



CITY OF DAHLONEGA

Council Work Session Agenda

September 16, 2024, 4:00 PM

Gary McCullough Council Chambers, Dahlonega City Hall

In compliance with the Americans with Disabilities Act, those requiring accommodation for Council meetings should notify the City Clerk's Office at least 24 hours prior to the meeting at 706-864-6133.

Vision – Dahlonega will be the most welcoming, thriving, and inspiring community in North Georgia

Mission Statement - Dahlonega, a City of Excellence, will provide quality services through ethical leadership and fiscal stability, in full partnership with the people who choose to live, work, and visit. Through this commitment, we respect and uphold our rural Appalachian setting to honor our thriving community of historical significance, academic excellence, and military renown.

OPEN MEETING

APPROVAL OF AGENDA

BOARD & COMMITTEES

1. Cemetery Committee--August 2024

Quataunda Armstrong, Dahlonega Cemetery Committee

DEPARTMENT REPORTS AVAILABLE AT: <https://dahlonega.gov/category/department-reports/>

2. Community Development Report - August 2024

Allison Martin, City Manager

3. Finance and Administration Department – August 2024

Kimberly Stafford, Finance Manager

4. City of Dahlonega Police Department - August 2024.

George Albert, Chief of Police.

5. Public Works—August 2024

Mark Buchanan, PW Director/City Engineer

6. Water & Wastewater Treatment Department Report August 2024

John Jarrard, Water/Wastewater Treatment Director

APPOINTMENT, PROCLAMATION & RECOGNITION : (Vote at Council Meeting)

PRESENTATION

7. Daughters of the American Revolution Constitution Week Proclamation

JoAnne Taylor, Mayor

ORDINANCES & RESOLUTIONS

AGREEMENTS & CONTRACTS:

8. UCBI Banking Service Contract Renewal

Kimberly Stafford, Finance Manager

9. Employee Benefits Program

City Manager, Allison Martin

[10.](#) Intergovernmental Service Agreement–Downtown Development Authority

Allison Martin, City Manager

Strategic Priority - Effectively Manage Growth

OTHER ITEMS:

[11.](#) Gulf Food and Gas INC bda Gulf Food Mart - Retail Alcoholic Beverage License

Sarah Waters, Assistant City Clerk & Doug Parks, City Attorney

[12.](#) Change to Open Container Footprint - Spirits Tavern Feral Cat Program Fundraiser

Doug Parks, City Attorney & Sarah Waters, Assistant City Clerk

COMMENTS – PLEASE LIMIT TO THREE MINUTES

Clerk Comments

City Manager Comments

City Attorney Comments

City Council Comments

Mayor Comments

ADJOURNMENT

Guideline Principles - The City of Dahlonaga will be an open, honest, and responsive city that balances preservation and growth and delivers quality services fairly and equitably by being good stewards of its resources. To ensure the vibrancy of our community, Dahlonaga commits to Transparency and Honesty, Dedication and Responsibility, Preservation and Sustainability, Safety and Welfare ...for ALL!



Joint Proclamation

By
Lumpkin County
And
The City of Dahlonega



WHEREAS; September 17th, 2024 marks the two hundred thirty-seventh anniversary of the drafting of the Constitution of the United States of America by the Constitutional Convention; and

WHEREAS; it is fitting and proper to officially recognize this magnificent document and the anniversary of its creation; and

WHEREAS; it is the duty and privilege of the American people to commemorate this occasion with the appropriate ceremonies and activities; and

WHEREAS; Public Law 915 guarantees the issuing of a Proclamation each year by the President of the United States of America designating the week of September 17th through 23rd as Constitution Week; and

NOW, THEREFORE, BE IT RESOLVED that the City of Dahlonega and Lumpkin County hereby proclaim the week of September 17th through the 23rd to be **Constitution Week 2024**, and urge all citizens to study the Constitution and reflect on the privilege of being an American, with all of the rights and responsibilities which that privilege involves.

Lumpkin County Georgia

Chris Dockery, Chairman

City of Dahlonega

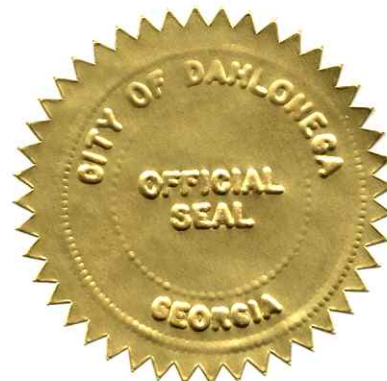
JoAnne Taylor, Mayor

Attest:

Melissa Witcher, County Clerk

Attest:

Sarah Waters, Assistant City Clerk





City Council Agenda Memo

DATE: 8/26/2024
TITLE: UCBI Banking Service Contract Renewal
PRESENTED BY: Kimberly Stafford, Finance Manager
PRIORITY: Strategic Priority - Communication

AGENDA ITEM DESCRIPTION

Review of UCBI Banking Services Contract Renewal

HISTORY/PAST ACTION

Contract Renewal

FINANCIAL IMPACT

The bank is offering the same terms as last year which is an interest rate that is based on their internal non-published board rate referred to as "Index 8" minus 0.35%. This rate adjusts at the first of the month. There is no change to the fees for fraud protection and account services in this renewal. Those fees remain \$400/month. The renewal does allow for an amendment when interest rates stabilize to a more traditional rate paid on a formula basis. The term is for one year to expire on September 30, 2025.

RECOMMENDATION

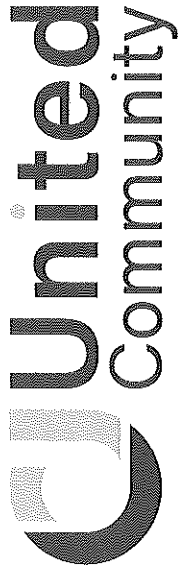
Staff recommends approval of the UCBI Banking Services Contract with a variable rate and a 30-day termination clause.

SUGGESTED MOTIONS

n/a

ATTACHMENTS

Contract document



STATE OF GEORGIA
COUNTY OF LUMPKIN

CITY OF DAHLONEGA CONTRACT FOR BANKING SERVICES

I. NAME OF CONTRACTING PARTIES

This contract, entered into as of the 1st day of October, 2024; between The City of Dahlonega, a political subdivision of the State of Georgia, hereinafter "City" and United Community Bank, hereinafter "Bank."

II. SCOPE OF SERVICES

A. The Bank shall establish and maintain the following transaction accounts as interest bearing public fund accounts with a floating rate. The rate being used is the Bank's internal non-published board rate that we refer to as "Index 8" minus .35 %. This rate will change/adjust on a monthly basis occurring on the first day of each month. This pricing structure will remain in effect for a month-to-month basis not to exceed a one-year period or until such time interest rates stabilize and both parties are agreeable to entering into a rate payable on a formula basis contract. The floating rate shall apply to the following accounts.

- i. Pooled Cash/POOLED CASH
- ii. Flexible Spending Account/FLEXIBLE SPENDING ACCOUNT
- iii. Any other account that the City may deem necessary during the term of this contract.

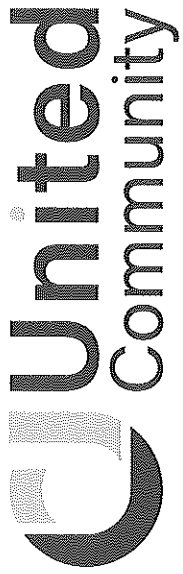
B. The Bank shall provide check cashing services for any City payroll or general disbursement checks drawn on the Bank at no charge.

