1. Chairman’s Report

2. Hearing and Actions on Rezone Matters, Special Use Permits, Etc. (Linda Fortson & Lamar Hughston)

3. Statements and Remarks from citizens on an agenda item

CONSENT AGENDA:

4. Consider approving the 2020 Food Bank budget

5. Consider approving the 2020 Law Library and Clerk’s Deed budgets

6. Consider approving the 2020 Sheriff’s Office State Seizure account and Jail Commission budgets

OLD BUSINESS:

7. Consider approving the 2020 Madison County Budget Resolution

NEW BUSINESS:

8. Consider Property and Casualty Insurance Policy

9. Consider refunding $12,640.10 to Capital Resource Management for correction of title

10. Consider approving 2019 & 2020 Sheriff’s Donation account budgets

11. Discuss the 2019 millage rate

12. Discuss amending the noise ordinance

13. Discuss approving a Beer & Wine License application for Hwy 29 Quick Stop Inc.

14. Roads Update

15. Urgent Matters

16. Executive Session to discuss land acquisition, personnel matters and/or potential litigation (if needed)

17. Adjourn
Date: April 18, 2019

To: Madison County Board of Commissioners

From: Bobbie Rooker, Food Bank Director

Re: 2020 Madison County Food Bank Budget

2020 Madison County Food Bank

REVENUE

Donations, Food Drive $62,000.00

EXPENDITURES

Purchase Food Items $62,000.00
Date: April 30, 2019  
To: Madison County Board of Commissioners  
From: Katie Cross, Clerk of Superior Court  
Subject: 2020 Budget — Law Library and Deed Special Revenue Fund

**2020 BUDGET – LAW LIBRARY SPECIAL REVENUE FUND**

**REVENUE**

Fees Collected $13,000.00

**EXPENDITURES**

Books, Publications & misc. $21,500.00

**2020 BUDGET – CLERK’S DEED SPECIAL REVENUE FUND**

**REVENUE**

Fees Collected $18,500.00

**EXPENDITURES**

Equipment & misc. $30,500.00
To:  
Madison County Board of Commissioners

From:  
J. Michael Moore, Sheriff

RE: 2020 Projected Revenues for Seizure and Jail Commissions

2020 MSCO – State Seizure Account

Revenue

Projected Seizures  $ 10,000.00

Expenditures

Public Safety Expense  $ 10,000.00

2020 MCSO - Jail Commission

Revenue

Monthly Commission  $3,000.00  $36,000.00 Annually

Expenditure

Public Safety / Training / Jail PPE:  $3,000.00  $36,000.00 Annually
2020 BUDGET RESOLUTION

A RESOLUTION to adopt a budget for the fiscal year 2020 for each fund of the Madison County Board of Commissioners, appropriating the amounts shown in each budget as expenditures, adopting the items of anticipated funding sources, prohibiting expenditures to exceed anticipated funding sources and prohibiting expenditures from exceeding actual funding sources.

WHEREAS, a Proposed Budget for each of the various Funds of the County has been presented to the Board of Commissioners and,

WHEREAS, an appropriate advertised public hearing has been held on the 2020 Proposed Budget, as required by Federal, State and Local Laws and Regulations; and,

WHEREAS, the Board of Commissioners has reviewed the Proposed Budget and has made certain amendments to Funding Sources and Appropriations; and,

WHEREAS, each of the Funds has a balanced budget, such that Anticipated Funding Sources equal Proposed Expenditures;

NOW, THEREFORE, BE IT RESOLVED that this Budget is hereby adopted specifying the Anticipated Funding Sources for each Fund and making Appropriations for Proposed Expenditures to the Divisions or Organizational Units named in each Fund.

BE IT FURTHER RESOLVED that Expenditures of any Fund shall not exceed the Appropriations authorized by this Budget.

BE IT FURTHER RESOLVED that the Budget shall be adjusted so as to adapt to changing governmental needs during the fiscal year as follows by Budget Amendments. Such amendments shall be recognized as approved changes to this resolution in accordance with O.C.G.A. 36-81-3 (d) (l):

(l) Any increase in Appropriations in any Division in any Fund through a transfer of Appropriations between Divisions shall require the approval of the Board of Commissioners. The Finance Director is granted authority to allocate an increase in Appropriations in any Division in any Fund in the case of insurance reimbursements for vehicle collisions and other equipment losses, increase of anticipated revenue due to collection of revenue to match a specific line item expenditure, grant funds, reimbursed expenses, and contributions.
(2) Any transfers of funds among the various accounts within a Division shall require only the approval of the Finance Director, except transfers of Appropriations to or from salaries. Transfers to or from salaries or from operating funds from one division to another division require approval from the Board of Commissioners.

(3) The Finance Director is granted authority to allocate funds from established reserves for salary adjustments and reclassifications to Divisions and Organizational Units as necessary to provide funding for actions approved by the Board of Commissioners.

(4) The Finance Director is granted authority to allocate funds from established reserves as necessary to provide funding for projects approved by the Board of Commissioners.

(5) Items listed in the General Government Non-departmental division that are intended to be distributed to the user division on an as needed or as used basis shall require only the approval of the Finance Director.

(6) The Board of Commissioners shall approve increases in authorized positions and salaries.

(7) All Capital Outlay fixed assets items shall be preplanned and included in line items found in the Capital Outlay Fund.

Approved by the Madison County Board of Commissioners on the ______ day of August, 2020 and executed this the_______day of August, 2020 in witness whereof of the parties hereto have set their hands, affixed their seals, and delivered these presents.

