

AGENDA:

MAYOR AND BOROUGH COUNCIL

MEETING NO.6

DATE: 3/9/15

7:00 P.M.

BUSINESS (X)

REGULAR ()

SPECIAL ()

ROLL CALL: Mayor Krenz () Atty: _____
 Clm. Ciulla () Clm. Jones () Eng: _____
 Clm. Gurchensky () Clm. Trenga () Adm: _____
 Clm. Haussermann () Clm. Hutchison () : _____

Public Announcement - Chapter 231, P. L. 1975

PUBLIC COMMENTS (agenda items only)

MINUTES

Minutes of Meeting No. 5 held on February 23, 2015

REPORTS

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

LICENSES

Wreckers: Coppa's Service Center (Attachment A)
 George Logan Towing, Inc. (Attachment B)
 Rich's Towing Service Inc. (Attachment C)
 Raporti Auto Mall (Attachment D)
 Fred's Towing (Attachment E)

Taxi Owners: Kelly's Car Service (Attachment F)
 Oasis Taxi (Attachment G)

NEW BUSINESS

Refund of electric consumer deposits (Attachment H)
 Authorize Administrator to go out to Bid for Lease Ground Space – Ivan Way tower
 Authorize Administrator to go out to Bid for Lease Ground Space – Appleby Ave. tower
 Authorize CME to file Annual NJDEP Storm Water Report (Attachment I)
 Authorize CME services for 2010 Roadway Improvements litigation (Attachment J)
 Amend Ch. 193, Sec. 193-31, Sch. IIA Handicapped Parking (Attachment K)
 Approve Mercantile license for Garden Deli LLC (Attachment L)
 Approve Mercantile license for D'Clase Wireless (Attachment M)
 Approve William Synek – Life Membership Status – SR Rescue Squad (Attachment N)
 Appoint Probationary Member to SR Rescue Squad: Alexandria Kulik (Attachment O)
 Appoint Ryan Geesey – Dispatcher – SRPD (Attachment P)
 Award State contract for Pickup Truck – Dept. of Public Works
 Award State contract for Dump Truck – Dept. of Public Works
 Award State contract for pagers – Fire Dept.

UNFINISHED BUSINESS

Downtown business area – Redevelopment (Attachments Q, R)
 Dispatchers Agreement (previously provided)
 Agreement with National Church Residents/Willett Manor (Attachment S)
 Award contract for Purchase of new Rear Loader Refuse Truck to Cambria Automotive Companies Inc. (Attachment T)

COUNCIL COMMENTS

EXECUTIVE SESSION

Personnel/Contracts

ADJOURNMENT

A

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



2015

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant Coppa's Service Center Trade Name same

Owner, Lessee Mario Coppa III

Address 1 Moore Rd. North Brunswick NJ 08902

Phone Number 732-297-7530 FAX 732-297-1717

Name & Address of each Partner N/A

If a Partnership; Name, Date, & State under which organized /

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses Mario Coppa III
1 Moore Road, North Brunswick, NJ 08902
President, VP, Secy. & Treasurer

If a Foreign Corporation; are you authorized to do business in the State of New Jersey: N/A
Yes No

Number of Vehicles 4 @ 50.00 per vehicle Total Fee Enclosed \$ 200
Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
2015	Ford	F550	Flatbed	5-25	✓	✓
2001	Peterbilt	379	Wrecker	5-24	✓	✓
2005	Chevy	CC5500	Flatbed	5-23	✓	✓
1990	Int'l	6500	Flatbed	5-21	✓	✓

Please list below how long the wrecker has been in use as a wrecker:

YEAR	MAKE	MODEL	HOW LONG IN USE
2015	Ford	Flatbed	0 yrs.
2001	Peterbilt	Wrecker	5 yrs.
2005	Chevy	Flatbed	9 yrs.
1990	Int'l	Flatbed	14 yrs.

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: **AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT**

Proposed rates within Boro Limits As per Ordinance

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company Hanover/Citizens/Travelers

Address see Attached certificate

Affidavit of Applicant: I do hereby swear that the above information to be true and Correct to the best of my knowledge.

Mari Rapp III

(Signature of Applicant)

For Borough Use Only:

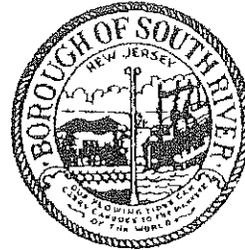
Date Filed 1/25/15 Fee Paid 20 Cash/Check 46009
 Referred to SRPD: 1/25/15 Date 3/3/15 Approved/Denied SRPD A.K. Date
 License No. _____ Date Issued _____

License Period will be from January 1st through December 31st of any year.

Revised 1/14

B

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



2015

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant GEORGE Logan Towing INC Trade Name Same

Owner, Lessee GEORGE E. Logan

Address 371 Old Georges RD North Brunswick, NJ. 08902

Phone Number 732-297-0341 FAX 732-297-6555

Name & Address of each Partner George & Rosemarie Logan JR
280 Washington Pl
NO. BRUNSWICK NJ 08902

If a Partnership; Name, Date, & State under which organized Corp

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses

George E Logan JR (Pres)
Rosemarie Logan (V.P., Sec, Treas)
280 Washington Pl NO Brunswick NJ. 08902

If a Foreign Corporation; are you authorized to do business in the State of New Jersey:
Yes No

