

February 11, 2020 – Presented for 1<sup>st</sup> Reading

1 **2020-11 (1<sup>ST</sup> READING): GRANTING A FRANCHISE AGREEMENT FOR**  
 2 **OPERATION OF RENTAL BUSINESS OF CONVEYANCES REGULATED BY**  
 3 **CHAPTER 12, ARTICLE V OF THE CODE OF ORDINANCES OF MYRTLE**  
 4 **BEACH TO DERRICK AND BARBARA HAYNES D/B/A/ KICKBACK KORNER**  
 5 **LLC, KICKBACK CORNER GOLF CARTS, LOCATED AT 506 YAUPON**  
 6 **DRIVE, MYRTLE BEACH, SC 29577, FOR A PERIOD OF ONE YEAR. THE**  
 7 **AGREEMENT INCLUDES 20 VEHICLES.**

8 **Applicant/Purpose:** Staff/to regulate the # & location of golf cart & moped rental businesses  
 9 by franchising their operations.

10  
 11 **Brief:**

- 12 • After experiencing several weekends when the # of moped/golf cart rentals & conduct  
 13 of the operators became a serious issue, Council imposed a moratorium on increasing  
 14 the # of such conveyances.
  - 15 ▪ For 2020 franchisee is requesting 24 golf cart plates, the same # as was  
 16 awarded in 2019.
  - 17 ▪ For 2017 the # of mopeds was capped at the # that each company had in  
 18 service during the summer of 2016.
  - 19 ▪ For 2017 the # of golf carts was capped at the # each company had in service  
 20 for 2016 + the # already ordered at the time the moratorium was imposed.
- 21 • Council also directed staff to work out a permanent solution w/ company owners.
- 22 • Ordinance 2017-56, approved 1/9/18 in consultation w/ the business owners, approved  
 23 the framework of a franchise agreement similar to the system in place for taxis.
- 24 • The franchise ordinance requires annual renewals.

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 26 **Issues:**

- 27 • Franchising allows Council to restrict the # of mopeds & golf carts available for rental,  
 28 as well as the location of each rental business.
- 29 • Under the franchise terms each conveyance will be issued a City “plate” similar to a  
 30 license plate. These plates assist law enforcement to track operational violations.
- 31 • This proposed ordinance:
  - 32 ▪ Sets the location for rental conveyances.
  - 33 ▪ Sets the # of rental conveyances allowed/location.
- 34 • Agreement is for a 1-year period, & must be re-approved annually.

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 36 **Public Notification:** Normal meeting notification

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 38 **Alternatives:**

- 39 • Modify proposed ordinance.
- 40 • Deny ordinance.

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 42 **Financial Impact:** Annual franchise fee of \$10/plate issued.

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 44 **Manager's Recommendation:** I recommend 1<sup>st</sup> reading (2/11/2020).

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 46 **Attachment(s):** Ordinance, franchise agreement, & franchise application.

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**CITY OF MYRTLE BEACH  
COUNTY OF HORRY  
STATE OF SOUTH CAROLINA**

**GRANTING A FRANCHISE AGREEMENT  
FOR OPERATION OF RENTAL BUSINESS  
OF CONVEYANCES REGULATED BY  
CHAPTER 12, ARTICLE V OF THE CODE  
OF ORDINANCES OF MYRTLE BEACH TO  
DERRICK AND BARBARA HAYNES D/B/A  
KICKBACK KORNER LLC, KICKBACK  
CORNER GOLF CARTS, LOCATED AT 506  
YAUPON DRIVE, MYRTLE BEACH, SC  
29577, FOR A PERIOD OF ONE YEAR.  
THE AGREEMENT INCLUDES 20  
VEHICLES.**

**WHEREAS**, pursuant to the exercise of its police power the City shall require a franchise for the rental and operation of rental conveyances on the highways, streets, alleys and public ways within its police power jurisdiction; and

**WHEREAS**, the City had determined that the delivery of these services can be provided most effectively and efficiently through the grant of a non-exclusive franchise; and

**THEREFORE, PURSUANT TO THE FRANCHISE POWER OF THE CITY OF MYRTLE BEACH**, the City of Myrtle Beach grants a Franchise Agreement for Operation of Conveyances to DERRICK AND BARBARA HAYNES D/B/A KICKBACK KORNER LLC, KICKBACK KORNER GOLF CARTS, LOCATED AT 506 YAUPON DRIVE, MYRTLE BEACH, SC 29577, FOR A PERIOD OF ONE YEAR. THE AGREEMENT INCLUDES 20 VEHICLES.

This ordinance shall take effect immediately upon adoption.

\_\_\_\_\_  
BRENDA BETHUNE, MAYOR

ATTEST:

\_\_\_\_\_  
JENNIFER STANFORD, CITY CLERK

First reading: 2-11-2020  
Second reading:

**APPLICATION  
FOR  
FRANCHISE TO RENT CONVEYANCES REGULATED BY CHAPTER 12,  
ARTICLE V, WITHIN THE CITY OF MYRTLE BEACH**

**Pursuant to the exercise of its police power the City shall require a franchise for the rental and operation of rental conveyances on the highways, streets, alleys and public ways within its police power jurisdiction and the City has determined that the delivery of these services can be provided most effectively and efficiently through the grant of a non-exclusive franchise. Applications shall be made by completing this form. All sections of this form must be completely filled out and supporting documentation attached. An incomplete application will not be processed and will be returned to the applicant. The provision of false, misleading or incomplete information shall be grounds for denial or revocation of a Franchise.**

**APPLICANT INFORMATION**

Owner's Name: Derrick & Barbara Haynes Telephone: 843-992-6051  
Residence Address: 1330 Villa Marbella Ct Unit 102 Myrtle Beach SC 29572  
Business Address: 506 Yaupon Dr Myrtle Beach SC 29577  
(HIS) Driver's License No.: 011616519 State: SC Expiration Date: 01-27-2027  
(HERS) Driver's License No.: 008192622 State: SC Expiration Date: 03-11-2024

Persons managing, supervising or conducting business for the owner:  
1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Residence Address: \_\_\_\_\_  
Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Position/Title: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name: Kickback Korner, LLC Trade Name: Kickback Korner Golf Carts  
Business Address: 506 Yaupon Dr Myrtle Beach SC 29577  
Business Telephone: 843-992-6051  
City of Myrtle Beach Business License No.: 30822 Issued Date: 06-01-2019

Type of Business (Check One):  Sole-Proprietor  Partnership  Corporation  
 LLC

Provide the following for ALL owners/partners/corporate officers as applicable:

Name: Derrick Haynes D.L. no.: 011616519 State: SC Name:  
Barbara Haynes D.L. no.: 008192622 State: SC

Attach all relevant documents showing the legal formation of the partnership or corporation in the State of South Carolina

Provide a description of the financial condition of your company including assets and liabilities (attach documentation):

See Exhibit A

Has any applicant, owner, partner, officer or any other individual with an interest in the business ever been convicted or entered a plea of guilty or no contest to any crime classified as a felony, misdemeanor or traffic violation? YES  NO

If yes, then please describe below (attach additional sheets if necessary):

Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_  
Name: \_\_\_\_\_ Charge: \_\_\_\_\_ Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Disposition: \_\_\_\_\_

**The failure of any individual with an interest in this application to fully disclose requested criminal/traffic history information shall be grounds for the City's denial fo the request. Please attach a criminal history report and a 10-year driving history for every individual who has an interest in the proposed business.**

Type of service: Year Round: Days of the week: Beach Season, 7 Days a week  
Hours: 8am - Dusk  
(describe service schedule): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will the applicant provide the insurance required for all authorized units: Yes (20 Golf Carts)

Issuing Insurance Company: USAA  
Policy Number (if available): 00431 3190471043  
Limits of Liability: Per Person: \$50,000 Per Occurrence: \$100,000  
Property Damage: \$50,000

If "No", explain how the applicant will ensure that each unit will comply with the insurance requirements set forth in the City Code of Ordinances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_


Applicants authorized under state law to operate as Self-Insured should attach a copy of such authorization to this application.

Explain why you believe that public convenience and necessity requires the granting of this application (attach statistical data and additional sheets as necessary):

See Exhibit B  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all of the information contained in this application is true and complete to the best of my knowledge. I further certify that I have read and understand the City of Myrtle Beach Regulations for Operation of Moped and Golf Cart Rental Companies and the City of Myrtle Beach Regulations for Operators of ATV's, Mopeds, Golf Carts, LSV's and Scooters, attached hereto.

Applicants Name (printed): Derrick Haynes & Barbara Haynes

Applicants Signature:  Barbara Haynes Date: 1-3-<sup>2020</sup>~~2019~~ <sup>BIH</sup>

Attachments: (check those that apply)

- Receipt for payment of application fee\*
- List of additional owner, partners or corporate officers
- Documents that prove the legal formation of the partnership or corporation
- Documents outlining current financial condition
- Additional sheets to document crimes
- Criminal History report for every individual having an interest in the business\*
- 10-year driving history for every individual having an interest in the business\*
- Vehicle registration(s)
- Photographs or drawings of proposed color scheme\*
- Authorization to Self-Insure
- Additional documentation regarding public necessity, including statistical data

\* denotes attachments required to process this application

# *The State of South Carolina*



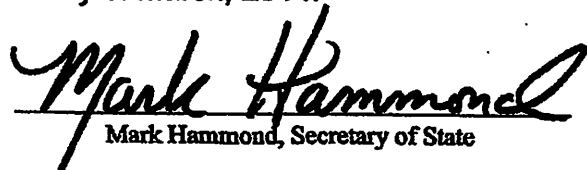
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

**KICKBACK KORNER, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on March 10th, 2014, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.**

**Given under my Hand and the Great  
Seal of the State of South Carolina this  
10th day of March, 2014.**

  
Mark Hammond, Secretary of State



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
**01/02/2020**

**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).**


<b>PRODUCER</b> <b>All Sufficient Insurance</b> <b>PO Box 31298</b> <b>Myrtle Beach, SC 29588</b> <b>License #: 386225</b>	<b>CONTACT NAME:</b> Iris Ventura <b>PHONE (A.C. No. Ext):</b> (843)445-7888 <b>FAX (A.C. No.):</b> (888)503-2558 <b>E-MAIL ADDRESS:</b> Iris@myscins.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> United States Liability Insurance Company</td> <td></td> </tr> <tr> <td><b>INSURER B:</b> SCWIND</td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> United States Liability Insurance Company		<b>INSURER B:</b> SCWIND		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>
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<b>INSURER C:</b>														
<b>INSURER D:</b>														
<b>INSURER E:</b>														
<b>INSURER F:</b>														
<b>INSURED</b> <b>Kickback Korner, LLC</b> <b>PO Box 3392</b> <b>Myrtle Beach, SC 29577</b>														

**COVERAGES**      **CERTIFICATE NUMBER: 00000418-111324**      **REVISION NUMBER: 10**

**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 (INSD) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<b>A</b>	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<b>Y</b>	<b>BP 1589597A</b>	<b>07/30/2019</b>	<b>07/30/2020</b>	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMP/OP AGG \$ \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<b>Y/N</b>				
<b>B</b>	<b>WIND &amp; HAIL</b>		<b>1072731-05</b>	<b>08/14/2019</b>	<b>08/14/2020</b>	<b>CONTENTS</b> \$ <b>20,000</b>

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
City of Myrtle Beach is also listed as additional insured.

<b>CERTIFICATE HOLDER</b>  <b>City of Myrtle Beach</b> <b>PO Box 2468</b> <b>Myrtle Beach, SC 29578</b>	<b>CANCELLATION</b>  <b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  <b>(IMB)</b>
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**SLED CATCH**  
Citizens Access to Criminal Histories

**Results**

Name **DERRICK HAYNES**  
DOB **1959 01 27**  
Gender **Male**  
Maiden Name  
SSN  
Transaction **121849632F**  
Date of Check **January 02, 2020 at 18:49**

**NO ARREST DATA**  
IN ACCORDANCE WITH  
SEARCH CRITERIA SUBMITTED  
S.C. Law Enforcement Division  
WWW

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To Whom it May Concern:

The criminal history search was based upon the criteria furnished. It did not include a fingerprint comparison, which is the only means of positive identification. This **NO ARREST DATA** verification is only valid as of January 02, 2020 at 18:49 since a record may be established after that time. Therefore, if no action is taken within a reasonable period, it is recommended that another check be made.

Sincerely,

Chief Mark Keel  
South Carolina Law Enforcement Division

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Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

# OFFICIAL 10 YEAR DRIVER RECORD

*S. H. Rweis*  
Director

Customer No: 23709880 Driver License No: ~~S616569~~ Director  
 Name: HAYNES, DERRICK EARL  
 Address: 181 HAYNES PL  
 City: GEORGETOWN State: SC Zip: 294406336  
 County: GEORGETOWN  
 DOB: 1/27/1959 Sex: M Driver Training: N

Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

### License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.	Document Identifier (ACN / DDN)
Current								
DL (R)	D	Renewal	03/04/2019	01/27/2027	10/08/2001	N	N	2200940102256005805
Prior								
DL	D	Renewal	01/15/2016	01/27/2026	10/08/2001	N	N	1011525400002102
DL	D	Reissue	01/15/2016	01/27/2026	10/08/2001	N	N	2200940202254196637
DL	D	Renewal	02/17/2006	01/27/2016	10/08/2001	N	N	N/A
DL	D	Modify	03/15/2012	01/27/2016	10/08/2001	N	N	1011131300062117
DL	D	Original	10/08/2001	01/27/2006	10/08/2001	N	N	N/A
DL	D	Reissue	10/08/2001	01/27/2006	10/08/2001	N	N	N/A

### Address Change -

Date Changed: 03/15/2012

Address: 271 CHURCH ST  
 City: SOCIETY HILL State: SC Zip: 295938605

### Point Summary

Total Current Points: 0  
 Driver Credit: -0  
 Adjusted Current Points: 0

### ACC: REPORTABLE

Accident: 04/07/2018  
 Accident Case Number: 18546226  
 Accident Jurisdiction: SC Acc Loc Ref: SCHDPT  
 Contributed: N

Posted: 04/16/2018  
 FR-10 Audit Number: U-725661  
 History: N

VIOL: 442 - Disobeying an official traffic device  
 Violation: 03/28/2013 Conviction: 04/29/2013  
 ACD: M14 Conviction Loc Ref:  
 Conviction State: GA

Ticket#: 24809064  
 Recd: 05/20/2013 Post: 06/13/2013  
 Conviction Reference:  
 Court Type: MUNICIPAL COURT  
 Violation Points: 4 Current Points: 0

VIOL: 426 - Operating with improper lights  
 Violation: 06/05/2010 Conviction: 06/23/2010  
 ACD: E05 Conviction Loc Ref:  
 Conviction State: SC

Ticket#: 37559FG  
 Recd: 07/28/2010 Post: 08/19/2010  
 Conviction Reference:  
 Court Type: MUNICIPAL COURT  
 Violation Points: 2 Current Points: 0

**End of Report**



# **SLED CATCH**

Citizens Access to Criminal Histories

## **Results**

Name **BARBARA HAYNES**  
DOB **1963 03 11**  
Gender **Female**  
Maiden Name **LUNN**  
SSN  
Transaction **1219316PWO**  
Date of Check **January 02, 2020 at 19:03**

**NO ARREST DATA**  
IN ACCORDANCE WITH  
SEARCH CRITERIA SUBMITTED  
S.C. Law Enforcement Division  
WWW

---

To Whom it May Concern:

The criminal history search was based upon the criteria furnished. It did not include a fingerprint comparison, which is the only means of positive identification. This **NO ARREST DATA** verification is only valid as of January 02, 2020 at 19:03 since a record may be established after that time. Therefore, if no action is taken within a reasonable period, it is recommended that another check be made.

Sincerely,

Chief Mark Keel  
South Carolina Law Enforcement Division

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Certified to be a true and correct copy of the original document on file with the South Carolina Department of Motor Vehicles.

# OFFICIAL 10 YEAR DRIVER RECORD

*L. H. Lewis*  
Driver Services Director

Customer No: 22433328 Driver License No: 8192622  
 Name: HAYNES, BARBARA LUNN  
 Address: 210 BLUE ST  
 City: DARLINGTON State: SC Zip: 295322626  
 County: DARLINGTON  
 DOB: 3/11/1963 Sex: F Driver Training: N

Status - DL: NO SUSPENSION CDL: NO DISQUALIFICATION

### License Information

Type	Class	Function	Issued	Expires	First Issued	Rest.	Endor.	Document Identifier (ACN / DDN)
Current								
CDL (R)	B	Renewal	09/11/2019	03/11/2024	05/17/2004	Y	Y	1600550104266717080
Prior								
CDL	B	Renewal	03/04/2019	03/11/2024	05/17/2004	Y	Y	1600940104256004368
CDL	B	Renewal	12/27/2013	03/11/2019	05/17/2004	Y	Y	1011316200015012
CDL	B	Modify	08/05/2015	03/11/2019	05/17/2004	Y	Y	1011504000015622
CDL	B	Returned	12/27/2013	03/11/2019	05/17/2004	Y	Y	1600940704256003104
CDL	B	Renewal	03/09/2009	03/11/2014	05/17/2004	Y	Y	N/A
CDL	B	BP to DL	05/17/2004	03/11/2009	05/17/2004	Y	Y	N/A
CBP	B	Returned	12/20/2003	06/20/2004	12/20/2003	Y	Y	N/A
CBP	B	Original	12/20/2003	06/20/2004	12/20/2003	Y	Y	N/A
DL	D	Returned	03/07/2001	03/11/2006	03/06/1996	Y	N	N/A
DL	D	Renewal	03/07/2001	03/11/2006	03/06/1996	Y	N	N/A

**Current**  
 Restrictions: P1 Excepted Interstate  
 Endorsements: P Bus (Passengers)

**Name Change -** Date Changed: 08/05/2015  
 Name: BROCKENBERRY, BARBARA LUNN

**Point Summary**  
 Total Current Points: 0  
 Driver Credit: -0  
 Adjusted Current Points: 0

**SC Driver License Surrendered** Posted: 03/04/2019  
 License Type: CDL (R) Class: B Function: Renewal Issued: 08/05/2015  
 Date Surrendered: 03/04/2019  
 Reason for Return: RETURNED VOLUNTARILY Returning State: SC

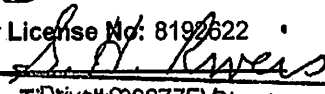
**SC Driver License Surrendered** Posted: 03/04/2019  
 License Type: CDL Class: B Function: Returned Issued: 12/27/2013  
 Date Surrendered: 03/04/2019  
 Reason for Return: RETURNED VOLUNTARILY Returning State: SC

Certified to be a true and correct  
copy of the original document on file  
with the South Carolina Department of  
Motor Vehicles.

## OFFICIAL 10 YEAR DRIVER RECORD

Customer No: 22433328  
Name: HAYNES, BARBARA LUNN

Driver License No: 8192622



**VIOL:** 421 - Speeding 10-mph or less  
**Violation:** 12/13/2011      **Conviction:** 01/11/2012  
**ACD:** S51      **Conviction Loc Ref:**  
**Conviction State:** SC

**Recd:** 01/20/2012      **Post:** 02/02/2012  
**Conviction Reference:**  
**Court Type:** MUNICIPAL COURT  
**Violation Points:** 2      **Current Points:** 0

Ticket#: S90735 Director

**VIOL:** 441 - Speeding more than 10 mph but LT 25 mph

**Violation:** 04/06/2010      **Conviction:** 06/03/2010  
**ACD:** S92      **Conviction Loc Ref:**  
**Conviction State:** VA

**Actual Speed:** 75      **Posted Speed:** 60  
**Recd:** 06/28/2010      **Post:** 07/20/2010  
**Conviction Reference:**  
**Court Type:** DISTRICT COURT  
**Violation Points:** 4      **Current Points:** 0

Ticket#: 1000331600

**End of Report**

**Exhibit A**  
**Kickback Korner Golf Carts, LLC**  
**Balance Sheet**  
**December 31, 2019**

**ASSETS**

**Current Assets:**

-Cash	\$2,000
-Receivables	0
-Inventories	0
<b>Total Current Assets</b>	<b>\$2,000</b>

**Property and Equipment:**

-Fixtures and Equipment	\$ 500
-Golf Carts & Trailer	30,000
Less Accum Depreciation	2,500
<b>Total Property &amp; Equipment</b>	<b>\$28,000</b>
<b>Total Assets</b>	<b><u>\$30,000</u></b>

**Kickback Korner Golf Carts, LLC**

**Balance Sheet**

**December 31, 2019**

**Liabilities and Owner's Equity**

**Current Liabilities:**

-Accounts Payable \$ 0

-Accrued Liabilities 0

**Total Current Liabilities 0**

Long Term Debts 0

**Total Liabilities 0**

**Owner's Equity \$30,000**

**Total Liabilities & Owner's Equity \$30,000**

## **Exhibit B**

### **Kickback Korner Golf Carts, LLC**

**We believe that public convenience and necessity requires the granting of this application because golf carts have become a mainstay for tourists visiting Myrtle Beach. Our golf cart business is conveniently located in South Myrtle Beach and provides an energy-efficient way for the public to get around. Our golf carts are reliable and affordable allowing renters to get to their destinations quicker than by walking. Seventy-five percent of our customers express gratitude and appreciation for our location because they fly into the beach and otherwise would not have transportation.**