C. The Bank shall immediately notify the City in writing should its Bauer Score fall below a four (4) star rating at any time during the term of this contract.

D. The Bank will provide at no charge and upon the request of the City, a remote deposit machine.

E. The Bank will provide a safe deposit box to the City at no extra charge.

206 Morrison Moore Parkway West
Dahlonega, GA 30533
P 706-864-8223
F 706-864-0485



- F. The Bank shall maintain and pledge collateral security for any and all account balances which are the subject of this agreement. The Bank agrees to comply with all federal and state laws regarding the collateral pledges to secure the account balances as to the types of collateral, amount of collateral which must be pledged and the places where the collateral may be deposited. All deposit pledges will be secured with the Georgia Secure Deposit Program.

III. COMPENSATION

- A. The Bank will provide checks and deposit slips to the City at standard pricing. Incoming and outgoing wires will be assessed current wire fees established by the Bank.
- B. The Bank will charge a minimum flat fee of \$400.00 per month to maintain the City's current deposit accounts. This fee will include ACH services, Remote Deposit services, and Fraud Prevention services on those accounts. There may be additional fees assessed based on the number of new accounts opened during the term of this contract and the services utilized on any new accounts.

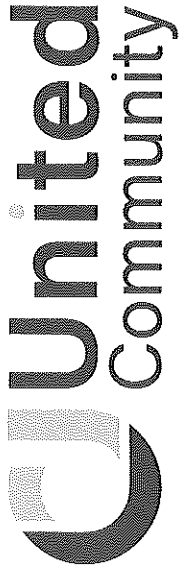
IV. TERM OF CONTRACT

This contract shall have a duration of one (1) year to expire on the 30th day of September, 2025.

V. TERMINATION OF CONTRACT

- A. For Cause. If, through any cause, the Bank shall fail to fulfill in a timely and proper manner, the obligations under this contract, the City shall have the right to terminate by written notice to the Bank. Such written notice shall be given a minimum of three working days before the termination date. In this event, the Bank shall be entitled, to just and equitable compensation for any satisfactory work completed.
- B. Termination without cause by either party. This contract may be terminated by either party by giving written notice to the other party at any time but no later than thirty days before the expiration dated shown in Item IV above.

206 Morrison Moore Parkway West
Dahlonega, GA 30533
P 706-864-8223
F 706-864-0485



VI. CONFLICT OF INTEREST

No official or employee of the City shall participate in any decision relating to this contract, which effects, directly or indirectly, his or her personal financial interest.

IN WITNESS THEREOF, the parties have signed this contract as of the day and year first written above.

BANK:

United Community Bank

CITY:

City of Dahlonega, a political subdivision of the State of Georgia

By:

Eddie V Wayne
President

By:

JoAnne Taylor
Mayor

Attest:

Donna R Bryan
CEO Executive Assistant II

Attest:

Mary Csukas
City Clerk



2025 Benefits Renewal

September 16, 2024



Option 1 – Renew “As Is” with GMA



	3000	1500
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Monthly Total	33	12
Annual Total		45
In-network		
Deductible (Individual)		
Coinsurance		
PCP Copay		
Specialist Copay		
Emergency Room		
Urgent Care		
Max Out-of-Pocket (Individual)		
Outpatient Surgery		
Inpatient Hospitalization		
Prescription		
Tier 1 - Generic		
Tier 2 - Formulary		
Tier 3 - Non-Formulary		
Rx Out-of-pocket		
Employee Contributions		
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Total Monthly Deductions		
Annual Deductions		
Net Cost to City		

Current		Renewal - Option #1	
POS 80/60 3000	POS 80/60 1500	POS 80/60 3000	POS 80/60 1500
1,012.96	1,073.28	1,203.28	1,275.04
2,025.92	2,146.56	2,405.52	2,549.04
1,925.04	2,040.48	2,285.92	2,423.20
3,036.80	3,218.80	3,606.72	3,823.04
\$55,295	\$16,099	\$65,672	\$19,122
	\$856,727		\$1,017,532
			18.77%
OAPOS	OAPOS	OAPOS	OAPOS
\$3,000	\$1,500	\$3,000	\$1,500
80%	80%	80%	80%
\$40	\$40	\$40	\$40
\$50	\$50	\$50	\$50
\$200	\$200	\$200	\$200
\$60	\$60	\$60	\$60
\$6,500	\$5,000	\$6,500	\$5,000
Ded. / Coin.	Ded. / Coin.	Ded. / Coin.	Ded. / Coin.
Ded. / Coin.	Ded. / Coin.	Ded. / Coin.	Ded. / Coin.
\$10	\$10	\$10	\$10
\$35	\$35	\$35	\$35
\$60	\$60	\$60	\$60
\$1,600	\$1,600	\$1,600	\$1,600
Semi-monthly (24)		Semi-monthly (24)	
43.00	71.08	43.00	71.08
150.51	206.67	150.51	206.67
139.98	193.54	139.98	193.54
258.15	342.39	258.15	342.39
\$7,486	\$2,519	\$7,486	\$2,519
	\$120,069		\$120,069
	\$736,658		\$897,463
			21.83%

Notes:

- Assuming no change in employee deductions
- No change in either medical plan design
- Net Cost to City would increase approximately \$160K

Option #2



	3000	1500
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Monthly Total	33	12
Annual Total		45
In-network		
Deductible (Individual)		
Coinsurance		
PCP Copay		
Specialist Copay		
Emergency Room		
Urgent Care		
Max Out-of-Pocket (Individual)		
Outpatient Surgery		
Inpatient Hospitalization		
Prescription		
Tier 1 - Generic		
Tier 2 - Formulary		
Tier 3 - Non-Formulary		
Rx Out-of-pocket		
Employee Contributions		
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Total Monthly Deductions		
Annual Deductions		
Net Cost to City		

Current		Option #2	
POS 80/60 3000	POS 80/60 1500	POS 80/60 5000	POS 80/60 2000
1,012.96	1,073.28	1,137.76	1,248.00
2,025.92	2,146.56	2,276.56	2,496.00
1,925.04	2,040.48	2,164.24	2,373.28
3,036.80	3,218.80	3,414.32	3,744.00
\$55,295	\$16,099	\$62,143	\$18,720
	\$856,727		\$970,357
			13.26%
OAPOS	OAPOS	OAPOS	OAPOS
\$3,000	\$1,500	\$5,000	\$2,000
80%	80%	80%	80%
\$40	\$40	\$40	\$40
\$50	\$50	\$50	\$50
\$200	\$200	\$200	\$200
\$60	\$60	\$60	\$60
\$6,500	\$5,000	\$7,000	\$5,500
Ded. / Coin.	Ded. / Coin.	Ded. / Coin.	Ded. / Coin.
Ded. / Coin.	Ded. / Coin.	Ded. / Coin.	Ded. / Coin.
\$10	\$10	\$10	\$10
\$35	\$35	\$35	\$35
\$60	\$60	\$60	\$60
\$1,600	\$1,600	\$1,600	\$1,600
Semi-monthly (24)		Semi-monthly (24)	
43.00	71.08	43.00	71.08
150.51	206.67	150.51	206.67
139.98	193.54	139.98	193.54
258.15	342.39	258.15	342.39
\$7,486	\$2,519	\$7,486	\$2,519
	\$120,069		\$120,069
	\$736,658		\$850,289
			15.43%

