

**DAWSON COUNTY BOARD OF COMMISSIONERS
VOTING SESSION AGENDA - THURSDAY, JUNE 15, 2017
DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM
6:00 PM**

A. ROLL CALL

B. INVOCATION

C. PLEDGE OF ALLEGIANCE

D. ANNOUNCEMENTS

E. APPROVAL OF MINUTES

[Minutes](#) from the June 1, 2017 Voting Session

F. APPROVAL OF AGENDA

G. PUBLIC COMMENT

H. PUBLIC HEARING

1. Scrap Tire Storage and Disposal Draft Ordinance (*2nd of 2 hearings. 1st hearing was held on June 1, 2017*)

I. NEW BUSINESS

1. Consideration of Special Event Business License Application - *Carol Stream Amusements, Inc.*
2. Consideration of Special Event Business License Application - *Phantom Fireworks*
3. Consideration of Special Event Business License Application - *TNT Fireworks*
4. Consideration of Request to Surplus Two Ambulance Stretchers
5. Consideration of Request to Hold a Fund Raising Event at Fire Station 8

J. PUBLIC COMMENT

K. ADJOURNMENT

Backup material for agenda item:

Minutes from the June 1, 2017 Voting Session

DAWSON COUNTY BOARD OF COMMISSIONERS
VOTING SESSION MINUTES – JUNE 1, 2017
DAWSON COUNTY GOVERNMENT CENTER ASSEMBLY ROOM
25 JUSTICE WAY, DAWSONVILLE
6:00PM

ROLL CALL: Those present were Chairman Thurmond; Commissioner Fausett, District 1; Commissioner Gaines, District 2; Commissioner Hamby, District 3; Commissioner Nix, District 4; County Manager Headley; County Attorney Frey; County Clerk Yarbrough and interested citizens of Dawson County.

INVOCATION: Chairman Thurmond

PLEDGE OF ALLEGIANCE: Chairman Thurmond

ANNOUNCEMENTS:

None

APPROVAL OF MINUTES:

Motion passed unanimously to approve the minutes from the Voting Session held on May 18, 2017 as presented. Nix/Hamby

APPROVAL OF THE AGENDA:

Motion passed unanimously to approve the agenda as presented. Fausett/Gaines

PUBLIC COMMENT:

None

PUBLIC HEARINGS

2017 Updated Environmental Health Fee Schedule (2nd of 2 hearings. 1st hearing was held on May 18, 2017)

Chairman Thurmond opened the hearing by asking if there was anyone present who wished to speak either for or against the 2017 Updated Environmental Health Fee Schedule, and hearing none, closed the hearing.

Motion passed unanimously to approve the 2017 Updated Environmental Health Fee Schedule. Hamby/Fausett

Scrap Tire Storage and Disposal Draft Ordinance (1st of 2 hearings. 2nd hearing will be held on June 5, 2017)

Chairman Thurmond opened the hearing by asking if there was anyone present who wished to speak either for or against the Scrap Tire Storage and Disposal Draft Ordinance, and hearing none, closed the hearing.

NEW BUSINESS:

Consideration of 2017-2018 Insurance Benefits Renewal

Motion passed unanimously to approve Option #3 of the Insurance Benefits Renewal with the following changes:

- There will be an 80/20 split between the percentage of the premium that the employer contributes and the percentage the employee pays. 80% will be picked up by the County and 20% passed on to the employee.
- The Emergency Room Co-Pay will increase from \$200 to \$300.
- There will be no spousal surcharge implemented.

Gaines/Hamby

Ratification of Treatment Services' Supplemental Sub-Grant Award from the Criminal Justice Coordinating Council for Technology Funds

Motion passed unanimously to ratify Treatment Services' Supplemental Sub-Grant Award from the Criminal Justice Coordinating Council for Technology Funds. Nix/Gaines

Consideration of Impact Fee Program Implementation

Motion passed unanimously to allow staff to move forward with updating the 2017 Methodology Report regarding impact fees. Gaines/Hamby

Consideration of Board Appointment:

Motion passed unanimously to approve the following board appointment:

- **Dawson County Library**
 - Tom Harter- *Reappointment* (Term: June 2017 through May 2021)

Hamby/Gaines

PUBLIC COMMENT:

None

EXECUTIVE SESSION:

Motion passed unanimously to go into Executive Session. Hamby/Fausett

Motion passed unanimously to come out of Executive Session. Hamby/Nix

ADJOURNMENT:

APPROVE:

ATTEST:

Billy Thurmond, Chairman

Danielle Yarbrough, County Clerk

Backup material for agenda item:

1. Scrap Tire Storage and Disposal Draft Ordinance (*2nd of 2 hearings. 1st hearing was held on June 1, 2017*)



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Emergency Services

Work Session: 27 April 2017

Prepared By: Lanier Swafford

Voting Session: 04 May 2017

Presenter: Tim Satterfield

Public Hearing: Yes No

Agenda Item Title: Presentation of the possible Ordinance to Amend Chapter 34, 2012 International Fire Code, relating to the disposal and storage of scrap tires.

Background Information:

It has come to the attention of Dawson County Emergency Services that scrap tires are being improperly stored and disposed of throughout the county. This poses a threat for public health as well as increased fire risk. Tires form a water holding receptacle that can provide habitat for rodents, insects, and other vermin and serve as breeding ground for mosquitos who have been known for spreading diseases such as Zica.

Current Information:

DECS has petitioned the Georgia Department of Community Affairs concerning this potential ordinance and received correspondence that DCA has issued a "No Comment" concerning the request, Mr. Headley, Streetman, Frye, and Dr. Anderson have all been consulted concerning this possible ordinance.

Budget Information: Applicable: Not Applicable: Budgeted: Yes No

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: The Dawson County Board of Commissioners move that move the potential Ordinance to Amend Chapter 34, 2012 International Fire Code, relating to the disposal and storage of scrap tires, to the appropriate public hearings. After which the matter will return to the board for consideration.

Department Head Authorization: Lanier Swafford

Date: 17 April 17

Finance Dept. Authorization: Vickie Neikirk

Date: 4/18/2017

County Manager Authorization: David Headley

Date: 4/20/2017

County Attorney Authorization:

Date:

Comments/Attachments:

Accompanying this request is one attachment containing the draft ordinance and the letter from DCA. A power point for this presentation will be provide 6 Tim Satterfield.

AN ORDINANCE TO AMEND CHAPTED 34, 2012 INTERNATIONAL FIRE CODE, TO INCLUDE REGULATIONS FOR THE PROPER STORAGE METHODS OF ALL USED TIRES, SCRAP TIRES AND TIRE PIECES STORED WITHIN DAWSON COUNTY

WHEREAS, Dawson County has determined that tires are being improperly disposed of and storage throughout Dawson County; and

WHEREAS, tires provide habitats for rodents, insects, and other vermin and serve as excellent breeding grounds for mosquitoes that carry diseases and present a fire hazard; and

WHEREAS, the improper disposal of waste tires found throughout various areas of Dawson County is a major fiscal and waste management problem; and

WHEREAS, it is the intent and purpose of Dawson County to provide for the public health, safety and welfare of the residents of Dawson County specifically as it relates to the improper storage and disposal of tires in Dawson County; and

WHEREAS, Dawson County Commissioner have determined it is the best interest of the citizens of Dawson County to adopt this ordinance for the protection of the citizens and to establish standards for the proper storage and disposal of tires.

NOW THEREFORE,

SECTION 1. BE IT ORDAINED BY THE COMMISSION OF DAWSON COUNTY, Chapter 34 2012 International Fire Code Section 3404, Section 3405, Section 3406, Section 3408, and Section 3409 Tire rebuilding and Tire storage, the State of Georgia minimum Standard Codes Adopted by the Board of Community Affairs and Dawson County with Georgia Amendments; with a new section to read as follows;

SECTION2. APPROVED STORAGE METHODS.

All used tires, scrap tire and tire pieces stored within Dawson County shall be kept in a manner which prevents their exposure to and collection of the elements of nature. Tires must not be allowed to hold water, dirt, rubbish or other foreign materials. Monitoring and control measures are to implemented as necessary to eliminate the presences of mosquito breeding and rodent harborage.

- a. Used tires, scrap tires and tire pieces shall be stored separately.
- b. Used tires, scrap tires and pieces stored outside shall be:
 - (1) Screened from public view:
 - (2) Properly stored:
 - (A) On racks or neatly stacked not in excess of 10 feet in height: or

- (B) In a roll-off container front-load dumpster with top, or other metal storage container, including a trailer not exceeding 45 ft x 8 ft by 13 ft if covered and if the stacked tires do not exceed height of 13 feet and the container and contents are shielded from rainwater. Trailers over 45 ft shall be approved by the Fire Official if in compliance with the Fire Code. No more than 2 containers may be stored at any one used tire facility location; and
- (3) In compliance with all applicable fire codes adopted by Board of Community Affairs with Georgia Amendments, the State of Georgia, and Dawson County.

SECTION 3. Definitions

- (A) Code Compliance Officer shall mean the Building Official, Code Marshal, Fire Marshal or their designees.
- (B) Facility shall mean all businesses referred to herein as, Mobile Tire Repair Business, Tire, Business, and Tire Recycling Facility.
- (C) Mobile Tire Repair Business means a business that repairs tires at any temporary location, including but not limited to a roadway, alley, parking lot, or residence. The term does not include a business that only changes out or replaces tires, but does not make any repairs to a tire.
- (D) Mobile Tire Repair Unit means any vehicle or trailer used in a mobile tire repair business.
- (E) Scrap tire means a whole tire or any portion of a tire that can no longer be used for its original intended purpose.
- (F) Used tire means a tire that remains a scrap tire until it is installed on a vehicle.
- (G) Scrap Tire Facility means any business or establishment where 100 or more scrap tires per year are collected, repaired, processed, recycled, scrapped, sold, bought or stored.
- (H) Tire Recycling Facility means a state-registered facility that processes, recycles, or conducts energy recovery with scrap tires.
- (I) Tire means a continuous solid or pneumatic rubber covering encircling the wheel of a bicycle, motorcycle, automobile, truck, trailer, tractor or other vehicle.
- (J) Tire Business means any business or establishment where used tires are collected, repaired, processed, recycled, scrapped, sold, bought or stored.

SECTION 4. PENALTY

Any person or entity violating any provision of this ordinance shall be guilty of infraction and upon conviction thereof shall be subject to a fine or penalty of not less than \$250.00 nor more than \$500.00. **Jurisdiction to hear all cases related to alleged violation of this**

ordinance shall lie concurrently in Dawson County Magistrate Court and Dawson County Superior Court.

SECTION 5. SEVERABILITY

If any paragraph, sub-paragraph, sentence, clause, phrase, or any portion of this ordinance shall be declared invalid or unconstitutional by any court of competent jurisdiction or if the provisions of any part of this ordinance as applied to any particular situation or set of circumstances shall be declared invalid or unconstitutional, then such invalidity shall not be construed to affect the portions of the ordinance not held to be invalid or the application of the resolution to other circumstances not held to be invalid. It is hereby declared to be the intent of the Board of Commissioners of Dawson County to provide for separable and divisible parts, and the Board of Commissioners hereby adopts any and all parts not held invalid.

SECTIONS 6. REPEALER

All resolutions or ordinances or parts of resolutions or ordinances in conflict with the terms of this ordinance are hereby repealed, but it is hereby provided that any resolution or ordinance that may be applicable hereto and aid in carrying out or making effective the intent, purpose, and provisions hereof, which shall be liberally construed in favor of Dawson County, is hereby adopted as a part hereof.

Approved this _____ day of _____ 2017.

ATTEST:

DAWSON COUNTY
BOARD OF COMMISSIONERS

County Clerk

By: _____
Billy Thurmond Chairman

Vote:

Yes: _____ Dates of Public Hearing: June 1, 2017 and June 15, 2017
No: _____ Dates of Advertising: May 24, 2017 and May 31, 2017

Dawson County Tire Storage Ordinance



Deputy Chief Tim
Sattenfield
Fire Marshal

- In 2017 Dawson County has seen a influx in outdoor tire storage.
- Tire storage causes an increased risk for fire in our community.
- Outdoor storage of tires allows for the accumulation of water, dirt, and other rubbish.
- Pooling water in tires give mosquitoes a place to breed and spread disease.
- Rubbish buildup in tires provides a place for rodents to breed.



- Tires being stored in a manner to allow pooling of water, and a eye sore for our community.



- Trash and other rubbish can build up in tires providing an ideal place for rodents to spread disease and cause health issues for our families.



- High piled tire storage next to a building will increase the fire load and decrease the safety for the occupants and the customer.



These are a few issues noted within the county currently.





New proposed amendments to the Dawson County Ordinance.

- All used tires, scrap tire, and tire pieces stored within Dawson County shall be kept in a manner which prevents their exposure to the collection of the elements of nature. Tires must not be allowed to hold water , dirt, rubbish, and or foreign materials. Monitoring and control measures are to be implemented as necessary to eliminate the presence of mosquito breeding and rodent harborage.