Number of Vehicles 4 @ 50.00 per vehicle Total Fee Enclosed \$ 200⁰⁰
Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
155	Kenworth	T800	HEAVY	J328271	✓	✓
C-30	INTERN	4400	Flatbed	H282038	✓	✓
C-36	HINO	258	Flatbed	S51318	✓	✓
C-34	HINO	258	Flatbed	S50359	✓	✓

SUPD.
Chief
D. Hale
M. Kucharski

Please list below how long the wrecker has been in use as a wrecker:

155
C-30
C-36
C-34

YEAR	MAKE	MODEL	HOW LONG IN USE
2014	Kenworth	F800 H/D	3 months
2011	INTERN	4400 Flatbed	3 yrs
2013	HINO	258 Flatbed	1 yr
2013	HINO	258 Flatbed	1 yr

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT

Proposed rates within Boro Limits As per ordinance

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company State National Ins. Co.
 Address Folkes Ln 530 E. main ST STE 43 Box 369 Chestertn. 07930

Affidavit of Applicant: I do hereby swear that the above information to be true and Correct to the best of my knowledge.

George P. Longo Jr.
 (Signature of Applicant)

For Borough Use Only:

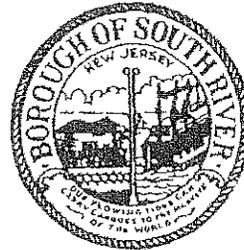
Date Filed 1/7/15 Fee Paid 202 Cash/Check 56.335
 Referred to SRPD: 1/7/15 Date Approved/Denied SRPD 3/3/15 Date AK
 License No. _____ Date Issued _____

License Period will be from January 1st through December 31st of any year.

Revised 1/14

C

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



2015

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant RICH'S TOWING SERVICE INC Trade Name RICH'S TOWING SERVICE INC

Owner, Lessee RICHARD C PARIS

Address 1099 14TH STREET NORTH BRUNSWICK NJ 08902

Phone Number 732-435-0655 FAX 732-342-9531

Name & Address of each Partner NONE

If a Partnership; Name, Date, & State under which organized N/A

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses RICHARD C PARIS

If a Foreign Corporation; are you authorized to do business in the State of New Jersey:
 Yes N/A No

Number of Vehicles 4 @ 50.00 per vehicle Total Fee Enclosed \$ 200.00
Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
SEE COPY OF REG + INS.						

Please list below how long the wrecker has been in use as a wrecker:

YEAR	MAKE	MODEL	HOW LONG IN USE

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: **AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT**

SEE ATTACHED DRIVERS LICENSES

Proposed rates within Boro Limits AS PER ORDINANCE

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company UTICA MUTUAL INS

Address PO BOX 6532 UTICA N.Y. 13504-6532

Affidavit of Applicant:
MerrieAnne Paris
 NOTARY PUBLIC OF NEW JERSEY
 Commission Expires 1/27/2019

I do hereby swear that the above information to be true and Correct to the best of my knowledge.

Richard C Paris

(Signature of Applicant)

MerrieAnne Paris 12/24/2014

For Borough Use Only:

Date Filed 1/2/15 Fee Paid 0.00 Cash/Check #6920

Referred to SRPD: 1/2/15 Date Approved/Denied SRPD 3/3/15 Date

License No. _____ Date Issued _____

License Period will be from January 1st through December 31st of any year.

Revised 1/14

[Handwritten initials]

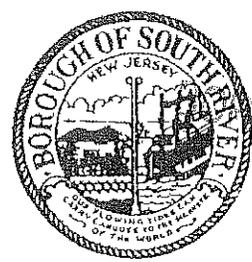
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RECEIVED

DEC 15 2014

BOROUGH CLERK

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



2015

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant ARTHUR RIPORETTI Trade Name Riporetti's Auto Mall
Owner, Lessee ARTHUR RIPORETTI
Address 1615 English Town Rd OLD BRIDGE NJ 08857
Phone Number 732 251 8888 / 732 307 2478 FAX 732 251 9394
Name & Address of each Partner NONE

If a Partnership; Name, Date, & State under which organized _____

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses _____

If a Foreign Corporation; are you authorized to do business in the State of New Jersey:
 Yes No

Number of Vehicles 1 @ 50.00 per vehicle Total Fee Enclosed \$ 50.00
Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
1997	INTERNATIONAL	4700	PLATBED	1HTSCABM0 UH 45522R	ENCLOSED Copy	ENCLOSED Copy

@: Chris
D Hall
M Kucharski

Please list below how long the wrecker has been in use as a wrecker:

YEAR	MAKE	MODEL	HOW LONG IN USE
1997	INTERNATIONAL	4700	7 YEARS

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: **AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT**

ARTHUR REPORT,

Proposed rates within Boro Limits _____

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company UNIVERSAL UNDERWRITERS INS COOP

Address 7045 COLLEGE BLVD. OVERLAND PARK KS 66211

Affidavit of Applicant: I do hereby swear that the above information to be true and Correct to the best of my knowledge.

Arthur Report

(Signature of Applicant)

For Borough Use Only:

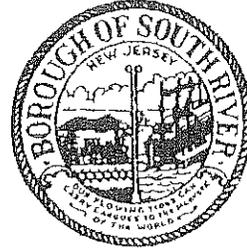
Date Filed 12/12/14 Fee Paid 50 Cash/Check #421
 Referred to SRPD: 12/15/14 Date Approved/Denied SRPD 3/3/15 Date JK
 License No. _____ Date Issued _____

License Period will be from January 1st through December 31st of any year.

