

# PAYROLL COMPARISON – 2025

**Proposer Name: Joseph Burgess**

Evaluator Printed Name: Jeff Payne

## PAYROLL from Operational Form 4.3 Staffing and Personnel Calculation

	Location Number(s)					
	<u>Loc. 1</u>	<u>Loc. 2</u>	<u>Loc. 3</u>	<u>Loc. 4</u>	<u>Loc. 5</u>	<u>Loc. 6</u>
	716-6					
Highest Rate	23.00					
Lowest Rate	15.00					
Number of Hours Recommended	335					
Number of Hours Proposed	350					
Total Monthly Wages	\$23,000					

Comments:

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# PERSONAL EVALUATION (2025)

Joseph Burgess  
76-G / 25027  
Stark County, North Canton  
BMV Site

Evaluation Team Number: \_\_\_\_\_

Location(s) Proposed: (#1) 76-G \_\_\_\_\_

Proposed as 2<sup>nd</sup> Location \_\_\_\_\_

**Verify** Proposer's Full Name: (#2) Joseph W Burgess

Proposer's County of Residence (NPC Operation): (#4) Stark

**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>27</u>
PERSONAL EVALUATION, Page 8	(Max. 15 Points):	<u>15</u>

**TOTAL POINTS** (Max. 258 Points): 258

Comments: \_\_\_\_\_

**Evaluators' Signatures**

**Evaluators' Printed Names**

**Date**

(1) 

Jeff Payne

2/25/25

(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: Bob Fragale at telephone ( ) N/A

Company: Bmv

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: 40

From (date): 1/14 To (date): 6/25 Length: 11 yrs

Verified Hours 40 = Factor 1.0 x Years 11 x Points 50 = 550

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.	North Canton License Agency	#	NA	=	1.0	x	11	x	50	=	550 ✓
B.		#	NA	=	1.0	x		x	50	=	
C.		#	NA	=	1.0	x		x	50	=	
Subtotal of 13-A, 13-B & 13-C =										550	

### 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?

(2)

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?

(5)

\*

B. Are funds in proposer's or proposer's business name or joint with spouse?

(5)

\*

## 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)

(5)

\*

## 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?

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)?

(11)

0

## 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)   | 13 | * |
| 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                        |    |   |

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

- |   |   |   |
|---|---|---|
| A. Indoor/Outdoor maintenance and cleaning?       | 1 | 0 |
| B. Prompt snow and ice removal?                   | 1 | 0 |
| C. Carpet and/or floor cleaning (if appropriate)? | 1 | 0 |
| D. Repainting?                                    | 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 <b>without alteration</b> and does it <b>appear to be complete, accurate, and truthful</b> ?	(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)	*
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PERSONAL EVALUATION POINTS, Page 7 (Max. 27 Points)

27

OK | NO

OK | NO

- |  |     |   |
|--|-----|---|
| A. Credit report submitted contains credit score?                                    | (2) | 0 |
| B. No tax liens (state or federal)?  | (3) | 0 |
| C. No judgments for the past 36 months?*   | (3) | 0 |
| D. *No bankruptcy filed or trusteeship imposed for the past 36 months?               | (2) | 0 |
| E. *No other negative items (charge-offs, collections, etc.) for the past 36 months? | (2) | 0 |
| F. *No negative items (pattern of delinquencies, etc.) for the past 60 months?       | (1) | 0 |

29. The overall quality of this proposal is deemed to be of satisfactory or higher overall quality? (Note any deficiencies in comments area below or on page 1)	(2)	0
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15

