INTER-OFFICE MEMORANDUM
BOARD OF PUBLIC WORKS

DATE:	6/22/2026
TO:	Chris Dressel, Community Investment Derek Erquhart, Fire Department Brad Rohrscheib, Police Department
FROM:	Hillary Horvath, Clerk hhorvath@southbendin.gov'
SUBJECT:	**TRANSIENT MERCHANT LICENSE RENEWAL RECOMMENDATION**
APPLICANT:	**Country Fresh Farms**
LOCATION:	**Lowes – 250 W. Ireland Rd.**
DATE OF EVENT:	**July 11-12, 2026**

PLEASE INSERT YOUR RECOMMENDATION IN THE APPROPROIATE FIELD BELOW, BASED ON THE FOLLOWING ORDINANCE CRITERIA (sec. 4-60):

Community Investment: Favorable

Police: Favorable recommendation

Fire: Favorable (Inspection to take place upon set-up, if tent is to be used must adhere to applicable permits)

For Office Use Only

Application Filed JUN 15 2026 JUN 15 2026 Public Works Approval July 9, 2026

Application Fee Paid License Fee Paid JUN 15 2026

Sent to Dept. JUN 15 2026 License Number TRM2026-005

SBPD SBFD HEALTH

Not Approved ZONING

Reason

CITY OF SOUTH BEND, INDIANA
BOARD OF PUBLIC WORKS

Elizabeth A. Maradik, President

Joseph R. Molnar, Vice President

Murray L. Miller, Member

Breana N. Micou, Member

Abigail E. Magas, Member

Attest: Hillary R. Horvath, Clerk

Date: July 9, 2026

TRANSIENT MERCHANT

Application Type

Is this application pertaining to a new business or are you renewing your existing permit? Renew Permit

Business Data

Name of Event	PRIME HOUSE DIRECT TRUCKLOAD MEAT SALE
Business Name	COUNTRY FRESH FARMS
Business Address	5081 UNION ST UNION CITY, GA, 30291
Is there a mailing address different from the business address?	Yes
Business Mailing Address	10 CELEBRATION WAY PEACHTREE, GA, 30269
Business Phone Number	(904) 217-9427 City
Business Email Address	taylorp@theprimehousedirect.com

Indiana State Retailer License Number 0164546561-001

FEIN: 81-3701848

Proposed location where business will be conducted

NA

Description of building or premises to be used

PARKING LOT TAKE UP ABOUT 4 SPACES - Lowes - 250 W. Ireland Rd. 46614

Proposed dates of operation

7/8 - 7/10

Proposed hours of operation 8AM-7PM

Type of Goods, Wares, or Merchandise to be sold
USDA PRE PACKAGE FROZEN MEAT, CHICKEN, PORK & SEAFOOD

Will scales be used in business transactions? No

Will food be served in ready-to-eat condition? No

If you are serving food in ready-to-eat condition, you must also fill out a Restaurant license.

- If you are operating a food truck, fill out the Mobile Food Vending Vehicle license.
- If you are operating for two weeks or less, fill out the Itinerant Restaurant License.
- If you are operating for more than two weeks, fill out the Restaurant License.

Description of nature of proposed advertising
FACKBOOK AND RADIO

Names, addresses, and telephone numbers of all group event participants HP_ID_271.pdf

Current certificate of liability insurance with the City of South Bend listed as the certificate holder Certificate.pdf

Contact Person

Contact person to be responsible for customer complaints and available at least sixty (60) days following last date of business

Contact's Legal Name HARRY PEADEN

Contact's Residential Address [redacted]

Contact's Home Phone Number (904) 217-9427

Contact's Email taylorp@theprimehousedirect.com

Personal Data

Applicant's Legal Name HARRY PEADEN

Applicant's Residential Address [redacted]