Approved Storage Methods

- a) Used tires, scraps tires, and tire pieces shall be stored separately.
- b) Used tires, scrap tires, and pieces stored outside shall be:
 - (1) Screened from public view
 - (2) Properly stored
 - (A) Tires will be stored on racks or neatly stacked to not exceed 10 feet in height, or:
 - (B) In a roll-off front loading dumpster with a top or other metal storage container, including a trailer not exceeding 45 ft x 8 ft x 13ft if covered.
 - (C) The stacks of tires will not exceed a height of 13 feet and the container and contents will be shielded from rainwater.
 - (D) No more than 2 containers may be stored at any one used tire facility location.
 - (3) In compliance with all applicable fire codes adopted by Board of Community Affairs with Georgia Amendments, the State of Georgia, and Dawson County.

You can visit us on our
Facebook link!!



Backup material for agenda item:

1. Consideration of Special Event Business License Application - *Carol Stream Amusements, Inc.*

Special Event Business License Application

TMP 114 004 Acreage of the request 160' x 255'

ZONING OF THE PROPERTY C-HB

911 Street address of property: 800 Highway 400 S, Dawsonville, GA 30534

Submittal Date 5-17-17 Time 11:00 am pm Rec'd. By Mhoun
Staff initials

Board of Commissioners Work Session Date: _____
(if applicable)

Board of Commissioners Meeting Date: _____
(if applicable)

Applicant Information (Authorized Representative)

Printed Name Carol Stream Amusements, Inc.

Address 2509 Lake Shore Drive
Orlando, FL 32803

Phone 407-894-6920 office; 407-353-5462 cell

Email Address smagid@cfl.rr.com

Status Owner Authorized Agent Lessee Option to purchase

NOTE: If applicant is other than owner, enclosed Property Owner Authorization form must be completed.

Property Owner Information

Name Premium Outlet Partners, LP dba
North Georgia Premium outlets

Address P.O. Box 7066
Indianapolis, IN 46207

Phone 317-685-7248
Local - 800 Highway 400 S
Dawsonville, GA 30534

Property Information

911 Street Address of Property 800 Highway 400 S. Dawsonville, GA
Directions to Property located on Highway 400 S E 30534
Lumpkin Campground Road S @
Dawson Forest Road E.

Tax Map & Parcel # (TMP) 114 004
~~LL 312 344 345 371 372 LD 13-S~~
Land Lot(s) 312 District see attached Section see attached
Commission District # ~~see attached~~ # 4 JULIE NIX
Subdivision Name see attached Lot # 312
Current Zoning C-HB Current Use of Property Commercial
(Example: residence, farm, commercial)

* Add'l info. attached

SURROUNDING ZONING:

North C-1R South C-HB
East C-PCD West RA/C-HB

PROPOSED ACCESS:

Access to the development will be provided from:
Road Name Highway 400 S
Type of Road Surface paved

SITE PLAN: Attach detailed site plan.

Site plan notes: Carnival will utilize ~ 134 parking
spaces of 3137 parking spaces

Requested Action & Details of Proposed Use

Special Event Business License for carnival in Parking Lot

DATE (S) OF THE EVENT Thursday June 29 - Sunday July 9, 2017

Anticipated Attendance 200 per day

Existing Utilities: Water Sewer Gas Electric

Number of Parking Spaces utilize ~134 of 3137 spaces

Number of Maintenance Personnel: 2

Nearest Emergency Medical Clinic: NORTHSIDE HOSPITAL INC Physicians Immediate Med 91 Nordson Overlook Dawsonville, GA 30531

Distance to Clinic: 1 mile
81 NORTHSIDE DAWSON DRIVE (706) 216-6000 344-3300

Total # of Toilet Fixtures Provided: 1 ASA and 3 Reg.

Total # of Public Water Fountains: water available @ concessions

Proposed Hours of Operation:
(See page 5 for times not permitted to operate.)
M-F 5:00 pm to 11:00 pm
Sat 10:00 AM to 11:00 PM
Sun 1:00 PM to 10:00 PM

Is there a charge for admission, a ticket, or a tour? Yes No Admission

Is there a temporary tent structure? If yes, what is the square footage? 12'x12' no sides Yes No

Are food vendors participating in the event? If yes, are they licensed by the Environmental Health Department? (Provide copy of licenses) Yes No
If yes, how many vendors will participate? 4 concessions - applications submitted

Will alcohol be served or sold during the event? If yes, what type? Beer Wine Yes No Liquor

Requested Action & Details of Proposed Use (Continued)

Is there any potentially dangerous or hazardous activity? Yes No
If yes, please describe _____

Will any national or local celebrity be participating in the event? Yes No
If yes, provide name and describe type of participation _____

Will there be any media coverage? Yes No
If yes, provide name(s) of media and describe type of coverage _____

Do you foresee any unusual or excessive burden on the Sheriff's Department, Emergency Services, County Marshal, or other county personnel? Yes No
If yes, describe _____

Notethat asacondition ontheissuance ofatemporaryspecialeventbusiness license, thelicenseholder shall indemnify and holdDawsonCounty harmless from claims, demand, or cause of action that may arise from activities associated with the specialevent.

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.

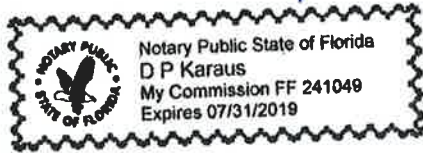
STATE OF GEORGIA, DAWSON COUNTY

I, (Print Name) Shirl T. Magid, DO SOLEMNLY SWEAR, SUBJECT TO PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONAL STATEMENT ARE TRUE AND CORRECT.

Shirl T. Magid
Applicant's Signature

I HEREBY CERTIFY THAT Shirl T. Magid SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS 12th DAY OF May 20 17.



D P Karaus
Notary Public

FOR OFFICE USE ONLY:	APPROVALS:	DATE:
Chairman, Commissioners	Board	of _____
Sheriff		_____
Emergency		Services _____
Environmental		Health _____
County Marshal		_____
Planning		Director _____
County Manager		_____

see attached letter

PROPERTY OWNER AUTHORIZATION

I / we SIMON hereby swear that I / we own the property located at (fill in address and / or tax map & parcel #):

Address: 800 Highway 400 S, Dawsonville GA 30534

TMP: LL 312 344 345 371 13-5

as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by this request. I hereby authorize the person named below to act as the applicant or agent in pursuit of a business license for a special event held on this property. I understand that any license granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application.

Printed Name of applicant or agent Shirl T. Magid

Signature of applicant or agent Shirl T. Magid Date 5-12-17

Mailing address 2509 Lake Shore Drive

City, State, Zip Orlando, FL 32803

Telephone Number (407) 894-6920 office (407) 353-5462

Printed Name of Owner(s) Simon - Please see attached letter

Signature of Owner(s) _____ Date _____

Notary Public _____ Date _____

{
Notary Seal

} Please see attached.

(The complete names of all owners must be listed, if the owner is a partnership, the names of all partners must be listed, if a joint venture, the names of all members must be listed. If a separate sheet is needed to list all names, please identify as applicant or owner and have the additional sheet notarized also.)

Carol Stream Amusements, Inc.

2509 Lake Shore Drive
Orlando, FL 32803
(407) 894-6920

5/12/17

Dawson County
25 Justice Way, Suite 2322
Dawsonville, Georgia 30534

Attn: Margaret Honn

RE: Letter of Intent for Special Event Business License Application
Carnival @ North Georgia Premium Outlets
June 29 – July 9, 2017

Dear Dawson County,

Carol Stream Amusements, Inc. is an outdoor amusement company and will be working with the North Georgia Premium Outlets to host an outdoor carnival in the parking area. Our contact for the North Georgia Premium Outlets is Shelley Korenbrot, Director of Marketing & Business Development (706) 216-3609. It is my understanding that Shelley has contacted the county and will work with the team to ensure all permitting information is provided in a timely manner for a successful completion to meet our June 26 opening date. We are looking so forward to working with your departments and staff to obtain the necessary permits for Dawson County.

Our carnival offers adult and kiddie rides, food concessions and games. We have free admission to the carnival. Individual tickets and unlimited ride wristbands are sold for the rides.

In regards to the potential impact on the community, we visit many communities within the state of Georgia and experience positive impacts each time ☺:

- We will be located on private property, on a small section of the parking lot area
- The carnival will set up and remain in the same area for the duration = no movement within the parking lot, therefore will not impact any of the roads regarding ingress and egress of patrons for the North Georgia Premier Outlet Mall
- Our ride layout team will set up our rides ensuring that we do not occupy any fire lanes or emergency access
- We have submitted Temporary Health Permits to Bill Ringle / Holly Cochran EHS Dawson County Environmental Health (706) 265-2930
- Security & Law Enforcement – we would like to hire off-duty officers, will contact department to schedule

- Will contact the Fire Marshall to provide flame certificates for tents (all open-sided, none exceed 12'x12')
- We have a Certified Crowd Management employee on staff
- We have attached a copy of our 2017 State of Georgia Safety Fire Commission Carnival License Number 1848
- Included copy of our company Articles of Incorporation
- Included our 2017 Georgia Insurance Department PERMIT #AC17-0083 to Operate Amusement and Carnival Rides
- Included Certificate of Insurance naming Dawson County as an Additional Certificate Holder
- We will rent local dumpster and portable toilets for the carnival and have them delivered to the carnival site

We have completed the application and included important supporting documentation for your perusal. We are happy to answer any questions and/or provide additional information as needed to complete the permitting process in Dawson County prior to June 29th.

I am enclosing check for \$100.00 for Permit Fee. Thank you so much – we look forward to hearing from you soon!



Debbie Karas
Carol Stream Amusements, Inc.
(407) 894-6920 office
(407) 730-1006 cell



May 11, 2017

Carol Stream Amusements

2509 Lake Shore Drive, Orlando, FL 32803
c/o Craig Herkimer
69730 Hwy 111, Suite 106, Rancho Mirage, CA 92270

Dear Mr. Herkimer:

North Georgia Premium Outlets gives you permission to host a carnival in the parking lot of the center in the designated area described in the agreement from June 26, 2017 - July 11, 2017.

Sincerely,

A handwritten signature in black ink that reads "Shelley Korenbrot". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Shelley Korenbrot
Director of Marketing & Business Development
North Georgia Premium Outlets

800 Highway 400 South, Suite 695
Dawsonville, GA 30534
T 706.216.3609 F 706.216.3612
Shelley.Korenbrot@simon.com

OBJECTID	PARCELID	MAP	FCODE	ZONING1	RP_OWNKEY	RP_LANDLOT	RP_LANDGMD	RP_LEGAL_D	RP_TOTAL_A	RP_TAXDIST	CALC_ACREZ
3288	114 004	114	500	C-HB	38257	312	13-S	LL 312 344 345 371 372 LD 13-S	61.79	1	58.43

Surrounding Zoning

- North – C-IR
- East – C-PCD
- South- C-HB
- West – RA/C-HB

Acreage of request – 160 feet x 255 feet

Zoning of the Property – C-HB

Number of Parking spaces – Carnival Utilizing approximately 134 parking spaces/3137 Total Parking spaces



Official Tax Receipt
Dawson County
25 Justice Way, Suite 1222
Dawsonville, GA 30534
--Online Receipt--

Phone: (706) 344-3520
Fax: (706) 344-3522

Trans No	Property ID / District Description	Original Due	Interest & Penalty	Amount Due	Amount Paid	Transaction Balance
2016 - 50777	P16315 / 1 MEFF/ FMV: 267573.00	\$2568.02	\$0.00 Fees: \$0.00 \$0.00	\$0.00	\$2568.02	\$0.00
Totals:		\$2568.02	\$0.00	\$0.00	\$2568.02	\$0.00

Paid Date: 11/21/2016

Charge Amount: \$2568.02

CPG PARTNERS LP
D/B/A NORTH GEORGIA PREMIUN OUTLET
PO BOX 6120

INDIANAPOLIS, IN 46206



Scan this code with your mobile phone to view this bill



STATE OF GEORGIA
OFFICE OF
GEORGIA SAFETY FIRE COMMISSIONER

RALPH T. HUDGENS
SAFETY FIRE COMMISSIONER

SUITE 916 WEST TOWER – FLOYD BUILDING
2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334

NO.
1848

Carnival License

Name of Show CAROL STREAM AMUSEMENTS

Name of Owner SHIRL T. MAGID-MANAGER

Street or Post Office 2509 LAKESHORE DR. ORLANDO FL 32803

City ORLANDO State FL Zip Code 32803

This Fire Prevention Regulatory License issued upon compliance with the chapter of Prevention of hazards as set forth in the rules and regulations promulgated by the Georgia Safety Fire Commissioner. Failure to comply with these regulations shall be sufficient grounds for revocation. The fee for such license shall be one hundred fifty dollars (\$150.00) for each calendar year or part thereof, for the period from date hereof to and including the Thirty-first day of December of the same year.