**Comments:**

# OPERATIONAL EVALUATION (2025)


Joseph Burgess  
76-G / 25027  
Stark County, North Canton  
BMV Site

FORM	DESCRIPTION	OK	NO
4.0	<b>Operational Checklist</b> – Maximum = 6 Points (enter points recorded on bottom of Form 4.0)	6	
4.1	<b>Appointment of Agency Managers</b>		
	A. Deputy to Work at Least Twenty (20) Hours Per Week Proposed Work Hours Per Week <u>40</u>	5	*
	B. Appointment of Manager and Assistant <b>OR</b> Acceptable Statement	3	0
4.2	<b>Experienced Employees Summary</b>		
	Gave Acceptable Statement <b>OR</b> Provided Names	2	0
4.3	<b>Staffing and Personnel Calculation</b>		
	A. Hours Recommended: <u>335</u> Proposed: <u>350</u>	4	*
	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	<b>Start-Up Costs Calculation</b>		
	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>37,292.00</u> On Deposit (Form 3.4): \$ <u>75,000</u>	5	*
4.5	<b>Deputy Registrar Contract</b>		
	A. Filled Out Completely and Properly	2	0
	B. Signed and Properly Notarized	3	0

OPERATIONAL EVALUATION POINTS (Max. 40 Points) 40

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

Comments: \_\_\_\_\_

	Evaluators' signatures	Printed names	Date
(1)		Jeff Payne	2/25/25
(2)			

Operational Evaluation (2025)

**DEPUTY REGISTRAR**

**REQUEST FOR PROPOSALS**

**2025 FORMS**

**AND**

**INSTRUCTIONS**

### 3.0 PERSONAL CHECKLIST

Proposer's Full Legal Name Joseph W. Burgess

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:

76-G

2. Full legal name of proposer Joseph W. Burgess

3. Proposer's street address [REDACTED]

City [REDACTED] State Ohio Zip code 44730

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

5. Daytime telephone [REDACTED]

6. Proposer's driver's license [REDACTED]

7. Spouse's name (nonprofit corporation N/A) N/A

8. Spouse's home street address (nonprofit corporation N/A) N/A

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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? June 29, 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? \_\_\_\_\_

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 <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

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 East Canton High School

City East Canton State Ohio Zip 44730

College name Mount Union College

City Alliance State Ohio Zip 44601

Major Business Degree awarded None

College name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Degree awarded \_\_\_\_\_

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 ☒

If "YES" please explain all computer experience in detail.

I have computer experience using QuickBooks, Microsoft word, Microsoft excel, Gmail, ADP Run and stste email.

I have also used the BMV data base daily since 1996.

27. Please provide the requested information for three persons we can contact by telephone during daytime business hours and who will serve as a character reference for you. Do not list relatives, political contacts, or employees of the Department of Public Safety (including BMV). If we are unable to contact at least one person or that person is unable to serve as a character reference, you may be evaluated unfavorably. Nonprofit corporations should list references who are familiar with the nonprofit corporation's activities.

A.

B.

C.

List any special instructions for contacting this person during business hours:

28. Employment, management, supervisory, and business experience. Each Proposer's experience is one of the most important factors to be considered in the award of deputy registrar contracts. For the purposes of this RFP, experience gained prior to the year 1990 will not be evaluated or considered. Please provide a professional resume, in chronological order (no earlier than 1990), the positions you have held. If the position you held in 1990 was one you started before 1990, you may list that position and the date you actually started on your submitted resume. If you did not hold any position in 1990, please begin with the first position you held after 1990. If applying as a NPC, please provide a description of the fundraising, program, and charitable functions of the nonprofit corporation.

**FORM 3.2(A) BUSINESS OWNERSHIP EXPERIENCE**  
**FORM 3.2(B) MANAGEMENT AND/OR SUPERVISORY EXPERIENCE**  
**FORM 3.2(C) EMPLOYEE EXPERIENCE**

**Instructions**

It is important that you supply complete and accurate information about all relevant business ownership, management, supervisory, and employment experience so that the BMV will be able to verify that experience from independent sources. Generally, proposers receive the most consideration for service as a deputy registrar, second most consideration for service as a business owner, third most consideration for service as a manager or supervisor, fourth most consideration as a deputy registrar employee without management experience, and least consideration for other employment experience without any supervisory or management experience. Be sure to include as much detailed experience possible within the submitted professional resume.

**Nonprofit corporations** must report only the businesses and activities conducted by the nonprofit corporation itself on Form 3.2(A) Business Ownership Experience. If the nonprofit corporation has operated a deputy registrar agency, that information should be entered and submitted on one Form 3.2(A) Business Ownership Experience. Any other business activities (fundraising, charitable activities, etc.) should also be entered and submitted on a separate 3.2(A) Business Ownership Experience. Use a separate Form 3.2 for each separate business activity performed by the NPC and a separate Form 3.2(A) for each separate business activity performed by the NPC.

**Form 3.2(A) Business Ownership Experience.** Deputy registrars, nonprofit corporations, county auditors, clerks of courts, and individuals should use this form to report on businesses actually owned and operated by them.

**Form 3.2(B) Management and/or Supervisory Experience.** Individuals, county auditors, and clerks of courts should use this form to report management and supervisory experience performed by them. Service as a county auditor or clerk of court qualifies as management and supervisory experience.

**Form 3.2(C) Employee Experience.** Individuals, county auditors, and clerks of courts should use this form to report all other employment that did not include management or supervisory authority.

## 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 W. Burgess Company name North Canton License Agency  
Company address 3187 Whitewood St City North Canton  
State Ohio Zip 44720 Telephone ( 330 ) 498-0255  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar 7692

Company's products and/or services Vehicle Registration, Driver License, ID Cards,  
Driver Abstracts, Reinstatement Service etc.

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month Jan year 2014 To: month Current 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? 12
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]

## 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 W. Burgess Company name New Philadelphia license Agency  
Company address 1260 Monroe st City New Philadelphia  
State Ohio Zip 44663 Telephone ( 330 ) 602-8787  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar 7902

Company's products and/or services Vehicle Registration, Driver License, ID Cards,  
Driver Abstracts, Reinstatement Service etc.

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month Mar year 2019 To: month Current 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? 12
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]

## 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 W. Burgess Company name Canton South License Agency  
Company address 3029 Cleveland ave City Canton  
State Ohio Zip 44707 Telephone ( 330 ) 484-6488  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar 7613

Company's products and/or services Vehicle Registration, Driver License, ID Cards,  
Driver Abstracts, Reinstatement Service etc.

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

1. Federal Tax ID Number: [REDACTED]
2. Percentage of business you owned: 100 % Hours worked weekly 40
3. Dates you operated this business: From: month Feb year 2011 To: month Jan year 2014
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? 6
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 W. Burgess Company name Alliance License Agency  
Company address 513 E Main St City Alliance  
State Ohio Zip 44601 Telephone ( 330 ) 821-1866  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar 7623

Management/supervisory duties It was my duty as the office manager to over see the office as a whole. I also performed all book keeping, payroll and scheduling.

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Office Manager Hours worked weekly? 40+

2. Dates this position was held: From: month Dec year 2005 To: month Feb year 2011

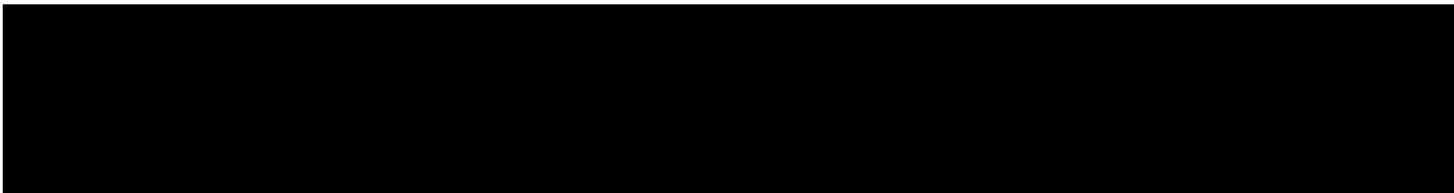
3. Do/did you directly hire, evaluate, train, and discipline employees? No ☐ Yes ☒

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(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 W. Burgess Company name Alliance License Agency  
Company address 513 E Main St City Alliance  
State Ohio Zip 44601 Telephone ( 330 ) 821-1866  
Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar 7623

Management/supervisory duties It was my duty as the office manager to over see the office as a whole. I also performed all book keeping, payroll and scheduling.

