



## CITY OF WALTHOURVILLE

### The Honorable Mayor Sarah B. Hayes, Presiding

January 27, 2026 @ 6:00 PM  
Walthourville Police Department

#### Elected Officials

Luciria Luckey Lovette, Mayor Pro Tem  
Mitchell Boston  
Patrick Underwood  
Bridgette Kelly  
Robert Dodd

#### City Administration

Mrs. Ivy Norris, Finance Manager  
Nicolas Maxwell, Fire Chief  
Christopher Reed, Police Chief  
Mr. Dave Martin, Public Works Administrator  
Mr. Luke R. Moses, City Attorney  
Ms. Shana T. Moss, City Clerk/HR Administrator

#### 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
	• January 13, 2026 Regular Meeting Minutes	
	• January 13, 2026 Executive Session Minutes	
VII.	Presentation	None
VIII.	Agenda Items	
1.	LCPC	Mrs. Lori Parks
	Business License Request for DeeVine Experience, LLC for a Beauty Salon at 4981 West Oglethorpe Highway, Suite 9 in Walthourville, GA.	
2.	LCPC	Mrs. Lori Parks
	Business License Request for Flawless Home and Lawn Care, LLC for a lawn service and home improvements business, located at 125 Smith Road.	
3.	LCPC	Mrs. Lori Parks
	Business License Request for Bigg Blue Mobile Detailing and Pressure Washing for a mobile detailing and pressure washing business to be located at 510 Arnall Drive.	
4.	City of Walthourville	Councilmember Patrick Underwood
	2026 MLK Coloring Contest Winners.	

<b>IX.</b>	<b>Citizens Comments</b> Each citizen is allocated three (3) minutes.	<b>Walthourville Citizens</b>
<b>X.</b>	<b>Department Comments</b>	<b>City of Walthourville</b>
	• Water Department	Mr. Patrick Golphin
	• Fire Department	Chief Nicolas Maxwell
	• Police Department	Chief Christopher Reed
<b>XI.</b>	<b>Mayor's Comments</b>	<b>Mayor Sarah B. Hayes</b>
<b>XII.</b>	<b>Elected Officials' Comments</b>	<b>City of Walthourville</b>
	• Mayor Pro Tem Luciria Luckey Lovette	
	• Councilmember Mitchell Boston	
	• Councilmember Patrick Underwood	
	• Councilmember Bridgette Kelly	
	• Councilmember Robert Dodd	
<b>XIII.</b>	<b>Executive Session</b>	<b>None</b>
<b>XIV.</b>	<b>Adjournment</b>	<b>Councilmembers</b>

**When an Executive Session is warranted, it is called for the following:**

**(Litigation, Personnel and Real Estate)**

City of Walthourville  
Mayor and Council Meeting Minutes  
January 13, 2026 @ 6:00 PM  
Walthourville Police Department

- I. Call to Order: The meeting was called to order at 6:00 PM by Mayor Sarah B. Hayes.
- II. Roll Call: The roll was taken by the City Clerk and in addition to Mayor Hayes, the following members were present:

Mayor Pro Tem Luciria Luckey Lovette  
Councilmember Patrick Underwood

Councilmember Mitchell Boston  
Councilmember Bridgette Kelly

Councilmember Robert Dodd

The attendance of the council constituted a quorum.

- III. The Invocation was given by Attorney Luke R. Moses.
- IV. The Pledge of Allegiance was recited in unison.
- V. Approval of Agenda: The motion to amend the agenda was made by Councilmember Kelly and the second was added by Councilmember Boston. The amendment included changing Agenda Item # 4 from Employee Benefit Termination to Employee Benefit Discussion. And to remove Item # 9 Department Head Report. Department Heads' Reports will be reported at the second meeting of each month.  
Vote: 5-0: Motion Passed Unanimously.
- VI. Approval of Minutes: The Motion to approve the following minutes were made by:

- December 9, 2025, Regular Meeting Minutes: the motion to approve was made by Councilmember Boston and the second was added by Councilmember Dodd.

Vote: 4-1: Motion Passed.

Opposed: Mayor Pro Tem Lovette.

- December 9, 2025, Executive Session Minutes: the motion to approve was made by Councilmember Dodd and the second was added by Councilmember Boston.

Vote: 4-1: Motion Passed.

Opposed: Mayor Pro Tem Lovette.

- December 18, 2025 FY 2026 Budget Adoption Meeting Minutes: the motion to approve was made by Councilmember Boston and the second was added by Councilmember Kelly.

Vote: 4-1: Motion Passed.

Opposed: Mayor Pro Tem Lovette.

- January 6, 2026 Special Called Meeting Minutes for Global Development Business Strategy: the motion to approve was made by Councilmember Kelly and the second was added by Councilmember Dodd.

Vote: 4-1: Motion Passed.

Opposed: Mayor Pro Tem Lovette.

- VII. Presentation: There were none.

VIII. Agenda Items:

1. LCPC

Mrs. Lori Parks

Ms. Parks presented a Business License Request for IronCrest Property Holding, LLC. The business owner is Mrs. Tomeka Thomas for a rental home located at 81 Haney Road. Mrs. Thomas resides in Lawrenceville and wants to rent the property at 81 Haney Road for both short- and long-term rentals. Mrs. Thomas is the executor of the 81 Haney Road Estate. Mrs. Parks stated there are no regulations on the local level. The motion to approve was made by Councilmember Dodd and the second was added by Councilmember Underwood. Vote: 5-0: Motion Passed Unanimously.

2. LCPC

Mrs. Lori Parks

Mrs. Parks presented Variance Request 2025-52-W by Coastal Engineering and Consulting on behalf of Reconciliation Church Ministries. The property is located on Frasier Road and is described as LCTM 049C15. The variance provides a canopy to be added to the church due to inclement weather, the canopy is for the setback. Councilmember Boston asked if the goal could be achieved without the variance and the answer was yes. The variance was withdrawn; therefore, no vote was taken.

3. LCPC

Mrs. Lori Parks

Mrs. Parks presented Variance Request 2025-53-W by Talton, LLC for Mr. Elton Dudley for 110 Martin Court and is described as LCTM 040B012. The motion to approve was made by Councilmember Dodd and the second was added by Councilmember Boston.

Vote: 5-0: Motion Passed Unanimously.

4. City of Walthourville

Councilmembers Boston, Kelly and Underwood

Employee Health Benefits. Councilmember Boston began by saying this is not something that can be taken lightly, we have been discussing it for months and the city's CPA has identified that employee benefits are an astronomical cost for the city. He added elected officials are responsible for the finances of the city. He added that healthcare coverage is roughly \$290,000 annually and he is hoping to find a balance for employees. He reiterated that this is for informational purposes.

He added that the city is looking into several options such as giving employees \$150.00 monthly as a stipend for their insurance under the Affordable Care Act. He discussed Health Coverage with Tax Credits and he referenced a Direct Primary Care (DCP) which is located in Midway, Georgia. Direct Primary Care (DPC) in Midway, GA, is a patient-centered, membership-based model providing, unlimited access to primary care for a flat monthly fee, bypassing traditional insurance, co-pays, and deductibles. It offers personalized care, including in-person/virtual visits, direct provider access via phone/text, and lower costs for families and employers. The DCP Clinic in Midway is named Coastal Care Wellness and some cost can be \$59.00 monthly, some appointments can be obtained same day or next day, they provide 24-7 care, they have over 300 Generic Medications. He added that this type of healthcare will save the city about half a million dollars annually. He further stated he had been in contact with Mrs. Delisa Clift, who is conducting the city's employee pay study and she be providing information as part of her study.

Mayor Hayes commented that she met with the employees because they had a lot of questions. She told Councilmember Boston she was glad he was looking into additional options, and they

will be awaiting the study from Mrs. Clift. Councilmember Boston added that he had spoken again with Mr. Harris who is a Georgia ACCESS representative. He also mentioned Diversity Health in Hinesville, GA as another healthcare insurance option, which is a non-profit, Federally Qualified Health Center (FQHC) providing affordable, comprehensive primary and preventative care to the community, regardless of insurance status or ability to pay. It offers services like medical, dental, and behavioral health, utilizing a sliding fee scale based on income. He closed by saying he is trying to find a balance. Mayor Hayes asked each Councilmember if they had a comment about the Employee's Healthcare and there were no comments.

IX. Citizens Comments

Walthourville Citizens

1. Officer Candace Warren commented and said she wanted to meet with the Mayor and Council about the healthcare dilemma. She is concerned about the benefits; she understands the city cannot pay one hundred percent of the benefits. She added if the employees have to pay for their plan they might not be able to afford healthcare. She is concerned if she is injured on the job and must go to the hospital if she will have coverage. She added that this is scary.
2. Mrs. Mavis Robinson, stated she wanted to speak on behalf of Restoration Church that was on the agenda tonight for the variance. She added she has lived on her property since 2004 and literally the church is 200 feet from her property. She added that her backyard is her sanctuary and she will not be able to enjoy her property with the church being allowed to be so close. She added the noise and the traffic will increase. Attorney Moses added the church will have to come back before the Mayor and Council as the church plans go forth.
3. Ms. Alma Wells said her concern was the Fire Fee, and the Elected Officials lied about it. They said it was supposed to be eliminated in 2025, and it was still on the bill. This year 2026 it is still on the bill, and the city also passed property taxes. She added all these fees are hard on the citizens. Councilmember Boston addressed her and added the CPA recommended the Fire Fee continues, he said the Elected Officials wanted to get rid of it, but the Fire Department would not be sustainable if they Fire Fee was not collected. He added, what do you do? Eliminate the department or find a way to keep it. He added it was more feasible to keep it. Ms. Wells asked Councilmember Underwood about the surplus (revenue) he referenced in a post on his personal facebook page. He added the city will have a surplus with the property taxes, she said you stated the city already had a surplus. She stated that Councilmember Underwood was a liar.
4. Mr. Hakeem Cleary asked, "what is the purpose of the millage?" Mayor Hayes said the operation of City Hall, Public Works and other departments. He added the Fire Fee was still included and the city passed a millage of twelve, was this going to help the city? He also referenced the elimination of the Health Insurance Group Plan and asked what was that going to do with retention of employees? Mayor Hayes added by having property taxes the city would now be eligible for some federal funds from Senators Warnock and Ossoff's offices and the city can charge the railroad now that property taxes are implemented.

X. Department Reports

Department Heads

Department Head Reports will occur once monthly at the second meeting of the month. This was an amended agenda item to be removed.

XI. Mayor's Comments.

Stated the city would be participating in the MLK Parade, all participants will be meeting at City Hall and leaving around 8:15 AM. She said she understands that citizens are upset about their property taxes and if you have questions please go to the Tax Assessors office, they are willing to answer any questions.

## XII. Elected Officials Comments

Mayor Pro Tem Lovette added some of the decisions that had to be made were difficult and some were unbeknownst to the council. She said this is the worst administration she has served under. She added they were not told things. Mayor Hayes said that is not true, she has tried to schedule meetings with the council and they will not come. Mayor Pro Tem told the citizens to contact the council members and if they know they will tell them. She added the fire fee had to be continued to have revenue to sustain the fire department and the millage by itself was not enough to cover all the expenses.

Councilmember Boston wished the citizens a Happy New Year and he extended a Happy Founders Day to the Ladies of Delta Sigma Theta, Inc, especially to Mayor Pro Tem Lovette. He added that every decision that is made is thought out carefully. There are limitations in finances and rules that must be followed.

Councilmember Underwood wished everyone a Happy New Year. He said this is his third year serving and he plans to run for reelection. He thanked the citizens for being patient, it has taken time, but the city is getting back on track. He promises to always serve with honesty and dedication. The 12 mills that passed hopefully the city can decrease it soon. He reminded everyone of the MLK Coloring Contest that is being held through January 19<sup>th</sup>. Coloring sheets can be picked up from and returned to City Hall.

Councilmember Kelly stated the city could not survive without a milage. She added that Walthourville was only one of 10 cities in Georgia without a millage. She added the city cannot fine the railroad for having the track blocked for an indefinite period without a millage.

Councilmember Dodd stated this is the first official meeting of the year and he wanted to wish everyone a Happy New Year. He told the citizens if they had any questions, to give them (Elected Officials) a call.

Attorney Moses announced that the Liberty County Boys and Girls Club would be having a Pancake Breakfast on Monday January 21, 2026, from 6:00 AM-2:00 PM. He said he would be one of the Celebrity Chefs cooking along with Chief Maxwell, Chief Reed and Councilmember Underwood. Last year he won the Celebrity Chef contest.

## XIII. Executive Session: At 7:21 PM a motion to enter into Executive Session for personnel was made by Councilmember Kelly and the second was added by Councilmember Dodd.

Vote: 5-0: Motion Passed Unanimously

## XIV. Adjournment: At 7:45 PM with the motion made by Councilmember Kelly and the second added by Councilmember Dodd the Mayor and Council reconvened into Regular Session from Executive Session. The Mayor and Council stated action would be taken on the items discussed. At 7:46 PM the motion to adjourn was made by Mayor Pro Tem Lovette and the second was added by Councilmember Kelly.

Vote: 5-0: Motion Passed Unanimously

Liberty Consolidated Planning Commission – Report

**Governing Authority: The City of Walthourville**



**Mayor & Council Date:** January 27, 2026

**Business License:** DeeVine Experience, LLC

**Business Owner:** Kedija Roberts

**Address:** 4981 W Oglethorpe Highway, Suite 9

**Zoned:** C-3 (Highway Commercial District)

**Comments:** Beauty Salon

**Recommendation:** APPROVAL

LCPC Staff:

Lori Parks

Lori Parks

Zoning Administrator

1-21-26

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](http://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 \_\_\_\_\_ Business Phone# 912 622-1949  
Name of Corporation/LLC\* Decline Experience LLC  
Business Address 4901 W Oglethorpe Unit 9  
Mailing Address 1049 Fairview Circle, Hinesville, GA 31313  
Email Address thedeclineexperience@gmail.com  
Full Detailed Description of Business Beauty Salon

Date Business began in City of Walthourville \_\_\_\_\_  
#of employees in City of Walthourville 1 E-verify# (Required if 11 or more employees) \_\_\_\_\_  
State Sales Tax ID# \_\_\_\_\_ Federal ID # \_\_\_\_\_  
Owner Name Hedija Roberts SS# \_\_\_\_\_ DOB 31 Mar 1990  
Home Address 1049 Fairview Circle 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.

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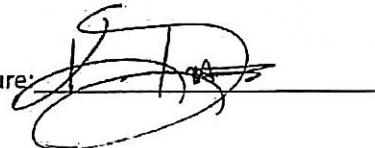
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If this property is zoned residential, no clients Employees, sales, deliveries, storage of inventory, Or equipment are allowed on the premises. Only One commercial vehicle not to exceed 12,500 lbs Gross weight used as transportation by the occupant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

I will comply with the Zoning  
Restrictions stated above: KHR  
(initials)

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.

Signature: 

I, Vledija Robertis 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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature of applicant \_\_\_\_\_ legibly print name \_\_\_\_\_

**This application must be approved by the Liberty County Planning Commission**

Tax Map & Parcel# 050A163

Zoning Classification C3

Approved by: Lori Parks

Date Approved: 1-21-24

Date the request will be presented to Mayor and Council: Jan. 27, 2024

**\*\*\*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(n) \_\_\_\_\_ [type of public benefit], as referenced in O.C.G.A. 50-36-1, from \_\_\_\_\_ [name of government entity], 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:

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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 violation of O.C.G.A 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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Signature of Applicant

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Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

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NOTARY PUBLIC  
My Commission Expires:

**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 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 one only one:

(A) \_\_\_\_\_ On January 1<sup>st</sup> of the below-signed year, the individual, firm, or Corporation employed more than ten (10) employees

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

(B)  On January 1<sup>st</sup> 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:**

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**Name of Private Employer**

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**Federal Work Authorization User Identification Number**

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**Date of Authorization**

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/10/2021 in Los Angeles (city) CA (state)

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**Signature of Authorized Officer or Agent**

**Printed Name and Title of Authorized Officer or Agent**

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS DAY OF 202

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**NOTARY PUBLIC**

My Commission expires

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

Liberty Consolidated Planning Commission – Report

**Governing Authority: The City of Walthourville**



Mayor & Council Date: January 27, 2026

Business License: Flawless Home and Lawn Care, LLC

Business Owner: Terrell Gaulden

Address: 125 Smith Road

Zoned: SFMH (Single-family Manufactured Home)

Comments: Lawn care service and home improvements

Recommendation: APPROVAL

LCPC Staff:

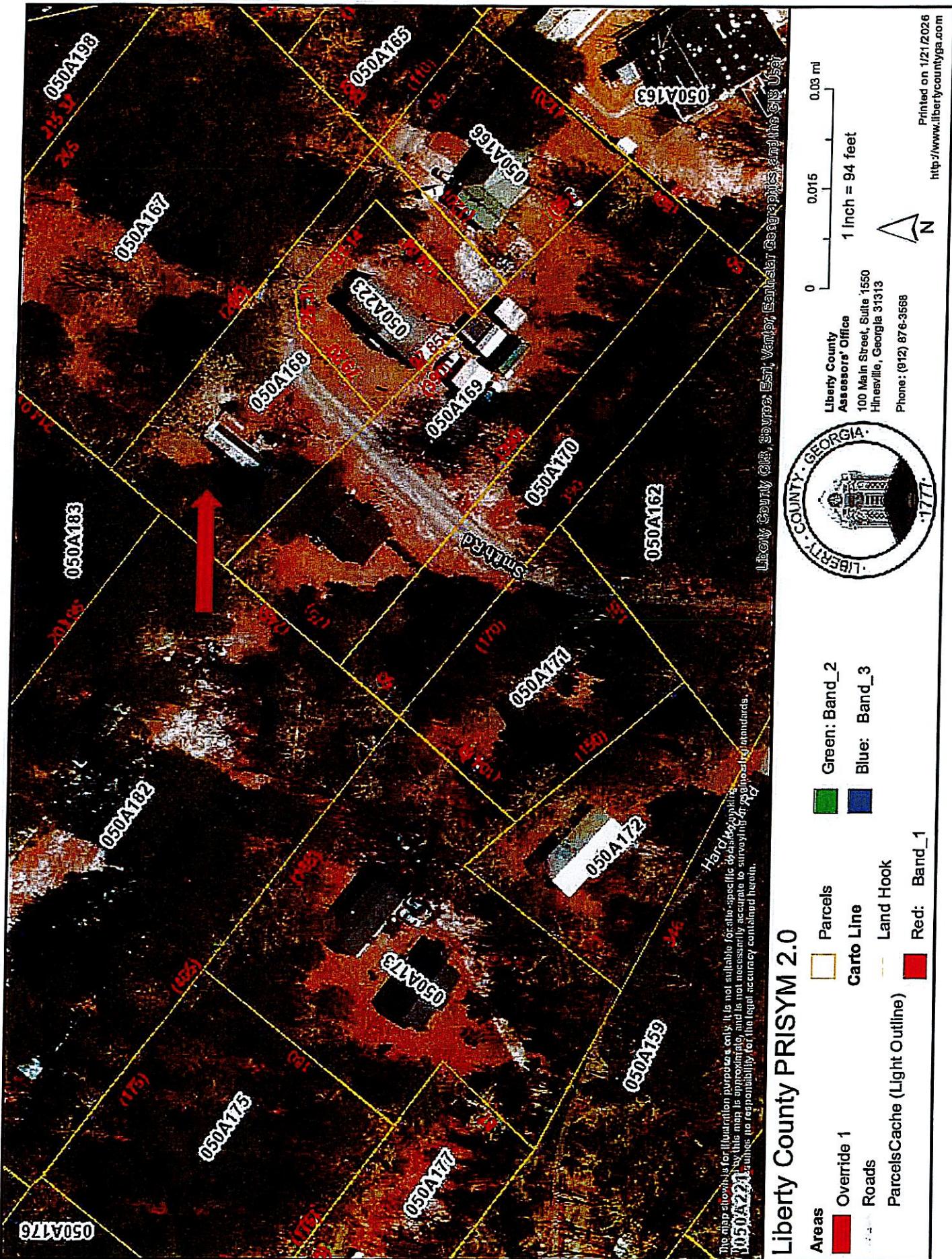
Lori Parks

Lori Parks

Zoning Administrator

1-21-26

Date





## City of Walthourville Business License Division

### 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 FLAWLESS HOME AND LAWN CARE LLC

Business Phone#( 912 343 5172

Name of Corporation/LLC\* FLAWLESS HOME AND LAWN CARE LLC

Business Address \_\_\_\_\_

Mailing Address 229 GENERAL SCREENWAY SUITE 5 PMB 164

Home Address 125 Smith RD City Hinesville State GA Zip 31313

Email Address info@flawlesshomeandlawncaresllc.com

#### Full Detailed Description of Business

Cleaning of homes and offices commercial & residential  
cutting grass, weeding, edging, leaf blowing, pressure washing

Number of employees (including ownership) in City of Walthourville 2

E-verify# (Required if 11 or more employees) \_\_\_\_\_

State Sales Tax ID# \_\_\_\_\_ Federal ID # 41-3544220

Owner Name \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

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 issuance.

\*\*\* 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 1-21-24

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 Phone: (912) 368-7501

Office Location: 222 Busbee Road, Walthourville, GA 31333 Web site address: [www.cityofwalthourville.com](http://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.

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T.G. If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment (initials) 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.

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

T.G. I will comply with the Zoning Restrictions stated above.  
(initials)

I Terrell Gaulden, 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 21 day of JAN, 2026.

Legibly print name Terrell Gaulden

Signature of applicant Jenell Shuler

This application must be approved by the Liberty County Planning Commission

Tax Map & Parcel# 050A168 Zoning Classification SFM H

Approved by: Zoi Parks Date Approved: 1-21-26

Date the request will be presented to Mayor and Council: Jan. 27, 2026

\*\*\*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](http://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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

---

\*Signature of Applicant

---

Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

NOTARY PUBLIC  
My Commission Expires:

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

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](http://www.cityofwalthourville.com)

## 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 1<sup>st</sup> of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees<sup>1</sup>.

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

(B)  On January 1<sup>st</sup> 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

\_\_\_\_\_  
Authorization Date of

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: \_\_\_\_\_

<sup>1</sup> 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.

# Liberty Consolidated Planning Commission – Report

## Governing Authority: The City of Walthourville



Mayor & Council Date: January 27, 2026

Business License: Bigg Blue Mobile Detailing & Pressure Washing

Business Owner: Derrick Stevens

Address: 510 Arnall Drive

Zoned: SFMH (Single-family Manufactured Home)

Comments: Mobile Detailing and Pressure Washing.  
Email from the property manager giving  
Permission to use room in home as an office.

Recommendation: APPROVAL

LCPC Staff:

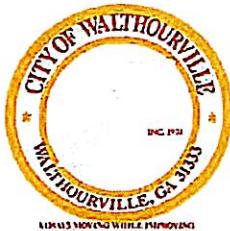
Lori Parks

Lori Parks  
Zoning Administrator

1-21-26

Date





## City of Walthourville Business License Division

### 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 Bigg Blue Mobile Detailing & Pressure Washing  
Business Phone#( 912 751 - 4726

Name of Corporation/LLC\* Bigg Blue Mobile Detailing & Pressure Washing LLC,  
Business Address 510 Arnall Dr.

Mailing Address 510 Arnall Dr.

Home Address 510 Arnall Dr. City Alpharetta State GA Zip 31361

Email Address Big Blue Detailing 416@gmail.com

#### Full Detailed Description of Business

Deep clean and restoration of a vehicle interior and exterior, and operate high pressure equipment to clean cars, houses, sidewalks, driveways, etc.

Number of employees (including ownership) in City of Walthourville 1

E-verify# (Required if 11 or more employees) \_\_\_\_\_

State Sales Tax ID# \_\_\_\_\_ Federal ID # \_\_\_\_\_

Owner Name Derrick Shuler SS# \_\_\_\_\_ DOB 11/01/1970

DOES THIS BUSINESS REQUIRE A STATE LICENSE? X (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.

ZONING DEPT  APPROVED  DISAPPROVED BY John Parks DATE 1-21-26  
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

Phone: (912) 368-7501

Office Location: 222 Busbee Road, Walthourville, GA 31333

Web site address: [www.cityofwalthourville.com](http://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.

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If this property is zoned residential, no clients, employees, sales, deliveries, storage of inventory, or equipment (initials) 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 (initials) Walthourville Certificate of Occupancy as required by the city ordinances.

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

Derrick Stevens, 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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.  
Legibly print name Derrick Stevens

• Signature of applicant \_\_\_\_\_

This application must be approved by the Liberty County Planning Commission

Tax Map & Parcel# 042B009 Zoning Classification SFM H

Approved by: Koi Parks Date Approved: 1-21-24

Date the request will be presented to Mayor and Council: Jan. 27, 2026

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

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**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:

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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 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

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\*Signature of Applicant

---

Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

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NOTARY PUBLIC

My Commission Expires:

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

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\_\_\_\_\_  
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: \_\_\_\_\_

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**Lori Parks**

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**From:** Angela DeGroat <angie@truesouthrentals.com>  
**Sent:** Tuesday, January 13, 2026 8:00 AM  
**To:** Lori Parks; Faith Thomas; Kandy Ripley; Vicki Larsen  
**Subject:** Re: FW: 510 Arnall Drive Home Based Business License

Dear Lori,

We have no objection to the tenant at 510 Arnall Drive using a room as an office. However, this approval is contingent on the understanding that no commercial activity will take place on-site, including hosting customers or performing physical work at the property.

Please let me know if you have any questions.

Best regards,



On Mon, Jan 12, 2026 at 10:10 AM Lori Parks <[lparks@thelcpc.org](mailto:lparks@thelcpc.org)> wrote:



## **City of Walthourville Agenda Item # 4**

### **2026 MLK Coloring Contest Winners**

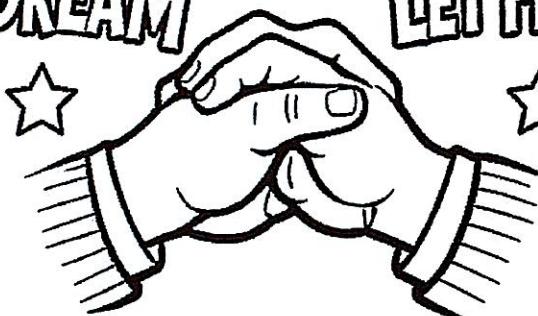
**Councilmember Patrick Underwood**



I HAVE A DREAM



LET FREEDOM RING!



Please write your name and  
phone number on the back of  
the sheet.