Notes:

- Assuming no change in employee deductions
- Increase both the deductible and medical maximum out-of-pocket for both plans
- Projected annual net cost increase of \$114,000

Option #3



	3000	1500
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Monthly Total	33	12
Annual Total		45
In-network		
Deductible (Individual)		
Coinsurance		
PCP Copay		
Specialist Copay		
Emergency Room		
Urgent Care		
Max Out-of-Pocket (Individual)		
Outpatient Surgery		
Inpatient Hospitalization		
Prescription		
Tier 1 - Generic		
Tier 2 - Formulary		
Tier 3 - Non-Formulary		
Rx Out-of-pocket		
Employee Contributions		
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Total Monthly Deductions		
Annual Deductions		
Net Cost to City		

Current		Option #3	
POS 80/60 3000	POS 80/60 1500	POS 70/50 5000	POS 80/60 3000
1,012.96	1,073.28	1,098.24	1,203.28
2,025.92	2,146.56	2,197.52	2,405.52
1,925.04	2,040.48	2,088.32	2,285.92
3,036.80	3,218.80	3,294.72	3,606.72
\$55,295	\$16,099	\$59,975	\$18,046
	\$856,727		\$936,250
			9.28%
OAPOS	OAPOS	OAPOS	OAPOS
\$3,000	\$1,500	\$5,000	\$3,000
80%	80%	70%	80%
\$40	\$40	\$60	\$40
\$50	\$50	\$85	\$50
\$200	\$200	\$300	\$200
\$60	\$60	\$60	\$60
\$6,500	\$5,000	\$7,000	\$6,500
Ded. / Coin.	Ded. / Coin.	Ded. / Coin.	Ded. / Coin.
Ded. / Coin.	Ded. / Coin.	Ded. / Coin.	Ded. / Coin.
\$10	\$10	\$15	\$10
\$35	\$35	\$45	\$35
\$60	\$60	\$75	\$60
\$1,600	\$1,600	\$1,600	\$1,600
Semi-monthly (24)		Semi-monthly (24)	
43.00	71.08	43.00	71.08
150.51	206.67	150.51	206.67
139.98	193.54	139.98	193.54
258.15	342.39	258.15	342.39
\$7,486	\$2,519	\$7,486	\$2,519
	\$120,069		\$120,069
	\$736,658		\$816,181
			10.80%

Notes:

- Assuming no change in employee deductions
- Base Plan would increase deductible, coinsurance, copays and medical max out-of-pocket. Buy-Up Plan would move from \$1,500 to \$3,000 deductible
- Projected annual net cost increase of \$80,000

Option #4



	3000	1500
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Monthly Total	33	12
Annual Total		45
In-network		
Deductible (Individual)		
Coinsurance		
PCP Copay		
Specialist Copay		
Emergency Room		
Urgent Care		
Max Out-of-Pocket (Individual)		
Outpatient Surgery		
Inpatient Hospitalization		
Prescription		
Tier 1 - Generic		
Tier 2 - Formulary		
Tier 3 - Non-Formulary		
Rx Out-of-pocket		
Employee Contributions		
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Total Monthly Deductions		
Annual Deductions		
Net Cost to City		

Current		Option #4	
POS 80/60 3000	POS 80/60 1500	HSA 4000	POS 80/60 3000
1,012.96	1,073.28	1,034.80	1,203.28
2,025.92	2,146.56	2,068.56	2,405.52
1,925.04	2,040.48	1,966.64	2,285.92
3,036.80	3,218.80	3,045.12	3,606.72
\$55,295	\$16,099	\$56,083	\$18,046
	\$856,727		\$889,549
			3.83%
OAPOS	OAPOS	OAPOS	OAPOS
\$3,000	\$1,500	\$4,000	\$3,000
80%	80%	80%	80%
\$40	\$40	Ded. / Coin.	\$40
\$50	\$50	Ded. / Coin.	\$50
\$200	\$200	Ded. / Coin.	\$200
\$60	\$60	Ded. / Coin.	\$60
\$6,500	\$5,000	\$7,000	\$6,500
Ded. / Coin.	Ded. / Coin.	Ded. / Coin.	Ded. / Coin.
Ded. / Coin.	Ded. / Coin.	Ded. / Coin.	Ded. / Coin.
\$10	\$10	Ded. then \$10	\$10
\$35	\$35	Ded. then \$35	\$35
\$60	\$60	Ded. then \$60	\$60
\$1,600	\$1,600	Combined w/Medical	\$1,600
Semi-monthly (24)		Semi-monthly (24)	
43.00	71.08	43.00	71.08
150.51	206.67	150.51	206.67
139.98	193.54	139.98	193.54
258.15	342.39	258.15	342.39
\$7,486	\$2,519	\$7,486	\$2,519
	\$120,069		\$120,069
	\$736,658		\$769,481
			4.46%

Notes:

- Assuming no change in employee deductions
- HSA plan is a high deductible health plan that does not cover services until deductible & coinsurance met
- City could contribute HSA funds to employees as option
- Projected annual net cost increase of \$33,000 (does not include potential HSA city contributions)

Option #5 – UHC

	3000	1500
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Monthly Total	33	12
Annual Total	45	45
In-network		
Deductible (Individual)		
Coinsurance		
PCP Copay		
Specialist Copay		
Emergency Room		
Urgent Care		
Max Out-of-Pocket (Individual)		
Outpatient Surgery		
Inpatient Hospitalization		
Prescription		
Tier 1 - Generic		
Tier 2 - Formulary		
Tier 3 - Non-Formulary		
Rx Out-of-pocket		
Employee Contributions		
Employee	18	9
Employee + Spouse	4	3
Employee + Child(ren)	4	0
Employee + Family	7	0
Total Monthly Deductions		
Annual Deductions		
Net Cost to City		

Current (GMA)	
POS 80/60 3000	POS 80/60 1500
1,012.96	1,073.28
2,025.92	2,146.56
1,925.04	2,040.48
3,036.80	3,218.80
\$55,295	\$16,099
	\$856,727
OAPOS	OAPOS
\$3,000	\$1,500
80%	80%
\$40	\$40
\$50	\$50
\$200	\$200
\$60	\$60
\$6,500	\$5,000
Ded. / Coin.	Ded. / Coin.
Ded. / Coin.	Ded. / Coin.
\$10	\$10
\$35	\$35
\$60	\$60
\$1,600	\$1,600
Semi-monthly (24)	
43.00	71.08
150.51	206.67
139.98	193.54
258.15	342.39
\$7,486	\$2,519
	\$120,069
	\$736,658

Option #5 - UHC Option	
DUU5 - \$3,000 Ded	DUU7 - \$2,000 Ded
1,111.36	1,161.66
2,222.73	2,323.33
2,111.59	2,207.17
3,331.87	3,482.67
\$60,665	\$17,425
	\$937,078
	9.38%
Choice Plus	Choice Plus
\$3,000	\$2,000
80%	80%
\$35	\$25
\$70	\$50
Ded. / Coin.	Ded. / Coin.
\$50	\$50
\$6,000	\$6,000
Ded. / Coin.	Ded. / Coin.
Ded. / Coin.	Ded. / Coin.
\$10	\$10
\$35	\$35
\$75	\$75
Combined with Medical	Combined with Medical
Semi-Monthly (24)	Semi-Monthly (24)
43.00	71.08
150.51	206.67
139.98	193.54
258.15	342.39
\$7,486	\$2,519
	\$120,066
	\$817,012
	10.91%

Notes:

- Assuming no change in employee deductions
- UHC rates include 2.5% bundling discount by adding dental and vision
- Note: Emergency Room is “Deductible & Coinsurance” instead of copay
- UHC’s Choice Plus network is very similar to Anthem’s POS network

What is an HSA?

HSA stands for Health Savings Account. An HSA may be funded by both the City and employees and is designed to cover medical, dental, and vision expenses not covered under the insurance.

- Only available to employees if they enrolled in the HSA 4000 plan (option #4 - must be enrolled in a High Deductible Health Plan to be compatible for HSA per IRS guidelines)
- City could contribute certain dollar amount. Example:
 - Employee Only - \$500 Contribution
 - Employee + Spouse or Employee + Children - \$750 Contribution
 - Employee + Family - \$1,000 Contribution
 - **With current census of employees on the “Base” \$3,000 deductible plan, it would cost the City \$22,000 in HSA contributions (18 EE only, 4 E+S, 4 E+C, 7 FAM)**
- Would be administered by AdminAmerica (\$4.50 PEPM fee)
- Employees receive a Visa Debit card
- Employee contributions are tax free
- Unused dollars rollover year-to-year
- The account is owned by the employee and will remain active post employment if funded (individual pays admin fee if no longer an active employee)

Dental Renewal

		Delta Dental	Anthem BCBS	United Healthcare
		Current	Renewal	UHC Option
Employee	23	25.00	25.00	34.45
Employee + Spouse	0	76.00	76.00	68.91
Employee + Child(ren)	0	76.00	76.00	82.33
Employee + Family	19	76.00	76.00	123.17
	42	2,019	2,019	3,133
Annual Total			\$24,228	\$37,591
DENTAL PLAN				
Preventive Procedures		100%		100%
Basic Procedures		80%		80%
Major Procedures		50%		50%
Endodontics		80%		80%
Periodontics		80%		80%
Orthodontia Coverage		50% up to \$1,000 Adults and Children		50% up to \$1,000 Children Only
Deductible per person		\$50		\$50
Yearly Maximum per person		\$1,500		\$1,500
Employee Deductions		Deductions (24)		Deductions (24)
Employee	23	12.50	12.50	17.23
Employee + Spouse	0	38.00	38.00	34.46
Employee + Child(ren)	0	38.00	38.00	41.17
Family	19	38.00	38.00	61.59

Notes:

- Anthem is replacing Delta Dental as the GMA dental provider in 2025
- UHC option only offers orthodontia coverage for children only (under 19 years old)
- UHC plan has 4 coverage tiers, while GMA only offers Employee or Employee + Family
- Dental is employee-paid

Vision Renewal

		<i>Current</i>	<i>Proposal</i>
		Avesis	United Healthcare
Employee Only	13	10.50	7.45
Employee + 1 Dependent (Spouse)	5	18.36	14.12
Employee + 1 Dependent (Child)	1	18.36	16.57
Employee + Family	5	27.27	23.32
Annual Premium	24	\$4,376	\$3,607
IN-NETWORK			-17.56%
Routine Eye Exam		\$10 copay (1 per year)	\$10 copay (1 per year)
Eyeglass Frames		\$50 Wholesale or up to \$150 retail allowance (Every 24 months)	\$130 retail allowance + 30% off remaining balance (Every 24 months)
Eyeglass Lenses		Every 12 months	Every 12 months
Standard Plastic Single		\$10 copay	\$10 copay
Standard Plastic Bifocal		\$10 copay	\$10 copay
Standard Plastic Trifocal		\$10 copay	\$10 copay
Contact Lenses		Every 12 months	Every 12 months
Non-Elective Contact Lenses		Covered in full	Covered in full
Elective Conventional Lenses		\$130 allowance	\$125 allowance
Elective Disposable Lenses		\$130 allowance	\$125 allowance
OUT-OF-NETWORK			
Routine Eye Exam		\$35 allowance	\$40 allowance
Eyeglass Lenses		\$25 - \$80 allowance	\$40 - \$80 allowance
Contact Lenses - Elective		\$130 allowance	\$100 allowance
Non-Elective		\$250 allowance	\$210 allowance
Frame		\$45 allowance	\$45 allowance
		Deductions (24)	Deductions (24)
Employee Only	13	5.25	3.73
Employee + Dependent (Spouse)	5	9.18	7.06
Employee + Dependent (Child)	1	9.18	8.29
Employee + Family	5	13.64	11.66
Percentage of Change			-17.56%

Notes:

- Avesis vision renewal has not yet been released. Anticipating renewal near the end of September or early October.
- Do not expect a change in vision rates from Avesis.

Summary

	Annual Premium	% Increase	Employee Cost	Net Annual Cost	Net % Increase	Annual Net Difference To City	Annual Net Difference To Employee
MEDICAL							
GMA							
Current	\$856,727		\$120,069	\$736,658			
Option #1 - Renewal "As Is"	\$1,017,532	18.77%	\$120,069	\$897,463	21.83%	\$160,805	\$0
Option #2	\$970,357	13.26%	\$120,069	\$850,289	15.43%	\$113,630	\$0
Option #3	\$936,250	9.28%	\$120,069	\$816,181	10.80%	\$79,523	\$0
Option #4	\$889,549	3.83%	\$120,069	\$769,481	4.46%	\$32,822	\$0
Option #5 (UHC)	\$937,078	9.38%	\$120,066	\$817,012	10.91%	\$80,354	\$0
DENTAL							
GMA							
Current (Delta Dental)	\$24,228		\$24,228	\$0			
Renewal (Anthem)	\$24,228	0.00%	\$24,228	\$0		\$0	\$0
UHC Option	\$37,591	55.16%	\$37,591	\$0		\$0	\$13,363
Vision							
Avesis							
Current	\$4,376		\$4,376	\$0			
UHC Option	\$3,607		\$3,607	\$0		\$0	-\$768



City Council Agenda Memo

DATE: 9/6/2024
TITLE: Intergovernmental Service Agreement–Downtown Development Authority
PRESENTED BY: Allison Martin, City Manager
PRIORITY Strategic Priority - Effectively Manage Growth

AGENDA ITEM DESCRIPTION

An agreement is presented to continue the City’s contractual relationship with the Downtown Development Authority (Authority) for the fiscal year 2025. To state the Authority’s budget and funding sources.

HISTORY/PAST ACTION

The budget for the fiscal year 2025 was reviewed during the budget process and determined to be consistent with the City’s overall goals for the Authority. The authority holds an annual planning retreat which creates a work plan. The council is invited to the sessions and the work plan is always presented to the council for consideration.

FINANCIAL IMPACT

There is no adverse impact to the city’s budget. The contribution from the city’s general fund was reduced in FY25 to \$50,000. The DDA does receive a contribution from hotel/motel tax funds and the balance of their budget is from fund reserves, miscellaneous revenues, and private donations.

RECOMMENDATION

To approve the Intergovernmental Service Agreement with the Downtown Development Authority for FY2025.

SUGGESTED MOTIONS

n/a

ATTACHMENTS

Intergovernmental Service Agreement – City of Dahlonega Downtown Development Authority

**INTERGOVERNMENTAL SERVICE AGREEMENT
CITY OF DAHLONEGA DOWNTOWN DEVELOPMENT AUTHORITY**

THIS AGREEMENT is entered into as of the ____ day of _____, 2024, between the Downtown Development Authority of the City of Dahlonega, hereinafter referred to as "The Authority") and the City of Dahlonega (hereinafter referred to as "the City"), collectively referred to hereinafter as "the Parties".