MANAGER OR SUPERVISOR - Job title: Manager

1. Title of position Assistant Office Manager Hours worked weekly? 40+
2. Dates this position was held: From: month Mar year 2004 To: month Dec year 2005
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 W. Burgess Company name Alliance License Agency

Company address 513 E Main St City Alliance

State Ohio Zip 44601 Telephone ( 330 ) 821-1866

Type of business (deputy registrar, retail grocery, etc.) Deputy Registrar 7623

EMPLOYEE - Job title: Data Entry Clerk

Hours worked weekly 30 Job duties My duty as a data entry clerk were  
to provide professional customer service.

Dates of this employment: From: month June year 1996 To: month Mar year 2004

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

Each and everyday I was there to ensure prompt efficient service to the alliance  
people and the surrounding community.

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):

I will put the right people in place to do the job at hand. I will work with those people to make sure they are trained well. I will set up a series of evaluations to ensure job quality and productivity.

I took my North Canton office from an average wait of 45 minutes to less than a 5 minute wait time, within the first 24 hours. My North Canton office to date rarely has a wait time and runs like the well oiled machine I have set up. During my three years at Canton South 7613 my office ran flawlessly with virtually no wait time as well.

I took ownership of New Philadelphia License Agency 7902 in March of 2019 and took the office from an hour plus wait daily to an average of 0 to 5 minutes, starting our first day. We have held a 0 to 5 minute wait time for almost 6 years now.

We will be courteous to our customers.

We will treat people with respect.

We will get people in and out, efficiency is a must.

We will be accountable for our actions.

We will have a good working relationship with our driver exam station.

We will have a good working relationship with our title office.

We will do our jobs above and beyond every day.

## 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 W. Burgess**

Title (if officer of nonprofit corporation): \_\_\_\_\_

(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 ☒

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

### 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 plan to be a full-time working Deputy Registrar. I plan on being at my office as much as necessary to ensure work is being conducted properly. I will staff strong management in my absence that will strictly adhere to the policies and provisions set forth in our manual and my policies. I will lead by EXAMPLE.

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?

Training is everything and practice makes perfect. I feel it is imperative that proper training be done with each employee before they go "live" on the counter. Even after employees are trained they will be closely monitored by supervisors, managers, and myself. I also have a disciplinary policy that we will strictly adhere to in the event of any infractions.

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

In my office there will always be very close "watchful" eyes on the counter and around the office. I will only entrust my best, most reliable, and most trustworthy employees to become supervisors and managers. That being said, only certain employees will be permitted to sign the BMV 5745, as well as other functions within the office. I will provide a professional work environment with rules and regulations.

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?

Our office will have a broadcast and email book that will be updated daily. It will be the responsibility of each and every individual in the office to review and initial the book daily. Broadcasts and emails of particular importance will be personally reviewed with the staff by myself, a manager or assistant manager. Staff will always be encouraged to ask questions if they are ever unclear.

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

I WILL LEAD BY EXAMPLE. I feel it is imperative that I work with my employees in all aspects of office operation, always teaching and assisting to ensure things are done properly. I feel it is of the utmost importance that I display a high level of professionalism at all times. Most of all, I am very knowledgeable and well rounded when it comes to my job.

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

Every customer that enters my office will be treated with the utmost respect by myself and also my employees. It will be of great importance in my office that all employees and myself are well kept, and follow the dress code in my employee policies. In addition to treating every customer with respect, all employees will treat each other with courtesy and respect.  
I tolerate zero unprofessionalism.

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

I intend to hire employees with positive attitudes and good personalities, I feel as a good leader I can teach the rest. I will create a pleasant and fun work environment, happy employees care about there job and stay longer. Pay scale is everything, I don't expect people to stay around for minimon or a stagnet wage. I currently and will continue to offer a 401k with company match, supplemental insurance, paid vacation and paid holidays. I feel offering these incentives have changed "just a job at the BMV" to a career at the North Canton License AgencyLLC.