THIS LICENSE IS NOT TRANSFERABLE AND IS REVOCABLE FOR CAUSE. FOR MULTI-UNIT CARNIVALS/CIRCUSES, ONE LICENSE PER UNIT PER YEAR.

Issued: 03/02/2017

For Calendar Year: 2017

GEORGIA INSURANCE DEPARTMENT

2 Martin Luther King, Jr. Dr., 920 West Tower, Atlanta, GA 30334

404-679-0687 www.oci.ga.gov

PERMIT

TO OPERATE AMUSEMENT AND CARNIVAL RIDES

Has Been Issued by the
Safety Inspections Division

COMPANY NAME CAROL STREAM AMUSEMENTS

ADDRESS 2509 LAKESHORE DR.
ORLANDO FL 32803

OWNER/OPERATOR SHIRL T. MAGID-MANAGER

DATE ISSUED 04/07/2017

EXPIRES 12/31/2017

THE RIDES COVERED BY THIS PERMIT SHALL NOT BE USED
UNTIL INSPECTED BY STATE INSPECTOR

Permit No. AC17-0083

Benjamin J Crawford
CHIEF ENGINEER

THIS PERMIT MUST BE DISPLAYED

OWNER# 4010

Ride Name	Manufacturer	Jur. # - Serial #	Insp. Date	Insp. Init.
ALI BABA	ARM	THR-13887-AB204-02-26-10	<u>4-14-17</u>	<u>JK</u>
BUMBLE BEE	VISA INT'L	KID-12714-646	<u>4/14/17</u>	<u>JK</u>
BUMPER CARS	OTTERBACKER	FAM-05307-SKT0184769	<u>4/14/17</u>	<u>OB</u>

GID - 337-SF / DOL-4241

CENTURY WHEEL	CHANCE	FAM-09572-406-05200	<u>4/14/17</u>	<u>OB</u>
CIRCUS TRAIN	ITAL-REGINA	KID-13819-CE-6G/06	<u>4-14-17</u>	<u>TK</u>
CLIFF HANGER	DARTRON	THR-09553-0210041-5K	<u>4-14-17</u>	<u>OB</u>
DIZZY DRAGON	SELLNER	KID-08049-DRAGON47T00	4/14/17	TK
JET SKI	HAMPTON	KID-11048-YP370002	<u>4/14/17</u>	<u>OB</u>
KING CIRCUS FUN HOUSE	KING	FAM-08395-19P00157	<u>4/14/17</u>	<u>OB</u>
MERRY GO ROUND	S.A. ROLLER WORKS	FAM-13938-MG0821206	<u>4/14/17</u>	<u>OB</u>
ORBITER	TIVOLI	SPC-04051-2027041	<u>4/14</u>	<u>OB</u>
ORIENT EXPRESS	WISDOM	KID-04234-832815	<u>4/14/17</u>	<u>OB</u>
ROUND UP	HUBERTZ	THR-13815-2239		
SEA RAY	MULLIGAN	THR-05110-093102	<u>4/14/17</u>	<u>OB</u>
SLIDE	DARTRON	KID-08338-0209161-5A	<u>4/14/17</u>	<u>OB</u>
SPINNER	HI - LITE	KID-13139-215G236020	<u>4-14-17</u>	<u>TK</u>
TILT-A-WHIRL	SELLNER	FAM-12543-2029E792	<u>4-14-17</u>	<u>TK</u>
TORNADO	WISDOM	FAM-05286-71378		
WIGGLE WORM	MAJESTIC	KID-12536-8W276704	<u>4/14/17</u>	<u>OB</u>

GID - 337-SF / DOL-4241

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of **CAROL STREAM AMUSEMENTS, INC.**, a Florida corporation, filed on **January 22, 1998**, as shown by the records of this office.

The document number of this corporation is **P98000006549**.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capital, this the
Twenty-ninth day of January, 1998



CR28022 (1-98)

Sandra B. Northam

Sandra B. Northam
Secretary of State

ARTICLES OF INCORPORATION

FILED

OF

96 JAN 22 PM 4:36

CAROL STREAM AMUSEMENTS, INC.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

The undersigned, acting as Incorporator of a corporation under the *Florida General Corporation Act*, adopt the following *Articles of Incorporation* for such corporation:

ARTICLE ONE

The name of this corporation shall be **CAROL STREAM AMUSEMENTS, INC.**

ARTICLE TWO

The period of its duration is perpetual.

ARTICLE THREE

The purpose is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE FOUR

The corporation is authorized to issue five hundred (500) shares of capital stock, all of one class, at One (\$1.00) Dollar per value.

ARTICLE FIVE

The corporation shall not have any directors. The business of the corporation shall be managed by the shareholders in conformance with these Articles.

(a) *Shareholder Quorum and Voting:* A majority of the

Certificate of Achievement

This is to certify that

Susan Magid

*has completed the course
Crowd Management Training*

Issued: January 13, 2017

Expires: January 13, 2019

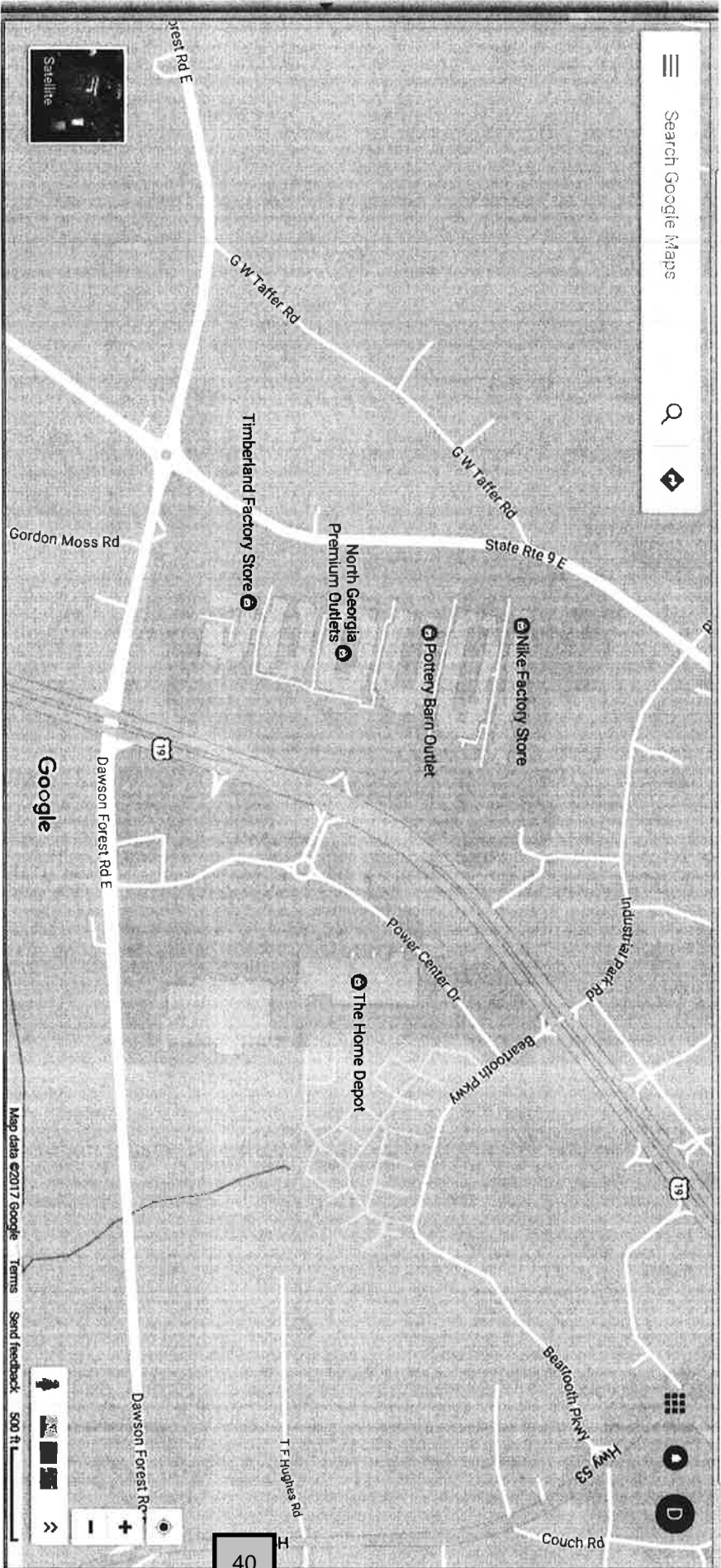
Jim Tedwell, President

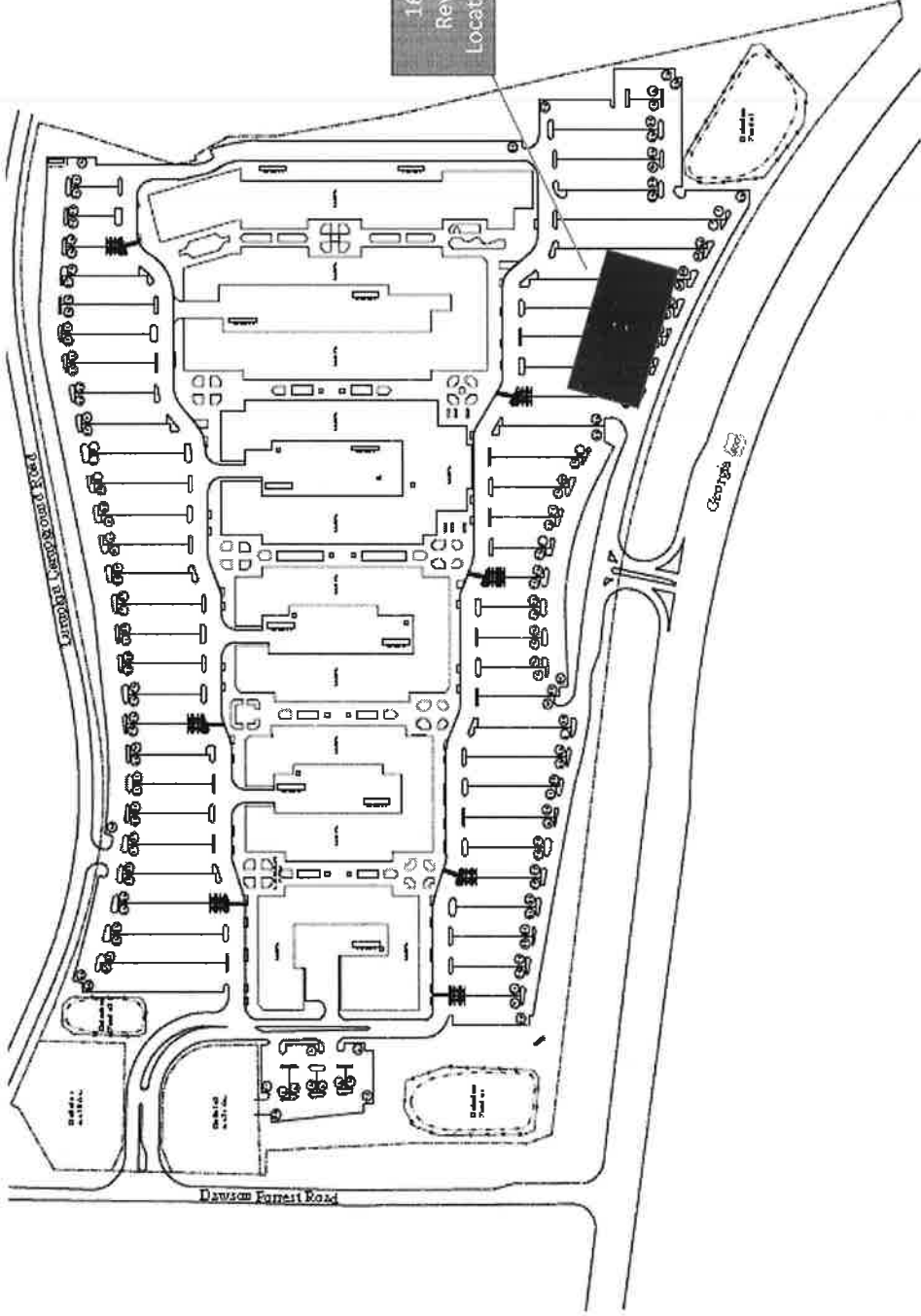


us930fzck7



Carol Stream Amusements, Inc.
N. Georgia Premium Outlets @ 800 Highway 400 S. Dawsonville, GA 30534