Applicant Home Phone Number (904) 217-9474

Applicant Cell Phone Number (904) 217-9427

Applicant Email	taylorp@theprimehousedirect.com
Applicant's Position with Business	OWNER
Last Four Digits of Applicant's Social Security Number	[redacted]
Copy of Applicant's Driver's License or other government-issued ID	HP_ID.pdf
Applicant's Race	[redacted]
Applicant's Gender	[redacted]
Applicant's Date of Birth	[redacted]
Is there an owner other than the applicant?	No

Signature

I, hereby, certify and affirm that all the information I have given in this application is true and accurate to the best of my knowledge. I further certify that I have in no way attempted to mislead the City in this application by omitting facts known to me. I have read and understand the regulations of the Transient Merchant license found in the City of South Bend Municipal Code, Section 4-60.

Electronic Signature	HARRY PEADEN
Date	Monday, June 15, 2026
Terms and Conditions	Accepted
Terms and Conditions	Accepted

1000 Lowe's Blvd
Mooresville, NC. 28117
Phone: 704-758-1000

To whom it may concern,

Let it be known that ***Lowes Home Improvement Inc.***, does hereby grant ***Country Fresh Farms*** d/b/a ***The Prime House Direct*** permission to conduct Truckload Event Sales in the parking lots of our retail store locations, as part of our Lowes Food Service Pilot Program, starting May 12, 2025 - December 31, 2026. Additionaly, ***Country Fresh Farms*** d/b/a ***The Prime House Direct*** has permission to use our facilities during event sales i.e. restrooms and hand washing sinks.

LOWE'S:

LOWE'S HOME CENTERS, LLC, a North Carolina limited liability company

By: _____

Title: Vice President of Corporate Facilities Management

Date: 11/12/2025

SCR

State of GA County of Fayette
Subscribed and sworn to (or affirmed) before me on this 23rd day of January, 2026 by George Perdue proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
Notary Signature _____

BRITTANY DEMPSEY NOTARY PUBLIC STATE OF GEORGIA MY COMM. EXP. 08/24/2029 FULTON COUNTY, GEORGIA

REGISTERED RETAIL MERCHANT CERTIFICATE

INDIANA DEPARTMENT OF REVENUE
100 N SENATE AVE
INDIANAPOLIS IN 46204-2253
(317) 232-2240

COUNTRY FRESH FARMS
5081 UNION ST
UNION CITY GA 30291-1439

IS AUTHORIZED TO COLLECT INDIANA RETAIL SALES TAX AT THE ADDRESS ABOVE IF DIFFERENT FROM BELOW.

FEIN [redacted]
LOC ID [redacted]
ISSUED **October 30, 2024**
EXPIRES **November 30, 2026**

THIS LICENSE:
IS NOT TRANSFERRABLE TO ANY OTHER PERSON.
IS NOT SUBJECT TO REBATE.
IS VOID IF ALTERED.

COUNTRY FRESH FARMS INCORPORATED
10 CELEBRATION WAY
PEACHTREE CITY GA 30269-1094

COMMISSIONER

MUST BE DISPLAYED BY MERCHANT IN THE LOCATION SHOWN

- (Cut or Fold Here) -

COUNFRE-01 ALONZO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/15/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
KSA Insurance, LLC
PO BOX 20819
Charleston, SC 29413

CONTACT NAME:
PHONE (A/C, No, Ext): (843) 408-4232 FAX (A/C, No): (843) 654-4694
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Midvale Indemnity Company	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Country Fresh Farms Inc.
5081 Union St
Union City, GA 30291-1439

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		BP00105327	9/15/2025	9/15/2026	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 2,000,000
	EXCESS LIAB CLAIMS-MADE			CU00015512	9/15/2025	9/15/2026	AGGREGATE	$ 2,000,000
	DED X RETENTION $ 10,000							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
When required by written contract, the Certificate Holder is included as Additional Insured per form BP 88 40 03 21.

CERTIFICATE HOLDER

City of South Bend
227 W Jefferson Blvd
South Bend, IN 46601

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE