

PAYROLL COMPARISON – 2025

Proposer Name: Joseph Berkemer

Evaluator Printed Name: Michael Farrell

PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	Loc. 1	Loc. 2	Loc. 3	Loc. 4	Loc. 5	Loc. 6
Highest Rate	\$20/hr					
Lowest Rate	\$14/hr					
Number of Hours Recommended	201					
Number of Hours Proposed	145					
Total Monthly Wages	\$15,700					

Comments: Total hours & total wages calculated incorrectly
Form 4.3

PERSONAL EVALUATION (2025)

Joseph Berkemer
25-J / 25026
Franklin County, Columbus
5332 Westpointe Plaza

Evaluation Team Number: _____
Location(s) Proposed: (#1) 25-J _____
Proposed as 2nd Location _____
Verify Proposer's Full Name: (#2) Joseph Berkemer
Proposer's County of Residence (NPC Operation) _____
Verify Proposer's Driver's License Number: (#6) _____
Proposing as Minority: (#9) Yes _____ No
Proposing as: (#10) Individual Clerk of Courts _____ Co. Auditor _____ Nonprofit Corp. _____

SCORING SUMMARY

FORM 3.0, PERSONAL CHECKLIST	(Max. 16 Points):	<u>16</u>
PERSONAL EVALUATION, Page 2	(Max. 55 Points):	<u>55</u>
BUSINESS AND EMPLOYMENT EXPERIENCE, Page 3	(Max. 100 Points):	<u>100</u>
PERSONAL EVALUATION, Page 5	(Max. 28 Points):	<u>28</u>
PERSONAL EVALUATION, Page 6	(Max. 17 Points):	<u>17</u>
PERSONAL EVALUATION, Page 7	(Max. 27 Points):	<u>22</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

TOTAL POINTS (Max. 258 Points): 253

Comments: No FBI background check, only BCI

Evaluators' Signatures

Evaluators' Printed Names

Date

(1) [Signature]

Michael Farrell

2/26/25

(2) _____

PERSONAL EVALUATION		OK	NO
1. Proposer does not and will not hold a PROHIBITED elective public office other than County Clerk of Courts or County Auditor? (#11 & 12)	5	*	
2. Proposer does not hold an overlapping deputy registrar contract? (#13) If contract overlaps, what is the expiration date of the contract? _____	0	0	
3. Proposer is not a prohibited relative of a current deputy registrar? (#14, 15 & 16)	5	*	
4. Proposer is not a prohibited relative of an ODPS employee, or (if a relative) proposer has either been a deputy registrar continuously since January 1, 1992, or the ODPS employee became employed after the proposer was first appointed deputy registrar? (#17)	5	*	
5. Proposer is not a State of Ohio employee or will resign? (#19)	5	*	
6. Proposer is not an active insurance agent or is nonprofit? (#20)	5	*	
7. Proposer states no criminal conviction within the last 10 years? (#21)	5	*	
8. Proposer owes no local, state, or federal delinquent taxes, social security payments, workers' compensation premiums or mandatory contributions? (#22)	5	*	
9. Proposer agrees to maintain acceptable business liability insurance in accordance with Ohio Revised Code section 4503.03(C)? (#23)	5	*	
10. Proposer can meet bond requirements? (#24 and acceptable proof)	5	*	
11. Acceptable educational information OR nonprofit corporation? (#25)	5	0	
12. Proposer has computer training or experience? (#26)	5	0	

PERSONAL EVALUATION POINTS, Page 2 (Max. 55 Points) 55

NOTE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: _____

BUSINESS AND EMPLOYMENT EXPERIENCE VERIFICATION

Person called: Verified at telephone () _____

Company: Westpointe License

Relationship: _____

Verified experience as: Deputy Registrar Agency Owner (50) Other Business Owner (34) _____

Manager or Supervisor (25) _____ Deputy Registrar Employee (23) _____ Other Employee (20) _____

Hours per week: 30

From (date): 9/83 To (date): Present Length: 41.5

Verified Hours 30 = Factor 1 x Years 41.5 x Points 50 = 2,075

Person called: _____ at telephone () _____

Company: _____

Relationship: _____

Verified experience as: Deputy Registrar Agency Owner (50) _____ Other Business Owner (34) _____

Manager or Supervisor (25) _____ Deputy Registrar Employee (23) _____ Other Employee (20) _____

Hours per week: _____

From (date): _____ To (date): _____ Length: _____

Verified Hours _____ = Factor _____ x Years _____ x Points _____ = _____

Person called: _____ at telephone () _____

Company: _____

Relationship: _____

Verified experience as: Deputy Registrar Agency Owner (50) _____ Other Business Owner (34) _____

Manager or Supervisor (25) _____ Deputy Registrar Employee (23) _____ Other Employee (20) _____

Hours per week: _____

From (date): _____ To (date): _____ Length: _____

Verified Hours _____ = Factor _____ x Years _____ x Points _____ = _____

BUSINESS AND EMPLOYMENT EXPERIENCE CALCULATION

13. DEPUTY REGISTRAR AGENCY OWNER Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.	<i>Westpointe License</i>	# NA = 1.0 x <i>41.5</i> x 50 =	<i>2,075</i>	✓
B.		# NA = 1.0 x x 50 =		
C.		# NA = 1.0 x x 50 =		
Subtotal of 13-A, 13-B & 13-C =			<i>2,075</i>	

14. OTHER BUSINESS OWNERSHIP Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 34 =		
B.		# = x x 34 =		
C.		# = x x 34 =		
Subtotal of 14-A, 14-B & 14-C =				

15. SUPERVISORY / MANAGEMENT (ANY BUSINESS – INCLUDING DR) Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 25 =		
B.		# = x x 25 =		
C.		# = x x 25 =		
Subtotal of 15-A, 15-B & 15-C =				

Total DR, Ownership and/or Management #13-15 (Max. 100 Points) = *100*

16. DEPUTY REGISTRAR EMPLOYMENT (NON-MANAGEMENT) Experience, Form 3.2

ITEM	AGENCY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 23 =		
B.		# = x x 23 =		
C.		# = x x 23 =		
D.		# = x x 23 =		
Subtotal of 16-A, 16-B, 16-C & 16-D =				

Total DR Employment Experience #16 (Max. 90 Points) =

17. OTHER EMPLOYMENT Experience, Form 3.2

ITEM	AGENCY/COMPANY	HOURS = FACTOR x YEARS x POINTS =	SCORE	VERIFIED
A.		# = x x 20 =		
B.		# = x x 20 =		
C.		# = x x 20 =		
D.		# = x x 20 =		
Subtotal of Lines 17-A, 17-B, 17-C & 17-D =				

Total Other Employment Experience #17 (Max. 80 Points) =

ENTER LARGEST OF TOTALS [13-15 (100 pts.), 16 (90 pts.), or 17 (80 pts.)] = *100*

PERSONAL EVALUATION

OK | NO

18. Form 3.3 – Customer Service Experience		
Did proposer provide acceptable list of ideas to improve customer service at a deputy registrar agency or provide an example of something done as part of a job or business to improve services for customers?	<u>2</u>	0
19. Form 3.4 – Start-Up Cost Funds On Deposit (not required for Auditors or Clerks of Courts)		
A. Are funds in acceptable financial institution and verified with bank/teller stamp?	<u>5</u>	*
B. Are funds in proposer's or proposer's business name or joint with spouse?	<u>5</u>	*
20. Form 3.5 – Political Contributions Report (not required for Auditors or Clerks of Courts)		
Did proposer mark "NO" for every category, every year? (For Nonprofit Corporations, evaluate both Corporation's and CEO's Form 3.5)	<u>5</u>	*
21. Form 3.6 – Personnel Policy Summary		
Does proposer agree to provide/maintain a written personnel policy covering the following:		
A. Hiring employees with deputy registrar agency experience?	<u>11</u>	0
B. Equal Employment Opportunity?		
C. Employee training by the deputy registrar?		
D. Participation in BMV provided training?		
E. Evaluation of employee performance?		
F. Grounds for discipline or dismissal/termination (list) which shall include drug and alcohol use?		
G. Progressive disciplinary steps?		
H. Dress code with list of acceptable attire?		
I. Dress code with list of unacceptable attire?		
J. A policy for maintaining the professional appearance of all staff at all times?		
K. Fringe benefits (beyond those required by law or contract)?		

PERSONAL EVALUATION POINTS, Page 5 (Max. 28 Points) 28

NOTE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: _____

PERSONAL EVALUATION

OK | NO

22. Form 3.7 – Security Plan Summary - Did proposer agree to provide:

- A. An electronic alarm system? (Mandatory)
- B. Alarm system monitored 24 hours, off-site? (Mandatory)
- C. Alarm system reports off-site if wires cut or tampered with? (Mandatory)
- D. Adequate alarm monitored panic/hold-up buttons? (Mandatory)
- E. Motion detectors connected to alarm system? (Mandatory)
- F. Alarm monitored contacts on all exterior doors? (Mandatory)
- G. Alarm monitored contacts on all exterior windows? (Mandatory)
- H. Video recording camera surveillance system? (Mandatory)
- I. Safe or secured locking cabinet? (Mandatory)
- J. Secured storage room with alarm monitored contacts on door(s) and window(s), if applicable? (Mandatory)
- K. Cross cut shredder to be made available to destroy customer copy records? (Mandatory)
- L. All doors and all windows will be securely locked when license agency is closed? (Mandatory)
- M. Smoke, fire, and carbon monoxide detection devices (Mandatory)?
- N. Interior/Exterior motion activated security lights? (Suggested) – Check OK or NO

13	*
OK	NO

23. Form 3.8 – Facility Maintenance Plan Summary - Did proposer agree to provide:

- A. Indoor/Outdoor maintenance and cleaning?
- B. Prompt snow and ice removal?
- C. Carpet and/or floor cleaning (if appropriate)?
- D. Repainting?

1	0
1	0
1	0
1	0

PERSONAL EVALUATION POINTS, Page 6 (Max. 17 Points) 17

NOTE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: _____

PERSONAL EVALUATION

OK | NO

24. Form 3.9 – Involved and Invested in Your Business

1. How do you plan to manage, be responsible, and be accountable for this business at all times?	1	0
2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver licenses, identification cards, and vehicle registrations?	1	0
3. What measures will you put in place to detect, deter, and prevent fraud?	1	0
4. The Ohio Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?	1	0
5. How will you demonstrate good leadership to your employees?	1	0
6. How will you maintain a high level of professionalism each day in this business?	1	0
7. How do you intend to recruit and retain high quality employees?	1	0
8. How will you provide a safe, clean, and friendly place to do business?	1	0
9. How would you deal with an irate customer?	1	0
10. What training or advice do you, or will you, give to your employees for dealing with irate customers?	1	0
11. How will you meet the expectations of the Ohio Bureau of Motor Vehicles?	1	0
12. Why should the Ohio Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?	1	0

25. Form 3.10(A) (B) or (C) – Affidavit of Individual, Auditor/Clerk of Courts or Nonprofit Corporation

A. Did proposer submit proper affidavit without alteration and does it appear to be complete, accurate, and truthful ?	3	*
B. Is it the affidavit duly signed and notarized?	2	*

26. Local Law Enforcement Report / Articles of Incorporation (AOI)

A. No disqualifying convictions for individual / AOI for nonprofit corporation?	3	*
B. No convictions (except minor traffic) / AOI for nonprofit corporation?	2	0

27. BCI / FBI Criminal Background (WebCheck) Report / AOI for Nonprofit Corporation

No disqualifying convictions for individual / AOI for nonprofit corporation?	5	0
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PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points) 22

OPERATIONAL EVALUATION (2025)

Joseph Berkemer
25-J / 25026
Franklin County, Columbus
5332 Westpointe Plaza

FORM	DESCRIPTION	OK	NO
4.0	Operational Checklist – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	Appointment of Agency Managers		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>35</u>	5	*
	B. Appointment of Manager and Assistant OR Acceptable Statement	3	0
4.2	Experienced Employees Summary Gave Acceptable Statement OR Provided Names	2	0
4.3	Staffing and Personnel Calculation		
	A. Hours Recommended: <u>201</u> Proposed: <u>145</u>	4	* 7
	B. Work Hours and Pay Calculated Correctly	2	0
	C. Meets Minimum Wage Requirement (2025 Ohio Minimum Wage Rate = \$7.25 or \$10.70 Per Hour)	1	*
4.4	Start-Up Costs Calculation		
	A. Adequate and Accurate Personnel Costs	3	0
	B. Adequate and Accurate Site Preparation Costs	2	0
	C. Adequate and Accurate Rental Payments	2	0
	D. Total Required: \$ <u>24,700</u> On Deposit (Form 3.4): \$ <u>30,095.67</u>	5	*
4.5	Deputy Registrar Contract		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 31

NOTE: Score indicated "*" may lead to disqualification OR contract contingency. Score "0" may lead to contract contingency.

Comments: 4.3, 4.4 - Total hours + total wages calculated incorrectly resulting in incorrect personnel costs. Amount on deposit is projected to cover actual start-up costs. No current lease option or lease.

	Evaluators' signatures	Printed names	Date
(1)	<u>[Signature]</u>	<u>Michael Farrell</u>	<u>2/26/25</u>
(2)	_____	_____	_____

Operational Evaluation (2025)

3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Joseph Berkeimer

Proposer Number (BMV use only) _____

INSTRUCTIONS: You must submit one original of this form and all documents listed on this form as appropriate based on your status as a proposer (individual, county auditor, clerk of courts or nonprofit corporation). Even if you are submitting more than one proposal, only one original of these forms are required. Please submit via email in accordance with the RFP instructions.

INDIVIDUAL	✓	BMV	COUNTY AUDITOR OR CLERK OF COURTS	✓	BMV	NONPROFIT CORPORATION	✓	BMV
Form 3.0 Personal Checklist (this form)	✓		Form 3.0 Personal Checklist (this form)			Form 3.0 Personal Checklist (this form)		
Form 3.1 Personal Questionnaire	✓		Form 3.1 Personal Questionnaire			Form 3.1 Personal Questionnaire		
Form 3.2 Business and Employment Experience	✓		Forms 3.2 Business and Employment Experience			Forms 3.2 Business and Employment Experience		
Form 3.3 Customer Service Experience	✓		Form 3.3 Customer Service Experience			Form 3.3 Customer Service Experience		
Form 3.4 Start-Up Cost Funds on Deposit	✓		N/A	X	1	Form 3.4 Start-Up Cost Funds on Deposit		
Form 3.5 Political Contributions Report	✓		N/A	X	1	Form 3.5 Political Contributions Report Nonprofit Corporation		
N/A	X	1	N/A	X	1	Form 3.5 Political Contributions Report Chief Executive Officer		
Form 3.6 Comprehensive Personnel Policy Agreement	✓		Form 3.6 Comprehensive Personnel Policy Agreement			Form 3.6 Comprehensive Personnel Policy Agreement		
Form 3.7 Security Plan Agreement	✓		Form 3.7 Security Plan Agreement			Form 3.7 Security Plan Agreement		
Form 3.8 Facility Maintenance Plan Agreement	✓		Form 3.8 Facility Maintenance Plan Agreement			Form 3.8 Facility Maintenance Plan Agreement		
Form 3.9 Involved and Invested in Your Business	✓		Form 3.9 Involved and Invested in Your Business			Form 3.9 Involved and Invested in Your Business		
Form 3.10(A) Affidavit of Individual	✓		Form 3.10(B) Affidavit of Auditor or Clerk of Courts			Form 3.10(C) Affidavit of Nonprofit Corporation		
2025 Credit Report	✓		N/A	X	1	2025 Certificate of Good Standing		
2025 Local Law Enforcement Report	✓		2025 Local Law Enforcement Report			Articles of Incorporation		
2025 WebCheck Receipt	✓		2025 WebCheck Receipt			N/A	X	1
Pre-approval Statement for \$25,000 Bond	✓		Current Bond with BMV added as Additional Insured			Pre-approval Statement for \$25,000 Bond		
INDIVIDUAL	✓		COUNTY AUDITOR OR CLERK OF COURTS			NONPROFIT CORPORATION		

3.1 PERSONAL QUESTIONNAIRE

1. List all location numbers for which the applicant intends to submit a proposal (limit six locations). Check the box underneath if proposing the location as a second site in addition to a current agency:

25J _____ _____ _____ _____ _____
_____ _____ _____ _____ _____ _____

2. Full legal name of proposer Joseph Berkemer

3. Proposer's street address _____

City _____ State Ohio Zip code 43228

4. County of residence (nonprofit corporation county of operation) Franklin

5. Daytime telephone _____

6. _____

7. _____

8. _____

_____ State Ohio Zip code 43228

9. Are you proposing as the owner of a minority business enterprise (MBE)? No Yes _____

10. Proposer is (check one and follow instructions):

An **individual person**. These forms are designed to be self-explanatory for Proposers proposing as individual persons. Answer all questions as they apply to you personally. If a question does not apply to you, enter "N/A" or "Not applicable";

_____ The **Clerk of Courts** of _____ County;

_____ The **County Auditor** of _____ County. Answer all questions as they apply to you and your position as Clerk of Courts or County Auditor. If a question does not apply to you or your position, enter "N/A" or "Not applicable";

_____ A **nonprofit corporation (NPC)**. An officer or an authorized agent should answer all questions and sign all documents on behalf of the NPC. The answers must refer to the NPC itself and not to the individual officers, agents, or employees of the NPC, unless otherwise specified. Many questions are not applicable to nonprofit corporations. To assist your responses, we have marked those questions "NPC N/A" meaning we believe the marked question is not applicable to most nonprofit corporations. Please answer all other questions unless clearly inapplicable.