WHEREAS, the Authority is an instrumentality of the City of Dahlonega, and whereas the City is desirous of funding the Authority for specific purposes in order to carry out tasks beneficial to the City, for which the Authority possesses certain special powers and skills necessary to carry out those purposes and which have been identified and noted in prior actions of the City enabling the Downtown Development Authority, and

WHEREAS, the purpose of the Authority is to stimulate and sustain economic development in Downtown Dahlonega by encouraging cooperation and building leadership; by advancing a positive image of downtown and promoting it as an exciting place to live, shop, and invest; by sustaining and improving the appearance of downtown; and by strengthening and expanding the economic base of downtown. Powers granted to the Authority to accomplish its purpose include: developing and promoting downtown; making long-range plans or proposals for downtown; financing (by loan, grant, lease, borrow, or otherwise) projects for the public good; executing contracts and agreements; and, purchasing, leasing and selling property.

WHEREAS, the Authority desires to pursue its work via a budgeted program approved by the City;

NOW THEREFORE, the parties agree as follows:

1. The Authority has provided a proposed budget for the fiscal year 2025 beginning October 1, 2024, to the City, and the City has reviewed that budget to determine whether the line items represented in the budget are consistent with the City's overall goals for the Authority.
2. The Authority's budget as presented in "Attachment A", attached hereto and incorporated herein as a part of this Agreement, has been approved at a revised amount of three-hundred six thousand, two-hundred nineteen and no/100's dollars (\$331,122). The Authority's expenditures are funded in part by intergovernmental revenue from the City of Dahlonega totaling \$137,300.
3. A transfer of \$50,000 is required from the City's general fund to fund operating expenditures presented in the budget. Unrestricted Hotel/Motel tax collections of \$87,300 are budgeted to partially fund expenditures related to tourism-related events. Intergovernmental revenue from the City of Dahlonega is accomplished by twelve monthly cash transfers of an equal amount. At the conclusion of the fiscal year, any amount not required for actual expenditures is returned to the City of Dahlonega general fund unless otherwise identified as a multi-year commitment.
4. The City will provide administrative services and maintain the accounts and records for the Authority, and the Authority will follow City policies as applicable. The City currently provides as available the following staff support to the Authority: Executive Director (employee of the City on loan to the DDA), Main Street Manager (loaned employee for downtown business development, tourism/marketing, and public relations); Projects Coordinator, (employee of the City on loan to the DDA), Event Coordinator (employee of the City on loan to the DDA), City Manager (project management, as requested and available); Community Development Director (primary,

administrative and executive support); and Finance Director (account management, financial reports, audits, and other administrative functions).

5. The Authority will provide written activity reports to the city to include a monthly financial statement and a goals and accomplishments status report consistent with the monthly report required of City department directors.

6. The City's duty to fund the Authority's work in fiscal year 2025 shall be contingent upon the Authority's timely provision of the reports, compliance with its approved budget, and completion of projects.

7. This agreement shall terminate on September 30, 2025, unless otherwise renewed or modified.

IN WITNESS WHEREOF, the undersigned have hereunto set their hands and seals the day and year first above written.

For the City of Dahlonega:

For the Downtown Development Authority:

By: _____

By: _____

Title: _____

Title: _____



City Council Agenda Memo

DATE: 8/15/2024
TITLE: Gulf Food and Gas INC bda Gulf Food Mart - Retail Alcoholic Beverage License
PRESENTED BY: Sarah Waters, Assistant City Clerk & Doug Parks, City Attorney

AGENDA ITEM DESCRIPTION

Gulf Food and Gas INC bda Gulf Food Mart, once owned by Mohammed Shabbir, is now owned by Nadeem S Khan. They are requesting an alcoholic beverage license for Package Sales of beer, wine, and an Ancillary Growler Permit at DBA Gulf Food Mart, located at 1959 Highway 19 N. Dahlonega, GA. This establishment operated as Package Sales of Beer and Wine under different ownership in 2023. The application is complete and ready for review by the City Council.

HISTORY/PAST ACTION

A Retail Alcoholic Beverage License was approved in October of 2023 under a different owner.

FINANCIAL IMPACT

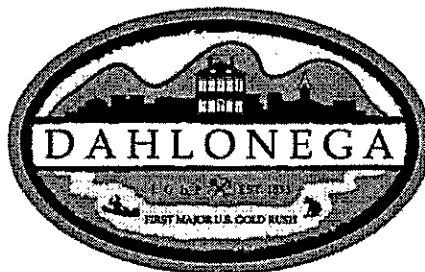
RECOMMENDATION

Staff recommends approving a Class B Retail Beer Package License, a Class C Retail Wine Package License for a store up to 10,000 square feet, and an Ancillary Growler Permit for Dahlonega Food and Gas INC dba/Gulf Food Mart, owned by Mohammed Shabbir at 1959 Highway 19 N. Dahlonega, GA.

SUGGESTED MOTIONS

ATTACHMENTS

Gulf Food and Gas Retail Alcoholic Beverage Application.



Effective immediately, Alcohol Licensing requires the use of the Georgia Tax Center Portal to request all alcohol licenses and permits.

<https://gtc.dor.ga.gov>

The Georgia Department of Revenue's new centralized alcohol application process is designated for retail alcohol initial license registrations and renewals. With this new system, all local and state retail alcohol applications will uniformly be submitted through the Georgia Tax Center (CTC).

*This process also pertains to Temporary Alcohol Licenses. Applications for all Alcohol Permitting are on the DOR website.



CITY OF DAHLONEGA

465 Riley Road

Dahlonega, Georgia 30533

Phone: 706-482-2706 • Fax: 706-864-4837

New Applicants and Renewal Applicants

RETAIL- ALCOHOLIC BEVERAGE LICENSE APPLICATION

Please fill out this application completely with the answers typed or printed. If the space provided on the form is insufficient, answer on a separate sheet of paper and indicate in the space provided that additional sheet(s) is/are attached to the application.

The completed application must be signed and verified, under oath, by the applicant, and submitted to the Georgia Tax Center (GTC), together with the License fee(s), administrative/background fees and photographs of all four sides of the building where the establishment will be located.

All fees are payable to the City of Dahlonega in the form of certified funds (bank certified check, money order, cash or credit card). NO personal checks. No license will be issued to establishments that are owned or managed by person(s) under 21 years of age.

NOTICE: Any false answers to any question on this application could result in the denial of a license, or in the event a license is issued, revocation or suspension of the license.

Alcohol Application Checklist

- Centralized Alcohol Application (gtc.dor.ga.gov)
 - City of Dahlonega Alcohol Application
 - Georgia and Federal Bureau of Investigation Criminal History Background
Check *completed for all Partners*
 - SAVE Public Benefit Affidavit *completed for all Partners*

- Fieldprint Georgia Fingerprinting System - New Applicants / Change of Agent
GBI Background Checkout without Fingerprinting for Renewals only

- Fee Payment City of Dahlonega or DOR Portal



CITY OF DAHLONEGA
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**RETAIL - ALCOHOLIC BEVERAGE
LICENSE APPLICATION**

Please fill out this part of the application completely with the answers typed or printed.

Corporation Name: GULF FOOD AND GAS INC

Doing Business: GULF FOOD MART

Business Owner(s) Name: NADEEM S KHAN

Physical Location: Street #/Name: 1959 HIGHWAY 19 N

City, State, and Zip Code: DAHLONEGA, GA 30533

Telephone Number at Location: 404-326-6796

Mailing Address: Street #/Name: 1959 HIGHWAY 19 N

City, State, and Zip Code: DAHLONEGA GA 30533

Telephone Number of Owner(s): 404-326-6796

Business Email Address: Dahlongafood@gmail.com

Owner(s) Email Address: Dahlongafood@gmail.com



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ALCOHOLIC BEVERAGE LICENSE APPLICATION

APPLICATION INFORMATION: Type of Application – Check one:

- New
 Renewal – Year of Renewal _____

ESTABLISHMENT INFORMATION: Type of Business – Check one:

- Bona Fide Eating Establishment
 Package Sales of Beer and Wine
 Growler
 Wholesaler
 Manufacturer or Brewer
 Farm Winery Tasting Room (pg. 2)
 Other – If other please explain: RETAIL

OWNERSHIP INFORMATION: Type of Ownership – Check one:

- | | |
|--|---|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Partnership Publicly Held |
| <input type="checkbox"/> 501 (c) Corporation | <input type="checkbox"/> Corporation subject to S.E.C Regulations |
| <input checked="" type="checkbox"/> Privately Held Corporation | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other – Please explain:
_____ | |



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ALCOHOLIC BEVERAGE LICENSE APPLICATION

CLASS OF LICENSE AND FEES:

RETAIL PACKAGE SALES – CHECK ALL THAT APPLY:

<input checked="" type="checkbox"/>	Class B, Retail Beer Package License for stores up to 10,000 square feet	\$1,200.00
<input type="checkbox"/>	Class B, Retail Beer Package License for stores over 10,000 square feet	\$1,800.00
<input checked="" type="checkbox"/>	Class B, Retail Ancillary Growler Permit	\$250.00
<input checked="" type="checkbox"/>	Class C, Retail Wine Package License for stores up to 10,000 square feet	\$1,200.00
<input type="checkbox"/>	Class C, Retail Wine Package License for stores over 10,000 square feet	\$1,800.00
<input type="checkbox"/>	Farm Winery Tasting Room	\$150.00
<input checked="" type="checkbox"/>	Class C, Ancillary Wine Tasting Permit	\$150.00
<input checked="" type="checkbox"/>	Administrative/Background Fee New License (or New Owner)	\$250.00
<input type="checkbox"/>	Administrative/Background Fee Renewal License	\$50.00

CONSUMPTION ON PREMISES – CHECK ALL THAT APPLY:

<input type="checkbox"/>	Class D, Retail Liquor by the drink	\$2,400.00
<input type="checkbox"/>	Class E, Retail Beer by the drink	\$1,200.00
<input type="checkbox"/>	Class F, Retail Wine by the drink	\$1,200.00
<input type="checkbox"/>	Administrative/Background Fee New License (or New Owner)	\$250.00
<input type="checkbox"/>	Administrative/Background Fee Renewal License	\$150.00

MANUFACTURERS & WHOLESALE – CHECK ALL THAT APPLY:

<input type="checkbox"/>	Class H, Wholesale Beer	\$1,000.00
<input type="checkbox"/>	Class I, Wholesale Wine	\$1,000.00
<input type="checkbox"/>	Class K Brewer, Manufacturer of Malt Beverages or Wine	\$1,000.00

LICENSE FEES (excluding Admin and Background fees): 2,800

ADMIN/BACKGROUND FEE: 250

TOTAL DUE: 3,050

*Farm Winery Tasting Room applications MUST be submitted by a Farm Winery and the Farm Winery must operate the Tasting Room.
 *Ancillary Wine Tasting License require that you have only a Wine Package License and you must sell \$1,500.00 of food products per month.



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ALCOHOLIC BEVERAGE LICENSE APPLICATION

FOR PARTNERHSIP ONLY (Attach partnership agreement)

Date partnership formed:

LIST OF PARTNERS:

Name and resident address of Partners: Social Security Number:

G- General Interest
 L- Limited
 \$- Investment
 S- Silent
 %-

FOR CLOSELY HELD CORPORATIONS ONLY (Attach Articles of Incorporation and Certificate of Incorporation):

Date of Incorporation: 06/11/2024

Place of Incorporation: GEORGIA

State Parent Corporation: GEORGIA

Number of Shares of Capital Stock Authorized: 100

For Corporations, list officer, directors, and/or principal shareholders with 20% or more of the stock:

Name	Social Security Number	Position	Interest%
NADEEM S KHAN	355-95-4358	OWNER	100%

Is the corporation owned by a parent corporation or held by a holding company? IF yes please explain:

NO



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ALCOHOLIC BEVERAGE LICENSE APPLICATION

FOR PRIVATE CLUBS ONLY (Must qualify as an eating establishment):

Date of organization under the laws of the State of Georgia: _____

State number of regular due paying members: _____

Is any member, officer, agent or employee compensated directly or indirectly from the profits of the sale of distilled spirits, beyond a fixed salary as established by its members at any annual meeting or by its governing board out of the general revenue of the club? If yes, provide details:

Attach minutes of the annual meeting setting salaries. For private club, list officers, directors and/or principal shareholders with 20% or more of the stock.

Name	Social Security Number	Position	Interest%
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For 501 (c) Corporation

Ownership documentation for a 501(c) Corporation is the 501(c)- Letter of Determination from the IRS

For LLC Ownership

Ownership documentation for an LLC distinction requires an LLC- Certificate of Existence from the Georgia Secretary of State



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ALCOHOLIC BEVERAGE LICENSE APPLICATION

GENERAL INFORMATION:

Does owner and/or individual partner, shareholder, director or officer have any interest in any manufacture or wholesale of alcoholic beverage? If yes, provide details:

NO

Has owner and/or individual partner, shareholder, director or officer have any financial aid or assistance from any manufacturer of alcoholic beverages? If yes, provide details:

NO

Show hereunder any and all persons, corporations, partnerships, or associations (other than persons stated herein as owner(s), directors, or officers) who have received or will received, as a result of your operation under the required license, any financial gain or payment delivered from any interest or income from the operation. Financial gain or payment shall include payment of gain from any interest in the land, fixtures, building, stock and any other asset of the proposed operation under the license. In the event any corporation is listed as receiving an interest or income from this operation, show the names of the officers and directors of said corporation together with the names of the principal stockholders:

Name	Social Security Number	Position	Interest %
------	------------------------	----------	------------

List all other businesses engaged in the sale of alcohol beverages that you, the owner, or any individual, partner, shareholder, officer, or director has interest in, or been employed by or associated with in the past:

Name	Name of Business	Interest %
------	------------------	------------



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ALCOHOLIC BEVERAGE LICENSE APPLICATION

Has any previously granted alcohol beverage license ever been revoked or suspended? If so, state the government authority involved, the date, and the reason for the revocation or suspension:

NO

List other Licenses held by applicant with city of Dahlonega: _____

Is Owner past due on any obligations with the City of Dahlonega?

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

Has the applicant read the alcohol regulations of the City of Dahlonega?

Will Live entertainment be offered? If yes, please explain:

NO

PROPERTY LOCATION INFORMATION:

Owner of Building: _____

Owner of Realty (land), if different from owner of building: _____

Tax Map & Parcel Number of Realty: _____

Present Zoning Certification: _____

Number of Off-Street Parking Spaces at Location: _____



CITY OF DAHLONEGA

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ALCOHOLIC BEVERAGE LICENSE APPLICATION

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, CITY OF DAHLONEGA

I, NADEEM S KHAN, DO SOLEMNLY SWEAR, SUBJECT TO THE PENALTIES OF FALSE SWEARING, THAT THE STATEMENTS AND ANSWERS MADE BY ME AS THE APPLICANT IN THE FOREGOING PERSONAL STATEMENT, ARE TRUE AND CORRECT.

