

HABERSHAM COUNTY BOARD OF COMMISSIONER
EXECUTIVE SUMMARY

SUBJECT: Concession Service

DATE: March 15, 2023

☒ **RECOMMENDATION**
☐ **POLICY DISCUSSION**
☐ **STATUS REPORT**
☐ **OTHER**

BUDGET INFORMATION:
ANNUAL-
CAPITAL-

COMMISSION ACTION REQUESTED ON: March 20, 2023

PURPOSE: To request Commission approval to contract with Merritt's Concession for concession services at the Recreation Department.

BACKGROUND / HISTORY: Habersham County Recreation Department is seeking Commission approval to contract with Merritt's Concessions for concession services. Habersham County sought proposals for concession services on March 15, 2023. Merritt's Concessions submitted the sole proposal; however, one company submitted a no bid. The initial term of this contract will be for a 12 month period with the option to renew for an additional two (2) additional one (1) year periods. As a result of this contact, Habersham County will collect 25% of gross receipts of sales per month from the contractor.

Currently, Habersham County is purchasing all goods and providing the service internally which has resulted in approximately a net zero gain. As a result of this contract, Merritt's Concession has the ability to open all 5 of Habersham County's concession stands throughout the year at all Recreation events.

FACTS AND ISSUES:

- a. Merritt's Concessions submitted the sole proposal; however, one company submitted a no bid.
 - b. Habersham County will collect 25% of gross receipts of sales per month from the contractor
 - c. Currently, Habersham County is purchasing all goods and providing the service internally which has resulted in approximately a net zero gain.
 - d. Merritt's Concession has the ability to open all 5 of Habersham County's concession stands throughout the year at all Recreation events.
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OPTIONS:

- 1) Approve contract with Merritt's Concession for concession services at the Recreation Department.
 - 2) Deny contract with Merritt's Concession for concession services at the Recreation Department.
 - 3) Commission defined alternative.
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RECOMMENDED SAMPLE MOTION: Move to approve contract with Merritt’s Concession for concession services at the Recreation Department.

DEPARTMENT:

Prepared by:

Director _____

**ADMINISTRATIVE
COMMENTS:** _____

County Manager **DATE:** _____

HABERSHAM COUNTY
GEORGIA - FACILITIES

**Pricing Sheet
Request for Proposal**

Quoting Company: Merritt's Concessions
Company Representative: Keith + Tonnie Merritt
Company Address: PO Box 39 Martin Ga. 30557
Company Phone Number: 706 491 0172 or 706 491 6211

I would like to submit my proposed monthly fee along with menu and prices for the following location(s) at 25% of gross receipts of sales per month:

	YES	NO
1. Ruby Fulbright Aquatic Center	<u>✓</u>	<u> </u>
2. Aquatic Center Fields	<u>✓</u>	<u> </u>
3. Diamond Memorial Fields	<u>✓</u>	<u> </u>
4. Fairgrounds Soccer Field	<u>✓</u>	<u> </u>

I agree to all terms and expectations of the above quote specification and hereby submit this as our official bid.

Keith Merritt / Tonnie Merritt 3/13/23
Signature of authorized company representative Date

MERRITT'S CONCESSIONS

WATER	\$ 1
MONSTER ENERGY	\$ 3
GOLD PEAK SWEET TEA	\$ 3
SPORTS DRINK	\$ 3
Red, Blue, Orange, Yellow	
SODA (canned)	\$ 1
Sprite, Coke, Pepsi, Mountain Dew, Dr. Pepper, Diet Mountain Dew, Diet Coke, Diet Dr. Pepper	
FRIES	\$ 3
CHEESE FRIES	\$ 4
CHILI CHEESE FRIES	\$ 5
LOADED FRIES	\$ 6
(pulled pork, bbq sauce, cheese)	
NACHOS & CHEESE	\$ 3
(add Chili for \$ 1)	
LOADED NACHOS	\$ 6
(pulled pork, bbq sauce, cheese, jalapenos)	
HOTDOG	\$ 3
CHILI HOTDOG	\$ 4
HAMBURGER	\$ 5

CHEESEBURGER	\$ 6
BBQ SANDWHICH	\$ 6
PICKLES	\$ 1
CANDY	\$ 2
RING POPS	\$1
COTTON CANDY	\$3
CHIPS	\$1
BUBBLE GUM (bag of 20 pieces)	\$1
SUNFLOWER SEEDS	\$ 2
HOT CHOCOLATE OR COFFEE	\$ 2

BIDDERS DECLARATION

The bidder understands, agrees and warrants:

That the bidder has carefully read and fully understands the full scope of the requirements.

That the bidder has the capability to successfully undertake and complete the responsibilities and obligations in said specifications.

That the bidder has liability insurance and a declaration of insurance form will be provided before the commencement of any work.

That this bid may be withdrawn by requesting such withdrawal in writing at any time prior to **May 15, 2023 at 2:00 p.m.** but may not be withdrawn after such date and time.

That Habersham County reserves the right to reject any or all bids and to accept that bid which will, in its opinion, best serve the public interest. Habersham County reserves the right to waive any technicalities and formalities in the bidding.

That by submission of this bid the bidder acknowledges that Habersham County has the right to make any inquiry or investigation it deems appropriate to substantiate or supplement information supplied by the bidder.

If a partnership, a general partner must sign.

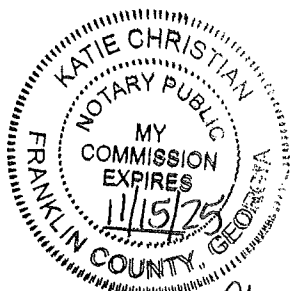
If a corporation, the authorized corporate officer(s) must sign and the corporate seal must be affixed to this bid.

BIDDER:

Keith Merritt owner/operator
Name Title

Tonnie Merritt owner/operator
Name Title

AFFIX CORPORATE SEAL (If Applicable)



Katie Christian

NON-COLLUSION AFFIDAVIT

The following affidavit is to accompany the bid:

STATE OF Georgia

COUNTY OF Habersham

Owner, Partner or Officer of Firm, Merritts Concessions PO Box 39 Martin Ga, 30557
Company Name, Address, City and State

Being of lawful age, being first duly sworn, on oath says that he/she is the agent authorized by the bidder to submit the attached bid. Affidavit further states as bidder, that they have not been a party to any collusion among bidders in restraint of competition by agreement to bid at a fixed price or to refrain from bidding; or with any office of Habersham County or any of their employees as to quantity, quality or price in the prospective contract; or any discussion between bidders and any official of Habersham County or any of their employees concerning exchange of money or other things of value for special consideration in submitting a sealed bid for:

FIRM NAME Merritts Concessions

SIGNATURE [Signature]

TITLE Owner

Subscribed and sworn to before me this 13 day of 2023

Katie Christian
NOTARY PUBLIC



CERTIFICATE OF NON-DISCRIMINATION

In connection with the performance of work under this contract, the bidder agrees as follows:

The bidder agrees not to discriminate against any employee or applicant for employment because of race, creed, color, sex, national origin, ancestry or disability. The vendor shall take affirmative action to insure that employees are treated without regard to their race, creed, color, sex, national origin, ancestry or disability. Such action shall include, but not be limited to the following: employment, upgrading, demotion, transfer, recruiting or recruitment, advertising, lay-off or termination, rates of pay or other compensation and selection for training, including apprenticeship.

In the event of the bidder's non-compliance with this non-discrimination clause, the contract may be canceled or terminated by Habersham County. The bidders may be declared, by Habersham County, ineligible for further contracts with Habersham County until satisfactory proof of intent to comply shall be made by the vendor. The bidder agrees to include this non-discrimination clause in any sub-contracts connected with the performance of this agreement.

Merritt's Concessions
BIDDER

Ken K. [Signature]
SIGNATURE

Owner
TITLE



Office of County Commissioners
555 Monroe Street, Unit 20, Clarkesville, GA 30523
706-839-0200 Fax: 706-839-0219
www.habershamga.com

STATE OF GEORGIA **E-Verify** PROGRAM VENDOR/CONTRACTOR
AFFIDAVIT AND AGREEMENT

COMES NOW before me, the undersigned officer duly authorized to administer oaths, the undersigned contractor, who, after being duly sworn, states as follows:

By executing this affidavit, the undersigned contractor verifies it's compliance with O.C.G.A 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of Habersham County has registered with, is authorized to use, and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. 13-10-91 (b). Contractor hereby attests that its federal work authorization user identification number and date are as follows:

EEV / Basic Pilot Program User ID Number (E-Verify)

FURTHER AFFIANT SAYETH NOT.

BY: [Signature]
Authorized Officer or Agent Signature

PO Box 39

Contractor Address

Owner

Title of Authorized Officer or Agent of Contractor Above

Merritt's Concessions

Company / Contractor Name

3/13/23

Date of Contract between Contractor and Habersham County

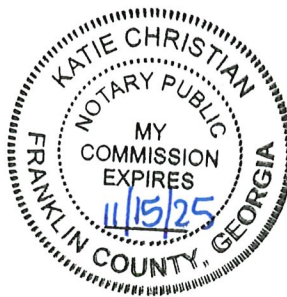
Martin, Ga 30557

Contractor City, State, Zip Code

Sworn to and subscribed before me

This 13th day of March, 2023
Katie Christian
Notary Public

My commission expires: 11/15/2025



* Any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603. As of the effective date of O.C.G.A. § 13-10-91, the applicable federal work authorization program is the "EEV I Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security in conjunction with the Social Security Administration (SSA).

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) Keith Merritt	
	Business name/disregarded entity name, if different from above Merritt's Concessions	
	Check appropriate box for federal tax classification: ☒ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ ☐ Other (see instructions) ▶ _____	
	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____	
	Address (number, street, and apt. or suite no.) PO Box 39 City, state, and ZIP code Martin Ga. 30557	
List account number(s) here (optional)		
Requester's name and address (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										
2	5	5	-	5	1	-	9	3	4	4

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									
			-						

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶ Keith Merritt	Date ▶ 3/13/23
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Merritt's Concessions

P O Box 39

Martin, Ga. 30557

To Whom This May Concern:

Merritt's Concessions would like to first Thank you for the opportunity to bid on this upcoming Parks and Recreation Concession Services.

We have a Family-owned restaurant, Shirley's Sole' Food located in Toccoa Ga. My mother has owned and operated this business for over 20 years, and I have been involved since the beginning. Shirley's Sole' Food maintains a consistent score of A or B through constant cleaning, maintaining of our equipment and supplies in order to achieve the BEST QUALITY OF SERVICE AND COOKING and maintaining a clean environment.

We are currently providing concession services for Banks County Parks and Recreation and also Franklin County Parks and Recreation.

Merritt's Concessions agree to the proposed monthly fee of 25% of gross receipts of sales per month.

Sincerely.

Merritt's Concessions



To whom it may concern,

The Franklin County Recreation Department recently has chosen Tonnie Merritt (Merritt's Concessions) to run and facilitate our concession stands at our facilities. Over the past season we have heard countless times from our citizens how wonderful the food and service has been. Not only do they provide everything needed to run a concession stand but they also go above and beyond to make sure all of the customers are happy with their product. They have been amazingly easy to work with as well. They always show up early to prepare and leave late to clean up everything. The variety of food and drinks they offer is also second to none. I would highly encourage and recommend anyone who has concession stands to contract it out through Mrs. Tonnie.

Spencer Risner

FCRD Athletic Director

03/08/2023

Ms. Asia Vetter, MBA

Programs Coordinator of Parks and Recreation

Banks County Parks and Recreation Department

607 Thompson Street

Homer, GA 30547

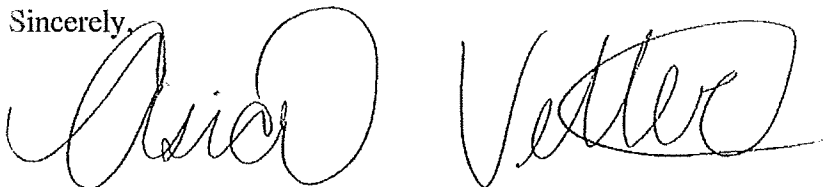
To Whom It May Concern:

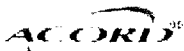
I am writing to you in support of Toni Merritt, with Merritt Concessions, and their desire to provide quality concession services for the Habersham Recreation Department. I have known Mrs. Merritt for a year, since joining BCRD, and have had nothing but the best experience with her and her services.

Merritt Concessions has become a huge part of our family at the Banks County Recreation Department and we believe she would be of great value to the Habersham community. She is professional, personable, reliable, and has some of the best food to offer. Her food is always fresh, and delicious, and the customer service is impeccable. We have used Merritt Concessions for our youth sports games as well as special events and enjoy having her as our food supplier.

I highly recommend Merritt Concessions and fully support their interest in Habersham Parks and Recreation. Please feel free to contact me at Avetter@co.banks.ga.us or 706.677.4407 if you require further information.

Sincerely,

A handwritten signature in black ink, reading "Asia Vetter". The signature is fluid and cursive, with the first name "Asia" and the last name "Vetter" clearly legible.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/03/2023

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 YOUR INSURANCE SOURCE INC/PHS 20268042 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78251	CONTACT NAME:	
	PHONE (866) 467-8730 (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC#	
INSURED keith merritt DBA Merritt's Concessions PO Box 39 MARTIN GA 30557-0039	INSURER A : Hartford Casualty Insurance Company	29424
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES**CERTIFICATE NUMBER:****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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB EXCESS LIAB ☐ OCCUR ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	20 WEC AW6DV4	03/03/2023	03/03/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE -EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

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

Those usual to the Insured's Operations.

CERTIFICATE HOLDERHabersham County Parks & Recreation
120 PAUL FRANKLIN RD
CLARKESVILLE GA 30523**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

Susan L. Castaneda

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