11. A. Are you currently serving in elective public office, other than Clerk of Courts or County Auditor, either by election or appointment (includes precinct committee person)? (NPC N/A)

Yes _____ No

B. If YES, in what elective office are you serving? _____

C. If YES, date that you plan to leave this office? _____

12. A. Are you currently running for any elective public office. (including precinct committee person)? (NPC N/A)

Yes _____ No

B. If YES, what office? _____

13. A. Are you currently a deputy registrar?

Yes No _____

B. If YES, on what date does your contract expire? 6/30/2025

C. If YES, have you served as a deputy registrar continuously since January 1, 1992?

No _____ Yes

14. A. Is your spouse currently a deputy registrar? (NPC N/A)

Yes _____ No

B. If YES, on what date does your spouse's contract expire? June 30 2025

For the following three questions, **extended family** includes your spouse, parent, brother, sister, son, daughter, father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, or daughter-in-law:

15. A. Does any member of your extended family currently hold a deputy registrar contract? (NPC N/A)

Yes _____ No

B. If YES, list their name, relationship to you, whether you share the same household, and date their contract expires here:

Name	Relationship	Same Household		Contract Expires
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____
_____	_____	Yes _____	No _____	_____

16. A. To the best of your knowledge, will any member of your extended family submit a proposal in response to this RFP? (NPC N/A)

Yes _____ No

B. If YES, list their name, relationship to you, and whether you share the same household:

Name	Relationship	Same Household	
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___
_____	_____	Yes ___	No ___

17. A. Is any member of your extended family employed by any subdivision of the Ohio Department of Public Safety? (NPC N/A)

Yes _____ No

B. If YES, list their name, relationship to you, and the date they became so employed:

Name	Relationship	Employment Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. A. Have you completed the Political Contributions Report, Form 3.5? (NPC must submit one for NPC itself and one for its C.E.O.)

No _____ Yes

B. If "NO," are you applying as a Clerk of Courts or County Auditor? No _____ Yes _____

19. A. Are you an employee of the State of Ohio? (NPC N/A)

Yes _____ No

B. If "YES," will you resign, if appointed? No _____ Yes _____

20. Are you an insurance company agent, writing automobile insurance? (NPC N/A)

Yes _____ No

21. Has Proposer (including NPC and proposed office manager) been convicted within the past ten years of a crime punishable by death or imprisonment in excess of one year (felony), or any crime involving dishonesty or false statement?

Yes _____ No

22. As of the date of this certification does Proposer owe any overdue taxes, unemployment compensation contributions, social security payments, or workers' compensation premiums either to the State of Ohio or any political subdivision thereof, or to the federal government, or any other state or locality within the United States?

Yes _____ No

23. Is Proposer willing and able, if appointed, to maintain during the entire term of your contract a policy of business liability property damage, and theft insurance satisfactory to the Registrar and hold the Department of Public Safety, the Director of Public Safety, the Bureau of Motor Vehicles, and the Registrar of Motor Vehicles harmless upon claims for damages in accordance with Ohio Revised Code 4503.03(C)? (County Auditor/Clerk of Courts N/A)

No _____ Yes

24. Is Proposer bondable as outlined in Ohio Administrative Code 4501:1-6-01(B)?

No _____ Yes

25. Please provide the following information regarding your education. If applying as a NPC, please provide educational information for the individual who will manage the license agency business.

High school diploma? No _____ Yes

High school name Briggs

City Columbus State Ohio Zip 43204

College name Wittenberg

City Springfield State Ohio Zip 45504

Major Bus. Admin/Sociology Degree awarded 2 bachelor degrees

College name DeVry

City Columbus State Ohio Zip 43119

Major Computer Info. Systems Degree awarded bachelor of science

26. Computer experience. Does Proposer have any training or experience working with or using computers? (Incumbent deputy registrars may take credit for operating BMV computers. For nonprofit corporations, this question should be answered for computer systems operated or used in the nonprofit corporation's activities.)

No _____ Yes

FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE

Instructions. Please fill out one of these forms 3.2(A) for each business you have owned. Do not use this form 3.2(A) for management, supervisory, or employee experience. If you have owned more than one business, submit a separate for 3.2(A) for each business owned. *Please make additional copies of this form as necessary.*

Proposer's name Joseph Berkemer Company name Westpointe License
Company address 5332 Westpointe Plaza Dr. City Columbus
State Ohio Zip 43228 Telephone (614) 777-9100
Type of business (deputy registrar, retail grocery, etc.) deputy registrar

Company's products and/or services licenses, ID's and vehicle registrations

BUSINESS OWNER - Form of ownership (sole proprietor, partner, etc.): sole proprietor

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 30
3. Dates you operated this business: From: month 9 year 1983 To: month Feb. year 2025
4. Is/was this business profitable? No _____ Yes ✓
5. Is/was this business your primary source of income and support? No _____ Yes ✓
6. Do/did you directly hire, evaluate, train, and discipline employees? No _____ Yes ✓
7. Do/did you directly manage employees on a daily basis? No _____ Yes ✓
- If you answered yes to question number 6, how many employees do/did you manage? 10
8. Have you ever developed a comprehensive business plan? No _____ Yes ✓

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

[REDACTED]

3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE

Instructions. Please fill out one of these forms 3.2(B) for each separate management or supervisory job you have held. Do not use this form 3.2(B) for business ownership or regular employee positions. Use a separate form 3.2(B) for each management or supervisory position that you have held. *Please make additional copies of this form as necessary.*

Proposer's name Joseph Berkemer Company name Westpointe License

Company address 5332 Westpointe Plaza Dr., City Columbus

State Ohio Zip 43228 Telephone (614) 777-8100

Type of business (deputy registrar, retail grocery, etc.) deputy registrar

Management/supervisory duties I went for a long stretch where I was both the deputy and the office manager.

MANAGER OR SUPERVISOR - Job title: self

1. Title of position manager Hours worked weekly? 40

2. Dates this position was held: From: month Aug year 1995 To: month Sept year 2014

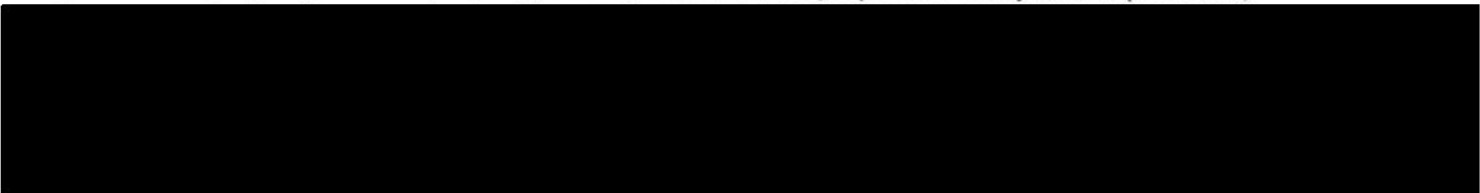
3. Do/did you directly hire, evaluate, train, and discipline employees? No Yes

4. Do/did you directly manage/supervise employees on a daily basis? No Yes

If you answered yes to question number 4, how many employees do/did you manage? 12

5. Have you ever developed a comprehensive business plan? No Yes

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)



_____ () _____

3.2(C) EMPLOYEE EXPERIENCE

Instructions. Please fill out one of these forms 3.2(C) for each and every separate job you have held as an employee. Do not use this form 3.2(C) for business ownership or jobs in which you had management or supervisory duties. Use a separate form 3.2(C) for each non-management and/or non-supervisory job held. *Please make additional copies of this form as necessary.*

Proposer's name Joseph Berkemer Company name Westside License

Company address 4253 W. Broad City Columbus

State Ohio Zip 43204 Telephone (614) 777-8100

Type of business (deputy registrar, retail grocery, etc.) deputy registrar

EMPLOYEE - Job title: supervisor

Hours worked weekly 25 Job duties inventory management, deposit preparation.

worked a terminal as needed

Dates of this employment: From: month Sept year 1990 To: month Feb year 1992

Describe how and to what extent **you provided high quality customer service** at this position:

had a desk in the lobby during peak times to answer questions and verify documents

List at least one person, not a relative of yours, who can verify this experience. If we cannot contact at least one person to verify this experience, you will not receive any credit for it. (If you are a deputy registrar or deputy registrar employee, you may list BMV employees to verify that experience.)

_____ () _____
_____ () _____

3.3 CUSTOMER SERVICE EXPERIENCE

Instructions. Please give us a list of ideas you have to improve customer service at your deputy registrar agency. You will only receive full credit if you demonstrate sufficient customer service awareness.

A. This is a list of ideas I have to improve customer service at my deputy registrar agency if I am awarded a contract (Please be specific) and/or this is an example of something I have done as part of my job or business to improve services for my customers (Please be specific):

<p>Continue to pursue bilingual job candidates</p> <p>ensure all terminals are manned at our peak times</p> <p>place a staff member at a desk in the lobby to verify documents and assist with the filling out of the 5745s</p> <p>we continue to let customers return the same day without waiting if they forgot a required document</p> <p>continue to infor the public about the availability of the kiosk across the street if all they need are validation stickers</p>

3.5 POLITICAL CONTRIBUTIONS REPORT

Instructions

Instructions You must report on the following page whether you and your immediate family together gave more than \$100.00 to any political party or to certain individual candidates during any one of the last three calendar years and so far this year.

"Immediate family" means you, a spouse residing with you, and any dependent children. You must add together all contributions you, your spouse, and your dependent children made to each separate party or each separate candidate during each calendar year.

"Political party" means each separate political party and includes any political action committee (PAC) and any "continuing association" which are connected to that political party. "Political party" includes all levels of that party, federal, state, county, and local.

"Candidate" includes both the candidate and any of that candidate's campaign committees. You must report only for candidates for the following offices: Ohio governor, attorney general, secretary of state, treasurer of state, auditor of state, state senator or state representative. You are not required to report any contributions to federal, county, local, or judicial candidates.

"More than \$100.00" means any amount exceeding \$100.00, starting with \$100.01. A contribution of exactly \$100.00 or less is acceptable. Contributions include the value of any "in-kind" contributions.

County Auditors and Clerks of Court are exempt from this requirement and need not file this Report of Political Contributions.

Nonprofit Corporations must submit one report for the nonprofit corporation itself and one report for the chief executive officer (C.E.O.) who has, or will have, primary responsibility for the nonprofit corporation's operation of the deputy registrar agency. There is only one copy of this report in this package. Nonprofit corporations must make a second copy and submit one copy for the nonprofit corporation itself and one for the C.E.O. who will be responsible for the operation of the deputy registrar agency.

Name: Joseph Berkemer

Title (if officer of nonprofit corporation): n/a

(A nonprofit corporation must submit two separate reports: one for the nonprofit corporation itself, and one for its chief executive officer)

Did you and your immediate family together give more than \$100.00 to any of the following during any one of the years listed? You must place a check mark "✓" in the appropriate box, "yes" or "no" for each category and year separately.

RECIPIENT	JAN 1 - DEC 31 2022		JAN 1 - DEC 31 2023		JAN 1 - DEC 31 2024		2025 To Date	
	Yes	No	Yes	No	Yes	No	Yes	No
Democratic Party including PACs and Associations		✓		✓		✓		✓
Republican Party including PACs and Associations		✓		✓		✓		✓
Any other Party including PACs and Associations		✓		✓		✓		✓
Governor, Candidate and Committee		✓		✓		✓		✓
Attorney General, Candidate and Committee		✓		✓		✓		✓
Secretary of State, Candidate and Committee		✓		✓		✓		✓
Treasurer of State, Candidate and Committee		✓		✓		✓		✓
Auditor of State, Candidate and Committee		✓		✓		✓		✓
State Senator, Candidate and Committee		✓		✓		✓		✓
State Representative, Candidate and Committee		✓		✓		✓		✓

3.6 PERSONNEL POLICY

A comprehensive personnel policy must be readily available and presented upon request. Items needing covered within the agency's comprehensive personnel policy are listed below.

Do you agree to provide a comprehensive personnel policy, if requested, that covers the listed items?

No _____ Yes

COMPREHENSIVE PERSONNEL POLICY MUST INCLUDE PROVISIONS FOR:

HIRING EMPLOYEES WITH DEPUTY REGISTRAR AGENCY EXPERIENCE
EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYEE TRAINING BY THE DEPUTY REGISTRAR
PARTICIPATION IN BMV PROVIDED TRAINING
DOCUMENTED PERIODIC EMPLOYEE PERFORMANCE EVALUATIONS (ANNUAL AT A MINIMUM)
LIST OF GROUNDS FOR DISCIPLINE OR DISMISSAL
PROGRESSIVE DISCIPLINARY ACTION
DRESS CODE WITH LISTS OF ACCEPTABLE AND UNACCEPTABLE ATTIRE
POLICY FOR MAINTAINING PROFESSIONAL APPEARANCE
FRINGE BENEFITS

3.7 SECURITY PLAN SUMMARY

If you are awarded a contract, you will be required to adopt a security plan to assure that agency employees, patrons, other citizens, equipment, and consigned inventory will be protected from harm (your plan should detail how you intend to address the items listed below).

If you are awarded a contract, do you agree to provide all of the following?

Yes No

ELECTRONIC ALARM SYSTEM
ALARM SYSTEM MONITORED 24 HOURS, OFF-SITE
ALARM SYSTEM REPORTS OFF-SITE IF WIRES ARE CUT OR TAMPERED
ADEQUATE ALARM MONITORED PANIC/HOLD BUTTONS
MOTION DETECTORS CONNECTED TO ALARM SYSTEM
ALARM MONITORED DOOR CONTACT ON ALL EXTERIOR DOORS
ALARM MONITORED CONTACTS ON ALL EXTERIOR WINDOWS
VIDEO RECORDING CAMERA SURVEILLANCE SYSTEM
A SAFE OR SECURE LOCKING CABINET
A SECURED STORAGE ROOM WITH ALARM MONITORED CONTACTS ON DOOR(S) AND WINDOW(S)
A CROSS CUT SHREDDER
SECURELY LOCK ALL DOORS AND WINDOWS WHEN OUTSIDE BUSINESS HOURS
SMOKE, FIRED, AND CARBON MONOXIDE DETECTION DEVICES
INTERIOR/EXTERIOR MOTION ACTIVATED SECURITY LIGHTS

Note: For Deputy Provided Sites, the deputy registrar shall install and maintain an approved alarm system. At BMV Controlled Sites, either the BMV or the deputy registrar will install an approved alarm system, which will be maintained by the deputy registrar.

3.8 FACILITY MAINTENANCE PLAN SUMMARY

If you are awarded a contract you will be required to adopt a facility maintenance plan, including provisions for maintaining the deputy registrar agency premises. Your plan should detail how you intend to address the items listed below.

If you are awarded a contract, do you agree to be responsible for the following either on your own, through your lease or sublease, or by separate contract:

No _____ Yes

OUTDOOR BUILDING MAINTENANCE
KEEP OUTDOOR AREA FREE OF TRASH AND DEBRIS
PROVISION TO ASSURE PROMPT SNOW AND ICE REMOVAL
CLEANING INSIDE OF AGENCY INCLUDING EQUIPMENT
PROVISION FOR INSIDE/OUTSIDE MAINTENANCE
PROVISION FOR PROFESSIONAL CARPET/FLOOR CLEANING (MIN. OF ONCE A YEAR)
PROVISION FOR REPAINTING AND/OR COSMETIC UPDATES

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

Instructions: Answer all of the following questions to the best of your ability. Please be concise and attempt to limit each answer to seventy-five (75) words or less. Include attachment(s) if more space is needed to answer any of the questions.

1. How do you plan to manage, be responsible, and be accountable for this business at all times?

I will continue to hire staff who have empathy for others. I live just 8 minutes down the street, so I can be at the agency in a moments notice. In addition to my hours, I have two daughters who are directly involved in the day to day operations.

2. How will you ensure that all laws, rules, guidelines and procedures are followed, at all times, specifically with regard to issuing and renewing driver's licenses, identification cards, and vehicle registrations?

Even though we have a seasoned staff, we will randomly audit their work to ensure we are following all applicable laws and administrative codes.

3. What measures will you put in place to detect, deter, and prevent fraud?

Voids are signed off on the receipt by both the clerk and the customer. We make regular use of our fraud detections tools supplied by the BMV.

4. The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?

Emails and broadcasts will be printed, the staff will be required to sign off on them upon reading.

3.9 INVOLVED AND INVESTED IN YOUR BUSINESS

Instructions: Answer all of the following questions to the best of your ability. Please be concise and attempt to limit each answer to seventy-five (75) words or less. Include attachment(s) if more space is needed to answer any of the questions.

1. How do you plan to manage, be responsible, and be accountable for this business at all times?

I will continue to hire staff who have empathy for others. I live just 8 minutes down the street, so I can be at the agency in a moments notice. In addition to my hours, I have two daughters who are directly involved in the day to day operations.

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4. The Bureau of Motor Vehicles routinely issues new and/or revised policy and procedural changes through email broadcasts to the deputy registrars. How will you ensure that policies and procedures are communicated to the staff and followed on a daily basis?

Emails and broadcasts will be printed, the staff will be required to sign off on them upon reading.

5. How will you demonstrate good leadership to your employees?

I will make myself readily available to any staff in need of guidance. I routinely work at a terminal. By doing that, we've developed a close knit relationship. They know I am there if they need me.

6. How will you maintain a high level of professionalism each day in this business?

While adhering to all the applicable rules and regulations, I will continue to enforce a business-casual dress code. We follow the dress code discussed at the last round table. Conduct behind the counter will continue to be business like.

7. How do you intend to recruit and retain high quality employees?

We will continue to offer a competitive wage for our area. We have an employment sign in our lobby with a QR code so people can fill out an online application. We then check the list daily. As mentioned before, we will strive to hire bilingual staff.

8. How will you provide a safe, clean and friendly place to do business?

Floors will be swept nightly. Mopped twice a week, more if needed. Trash will be taken out at closing. I will provide all cleaning and restroom supplies, and well as bottled water and snacks.

9. How would you deal with an irate customer?

Each situation is different. I normally will let the customer plead their case before I intercede. I do my best to show compassion for their plight, while showing them why and how we came to our decision. The majority of people just are confused and want direction. I feel we all do a good job of de-escalating those situations.

10. What training or advice do you, or will you, give to your employees for dealing with irate customers?

My staff knows they are to bring me out if they cannot resolve a situation to the customer's satisfaction. We often will role play a situation after closing to re-enact an earlier issue. By doing this, everyone can make their suggestions on how to best handle an irate customer.

11. How will you meet the expectations of the Bureau of Motor Vehicles?

By adhering to all applicable rules and regulation, and the requirements of the BMV contract.

12. Why should the Bureau of Motor Vehicles consider you for a deputy registrar license agency contract?

I've been running a deputy registrar agency for over 40 years, and seen everything at one point or another. I've personally deposited State funds on a daily basis for 4 decades. We have had many satisfied customers over my tenure. I feel I have represented the State well.

3.10(A) AFFIDAVIT OF INDIVIDUAL

(Not to be used by County Auditors, Clerks of Courts or Nonprofit Corporations)

County of Franklin :

State of Ohio :

I, Joseph Berkemer, being first duly sworn, depose and say that:


- 1) I am submitting my proposal for appointment as deputy registrar in my own individual capacity, and not as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 2) If appointed, I will serve as a deputy registrar in my own individual capacity, and will not act as an agent, representative, partner, or business associate of any kind whatsoever of any other person or persons;
- 3) If appointed as deputy registrar, I will not assign my deputy registrar contract, in whole or in part, nor any of my deputy registrar's responsibilities to any other person or persons without the advance written consent of the Registrar;
- 4) If appointed as a deputy registrar, I will fully comply with all requirements set forth by the Registrar. I will not serve as an office manager of any deputy registrar agency other than my own; nor will I permit any other deputy registrar, the spouse of any deputy registrar, or the parent, child, brother, or sister of any deputy registrar living in the same household as the deputy registrar to operate my deputy registrar agency, directly or indirectly. I understand that I may hire the spouse, parent, child, brother, or sister of any deputy registrar as an employee, provided that I maintain control of my deputy registrar agency;
- 5) To the best of my knowledge and belief, I am fully qualified to serve as a deputy registrar, and there is no provision of the Ohio Revised Code or the Ohio Administrative Code which would make me ineligible to serve as a deputy registrar; and,
- 6) I have caused to be prepared, have read, and take full responsibility for, all forms and documents submitted with this proposal. All information is true, accurate, and complete to the best of my knowledge and belief. This affidavit is submitted by me for the purpose of obtaining a deputy registrar contract.

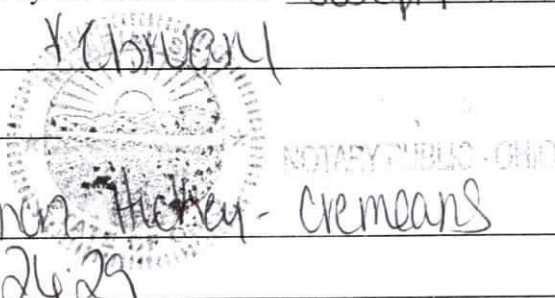
Signature of proposer: 

Printed/typed name of proposer: Joseph Berkemer

Sworn to and subscribed in my presence by the above named Joseph Berkemer

on this 7th day of February, 2025


Notary Public



Printed name of Notary Public: Shannon Hickey-Cremins

My commission expires: 9.26.29

4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Joseph Berkemer

Location Number 25J

Proposer Number (BMV use only) _____


INSTRUCTIONS: You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

FORM	DESCRIPTION	X	BMV
4.0	Operational Checklist (this form)	✓	
4.1	Appointment of Agency Managers	✓	
4.2	Experienced Employees Summary	✓	
4.3	Staffing and Personnel Costs Calculation	✓	
4.4	Start-Up Costs Calculation Amount: \$ <u>24,700.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Joseph Berkemer Location number: 25J

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 35 hours per week during the hours the agency is open to the public for business throughout the entire term of the contract. I understand that the minimum requirement for deputy registrars is twenty (20) hours per week during the hours the agency is open for business. This twenty-hour requirement does not apply to County Auditors/Clerks of Courts, nonprofit corps., or deputy registrars operating multiple locations (assessed as received).
- (B) OFFICE MANAGER: I understand and agree that I must appoint either myself or another reliable person to serve as the office manager for the agency, and that the office manager must be scheduled to work at the agency at least thirty-six (36) hours per week during the hours the agency is open to the public for business. It is my intention to:
 Appoint myself as the office manager and work at least thirty-six hours per week during the hours the agency is open to the public for business.
 Appoint another reliable person to serve as the office manager to work at least thirty-six hours per week during the hours the agency is open to the public for business.
- (C) ASSISTANT OFFICE MANAGER: I understand and agree that I must appoint a reliable person to be responsible for the management of the agency in the absence of myself and the agency office manager during the hours the agency is open to the public for business.
- (D) OTHER EMPLOYEES: I agree to maintain an accurate and current roster of my office manager, assistant office manager, and all other employees and their work schedules, as well as my own work schedule, on file and available for inspection by BMV employees at all times. I also agree to notify the BMV in writing immediately of any changes in the appointment of the office manager or assistant office manager, and to keep the employee roster complete and current.


Deputy registrar (proposer) signature

Date: 2-6-25

4.2 EXPERIENCED EMPLOYEES SUMMARY

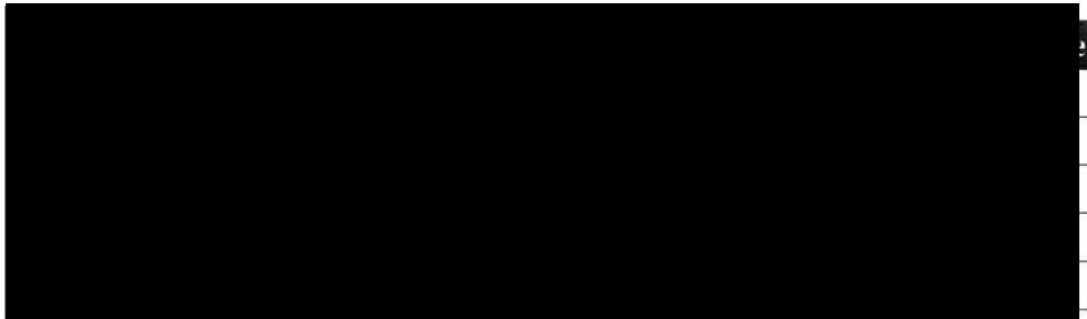
Proposer's name: Joseph Berkemer Location number: 25J

(A) HIRING EXPERIENCED EMPLOYEES. I certify that if I am appointed as a deputy registrar under contract with the Registrar of Motor Vehicles, I will make every good faith effort to hire and retain qualified employees who have relevant experience working in a deputy registrar agency. I agree to make bona fide offers of employment at comparable wages and under comparable conditions to their most recent deputy registrar employment experience.

(B) CHECK WHICHEVER APPLIES:

I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant experience working in a deputy registrar agency. **Please do not contact any deputy registrar employees until after you have been awarded a contract.**

I AM OR HAVE BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have identified the following persons to whom I will make a bona fide offer of employment at comparable wages and under comparable conditions to their present employment. (A deputy registrar or a proposer who has deputy registrar employment experience may list himself or herself here):



(C) I understand that failure to hire properly qualified and experienced deputy registrar employees is grounds to withhold or terminate my deputy registrar contract.

Joseph Berkemer
Deputy registrar (proposer) signature

Date: 2/6/25

4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Joseph Berkemer Location number: 25J

Instructions. Use this form to project the number of hours the deputy registrar, office manager, assistant office manager, and all other experienced (if known) and/or new hire employees will work, the projected hourly wages paid, and the weekly and monthly payroll costs.

The deputy registrar shall be regularly scheduled and on duty at the license agency at least twenty (20) hours per week, during regular business hours. This twenty-hour requirement does not apply to nonprofit corps., county auditors/clerks of court, or deputy registrars operating multiple locations (assessed as received). The deputy registrar shall appoint a full-time office manager, who shall be either the deputy registrar or a full-time employee with responsibility for management of the agency. The office manager shall be regularly scheduled, and shall work at least thirty-six (36) hours per week during regular business hours. The deputy registrar shall also designate an assistant office manager who shall supervise the agency in the absence of the deputy registrar and the full-time office manager.

The projected total weekly work hours for the deputy registrar and all employees should equal or exceed the minimum staffing recommended for the Class Size Agency as prescribed in the Agency Specifications.

In accordance with the standards established by the United States Department of Labor, Wage and Hour Division; Ohio Constitution; and Ohio Department of Commerce; all license agency employees must be paid at least the current minimum wage rate of \$7.25 per hour by businesses with gross receipts of less than \$394,000 per year and \$10.70 per hour by businesses with gross receipts of \$394,000 or more per year.

The deputy registrar need not list any salary or wages for the deputy's own service as deputy registrar or as the office manager.

Caution. For deputy registrars who also serve as the office manager, be careful not to duplicate hours worked.

EMPLOYMENT POSITION	PROJECTED HOURS PER WEEK	PROJECTED HOURLY RATE	PROJECTED WEEKLY PAY	PROJECTED MONTHLY PAY (weekly x 4)
Deputy Registrar	35.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	30.00	\$ 20.00	\$ 600.00	\$ 2,400.00
Assistant Office Manager	35.00	\$ 16.00	\$ 560.00	\$ 2,240.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>7</u>	25.00	\$ 15.00	\$ 2,625.00	\$ 10,500.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>2</u>	20.00	\$ 14.00	\$ 280.00	\$ 560.00
TOTALS	110.00	N/A	\$ 3,565.00	\$ 15,700.00

4.4 START-UP COSTS CALCULATION

Proposer's name: Joseph Berkemer Location number: 25J

The purpose of this form is to assure the BMV that you are financially able to cover the costs of beginning a deputy registrar business. We need to know that you have enough financial resources to cover your personnel, site preparation, and site rental costs.

1. PERSONNEL COSTS (FOUR WEEKS)

Use Form 4.3 to calculate four (4) weeks' personnel costs for this location.

\$ 15700

2. SITE PREPARATION COSTS (AMORTIZED)

A. **If this is a Deputy Provided Site**, calculate and enter the actual projected costs you will need to spend to prepare the building for use as a deputy registrar agency in each of the following categories:

1. Building Modifications	\$ <u>0</u>
2. Counter Costs	\$ <u>0</u>
3. Other Costs	\$ <u>0</u>
4. Total	\$ <u>0</u>

Total amortized over 60 month contract period
(Divide line 4 by 60) = \$ 0

B. **If this is a BMV Controlled Site**, enter the information contained in the Agency Specifications for this location. **Do not change the information from the Agency Specifications.**

\$

3. AGENCY RENTAL PAYMENTS (3 MONTHS)

A. **If this is a Deputy Provided Site**, enter the actual amount you will pay to rent or lease this site.

B. **If this is a BMV Controlled Site**, enter the estimated rent listed in the Agency Specifications for this site. **Do not change the amount listed.**

One month's rent: \$ 3000 x 3 = \$ 9000

TOTAL START-UP COSTS

[four weeks' personnel costs, plus one month's amortized site preparation costs (2.A total amount or 2.B BMV Controlled Site amount), plus three months' rent] \$ 24700

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES
DEPUTY REGISTRAR CONTRACT – 2025

This Agreement is made by and between the Registrar of Motor Vehicles, (Registrar, herein), located at 1970 West Broad Street, Columbus, Ohio 43223-1102 and Joseph Berkemer _____, (deputy registrar, herein) whose home mailing address is _____ (City) _____, Ohio (Zip) 43228, to operate a deputy registrar agency, Location No. 25J _____, to be located as follows: in the State of Ohio, County of Franklin _____ City/Village/Township (indicate which) _____ city _____ of Columbus _____ Street address: 5332 Westpointe Plaza Dr. _____ (City) Columbus _____, Ohio (Zip) 43228

WHEREAS, the Registrar of Motor Vehicles, pursuant to section 4503.03, section 4507.01, and other applicable sections of the Ohio Revised Code, wishes to appoint and contract the above named person as deputy registrar for the above referenced location;

WHEREAS, the above named deputy registrar wishes to accept this appointment and contract as deputy registrar;

NOW, THEREFORE, IT IS AGREED AS FOLLOWS:

1. The Registrar hereby appoints the above named person as a deputy registrar subject to the 2025 Deputy Registrar Contract Terms and Conditions which are incorporated herein by reference;
2. The above named person hereby accepts appointment as a deputy registrar subject to the 2025 Deputy Registrar Contract Terms and Conditions incorporated herein by reference;
3. The term of this appointment and contract shall begin on the 29th day of **June, 2025**, and shall end on the 29th day of **June, 2030**, unless otherwise terminated as provided herein;

Form 4.5, Deputy Registrar Contract (2025)

4. The deputy registrar is appointed and accepts appointment in the capacity of [state whether: "an individual," "County Auditor for (specify county)," "Clerk of Courts for (specify county)," or "a nonprofit corporation"]:

individual

5. The Deputy Registrar certifies that he or she has read, understands, and hereby agrees to all of the 2025 Deputy Registrar Contract Terms and Conditions incorporated herein.

Berkemer
Deputy Registrar signature

2/16/25
Date

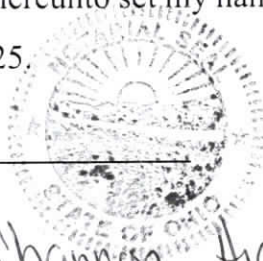
STATE OF OHIO :

COUNTY OF Franklin :

Before me, a notary public in and for said county and state, personally appeared the above named Joseph Berkemer, who acknowledged that he or she did sign the foregoing instrument and that the same is his or her free act and deed.

IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 7th day of February, 2025.

Shannon Aichey
NOTARY PUBLIC



NOTARY PUBLIC - OHIO

Printed name of Notary Public: Shannon Aichey - cve means

My commission Expires: 9-26-29

STATE OF OHIO
DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

BY: _____
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on

5.0 DEPUTY PROVIDED SITE CHECKLIST

Proposer's Full Legal Name Joseph Berkemer

Location Number 25J

Proposed Site Address 5332 Westpointe Plaza Dr.

Proposer's Telephone Number (number where BMV staff can reach you) (⁶¹⁴) 7965274

Proposal Number (BMV use only) _____

INSTRUCTIONS: You must submit one original of this form and all documents listed on this form **FOR EACH LOCATION YOU ARE PROPOSING**. If you fail to submit a complete set of originals **FOR EACH LOCATION**, you will not be evaluated for those locations.

ATTENTION: Proposers applying for contracts at existing license agency locations designated as Deputy Provided Sites are not required to complete and submit all Section 5 forms if the site was approved under a previous RFP and if there have been no changes to the site since the last contract was approved and signed. Under this license agency site provision, form 5.0, page one (1) of form 5.1, and form 5.3 must be completed and submitted with all other required forms and documents.

FORM	DESCRIPTION	<input checked="" type="checkbox"/>	BMV
5.0	Deputy Provided Site Checklist (this form)		
5.1	Site Questionnaire (page 1 only if proposing existing license agency site)		
5.2	ADA Checklist (leave blank if proposing existing license agency site)		
5.3	Lease Option (required for all proposers, which includes incumbent deputy registrars)		
	– filled out, including complete address		
	– signed and notarized		
5.4	Proximity Attachment [for "Proximity" sites only] (leave blank if proposing existing license agency site)	<input checked="" type="checkbox"/>	
Proposer provided	Site Plan (leave blank if proposing existing license agency site)	<input checked="" type="checkbox"/>	
	– with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)		
	– with complete dimensions		
Proposer provided	Counter Plan (leave blank if proposing existing license agency site)	<input checked="" type="checkbox"/>	
	– with 8½ x 11-inch formatting (SUBMITTED ELECTRONICALLY)		
	– with complete dimensions		
Proposer provided	Map (leave blank if proposing existing license agency site)	<input checked="" type="checkbox"/>	
	– with site clearly marked		

5.1 SITE QUESTIONNAIRE

1. Location Number for which you are proposing (from Agency Specifications): 25J
Street address of site 5332 Westpointe Plaza Dr.
City Columbus, Ohio, Zip Code 43228
2. Is the site you are proposing currently in operation as a deputy registrar agency?
No _____ Yes
3. Do you intend to perform construction or remodeling to prepare this site for operation under a new deputy registrar contract?
No Yes _____
4. Are you applying for a contract at an existing license agency site that was approved under a previous contract?
No _____ Yes
5. A. If you answered "No" to question number 4, skip to question number 7, and complete the information required for this form (5.1) and the remainder of Section 5 forms 5.2 through 5.4.
- B. If you answered "Yes" to question number 4, have there been any changes to the site (interior and/or exterior to include parking areas, path of travel, and accessibility to individuals with disabilities, and signage)?
No Yes _____
6. A. If you answered "No" to question number 5, please print and submit this along with form 5.3 for compliance with Section Five (5) requirements for this RFP and include it with the remainder of your required proposal documents.
- B. If you answered "Yes" to question number 5, list the site changes in the space below and be specific with the description(s) of any changes that have been made. Include additional supporting documentation and attachments if needed, then stop here. Print and submit this page along with any other documentation and attachments for compliance with Section 5 requirements for this RFP and include it with all other required proposal documents.

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

Answer all questions for the proposed facility as it now exists. If the site as it now exists is deficient in any respect, list in the spaces provided all improvements the landlord or you will make if you are awarded a deputy registrar contract. Be specific. You may use the possible solutions noted on this form or you may propose your own solutions. If the proposed facility is under construction, answer all questions regarding the facility after completion in accordance with the construction plans. If any question clearly does not apply, mark it "Not Applicable" or "N/A."

1. ACCESSIBLE ENTRANCE. People with disabilities should be able to arrive at a parking space accessible to persons with disabilities on the site, approach the building, and enter the building as freely as everyone else. At least one path of travel should be safe and accessible for everyone, including people with disabilities. "Accessible space" means a parking space which meets all Americans with Disabilities (ADA) requirements for disability (formerly "Handicapped") parking. "Accessible entrance" means an entrance to a building which meets ADA requirements for access by persons with disabilities, including persons who are in wheelchairs.

- A. Is there a path of travel from the disability accessible parking space to the agency entrance that does not require the use of stairs? No Yes
- B. Is the path of travel stable, firm, and slip-resistant? No Yes
- C. Except for curb cuts, is the path at least 36 inches wide? No Yes
- D. Do curbs on the pathway have curb cuts at least 32 inches wide at all necessary points? No Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, adding a ramp, designing an alternative path of travel, repairing surfaces, widening the pathway, installing curb cuts, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____

2. RAMPS. Are ramps necessary to permit wheelchair access? Yes No

If "yes" complete the following information. If "no," skip forward to "Parking and Drop-Off Areas," next page.

A. Are the slopes of ramps no greater than 1:12? No Yes

Slope is given as a ratio of the height to length. 1:12 means for every 12 inches along the base of the ramp, the height increases one inch. For a 1:12 maximum slope, at least one foot of ramp length is needed for each inch of height.

B. Do all ramps longer than six (6) feet have railings on both sides? No Yes

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Are railings sturdy, and between 34 and 38 inches high? No Yes
- D. Is the width between railings at least 36 inches? No Yes
- E. Are ramps non-slip? No Yes
- F. Is there a 5-foot-long level landing at the top of the ramp, at the bottom of the ramp, at switchbacks, if any, and at every 30-foot horizontal length of ramp? No Yes

The ramp should rise no more than 30 inches between landings.

If ramps are necessary, and the answer is “no” to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, lengthening ramp to decrease slope, relocating ramp, rebuilding ramp, adding railings, repairing or adjusting railings, adding non-slip surface materials, etc.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____

3. **PARKING AND DROP-OFF AREAS.** Are an adequate number of accessible parking spaces available (8 feet wide for car plus 5-foot striped access aisle)? No Yes

For guidance in determining the appropriate number to designate, the table below gives the ADA requirements for new construction and alterations.

Total spaces	Accessible	Total spaces	Accessible	Total spaces	Accessible	Total spaces	Accessible
1 to 25	1 space	26 to 50	2 spaces	51 to 75	3 spaces	76 to 100	4 spaces

- A. Are 16-foot wide spaces, with 98 inches of vertical clearance, Available for lift-equipped vans? No Yes
At least one of every 8 accessible spaces must be van-accessible.
- B. Are the accessible spaces closest to the accessible entrance? No Yes
- C. Are the accessible spaces marked with the International Symbol of Accessibility (standard disability parking sign)? No Yes

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to, reconfiguring spaces by repainting stripes, moving the spaces, adding proper signs, etc.

Improvements to be made:

- A. _____
 B. _____
 C. _____

After improvements, if any, have been made, how far will it be between the nearest accessible parking space to the nearest accessible building or mall entrance using the most direct path a wheelchair can safely travel?

Measurement = 50 Feet

Is the nearest accessible space within two hundred (200) feet of the accessible entrance? No Yes

Is the nearest accessible space within one hundred (100) feet of the accessible entrance? No Yes

4. **ENTRANCE.** If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance? No Yes

A. Do all inaccessible entrances have signs indicating the location of the nearest accessible entrance? No Yes

B. Can the accessible entrance be used independently? No Yes

C. Does entrance door have at least 32 inches clear opening (for double door, at least one 32-inch leaf)? No Yes

D. Is there at least 18 inches of clear wall space on the pull side of the door, next to the handle? No Yes

A person using a wheelchair needs this space to get close enough to open the door

E. Is the threshold level (less than 1/4 inch high) or beveled, up to 1/2 inch high? No Yes

F. Are doormats 1/2 inch high or less with beveled or secured edges? No Yes

G. Is the door handle no higher than 48 inches and operable with a closed fist? No Yes

(The "closed fist" test for handles and controls: Try opening the door or operating the control using only one hand, held in a fist. If you can do it, so can a person who has limited use of his or her hands.)

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

5. ACCESS TO ALL DEPUTY REGISTRAR SERVICES. Ideally, the layout of the building should allow people with disabilities to obtain goods or services without special assistance. Where it is not possible to provide full accessibility, assistance or alternative services should be available upon request.

- A. Does the accessible entrance provide direct access to the main floor, lobby, or elevator? No Yes
- B. Are all public spaces on an accessible path of travel? No Yes
- C. Is the accessible route to all public spaces and services at least 36 inches wide (except for interior doors)? No Yes
- D. Are the aisles between chairs or tables at least 36 inches wide? No Yes
- E. Are there spaces for wheelchair seating distributed throughout? No Yes
- F. Do interior doors into public spaces have at least a 32-inch clear opening? No Yes
- G. On the pull side of interior doors, next to the handle, is there at least 18 inches of clear wall space so that a person using a wheelchair can get close enough to open the door? No Yes
- H. Can doors be opened without too much force? No Yes
- I. Are door handles 48 inches high or less and operable with a closed fist? No Yes
- J. Are all interior thresholds, if any, level (less than 1/4 inch high), or beveled, up to 1/2 inch high? No Yes
- K. Is carpeting, if any, low-pile, tightly woven, and securely attached along edges? No Yes

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____
- I. _____
- J. _____
- K. _____

SEATS, TABLES & COUNTERS

- A. Are the aisles between fixed seating (other than assembly area seating) at least 36 inches wide? No Yes
- B. Is the top of the ADA table or counter between 28 and 34 inches high? No Yes
- C. Are knee spaces at accessible tables at least 27 inches clearance height, 30 inches wide, and 19 inches deep? No Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____

6. RESTROOM USAGE. Restrooms should be accessible to people with disabilities.

- A. Is there currently a restroom available for use by the customers of the agency? No Yes
- B. Is at least one restroom (either one for each sex, or unisex) fully ADA accessible? No Yes

5.2 ADA CHECKLIST

AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

- C. Is there adequate signage identifying the ADA restroom(s)? No Yes
- D. Is the doorway of the ADA restroom at least 32 inches clear? No Yes
- E. Are doors to the ADA restroom(s) equipped with accessible handles (operable with a closed fist), 48 inches high or less? No Yes
- F. Can doors to the ADA restroom(s) be opened easily (5-pound maximum force)? No Yes
- G. Does the entry configuration to the ADA restroom(s) provide adequate maneuvering space for a person using a wheelchair? No Yes
- H. Is there a 36-inch-wide path to all fixtures in the ADA restroom(s)? No Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____
- H. _____

STALLS. The following questions apply to ADA restroom(s).

- A. Is the stall door operable with a closed fist, inside and out? No Yes
- B. Is there a wheelchair-accessible stall that has an area of at least 5 feet by 5 feet, clear of the door swing, OR is there a stall that is less accessible but that provides greater access than a typical stall (either 36 by 69 inches or 48 by 69 inches)? No Yes
- C. In the accessible stall, are there grab bars behind and on the side wall nearest to the toilet? No Yes
- D. Is the toilet seat 17 to 19 inches high? No Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

5.2 ADA CHECKLIST
AMERICANS WITH DISABILITIES ACCESSIBILITY REPORT

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____

LAVATORIES. The following questions apply to ADA restroom(s).

- A. Does one lavatory have a 30-inch-wide by 48-inch-deep clear space in front? No _____ Yes
- B. A maximum of 19 inches of the required depth may be under the lavatory. No _____ Yes
- C. Is the lavatory rim no higher than 34 inches? No _____ Yes
- D. Is there at least 29 inches from the floor to the bottom of the lavatory apron (excluding pipes)? No _____ Yes
- E. Can the faucet be operated with one closed fist? No _____ Yes
- F. Are soap and other dispensers and hand dryers within reach ranges and usable with one closed fist? No _____ Yes
- G. Is the mirror mounted with the bottom edge of the reflecting surface 40 inches high or lower? No _____ Yes

If the answer is "no" to any of these questions, list specific improvements which will be made if you are awarded a contract. Possible solutions include, but are not limited to repair, replacement, or removal of any fixtures or materials creating obstacles.

Improvements to be made:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____
- F. _____
- G. _____

5.3 LEASE OPTION

1. I (we)(owners' complete names) _____

of (owners' complete address) _____

City _____, State _____, Zip _____

HEREBY GRANT, upon due consideration, receipt of which is hereby acknowledged, this OPTION TO LEASE the following described property located in the State of Ohio, County of _____, (state whether city, village or township) _____ of _____ and commonly known as:

(property's address) 5332 Westpointe Plaza Dr.

Suite _____ City Columbus, Ohio, Zip 43228

to (proposer's name) Joseph Berkemer

of (proposer's address) _____

City _____, Ohio, Zip 43228

for the operation of a deputy registrar agency under contract with the Ohio Bureau of Motor Vehicles, and for no other purpose.

- 2. THE TERM OF THE LEASE, if executed, shall begin no later than the 29th day of June, 2025 and shall not terminate before the 29th of June, 2030.
- 3. THE TERM OF THIS LEASE OPTION shall begin on the date of its execution (signing) below and shall be held open until the 31st day of May, 2025.
- 4. THE PARTIES AGREE AS FOLLOWS:
 - A. The owners may, in their sole discretion, grant a similar lease option to operate a deputy registrar agency for the stated period of time to more than one proposer, provided that the premises are not subject to an existing lease for any portion of the term of lease as specified in paragraph 2, above.
 - B. If the owners have granted or hereafter grant an option to the same described real estate to another person or entity for the operation of a deputy registrar agency it is understood and agreed by owners and proposer that only the option granted to the person or entity awarded a contract by the Ohio Bureau of Motor Vehicles shall be entitled to exercise the relevant option.

C. Except as provided in paragraphs 4(A) and (B), above, the owners shall not grant an option, lease, or rental agreement to any other person during the term of this lease option specified in paragraph 3, above.

D. The lease under this option shall be on any terms as owners and optionee agree to contemporaneously with the granting of this option, provided that no such term shall be inconsistent with this lease option. Said terms, if any, are incorporated herein.

Owner(s)' signature(s): _____

Owner(s)' printed name(s): _____

STATE OF _____:

COUNTY OF _____:


The foregoing instrument was acknowledged before me on this _____ day of _____, 2025, by the owners, _____

Notary Public
Printed name of Notary Public: _____

My commission expires on _____

I hereby accept this option.

2/6/25
Date


Optionee signature, Deputy Registrar Proposer

07/01/2023 - 06/30/2024	\$35,000.00	\$2,916.67	\$14.00
07/01/2024 - 06/30/2025	\$37,500.00	\$3,125.00	\$15.00
<u>Third Extended Term</u> 07/01/2025 - 06/30/2030	\$46,250.00	\$3,854.17	\$18.50

Additional Rent. Effective as of the Relocation Rent Date, Sections 1.01(N) and 1.01(O) of the Lease shall be deleted in their entirety and replaced with the following:

“(N) BASE REAL ESTATE TAX COST (Section 7.02): \$3.15 per square foot of gross leasable floor area of the Premises annually (\$656.25 per month), subject to adjustment as set forth in Section 7.02.

(O) BASE INSURANCE COST (Section 9.02): \$0.35 per square foot of gross leasable floor area of the Premises annually (\$72.92 per month), subject to adjustment as set forth in Section 9.02.”

Notwithstanding any provision of the Lease to the contrary, effective as of the Relocation Rent Date, Tenant’s Common Area Maintenance Cost shall be modified to be a fixed amount subject to annual increases as set forth herein and Section 1.01(M) shall be deleted in its entirety and replaced by the following:

“(M) FIXED COMMON AREA MAINTENANCE COST (Section 8.05): Fixed at \$3.20 per square foot of GLA of the Premises for calendar year 2021 (\$666.67 per month), with annual increases of three percent (3%) per annum commencing as of January 1, 2022.”

Effective as of the Relocation Premises Delivery Date, Sections 8.05 and 8.06 of the Lease are hereby deleted in their entirety and replaced with the following new Section 8.05:

“SECTION 8.05. Common Area Maintenance Costs.

To reimburse Landlord for the cost of maintaining, equipping, repairing, replacing and otherwise managing the Common Areas of the Shopping Center (collectively, “Common Area Maintenance Costs”), Tenant shall pay to Landlord for each calendar year, or portion thereof, included in the remainder of the Term of the Lease, on the first day of each calendar month, as Additional Rent, an amount equal to Tenant’s CAM Contribution. Tenant’s “CAM Contribution” shall mean, with respect to each remaining month of calendar year 2021, the initial monthly amount specified in Section 1.01(M), and, thereafter, during each subsequent calendar year of the Term, an amount equal to the product obtained by multiplying Tenant’s CAM Contribution for the previous calendar year (on an annualized basis) by one hundred three percent (103%). As Tenant’s CAM Contribution is a pre-determined amount hereunder, Tenant shall have no express or implied right to examine, inspect or audit Landlord’s books and records pertaining to Common Area Maintenance Costs.”

Tenant’s Maintenance Obligations. Notwithstanding any provision of the Lease to the contrary, following the Surrender Date, Sections 10.01 and 10.02 of the Lease are hereby deleted in their entirety and replaced with the following new Sections 10.01 and 10.02:

“SECTION 10.01. Tenant’s Maintenance Obligations.

Except as otherwise specifically stated herein, Tenant shall, in a good and workmanlike manner, maintain and make all necessary repairs and replacements to the Premises; the heating, ventilating and air conditioning units and systems (the “HVAC”), sprinkler, electrical, plumbing and sewer systems, grease guards and grease traps exclusively serving the Premises or located within the Premises; interior and exterior doors,

FOURTH LEASE MODIFICATION AGREEMENT

This Fourth Lease Modification Agreement ("Agreement") is entered into as of March 26, 2021 (the "Effective Date"), by and between **WESTPOINTE PLAZA L.P.**, an Ohio limited partnership ("Landlord"), and **JOSEPH A. BERKEMER**, an individual, his heirs, executors, administrators, successors and assigns, d/b/a "**WESTSIDE LICENSE AGENCY**" ("Tenant").

Recitals

A. Landlord and Tenant entered into that certain Lease Agreement, dated December 13, 2011, as modified by that certain First Lease Modification Agreement, dated February 13, 2015, as assigned and modified by that certain Assignment, Assumption and Second Lease Modification Agreement, dated June 1, 2015, and as assigned and modified by that certain Assignment, Assumption and Third Lease Modification Agreement, dated July 15, 2020 (collectively, the "Lease"), for those certain premises consisting of approximately 1,157 square feet designated as Storeroom Number 01060 and having an address of 5287 Westpointe Plaza Drive, Columbus, Ohio 43228 (the "Original Premises"), which Original Premises are situated within the WestPointe Plaza Shopping Center ("Shopping Center") located in the City of Columbus, County of Franklin and State of Ohio.

B. The current Term of the Lease expires June 30, 2025.

C. Tenant wishes to relocate to another location within the Shopping Center at Tenant's sole cost and expense and Landlord has agreed to such relocation on the terms set forth herein.

D. Landlord and Tenant mutually intend and desire to modify the Lease on and subject to the terms and conditions hereinafter set forth.

Agreement

In consideration of the foregoing recitals and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, Landlord and Tenant agree as follows:

1. Modifications. As of the Effective Date, the Lease is modified as follows:
 - a. Recitals and Definitions. Landlord and Tenant incorporate the above recitals into this Agreement and affirm such recitals are true and correct. All capitalized terms used in this Agreement, unless specifically defined herein, have the same meanings attributed to them in the Lease.
 - b. Relocation of Premises. Subject to all the terms and conditions of this Agreement, Landlord and Tenant agree that Tenant shall relocate its business in the Shopping Center to the premises identified on Exhibit A attached hereto and incorporated herein by this reference (said premises, the "**Relocation Premises**"). The Relocation Premises is designated as Storeroom Number 02020 in the Shopping Center containing approximately 2,500 square feet of GLA and having an address of 5332 Westpointe Plaza Drive, Columbus, Ohio 43228.

Tenant will accept the Relocation Premises on the Relocation Premises Delivery Date (hereinafter defined) "AS IS, WHERE IS." Tenant agrees and acknowledges that Landlord is not performing any work in the Relocation Premises and Tenant shall be solely responsible for all costs associated with moving its furniture, fixtures, personal property and inventory to the Relocation Premises. The "**Relocation Premises Delivery Date**" shall be the date on which the Landlord's Existing Tenant Contingency (as defined in this Section 1(b)) is satisfied and Landlord notifies Tenant that the Relocation Premises is available to Tenant. Tenant shall be responsible for obtaining all required permits and for the construction of any and all work ("**Tenant's Relocation Work**") necessary in order to prepare the Relocation Premises for Tenant's Permitted Use in accordance with the Lease,