APPLICANT SIGNATURE NSKhan DATE 8-8-2024

I, HEREBY CERTIFY THAT NADEEM S KHAN SIGNED HIS/HER NAME TO THE FOREGOING APPLICATION STATING TO ME THAT HE/SHE KNEW AND UNDERSTOOD ALL STATEMENTS AND ANSWERS MADE THEREIN, AND UNDER OATH ADMINISTERED BY ME, HAS SWORN THAT SAID STATEMENTS AND ANSWERS ARE CORRECT.

THIS 8 DAY OF August, 2024.

NOTARY PUBLIC SIGNATURE:

MY COMMISSION EXPIRES MAY 1 2027

[SEAL]

ANNMARIE SKERRIT
NOTARY PUBLIC
Gwinnett County
State of Georgia
My Comm. Expires May 1, 2027



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ALCOHOLIC BEVERAGE LICENSE APPLICATION

FOR OFFICE USE ONLY:

Date Received: _____ Total Fee Paid: _____

Approval Date: _____ Denial Date: _____

State License Number: _____

Local License Number: _____



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**Georgia and the Federal Bureau of Investigation
 Criminal History Check**

I hereby authorize the **City of Dahlonega** to receive a copy of my Georgia and Federal Bureau of Investigation Criminal History record information pertaining to me, which may be in the files of any federal, state, or local criminal justice agency.

NADEEM S KHAN
 FULL NAME (PRINT)

1438 SPRINGS CHASE CIR, STONE MOUNTAIN GA 30083
 ADDRESS

M F 355-95-4358 10/01/1963
 SEX (CHECK ONE) SOCIAL SECURITY NUMBER DATE OF BIRTH

I, NADEEM S KHAN give consent to the above-named to perform periodic criminal history background checks for the duration of licensure.

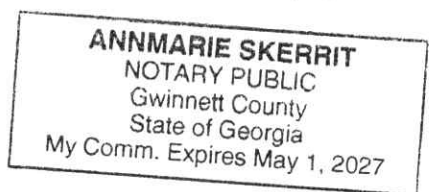
NSKhan
 Signature

08-08-2024
 Date

Executed in Dahlonega, Georgia, Subscribed and sworn before me on this day of August 8 2024

My Commission Expires: MAY 1 2027

Notary Signature: [Signature]



Fingerprints for a background investigation must be completed for each owner if a sole proprietor or partner, provided one partner works full time in the establishment or manager if no owner or partner works full time in the establishment. This is an initial requirement for all alcohol beverage license holders.

Register:
 The applicant must register prior to going to the fingerprint site or sending hardcopy fingerprint cards. You can register online at <http://fieldprintgeorgia.com> Agency Code - GA923150Z
 During the registration process, all demographic data for the applicant is collected (name, address, DOB, etc.) along with notices about identification requirements and other important information.

NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation.(CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

Attached below are view screen instructions for accessing Fieldprint for the state of Georgia.

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021



CITY OF DAHLONEGA

465 Riley Road

Dahlonega, Georgia 30533

Phone: 706-482-2725 • Fax: 706-864-4837

AFFIDAVIT RETAIL PACKAGE

Food / Alcohol Sales / Merchandise

On or before the 15th day of November of each year, each applicant for a retail license for Package sales renewal shall furnish to the City Clerk for the months of August, September and October of the then current calendar year an affidavit showing the gross sale of groceries and food products, excluding sale of Malt Beverages and Wines; the gross sales of Malt Beverages and Wines; and the gross sale of other merchandise. This affidavit shall be on a form furnished by said Clerk, and attached to this affidavit shall be a copy of the Georgia Sales and Use report for the three monthly periods. Package store Class B and C licenses shall be revoked if gross sales of groceries and food products excluding sale of Malt Beverages and Wines fall below the sum of one thousand five hundred dollars (\$1,500.00) monthly for three consecutive months.

GROSS SALES REPORT FOR THREE CONSECUTIVE MONTHS
TO INCLUDE AUGUST, SEPTEMBER AND OCTOBER

NAME OF ESTABLISHMENT: _____

	Groceries and Food Products (excluding Malt Beverages and Wines)	Malt Beverages and Wines	Other Merchandise
August:			
September:			
October:			
Total Gross Sales:			

Attached to this affidavit is a copy of the Georgia Sales and Use report for the three monthly periods which is sworn to be true and correct.

X NSKhan Signature of Affiant

NADEEM-S-KHAN Printed Name of Affiant

Sworn to and subscribed before me this 8 day of August, 2024.


Notary Public

State of Georgia (Affix Seal Here)

ANNMARIE SKERRIT
NOTARY PUBLIC
Gwinnett County
State of Georgia
My Comm. Expires May 1, 2027



City Council Agenda Memo

DATE: 9/13/2024
TITLE: Change to Open Container Footprint - Spirits Tavern Feral Cat Program Fundraiser
PRESENTED BY: Doug Parks, City Attorney & Sarah Waters, Assistant City Clerk

AGENDA ITEM DESCRIPTION

Proposal to suspend the enforcement of open containers in the Hancock Park area at the Feral Cat Program Event Fundraiser event so that festivalgoers may carry their alcoholic beverages around Hancock Park.

HISTORY/PAST ACTION

The festival permit was previously held in Hancock Park.

FINANCIAL IMPACT

RECOMMENDATION

It is the recommendation of staff to allow the suspension of the appropriate ordinances for this event.

SUGGESTED MOTIONS

I make a motion to suspend enforcement of the open container laws of the City of Dahlonega including but not limited to the following: The Code of the City of Dahlonega, Georgia, Chapter 22, Article II, Section 22-32, Section 22-33, Section 22-34, Section 22-35, within the geographical area set aside for alcohol sales and consumption within that certain festival special event permit application granted by the City to the Feral Cat Program Fundraiser organizer, the duration of the suspension to run concurrently with the duration of the permit granted.

ATTACHMENTS

The Off-Premise Alcohol Permit Application with payment.



The Off-Premise Catering Application is presented to the City for approval and payment. This application process is not affected by the new State Alcohol Licensing Process. This Off-Premise Alcohol License is issued to establishments with an existing consumption on-premise alcohol license and reporting issuance of the approved license to the state is the license holder's responsibility.

The application must be presented at City Hall at least ten days in advance of the event. The application must be completed in its entirety. If the applicant needs specific forms notarized, signatures must be completed with the notary.



Information for Application for Off-Premises Alcoholic Beverage Catering Permit and Excise Tax

(a) Permit requirements for Resident Alcohol caterers:

- (1) Any Licensee (hereinafter "Resident alcohol caterer") who possesses a valid license from the City of Dahlonega to sell or otherwise dispense Malt Beverages, Wine or Distilled Spirits by the drink at a fixed location within the City may apply for an off- Premises permit that permits Alcohol sales at authorized catered events or functions. The fee for each such permit shall be \$50.00 as authorized by O.C.G.A. § 3-11-3
- (2) Each Off-Premises Alcoholic Beverage catering permit, authorized herein, shall be valid only for the event for which the permit is issued. The fee for permits and administrative fees due upon application for a permit shall be set by resolution of the city council, and this fee amount shall remain in effect until modified or amended by subsequent resolution adopted by the city council.
- (3) It shall be unlawful for any Person to engage in, carry on, or conduct the sale or distribution of Alcoholic Beverages Off-Premises and in connection with a catered event or function without first having obtained a permit as provided herein.

