CITY OF WALTHOURVILLE

The Honorable Mayor Sarah B. Hayes, Presiding

September 22, 2026 @ 6:00 PM

Walthourville Police Department

The Honorable Mitchell Boston, Mayor Pro Tem — **The Honorable Patrick Underwood**

The Honorable Bridgette Kelly — **The Honorable Luciria Luckey Lovette**

The Honorable Robert (Bob) Dodd

Mr. Luke R. Mose — **City Attorney**

AGENDA

I.	**Call to Order**	**Mayor Sarah B. Hayes**
II.	**Roll Call**	**City of Walthourville**
III.	**Invocation**	**Appointee**
IV.	**Pledge of Allegiance**	**In Unison**
V.	**Approval of Agenda**	**Councilmembers**
VI.	**Approval of Minutes**	**Councilmembers**

- **September 8, 2026, Regular Meeting Minutes**
- **September 8, 2026, Executive Session Meeting Minutes**

VII. Presentation — **None**

VIII. Agenda Items:

1. LCPC — **Ms. Lori Parks**

Business License Request for Sky Haus Café. The owner is Mrs. Kristy Cantrell, and the business will be located at 4981 West Oglethorpe Highway, Suite 7 and it is zoned C-3.

2. LCPC — **Ms. Lori Parks**

Business License Request for Precious Hands Cleaning Service. The owner is Mrs. Carlette Moran, and the business will be located at 129 Vandiver Road and it is zoned R-8.

3. LCPC — **Ms. Lori Parks**

Business License Request for Perfectly Coiled Salon. The owner is Mrs. Tyana Carlashia Brown. The business will be located at 4981 West Oglethorpe Highway, Suite 18 and is it zoned C-3.

4. City of Walthourville — **Mayor Sarah B. Hayes**

SPLOST 8 Update.

5. City of Walthourville — **Mayor Sarah B. Hayes**

High Life Smoke Shop Update.

	6. City of Walthourville Allenhurst Fire Services IGA.	**Mayor Sarah B. Hayes**
	7. City of Walthourville Audits Update.	**Councilmember Bridgette Kelly**
	8. City of Walthourville Elimination of the City's Insurance Benefits for Employees.	**Councilmembers**
	9. City of Walthourville Employee's Wage Reduction.	**Councilmembers**
	10. City of Walthourville City Employees Employment Classification (Exempt versus Non-Exempt).	**Councilmembers**
IX.	**Citizens Comments** Each citizen is allocated three (3) minutes.	**Walthourville Citizens**
X.	**Department Reports**	**City of Walthourville**
	Mr. Dave Martin	Public Works
	Mr. Patrick Golphin	Water Department
	Chief Nicolas Maxwell	Fire Department
	Chief Christopher Reed	Police Department
XI.	**Elected Officials' Comments**	
	Mayor Pro Tem Mitchell Boston	
	Councilmember Patrick Underwood	
	Councilmember Bridgette Kelly	
	Councilmember Luciria Luckey Lovette	
	Councilmember Robert Dodd	
XII.	**Mayor's Updates**	**Mayor Sarah B. Hayes**
XIII.	**Executive Session**	**None**
XIV.	**Adjournment**	**Councilmembers**

When an Executive Session is warranted, it is called for the following:
(Litigation, Personnel and Real Estate) O.C.G.A. § (50-14-1)

City of Walthourville
Mayor and Council Meeting Minutes
September 8, 2026 @ 6:00 PM
Walthourville Police Department

I. Call to Order: The meeting was called to order at 6:04 PM by Mayor Sarah B. Hayes

II. Roll Call: In addition to Mayor Hayes, the following members of council were present:

Mayor Pro Tem Mitchell Boston Councilmember Robert Dodd Councilmember Bridgette Kelly

Members Absent: Councilmembers Luciria Luckey Lovette and Patrick Underwood.

The attendance of the Council constituted a quorum.

Attorney Luke R. Moses was present via telephonic.

III. The invocation was given by Councilmember Dodd.

IV. The Pledge of Allegiance was recited in unison.

V. Approval of Agenda: The motion to amend the agenda to include an Executive Session for personnel was made by Councilmember Dodd and the second was added by Councilmember Kelly.
Vote: 3-0: Motion Passed.

VI. Approval of Minutes: The motion to approve the following minutes were:

- August 25, 2026, Regular Meeting Minutes the motion to approve was made by Councilmember Kelly and the second was added by Councilmember Dodd. Vote: 3-0: Motion Passed.
- August 25, 2026, Executive Session Meeting Minutes, the motion to approve was made by Councilmember Dodd and the second was added by Councilmember Kelly. Vote: 3-0: Motion Passed.
- September 2, 2026, Special Called Executive Session Minutes, the motion to approve was made by Councilmember Dodd and the second was added by Councilmember Kelly. Vote: 3-0: Motion Passed.

VII. Presentations:

Keep Liberty Beautiful-Rivers Alive Proclamation. Dr. Karen Bell
Mayor Hayes read the Keep Liberty Beautiful Proclamation declaring October 24th as Rivers Alive Day in the City of Walthourville. The motion to approve the proclamation was made by Councilmember Dodd and the second was added by Mayor Pro Tem Boston. Vote: 3-0: Motion Passed.

VIII. Agenda Items:

1. City of Walthourville Mayor Sarah B. Hayes

High Life Smoke Shop. Mayor Hayes stated that on August 28, 2026, she observed a large gathering in the parking lot of High Life Smoke Shop. She stated that individuals were loitering, creating excessive noise, and being disruptive. Mayor Hayes stated that she called 911; however, due to an emergency occurring elsewhere in Liberty County, no one was immediately available to respond. She further noted that the City's police officers were at the hospital handling a mental health-related situation at the time. Mayor Hayes added that this was not the first occasion on which concerns had arisen regarding crowds gathering at the business.

Councilmember Dodd stated that he reviewed the 911 call records associated with the business. He reported that since the business opened, there had been approximately 15 calls for service, of which only four were related to noise complaints. Councilmember Dodd expressed concern that the City should be careful not to create the appearance that it was unfairly targeting or singling out the business. No further action was taken.

2. City of Walthourville — Mayor and Council

Fire Fee. Attorney Moses stated the Elected Body voted to stop the Fire Fee effective October 1, 2026. The Fire Fee is in active litigation, resulting in a class action lawsuit for $400,00.00. The city has no comments about this litigation. The court will decide on funds and funds will be distributed through a court administrator. No funds will be distributed through the City of Walthourville.

3. City of Walthourville — Mayor and Council

Payroll Taxes. Attorney Moses stated that there is currently no pending litigation against the City regarding the payroll tax matter. He explained that the City's CPA firm did not remit the payroll taxes and stated that it was unaware that it was responsible for making those payments. The CPA firm further stated that it was supposed to contact the City's former CPA regarding the responsibilities associated with the transition; however, that communication did not occur. Attorney Moses stated that the City's current payroll taxes are now being paid. The City is awaiting additional information from the CPA firm and the Internal Revenue Service (IRS) to determine the exact total amount owed for the prior unpaid payroll taxes.

IX. Citizens Comments — Walthourville Citizens

X. Elected Officials' Comments

Mayor Pro Tem Mitchell Boston had no comments.

Councilmember Patrick Underwood was absent.

Councilmember Bridgette Kelly had no comments.

Councilmember Luciria Luckey Lovette was absent.

Councilmember Robert Dodd had no comments

XI. Mayor's Update — Mayor Sarah B. Hayes

No comments

XII. Executive Session: At 6:24 PM the motion to enter Executive Session for Personnel was made by Councilmember Kelly and the second was added by Councilmember Dodd. Vote: 3-0: Motion Passed.

Liberty Consolidated Planning Commission – Report

Governing Authority: The City of Walthourville

Mayor & Council Date: September 22, 2026

Business License: Sky Haus Cafe

Business Owner: Kristy Cantrell

Address: 4981 W Oglethorpe Highway, Suite 7

Zoned: C-3 (Highway Commercial District)

Comments: The café will serve salads, subs, and drinks for breakfast, lunch and dinner. The bakery used to be in this suite.

Recommendation: APPROVAL

LCPC Staff: Lori Parks 9.15.26

Lori Parks
Zoning Administrator

Date

City of Walthourville Business License Division

Mailing Address: P.O Box K
Walthourville, GA 31333
Office Location 222 Busbee Road
Walthourville, GA 31333
Phone:(912) 368-7501
Web site address- www.cityofwalthorville.com

Application For corporation or limited Liability Company LLC
Occupation Tax Certificate

*The application must be filled out completely to obtain a City of Walthourville Occupation Tax Certificate. Payment must be filed with the application to obtain a City of Walthourville Occupation tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax fee. **You will not be billed.** Please print with ink or type. In order for the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to The Georgia Immigration Reform Act that was passed by the State Legislature and signed by the Governor all persons applying for renewing a City of Walthourville Tax Certificate must provide a secure and verifiable document as required by O.C.G.A 50-36-1(e) (1) and sign and notarize the affidavit required by O.C.G.A 50-36-1 (e) (2) and the affidavit required by O.C.G.A 36-60-6 (d).

This Business is: (✓) New Application
( ) Ownership Change / Date ownership changed & Certificate #_____
( ) I am filling a name/or address change for Certificate#_____

Name business as Sky'Haus Cafe Business Phone#(859) 913-1860
Name of Corporation/LLC* Sky'Haus Cafe LLC
Business Address 4981 W. Oglethorpe Hwy, Suite 7 Hinesville GA 31313
Mailing Address 93 waystation way NE Ludowici, GA 31316
Email Address Kristy@skiisourroof.net Kristy@SkiiIsOurRoof.net
Full Detailed Description of
Business is a Cafe located inside Infiniti Studios,
We will serve, salads, drinks, subs, breakfast, lunch, dinner.
no fried foods.
Date Business began in City of Walthourville September 15th, 2024
#of employees in City of Walthourville 3 to 4 E-verify# (Required if 11 or more employees_____
State Sales Tax,ID# 2031931985 2 Federal ID # 42-4975316 16
Owner Name Kristy Cantrell SS#_____ DOB_____
Home Address 93 waystation Way NE Apt#___ City Ludowici State GA Zip 31316

state Sales Tax ID# 2031931985 2

*** All electrical, mechanical, plumbing, well drilling contractors, mobile home dealers, mobile home installers, and any other contractor that is required to have a State of Georgia License will be required to attach a copy of the license to this application before Insurance.
***All commercially used building may be subject to an inspection for fire and safety code compliance prior to any certificate of occupancy or business license being issued.

Are you, the applicant the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? NO If yes, please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent.

N/A

If this property is zoned residential, no clients Employees, sales, deliveries, storage of inventory, Or equipment are allowed on the premises. Only One commercial vehicle not to exceed 12,500 lbs Gross weight used as transportation by the occupant May be parked at the residence.

I swear or affirm that I have obtained or will obtain within thirty days of the date of this application a City of Walthourville Certificate of Occupancy as required by the city ordinances.

I will comply with the Zoning Restrictions stated above: KMC (initals)

Signature: Kristy Cantrell

I Kristy Cantrell, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/revocation of the license. I understand that all signs displayed on my premise must be permitted by the City of Walthourville, I further understand that my business must operated in compliances with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce laws, ordinances & regulations. I understand that all decisions of Business License Division may be appealed to the City of Walthourville.

This 9th day of September, 20 26.

Signature of applicant Kristy Cantrell legibly print name Kristy Cantrell

This application must be approved by the Liberty County Planning Commission

Tax Map & Parcel# 050A163 Zoning Classification C-3

Approved by: Lori Durden Date Approved:

Date the request will be presented to Mayor and Council: 9-22-26

APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) ✓ I am a United States Citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the 9th day of September, 2026 in Ludowici (city), Georgia (state).

Kristy Cantrell
*Signature of Applicant

Kristy Cantrell
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
9th DAY OF September, 2026

February 12, 2027
NOTARY PUBLIC
My Commission Expires:

TONYA YVETTE AGEE NOTARY PUBLIC Comm. Exp. 02/06/27 LONG COUNTY, GA

This Affidavit must be signed by the same person who executes the Application Certification Form Letter

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. **Please check only one:**

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees[1].

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) ✓ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Kristy Cantrell
Name of Private Employer

42-4975366
Federal Work Authorization User Identification Number

Sept. 9th, 2026
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on Sept. 9, 2026 **in** Ludowici **(city),** GA **(state).**

T Agee
Signature of Authorized Officer or Agent

Tonya Agee
Printed Name and Title of Authorized Officer or Agent

TONYA YVETTE AGEE NOTARY PUBLIC LONG COUNTY, GA Comm. Exp. 02/06/27

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 9th DAY OF September, 2026.

T Agee
NOTARY PUBLIC
My Commission Expires: February 6, 2027

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

Control Number : 26190255

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

Sky'Haus Cafe LLC
a **Domestic Limited Liability Company**

has been duly organized under the laws of the State of Georgia on **08/22/2026** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on **09/08/2026**.

Brad Raffensperger

Brad Raffensperger
Secretary of State

EIN# 42-4975306
NAICS: 2082
722513 | 722320

ARTICLES OF ORGANIZATION

Electronically Filed
Secretary of State
Filing Date: 8/22/2026 2:10:49 PM

BUSINESS INFORMATION

CONTROL NUMBER	26190255
BUSINESS NAME	Sky'Haus Cafe LLC
BUSINESS TYPE	Domestic Limited Liability Company
EFFECTIVE DATE	08/22/2026

PRINCIPAL OFFICE ADDRESS

ADDRESS	4981 W. Oglethorpe Hwy, Suite 7, Hinesville, GA, 31313, USA

REGISTERED AGENT

NAME	ADDRESS	COUNTY
Ericka Thomas	93 WayStation Way NE, Ludowici, GA, 31316, USA	Long

ORGANIZER(S)

NAME	TITLE	ADDRESS
Kristy Cantrell	ORGANIZER	93 WayStation Way NE, Ludowici, GA, 31316, USA

OPTIONAL PROVISIONS

N/A

AUTHORIZER INFORMATION

AUTHORIZER SIGNATURE	Kristy Cantrell
AUTHORIZER TITLE	Organizer

EIN: 42-4975366

IRS Notice CP575G

Department Of the Treasury
Internal Revenue Service
Philadelphia, PA 19255-0023
Important Information - Please Read

KRISTY CANTRELL
SKY HAUS CAFE
% KRISTY M CANTRELL SOLE MBR
93 WAYSTATION WAY NE
LUDOWICI, GA 31316

September 09, 2026

We assigned you an employer identification number (EIN)

Your EIN is **42-4975366**. The name control associated with this EIN is **KRIS**.

What you need to do

- If you did **not** apply for this EIN, visit IRS.gov/EINNotRequested.
- Use this EIN and your name exactly as they appear above when you fill out your tax returns. Otherwise, it may cause delays. Keep a copy of this notice for your records because we'll only send it to you once. You can share a copy with future officers of your organization or anyone asking for proof of your EIN. If your name or address is incorrect as shown, send the correct information to the address at the top of this notice.
- If a Limited Liability Company (LLC) elects to be classified as an association taxable as a corporation, the LLC must file Form 8832, Entity Classification Election. If an LLC wants to elect S corporation status and meets certain criteria, the LLC must timely file Form 2553, Election by a Small Business Corporation. In that instance, we'll treat the LLC as a corporation as of the effective date of the S corporation election and the LLC doesn't need to file Form 8832. Visit IRS.gov/LLC and refer to Publication 3402, Taxation of Limited Liability Companies, for more information.

Additional Information

- Refer to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business, for tips on keeping your EIN safe.
- Find tax forms or publications by visiting IRS.gov/Forms or by calling 800-TAX-FORM (800-829-3676).
- Call us at 800-829-4933 if you can't find what you need online. If you prefer, you can write to the address at the top of this notice.

Liberty Consolidated Planning Commission – Report

Governing Authority: The City of Walthourville

Mayor & Council Date: September 22, 2026

Business License: Precious Hands Cleaning Service

Business Owner: Carlette Moran

Address: 129 Vandiver Road

Zoned: R-8 (Single-family Residential -8)

Comments: Mobile Cleaning Service, Residential or Commercial, using room in home to run the Business.

Recommendation: APPROVAL

LCPC Staff: Lori Parks — Zoning Administrator

9-11-26 — Date

City of Walthourville Business License Division

DELIVER COMPLETED APPLICATION TO
LIBERTY COUNTY PLANNING COMMISSION (LCPC)
100 MAIN STREET, SUITE 7520, HINESVILLE, GA 31313

Application for corporation or Limited Liability Company LLC
Occupation Tax Certificate

*The application must be filled out completely to obtain a City of Walthourville Occupation Tax Certificate. Payment must be filed with the application to obtain a City of Walthourville Occupation tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax fee. **You will not be billed.** Please print with ink or type. In order for the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to The Georgia Immigration Reform Act that was passed by the State Legislature and signed by the Governor all persons applying for renewing a City of Walthourville Tax Certificate must provide a secure and verifiable document as required by O.C.G.A 50-36-1(e) (1) and sign and notarize the affidavit required by O.C.G.A 50-36-1 (e) (2) and the affidavit required by O.C.G.A 36-60-6 (d).

This Business is: (✓) New Application
( ) Ownership Change / Date ownership changed & Certificate #_____
( ) I am filling a name/or address change for Certificate#_____

Name business as Precious Hands Cleaning Service
Business Phone#(912 424-5222
Name of Corporation/LLC* Precious Hands Cleaning Service
Business Address _____
Mailing Address 129 vandivee Allenhurst Ga 31301
Home Address 129 Vandiver City Walthourville State Ga Zip 31331
Email Address Carlette.moran@gmail.com
Full Detailed Description of Business
mobile cleaning service, building, office,

Number of employees (including ownership) in City of Walthourville 2
E-verify# (Required if 11 or more employees) _____
State Sales Tax ID#_____ Federal ID #_____
Owner Name Carlette Moran SS#_____ DOB 07/15/1985
DOES THIS BUSINESS REQUIRE A STATE LICENSE? _____ (YES) ✓ (NO)
(Please attach a copy of your state license or certification)

*** All electrical, mechanical, plumbing, well drilling contractors, salon, mobile home dealers, mobile home installers, and any other contractor that is required to have a State of Georgia License will be required to attach a copy of the license to this application before insurance.
***All commercially used building may be subject to an inspection for fire and safety code compliance prior to any certificate of occupancy or business license being issued.

FOR OFFICE USE ONLY

ZONING DEPT (✓) APPROVED ( ) DISAPPROVED BY Lori Parks DATE 9-10-24
FIRE DEPT ( ) APPROVED ( ) DISAPPROVED BY _____ DATE _____
CITY COUNCIL ( ) APPROVED ( ) DISAPPROVED BY _____ DATE _____
BUSINESS LICENSE DEPT DATE RECEIVED _____
BUSINESS LICENSE ISSUANCE DATE _____

Mailing Address: P.O Box K, Walthourville, GA 31333
Office Location: 222 Busbee Road, Walthourville, GA 31333
Phone: (912) 368-7501
Web site address: www.cityofwalthourville.com

City of Walthourville Business License Division

APPLICATION FOR CHANGE IN LICENSE

FOR THE YEAR _____ DATE _____ ACCOUNT NUMBER _____

$25.00 CHARGE FOR RELOCATION

$25.00 CHARGE FOR NAME CHANGE OF BUSINESS

INDICATE THE CHANGE YOU ARE APPLYING FOR:

( ) NAME

( ) ADDRESS

( ) NAME AND ADDRESS

CURRENT INFORMATION OF BUSINESS:

Current business name_____

Address: _____

Owner: _____

Manager: _____

Nature of business: _____

Phone number: _____

COMPLETE ONLY THE SPACE THAT WOULD APPLY TO YOUR CHANGE:

New name of business: _____

New address of business: _____

New manager: _____

New phone number: _____

The undersigned affirms that the above statements are true and correct to the best of his/her knowledge and belief.

This _____ day of _____, _____

_____

AUTHORIZED SIGNATURE OF APPLICANT

PERSONNALLY before the undersigned appeared

_____

who on Oath has sworn that the above information given therein is true and correct.

Sworn and subscribed before me this _____day of _____, _____

STATE OF _____ COUNTY OF _____ CITY OF _____

_____

NOTARY PUBLIC

Mailing Address: P.O Box K, Walthourville, GA 31333
Office Location: 222 Busbee Road, Walthourville, GA 31333

Phone: (912) 368-7501
Web site address: www.cityofwalthourville.com

City of Walthourville Business License Division

Are you, the applicant, the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? NO If yes, please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent.

_____

_____

CM (initals) If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment are allowed on the premises. Only one commercial vehicle not to exceed 12,500 lbs Gross weight used as transportation by the occupant may be parked at the residence.

CM (initals) I swear or affirm that I have obtained or will obtain within thirty days of the date of this application a City of Walthourville Certificate of Occupancy as required by the city ordinances.

CM (initals) I will comply with the Zoning Restrictions stated above.

I Carlette Morew, affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/revocation of the license. I understand that all signs displayed on my premise must be permitted by the City of Walthourville, I further understand that my business must operate in compliance with all applicable state, federal and local laws, ordinances and regulations, and that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate and enforce laws, ordinances and regulations. I understand that all decisions of the Business License Division may be appealed to the City of Walthourville.

This 10 day of Sept, 2026.

Legibly print name Carlette morew

Signature of applicant Carlette Morew

This application must be approved by the Liberty County Planning Commission

Tax Map & Parcel# 041D018 Zoning Classification R8

Approved by: Lori Parks Date Approved: 9-10-26

Date the request will be presented to Mayor and Council: 9.22.26

*****APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT*****

Mailing Address: P.O Box K, Walthourville, GA 31333
Office Location: 222 Busbee Road, Walthourville, GA 31333
Phone: (912) 368-7501
Web site address: www.cityofwalthourville.com

CITY OF WALTHOURVILLE BUSINESS LICENSE DIVISION – LAWFUL PRESENCE AFFIDAVIT

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1)__✓__ I am a United States Citizen.

2)_____ I am a legal permanent resident of the United States.

3)_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the 10 day of Sept, 2026 in Hinesville (city), Georgia (state).

Carlette Moran

*Signature of Applicant

Carlette Moran

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____DAY OF _____, 20____

_____

NOTARY PUBLIC
My Commission Expires:

_____

**This Affidavit must be signed by the same person who executes the Application Certification Form Letter*

CITY OF WALTHOURVILLE BUSINESS LICENSE DIVISION – PRIVATE EMPLOYER AFFIDAVIT

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. **Please check only one:**

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees[1].

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____ Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, ___, 20_____ in _____ (city), _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 20_____.

_____ NOTARY PUBLIC

My Commission Expires: _____

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.


007
009
030
008
006
Sander
047
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Talmadge Rd
Vandiver Rd
Arnall Dr
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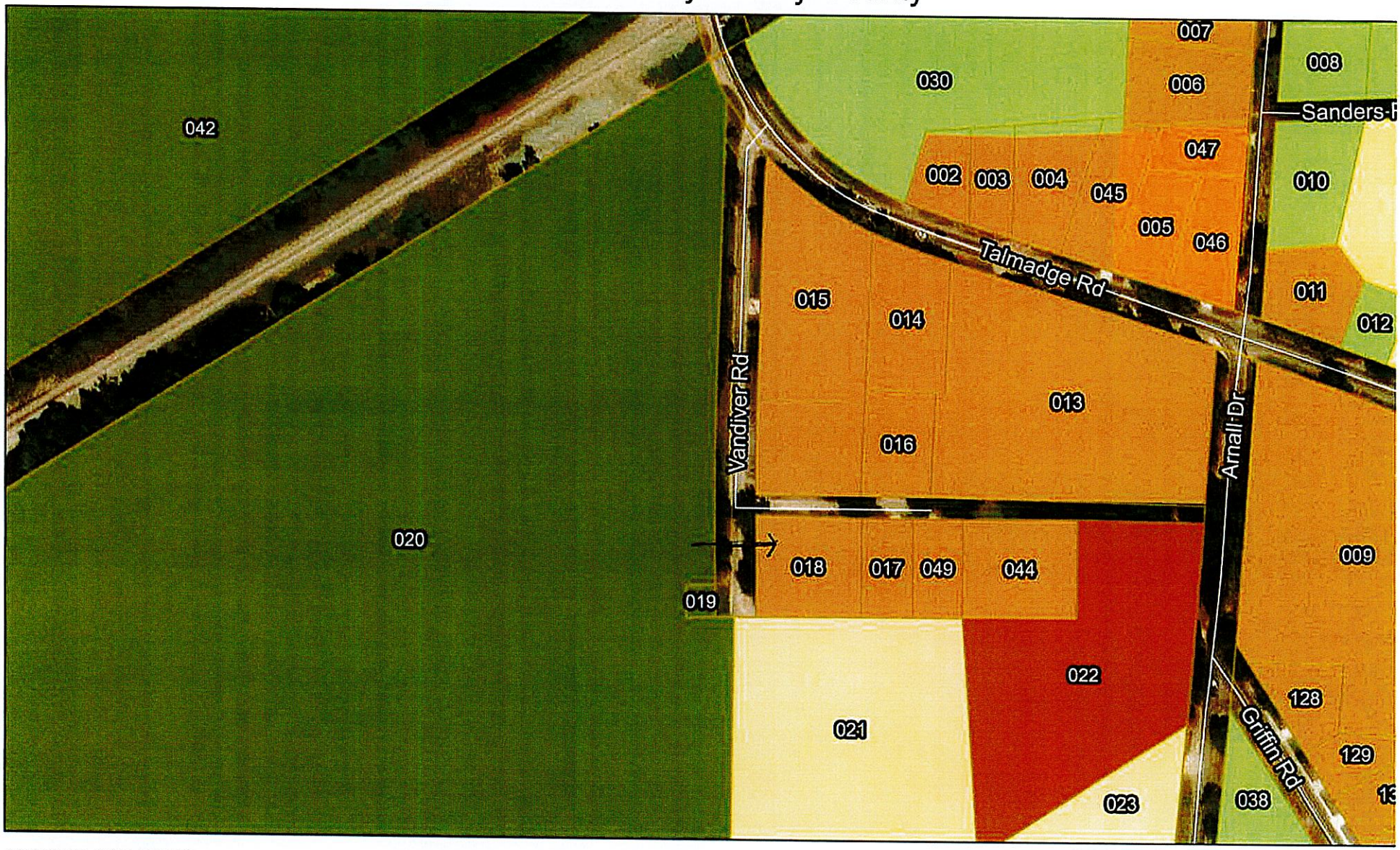
PRISYM by Liberty County



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Roads

Parcels

Zoning County

A1

AR1

MFR

MHP

R8

SFMH

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0 30 60 120

Vantor

Assessors' O

Liberty County

Liberty Consolidated Planning Commission – Report

Governing Authority: The City of Walthourville

Mayor & Council Date: September 22, 2026

Business License: Perfectly Coiled

Business Owner: Tyana Carlashia Brown

Address: 4981 W Oglethorpe Highway, Suite 18

Zoned: C-3 (Highway Commercial District)

Comments: Locs and Braids

Recommendation: APPROVAL

LCPC Staff: Lori Parks 9-10-26

Lori Parks
Zoning Administrator

Date

City of Walthourville Business License Division

Mailing Address: **P.O Box K**
Walthourville, GA 31333
Office Location **222 Busbee Road**
Walthourville, GA 31333
Phone:(912) 368-7501
Web site address- www.cityofwalthorville.com

Application For corporation or limited Liability Company LLC
Occupation Tax Certificate

*The application must be filled out completely to obtain a City of Walthourville Occupation Tax Certificate. Payment must be filed with the application to obtain a City of Walthourville Occupation tax Certificate. This application will not be processed if it is not accompanied by the appropriate tax fee. **You will not be billed.** Please print with ink or type. In order for the appropriate tax or fee to be determined the application accompanied by all appropriate documents must be submitted in person.

Pursuant to The Georgia Immigration Reform Act that was passed by the State Legislature and signed by the Governor all persons applying for renewing a City of Walthourville Tax Certificate must provide a secure and verifiable document as required by O.C.G.A 50-36-1(e) (1) and sign and notarize the affidavit required by O.C.G.A 50-36-1 (e) (2) and the affidavit required by O.C.G.A 36-60-6 (d).

This Business is: (✓) New Application
( ) Ownership Change / Date ownership changed & Certificate #_____
( ) I am filling a name/or address change for Certificate#_____

Name business as Perfectly Coiled Business Phone#(912)943 7551
Name of Corporation/LLC* Perfectly Coiled L L C
Business Address 4981 W Oglethorpe Hwy GA 31313 US - Unit #18
Mailing Address 4981 W Oglethorpe Hwy GA 31313 US - Unit #18
Email Address tyana@comcast.net
Full Detailed Description of
Business Locs & Braids

Date Business began in City of Walthourville 09/03/2026
#of employees in City of Walthourville _____ E-verify# (Required if 11 or more employees_____
State Sales Tax ID#_____ Federal ID # _____
Owner Name Tyana Carlashia Brown SS#_____ DOB 09 05 1990
Home Address 203 Renwick Loop Apt#___ City Hinesville State GA Zip 31313

*** All electrical, mechanical, plumbing, well drilling contractors, mobile home dealers, mobile home installers, and any other contractor that is required to have a State of Georgia License will be required to attach a copy of the license to this application before insurance.
***All commercially used building may be subject to an inspection for fire and safety code compliance prior to any certificate of occupancy or business license being issued.

Are you, the applicant the corporation, LLC or any shareholder currently delinquent in payment of any taxes or fees to any state or local government? No If yes, please indicate the type of tax or fee, and the amount due with the reason the tax is delinquent.

_____

_____

_____

If this property is zoned residential, no clients Employees, sales, deliveries, storage of inventory, Or equipment are allowed on the premises. Only One commercial vehicle not to exceed 12,500 lbs Gross weight used as transportation by the occupant May be parked at the residence.

I swear or affirm that I have obtained or will obtain within thirty days of the date of this application a City of Walthourville Certificate of Occupancy as required by the city ordinances.

I will comply with the Zoning Restrictions stated above: TB (initals)

Signature: [signature]

I Tiyana Brown affirm that the facts stated by me are true, I understand any misrepresentation or fraudulent statement is grounds for automatic dismissal of this application and/revocation of the license. I understand that all signs displayed on my premise must be permitted by the City of Walthourville, I further understand that my business must operated in compliances with all applicable state, federal & local laws, ordinances & regulations, & that the granting of this occupation tax certificate or payment of this occupation tax does not waive the right of any federal, state or local entity to regulate & enforce laws, ordinances & regulations. I understand that all decisions of Business License Division may be appealed to the City of Walthourville.

This 3rd day of September, 2024.

Signature of applicant [signature] legibly print name Tiyana Brown

This application must be approved by the Liberty County Planning Commission

Tax Map & Parcel# 050A163 Zoning Classification C3

Approved by: Lori Parks Date Approved: . .

Date the request will be presented to Mayor and Council: 9-22-24

*****APPLICANT MUST COMPLETE THE AFFIDAVITS AND PROVIDE A SECURE AND VERIFIABLE DOCUMENT*****

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for a loan, grant, tax credit and/or other public benefit, as referenced in O.C.G.A. § 50-36-1, administered by the Georgia Department of Community Affairs, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) OB I am a United States Citizen.

2) OB I am a legal permanent resident of the United States.

3)_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed this the 3rd day of September 2016 in Ll (city), GA (state).

[signature]
*Signature of Applicant

Tyana Brown
Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
____DAY OF _____, 201_

_____
NOTARY PUBLIC
My Commission Expires:

_____

This Affidavit must be signed by the same person who executes the Application Certification Form Letter

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA") provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. **Please check only one:**

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees[1].

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) ___✓___ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, ___, 201__ in _____ (city), _____ (state).

_____
Signature of Authorized Officer or Agent

_____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

_____
NOTARY PUBLIC
My Commission Expires: _____

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

4. City of Walthourville — **Mayor Sarah B. Hayes**
SPLOST 8 Update.

5. City of Walthourville — **Mayor Sarah B. Hayes**
High Life Smoke Shop Update.

6. City of Walthourville — **Mayor Sarah B. Hayes**
Allenhurst Fire Services IGA.

7. City of Walthourville — **Councilmember Bridgette Kelly**
Audits Update.

8. City of Walthourville — **Councilmembers**
Elimination of the City's Insurance Benefits for Employees.

9. City of Walthourville — **Councilmembers**
Employee's Wage Reduction.

10. City of Walthourville — **Councilmembers**
City Employees Employment Classification (Exempt versus Non-Exempt).