160 ft x 255 ft
 Revised Carnival
 Location per site visit



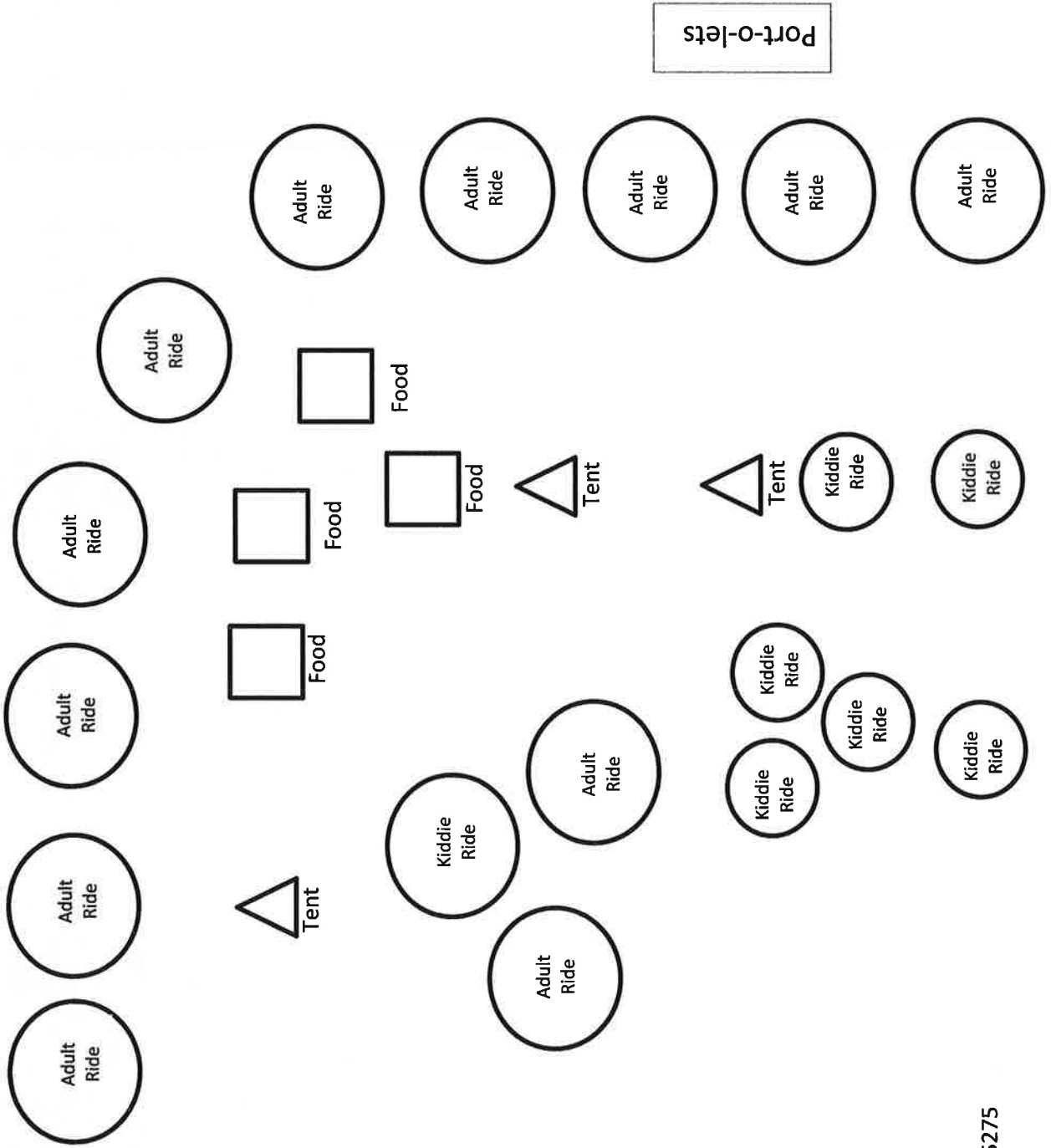
North Georgia Premium Outlets
 800 Highway 400 South
 Dawsonville, GA 30534

Project Data
 Total GFA: 941,100
 Total Parking Spaces: 3,710
 Section 10015 of O.C.G.



Site Plan
 0 125 250

Modified - June 21, 2018



Dawson County, Georgia Board of Commissioners
Affidavit for Issuance of a Public Benefit
As Required by the Georgia Illegal Immigration Reform and Enforcement Act of 2011

By executing this affidavit under oath, as an applicant for a Dawson County Business License, Out of County Business Registration, Alcohol License, or other public benefit as referenced in the Georgia Illegal Immigration Reform and Enforcement Act of 2011 [O.C.G.A. § 50-36-1(e)(2)], I am stating the following with respect to my application for such Dawson County public benefit.

- I am a United States citizen.**
- I am a legal permanent resident of the United States. (FOR NON-CITIZENS)**
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. (FOR NON-CITIZENS)**

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one **secure and verifiable document**, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. *(See reverse side of this affidavit for a list of secure and verifiable documents.)*

The secure and verifiable document provided with this affidavit can best be classified as:

FL Driver's License M230-798-49-090-0

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in Orlando (city), Florida (state)

Shire J. Magid
Signature of Applicant

5/12/17
Date

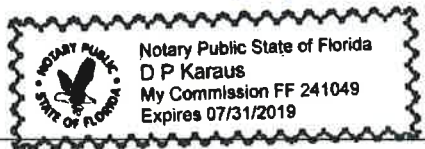
Shirl T. Magid
Printed Name

Carol Stream Amusements, Inc.
Name of Business

SUBSCRIBED AND SWORN BEFORE ME ON THIS 12th DAY OF May, 2017

[Signature] Notary Public

My Commission Expires: 7/31/19



This affidavit is a State of Georgia requirement that must be completed for initial applications and renewal applications for public benefits as referenced in O.C.G.A § 50-36-1(a)(3). The person who has made application for access to public benefits on behalf of an individual, business, corporation, partnership or other private entity must complete and sign the affidavit and provide a secure and verifiable document.

Dawson County, Georgia Board of Commissioners

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

967656

Federal Work Authorization User Identification Number

5/5/16

Date of Authorization

Carol Stream Amusements, Inc.

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Shirel T. Magid

Signature of Authorized Officer or Agent

Shirel T. Magid

Printed Name and Title of Authorized Officer or Agent

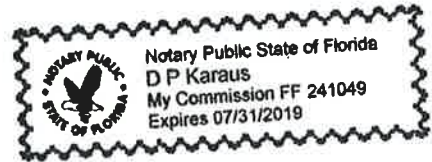
Subscribed and Sworn to me in the City of Orlando, FL (state) on this

the 12th day of May, 2017

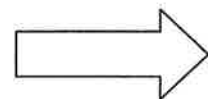
D. Karaus

NOTARY PUBLIC

My Commission Expires: 7/31/19



See reverse side for Private Employer Exemption Affidavit



Dawson County Marshal's Office

25 Justice Way, Suite 2322

Dawsonville, GA 30534

Phone: 706-344-3232

Permit #: 201720775

Employee Permit

Issue Date: 05/17/2017

Expires: 05/17/2018



Name: Shirl T Magid

Company: Carol Stream Amusements

Address:
, GA

Phone: (321)231-5275

Fees / Payments:

Fee: Background Check
5/17/17 Cash \$20.00

The permit required by this ordinance shall be issued for a period of one calendar year from the date of the original application. Employee permits are issued for work for specific licensed establishment as indicated on the employee permit application and may not be issued at another licensed establishment. The permit must be either on the premises or in the possession of the individual to whom it is issued while that individual is working at the licensed establishment. This permit must be available for inspection by members of the Sheriff's Office, the Marshal's Office or the County Commissioner's staff.

This permit approved by:

Sgt R. Mm

Date: *5-18-17*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/15/2017

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 Allied Specialty Insurance, Inc. 10451 Gulf Blvd Treasure Island, FL 33706-4814	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE INSURER A: T.H.E. Insurance Company NAIC # 12866 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED Carol Stream Amusements, Inc. and S & T Magic Enterprises, Inc. 2509 Lake Shore Drive Orlando, FL 32803	

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			CPP0101696-06	7/13/2016	7/13/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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)

EFFECTIVE FROM 6/25/17 THROUGH 7/12/17
 ADDITIONAL INSURED: NORTH GA PREMIUM OUTLETS; DAWSON COUNTY
 AS RESPECTS TO THE NEGLIGENCE OF THE NAMED INSURED

CERTIFICATE HOLDER North GA Premium Outlets 800 Highway 400 S Dawsonville, GA 30534	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
---	--

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/15/2017

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.

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PRODUCER Allied Specialty Insurance, Inc. 10451 Gulf Blvd Treasure Island, FL 33706-4814	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: T.H.E. Insurance Company	NAIC # 12866
INSURED Carol Stream Amusements, Inc. and S & T Magic Enterprises, Inc. 2509 Lake Shore Drive Orlando, FL 32803	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	ADDITIONAL INSURED	SUBR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:				CPP0101696-06	7/13/2016	7/13/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 10,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY							COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 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)
EFFECTIVE FROM 6/25/17 THROUGH 7/12/17
ADDITIONAL INSURED: NORTH GA PREMIUM OUTLETS; DAWSON COUNTY
AS RESPECTS TO THE NEGLIGENCE OF THE NAMED INSURED

CERTIFICATE HOLDER Dawson County 25 Justice Way, Suite 2322 Dawson County Government Center Dawsonville, GA 30534	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 <i>Carol A Serra</i>

Backup material for agenda item:

2. Consideration of Special Event Business License Application - *Phantom Fireworks*

F. SPECIAL EVENT BUSINESS LICENSE APPLICATION

TMP 114004 Acreage of the request .5

ZONING OF THE PROPERTY CHB

911 Street address of property: 800 Hwy 400 S Dawsonville 30534

Submittal Date 5-26-17 Time 1:15 am pm Rec'd. By mlw
Staff initials

Board of Commissioners Work Session Date: _____
(if applicable)

Board of Commissioners Meeting Date: _____
(if applicable)

**APPLICANT INFORMATION
(Authorized Representative)**

Printed Name Rick Day, STATE MANAGER PHANTOM FIREWORKS EASTERN DIV LLC

Address 2445 Belmont Ave Youngstown OH 44502

Phone Home 3307461064 Rick Day cell 3303609909

Email Address rday@fireworks.com

Status Owner Authorized Agent Lessee Option to purchase

NOTE: *If applicant is other than owner, enclosed Property Owner Authorization form must be completed.*

PROPERTY OWNER INFORMATION Simon Properties

Name ~~North GA Premium Outlet~~ (S)

Address ~~800 Hwy 400 South~~ 225 W. Washington ST
INDIANAPOLIS, IN 46204

Phone Josh Ginsburg 317-263 2394

PROPERTY INFORMATION

911 Street Address of Property 800 Hwy 400 S Dawsonville GA
Directions to Property north on GA 400, TAKE LEFT INTO MALL. Drive
AROUND TO SIDE OF PROPERTY BORDERED BY OLD HWY 9

Tax Map & Parcel # (TMP) 114 004
Land Lot(s) 312 344 345 District 13 S Section _____
371 372
Commission District # JULIE NIX # 4
Subdivision Name N/A Lot # _____
Current Zoning CHB Current Use of Property COMMERCIAL
(Example: residence, farm, commercial) RETAIL

SURROUNDING ZONING:

North CIR South CHB
East CHB West RA

PROPOSED ACCESS:

Access to the development will be provided from:

Road Name ~~HWY 9~~ LUMPKIN CAMPGROUND RD
Type of Road Surface Paved

SITE PLAN: Attach detailed site plan.

Site plan notes: A. see attached for hydrant AND placement
B. see attached for STAND DETAIL

REQUESTED ACTION & DETAILS OF PROPOSED USE

Special Event Business License for retail sale of 1.4G consumer fireworks
from a wooden stand with a metal roof. 8x32 stand 10x20

DATE (S) OF THE EVENT June 23 - July 4 2017

Anticipated Attendance 100 cust per day avg

Existing Utilities: N/A Water Sewer Gas Electric

Number of Parking Spaces 100

Number of Maintenance Personnel: 2 people at all times when open
 Nearest Emergency Medical Clinic: NORTHSIDE HOSPITAL INC - URGENT CARE 81 NORTHSIDE DR
~~URGENT CARE 108 PROSPERITY CT D'VILLE~~

Distance to Clinic: .6 miles

Total # of Toilet Fixtures Provided: 1 porta-potty

Total # of Public Water Fountains: NONE

Proposed Hours of Operation: 10A - 10P - (6-23/6-30) (10A-MID) (7-1/7-4)
 (See page 5 for times not permitted to operate.)
 M-F 11 11 11
 Sat 11 11 11
 Sun 11 11 11

Is there a charge for admission, a ticket, or a tour? Yes No

Is there a temporary tent structure? Yes No
 If yes, what is the square footage? WOOD STAND 256 SQ FT

Are food vendors participating in the event? Yes No
 If yes, are they licensed by the Environmental Health Department? Yes No
 (Provide copy of licenses)

If yes, how many vendors will participate? _____

Will alcohol be served or sold during the event? Yes No
 If yes, what type? Beer Wine Liquor

REQUESTED ACTION & DETAILS OF PROPOSED USE
(Continued)

Is there any potentially dangerous or hazardous activity? Yes No
If yes, please describe _____

Will any national or local celebrity be participating in the event? Yes No
If yes, provide name and describe type of participation _____

Will there be any media coverage? Yes No
If yes, provide name(s) of media and describe type of coverage _____

Do you foresee any unusual or excessive burden on the Sheriff Department, Emergency Services, County Marshal, or other county personnel? Yes No
If yes, describe _____

Note that as a condition on the issuance of a temporary special event business license, the license holder shall indemnify and hold Dawson County harmless from claims, demand, or cause of action that may arise from activities associated with the special event.

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.

STATE OF GEORGIA, DAWSON COUNTY

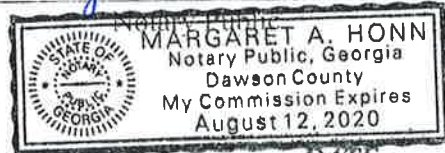
I, (Print Name) Rick D Day, DO SOLEMNLY SWEAR, SUBJECT TO PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING APPLICATION STATEMENT ARE TRUE AND CORRECT.

Rick D Day
Applicant's Signature

I HEREBY CERTIFY THAT RICK D. DAY SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS 26th DAY OF May 2017.

Margaret A Honn



FOR OFFICE USE ONLY:

APPROVALS:

DATE:

Chairman, Board of Commissioners

Sheriff

Emergency Services

Environmental Health

County Marshal

Planning Director

County Manager

PROPERTY OWNER AUTHORIZATION

I / we North Georgia Premium Outlets hereby swear that I
we own the property located at (fill in address and / or tax map & parcel #)

Address: 800 Highway 400 South - Dawsonville, GA 30534

TMP: _____

as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by this request. I hereby authorize the person named below to act as the applicant or agent in pursuit of a business license for a special event held on this property. I understand that any license granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application.

Printed Name of applicant or agent _____

Signature of applicant or agent _____ Date _____

Mailing address _____

City, State, Zip _____

Telephone Number _____

Printed Name of Owner(s) Heather Halpern

Signature of Owner(s) Heather Halpern Date 5.26.17

Notary Public Gretchen T. Primm Date 5/26/17

{
Notary Seal

} Gretchen T. Primm
My Commission Expires 4/22/18
County of Dawson
State of Georgia

(The complete names of all owners must be listed, if the owner is a partnership, the names of all partners must be listed, if a joint venture, the names of all members must be listed. If a separate sheet is needed to list all names please identify as applicant or owner and have the additional sheet notarized also.)

SEE ATTACHED

Letter of Intent 5/26/17

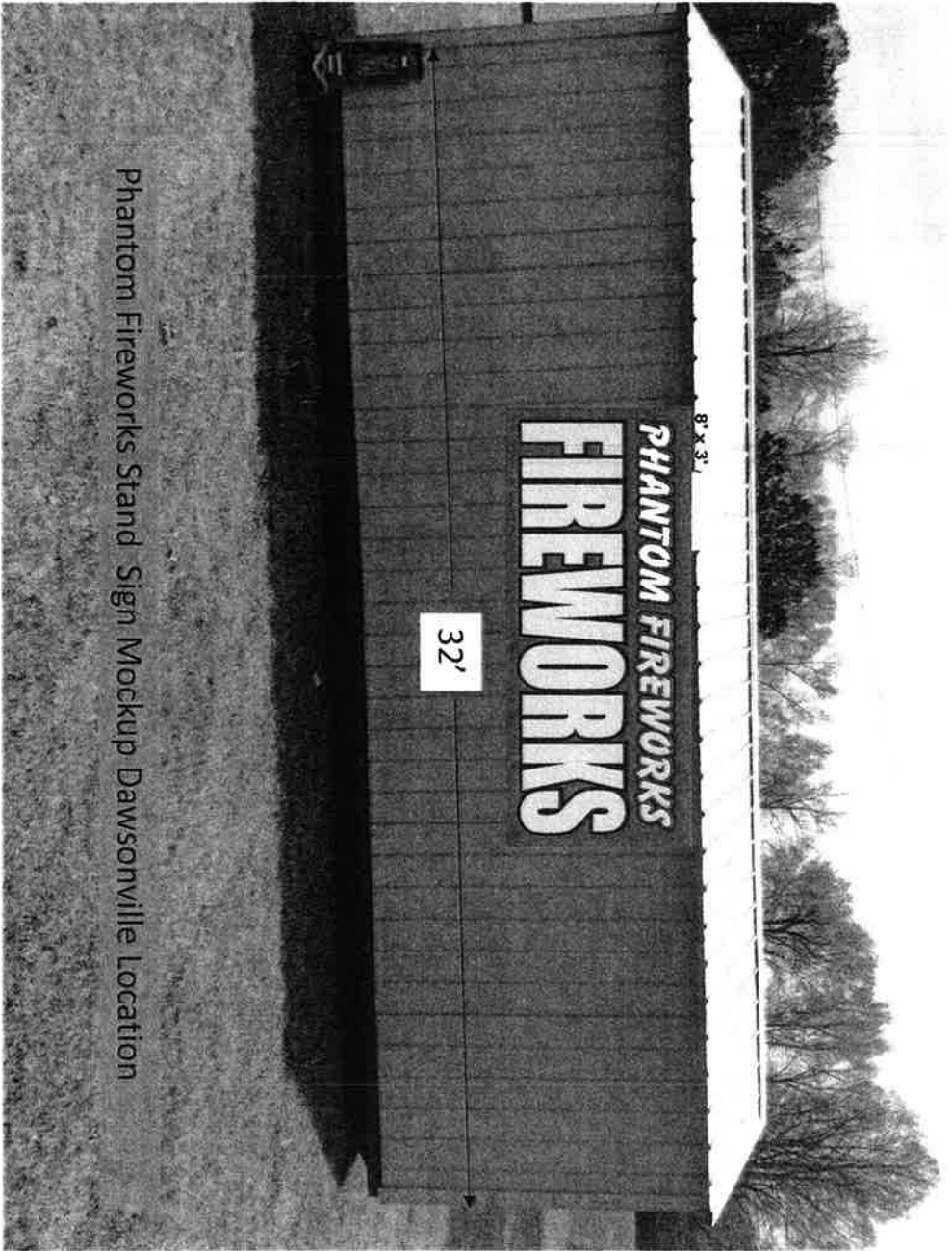
Phantom Fireworks intends to open and operate a
consumer fireworks sales, in a stand, located in the lot
of N. GA Premium Outlet Mall, from June 23 to July 4²⁰¹⁷
We intend to occupy the lot from June ~~23~~¹⁷ - July 15, 2017
There will be 1- 8x32 stand and 1- 10x20 storage unit

Sincerely

Rick Day

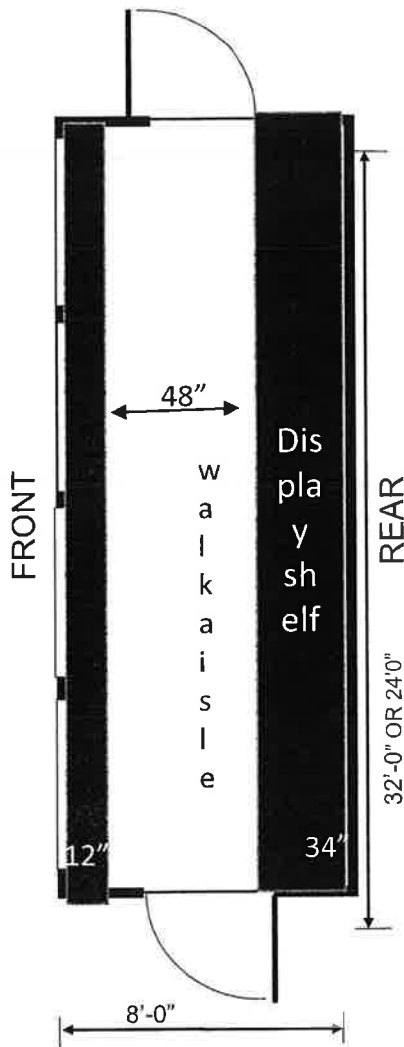
May 26, 2017

Phantom Fireworks Eastern Div LLC
Phantom Fireworks of Dawsonville GA



Phantom Fireworks Stand Sign Mockup Dawsonville Location

STAND: Top View



STAND AND SHELVES MATERIALS LIST

SKIDS & FLOOR JOIST ARE 2'x6' PRESSURE TREATED #3

FLOOR DECKING IS ¾ TONGUE & GROOVE – STURDIFLOOR

STUDS & TRUSS ARE MADE WITH 2'x4' SOUTHERN YELLOW PINE #1

SIDING IS L.P. SMART SIDING – WITH A PRIMER GRAY ON EXTERIOR

29 GAUGE STEEL BRACING THROUGHOUT (WALLS AND AT JOINTS)

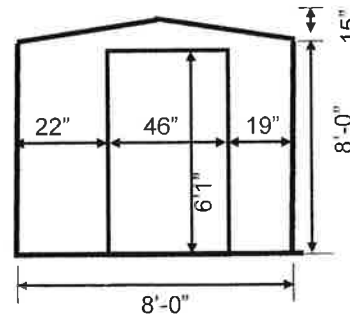
ROOF PANELS – 29 GAUGE MILL FINISH GALVALUME STEEL

STEEL DOORS (48" x 75") SHEETING ON EXTERIOR & INTERIOR IS STEEL, FILLED WITH 2'x4' FOR BRACING AND A POLYURETHANE FOAM – MAKING THE DOOR SOLID

CONCESSION DOORS (64" x 40") SHEETING IS ALUMINUM ON EXTERIOR AND FIBERGLASS ON INTERIOR, FILLED WITH 2'x4' FOR BRACING AND FOAM – MAKING THE DOOR SOLID

SHELVES ARE MADE WITH 2'x4' SOUTHERN YELLOW PINE #1 & 7/16 OSB

STAND: Side View



1 inch = 6 feet | 1/8 inch = 0.75 feet

PHANTOM SEASONAL FIREWORKS SALES STANDS

STAND LAYOUT Stand Plan

All signage (exit, distance, parking, 1.4G plaque and all others) conform to NFPA 1124 7.4.6.3, 7.3.11.2, 7.3.15.2.3

2000 Watt 2 gallon Generator for portable power, per 7.3.18.2 OR 12 volt UPS.

Egress doors will have mounted one properly rated ABC and one Pressure Water Extinguisher, per 1124, clear and unobstructed. 7.3.8.2, 7.3.6.3
24" counter extension provided per IBC 904.4.1

5/17/2017

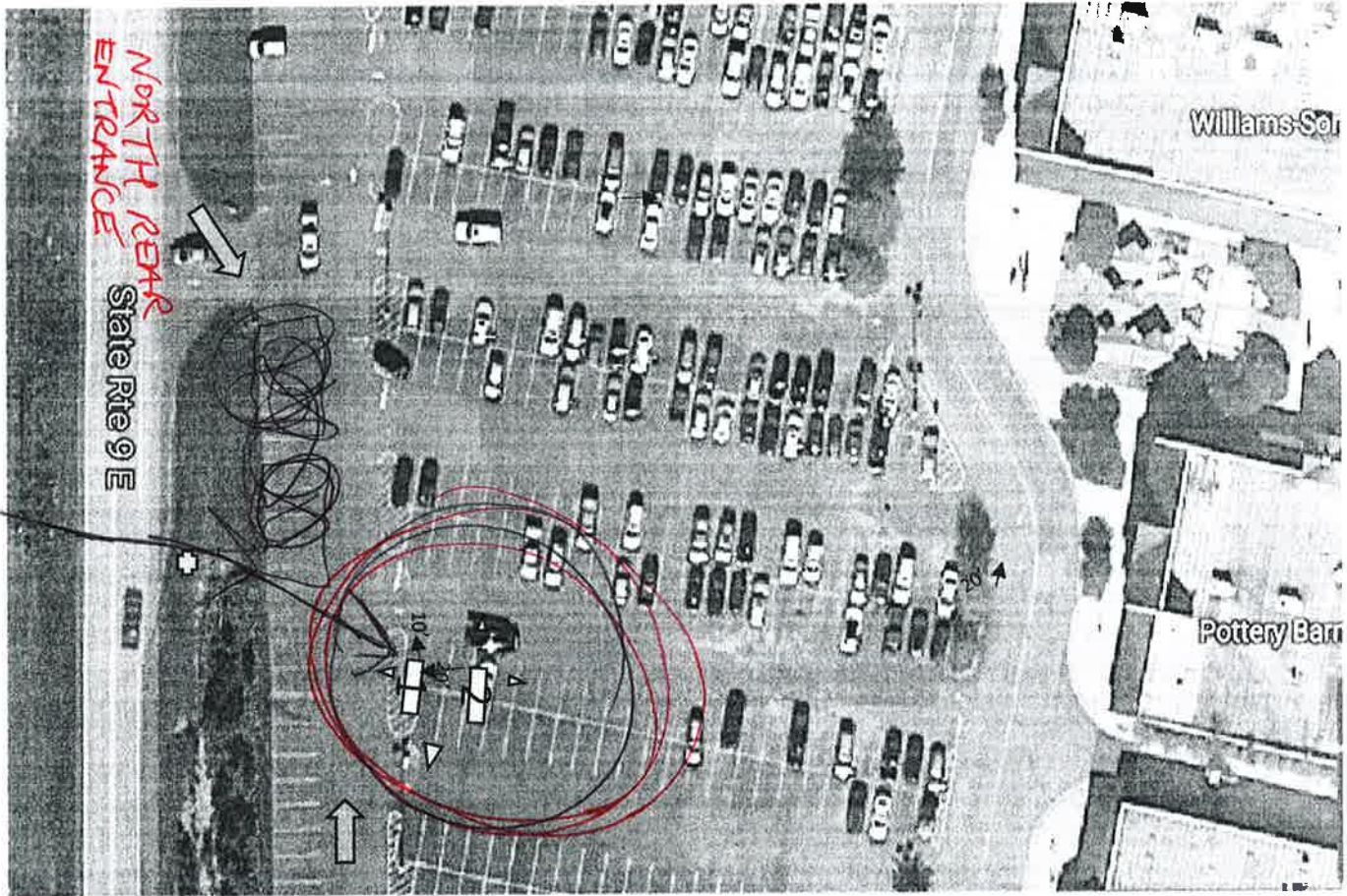


PHANTOM FIREWORKS EASTERN DIVISION LLC
2445 Belmont Ave.
Youngstown, OH 44505
Phone: 330.746.1064
Fax: 330.319.8122

CONTACT Rick Day 330-360-9909
rday@fireworks.com

Temporary Fireworks Stand

Product distribution 70% storage, 30% stand
 Skid weight approx. 1450# Estimated skids @6



800 Hwy 400 South
 GA Premium Outlet Mall

Dawsonville, GA 30534

Site Plan (1" = 50' approx.)

△ parking cone 10' PARKING BARRIER

1 = Stand 32' x 8' (30' SET BACK)

2 = Storage 20' x 8' (20 FT FROM STAND)

Traffic flow →

⊕ Hydrant plug (200' from stand)

05/16/2017



Phantom Fireworks Eastern Division Temp. Stands
 555 Martin Luther King, Jr. Blvd
 Youngstown, OH 44502

CONTACT Rick Day

CONTACT PHONE/EMAIL rday@fireworks.com

330-360-9909



Overview



Legend

-  Parcels
-  Roads

Parcel ID	114 001 002	Owner	A K INVESTMENT GROUP LLC	Last 2 Sales			
Class Code	Industrial		4499 MARCHBOLT CT	Date	Price	Reason	Qual
Taxing District	UNINCORPORATED		NORCROSS GA 30092	5/19/1999	\$111200	LM	Q
	UNINCORPORATED	Physical Address	n/a	n/a	\$0	n/a	n/a
Acres	2.78	Assessed Value	Value \$556000				

(Note: Not to be used on legal documents)

Date created: 5/26/2017
Last Data Uploaded: 5/25/2017 3:06:08 PM

 Developed by
The Schneider Corporation

Printed: 5/26/2017 1:32:01 PM



Official Tax Receipt
Dawson County
25 Justice Way, Suite 1222
Dawsonville, GA 30534
—Online Receipt—

Phone: (706) 344-3520
Fax: (706) 344-3522

Trans No	Property ID / District Description	Original Due	Interest & Penalty	Amount Due	Amount Paid	Transaction Balance
2016 - 2494	114 004 / 1 LL 312 344 345 371 372 LD 13-S FMV: 44038506.00	\$421290.00	\$0.00 Fees: \$0.00 \$0.00	\$0.00	\$421290.00	\$0.00
Totals:		\$421290.00	\$0.00	\$0.00	\$421290.00	\$0.00

Paid Date: 11/21/2016

Charge Amount: \$421290.00

CHELSEA GCA REALTY
 CPG PARTNERS LP
 P O BOX 6120
 INDIANAPOLIS, IN 46206



Scan this code with your mobile phone to view this bill

CERTIFICATE OF AUTHORITY

I, WILLIAM A. WEIMER, hereby certify that I am the duly elected Secretary of PHANTOM FIREWORKS EASTERN REGION, LLC, a Delaware Limited Liability Company qualified to do business in Georgia.

I hereby certify that the following is a true copy of a certain resolution adopted unanimously by the limited liability company at a meeting of the members duly convened and held on May 19, 2017, at which a quorum of the members was present at and throughout the meeting.

RESOLVED, that Rick Day is hereby authorized for and on behalf of this limited liability company to execute any and all applications to the local authorities in Georgia for licenses for the sale of consumer fireworks from temporary consumer fireworks retail sales stands and to execute any supplemental documents which may, in his judgement, be desirable or necessary to effect the purposes of this resolution and to supplement such applications to local authorities in Georgia.

I certify that said vote has not been amended or repealed and remains in full force and effect as of the date hereof and that the following individuals are the duly elected officers of the corporation:

President - Bruce J. Zoldan, 3615 Sugarbush Drive,
Canfield, Ohio 44406, DOB: 8-25-48.

Vice President - Jerry Bostocky, 305 Russo Drive, Canfield,
Ohio 44406, DOB: 1-9-46.

Treasurer - H. Kevin Henchar, 7792 Spring Lake Lane,
Canfield, Ohio 44406, DOB: 11-16-55.

Secretary - William A. Weimer, 2331 Fifth Avenue,
Youngstown, Ohio 44504, DOB: 5-14-46.

None of the above individuals have been convicted of a felony or any offense involving fireworks and explosives, and none have violated any fireworks or explosives laws and/or rules.

Dated at Youngstown, Ohio this 23rd day of May, 2017.


WILLIAM A. WEIMER, Secretary

Attest:


H. Kevin Henchar, Treasurer

Dawson County, Georgia Board of Commissioners
Affidavit for Issuance of a Public Benefit
As Required by the Georgia Illegal Immigration Reform and Enforcement Act of 2011

By executing this affidavit under oath, as an applicant for a Dawson County Business License, Out of County Business Registration, Alcohol License, or other public benefit as referenced in the Georgia Illegal Immigration Reform and Enforcement Act of 2011 [O.C.G.A. § 50-36-1(e)(2)], I am stating the following with respect to my application for such Dawson County public benefit.

- I am a United States citizen.
- I am a legal permanent resident of the United States. *(FOR NON-CITIZENS)*
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. *(FOR NON-CITIZENS)*

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one **secure and verifiable document**, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. *(See reverse side of this affidavit for a list of secure and verifiable documents.)*

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in Dawsonville (city), GA (state)

Rick D Day
Signature of Applicant

RICK D DAY
Printed Name

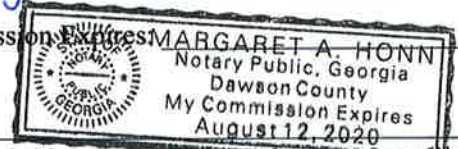
5-26-17
Date

PHANTOM FIREWORKS
Name of Business

SUBSCRIBED AND SWORN BEFORE ME ON
THIS 26th DAY OF May, 2017

Margaret A. Honn Notary Public

My Commission Expires August 12, 2020



This affidavit is a State of Georgia requirement that must be completed for initial applications and renewal applications for public benefits as referenced in O.C.G.A § 50-36-1(a)(3). The person who has made application for access to public benefits on behalf of an individual, business, corporation, partnership or other private entity must complete and sign the affidavit and provide a secure and verifiable document.

Dawson County, Georgia Board of Commissioners

Private Employer Exemption Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable revisions and deadlines established in O.C.G.A. § 13-10-90.

I hereby declare under penalty of perjury that the foregoing is true and correct.

PHANTOM FIREWORKS

Printed Name of Exempt Private Employer

RICK DAY

Signature of Authorized Officer or Agent

RICK DAY

Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn to me in the City of Dawsonville, GA (state) on this
the 26th day of May, 2017.

Margaret A. Honn
NOTARY PUBLIC

My Commission Expires:



DAWSON CNT ENVIR HEALT
189 HIGHWAY 53 W
DAWSONVILLE, GA 30534

05/26/2017

13:55:16

CREDIT CARD

MC SALE

CARD #	XXXXXXXXXXXX3484
INVOICE	0001
SEQ #:	0001
Batch #:	000332
Approval Code:	146138
Entry Method:	Swiped
Mode:	Online
SALE AMOUNT	\$50.00

CUSTOMER COPY

*Portable Toilet
Receipt*



License Number: 2017-10
Effective Date: 01/25/2017

Consumer Fireworks Distribution License

PHANTOM WARREN WAREHOUSE

Located at
3566 Larchmont Ave. NE
Warren, OH 44483

is authorized to sell Retail fireworks in accordance with the Rules and Regulations of the Safety
Fire Commissioner, Chapter 120-3-22 and O.C.G.A. Section 25-10-5

as a Fireworks Distribution Facility

as defined in NFPA 1124, 2006

This license will expire on January 31, 2018



M. Dwayne Garriss
State Fire Marshal



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/26/2017

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 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 Britton-Gallagher and Associates, Inc. One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C. No. Ext): 216-658-7100 FAX (A/C. No.): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED Phantom Fireworks Eastern Region, LLC 555 Martin Luther King Jr Blvd Youngstown OH 44502	INSURER A: Everest Indemnity Insurance Co. 10851	
	INSURER B: Maxum Indemnity Company 26743	
	INSURER C: Axis Surplus Ins Company 26620	
	INSURER D: Everksh National Insurance Company 10120	
	INSURER E: Berkshire Hathaway Homestate Ins Co	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1560929279 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Non-Owned Stand <input type="checkbox"/> End't Included GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC	Y	Y	S18GL00643-161	10/30/2016	10/30/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
D	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	S18CA00095-161	10/30/2016	10/30/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	EXC6025343-03	10/30/2016	10/30/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A	BJWC707808	10/30/2016	10/30/2017	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Excess Liability #2	Y	Y	EAU784017	10/30/2016	10/30/2017	Each Occ/ Aggregate Total Limits \$5,000,000 \$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement. The Certificate Holders are named as Additional Insureds with respect to General Liability as required by written contract.
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
Dawson County

CERTIFICATE HOLDER Dawson County 25 Justice Way Suite 2322 Dawsonville GA 30534	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 
--	--

Backup material for agenda item:

3. Consideration of Special Event Business License Application - *TNT Fireworks*

F. SPECIAL EVENT BUSINESS LICENSE APPLICATION

TMP 113 039 001 Acreage of the request _____

ZONING OF THE PROPERTY GPDP CPCD

911 Street address of property: 118 S 400 Center Lane, Dawsonville, GA 30534

Submittal Date 5/19/17 Time 4:30 am pm Rec'd. By [Signature]
Staff initials

Board of Commissioners Work Session Date: _____
(if applicable)

Board of Commissioners Meeting Date: _____
(if applicable)

APPLICANT INFORMATION
(Authorized Representative)

Printed Name Brian Jennings / Kathy Ross - TNT Fireworks

Address 7345 Serenity Pl
Cumming GA 30041

Phone 770-315-1328

Email Address jenningsb@fultonschools.org

Status Owner Authorized Agent Lessee Option to purchase

NOTE: *If applicant is other than owner, enclosed Property Owner Authorization form must be completed.*

PROPERTY OWNER INFORMATION

Name Ingles

Address P.O. Box 6676 Ashville, Nc 28816

Phone 828-669-2941

PROPERTY INFORMATION

911 Street Address of Property 118 S 400 Center Lane, Dawsonville, GA 30534

Directions to Property It's on 400 just passed the Outlet stores on the left if you are going North.

Tax Map & Parcel # (TMP) 113 039 001

Land Lot(s) _____ District 4 Section _____

Commission District # 4 JULIE NIX

Subdivision Name _____ Lot # _____

Current Zoning C-HB Current Use of Property commerical parking lot
(Example: residence, farm, commercial)

SURROUNDING ZONING:

North ~~epcd~~ C-HB South ~~chb&ra~~ _____

East ~~epcd&ra~~ C-HB West ~~chb~~ R-A

PROPOSED ACCESS:

Access to the development will be provided from:

Road Name Center Lane Hwy

Type of Road Surface Asphalt

SITE PLAN: Attach detailed site plan.

Site plan notes: attached

REQUESTED ACTION & DETAILS OF PROPOSED USE

Special Event Business License for Brian Jennings- LaCross Boosters

DATE (S) OF THE EVENT June 23- July 5, 2017

Anticipated Attendance 100 over a period of 10 days

Existing Utilities: Water Sewer Gas Electric

Number of Parking Spaces 5

Number of Maintenance Personnel: 0

Nearest Emergency Medical Clinic: Northside Urgent Care 81 Northside Dawson Dr. Ste 100 Dawsonville 305

Distance to Clinic: 1,000 feet

Total # of Toilet Fixtures Provided: 0 Can use Ingles restrooms

Total # of Public Water Fountains: 0

Proposed Hours of Operation: M-F 10-10 each day.

(See page 5 for times not permitted to operate.)

Sat 10-10

Sun 10-10

Is there a charge for admission, a ticket, or a tour? Yes No

Is there a temporary tent structure? temporary stand 8x24 Yes No
If yes, what is the square footage?

Arc food vendors participating in the event? Yes No
If yes, are they licensed by the Environmental Health Department? Yes No
(Provide copy of licenses)

If yes, how many vendors will participate? one

Will alcohol be served or sold during the event? Yes No
If yes, what type? Beer Wine Liquor

REQUESTED ACTION & DETAILS OF PROPOSED USE

(Continued)

Is there any potentially dangerous or hazardous activity? Yes No
If yes, please describe fireworks

Will any national or local celebrity be participating in the event? Yes No
If yes, provide name and describe type of participation _____

Selling fireworks for people to celebrate the 4th of July.

Will there be any media coverage? Yes No
If yes, provide name(s) of media and describe type of coverage _____

Do you foresee any unusual or excessive burden on the Sheriff Department, Emergency Services, County Marshal, or other county personnel? Yes No
If yes, describe _____

Note that as a condition on the issuance of a temporary special event business license, the license holder shall indemnify and hold Dawson County harmless from claims, demand, or cause of action that may arise from activities associated with the special event.

NOTE: Before signing this statement, check all answers and explanations to see that you have answered all questions fully and correctly. This statement is to be executed under oath and subject to the penalties of false swearing and it includes all attached sheets submitted herewith.

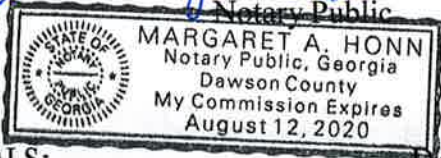
STATE OF GEORGIA, DAWSON COUNTY

I, (Print Name) Kathryn G. Roos, DO SOLEMNLY SWEAR, SUBJECT TO PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONAL STATEMENT ARE TRUE AND CORRECT.

Kathryn G. Roos
Applicant's Signature

I HEREBY CERTIFY THAT KATHRYN G. ROOS SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND, UNDER OATH ACTUALLY ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE TRUE AND CORRECT.

THIS 22 DAY OF May 2017.

Margaret A. Honn
Notary Public


FOR OFFICE USE ONLY: APPROVALS: DATE:

Chairman, Commissioners	Board	of	_____
Sheriff			_____
Emergency		Services	_____
Environmental		Health	_____
County Marshal			_____
Planning		Director	_____
County Manager			_____

Dawson County, Georgia Board of Commissioners
Affidavit for Issuance of a Public Benefit
As Required by the Georgia Illegal Immigration Reform and Enforcement Act of 2011

By executing this affidavit under oath, as an applicant for a Dawson County Business License, Out of County Business Registration, Alcohol License, or other public benefit as referenced in the Georgia Illegal Immigration Reform and Enforcement Act of 2011 [O.C.G.A. § 50-36-1(e)(2)], I am stating the following with respect to my application for such Dawson County public benefit.

 x **I am a United States citizen.**

 I am a legal permanent resident of the United States. (FOR NON-CITIZENS)

 I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. (FOR NON-CITIZENS)

My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one **secure and verifiable document**, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. *(See reverse side of this affidavit for a list of secure and verifiable documents.)*

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20 and face criminal penalties as allowed by such criminal statute.

Executed in Dawsonville (city), GA (state)

 Kathryn G Roos
Signature of Applicant

 Kathryn G Roos
Printed Name

 May 22, 2017

Date

 TNT Fireworks

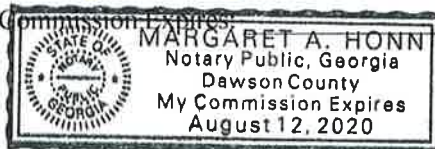
Name of Business

SUBSCRIBED AND SWORN BEFORE ME ON

THIS 22 DAY OF May , 20 17

 Margaret A. Honn Notary Public

My Commission Expires:



This affidavit is a State of Georgia requirement that must be completed for initial applications and renewal applications for public benefits as referenced in O.C.G.A § 50-36-1(a)(3). The person who has made application for access to public benefits on behalf of an individual, business, corporation, partnership or other private entity must complete and sign the affidavit and provide a secure and verifiable document.

Dawson County, Georgia Board of Commissioners

Private Employer Affidavit of Compliance Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

494008

Federal Work Authorization User Identification Number


4-1-12

Date of Authorization

TNT Fireworks

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.



Signature of Authorized Officer or Agent

Kathryn G Roos -permit specialist

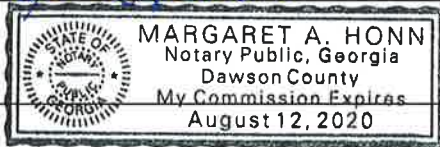
Printed Name and Title of Authorized Officer or Agent

Subscribed and Sworn to me in the City of Dawsonville, GA (state) on this
the 22 day of May, 20 .



NOTARY PUBLIC

My Commission Expires: _____



See reverse side for Private Employer Exemption Affidavit





Kathy Roos

Dawson, GA

Letter of Intent

Dear Margaret,

TNT Fireworks would like to open a stand for the sale of consumer fireworks at Ingles, the hours operation will be 10-10 daily. The stand will be open from June 23 through July 5th. The proceeds of these sales will go to the benefit of the Lacrosse Booster Club, working with local boys and girls with camp and equipment.

Regards,

Kathy Roos
TNT fireworks
roosk@tntfireworks.com
770-630-83557

PROPERTY OWNER AUTHORIZATION

I / we see letter hereby swear that I / we own the property located at (fill in address and / or tax map & parcel #):

Address: _____

TMP: _____

as shown in the tax maps and/or deed records of Dawson County, Georgia, and which parcel will be affected by this request. I hereby authorize the person named below to act as the applicant or agent in pursuit of a business license for a special event held on this property. I understand that any license granted, and/or conditions or stipulations placed on the property will be binding upon the property regardless of ownership. The under signer below is authorized to make this application.

Printed Name of applicant or agent _____

Signature of applicant or agent _____ Date _____

Mailing address _____

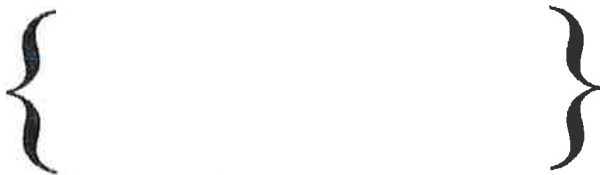
City, State, Zip _____

Telephone Number _____

Printed Name of Owner(s) _____

Signature of Owner(s) _____ Date _____

Notary Public _____ Date _____



Notary Seal

(The complete names of all owners must be listed, if the owner is a partnership, the names of all partners must be listed, if a joint venture, the names of all members must be listed. If a separate sheet is needed to list all names, please identify as applicant or owner and have the additional sheet notarized also.)

The **ingles**
ADVANTAGE™

Robert P. Ingle, II
Chairman of the Board

Jim Laning
President and Chief Executive Officer

March 27, 2017

To: Store Managers--
37, 57, 67, 86, 93, 94, 106, 120, 200, 201, 202, 204, 205, 206, 397, 402,
411, 414, 421, 423, 424, 440, 441, 443, 451, 456, 457, 467, 476, 493

Subject: TNT Fireworks Parking Lot Sales

TNT Fireworks is authorized to operate a fireworks sale in your parking lot. They will need to supply their own source of power. Set ups will begin around **June 17th**. They should have everything cleaned up by **July 12th**. Prior to the event, a TNT Representative will call on you to discuss exact locations and details about the event. Please give them your cooperation. If you have any questions or concerns about this program you may contact me or TNT Fireworks at 1-800-243-1189.

Thank you.



Tammie Rhinehart
DSD Buyer

Cc: Mr. Worley
District Managers

**Ingles Markets Inc. #441
118S 400 Center Lane
Dawsonville, GA 30534**





May 19, 2017

Dawson County
25 Justice Way
Dawsonville, GA 30534

To Whom it May Concern:

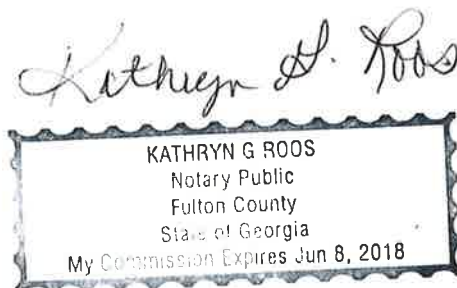
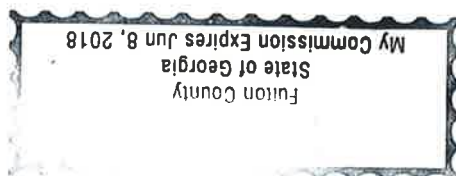
TNT gives permission to Barbara and/or Brian Jennings to assist in acquiring permits relative to the sale of consumer fireworks in the parking lot of Ingles located at 53 GA 400 Highway, Dawsonville GA for the 2017 July season.

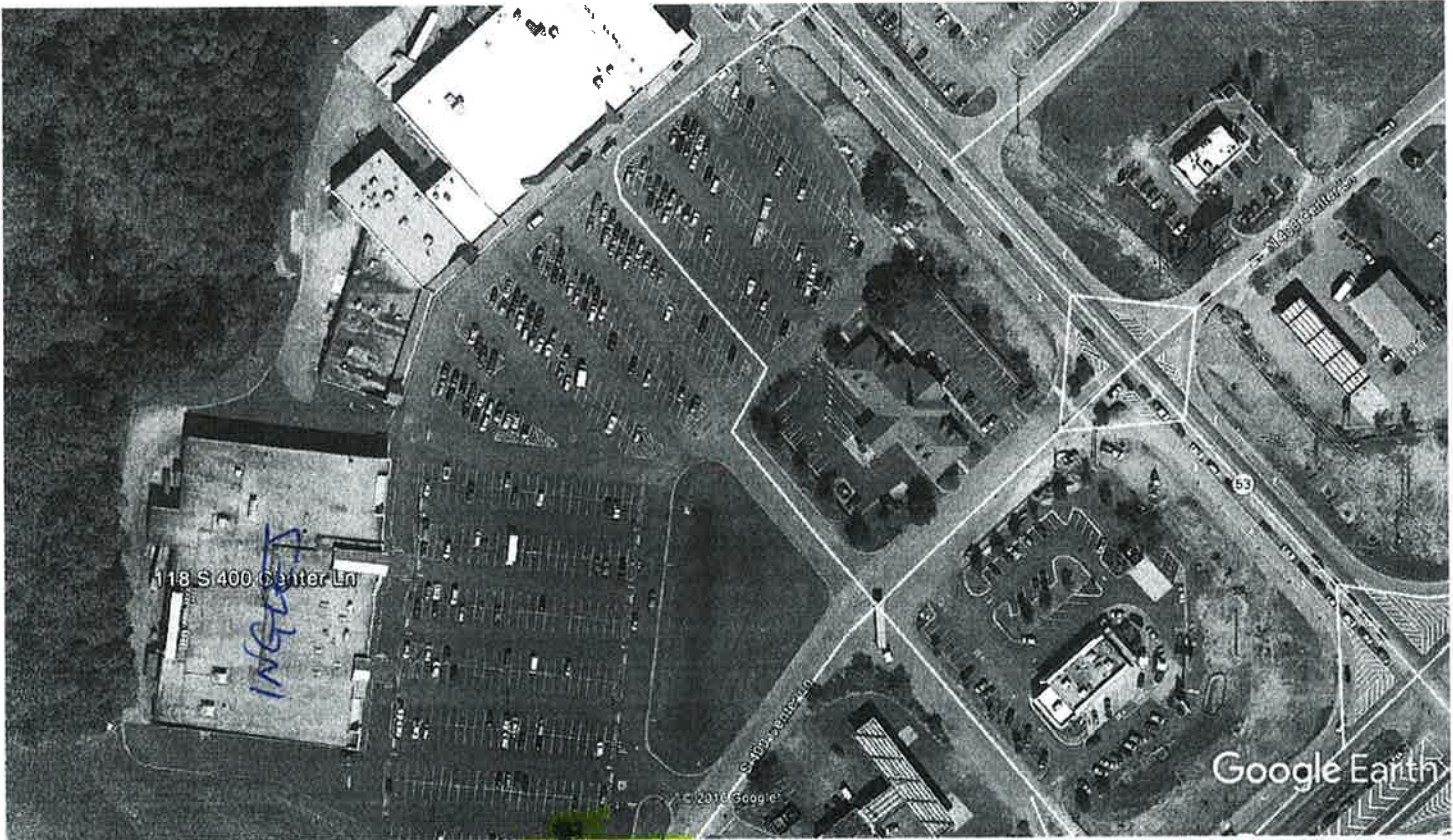
If you have any questions, please do not hesitate to contact me.

My best,

A handwritten signature in cursive script that reads 'Linda Mackay'.

Linda Mackay
Georgia Regional Manager
Mackayl@Tntfireworks.com
404-353-0844





Google Earth

feet
meters





TNT FIREWORKS

PRE-SALE SURVEY

TNT LOCATION #
FGA 0444

Store Name and Number Ingles 441

Address 120 S. 400 Center Ln

City Dawsonville State GA Zip 30534

Anticipated Set Up Date June 15th Beginning Sale Date June 24th

Ending Sale Date July 5th Anticipated Take Down Date July 10th

Tent/Stand Size 8 X 24 Today's Date 4-6-17

Tent/Stand Placement

Joseph [Signature] / Ingles

**Ingles Markets Inc. #441
118S 400 Center Lane
Dawsonville, GA 30534**

Special Instructions _____

TNT Representative Linda Mackay 80 Store Manager Joshua Haynes
404-353-0444 11611.252.081117

Printed: 5/19/2017 3:38:40 PM



Official Tax Receipt
Dawson County
25 Justice Way, Suite 1222
Dawsonville, GA 30534
-Online Receipt-

Phone: (706) 344-3520
Fax: (706) 344-3522

Trans No	Property ID / District Description	Original Due	Interest & Penalty	Amount Due	Amount Paid	Transaction Balance
2016 - 6879	113 039 001 / 1 LL 283 314 LD 13-1 S FMV: 4515653.00	\$43198.54	\$0.00 Fees: \$0.00 \$0.00	\$0.00	\$43198.54	\$0.00
Totals:		\$43198.54	\$0.00	\$0.00	\$43198.54	\$0.00

Paid Date: 11/28/2016

Charge Amount: \$43198.54

INGLES MARKET INC
C/O EASLEY MCCAULEY &
ASSOCIATES INC
P O BOX 98309
ATLANTA, GA 30359



Scan this code with your
mobile phone to view this
bill



License Number: 2017-174
Effective Date: 02/22/2017

Consumer Fireworks Distribution License

The following Branch Store, as defined in NFPA 1124, 2006, is authorized to sell Retail fireworks in accordance with the Rules and Regulations of the Safety Fire Commissioner, Chapter 120-3-22 and O.C.G.A. Section 25-10-5 under the license of it's main office as also defined in NFPA 1124, 2006, shown below.

License Holder:

INGLES #0036
5679 APPALACHIAN HIGHWAY
BLUE RIDGE, GA 30513

Store Name:

INGLES #0441
76 HIGHWAY 400
DAWSONVILLE, GA 30534

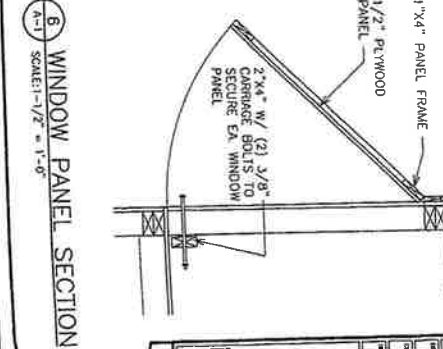
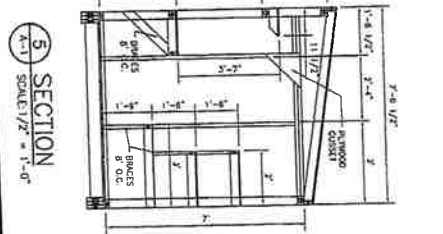
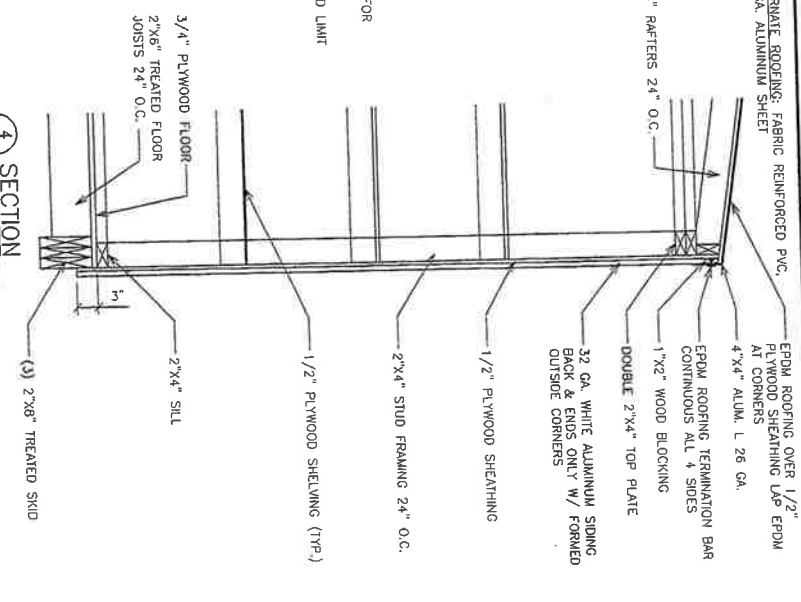
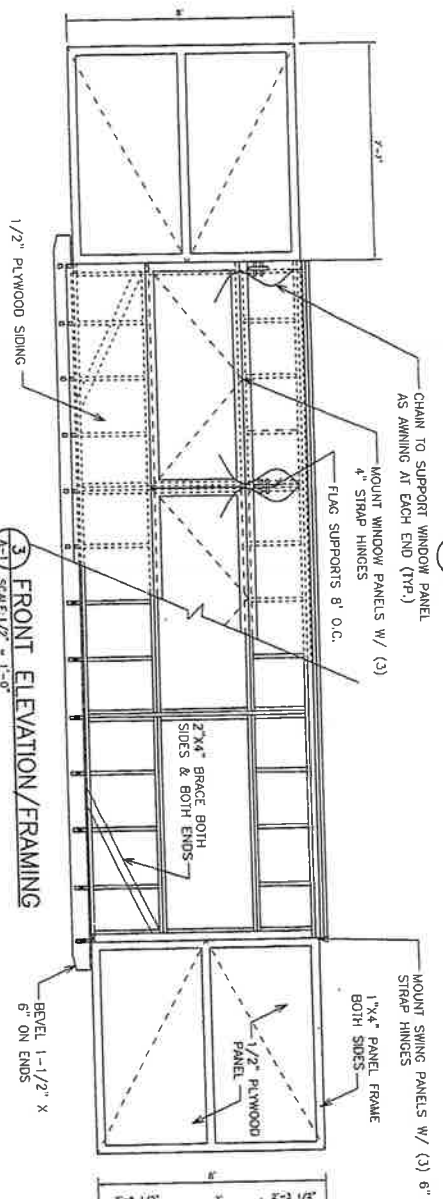
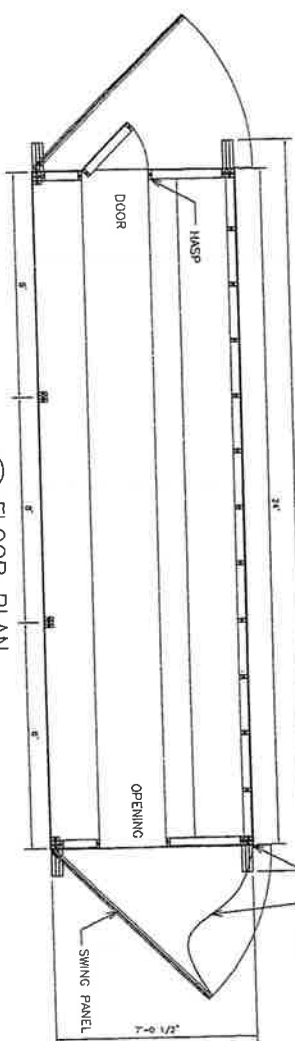
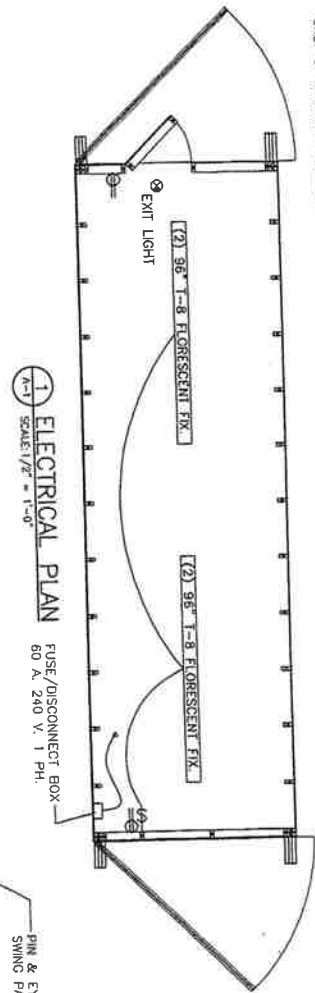
This certificate is dependent on the status of the main office license. Provided that license remains in good standing, this certificate will expire on January 31, 2018



No more than 1000 lbs of fireworks are allowed in this location at any given time.

M. Dwayne Garriss
State Fire Marshal

OWNER RESPONSIBLE FOR COMPLIANCE WITH CODES & OBTAINING APPROVAL OF LOCAL AUTHORITIES
 HILL & JANGAARD ARCHITECTS, P.C. PROVIDED DRAFTING SERVICES
 ONLY TO AMERICAN PROMOTIONAL EVENTS, INC. DESIGN





The only sign on the stand
will be the 2 x 16 It will replace the

Buy one get one free signs.

FIREWORKS

This sign will be 2 x 16



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)	11/1/2017	2/3/2017
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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).

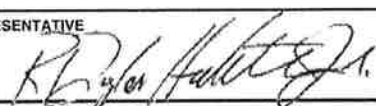
PRODUCER Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Everest Indemnity Insurance Company		10851
INSURER B : Maxum Indemnity Company		26743
INSURER C : _____		
INSURER D : _____		
INSURER E : _____		
INSURER F : _____		

COVERAGES **CERTIFICATE NUMBER:** 14046791 **REVISION NUMBER:** XXXXXXXX

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____	Y	N	SI8GL00242-161	11/1/2016	11/1/2017	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident)	\$ XXXXXXXX
							BODILY INJURY (Per person)	\$ XXXXXXXX
							BODILY INJURY (Per accident)	\$ XXXXXXXX
							PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX
								\$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED: _____ RETENTION \$: _____	N	N	EXC6023470-04	11/1/2016	11/1/2017	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			NOT APPLICABLE			PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$ XXXXXXXX
							E.L. DISEASE - EA EMPLOYEE	\$ XXXXXXXX
							E.L. DISEASE - POLICY LIMIT	\$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
 ADDITIONAL INSURED; FGA0444; PROPERTY LOCATED AT 120 S. 400 CENTER LANE HWY. DAWSONVILLE, GA 30534; BJ LACROSSE BOOSTERS;
 Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER 14046791 INGLES P.O. BOX 6676 ASHVILLE NC 28816	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 
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Backup material for agenda item:

4. Consideration of Request to Surplus Two Ambulance Stretchers



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Emergency Services

Work Session: 8 June 2017

Prepared By: Lanier Swafford

Voting Session: 15 June 2017

Presenter: Tim Satterfield

Public Hearing: Yes No

Agenda Item Title: Sale of Surplus Items

Background Information:

DCES is requesting Board approval to surplus two ambulance stretchers. These stretchers were assigned to two ambulances recently sold at surplus. It is the department's belief that the stretchers will likely bring more money sold individually than as part of the ambulances. Both these stretchers are over ten years old.

Current Information:

The two stretchers we are requesting to surplus are Stryker MX Pro's with the following serial numbers:

1. 050940024
2. 980839220

Budget Information: Applicable: Not Applicable: Budgeted: Yes No

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: I would move that the Board of Commissioners give Dawson County Emergency Services permission to surplus two ambulance stretchers.

Department Head Authorization: Lanier Swafford

Date: 25 May 17

Finance Dept. Authorization: Vickie Neikirk

Date: 5/31/2017

County Manager Authorization: David Headley

Date: 6/01/2017

County Attorney Authorization:

Date:

Comments/Attachments:

None - LS

Backup material for agenda item:

5. Consideration of Request to hold a Fund Raising Event at Fire Station 8



DAWSON COUNTY BOARD OF COMMISSIONERS AGENDA FORM

Department: Emergency Services

Work Session: 8 June 2017

Prepared By: Lanier Swafford

Voting Session: 15 June 2017

Presenter: Tim Satterfield

Public Hearing: Yes No

Agenda Item Title: Fund Raiser for Fire Station 8

Background Information:

DCES is requesting Board approval for Fire Station 8 (Monument Road / Burnt Mountain) to hold a Bar-B Que Fund Raiser. The funds used from this event will be used to pour a concrete for a future water storage tank. One is already in place and the community there would like to work with DCES to move the tank from Highway 183 at Keith Evans Road to Station 8 as the tank is no longer needed on 183 since the construction of the Etowah Water Authority Tank and line.

Current Information:

Budget Information: Applicable: Not Applicable: Budgeted: Yes No

Fund	Dept.	Acct No.	Budget	Balance	Requested	Remaining

Recommendation/Motion: I would move that the Board of Commissioners give Dawson County Emergency Services Fire Station 8 permission to hold a fund raiser in September or October for the purpose of raising funds for an additional water storage tank

Department Head Authorization: Lanier Swafford

Date: 25 May 17

Finance Dept. Authorization: Vickie Neikirk

Date: 5/31/2017

County Manager Authorization: David Headley

Date: 6/01/2017

County Attorney Authorization:

Date:

Comments/Attachments:

None - LS