Revised 1/14

E

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



2015

APPLICATION FOR WRECKER'S LICENSE

Name of Applicant BARBARA Koch Trade Name FRED'S TOWING

Owner, Lessee BARBARA Koch

Address 23 ROBERT ST SOUTH RIVER NJ 08882

Phone Number 732-254-9060 FAX 732 254 6112

Name & Address of each Partner _____

If a Partnership; Name, Date, & State under which organized _____

If a Corporation; Names of Directors, Principal Officers, & Local Representatives & their business addresses _____

If a Foreign Corporation; are you authorized to do business in the State of New Jersey:
_____ Yes _____ No

Number of Vehicles 1 @ 50.00 per vehicle Total Fee Enclosed \$ 50
Check or Money order made payable to Borough of South River

Please list below a description of EACH tow vehicle to be utilized in your business:

YEAR	MAKE	MODEL	TYPE	VEHICLE ID #	PROOF OF REG.	PROOF OF INS.
2007	FREIGHT	FLAT BED				

Please list below how long the wrecker has been in use as a wrecker:

YEAR	MAKE	MODEL	HOW LONG IN USE
2007	FREIGHTLINER		8 YRS

List below all personnel who are authorized by the applicant to provide services on behalf of the applicant: **AUTHORIZED PERSONNEL NEED TO COMPLETE THE ATTACHED FORM AND SUBMIT A COPY OF THEIR DRIVER'S LICENSE WITH DMV ABSTRACT**

FRED Koch

Proposed rates within Boro Limits \$ 110 per tow

Required Insurance: Indemnity for Property Damage-\$10,000 and Personal Injury Not less than \$100,000 and \$300,000. Please attach a copy of insurance policy to this application.

Name of Insurance Company LIBERTY MUTUAL

Address PO Box 2051 KEENE NH

Affidavit of Applicant: I do hereby swear that the above information to be true and Correct to the best of my knowledge.

Barbara Koch

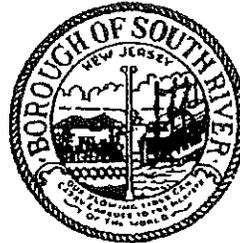
(Signature of Applicant)

For Borough Use Only:

Date Filed 1/22/15 Fee Paid 50 Cash/Check #8341
 Referred to SRPD: 1/21/15 Approved/Denied SRPD 3/3/15 [Signature]
 License No. _____ Date Issued _____

License Period will be from January 1st through December 31st of any year.

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247



F
Kelly's
2015

APPLICATION FOR TAXICAB OWNER'S LICENSE

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

INDIVIDUAL OWNER

Name Jon Mitzner Home/Cell Phone 732.425.0120
(Print Name) Business Phone 732.257.1655

Address: 18 B Pine Cluster Manalapan, NJ 07726

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 Onyx Policy No. 01C-NJ-0000039

Date of commencement and expiration of insurance coverage presently in effect
1-28-14 - 1-28-15

A. If an individual:
Are you a citizen of the United States? yes
When and where born? 8-31-68 Brooklyn

If naturalized, when and where? _____
Date Number Location of Court

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

Give company name JJ MIT LLC DBA Kelly's Car Service

Main office address _____

Branch offices _____

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

Jon Mitzner residing at 18 B Pine Cluster Manalapan, NJ
_____ residing at _____
_____ residing at _____
_____ residing at _____
_____ residing at _____

Are all Directors, partners or members citizens of the United States? yes

If naturalized, when and where?

Date _____ Number _____ Location of Court _____

3. Have any of the above described individuals ever been arrested or summoned to Court?
yes If yes, give particulars and disposition of every case. _____

5/5/87 Possession of Marijuana. Charges Dismissed

4. How many licenses are being sought? _____

5. Address where all vehicles are to be kept. 52 Obert St.

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 _____
Title of Person signing below _____
Signature _____

INDIVIDUAL APPLICANT'S AFFIDAVIT

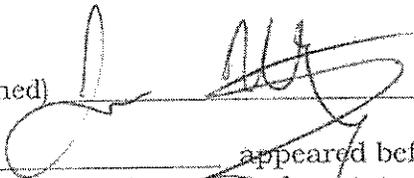
(NOTARY: PLEASE EXERCISE EXTREME CARE IN ACKNOWLEDGING THE FOLLOWING APPLICABLE AFFIDAVIT.)

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

Jon Mitzner, 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: 12/18/2014

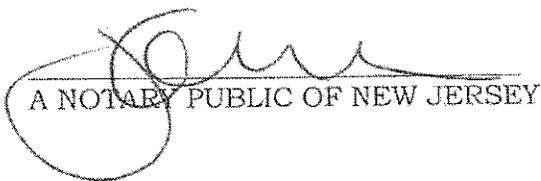
(Signed)

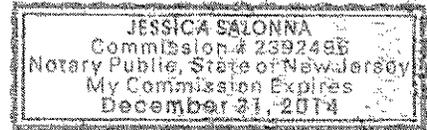


On December 18, 20 14 appeared before me and acknowledged that the answers to the foregoing questions and other statements contained therein are true of his/her own knowledge and belief.

Sworn to and subscribed before me
this 18th
day of December, 20 14

Affix Seal


A NOTARY PUBLIC OF NEW JERSEY



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.:

Jon Mitzner, being duly sworn, deposes and says that he/she is one of the Directors, partners or members of DMIT, DBA Kelly's 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:

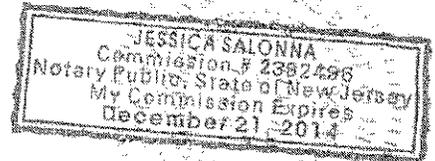


Sworn to and subscribed before me
this 18th
day of December, 2014

Affix Seal



A NOTARY PUBLIC OF NEW JERSEY



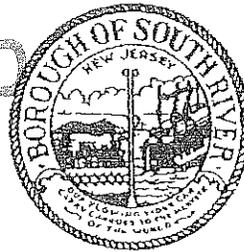
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OASIS
2015

BOROUGH OF SOUTH RIVER
MIDDLESEX COUNTY
NEW JERSEY
08882-1247

RECEIVED

DEC 18 2014



BOROUGH CLERK

APPLICATION FOR TAXICAB OWNER'S LICENSE

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

INDIVIDUAL OWNER

RECEIVED

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

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 Millenium Ins Policy No. TLNT-03335

Date of commencement and expiration of insurance coverage presently in effect
02-21-2014 - 02-21-2015

A. If an individual:
Are you a citizen of the United States? yes
When and where born? 03-20-1977

If naturalized, when and where? _____
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 Street South River NJ

Branch offices _____

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

Enimla Perez residing at 22 Hillside R-O EAST B

Joaquin Perez residing at 22 Hillside R-O EAST B

_____ residing at _____

_____ residing at _____

_____ residing at _____

Are all Directors, partners or members citizens of the United States? YES

If naturalized, when and where?

Date	Number	Location of Court
------	--------	-------------------

3. Have any of the above described individuals ever been arrested or summoned to Court?
_____ If yes, give particulars and disposition of every case. _____

NO

4. How many licenses are being sought? 13 licenses

5. Address where all vehicles are to be kept. Municipal PARKING AT OBERT ST
SOUTH RIVER

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

NONE

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 _____

Title of Person signing below _____

Signature _____

INDIVIDUAL APPLICANT'S AFFIDAVIT

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

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

Enimia Perez / Joaquin Perez, 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: 11/24/14 (Signed) [Signature]

On Nov. 24, 20 14 Enimia Perez / 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 24
day of Nov

[Signature]
MAREN BORTONO
Notary Public, State of New Jersey
Commission # 2286389
My Commission Expires
March 15, 2017
Affix Seal
A NOTARY PUBLIC OF NEW JERSEY

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.:

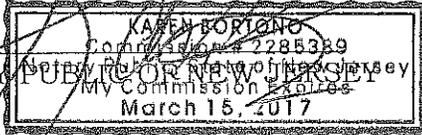
Enima Perez / Joaquin Perez, being duly sworn, deposes and says that he/she is one of the Directors, partners or members of DASH TAXI which said company is making the foregoing application for a taxicab license; that the information contained in this application is true and correct. I understand that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

(Signed)
Title:

[Signature]

Sworn to and subscribed before me
this 24
day of November 2014

A NOTARY PUBLIC FOR NEW JERSEY



Affix Seal

H

Request for Council Action

Date: 3/4/15

Resolution: ✓

Ordinance: _____

Other Reason for Request (Attach Back-up)

UTILITY REFUNDS

Funds Appropriated: yes no not applicable

 Russ Buck
Department Head


Approval/Disapproval Administrator

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>
66-999-929-610 WTR PREV	S ALBERTO & C BARABAS 85 ABBOTSFORD RD NORTH PLAINFIELD, NJ 07060	\$10.44
65-999-000-875 ELEC CURRENT	EDWARD ANDRE 29 TERRY AVE SOUTH RIVER, NJ 08882	\$138.34
65-999-941-106 CD	DOUG BOYLER 22 DEVOE ST SOUTH RIVER, NJ 08882	\$135.30
65-999-936-629 ELEC PREV	11 RUSSELL PARTNERSHIP PO BOX 6187 EAST BRUNSWICK, NJ 08816	\$270.57
65-999-000-301 ELEC PREV	LIGHTHOUSE SOUTH RIVER LLC	\$31.38
65-999-000-457 ELEC PREV	PO BOX 1524	\$11.61
65-999-000-525 ELEC PREV	ENGLEWOOD, NJ 07632	\$19.00
65-999-000-527 ELEC PREV		\$21.50
65-999-000-687 ELEC PREV		\$28.57
65-999-000-688 ELEC PREV		\$19.11
65-999-000-689 ELEC PREV		\$44.74
65-999-000-716 ELEC PREV		\$12.95
65-999-000-717 ELEC PREV		\$92.59
65-999-857-649 ELEC PREV		\$485.29
65-999-860-806 ELEC PREV		\$80.49
65-999-872-807 CD	MASAFUMI NAKATANI 9 FAIRVIEW AVE SOUTH RIVER, NJ 08882	\$47.98
65-999-000-272 ELEC PREV	GARY PANCHELLA 17 HIGHWAY TERRACE EDISON, NJ 08817	\$559.19
65-999-977-769 ELEC CURRENT	SIGNATURE CLOSING SERVICES, LLC 520 SPEEDWELL AVE SUITE 103 MORRIS PLAINS, NJ 07950	\$68.87

66-999-949-861 WTR PREV

TITLE AGENCY INC
ESCROW ACCT
141 MAIN ST
SOUTH RIVER, NJ 08882

\$52.95

/s/ _____
Councilmember

/s/ _____
Councilmember

I

JOHN H. ALLGAIR, PE, PP, LS (1983-2001)
DAVID J. SAMUEL, PE, PP, CME
JOHN J. STEFANI, PE, LS, PP, CME
JAY B. CORNELL, PE, PP, CME
MICHAEL J. McCLELLAND, PE, PP, CME
GREGORY R. VALES, PE, PP, CME



TIMOTHY W. GILLEN, PE, PP, CME
BRUCE M. KOCH, PE, PP, CME
LOUIS J. PLOSKONKA, PE, CME
TREVOR J. TAYLOR, PE, PP, CME
BEHRAM TURAN, PE, LSRP

March 2, 2015

Borough of South River
48 Washington Street
South River, New Jersey 08882

Attn.: Frederick Carr
Borough Administrator

Re: NJDEP Storm Water Discharge Permit
2014 Annual Report
South River, New Jersey
Our File No.: PSR00051.09

Dear Mr. Carr:

As you are aware, the NJDEP requires all municipalities to file the annual Storm Water Report. This year the deadline is May 2nd. We can provide this service for a cost not to exceed \$2,250.00. Our services will include gathering the required information, completing the online report including the new supplemental questionnaire and filing them with the NJDEP.

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/sm

cc: Mayor John Krenzel

J

JOHN H. ALLGAIR, PE, PP, LS (1983-2001)
DAVID J. SAMUEL, PE, PP, CME
JOHN J. STEFANI, PE, LS, PP, CME
JAY B. CORNELL, PE, PP, CME
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LOUIS J. PLOSKONKA, PE, CME
TREVOR J. TAYLOR, PE, PP, CME
BEHRAM TURAN, PE, LSRP

March 5, 2015

Borough of South River
48 Washington Street
South River, NJ 08882

Attn: Frederick Carr, Borough Administrator

Re: **2010 Roadway Improvements Litigation**
South River, New Jersey
Our File No.: PSR00635.02

Dear Mr. Carr:

Pursuant to your request, we respectfully submit this proposal for providing engineering services for the above referenced matter. Our work will include compiling the information below:

- Research the New Jersey State Contract price for Traffic Control Drums.
- Review the project bid tabulation to identify the unbalanced bid prices of the AMC Industries bid and create a spreadsheet comparing it to the average unit price bid by the other five (5) bidders.
- Review the project punch-list and prepare a construction cost estimate for the required work.
- Compile all of the emails between CME Associates and AMC Industries concerning this project.

We can provide these services for a cost not to exceed \$3,980.00. If additional information is required, we will provide the Borough with a separate proposal for performing same.

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/sm
Enclosure

cc: Mayor John Krenzel
All Council Members
Borough Clerk
Chief Financial Officer

K



SOUTH RIVER POLICE DEPARTMENT

Mark E. Tinitigan
Chief of Police
61 Main Street
South River, NJ 08882
Phone: (732) 238-1000
Fax: (732) 613-6103

Date: March 2, 2015

To: Chief Tinitigan

From: Lt. Kucharski

Re: Handicapped Parking Space

Ms. Angelina Renoux, who resides at 13 Center St., has made application with the South River Police Department to have a permanent handicapped parking space established in front of her residence .

I have inspected the area and found that the creation of the handicapped spot would not cause any traffic issues.

Ms. Renoux has provided this agency with a copy of his "Disabled Person I.D." issued to her by the New Jersey Division of Motor Vehicles as well as a signed physician's script outlining her disability and the need for the handicapped parking space.

I am requesting the Mayor and Council approve the following space for Ms. Renoux

<u>STREET</u>	<u>SIDE</u>	<u>LOCATION</u>
Center St.	East	50' South of Union Ave.

Thank you,

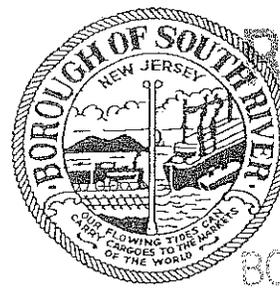
A handwritten signature in black ink, appearing to read "M. T. Kucharski", written over a horizontal line.

Lt. Michael T. Kucharski

Patrol Division

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

L



RECEIVED

FEB - 6 2015

BOROUGH CLERK

APPLICATION FOR MERCANTILE LICENSE

FEE:
\$50.00 NEW
\$25.00 Transfer

NAME OF BUSINESS Garden Deli LLC
PROPOSED LOCATION 148 Whitehead Ave South River NJ 08882
BLOCK# 275 LOT# 1
BUSINESS TELEPHONE 732-254-4100

NATURE OF BUSINESS (Describe Operation)

Resturant

APPLICANT INFORMATION

NAME Melvin A Leon Alvarado
HOME ADDRESS 205 Howard st
CITY, STATE, ZIP New Brunswick N.J.
TELEPHONE# HOME () CELL (732)-558-3402
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 2
DAYS AND HOURS OF OPERATION 7 days/week mon-Sat 6am-8pm Sun 7am-5pm
SQ. FOOTAGE OF AREA TO BE OCCUPIED 1,000 sq. ft

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 2/6/15

DEPARTMENT	APPROVAL/DENIAL	SIGNATURE	DATE
Zoning/Building	<i>[Signature]</i>	<i>[Signature]</i>	<u>2/24/15</u>
Police	<i>[Signature]</i>	<i>[Signature]</i>	<u>2/24/15</u>
Fire Prevention	<i>[Signature]</i>	<i>[Signature]</i>	<u>2/23/15</u>
Health	<i>[Signature]</i>	<i>[Signature]</i>	<u>2/23/15</u>

NAME BARDEN DERRILL
BrickTime Luncheonette DOA
BreakTime Luncheonette

PREVIOUS BUSINESS AT THIS LOCATION:

DESCRIBE OPERATION OF PREVIOUS BUSINESS

fast food, lunch, sandwiches

NUMBER OF EMPLOYEES AT PREVIOUS BUSINESS 2 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.

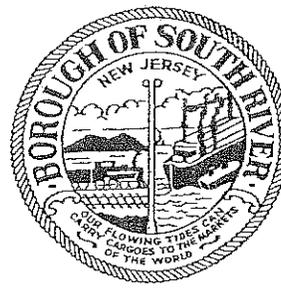
[Signature]
Applicant Signature

2/5/2015
Date

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

RECEIVED
BOROUGH OF SOUTH RIVER

2015 JAN 28 PM 12:59
CR# 1160 #50.00 PS



APPLICATION FOR MERCANTILE LICENSE

FEES:
\$50.00 NEW
\$25.00 Transfer

X NAME OF BUSINESS

B' class ~~Wireless~~ Wireless

PROPOSED LOCATION

56-MAIN ST. (B' class wireless)

BLOCK# _____ LOT# _____

X BUSINESS TELEPHONE

732-307-7041

NATURE OF BUSINESS (Describe Operation)

Phone store

APPLICANT INFORMATION

NAME

Hector Compres

HOME ADDRESS

764 May Ave

CITY, STATE, ZIP

Perth Amboy

TELEPHONE#

HOME

CELL

848-203-0911

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

2

DAYS AND HOURS OF OPERATION

Monday - Sunday 10:AM Monday - Saturday
12:AM Sunday 2:00

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

1/28/15

DEPARTMENT	APPROVAL/DENIAL	SIGNATURE	DATE
Zoning/Building	OK	Ed	2/18/15
Police	OK	MT	2/12/15
Fire Prevention	OK	RZ	2/5/15
Health	OK	EG	1/29/15

NAME D'Clase Wireless

PREVIOUS BUSINESS AT THIS LOCATION:

DESCRIBE OPERATION OF PREVIOUS BUSINESS

NUMBER OF EMPLOYEES AT PREVIOUS BUSINESS 2 PARKING SPOTS 2

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.

Nector Campos
Applicant Signature

1-23-15
Date

PATRICK GERALDO , Captain
DEPARTMENT HEAD

WILLIAM SYNEK , Asst. Captain
DEPUTY - DEPARTMENT HEAD



TONY CIULLA , Councilman
CHAIRPERSON
PUBLIC SAFETY COMMITTEE

JOHN KRENZEL , Mayor

BOROUGH OF SOUTH RIVER
DEPARTMENT OF RESCUE
EMERGENCY MEDICAL SERVICES
6 THOMAS STREET
SOUTH RIVER, NEW JERSEY 08882

RECEIVED

FEB 27 2015

BOROUGH CLERK

To: Mayor & Council
From: Patrick Geraldo, Captain
Date: February 25, 2015
Re: Resolution for Active life Membership

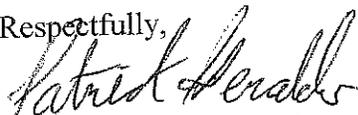
The following members has completed their requirements for Active Life Membership and meet the current criteria for Active Life Membership of the South River Rescue Squad pursuant to Chapter 72, Paragraph 65- A and 65-B-1, of the Code of the Borough of South River. Each member listed below has served ten (10) years and has met various mandated requirements.

Please prepare the necessary Resolutions for the following members for Active Life Membership status.

1) William Synek - 16 Lexington Ave - South River, NJ 08882

Thank you for your cooperation in this matter.

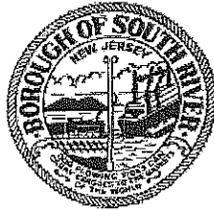
Respectfully,


Patrick Geraldo, Captain
South River Rescue Squad

C: Borough Clerk
Borough Administrator

PATRICK GERALDO , Captain
DEPARTMENT HEAD

WILLIAM SYNEK , Asst. Captain
DEPUTY - DEPARTMENT HEAD



TONY CIULLA , Councilman
CHAIRPERSON
PUBLIC SAFETY COMMITTEE

JOHN KRENZEL , Mayor

**BOROUGH OF SOUTH RIVER
DEPARTMENT OF RESCUE
EMERGENCY MEDICAL SERVICES
6 THOMAS STREET
SOUTH RIVER, NEW JERSEY 08882**

RECEIVED

MAR 3 - 2015

TO: Mayor and Council

FROM: Patrick Geraldo, Captain

BOROUGH CLERK

DATE: March 2, 2015

RE: Appointment for Rescue Squad Probationary Membership

I recommend the following applicant for Probationary Membership appointment in the Borough of South River, Department of EMS and Rescue. Please accept this applicant, pending the results of the full background check.

1. Alexandria Kulik - 23 Stephen St- South River, 08882

If there are any questions about the above listed applicant, please feel free to contact me at (732) 991-9390. I have attached a copy of the application for the Borough Clerk's Office records.

Regards

x Patrick Geraldo

Patrick Geraldo, Captain
South River Rescue Squad

PC: Borough Clerk
Borough Administrator
President, SRRS, Inc.
File

cc: J. Carr

P



SOUTH RIVER POLICE DEPARTMENT

Mark E. Tinitigan
Chief of Police
61 Main Street
South River, NJ 08882-0548
Phone: (732) 238-1000
Fax: (732) 613-6103

TO: John Krenzel, Mayor
FROM: Mark E. Tinitigan
Chief of Police
DATE: February 23, 2015
SUBJECT: Police Dispatcher Recommendations

After the completion of an extensive background investigation, I am recommending the following candidate for the position of Police Dispatcher pending the results of a comprehensive medical examination:

- Ryan Geesey

If you have any questions regarding this matter please contact me directly.

Respectfully Submitted,

Mark E. Tinitigan
Chief of Police

Cc: Frederick Carr, Borough Administrator
Patricia O'Connor, Borough Clerk
Borough Council

Q

RESOLUTION NO. 15-

RESOLUTION OF THE BOROUGH OF SOUTH RIVER, COUNTY OF MIDDLESEX, STATE OF NEW JERSEY, AUTHORIZING THE PLANNING BOARD TO UNDERTAKE AN INVESTIGATION OF THE MAIN STREET REHABILITATION DISTRICT AS A POSSIBLE AREA IN NEED OF REDEVELOPMENT, PURSUANT TO N.J.S.A. 40A:12A-6

WHEREAS, N.J.S.A. 40A:12A-6 authorizes the governing body, by resolution, to authorize the Planning Board to undertake an investigation to determine whether an area within the Borough of South River is in need of redevelopment in which the municipality may use powers provided by the Legislature for use in a redevelopment area other than the use of eminent domain or condemnation according to criteria set forth in N.J.S.A. 40A:12A-5; and

WHEREAS, it is the desire of the governing body to authorize the Planning Board to undertake such an investigation to determine whether the Main Street Rehabilitation District of the Borough of South River, satisfies the criteria to be designated as an area in need of redevelopment pursuant to the aforementioned law; and

WHEREAS, before proceeding to a public hearing on the matter in accordance with the requirements of state statute, the Planning Board shall prepare and submit to the governing body a map showing the boundaries of the proposed redevelopment area and the location of the various parcels of property included therein as identified by this Resolution, together with a statement setting forth the basis for the investigation; and

WHEREAS, any interested or affected property owners shall be duly notified of the date of a hearing for the purpose of being heard in regard to the determination of the Planning Board; and

WHEREAS, all hearing notice requirements shall be followed in accordance with the requirements of N.J.S.A. 40A:12A-6; and

NOW, THEREFORE, BE IT RESOLVED, by the governing body of the Borough of South River, County of Middlesex, State of New Jersey, as follows:

1. That the governing body does hereby authorize the Planning Board to undertake an investigation pursuant to *N.J.S.A.* 40A:12A-6 to determine if the Main Street Rehabilitation District of the Borough of South River is an area in need of redevelopment in which the municipality may use powers provided by the Legislature for use in a redevelopment area other than the use of eminent domain or condemnation.

2. That the Planning Board prepare and submit a map and report of its findings to the governing body in accordance with *N.J.S.A.* 40A:12A-6 and 40A:12A-5.

3. That the Planning Board, upon determining if Main Street Rehabilitation District of the Borough of South River is an area in need of redevelopment, after notice to the governing body, provide adequate notice of a hearing to interested parties and affected property owners pursuant to the requirements of *N.J.S.A.* 40A:12A-6.

4. That a certified copy of this resolution be forwarded to the Planning Board and the owners of record of properties located within Main Street Rehabilitation District.

Dated: February 23, 2015

Councilmember

Councilmember

CERTIFICATION

I, **PATRICIA O'CONNOR, RMC**, do hereby certify that the foregoing is a true copy of a resolution adopted by the Governing Body of the Borough of South River at a meeting held on the **23th** day of **February, 2015**.

PATRICIA O'CONNOR, RMC
Borough Clerk, Borough of South River

R

RESOLUTION NO. 15-

RESOLUTION OF THE BOROUGH OF SOUTH RIVER, COUNTY OF MIDDLESEX, STATE OF NEW JERSEY, AUTHORIZING THE PLANNING BOARD TO UNDERTAKE AN INVESTIGATION OF THE MAIN STREET REHABILITATION DISTRICT AS A POSSIBLE AREA IN NEED OF REDEVELOPMENT, PURSUANT TO *N.J.S.A. 40A:12A-6*

WHEREAS, *N.J.S.A. 40A:12A-6* authorizes the governing body, by resolution, to authorize the Planning Board to undertake an investigation to determine whether an area within the Borough of South River is in need of redevelopment in which the municipality may use powers provided by the Legislature for use in a redevelopment area including the power of eminent domain and condemnation according to criteria set forth in *N.J.S.A. 40A:12A-5*; and

WHEREAS, it is the desire of the governing body to authorize the Planning Board to undertake such an investigation to determine whether the Main Street Rehabilitation District of the Borough of South River, satisfies the criteria to be designated as an area in need of redevelopment pursuant to the aforementioned law; and

WHEREAS, before proceeding to a public hearing on the matter in accordance with the requirements of state statute, the Planning Board shall prepare and submit to the governing body a map showing the boundaries of the proposed redevelopment area and the location of the various parcels of property included therein as identified by this Resolution, together with a statement setting forth the basis for the investigation; and

WHEREAS, any interested or affected property owners shall be duly notified of the date of a hearing for the purpose of being heard in regard to the determination of the Planning Board; and

WHEREAS, all hearing notice requirements shall be followed in accordance with the requirements of *N.J.S.A. 40A:12A-6*; and

NOW, THEREFORE, BE IT RESOLVED, by the governing body of the Borough of South River, County of Middlesex, State of New Jersey, as follows:

1. That the governing body does hereby authorize the Planning Board to undertake an investigation pursuant to *N.J.S.A.* 40A:12A-6 to determine if the Main Street Rehabilitation District of the Borough of South River is an area in need of redevelopment in which the municipality may use powers provided by the Legislature for use in a redevelopment area including the power of eminent domain and condemnation.

2. That the Planning Board prepare and submit a map and report of its findings to the governing body in accordance with *N.J.S.A.* 40A:12A-6 and 40A:12A-5.

