

TOWN OF GREENVILLE
AUGUST MEETING AGENDA

Meeting Date: Tuesday August 10th, 1999 at 7:30 PM.

I. MINUTES OF JULY MEETING - Read Out loud
Post Minutes and Financial Report on Bulletin Board

II. LEGAL MATTERS (JEF FIFER)
(A) General

III. PUBLIC MATTERS COMING BEFORE THE BOARD (To be put on the agenda, contact
Town Hall at 923-9821 at least 10 days prior to the Town Board Meeting)

IV. COMMITTEE REPORTS

A. STREETS (Ray Gibson & Mike Receveur)
(1) Misc.

B. MARSHALL (David Moore)
(1) Misc.

C. PUBLIC RELATIONS - (Ray Gibson)
(1) Misc.

D. FINANCE - Jack Sprigler
(1) Misc.

E. WATER BUSINESS
(1) Misc.

↓
*Phillip Brown -
car business on the
lot of Bob Wright*

V. CLAIMS FOR TOWN/UTILITY

VI. ADJOURNMENT:

Copied to: All board members, Legal Council, Town Hall, Clerk treasurer, Town Marshall

MINUTES OF GREENVILLE TOWN COUNCIL MEETING, August 10, 1999.

The regular monthly meeting of the Greenville Town Council was called to order by Councilman Mike Receveur, Presiding Officer, in the absence of Council President Ted Miller, with Council members David Matthews and L. Ray Gibson in attendance. Also attending was the Clerk Treasurer Jack Sprigler and Utility Superintendent Gary Getrost; Jamie McKown and Phillip Brown.

Minutes of the July meeting was approved by a vote of 3-0.

Phillip Brown requested Town approval for a used car lot to be established along U.S. 150; the Bob Wright property. Council explained that since Greenville doesnot have zoning and no adjoining property owners were present to object, Mike Receveur, Presiding Officer of the Council (Council is the Zoning Board) signed the Zoning Board document for Mr. Brown with the stipulation that the document be reviewed by attorney Jef Fifer before releasing; which should come before the end of the week.

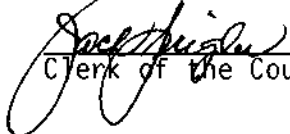
Gary Getrost apprised the Council of various water issues.


Council approved (3-0) to have Hoeflich Tree Service to trim right of ways.

Council approved claims for the Town & Utility 3-0.

No further business coming before the Council the meeting was adjourned.

ATTEST:


Clerk of the Council


Presiding Officer



**Office of the Marshal
Greenville Police Department**

9706 Clark Street • P. O. Box 188 • Greenville, Indiana 47124-0188 • (812) 923-3305

To: Town Board Members
From: Marshal D. Moore
Date: July 26, 1999
Subject: Town signs

C.C. Board President Ted Miller

Cross street N need new stop sign faded
Cross * W tilted stop sign
Cross * S bent sign
E1st @ 150 need to cut bushes can't see stop sign
Clark @ Pekin E side needs new sign
5th @ 150 need new stop and street sign Missing (at water co.)
Buttontown @ 150 stop sign bent
G.V. Park need two new stop sign
E. Harrison between Buttontown and 5th no speed limit sign
E. 3rd and Harrison no stop sign
Harrison @ GT/GV road sign bent
W. Harrison @ GT/GV old sign need new
W. Harrison @ 1st sign bent (firehouse)
W. 1st street @ Clark sign bent
W. 3rd Street need new sign
Woodland @ Maple bent Parkland Ht.
Beechwood @ 150 bent ""

Respectfully submitted by

Marshal D. Moore



APPLICATION FOR MOTOR VEHICLE BUSINESS LICENSE

State Form 13215 (R6 / 5-96)

Approved by State Board of Accounts, 1996

BUREAU OF MOTOR VEHICLE - DEALER SECTION, 6400 E. 30th Street, Indianapolis, IN 46219

FOR BUREAU USE ONLY	
I.D. number	License fee

This state agency is requesting disclosure of personal information / Social Security number that is necessary to accomplish the statutory purpose of this State agency according to 140 IAC 3-2.1-5. Disclosure of this information is MANDATORY. Failure to provide any information may prevent this form from being processed. Upon completion, this form will be treated as a PUBLIC RECORD.

1. Business name in which license will be issued HOOSIER MOTORSPORTS		Telephone number																								
Business address (number and street, city, state and ZIP code) 9351 Hwy 150, GREENVILLE, IN, 47124		County FLOYD																								
If above is a rural location, please give direction to place of business																										
2. Name of insurance carrier	Policy number	Date of expiration (month, day, year)																								
3. Retail merchant's certificate number	4. Federal I.D. number or Social Security number																									
5. Indicate the type of license being applied for by marking an "x" in the appropriate block																										
<table border="0"> <tr> <td>A <input checked="" type="checkbox"/> Dealer</td> <td>F <input type="checkbox"/> Distributor Branch</td> <td>K <input type="checkbox"/> Automobile Auctioneer Branch</td> </tr> <tr> <td>B <input type="checkbox"/> Manufacturer</td> <td>G <input type="checkbox"/> Distributor Representative</td> <td>G <input type="checkbox"/> Wholesale Dealer</td> </tr> <tr> <td>C <input type="checkbox"/> Factory Branch</td> <td>H <input type="checkbox"/> Automobile Auctioneer</td> <td>H <input type="checkbox"/> Transfer Dealer</td> </tr> <tr> <td>D <input type="checkbox"/> Factory Representative</td> <td>I <input type="checkbox"/> Broker</td> <td>I <input type="checkbox"/> Converter Manufacturer</td> </tr> <tr> <td>E <input type="checkbox"/> Distributor</td> <td>J <input type="checkbox"/> Dealer Branch</td> <td></td> </tr> </table>			A <input checked="" type="checkbox"/> Dealer	F <input type="checkbox"/> Distributor Branch	K <input type="checkbox"/> Automobile Auctioneer Branch	B <input type="checkbox"/> Manufacturer	G <input type="checkbox"/> Distributor Representative	G <input type="checkbox"/> Wholesale Dealer	C <input type="checkbox"/> Factory Branch	H <input type="checkbox"/> Automobile Auctioneer	H <input type="checkbox"/> Transfer Dealer	D <input type="checkbox"/> Factory Representative	I <input type="checkbox"/> Broker	I <input type="checkbox"/> Converter Manufacturer	E <input type="checkbox"/> Distributor	J <input type="checkbox"/> Dealer Branch										
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6. If applying for a DEALER LICENSE - indicate the type of vehicles sold																										
<table border="0"> <thead> <tr> <th>CARS</th> <th>TRUCKS</th> <th>MOTORCYCLES</th> <th>MOBILE HOMES</th> <th>RECREATIONAL VEHICLE</th> <th>OTHER *</th> </tr> </thead> <tbody> <tr> <td>A <input type="checkbox"/> New Only</td> <td>A <input type="checkbox"/> New Only</td> <td>A <input type="checkbox"/> New Only</td> <td>A <input type="checkbox"/> New Only</td> <td>A <input type="checkbox"/> New Only</td> <td>A <input type="checkbox"/> New Only</td> </tr> <tr> <td>B <input checked="" type="checkbox"/> Used Only</td> <td>B <input type="checkbox"/> Used Only</td> <td>B <input type="checkbox"/> Used Only</td> <td>B <input type="checkbox"/> Used Only</td> <td>B <input type="checkbox"/> Used Only</td> <td>B <input type="checkbox"/> Used Only</td> </tr> <tr> <td>C <input type="checkbox"/> New & Used</td> <td>C <input type="checkbox"/> New & Used</td> <td>C <input type="checkbox"/> New & Used</td> <td>C <input type="checkbox"/> New & Used</td> <td>C <input type="checkbox"/> New & Used</td> <td>C <input type="checkbox"/> New & Used</td> </tr> </tbody> </table>			CARS	TRUCKS	MOTORCYCLES	MOBILE HOMES	RECREATIONAL VEHICLE	OTHER *	A <input type="checkbox"/> New Only	A <input type="checkbox"/> New Only	A <input type="checkbox"/> New Only	A <input type="checkbox"/> New Only	A <input type="checkbox"/> New Only	A <input type="checkbox"/> New Only	B <input checked="" type="checkbox"/> Used Only	B <input type="checkbox"/> Used Only	B <input type="checkbox"/> Used Only	B <input type="checkbox"/> Used Only	B <input type="checkbox"/> Used Only	B <input type="checkbox"/> Used Only	C <input type="checkbox"/> New & Used	C <input type="checkbox"/> New & Used	C <input type="checkbox"/> New & Used	C <input type="checkbox"/> New & Used	C <input type="checkbox"/> New & Used	C <input type="checkbox"/> New & Used
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* Explain _____																										
7. Do you intend to purchase Dealer Plates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Enter current Dealer Number _____																										
8. How many vehicles do you expect to sell during the next twelve months? (wholesale) <u>60</u> (retail) <u>240</u>																										
9. Number of full-time sales persons directly involved with selling <u>2</u> and number of all other full-time employees _____																										
If applying for a FACTORY REPRESENTATIVE or DISTRIBUTOR REPRESENTATIVE license - complete the following:																										
10. Name of employee	Telephone number																									
Address (number, and street, city, state and ZIP code)		County																								

TO BE COMPLETED BY LOCAL ZONING BOARD		
I, the undersigned, verify compliance with local zoning ordinances or other local ordinances for conducting Motor Vehicle business at the address cited above.		
Signature <i>Mike Receiver</i>	Authorizing agency <i>Town Council</i>	Date (month, day, year) <i>8/10/99</i>
Printed or typed name <i>Mike Receiver</i>	Title <i>Town Council Member</i>	

Reviewed by
Jef Filer 8/11/99

11. Indicate Whether Applicant Is: 1. SOLE PROPRIETORSHIP, 2. PARTNERSHIP, 3. CORPORATION

12. List the Names, Titles, Home Addresses, and Home Telephone Numbers of All Owners, If Sole Proprietorship; All Partners, If Partnership; and All Officers and Directors, If Corporation:

NAME	TITLE	HOME ADDRESS	HOME TELEPHONE
Philip Brown	PRESIDENT	4311 Lochridge Pkwy, Louisville, KY 40299	(502) 261-9111
			()
			()
			()

13. State the Name and Address of the Person Upon Whom Legal Service of Process May Be Made:
 Name: _____ Address (Number and Street, City, State and ZIP code): _____

14. If Corporation, Give the Date and State of Incorporation: _____ 15. If Foreign Corporation, State the Date of Admission to Do Business in Indiana: _____

16. Has Any Owner, Partner, Officer, Director, or Agent of Applicant Had A Civil Judgement or Criminal Conviction Against Them For Any Violation of Any State or Federal Laws Concerning the Sale, Distribution, Financing, or Insuring of Motor Vehicles Within the Last Three Years? Yes No
 If Yes, Please Give Details: _____

17. Has Any Owner, Partner, Officer, Director or Agent of Applicant Had Dealer Plates Suspended or Revoked or Had An Application For Dealer Plates Rejected In This or Any Other State Within the Last Three Years? Yes No
 If Yes, Explain: _____

18. Has Any Owner, Partner, Officer or Director of Applicant Owned or Worked For Another Dealer In This or Any Other State Within the Last Three Years? Yes No
 If Yes, Give Name of Individual and Name and Address of Dealership: _____

Name of Individual Philip Brown	Name and Address of Dealership. CRAIG AND LINDSETH MAZDA, GREENTREE BLD., CLARKSVILLE, TN
Name of Individual Philip Brown	Name and Address of Dealership. COLLINS BUICK, BARDSTOWN RD., LOUISVILLE, KY

19. Indicate Whether Your Established Place of Business Is Owned or Leased
LEASED

20. Is This Location Devoted Solely to the Business of Buying, Selling, and/or Exchanging Motor Vehicles? Yes No
 If No, Explain: _____

PLEASE NOTE:
 Every DEALER, MANUFACTURER, DISTRIBUTOR, FACTORY BRANCH, or DISTRIBUTOR BRANCH Must File With the Bureau of Motor Vehicles a Current Copy of Each Franchise to Which It Is a Party, or, if Multiple Franchises are Identical Except for Stated Items, a Copy of the Form Franchise With Supplemental Schedules of Variations From the Form.

ALL BOOKS, RECORDS AND FILES RELATING TO APPLICANTS INVENTORY AND MOTOR VEHICLE TITLES MUST BE KEPT AT THE ESTABLISHED PLACE OF BUSINESS AND BE AVAILABLE FOR INSPECTION.

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I AM AUTHORIZED TO MAKE THIS APPLICATION AND THAT THE ANSWERS AND INFORMATION CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT.

Date	Signature of Owner, Partner, or Officer
Title	Print or Type Name

APPLICATION MUST BE ACCOMPANIED BY A CHECK OR MONEY ORDER