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

I will be a full time working Deputy Registrar, so I will see that cleaning and office operations are carried out daily. I will have a state of the art alarm and camera system on premises at all times equipped with panic buttons to ensure the safety of my employees. Treating all customers with courtesy an respect will make for a friendly work environment.

9. How would you deal with an irate customer?

When dealing with an irate customer I feel that it is imperative to keep your "cool" and be professional. I try to be understanding when it comes to customer issues. I first let them vent, then I work in the direction of solving the problem.

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

I advise all my clerks to stay calm and collected, in the event of an irate customer. I encourage all agency employees to listen to the customers problem first, then try to work in a positive direction towards finding out how the problem can be corrected. If the customer is still irate or does not understand, I urge all employees to come get me or another manager.

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

I will exceed the expectations of the Bureau of Motor Vehicles by being a full time working Deputy Registrar. My staff and I will represent the BMV in the most professional manner at all times, for we know we are the front line of the BMV. I will run an efficient, clean and organized "ship". I will adhere to my policies as well as the policies of the BMV. I will work with my staff and field operations daily to ensure work is being done properly.

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

The BMV should consider me for a Deputy Registrar contract because it is in my blood. I have been working at a Deputy Registrar since 1996 and have been through many systems and changes. I have been a Deputy Registrar for fourteen years now and I still love my job. I have had the opportunity of taking over 3 poorly ran agencies and turned them into well oiled machines. I have grown my north canton office exponentially over the years as many offices around us have declined. I am very good at what I do and I enjoy the business as a whole.

### 3.10(A) AFFIDAVIT OF INDIVIDUAL

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

County of Stark :

State of Ohio :

I, Joseph W. Burgess, 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: Joseph W. Burgess

Printed/typed name of proposer: Joseph W. Burgess

Sworn to and subscribed in my presence by the above named Joseph W. Burgess

on this 15<sup>th</sup> day of Jan, 2025

Cynthia D. Davis  
Notary Public

Printed name of Notary Public: Cynthia D. Davis

My commission expires: 7.2.27



**DEPUTY REGISTRAR**  
**REQUEST FOR PROPOSALS**

**SECTION 4**

**(2025)**

**OPERATIONAL FORMS**

## 4.0 OPERATIONAL CHECKLIST

Proposer's Full Legal Name Joseph W. Burgess

Location Number 76-G

Proposer Number (*BMV use only*) \_\_\_\_\_

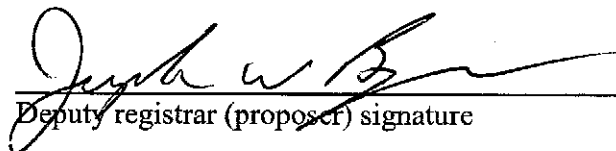
**INSTRUCTIONS:** You must submit one original of this form and all documents listed on this form **FOR EACH SITE YOU ARE PROPOSING.**

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>37,292.00</u>	✓	
4.5	Deputy Registrar Contract (2 pages only)	✓	

## 4.1 APPOINTMENT OF AGENCY MANAGERS

Proposer's name: Joseph W. Burgess Location number: 76-G

- (A) DEPUTY REGISTRAR: As deputy registrar, I agree to work in the agency at least 40 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: 1-15-25

## 4.2 EXPERIENCED EMPLOYEES SUMMARY

Proposer's name: Joseph W. Burgess

Location number: 76-G

- (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.

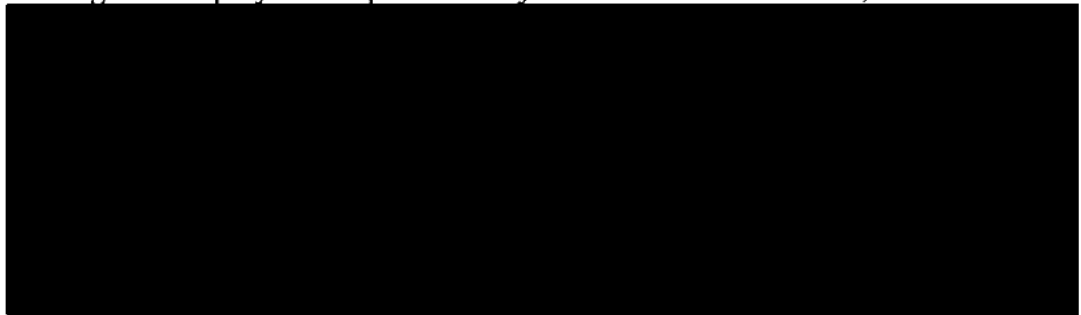
- (B) CHECK WHICHEVER APPLIES:

☐

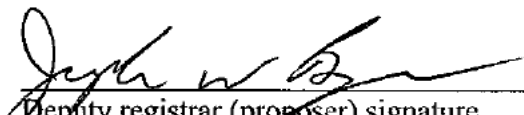
I HAVE NOT BEEN A DEPUTY REGISTRAR OR DEPUTY REGISTRAR EMPLOYEE. I have not yet identified any prospective employees who have relevant deputy registrar experience. However, if awarded a contract, I will make every reasonable effort to identify and hire, if possible, qualified employees who have relevant 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.

  
Deputy registrar (proposer) signature

Date: 1-15-25

### 4.3 STAFFING AND PERSONNEL CALCULATION

Proposer's name: Joseph W. Burgess Location number: 76-G

**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	40.00	N/A	N/A	N/A
Office Manager (leave blank if the Deputy Registrar is also the Office Manager)	40.00	\$ 23.00	\$ 920.00	\$ 3,680.00
Assistant Office Manager	40.00	\$ 21.00	\$ 840.00	\$ 3,360.00
Experienced Employees Total Number (combine Full-time & Part-time) = <u>6</u>	180.00	\$ 18.00	\$ 3,240.00	\$ 12,960.00
New Hire Employees Total Number (combine Full-time & Part-time) = <u>2</u>	50.00	\$ 15.00	\$ 750.00	\$ 3,000.00
<b>TOTALS</b>	<b>350.00</b>	<b>N/A</b>	<b>\$ 5,750.00</b>	<b>\$ 23,000.00</b>

## 4.4 START-UP COSTS CALCULATION

Proposer's name: Joseph W. Burgess Location number: 76-G

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.

\$ 23,000.00

### 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>                    </u>
2. Counter Costs	\$ <u>                    </u>
3. Other Costs	\$ <u>                    </u>
4. Total	\$ <u>                    </u>

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

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.**

\$ 0.00

### 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: \$ 4764.00 x 3 = \$ 14,292.00

### 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] \$ 37,292.00

**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 W. Burgess

, (deputy registrar, herein) whose home mailing address is

(City) , Ohio (Zip) 44730 , to operate a deputy registrar agency, Location No. 76-G

, to be located as follows: in the State of Ohio, County of Stark

City/Village/Township (indicate which) Township of Plain

Street address: 3187 Whitewood St Nw

(City) North Canton , Ohio (Zip) 44720

**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 29<sup>th</sup> day of June, 2025, and shall end on the 29<sup>th</sup> day of June, 2030, unless otherwise terminated as provided herein;

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"]:

An 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.

Joseph W. Burgess  
Deputy Registrar signature

1-15-25  
Date

STATE OF OHIO :  
COUNTY OF Stark :

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

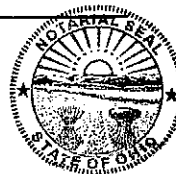
IN WITNESS WHEREOF I have hereunto set my hand and official seal, this 15 day of JAN, 2025.

Cynthia D. Davis  
NOTARY PUBLIC

Printed name of Notary Public: CYNTHIA D. DAVIS

My commission Expires: 7.2.27

STATE OF OHIO  
DEPARTMENT OF PUBLIC SAFETY  
BUREAU OF MOTOR VEHICLES



CYNTHIA D. DAVIS  
NOTARY PUBLIC, STATE OF OHIO  
My Commission Expires July 2, 2027

BY: \_\_\_\_\_  
REGISTRAR OF MOTOR VEHICLES

Done at Columbus, Ohio, on  
\_\_\_\_\_