

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Chief Patrick Lynn, (954) 693-8320

PREPARED BY: Angela Rodgers

SUBJECT: Resolution

AFFECTED DISTRICT: Townwide

ITEM REQUEST: **Schedule for Council Meeting**

TITLE OF AGENDA ITEM: EXPENDITURE - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE EXPENDITURE OF LAW ENFORCEMENT TRUST FUNDS IN THE AMOUNT OF \$17,200.00 FOR THE PURCHASE OF SPECIALIZED DIVE DRY SUITS FOR THE POLICE DEPARTMENT UNDERWATER RECOVERY TEAM FROM THE SOLE SOURCE DISTRIBUTOR AQUATIC FABRICATORS OF SOUTH FLORIDA, INC. D/B/A WETWEAR. (not budgeted - \$17,200)

REPORT IN BRIEF: The Davie Police Department is requesting authorization to purchase eight (8) hazardous materials dry suits for the Underwater Recovery Team from sole source distributor Aquatic Fabricators of South Florida, Inc. d/b/a Wetwear. The dry suit specifications are designed to meet the demands of the military and public safety and will also provide better protection for the diver when recovering vehicles or bodies in contaminated waters, as well as minimize added costs for repair and replacement when needed. Aquatic Fabricators of South Florida, Inc. d/b/a Wetwear is sole supplier of requested dry suits.

PREVIOUS ACTIONS:

CONCURRENCES:

FISCAL IMPACT: Yes

Has request been budgeted? No

If no, amount needed: \$17,200.00

What account will funds be appropriated from: Law Enforcement Trust
Funds Account

001-0520-521-0317

RECOMMENDATION(S): Motion to approve resolution

Attachment(s): Resolution, Davie Police Department Memo, Vendor Quotation,
Vendor/Bidder Disclosure Forms, and Incorporation paperwork

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE EXPENDITURE OF LAW ENFORCEMENT TRUST FUNDS IN THE AMOUNT OF \$17,200.00. FOR THE PURCHASE OF SPECIALIZED DIVE DRY SUITS FOR THE POLICE DEPARTMENT UNDERWATER RECOVERY TEAM FROM THE SOLE SOURCE DISTRIBUTOR AQUATIC FABRICATORS OF SOUTH FLORIDA, INC. D/B/A WETWEAR.

WHEREAS, the Davie Police Department is requesting authorization to purchase specialized dive dry suits the Police Department's Underwater Recovery Team to provide safety to our dive personnel in contaminated environments; and

WHEREAS, Aquatic Fabricators of South Florida, Inc. d/b/a Wetwear is the sole source supplier of the customized dive dry suits; and

WHEREAS, after review, the Town Council wishes to approve the expenditure of Law

Enforcement Trust Funds in the amount of \$17,200.00 for the purchase said dive equipment.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF DAVIE, FLORIDA:

SECTION 1. The Town Council hereby approves the purchase of specialized dive dry suits

from Aquatic Fabricators of South Florida, Inc. d/b/a Wetwear.

SECTION 2. The Town Council hereby authorizes the expenditure from Law Enforcement

Trust Funds, Account 001-0520-521-0317, in the amount of \$17,200.00.

SECTION 3. This resolution shall take effect immediately upon its passage and adoption.

PASSED AND ADOPTED THIS _____ DAY OF _____, 2008

MAYOR/COUNCILMEMBER

Attest:

TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2008

DAVIE POLICE DEPARTMENT

Memorandum

From the Desk of

Sergeant Richard A. Moore

TO: Chief Patrick Lynn
DATE: January 9, 2008
REF: Dive Team Dry Suits

The Davie Police Department operates an Underwater Recovery Team for water related incidents. The department is in need of Dry Suits to utilize in contaminated environments. Whites HAZMAT BE dry suits are specifically designed to meet the demands of the military and public safety. This suit has an inner and outer protective layer which allows for decontamination; inner and outer welded seams, which provide added protection; and a higher tear and flex strength. These specifications provide better protection for the diver and minimize added costs for repair and replacement. Other dry suits on the market do not have all of these specifications. Presently, Wetwear Exposure Suits (2930 SW 30th Ave., Hallandale, FL) is the sole-source distributor of this product in the United States for public safety agencies. The department requests to purchase the Whites Hazmat BE dry suits from Wetwear Exposure Suits of Hallandale, FL for \$17,200.



January 9th, 2008

To Whom It May Concern:

This letter is to confirm that Wetwear Exposure Suits, a division of Aquatic Fabricators of South Florida Inc. a Florida Corporation is the sole authorized public safety agent at this time for Whites HAZMAT dry suits and accessories. Authorized purchases by your department of Whites HAZMAT dry suits and accessories must be placed with Wetwear Exposure Suits.

Whites Manufacturing Ltd. is the sole manufacturer for the HAZMAT dry suits made of polyurethane 85A, tri-laminated material engineered specifically for use in contaminated water applications. The Whites HAZMAT BE dry suit is the only contaminated water diving dry suit which can be decontaminated on both the inside and outside and which seams are constructed using their exclusive Seam Fusion Technology which are heat sealed on both the inside and outside. The Whites HAZMAT BE dry suit is also the only contaminated water diving dry suit, which is repairable with the heat activated patch system for in house repairs.

We look forward to supplying you with this superior quality product. If you have any questions, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Gene Sonnabend", written over a horizontal line.

Gene Sonnabend
President

Wetwear

A Division Of Aquatic Fabricators Of South Florida Inc.
2930 SW 30th Avenue ~ Hallandale, Florida 33009
Phone: 954-458-0400 ~ Fax: 954-458-0333
Email: wetwear@bellsouth.net ~ Website: <http://www.wetwear.com>

February 11, 2008

Davie Police Department
1230 South Nob Hill Road
Davie, FL 33324

Attention: Sergeant Richard Moore

Dear Sergeant Moore,

As per your request, please find below a quotation for Whites HAZMAT dry suits. If you have any question please contact me.

Gene Sonnabend
President

QUOTATION

Whites Hazmat Back Entry Dry Suit

Includes:

- Attached latex hood.
- Matrix Pads on both thighs and one Matrix Cargo Zippered Expandable Pocket
- Choice of with ShellSocks and EVO3 Boots or Attached Molded Boots
- Heavy-duty tri-laminate overlays at the knees.
- Attached hard rings with bell-shaped heavy-duty UV resistant latex seals
- Bell-shaped heavy-duty UV resistant latex neck trimmed to fit your size.
- SI Tech low profile automatic/adjustable exhaust valve with ratchet faceplate.
- SI Tech swivel inflation valve allows you to connect the LP hose from any angle.
- SI Tech LP hose with easy disconnect (standard length).
- Adjustable internal suspenders.
- Anatomically correct, CAD- designed patterns with pre-bent arms, legs and shoulders.
- Back pack storage bag, zip wax and instruction manual

Description	Quantity	Unit Price	Extend Price
HAZMAT BE Dry Suit	8	\$1995.00	\$15,960.00
Dry Glove Quick Clap System	8	\$ 125.00	\$ 1,000.00
Shipping	8	\$ 30.00	\$ 240.00
TOTAL			\$ 17,200.00

Wetwear

A Division Of Aquatic Fabricators Of South Florida Inc.
2930 SW 30th Avenue ~ Hallandale, Florida 33009

Phone: 954-458-0400 ~ Fax: 954-458-0333 ~ Email: info@wetwear.com ~ Website: <http://www.wetwear.com>

**Town of Davie
Vendor/Bidder Disclosure**

Gene Sonnabend being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Acoustic Fabricators of Florida Inc
 Address: aka WEARWEAR
2930 SW 30th Ave. Hallandale, FL 33009
65-074-9452
 FEIN: _____
 State and date of incorporation: FLORIDA APRIL 30th 1997

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Names, Addresses, and Titles of Individual Who Will Lobby:

Full Legal Name	Address	Ownership
<u>Gene H. Sonnabend</u>	<u>3381 N. HILLS DR. HLWD., FL 33021</u>	<u>100%</u>
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers and lenders) who have or will have any legal, equitable or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable)

Full Legal Name	Address
<u>NA</u>	_____
_____	_____
_____	_____

By [Signature]
 Signature of Affiant
Gene H. Sonnabend
 Print Name

Date 4-16-07

SUBSCRIBED AND SWORN TO or affirmed before me this 16 day of April 2007, by Gene Sonnabend he/she is personally known to me or has presented FL License Exp 6/20 3 as identification

[Signature]
 Notary Public, State of Florida at Large

Scott C Blank
Print or Stamp of Notary



Serial Number _____
 My Commission Expires _____

Form **W-9**
Rev. January 2005
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Name AQUATIC FABRICATORS OF S FL INC
 Business name, if different from above
DBA WETWEAR

Check appropriate box: Individual Sole proprietor Corporation Partnership Other

Address (omit apt. #, street apt. or suite no.)
2930 SW 30TH AVE
 City, state, and ZIP code
HALLANDALE, FL 33009

Requester's name and address (optional)

List account number(s) here (optional)

TIN Taxpayer Identification Number (TIN) 65-074-9452

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Notes: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

Certification

I, the undersigned, certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally payments other than interest and dividends, you are not required to sign this Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here: Signature of U.S. person [Signature] Date 4-13-07

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued)
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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Detail by Entity Name

Florida Profit Corporation

AQUATIC FABRICATORS OF SOUTH FLORIDA, INC.

Filing Information

Document Number P97000038756
FEI Number 650749452
Date Filed 04/30/1997
State FL
Status ACTIVE

Principal Address

2930 S.W. 30TH AVENUE #A
HALLANDALE FL 33009

Mailing Address

2930 S.W. 30TH AVENUE #A
HALLANDALE FL 33009

Registered Agent Name & Address

SONNABEND, GENE
2930 S.W. 30TH AVENUE #A
HALLANDALE FL 33009

Officer/Director Detail

Name & Address

Title D
SONNABEND, GENE
2930 S.W. 30TH AVENUE #A
HALLANDALE FL 33009

Annual Reports

Report Year Filed Date
2005 05/09/2005
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2007 05/08/2007

Document Images

05/08/2007 - ANNUAL REPORT

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