

### MEETING: CITY COUNCIL WORK SESSION DATE AND TIME: Monday October 19, 2020 Following Special Session at 4:30PM Zoom Meeting On-Line Here is the public invitation link for this Zoom meeting <u>https://us02web.zoom.us/webinar/register/WN\_7k01t2sMQt2qgLAKtyG\_pA</u> Webinar ID: 898 3993 0511

- I. <u>CALL TO ORDER</u>: This meeting has given public notice in accordance with the Section 25-19-106 of the Freedom of Information Act, in such form that will apprise the public and news media of subject matter that up for consideration and action.
- II. <u>ATTENDANCE</u>: Council Members John Flynn, Linda Lloyd, James Wozniak, Larry Wilms, Doug Fowler and Steven Bourke. Mayor Peter Christie, Staff Attorney Jason Kelley and City Clerk Wayne Jertson.

# III. OLD BUSINESS:

- 1. ORDINANCE NO-2020- AMENDING THE CODE OF ORDINANCES OF THE CITY OF BELLA VISTA TO ADD AN ARTICLE IV-UNSAFE AND HAZARDOUS TREES TO CHAPTER 20-NUISANCES TO REQUIRE THE REMOVAL OF DEAD OR HAZARDOUS TREES. (Third reading,)
- 2. ORDINANCE NO 2020-AMENDING SECTION 109-250 POOLS AND SPAS OF THE CODE OF ORDINANCES OF THE CITY OF BELLA VISTA TO REQUIRE A FENCE ENCLOSURE AROUND ALL OUTDOOR POOLS (INCLUDING ABOVE- GROUND), SPAS AND HOT TUBS GREATER THAN TWO (2) FEET IN DEPTH TO RESTRICT ACCESS BY CHILDREN. (Third reading)
- IV. <u>NEW BUSINESS</u>
- A- ORDINANCE 2020- SETTING THE AMOUNT OF ADDITIONAL FINE TO BE LEVIED PURSUANT TO ARK. CODE ANN. § 16-17-129 TO DEFRAY THE COSTS OF INCARCERATING CITY PRISONERS, AND FOR OTHER PURPOSES.
- **B- R2020-RESOLUTION-** AUTHORIZING THE MAYOR AND CITY CLERK TO ENTER INTO A CONTRACT WITH BREEDEN DODGE OF FORT SMITH FOR THE PURCHASE OF A 2020 DODGE RAM TRUCK, PURSUANT TO A STATE PROCUREMENT CONTRACT, IN

AN AMOUNT NOT TO EXCEED \$28,675.00 FOR THE COMMUNITY DEVELOPMENT SERVICES DEPARTMENT.

- C- R2020-RESOLUTION- SETTING THE MEETING SCHEDULE OF THE BELLA VISTA CITY COUNCIL FOR CALENDAR YEAR 2021
- **D- R2020-RESOLUTION-** APPROVING THE APPOINTMENT OF ASHLEY JONES TO A FIVE (5) YEAR TERM ON THE PUBLIC LIBRARY ADVISORY BOARD TO BEGIN JANUARY 1, 2021, REPLACING CALEB ELLICOTT.
- E- **R2020-RESOLUTION-**APPROVING THE RE-APPOINTMENT OF MARIANNE FARNER TO A FIVE (5) YEAR TERM ON THE PUBLIC LIBRARY ADVISORY BOARD TO BEGIN JANUARY 1, 2021.
- F- **R2020-RESOLUTION-**AMENDING THE 2020 CITY BUDGET TO APPROPRIATE \$5,404,958.63 IN RESTRICTED MUNICIPAL FIRE IMPROVEMENT BOND REVENUE TOWARD QUALIFIED FIRE IMPROVEMENT PROJECT EXPENDITURES AND TO APPROPRIATE \$18,483,998.67 IN RESTRICTED MUNICIPAL PUBLIC SAFETY IMPROVEMENT BOND REVENUE TOWARD QUALIFIED PUBLIC SAFETY IMPROVEMENT PROJECT EXPENDITURES.
- G- **R2020-RESOLUTION-**ESTABLISHING RESIDENTIAL AND COMMERCIAL RATES FOR SOLID WASTE (TRASH) COLLECTION IN THE CITY.