3. That the Planning Board, upon determining if Main Street Rehabilitation District of the Borough of South River is an area in need of redevelopment, after notice to the governing body, provide adequate notice of a hearing to interested parties and affected property owners pursuant to the requirements of *N.J.S.A.* 40A:12A-6.

4. That a certified copy of this resolution be forwarded to the Planning Board and the owners of record of properties located within Main Street Rehabilitation District.

Dated: February 23, 2015

Councilmember

Councilmember

CERTIFICATION

I, **PATRICIA O'CONNOR, RMC**, do hereby certify that the foregoing is a true copy of a resolution adopted by the Governing Body of the Borough of South River at a meeting held on the **23th** day of **February, 2015**.

PATRICIA O'CONNOR, RMC
Borough Clerk, Borough of South River

S

**TAX ABATEMENT AGREEMENT EXTENSION BY AND BETWEEN NATIONAL
CHURCH RESIDENCES OF SOUTH RIVER, N.J. AND THE BOROUGH OF SOUTH
RIVER FOR THE
WILLETT MANOR LOCATED AT
340 WHITEHEAD AVENUE, SOUTH RIVER, NJ
(BLOCK 356, LOT 1)**

This Tax Abatement Agreement Extension made this ____ day of _____, 2015 between National Church Residences of South River, N.J., a non-profit corporation of the State of Ohio (the "Corporation") and authorized to do business in New Jersey, with a housing facility known as Willett Manor, located at 340 Whitehead Avenue, South River, New Jersey 08882 (the "Project"), and the BOROUGH OF SOUTH RIVER, a municipal corporation, in the County of Middlesex and State of New Jersey (the "Municipality").

WHEREAS, the Municipality and the Corporation are parties to a Tax Abatement Agreement on the Project dated September 6, 1990 which is still in force and effect; and

WHEREAS, it is the intention of the Municipality to extend the Tax Abatement Agreement through December 31, 2052 in accordance with N.J.S.A. 40A:20-5.1 and N.J.S.A. 40A:20-13.1

NOW, THEREFORE, in consideration of the mutual covenants herein contained and for good and valuable consideration, it is mutually agreed as follows:

1. This Agreement is made pursuant to the authority of *N.J.S.A. 40A:20-1, et seq.*, the "Long Term Tax Exemption Law" and specifically N.J.S.A. 40A:20-5.1 and N.J.S.A. 40A:20-13.1, and Borough Council Resolution 1988-297 dated July 27, 1988 and Ordinance No. XXX of 2015, the terms of which are incorporated herein by reference.

2. The term of the Tax Abatement Agreement is extended for a term uninterrupted through December 31, 2052.

3. The address for notice to the Corporation shall be 2335 North Bank Drive, Attn RET Dept/ HAC, Columbus, OH 43220, or to such other address as the Corporation may hereafter designate in writing.

4. Should the Corporation's request for an extension be granted, then the Corporation shall be responsible for the Borough's attorney's fees and costs incurred by the Borough in connection with the Corporation's request for the 2015 extension. Payment shall be made by the Corporation to the Borough within thirty (30) days of being provided an invoice requesting payment.

5. In all other respects, all of the terms and conditions of the Tax Abatement Agreement dated September 6, 1990, a copy of which is attached hereto and made a part hereof, are hereby ratified and confirmed by the parties.

IN WITNESS WHEREOF, the parties have caused this Agreement to be executed the day and year first above written.

ATTEST: National Church Residences of South River, N.J.

Formatted: Space Before: 0 pt, Line spacing: Exactly 27.6 pt, Tab stops: Not at 3"

By: _____
President

ATTEST:

BOROUGH OF SOUTH RIVER

By: _____
JOHN M. KRENZEL,
Mayor, Borough of South
River

PATRICIA O'CONNOR, RMC

Borough Clerk, Borough of South River

T

Patricia Oconnor

From: Andrea E. Wyatt, Esq. <aew@gm-law.net>
Sent: Thursday, March 05, 2015 11:06 AM
To: Patricia Oconnor
Cc: George R. Gilmore (grg@gm-law.net); Frederick Carr; Joe Zanga; Adriano Soares
Subject: Re: Bid for refuse truck

Pat,

The bid submitted by Cambria Automotive is legally sufficient.

If you have any additional questions or need any additional information, please do not hesitate to contact me.
Thank you!

Andrea E. Wyatt, Esq.
Gilmore & Monahan, P.A.
10 Allen Street, 4th Floor
P.O. Box 1540
Toms River, NJ 08754-1540

732-240-6000 (telephone)
732-244-1840 (facsimile)
aew@gm-law.net

CONFIDENTIALITY NOTICE: This Email and any attachments thereto are intended for the exclusive use of the addressee. The information contained herein may be privileged, confidential or otherwise exempt from disclosure by applicable laws, rules or regulations. If you have received this Email in error and are not the intended recipient, you are hereby placed on notice that any use, distribution, copying or dissemination of this communication is strictly prohibited. If you have received this in error please notify the sender immediately at 732-240-6000 and delete this Email and any attachments immediately. Thank you for your anticipated cooperation.

On Mar 3, 2015, at 11:22 AM, Patricia Oconnor <poconnor@southrivernj.org> wrote:

George/Andrea:

Bids were held today for the purchase of a new Rear Loader Refuse Truck. One bid was received as follows:

- Cambria Automotive Companies Inc. - \$206,659.00

The bid from Cambria is attached for your review. Also attached is a copy of the original bid specs.

Please advise.