, NJ
Thursday, May 23, 2013*

Chapter 209. LICENSED TRADES AND OCCUPATIONS

§ 209-6. Investigations and inspections.

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- (1) Health Department (with respect to such licenses in connection with the care and handling of food and preventing of nuisances and spread of disease).
 - (2) Zoning Officer (to determine solely whether the proposed business conforms to the zone in which the property is located).
 - (3) Chief of Police (to determine whether the applicant has been convicted of a criminal or disorderly persons offense or whether or not there are any outstanding warrants).
 - (4) Fire Prevention Department (to determine whether or not the building or structure in which the business is intended to operate complies with the fire safety codes).
- B. In the event that the departments' investigation or inspection produces an unfavorable decision, that department must set forth specifically why the applicant is being given the unfavorable decision in writing.

BOROUGH OF SOUTH RIVER

48 WASHINGTON STREET
SOUTH RIVER, NJ 08882
PHONE 732-257-1999
FAX 732-613-6105



APPLICATION FOR MERCANTILE LICENSE

FEES:
\$50.00 NEW
\$25.00 Transfer

NAME OF BUSINESS _____

PROPOSED LOCATION _____

BLOCK# _____ **LOT#** _____

BUSINESS TELEPHONE _____

NATURE OF BUSINESS (Describe Operation)

APPLICANT INFORMATION

NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE# **HOME** _____ **CELL** _____

DATE OF BIRTH _____ **SOCIAL SECURITY #** _____

DRIVER'S LICENSE# _____

ATTACH A COPY OF YOUR DRIVERS LICENSE - Address on your identification must match the address on this application.

PROPOSED BUSINESS AT THIS LOCATION:

NUMBER OF EMPLOYEES _____

DAYS AND HOURS OF OPERATION _____

SQ. FOOTAGE OF AREA TO BE OCCUPIED _____

OFF STREET PARKING SPACES AVAILABLE TO SPACE BEING OCCUPIED # _____

DOES OPERATION INVOLVE USE OR STORAGE OF FLAMMABLE/COMBUSTIBLE OR HAZARDOUS MATERIALS _____ **YES** _____ **NO** **IF YES, SUPPLY QUANTITIES AND MSDS SHEETS ON PRODUCTS INVOLVED (ATTACH TO APPLICATION)**

BOROUGH USE ONLY:

REFERRAL DATE _____

	DEPARTMENT	APPROVAL/DENIAL	SIGNATURE	DATE
	Zoning/Building			
	Police			
	Fire Prevention			
	Health			

NAME _____

PREVIOUS BUSINESS AT THIS LOCATION:

DESCRIBE OPERATION OF PREVIOUS BUSINESS

NUMBER OF EMPLOYEES AT PREVIOUS BUSINESS _____ PARKING SPOTS _____

IF CORPORATION: The information below is required for each officer and each stockholder owning 10% or more of the stock. List the name, address and phone number of each registered agent:

NAME _____ NAME _____

ADDRESS _____ ADDRESS _____

PHONE # _____ PHONE # _____

NAME, ADDRESS AND PHONE OF ATTORNEY (IF ANY):

PLEASE ANSWER THE FOLLOWING:

Applicant(s) ever been denied a license to conduct a business ___ YES ___ NO
If YES, describe in detail. (Date, business, location)

Applicant(s) ever been arrested or convicted of a crime, or violation of any municipal ordinance in the Borough of South River or any other municipality, other than traffic offenses?
___ YES ___ NO

Is applicant currently the subject of any outstanding warrants? ___ YES ___ NO

If YES to the above, set forth the date and place of the offense, nature of the offense and the punishment or penalty imposed. (Date, location, disposition)

The undersigned makes these statements above to induce the Borough of South River to issue the license herein applied for and agrees to comply with all laws and ordinances of the Borough applicable to the subject business above referred to. I certify the information contained in this application is true and correct.

Applicant Signature

Date