(b) Permit requirements for nonresident caterers:

- (1) A nonresident Alcoholic Beverage caterer (hereinafter "nonresident Alcohol caterer" or "Alcoholic Beverage caterer") shall submit an application for an off- Premises Alcoholic Beverage catering permit to the City. The fee for each such permit shall be \$50.00 as authorized by O.C.G.A. § 3-11-3 Nonresident caterer shall mean any Alcoholic Beverage caterer who holds a valid license which was issued by a locality other than the City of Dahlonega to sell or distribute Distilled Spirits, Malt Beverages or Wine by the drink.
- (2) An application for a Permit shall include the name of the nonresident caterer, a copy of the caterer's Alcoholic Beverage license, the date, address, time, and name of the event and the quantity and type of the Alcoholic Beverages to be transported from the nonresident caterer's primary location to the location of the authorized catered event or function.
- (3) The original Permit shall be kept in the vehicle transporting the Alcoholic Beverages to the catered event or function.
- (4) It shall be unlawful for a Licensed Alcoholic Beverage Caterer to distribute, sell, or otherwise dispense Alcoholic Beverages in the City of Dahlonega except as specifically authorized by the Permit.

(c) Excise taxes.

- (1) Excise taxes are imposed upon the sale of Alcoholic Beverages by Resident caterers as provided in Article XII.
- (2) Excise taxes are imposed upon the total of individual Alcoholic Beverage drinks served by a nonresident caterer in the amounts set forth in Article XII and shall be paid within 30 days after the conclusion of the catered event or function.

Your initials here indicate that you are aware of the requirements of Ordinance 2016-12 regarding payment of Excise Tax and that you will remit payment of the Tax within 30 days of the conclusion of the event for which the permit is issued.

If you have questions, please do not hesitate to contact City Hall at (706) 864-6133.

City of Dahlonega
465 Riley Road
Dahlonega, GA 30533
(706) 864-6133
www.dahlonega.gov



Application for Off-Premises Alcoholic Beverage Catering Permit

Business Organization Details:

Name of Business/Organization (Alcohol Provider): SPIRITS TAVERN

Physical Business/Organization Address: 19 E MAIN ST Ste D

Mailing Address: PO BOX 472
DAH

Name of Licensee: SABRINA WALKER

Email: SABRINA@SPIRITS-TAVERN.COM Telephone Number: 706-974-8245

Signature of Licensee: Sabrina Walker

Event Details:

Name of Event: SPIRITS TAVERN 10th ANNIV.

Location of the Event (Physical Address): HANCOCK PARK

Date of Event: From: Oct 31, '24 to: Oct 31, '24

Duration of Event # of Days (cannot exceed 3 consecutive days): 1 days

Event Hours: From: 6 a.m. (p.m.) To: 11 a.m. (p.m.)

Types & Quantity of Alcoholic Beverages to be served: _____

BEER, WINE, 2 PART LIQUOR DRINKS

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Permit Checklist

Application Requirements:

- Off-Premises Alcoholic Beverage Catering Permit Application Information and Excise Tax acknowledgment.
- Applicant's Certification Affidavit (Notarized)
- SAVE Affidavit (Notarized)
- Application and Alcoholic Beverage Provider Information
- Copy of Alcoholic Beverage Provider's Alcohol License
- Copy of valid Occupational Tax Certificate
- Payment in full

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**Application for Off-Premises Alcoholic Beverage Catering Permit
(Page 2)**

Property Details:

Name of Owner: SABRINA WALKER
 Owner's Address: 58 MOUNTAIN PATH
 Owner's Email: SABRINA@SPIRITS-TAVERN.COM
 Owner's Telephone: 706-974-8245

Permit and Administrative Fees Due upon Application: **TOTALS**

Administrative Fee – Beer/Wine only OR Liquor only	<u>\$50.00</u>	\$ _____
Administrative Fee – Beer/Wine AND Liquor	<u>\$75.00</u>	\$ _____

Additional Fees for Non-Resident Caterers Due upon Application:

Off-Premises Permit Fee	<u>\$50.00</u>	\$ _____
Background Check	<u>\$40.00</u> X # Persons _____	\$ _____

TOTAL FEES DUE: \$ _____*

The total fees due shall be paid at the time of application for a Permit. In the event the application is DENIED, the applicant shall receive a refund of only the per day Permit fee paid at the time of application. All other fees are non-refundable.

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Application for Off-Premises Alcoholic Beverage Catering Permit Certification and Affidavit

Name of Event: SPIRITS TAVERN 10th ANNIV. & FERAL CAT PROGRAM FUNDRAISER

Brief Description of Event: HANCOCK PARK, LIVE MUSIC, FUNDS DONATED TO FERAL CAT PROGRAM of GA

Address of Event: HANCOCK PARK

I hereby agree that as a condition to the issuance of an Off-Premises Alcoholic Beverage Catering Permit, the business owner/sponsor of the Event shall indemnify and hold the City harmless from claims, demand or cause of action which may arise from activities associated with the event.

I hereby solemnly swear, subject to criminal penalties for false swearing, that the statements and answers made by me to the foregoing questions in this application for an Off-Premises Alcoholic Beverage Catering Permit are true, and no false or fraudulent statement or answer is made herein to procure the granting of such permit.

I hereby state and understand that should a complaint be filed against the owner/sponsor of the Event for violation of any regulation associated with the application for the City of Dahlonega Off-Premises Alcoholic Beverage Catering Permit, the permit issued for the event will immediately become void and will not reissue for the same location.

Licensee Signature: Storia M Walker Date: _____

Sworn and Attested before me on this 12 day of AUGUST, 2024.

Julie Fullwood
Notary Signature/Seal



Julie Fullwood
NOTARY PUBLIC
Lumpkin County, Georgia
My Commission Expires
May 26, 2025

Staff Use Only	
Permit#:	Administrative Fees:
Processed By:	Permit Fees:
Approved/Denied	Expiration Date:
Approval Date:	Denied Date:

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City of Dahlonega
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Dahlonega, GA 30533
Phone : 706-864-6133
www.dahlonega.gov

Received From:
SPIRITS TAVERN

Date: 08/12/2024 Time: 3:35:49 PM
Receipt: 151853 *** REPRINT ***
Cashier: JFULLWOOD
Workstation: CD1 Drawer: 1

OFF PREMISE CATERING PERMIT
10/31/2024 EVENT - HANCOCK PARK
6:00 - 11:00 - 10TH ANNIVERSARY
CELEBRATION

ITEM REFERENCE	AMOUNT
27 LICENSES - BEER	
LICENSES - BEER	\$25.00
28 LICENSES - WINE	
LICENSES - WINE	\$25.00
29 LICENSES - ALCOHOL	
LICENSES - ALCOHOL	\$25.00

SUB-TOTAL	\$75.00
Total Tendered:	\$75.00
ORDER #:	
29e6ab14-6fb5-41eb-a083-80877481c4ce	
Credit Card Type Visa	
CC Processing Fee	\$2.95
CREDIT CARD XXXXXXXXXXXXXXXXXXXXXXXXXXXX	
XXXXXXXXc4ce	
Grand Total:	\$77.95

Change: