

**RESOLUTION 16-68**

**A RESOLUTION TO APPROVE ISSUANCE OF CERTIFICATE OF COMPLIANCE FOR WINE SALES AT ALDI INC. #53 IN SPRING HILL, TENNESSEE**

**WHEREAS**, on March 20, 2014, the Governor signed into law Public Chapter 554, commonly known as the "wine in grocery stores" law; and

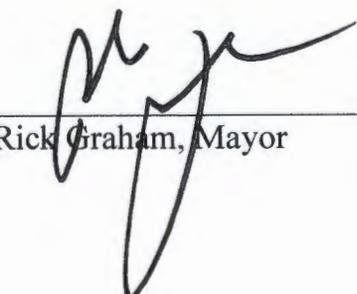
**WHEREAS**, the City of Spring Hill has a request for an approval of a Certificate of Compliance for Aldi Inc., #53, located at 4917 Main Street, Spring Hill, Tennessee; and

**WHEREAS**, the City of Spring Hill is required to verify that the location of the grocery store is in compliance with all zoning laws applicable to the property; and

**WHEREAS**, the City of Spring Hill is also required to complete a background investigation to verify that the applicant has no felony convictions within the last 10 years.

**NOW, THEREFORE, BE IT RESOLVED**, that the City of Spring Hill, Board of Mayor and Aldermen hereby certify that the applicant, Aldi Inc. #53 is in compliance with requirements stated above and approves a Certificate of Compliance for wine sales.

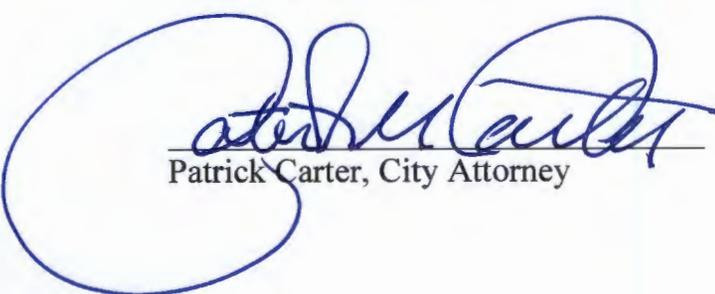
**Passed and adopted by the Board of Mayor and Aldermen of the City of Spring Hill, Tennessee on the 20<sup>th</sup> day of June, 2016.**

  
\_\_\_\_\_  
Rick Graham, Mayor

ATTEST:

  
\_\_\_\_\_  
April Goad, City Recorder

LEGAL FORM APPROVED:

  
\_\_\_\_\_  
Patrick Carter, City Attorney

**CERTIFICATE OF BACKGROUND  
INVESTIGATION AND ZONING**

SUBMITTED PURSUANT TO T.C.A. § 57-3-806

Aldi Inc. (Tennessee) d/b/a Aldi #53  
4917 Main Street, Spring Hill, TN 37174

This is to certify that Jason C. Hart, David K. Behm, Charles E. Youngstrom and Terry R. Pfortmiller, who are the executive officers of the above named retail food store, and Michael L. Bowar, who is the person in actual control of the business, which store will make application for a license to sell wine for off premises consumption and which is located in the Municipality of Spring Hill, and/or or the County of Williamson, State of Tennessee are in compliance with the provisions of Tenn. Code Ann § 57-3-806(a).

- (a) The undersigned has/have made careful investigation of the said applicant's background and have found that they have not been convicted of a felony within a ten-year period preceding this application.

AND

- (b) The location of the retail food store complies with all zoning laws adopted by the jurisdiction.

This the 20<sup>th</sup> day of June, 2016.

**If premises located outside Municipality:**

\_\_\_\_\_  
County Executive, Print Name

\_\_\_\_\_  
County Executive, Signature

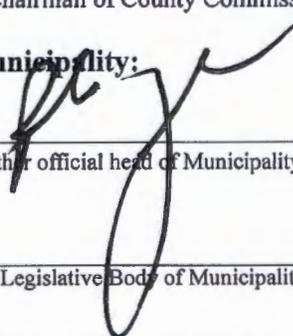
OR

\_\_\_\_\_  
Chairman of County Commission, Print Name

\_\_\_\_\_  
Chairman of County Commission, Signature

**If premises located within Municipality:**

Rick Graham  
\_\_\_\_\_  
Mayor of other official head of Municipality, Print Name

  
\_\_\_\_\_  
Mayor of other official head of Municipality, Signature

OR

\_\_\_\_\_  
Member of Legislative Body of Municipality, Print Name

\_\_\_\_\_  
Member of Legislative Body of Municipality, Signature

\_\_\_\_\_  
Member of Legislative Body of Municipality, Print Name

\_\_\_\_\_  
Member of Legislative Body of Municipality, Signature

\_\_\_\_\_  
Member of Legislative Body of Municipality, Print Name

\_\_\_\_\_  
Member of Legislative Body of Municipality, Signature



**Bill Haslam**  
Governor

## TENNESSEE BUREAU OF INVESTIGATION

901 R.S. Gass Boulevard  
Nashville, Tennessee 37216-2639  
(615) 744-4000 (744-4057 for TORIS)  
Facsimile (615) 744-4651 (Fiscal Svcs)  
TDD (615) 744-4001



**Mark Gwyn**  
Director

June 1, 2016

BONE MCALLESTER NORTON  
BETH P FRASCH  
511 UNION STREET  
SUITE 1600  
NASHVILLE, TN 37219

### Tennessee Criminal History Records Request

Per your request for a criminal history record check on the following individual, there was no Tennessee information found. NOTE: All aliases submitted have been searched.

BOWAR, MICHAEL L

Please be aware that, unless a fingerprint comparison is performed, it is impossible for the Tennessee Bureau of Investigation to be sure the record belongs to the individual you requested. A fingerprint comparison will only be performed in the event of a written appeal of criminal history results. The information you receive will be based on only those arrests which occurred within the state of Tennessee.

The Tennessee Bureau of Investigation found NO Tennessee criminal history based on the information provided. No criminal record check was conducted for other states or for the Federal Bureau of Investigation.

Tennessee Open Records Information Services  
Tennessee Bureau of Investigation  
901 R.S. Gass Blvd.  
Nashville, TN 37216



INTERNATIONALLY ACCREDITED SINCE 1994



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/30/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |  |        |
|---|--|--------|
| PRODUCER<br>Hays Companies<br>1200 North Mayfair Road<br>Suite #100<br>Milwaukee WI 53226 | CONTACT NAME: Sandra Pelzek                        |        |
|   | PHONE (A/C No. Ext): (414) 443-0000 FAX (A/C No.): |        |
| INSURED<br>ALDI Inc.<br>1200 N. Kirk Road<br>Batavia IL 60510-1477                        | E-MAIL ADDRESS:                                    |        |
|   | INSURER(S) AFFORDING COVERAGE                      | NAIC # |
|   | INSURER A: Zurich American Ins Co of IL            | 27855  |
|   | INSURER B: American Guarantee & Liability          | 26247  |
|   | INSURER C: Steadfast Insurance Company             | 26387  |
|   | INSURER D:   |        |
| INSURER E:  |  |        |
| INSURER F:  |  |        |

COVERAGES CERTIFICATE NUMBER: 4 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 SUBR INSR WVD   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                 |
|----------|--|--|---------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                | <input checked="" type="checkbox"/>  | GLO100924700  | 1/1/2015                | 7/1/2016                | EACH OCCURRENCE \$ 1,000,000           |
|          | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000   |  |               |                         |                         |  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC  |  |               |                         |                         | MED EXP (Any one person) \$ Excluded   |
|          |  |  |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000     |
|          |  |  |               |                         |                         | GENERAL AGGREGATE \$ 2,000,000         |
|          |  |  |               |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000    |
|          |  |  |               |                         |                         | \$                                     |
|          | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS  | <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$ |
|          |  |  |               |                         |                         | BODILY INJURY (Per person) \$          |
|          |  |  |               |                         |                         | BODILY INJURY (Per accident) \$        |
|          |  |  |               |                         |                         | PROPERTY DAMAGE (Per accident) \$      |
|          |  |  |               |                         |                         | \$                                     |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE               |  | UMB100926300  | 1/1/2015                | 7/1/2016                | EACH OCCURRENCE \$ 4,000,000           |
|          | DED RETENTION \$   |  |               |                         |                         | AGGREGATE \$ 4,000,000                 |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>if yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input type="checkbox"/> N                                | N/A           |                         |                         | WC STATU-TORY LIMITS OTH-ER            |
|          |  |  |               |                         |                         | E.L. EACH ACCIDENT \$                  |
|          |  |  |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$          |
|          |  |  |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$         |
| C        | Property - All Risk  |  | MCP348093214  | 1/1/2015                | 7/1/2016                | As required by written contract        |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
30 day notice of cancellation applies

RE: Aldi Store #53 - MTJ Division  
4917 Main St

Spring Hill, TN 37174

TN Spring Hill Wilkes, LLC and First Bank as Mortgagee are included as additional insured where required by written contract.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| TN Spring Hill Wilkes, LLC<br>4907-4927 Main St.<br>Spring Hill, TN 37174 | 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<br><br>James Hays/JFORTI   |

## April Goad

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**From:** Bonnie Turnbow  
**Sent:** Thursday, June 02, 2016 2:41 PM  
**To:** April Goad  
**Subject:** RE:

B-3

**From:** April Goad  
**Sent:** Thursday, June 02, 2016 2:09 PM  
**To:** Bonnie Turnbow <[bturnbow@springhilltn.org](mailto:bturnbow@springhilltn.org)>  
**Subject:**

Can you please send me an email verification of the zoning of Aldi Grocery Store?  
Thanks,

April Goad, CMFO, CMC  
City Recorder/Treasurer  
City of Spring Hill  
P.O. Box 789  
Spring Hill, TN 37174  
Phone: 931.486.2252, ext. 206  
Fax: 931.486.0516  
[agoad@springhilltn.org](mailto:agoad@springhilltn.org)  
[www.springhilltn.org](http://www.springhilltn.org)