AGENDA
ARCADIA CITY COUNCIL
TUESDAY, AUGUST 16, 2011
6:00 PM

CALL TO ORDER, INVOCATION, PLEDGE OF ALLEGIANCE & ROLL CALL

CONSENT AGENDA

1. Minutes of the August 2, 2011 regular meeting
2. Check warrants from August 5 and August 9
3. Request for Special Event Permit Usage for Tree of Knowledge
4. Golf Course and Pro Shop financial reports for July 2011
5. *Air-Cadia* Flowage and Hanger Rent report for July 2011

DISCUSSION ITEMS

COMMENTS FROM DEPARTMENT

6. City Marshal

7. Attorney

8. Administrator
    a. Health Insurance Plan Employee Survey
    b. Property Insurance - Chamber of Commerce ($1,100)
    c. Charitable Donation of Property (Property id: 30.37.25.0248.00D0.0250)
    d. Bid Invitation on Water Treatment Plant

PUBLIC (PLEASE LIMIT PRESENTATIONS TO FIVE MINUTES)

MAYOR AND COUNCIL MATTERS

ADJOURN

NOTE:Any party desiring a verbatim record of the proceedings of this hearing for the purpose of appeal is advised to make private arrangements therefore.

Please TURN OFF or SILENCE all cell phones

MINUTES
CITY COUNCIL
CITY OF ARCADIA
TUESDAY, AUGUST 2, 2011 - 6:00 PM

CALL TO ORDER, INVOCATION PLEDGE OF ALLEGIANCE & ROLL CALL

The meeting was called to order at approximately 6:00 p.m. The following members and staff were present:

Arcadia City Council
Mayor Robert Heine
Deputy Mayor Keith Keene
Councilwoman Martha Craven
Councilwoman Dr. Sharon Goodman
Councilmember Dr. Roosevelt Johnson

NOTE: Mayor Robert Heine and Councilwoman Martha Craven attended meeting via phone beginning with item 4.

Arcadia City Staff
City Administrator Lawrence Miller
Interim City Recorder Shelley Peacock
City Attorney William Galvano
Asst. City Administrator Judi Jankosky
Marshal Charles Lee

CONSENT AGENDA
1 Minutes of the July 19, 2011 regular meeting
2 Check warrants July 22, 2011
3 Welcome Brotherhood Riders-2011

A motion was made by Dr. Johnson and seconded by Dr. Goodman to approve consent agenda items 1-3. Motion carried 3-0.

DISCUSSION ITEMS
4. Health Insurance Plan for the City of Arcadia

City Administrator advised Council that he held a meeting for all employees and retirees regarding health insurance and a few gave written comments relative to which insurance company they preferred. Dr. Miller emphasized that he had no personal

preference and his only criteria is what the employees would most benefit. Councilmember Craven asked via telephone if this issue must be voted on tonight. Dr. Johnson suggested that the entire staff be surveyed to determine their choice for an health insurance plan and provider. Dr. Miller concurred and told the City Council he would have the survey ready for their review by the next Council Meeting. Dr. Miller also informed the City Council that he would give the City Marshall a copy of the survey as well so that there would be consistency in the survey tool used to determine the choice of all employees including members of the City of Arcadia Police Department. **The Council agreed to formulate a survey to be completed by each employee regarding their preferences and sign and return.** Ms. Anna Marie Dudley, Gehring Group, was present for any questions.

COMMENTS FROM DEPARTMENTS

1 City Marshal Activity report for the month of July

City Marshall Lee presented a plaque to Sgt. Bierrmann and Sgt. Glockler for exceptional service of duty in reviving a citizen.

2 Attorney - No Report

3 Administrator

A. Budget Meeting with Staff
B. Assistant City Administrator Title
C. Health Insurance
D. Millage Rate

Dr. Miller requested that items C and D be removed from the agenda.

Dr. Miller explained that he determined that the Assistant Administrator title is no longer necessary. He stated that this would not be a demotion but an attempt to bring clarity as far as the lines of authority. Councilwoman Craven via phone requested Dr. Miller's resignation. Mayor Heine via phone concurred with Councilwoman Craven and demanded Dr. Miller turn in his keys that evening. Dr. Miller responded by refusing to resign. **A motion was made by Councilwoman Craven and seconded by Mayor Heine to terminate City Administrator Dr. Miller.** Dr. Goodman urged Dr. Miller to reconsider his decision to strip Judy Jankosky of her title and leave any reference to the incident out of her personnel file. Dr. Goodman requested that Dr. Miller and Mrs. Jankosky meet to discuss job duties and clarity of authorities. An open discussion began regarding Mrs. Jankosky remaining Assistant Administrator. Dr. Goodman asked Mrs. Jankosky if she would accept the retraction and apology.

Mrs. Jankosky responded she would need to be out of the office for the remainder of the week due to an interview; however she would be willing to meet with Dr. Miller to discuss clarity of her position. Dr. Goodman stated that the City had lost another valuable employee due to harassment that happened in the past and she advised Dr. Miller that he had witnessed the incident. Dr. Miller responded that the incident occurred after the employee had already given her resignation.

There was additional discussion regarding the health insurance issue. Dr. Miller stated that he was acting in good faith in the best interest of the City. He emphasized that Mrs. Jankosky is intelligent and always professional and he has wanted to sit down with her to discuss job duties. Councilwoman Craven called for a vote on the motion. **The motion failed 3-2 with voting as follows: Councilwoman Craven, Yes; Mayor Heine, Yes; Deputy Mayor Keene, No; Dr. Johnson, No; Dr. Goodman, No.**

PUBLIC (PLEASE LIMIT PRESENTATIONS TO FIVE MINUTES)

NONE

MAYOR AND COUNCIL MATTERS

Mayor Keene asked if the Council had any ideas in memory of 9/11 that the City could participate in September.

ADJOURN

There being no further business the meeting adjourned at 7:40 p.m.

APPROVED THIS ____ DAY OF _____, 2011.

By:

_____

Robert W. Heine, Mayor

ATTEST:

_____

Virginia S. Haas, City Recorder

munis
a tyler erp solution
Financials, Revenue & Citizen Services and Human Capital Management
tyler technologies

08/05/2011 09:07 | City of Arcadia, FL - ** LIVE ** | PG 1
aahorkey | ACCOUNTS PAYABLE WARRANT REPORT | apwarrnt

DATE: 08/05/2011 WARRANT: 20110802 AMOUNT: $ 368.27

CASH ACCOUNT: 42000 10106 AIRPORT FUND CHECKING WARRANT: 20110802 08/05/2011 DUE DATE: 08/05/2011

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT		DOCUMENT	VOUCHER	CHECK
10030W & S ENTERPRISE ACCOU		00000		100 INV	08/04/2011	38246		20258	82547	
1 42542 30430		AIRPORT		UTILITY SE		37.80				
							37.80			
					CHECK TOTAL		37.80			
60090FLORIDA POWER & LIGHT		00001		100 INV	08/04/2011	JUN/JUL AIRPORT OL		20259	82548	
1 42542 30430		AIRPORT		UTILITY SE		112.86				
							112.86			
60090FLORIDA POWER & LIGHT		00001		100 INV	08/04/2011	JUN/JUL HANGAR		20260	82549	
1 42542 30430		AIRPORT		UTILITY SE		154.81				
							154.81			
60090FLORIDA POWER & LIGHT		00001		100 INV	08/04/2011	JUN/JUL BEACON LT		20261	82550	
1 42542 30430		AIRPORT		UTILITY SE		28.34				
							28.34			
60090FLORIDA POWER & LIGHT		00001		100 INV	08/04/2011	JUN/JUL HANGAR 3		20262	82551	
1 42542 30430		AIRPORT		UTILITY SE		25.49				
							25.49			
					CHECK TOTAL		321.50			
1535NAPA AUTO PARTS		00000		100 INV	08/04/2011	173322		20263	82552	
1 42542 30463		AIRPORT		REPAIR EQU		8.97				
							8.97			
					CHECK TOTAL		8.97			
6 INVOICES					WARRANT TOTAL	368.27	368.27			
					CASH ACCOUNT BALANCE		.00			

WARRANT: 20110802 08/05/2011 DUE DATE: 08/05/2011

FUND	ORG		ACCOUNT		AMOUNT	AVLB BUDGET
402	42542	AIRPORT	402 -540-542-000-000-30430 -	UTILITY SERVICE	359.30	.00
402	42542	AIRPORT	402 -540-542-000-000-30463 -	REPAIR EQUIPMENT	8.97	.00
				FUND TOTAL	368.27	

CASH ACCOUNT 42000 10106 BALANCE .00

WARRANT SUMMARY TOTAL 368.27

GRAND TOTAL 368.27

WARRANT: 20110802 08/05/2011 DUE DATE: 08/05/2011

VOUCHER	VENDOR	VENDOR NAME	INVOICE	PO	TYPE	DUE DATE	AMOUNT	COMMENT
82547	10030	W & S ENTERPRISE ACCOUNT	38246	100	INV	08/04/2011	37.80	CUSTOMER NO. 301113
82548	60090	FLORIDA POWER & LIGHT	JUN/JUL AIRPORT OL	100	INV	08/04/2011	112.86	ACCT #03130-38937: SE
82549	60090	FLORIDA POWER & LIGHT	JUN/JUL HANGAR	100	INV	08/04/2011	154.81	ACCT #03160-30915: SE
82550	60090	FLORIDA POWER & LIGHT	JUN/JUL BEACON LT	100	INV	08/04/2011	28.34	ACCT #32291-29311: 226
82551	60090	FLORIDA POWER & LIGHT	JUN/JUL HANGAR 3	100	INV	08/04/2011	25.49	ACCT #57004-27361: 210
82552	1535	NAPA AUTO PARTS	173322	100	INV	08/04/2011	8.97	NBH V-BELT PARTS
					WARRANT TOTAL		368.27	

** END OF REPORT - Generated by Amanda Albritton-Horkey **

08/09/2011 15:22 | City of Arcadia, FL - ** LIVE ** | PG 1
aahorkey | ACCOUNTS PAYABLE WARRANT REPORT | apwarrnt

DATE: 08/09/2011 WARRANT: 20110803 AMOUNT: $ 131,864.80

CASH ACCOUNT: 81000 10400 EQUITY IN POOLED CASH WARRANT: 20110803 08/09/2011 DUE DATE: 08/09/2011

VENDOR	G/L ACCOUNTS	R	PO	TYPE	DUE DATE	INVOICE/AMOUNT		DOCUMENT	VOUCHER	CHECK
2558CITY OF ARCADIA		00000	100	INV	08/09/2011	08092011		20325	82614	
1 01369	36990	OTHER MISC		MISC REVEN		131,864.80				
							131,864.80			
						CHECK TOTAL	131,864.80			

1 INVOICES WARRANT TOTAL 131,864.80 131,864.80
CASH ACCOUNT BALANCE 2,798,319.97

WARRANT: 20110803 08/09/2011 DUE DATE: 08/09/2011

FUND	ORG	ACCOUNT		AMOUNT	AVLB BUDGET
001	01369	OTHER MISC REVENUES	001 -360-369-0 -000-36990 - MISC REVENUE	131,864.80	-23026.24
			FUND TOTAL	131,864.80	

CASH ACCOUNT 81000 10400 BALANCE 2,798,319.97

WARRANT SUMMARY TOTAL 131,864.80

GRAND TOTAL 131,864.80

WARRANT: 20110803 08/09/2011 DUE DATE: 08/09/2011

VOUCHER	VENDOR	VENDOR NAME	INVOICE	PO	TYPE	DUE DATE	AMOUNT	COMMENT
82614	2558	CITY OF ARCADIA	08092011	100	INV	08/09/2011	131,864.80	CDBG
					WARRANT TOTAL		131,864.80	

** END OF REPORT - Generated by Amanda Albritton-Horkey **

SPECIAL EVENTS

A special event is defined as any event held in the city that is open and advertised to the public or which could limit the normal use and access to an area by the general public, or which is deemed to have an impact on the city rights-of-way or could affect public safety, and which is less than two weeks in duration. These events could be, but are not limited to:

Festivals	Fairs	Carnivals
Flea Markets	Expo's	Tent Sales
Walk-a-thons	Parades	Road Races
Tournaments	Pony Rides	Petting Zoos
Concerts	Car Shows	Boat Shows
Battles of the Bands	Fireworks Displays	Public Gatherings

All special events require a SPECIAL EVENT PERMIT. Event organizers shall obtain a Special Event Permit application from the City Administrator's office, to be returned to that office at least thirty (30) days prior to the anticipated date of the event. Any required documentation or attachments should be included with the application. The completed application must include legible information detailing:

a. A narrative describing the approximate number of people expected to attend,
b. Whether signs will be placed in the city rights-of-way,
c. Any special or unusual circumstances (cooking, alcoholic beverages, wildlife, fireworks, carnival type rides, outdoor music, etc.)
d. Indicate whether additional electric service will be required, and if so where.
e. Whether streets will be closed, or barricades erected.
f. Include details of traffic control, emergency access and parking arrangements.
g. Describe the provisions made for collection of trash, garbage & recycling.

h. If applicable, specify the location and indicate whether or not you have the owner's permission to hold the event at that location and provide owner's contact information.

The event sponsor will be responsible for any cost incurred by the City for set-up or clean-up of the event, and any security provided by on-duty law enforcement. The sponsor will have the option of providing its own security, at its own cost, through a private security company or off-duty officers.

All special events are subject to final approval by the City Administrator, Police Department and possibly the City Council.

INSURANCE – The event organizer shall provide proof of liability insurance coverage naming the City as an additional insured on the Comprehensive General Liability Policy. An Indemnification and Hold Harmless Agreement must be signed by an authorized representative of the organizing group and submitted along with the Certificate of Insurance and application packet.

RECEIVED
JUL 29 2011
CITY OF ARCADIA

FOOD - ALL food and beverage vendors shall provide copies of their State of Florida Health Department license. All food vendors whose cooking creates grease-laden vapors shall have a mounted certified fire extinguisher.

ALCOHOL - Will alcoholic beverages be sold or consumed on the premises? If yes, organizer or sponsor shall submit a copy of the Florida Alcoholic Beverages Permit 15 days prior to the event. You can download a One/Two/Three day alcohol sales permit from the State at http://www.myfloridalicense.com/dbpr/sto/file_download/file-download-abandt.shtml

USE OF CITY PERSONNEL - If city personnel are used for set-up or clean-up, or for security, outside of normal work hours, it will be the responsibility of the event sponsor to pay the salary of those personnel for the time they spend on the event.

By completing and submitting the attached application, I certify that:

- **I have read and agree to abide by the terms and conditions set forth above,**
- **that I will be designated as the (sole) contact person for the event,**
- **that I will be responsible for applying for and attaching all required permits and documentation, and**
- **that I am responsible for any fees which may be incurred as a result of this event.**

Flo Rife
Signature of Applicant/Event Sponsor

7/29/11
Date

FLO RIFE
PRINTED Name of Above

863-494-2500
Contact Phone #

City of Arcadia
SPECIAL EVENT PERMIT APPLICATION

Date Submitted: 7/29/11

Event Name October fest

Event Location Downtown Arcadia/Tree of Knowledge Park

Date(s) of Event 10-8-11 Hours of Event 8-5

Expected Attendance 1000.

Event Sponsor Antiques Assn. of Arcadia Non-Profit? X YES ___ NO

Description of Event Craft and Antique Vendors in Tree of Knowledge and sidewalks

Contact Person Flo Rife Telephone (863) 494-2500

Fax # _____ Email maddysantiques@earthlink.net

Insurance Carrier Charlotte Insurance

Insurance Agent Shawn Agent's Phone 941-625-0717

Alcoholic Beverages?	___ YES	x NO
Tents?	x YES	___ NO
Cooking?	___ YES	___ NO MAYBE
Outdoor Music?	___ YES	___ NO MAYBE
Additional Electric?	___ YES	X NO
Carnival Rides?	___ YES	x NO
Wildlife?	___ YES	X NO
Fireworks?	___ YES	X NO
Signs Displayed?	___ YES	___ NO
Set-up/Clean-up by City?	___ YES	x NO
City Police required?	___ YES	x NO
Road Closures?	___ YES	x NO

If Yes, please specify locations: _____

Other Pertinent Information: _____

**********FOR CITY USE ONLY**********

Received by: C Jones Date: 8/3/11 (complete package)

City Marshal	C Lee Approved	___ Disapproved
City Administrator	___ Approved	___ Disapproved
City Council	___ Approved	___ Disapproved

INDEMNIFICATION & HOLD HARMLESS

I, Flo Rife (Printed Name), as President (Title or Office Held) of Antique Assn of Arcadia (Club, organization, group, etc), do hereby agree to hold the City of Arcadia, its agents and employees, harmless and indemnify same from any civil actions or claims of any nature made in connection with the event known as the Octoberfest (Name of Event) to be held at Tree of Knowledge (Location) on Oct 8, 2011 (Date).

By: Flo Rife
(Signature)

Printed Name: Flo Rife

Entity Name: Antiques Assn. of Arcadia

Its: President

Date: 7/29/11

STATE OF FLORIDA

COUNTY OF DeSoto

Sworn to and subscribed before me this 29th day of July, 2011, by Flo Rife, as _____ of _____, who [✓] is personally known to me or [ ] has produced _____ as identification.

Debra Lynn Vick
NOTARY PUBLIC

(SEAL)

DEBRA LYNN VICKERS
Notary Public - State of Florida
My Comm. Expires Nov 4, 2014
Commission # EE 25418
Bonded Through National Notary Assn.

ARCADIA PARKS AND RECREATION DEPARTMENT
EQUIPMENT CHECK-OUT/RENTAL APPLICATION

Name of Person/Organization _____ Address _____

Responsible Person _____ Phone Number _____

DATE	EQUIPMENT REQUESTED	QUANTITY	CONDITION	FEE

EQUIPMENT RATES: (specify number) Minimum Charge... $15.00

_____ Tables..... $5.00 each

_____ Chairs..... $0.50 each

Date of Pick – Up: _____ Rental Fee: _____
Date of Return: _____

A damage deposit of $25.00 shall be charged for equipment rental. Damaged equipment shall be repaired or replaced with cost borne by renter.

Damage Deposit $25.00 (cash or check)

If set-up is requested, there will be a $20.00 charge.
Set-Up Fee _____

I agree to be responsible for repairs and/or replacement of damaged or lost equipment. Rental payment must be made in advance.

_____ _____
Signature of Applicant Date

_____ _____
Issued By Date
Parks and Recreation Director

(DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY)

DATE OF RETURN _____
NOTE OF DAMAGE OR MISSING EQUIPMENT:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/3/2011

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
Charlotte Insurance Agency, Inc.
PO Box 494350
4051 Tamiami Trail
Port Charlotte FL 33949-4350

CONTACT NAME: Jason Koszowski
PHONE (A/C, No, Ext): (941) 625-0717 FAX (A/C, No): (941) 627-0676
E-MAIL ADDRESS: jason@charlotteinsurance.net

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: American Status Ins Company	19704
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
ANTIQUE ASSOCIATION OF ARCADIA
PO BOX 3400

ARCADIA FL 34265

COVERAGES CERTIFICATE NUMBER: CL118303630 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/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			C1CH29802650 C1CH29802650	9/20/2011 9/20/2010	9/20/2012 9/20/2011	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $

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

RECEIVED
AUG 03 2011
CITY OF ARCADIA

CERTIFICATE HOLDER
CIty of Arcadia
23 N. Polk Ave.
Arcadia, FL 34266

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
Charles Taylor/VSB

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INS026 (201005).01 The ACORD name and logo are registered marks of ACORD

CHARLOTTE INSURANCE AGENCY, INC.

4061 TAMIAMI TRAIL P.O. BOX 494360
PORT CHARLOTTE, FLORIDA 33949-4360
PHONE (941) 625-0717 FAX (941) 627-0676

DATE 8/3/2011 TIME 3:15 ☐ A.M. ☒ P.M. NUMBER OF PAGES (Including Cover Letter) 2

NOTE: If you did not receive all of the pages or if you have a question, please call the verifying number (below).

TO: City of Arcadia **FROM:**

CO. NAME	NAME
ADDRESS	SUBJECT
ATTENTION	FAX NO.
FAX NO. 494-4712	VERIFYING NO.

FAX Transmission

REMARKS:

Certificate of Insurance per Insured's request.

RECEIVED
AUG 03 2011
CITY OF ARCADIA

CONFIDENTIALITY NOTE

The documents accompanying this fax transmission contain certain information from Charlotte Insurance Agency, Inc. which is confidential or privileged. This information is intended for the use of the individual or entity named on this sheet.. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents hereof is prohibited. If you have received this fax transmission in error, we would appreciate your notifying our office by telephone.

CITY OF ARCADIA FLORIDA
PO BOX 351
ARCADIA, FL 33821

GOLF COURSE

FINANCIAL REPORT

DATE: **AUGUST 11, 2011**

FOR PERIOD: **7/01/11 - 7/31/11**

I HEREBY CERTIFY THAT THE FOLLOWING AMOUNTS WERE COLLECTED BY ME FOR MEMBERSHIP DUES, GREEN FEES, TEN PLAY FEES, AND 7% SALES TAX AT THE ARCADIA GOLF COURSE; RECEIPT FOR WHICH I HEREBY ACKNOWLEDGE.

MEMBERSHIP DUES	$	1,000.00
GREEN FEES	$	3,619.10
TEN PLAY	$	-
OTHER - Student & City Employees	$	-
SUB TOTAL	$	4,619.10
7 % SALES TAX	$	323.33
TOTAL COLLECTED	**$**	**4,942.43**
TOTAL EXPENSES	**$**	**15,738.00**

FOR THE ABOVE ARE ATTACHED AND HEREBY MADE A PART OF THIS REPORT.

TOTAL NUMBER OF REGISTRATIONS: **621**

GOLF MANAGER

RECEIVED BY Jorge Dantas
FINANCE DIRECTOR

DATE: 8/11/11

ARCADIA GOLF COURSE

CITY OF ARCADIA

ARCADIA, FL

DATE **AUGUST 11, 2011**

RE: GOLF COURSE REPORT FOR THE MONTH OF: **JULY 2011**

	JULY 2011	JULY 2010	CURRENT YEAR TO DATE	LAST YEAR TO DATE
GREENS FEES COLLECTED	$ 3,619.10	$ 2,567.52	$ 122,550.00	$ 93,573.24
MEMBERSHIP FEES	$ 1,000.00	$ -	$ 130,552.66	$ 157,568.33
SUB TOTAL	$ 4,619.10	$ 2,567.52	$ 253,102.66	$ 251,141.57
SALES TAX	$ 323.33	$ 136.98	$ 17,664.16	$ 17,492.74
TOTAL	$ 4,942.43	$ 2,704.50	$ 270,766.82	$ 268,634.31
TOTAL NUMBER PLAYED	621	557		

THIS MONTHS EVENTS

UPCOMING EVENTS

CITY OF ARCADIA FLORIDA
PO BOX 351
ARCADIA, FL 33821

PRO SHOP

FINANCIAL REPORT

DATE: **AUGUST 11, 2011**

FOR PERIOD: **7/01/11 - 7/31/11**

I HEREBY CERTIFY THAT THE FOLLOWING AMOUNTS WERE COLLECTED BY ME FOR CARTS, PRO SHOP, DRIVING RANGE, FOOD, BEVERAGES, AND 7% SALES TAX AT THE ARCADIA PRO SHOP; RECEIPT FOR WHICH I HEREBY ACKNOWLEDGE.

CARTS	$	2,399.65
PRO SHOP	$	537.10
DRIVING RANGE	$	171.29
FOOD & BEVERAGES	$	1,127.54
SUB TOTAL	$	4,235.58
7 % SALES TAX	$	296.49
TOTAL COLLECTED	**$**	**4,532.07**
TOTAL EXPENSES	**$**	**7,398.00**

FOR THE ABOVE ARE ATTACHED AND HEREBY MADE A PART OF THIS REPORT.

PRO SHOP MANAGER

RECEIVED BY

FINANCE DIRECTOR

DATE: 8/11/11

AGENDA ITEM #5

Air- Badia
2268 SE AC Polk Jr Dr
Arcadia, Fl 34266
863-990-9314
863-993-2114

FLOWAGE AND HANGER RENT REPORT JULY 2011

Aviation Fuel	*941.3 GALLONS @ $0.01/ga*	*$ 9.41*
Lubrication oil	*0.00gallon .04/gal*	*$ .00*
Tiedown Fee	*30.00/50%*	*$ 15.00*
BLDG F	*900.00/90%*	*$ 810.00*
T-hangers	*4000.00/90%*	*$ 3.600.00*

This month 20 of the 20 hangers rented-Building A and B
3 of the 3 hangers rented-Building F

Total due City for JULY 2011 *$4,434.41*

Paid Check # 2413