

APPLICATION FOR A CERTIFICATE OF OCCUPANCY

INSPECTIONS AND CODE  
COLUMBUS, GEORGIA

Application is hereby made for a Certificate of Occupancy for the use of the building, structure or premises as identified and described herein. It is agreed that all the laws, ordinances and regulations enforced by Inspections and Code Enforcement of Columbus, Georgia, shall be complied with in pursuit of granting of this Certificate whether or not specified herein.

FEE \$ \_\_\_\_\_

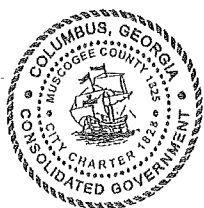
Date issued \_\_\_\_\_

Certificate of Occ. No. \_\_\_\_\_

Reference Case No. \_\_\_\_\_

MAP \_\_\_\_\_ BLK \_\_\_\_\_ LOT \_\_\_\_\_

<p>APPLICANT</p>	<p>Lois Lokey <small>NAME</small> 318 Friendship Church Road <small>ADDRESS</small> Columbia MS <small>CITY STATE</small> 706-464-0579 <small>PHONE</small></p>	<p>LOCATION OF BUSINESS 3131 Manchester Expressway <small>LOCATION</small>  ZONING CLASSIFICATION _____</p>
<p>REQUESTED OCCUPANCY USE— FIRM NAME</p>	<p>To be used for <u>Meat Sale</u> <u>Extension to existing Certificate of Occupancy (30 Days Approval)</u> Firm or Business Name <u>Star South Steaks</u></p>	<p>PREVIOUS USE OF BUILDING Last Occupancy In Building _____ Business Name _____ License Holder _____ License No. _____ Date Issued _____ Verified By _____ License Dept. _____</p>
<p>ZONING USE</p>	<p>Conforming Non-conforming</p>	<p>APPROVED BY Name _____</p>
<p>APPLICANT'S SIGNATURE</p>	<p><u>4/6/2018</u> <small>DATE</small> _____ <small>APPLICANT'S SIGNATURE</small></p>	
<p>ZONING NON-COMPLIANCE</p>	<p>Application Denied Because _____ Date _____ Building Official _____</p>	
<p>HOME OCCUPATION</p>	<p>I have read and understand the regulations from the Zoning Ordinance that applies to operating a business from my home and hereby certify that I will comply with those restrictions.  <u>4/6/2018</u> <small>DATE</small> _____ <u>Lois Lokey</u> <small>APPLICANT'S SIGNATURE</small></p>	



ISAIAH HUGLEY  
City Manager

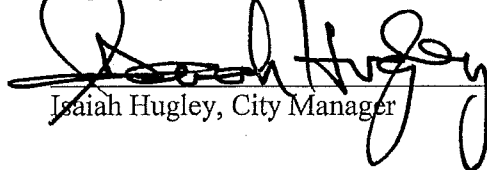
**Columbus, Georgia**  
**Georgia's First Consolidated Government**  
P.O. Box 1340, Columbus, Georgia 31902-1340

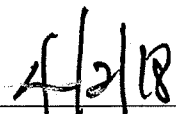
Telephone (706) 653-4029  
FAX (706) 653-4032

**AUTHORIZATION  
FOR  
TEMPORARY USE OR SPECIAL EVENT**

This is to authorize the temporary use or special event described in the attached application as approved by the Columbus Inspections and Codes Department. The event shall comply with all requirements as specified in the Unified Development Ordinance Section 3.2.63. Any findings of non-compliance will be handled in accordance with the requirements of the ordinance.

AUTHORIZED BY:

  
Isaiah Hugley, City Manager

  
Date



# Columbus Consolidated Government

## TEMPORARY USE OR SPECIAL EVENT

Section 3.2.63

Applicant LOIS LOHEY DPA STAIR SOUTH

Location 3131 MANCHESTER EXP

Use MEAT SALES

Zoning GC CONFORMING / NON-CONFORMING

MAP 069 BLOCK 008 LOT 005

Duration of Event 10 DAYS CONFORMING / NON-CONFORMING

Number of event per year at same location 2 CONFORMING / NON-CONFORMING

Vehicular Access \_\_\_\_\_ APPROVED / DENIED

Site Plan \_\_\_\_\_ APPROVED / DENIED

Setbacks \_\_\_\_\_ APPROVED / DENIED N/A

Floor Plan (licensed architect) \_\_\_\_\_ APPROVED / DENIED N/A

Property Owner's Authorization \_\_\_\_\_ APPROVED / DENIED

Health Dept. Approval \_\_\_\_\_ APPROVED / DENIED / N/A

Proof of Liability Insurance \_\_\_\_\_ APPROVED / DENIED / N/A

Executed Agreement for Temporary Bathroom Facilities APPROVED / DENIED N/A

Fire Prevention Approval (Tents) \_\_\_\_\_ APPROVED / DENIED / N/A

Temporary Power Source \_\_\_\_\_ APPROVED / DENIED N/A

Statement of Use \_\_\_\_\_ APPROVED / DENIED

Sign Plan \_\_\_\_\_ APPROVED / DENIED N/A

State Approval \_\_\_\_\_ APPROVED / DENIED N/A

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

SIGNED W. [Signature]

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FEE \$ \_\_\_\_\_

Date issued \_\_\_\_\_

Certificate of Occ. No. \_\_\_\_\_

Reference Case No. \_\_\_\_\_

MAP 069 BLK 008 LOT 005

APPLICANT	Name <u>Luis Lacey aka Star South</u> Address <u>313 Friendship Church Rd.</u> <u>Columbia, MS 39429</u> Phone <u>901-486-6763</u>	LOCATION OF BUSINESS <u>3131 MANCHESTER EXP</u> LOCATION ZONING CLASSIFICATION <u>GC</u>
	REQUESTED OCCUPANCY USE - FIRM NAME To be used for <u>20x20 Tent</u> <u>for Reefer Truck to</u> <u>Sell USDA meats</u> Firm or Business Name <u>Star South</u>	PREVIOUS USE OF BUILDING Last Occupancy In Building _____ Business Name _____ License Holder _____ License No. _____ Date Issued _____ Verified By _____ License Dept. _____
ZONING	<input checked="" type="radio"/> Conforming <input type="radio"/> Non-conforming	
APPLICANT'S SIGNATURE	_____	_____
	DATE	APPLICANT'S SIGNATURE
ZONING NON-COMPLIANCE	Application Denied Because _____ _____ Date _____ Building Official _____	
HOME OCCUPATION	I have read and understand the regulations from the Zoning Ordinance that applies to operating a business from my home and hereby certify that I will comply with those restrictions. <u>3/23/18</u> DATE <u>Luis Lacey</u> APPLICANT'S SIGNATURE	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2018

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 have ADDITIONAL INSURED provisions or 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 K&K Insurance Group, Inc. 1712 Magnavox Way Fort Wayne IN 46804	CONTACT NAME: Mass Merchandising Underwriting	
	PHONE (A/C, No, Ext): 1-800-328-2317	FAX (A/C, No): 1-260-459-5502
	E-MAIL ADDRESS: info@eventinsurance-kk.com	
	PRODUCER CUSTOMER ID:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Lols Lokey DBA: Star South 318 Friendship Church Rd Columbia, MS 39429 A Member of the Sports, Leisure & Entertainment RPG	INSURER A:	Nationwide Mutual Insurance Company 23787
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: W01200250

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	ADDL INSD	SUBR WVD	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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		6BRPG000006237900	05/30/2018 12:01 AM EDT	05/31/2018 12:01 AM	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$300,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$5,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
							PROFESSIONAL LIABILITY	
							LEGAL LIAB TO PARTICIPANTS	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NOT PROVIDED WHILE IN HAWAII  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/>	
							E.L. EACH ACCIDENT	
							E.L. DISEASE - EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
	MEDICAL PAYMENTS FOR PARTICIPANTS						PRIMARY MEDICAL	
							EXCESS MEDICAL	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Booth Operations of the Named Insured; # of Trailers: 1

Event Name: Peachtree Mall; Event Date: 05/30/2018 - 05/30/2018

The certificate holder is added as an additional Insured, but only for liability caused, in whole or in part, by the acts or omissions of the named Insured.

## CERTIFICATE HOLDER

City of Columbus  
P O Box 1340  
Columbus, GA 31902  
(Owner/Lessor of Premises)

## CANCELLATION

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

*Scott Furbush*

Coverage is only extended to U.S. events and activities.

\*\* NOTICE TO TEXAS INSUREDS: The Insurer for the purchasing group may not be subject to all the insurance laws and regulations of the State of Texas

# PEACHTREE MALL

Your **GOP** shopping destination

March 15, 2018

Re: Permission to Obtain Permits – Star South

Dear Sir/Madam:

Star South has permission to obtain the permits to host the sales of USDA approved Steaks at Peachtree Mall for the event dates April 1st – April 30, 2017. Star South will be setting-up a 20x20 tent and a reefer truck to sell Prepackaged beef product on property. No concrete puncturing tie downs will be allowed. It has to be sand or water barrels. Customers also have permission to use the mall restrooms.

Please contact me with any questions as we look forward to having this wonderful event at our property.

Best Regards



TaVida Rice  
Sr General Manager  
Peachtree Mall

STAR SOUTH STEAKS  
318 FRIENDSHIP CHURCH RD  
COLUMBIA, MS 39429

The enclosed Georgia Mobile Vehicle License is valid for one year from date of issue.

This license should be displayed along with your local business license and/or state tax number certification. Your inspector will need to verify that your license contains the necessary information from time to time during their routine inspection. **Please Note:** Additional equipment and/or structural changes may become necessary should you decide to handle different food products than those for which you were originally licensed.

We have updated our website. Visit [www.kellysolutions.com/GA](http://www.kellysolutions.com/GA) to take a look at the new layout. There are a number of useful tools to help you manage your license, including being able to update your information online anytime. You can make secure payments by credit card to renew your license, and you can refer people to this website to validate your credentials. If you have questions, check out the FAQs section. We hope you enjoy these new user-friendly features. If you have questions or concerns regarding your license, please contact: Georgia Department of Agriculture, (404) 463-6428 or email the licensing Coordinator at [op-licensing@agr.georgia.gov](mailto:op-licensing@agr.georgia.gov).

(Fold or cut on line to display)

Georgia Department of Agriculture  
Food Safety Division

19 Martin Luther King Jr. Dr. SW  
Atlanta, GA 30334

Tele: (404) 656-3627 Fax: (404) 463-6428  
[agr.georgia.gov](http://agr.georgia.gov)

# MOBILE VEHICLE LICENSE

This license expires 12 months from date of issue, but for as long as appropriate fee thereon is paid, may be deemed to be renewed from year to year unless surrendered, abandoned, revoked or cancelled; or unless the Commissioner of Agriculture shall require a new application for any annual renewal thereof.

Expiration Date:  
3/12/2019

License Number:  
3445742

STAR SOUTH STEAKS  
318 FRIENDSHIP CHURCH RD  
COLUMBIA, MS 39429

Firm Type Code:

RETAIL SALES: MEAT,  
POULTRY, SEAFOOD

Vehicle VIN# 1HMMMMLXHH449056

This License is Not Transferable and Must Be Posted At All Times In A Prominent Business Location