#### **Discussion Items:**

Sunset Drive Bridges on Lancashire (Hwy 340) Septic versus Bedrooms- Linda Lloyd Controlled Burning

**ADJOURNMENT** 

<sup>\*\*\*</sup> Please note: Upon reasonable notice, efforts will be made to accommodate the needs of disabled individuals through appropriate aids and services. For additional information or to request this service, please contact the City Clerk at 479-876-1255.

#### ORDINANCE NO.

#### CITY OF BELLA VISTA, ARKANSAS

# AMENDING THE CODE OF ORDINANCES OF THE CITY OF BELLA VISTA TO ADD AN ARTICLE IV-UNSAFE AND HAZARDOUS TREES TO CHAPTER 20-NUISANCES TO REQUIRE THE REMOVAL OF DEAD OR HAZARDOUS TREES

WHEREAS, trees in the city which are dead, diseased or hazardous within the city can constitute a serious risk to life and property or harbor insects or disease which may threaten other trees; and

WHEREAS, owners of property where such dead, diseased or hazardous trees exist should bear responsibility for their removal and abatement in order to preserve and protect the public health, safety and welfare;

#### NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA, ARKANSAS:

**SECTION 1:** The Code of Ordinances of the City of Bella Vista is hereby amended to add an Article IV-Unsafe and Hazardous Trees to Chapter 20-Nuisances, which shall read as follows:

#### "ARTICLE IV-UNSAFE AND HAZARDOUS TREES

Sec.18-80. Definitions.

For purposes of this article, certain words or terms applicable hereto are defined as hereinafter provided.

*Hazardous tree* means any part of a tree that is diseased, damaged, decayed or located so as to be dangerous to public safety, health or welfare.

Sec. 18-81. Hazardous trees.

- (a) When the Director of the Community Development Services Department, or the Director's designee, determines that a tree or limb presents a condition which is hazardous to the safety or welfare of the community, it shall be removed or pruned immediately.
- (b) The city shall have the right to cause the removal of any dead, diseased or hazardous trees or tree parts on public or private property within the city when such trees constitute a hazard to life and property or harbor insects or disease which constitute a potential threat to other trees within the city. If the tree is on private property, the owner may be held responsible and liable for the costs of removal.

Sec. 18-82. Recoupment of removal expenses, notices and procedures.

When a tree on private property is to be removed by the city pursuant to Section 18-81, the procedures and notice requirements in Sections 18-21, 18-22 and 18-23 of this Code shall apply."

ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2020.

APPROVED:

PETER CHRISTIE MAYOR

ATTEST:

WAYNE JERTSON CITY CLERK

# ORDINANCE NO. \_

# **CITY OF BELLA VISTA, ARKANSAS**

# AMENDING SECTION 109-250 POOLS AND SPAS OF THE CODE OF ORDINANCES OF THE CITY OF BELLA VISTA TO REQUIRE A FENCE ENCLOSURE AROUND ALL OUTDOOR POOLS (INCLUDING ABOVE-GROUND), SPAS AND HOT TUBS GREATER THAN TWO (2) FEET IN **DEPTH TO RESTRICT ACCESS BY CHILDREN**

WHEREAS, Section 109-250 of the Code of Ordinances of the City of Bella Vista requires outdoor pools, spas and hot tubs to be protected by an enclosure designed to restrict access by children, but does not require a fence to meet the requirement; and

WHEREAS, neighboring communities require a fence to serve as protection for children in order to restrict access to outdoor pools (including above-ground), spas and hot tubs, and such a requirement in Bella Vista is deemed to more adequately provide for the health, safety and welfare of children in the city; and

WHEREAS, the city desires to clarify that a fence is required whether an outdoor pool is of above-ground or below-ground construction;

# NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY **OF BELLA VISTA, ARKANSAS:**

SECTION 1: Section 109-250 Pools and spas of the Code of Ordinances of the City of Bella Vista is hereby amended so that, after amendment, the Section shall read as follows:

"Sec. 109-250-Pools and spas.

Outdoor pools (including above-ground), uncovered spas and uncovered hot tubs greater than two feet (2') in depth shall be protected by a fence designed to restrict access by children. Such fence shall meet the requirements of the Arkansas Fire Prevention Code and this Article."

ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2020.

**APPROVED**:

PETER CHRISTIE MAYOR

ATTEST:

WAYNE JERTSON CITY CLERK Requested by: Mayor; Prepared by: Jason Kelley, Staff Attorney Underlined language added by amendment on 2<sup>nd</sup> reading.

#### ORDINANCE NO.

#### CITY OF BELLA VISTA, ARKANSAS

#### SETTING THE AMOUNT OF ADDITIONAL FINE TO BE LEVIED PURSUANT TO ARK. CODE ANN. § 16-17-129 TO DEFRAY THE COSTS OF INCARCERATING CITY PRISONERS, AND FOR OTHER PURPOSES

WHEREAS, Ark. Code Ann. § 16-17-129 authorizes cities with a district court to enact an additional fine not to exceed twenty dollars (\$20.00) per offense on misdemeanors and traffic violations and in all cases in the first class of accounting records as described in Ark. Code Ann. § 16-17-707 which occur in the City, for the purpose of defraying the costs of incarcerating city prisoners; and

WHEREAS, the statute specifies that the amounts collected shall be used exclusively for defraying the costs of incarcerating prisoners and for no other purpose; and

**WHEREAS**, pursuant to Ordinance No. 2011-10, the City has collected an additional fine in the amount of five dollars (\$5.00), pursuant to Ark. Code Ann. § 16-17-129, to defray the costs of incarcerating its prisoners in the Benton County Jail; and

WHEREAS, collections of said amount are insufficient to cover costs associated with incarcerating city prisoners in the Benton County Jail;

#### NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA, ARKANSAS:

**SECTION 1:** From and after the effective date of this Ordinance, pursuant to Ark. Code Ann. § 16-17-129, the sum of fifteen dollars (\$15.00) shall be levied on each misdemeanor and traffic violation offense and in all cases in the first class of accounting records as described in Ark. Code Ann. § 16-17-707 arising in the City.

**SECTION 2:** Said sum shall be collected by the Clerk of Court from each defendant for each charge the defendant pleads guilty, nolo contendere, is found guilty, or forfeits bond.

**SECTION 3:** The amounts collected pursuant to this Ordinance shall be used exclusively for the purposes permitted in Ark. Code Ann. § 16-17-129.

ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2020.

APPROVED:

Mayor Peter Christie

Attest:

# City Clerk Wayne Jertson

#### CITY OF BELLA VISTA, ARKANSAS

AUTHORIZING THE MAYOR AND CITY CLERK TO ENTER INTO A CONTRACT WITH BREEDEN DODGE OF FORT SMITH FOR THE PURCHASE OF A 2020 DODGE RAM TRUCK, PURSUANT TO A STATE PROCUREMENT CONTRACT, IN AN AMOUNT NOT TO EXCEED \$28,675.00 FOR THE COMMUNITY DEVELOPMENT SERVICES DEPARTMENT

# BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA, ARKANSAS:

**SECTION 1:** The Mayor and City Clerk are hereby authorized to enter into a contract with Breeden Dodge of Fort Smith for the purchase of a 2020 Dodge Ram truck, pursuant to a state procurement contract, in an amount not to exceed \$28,675.00 for the Community Development Services Department.

ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2020.

APPROVED:

Mayor Peter Christie

ATTEST:

City Clerk Wayne Jertson

# BUSINESS OF THE CITY COUNCIL BELLA VISTA, AR

MEETING DATE: October 26, 2020

AGENDA ITEM: Resolution

ITEM TITLE: Community Development Services Department Vehicle Purchase

SUBMITTED BY: Director Doug Tapp

<u>SUMMARY EXPLANATION</u>: 2020 necessitates the purchase of one (1) new Dodge Ram truck. This vehicle will be purchased at the State bid price from Breeden Dodge in Fort Smith, AR.

Approval is being requested to spend up to, but not to exceed, \$28,675.00 for the purchase of the new truck. This money was approved in the 2020 CDS budget for the purchase of this vehicle.

ATTACHMENT: ORDINANCE RESOLUTION OTHER

<u>RECOMMENDATION</u>: Director Tapp recommends City Council approval for the expenditure of \$28,675.00 for the requested vehicle purchase.

 $\frac{\text{ACTION REQUESTED:}}{\text{Motion to adopt}}$ 

|                                                                                                                                                                                            |                       | RE                                            |                                        | OR A MOTOR VE                                                                                                                                                                   | EHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Deal #                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| В                                                                                                                                                                                          | REEDEN                | FORT SMITH                                    | 5900 Hwy 71 S.<br>FORT SMITH, AR 72908 |                                                                                                                                                                                 | STREET ADDRESS 406 TOWN CTR NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Do                                                                                                                                                                                         | dge · Chrysler · Jeep | (479) 64                                      | 6-4731                                 | CITY BELLA VISTA STATE _ AR _ ZIP 72714                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| SALESMAN N                                                                                                                                                                                 | AME                   | Dean Pendergrass                              |                                        | CELL PHONE                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BUS FROME                                | (413) 010-1205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |
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| Service Contract Street                                                                                                                                                                    |                       |                                               |                                        |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | TOTAL CASH PRICE                         | s <b>28,546.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
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|                                                                                                                                                                                            |                       | STATE<br>PAYOFF GOOD UNT                      |                                        | NET ALLOWAN                                                                                                                                                                     | NCES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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|                                                                                                                                                                                            |                       | TS AND/OR ACCESSORIES T                       |                                        | OTHER FEES                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
| BEEN                                                                                                                                                                                       | INSTALLED ON          | YOUR VEHICLE ARE NOT S                        | UPPLIED,                               | DOCUMENTAT                                                                                                                                                                      | TION FEES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | s 129.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| APPROVED OR WARRANTED BY CHRYSLER CORP.                                                                                                                                                    |                       |                                               |                                        | REBATE                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                            |                       |                                               |                                        | CASH DUE ON                                                                                                                                                                     | DELIVERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | s <u>28,675 (</u>                        | 00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
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| 3                                                                                                                                                                                          |                       |                                               |                                        |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | UNPAID BALANCE                           | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |
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| CUSTOMER'S                                                                                                                                                                                 |                       |                                               | 2.0-11-1-1-1                           |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EE IS NOT AN OFFICI<br>NOT REQUIRED BY L | Contraction of the Contraction o |  |  |
| NON-CHRYSLER SERVICE CONTRACT<br>You are purchasing a service agreement from a company other than Chrysler<br>Corporation. Chrysler does not stand behind it. If you need repairs that are |                       |                                               |                                        | BE CHARGED TO BUYERS FOR HANDLING DOCUMENTS<br>AND PERFORMING SERVICES RELATING TO THE CLOSING<br>OF SALE. THIS NOTICE IS REQUIRED BY LAW."<br>INSURANCE AGENT (CONTACT PERSON) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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|                                                                                                                                                                                            |                       |                                               |                                        | STREET ADDRESS, CITY, STATE, ZIP                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| I UNDERSTAN                                                                                                                                                                                | ID THIS LIMITATI      | ON                                            |                                        | PHONE NO.                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| DELIVERY OF THIS AUTOMOBILE IS ACCEPTED BY PURCHASER                                                                                                                                       |                       |                                               |                                        | INSURANCE CO                                                                                                                                                                    | MPANY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                            |                       | VAL BY FINANCING INSTITUT                     |                                        | DOLLOV NO.                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                            |                       | THE PURCHASER WILL RET                        |                                        | POLICY NO.                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| THE AUTOMOBILE HEREIN DESCRIBED IMMEDIATELY TO THE<br>DEALER.<br>Buyer assumes responsibility for any difference in pay off in excess of amount shown                                      |                       |                                               |                                        | EFFECTIVE DATE EXPIRATION DATE                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                            |                       |                                               |                                        | The selling deale                                                                                                                                                               | er hereby expressly dis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | sclaims all warranties eith              | er expressed or implied.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |
| above and will p                                                                                                                                                                           | ay such difference    | in cash on demand. If not so paid, I          | buyer authorizes                       | including any implied warranties of merchantability or fitness for particular purpose,<br>and neither assumes or authorizes any other person to assume for it any liability in  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                            | nd finance charges    | se monthly payments of contract ba<br>herein. | lance to cover                         |                                                                                                                                                                                 | connection with the sale of this vehicle. Buyer shall not be entitled to recover from the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                            |                       |                                               |                                        | selling dealer any consequential damages, damages to property, damages for loss of use,<br>loss of time, loss of profit or income or any other incidental.                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
|                                                                                                                                                                                            |                       | THIS ORDER IS NOT VALID U                     | JNLESS SIGNED A                        |                                                                                                                                                                                 | Contraction of the local division of the loc |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| REMARKS:                                                                                                                                                                                   |                       |                                               |                                        |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
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| I hereby agree                                                                                                                                                                             | to purchase from      | you under the terms and condit                | ions specified abo                     | ove.                                                                                                                                                                            | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 10/12/202                                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |  |
| _                                                                                                                                                                                          |                       | yes and of the terms and condit               | iene opeonieu abu                      |                                                                                                                                                                                 | 27                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |
| Purchaser's Sig                                                                                                                                                                            | nature                |                                               |                                        | _ Seller _                                                                                                                                                                      | inco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |

#### **CITY OF BELLA VISTA, ARKANSAS**

# SETTING THE MEETING SCHEDULE OF THE BELLA VISTA CITY COUNCIL FOR CALENDAR YEAR 2021

**WHEREAS**, City Ordinance requires the City Council to conduct a regular session at least once monthly at a time and place designated by the Mayor/Council; and

WHEREAS, there is no requirement that work sessions be conducted at any regular interval;

# NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA, ARKANSAS:

**SECTION 1:** For calendar year 2021, work sessions and regular sessions of the Bella Vista City Council shall be held on the dates reflected on the attached exhibit, which is incorporated into this Resolution as if set out word for word herein.

ADOPTED this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

APPROVED:

Mayor Peter Christie

Attest:

City Clerk Wayne Jertson



Wayne Jertson, City Clerk 101 Town Center Bella Vista, AR 72714 479-876-1255

The dates for work sessions and regular meetings of the City Council for the 2021 calendar year are as follows:

Meeting Locations will be announced.

| Work Session<br>Date- 5:30PM | Regular Meeting<br>Date- 6:30PM |
|------------------------------|---------------------------------|
| 1/19/2021 Tuesday            | 1/25/2021                       |
| 2/16/2021 Tuesday            | 2/22/2021                       |
| 3/15/2021                    | 3/22/2021                       |
| 4/19/2021                    | 4/26/2021                       |
| 5/17/2021                    | 5/24/2021                       |
| 6/21/2021                    | 6/28/2021                       |
| 7/19/2021                    | 7/26/2021                       |
| 8/16/2021                    | 8/23/2021                       |
| 9/20/2021                    | 9/27/2021                       |
| 10/18/2021                   | 10/25/2021                      |
| 11/8/2021                    | 11/15/2021                      |
| 12/13/2021                   | 12/20/2021                      |

## CITY OF BELLA VISTA, ARKANSAS

# APPROVING THE APPOINTMENT OF ASHLEY JONES TO A FIVE (5) YEAR TERM ON THE PUBLIC LIBRARY ADVISORY BOARD TO BEGIN JANUARY 1, 2021, REPLACING CALEB ELLICOTT

# BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA, ARKANSAS:

**SECTION 1:** The appointment of Ashley Jones to a five (5) year term on the Public Library Advisory Board to begin January 1, 2021, replacing Caleb Ellicott, is hereby approved.

ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2020.

APPROVED:

Mayor Peter Christie

Attest:

City Clerk Wayne Jertson

## CITY OF BELLA VISTA, ARKANSAS

### APPROVING THE RE-APPOINTMENT OF MARIANNE FARNER TO A FIVE (5) YEAR TERM ON THE PUBLIC LIBRARY ADVISORY BOARD TO BEGIN JANUARY 1, 2021

# BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA, ARKANSAS:

**SECTION 1:** The re-appointment of Marianne Farner to a five (5) year term on the Public Library Advisory Board to begin January 1, 2021, is hereby approved.

ADOPTED THIS DAY OF , 2020.

APPROVED:

Mayor Peter Christie

Attest:

City Clerk Wayne Jertson

### CITY OF BELLA VISTA, ARKANSAS

AMENDING THE 2020 CITY BUDGET TO APPROPRIATE \$750,000 IN RESTRICTED MUNICIPAL FIRE IMPROVEMENT BOND REVENUE TOWARD QUALIFIED FIRE IMPROVEMENT PROJECT EXPENDITURES AND TO APPROPRIATE \$250,000 IN RESTRICTED MUNICIPAL PUBLIC SAFETY IMPROVEMENT BOND REVENUE TOWARD QUALIFIED PUBLIC SAFETY IMPROVEMENT PROJECT EXPENDITURES

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA, ARKANSAS:

**SECTION 1:** The City Council of the City of Bella Vista hereby amends the 2020 City Budget to appropriate \$750,000 in restricted municipal fire improvement bond revenue toward qualified fire improvement project expenditures and to appropriate \$250,000 in restricted municipal public safety improvement bond revenue toward qualified public safety improvement project expenditures.

ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2020.

APPROVED:

Attest:

Mayor Peter Christie

City Clerk Wayne Jertson

#### CITY OF BELLA VISTA, ARKANSAS

# ESTABLISHING RESIDENTIAL AND COMMERCIAL RATES FOR SOLID WASTE (TRASH) COLLECTION IN THE CITY

**WHEREAS**, the current solid waste collection contract with Allied Waste Services of Bella Vista d/b/a Republic Services of Bella Vista provides for a renegotiation of rates; and

WHEREAS, adjustment to rates charged to customers is necessary related to new contractual rates charged by the provider to the City;

# NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF BELLA VISTA, ARKANSAS:

**Section 1**: Based on the newly negotiated rates with Republic Waste, the following monthly rates are hereby established for the period beginning January 1, 2021.

**Residential Customers:** 

Curbside collection \$14.60 per month, plus applicable sales tax. (\$12.60rate+\$2.00street)

Commercial Customers:

| Size         | 1x/week  | 2x/week  | 3x/week  | 4x/week  | Extra PU | Billing<br>Admin<br>Costs | Sales Tax          | Costs<br>with<br>Street<br>Repair<br>Ord.<br>2012-<br>16 |
|--------------|----------|----------|----------|----------|----------|---------------------------|--------------------|----------------------------------------------------------|
| 2 cu.<br>Yd. | \$50.01  | \$100.04 | \$150.08 | \$200.10 | \$31.21  | \$.90                     | Applicable<br>Rate | \$.50<br>per<br>pickup                                   |
| 4 cu.<br>Yd. | \$93.69  | \$187.67 | \$281.34 | \$375.32 | \$56.07  | \$.90                     | Applicable<br>Rate | \$.50<br>per<br>pickup                                   |
| 6 cu.<br>Yd. | \$131.27 | \$225.25 | \$356.53 | \$450.51 | \$81.26  | \$.90                     | Applicable<br>Rate | \$.50<br>per<br>pickup                                   |
| 8 cu.<br>Yd. | \$168.86 | \$312.87 | \$481.73 | \$625.74 | \$106.11 | \$.90                     | Applicable<br>Rate | \$.50<br>per<br>pickup                                   |

Additional Charges:

Dumpster changes/deliveries on established accounts: \$50.03 Extra yardage fees on dumpsters: \$14.86/yd.

ADOPTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2020.

APPROVED:

Peter Christie, Mayor

ATTEST:

Wayne Jertson City Clerk

Requested by: Mayor Prepared by: Jason B. Kelley, Staff Attorney