BOARD OF COMMISSIONERS OF MADISON COUNTY

By:

JOHN D. SCARBOROUGH – CHAIRMAN

Attest:

RHONDA S. WOOTEN – COUNTY CLERK
Madison County Sheriff’s Office
J. Michael Moore, Sheriff
1436 Highway 98
P. O. Box 65
Danielsville, GA 30633
Phone: 706-795-6202
Fax: 706-795-2999

Donation Checking Account – 2019 Budget Approval

This account is primarily used at Christmas for the “Christmas Shopping with a Deputy Sheriff” fund. We ask for donations every year and post the amount on facebook that’s received.

Typically $3,000.00 donated

Expenditure $3,000.00
Donation Checking Account – Year of 2020

This account is primarily used at Christmas for the “Christmas Shopping with a Deputy Sheriff” fund. We ask for donations every year and post the amount on Facebook that’s received.

We have already been given $1,787.00 for next year’s shopping day.

Typically $3,000.00 donated

Expenditure $3,000.00
Madison County Noise Ordinance

Chapter 26   Environment

Article III. NOISE

Section 26-71. Prohibited noise.

(c) The prohibitions of this article shall not apply to the noises and/or sounds caused to be made by transportation, agricultural, public utility, manufacturing, governmental, or commercial entities in the normal course of their business.
APPLICATION FOR BEER AND WINE LICENSE

Alcoholic License Year: 2019

✓ New License Effective 9-20-2019

____ Renewal

8-27-2019

A. License Type:

($) A. Retail sale of malt beverage & wine, Private Clubs, Restaurants, Event Hall

($) B. Retail sale of malt beverage & wine, off premise consumption

($) C. Wholesale sale & distribution of malt beverage & wine

($) D. Manufacturing of malt beverage & wine in Madison County, Georgia

B. Applicant Type:

1. Individual (Sole Proprietorship):

Name of Manager-Agent: ________________________ Social Security No. ______________________

Street Address: ________________________________

City: _____________________ State: _______ Zip: ___________ Telephone: ______________________

Business Name: ________________________________

Business Street Address: ________________________

City: _____________________ State: _______ Zip: ___________ Telephone: ______________________

Business Mailing Address: ________________________

City: _____________________ State: _______ Zip: ___________ Telephone: ______________________

__________(initials): I hereby certify that effective ____________, I will maintain regular managerial and supervisory authority over the business conducted on the licensed premises.
2. Corporation, LLC, or Partnership:

Name of Manager-Agent: SABU KURIAN Social Security No.: 

Street Address: 308 MOSS SIDE DR.

City: ATHENS State: GA Zip: 30607 Telephone: 

Mailing Address: 308 MOSS SIDE DR.

City: ATHENS State: GA Zip: 30607 Telephone: 

Business Name: Hwy 29 Quick Stop INC.

Business Street Address: 1741 Hwy 29 N.

City: DANIELSVILLE State: GA Zip: 30633 Telephone: (706) 795-1918

Business Mailing Address: 1741 Hwy 29 N.

City: DANIELSVILLE State: GA Zip: 30633 Telephone: (706) 795-1918

(Initials): I hereby certify that effective 08-27-2019, I will maintain regular managerial and supervisory authority over the business conducted on the licensed premises.

3. Private Club

Name of Officer: Social Security No.: 

Title of Officer: 

Street Address: 

City: State: Zip: Telephone: 

Mailing Address: 

City: State: Zip: Telephone: 

Club Name: 

Club Street Address: 

City: State: Zip: Telephone: 

(Initials): I hereby certify that effective , I will be an officer of the private club named above, and I do and will maintain regular managerial and supervisory authority over the business conducted on the licensed premises.
C. General Provisions:

1. Are you familiar with the state laws and county ordinance regarding the sale of alcoholic beverages?
   (✓) Yes    ( ) No

2. Do you have an existing beer, wine or liquor license or business in the state of Georgia?
   ( ) Yes    (✓) No

3. Have you been convicted or plead guilty or entered a plea of nolo contendere to any felony or misdeameanor involving alcoholic beverages or drugs within a period of three (3) years immediately prior to the filing of this application?
   ( ) Yes    (✓) No

4. Have you ever been the holder of an alcoholic beverage license that was suspended or revoked?
   ( ) Yes    (✓) No

If you answered "yes" to questions 3 and/or 4, please provide full details below, including but not limited to date of offense, nature of offense, state and county/city where offense occurred, and final disposition:


D. Coin Operated Machines:

Will coin operated machines (as defined by O.C.G.A. § 48-17-1) be at your business location? (✓) Yes ( ) No
If you answered yes, please read and fully understand the Madison County Internet Café ordinance and affirm that you will comply with all provisions and requirements by signing here:

[Signature]

Applicant's Signature
E. License Fees:

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<tr>
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Less Non-Refundable Application Fee (New applications only)  $200.00

Total Due: $800.00

F. Criminal Background Check:

(1) The following must be completed and signed by the individual applicant, manager-agent, manager-partner or club officer (as the case may be):

I hereby authorize the Madison County Board of Commissioners and or the Madison County Sheriff’s Department to conduct a background investigation to determine any criminal record I may have.

I understand you may use whatever means necessary to conduct this investigation.

I also authorize this information to be attached to the application for a retail beer and wine license I have submitted to the Madison County Board of Commissioners.

Print full name: Sabu Kurian

Signature:

Notary Public
Sworn to and subscribed before me

this the 31 day of June, 2019

My commission expires: 1-30-22

(2) The applicant must also complete and sign a GCIC (Georgia Crime Information Center) consent form.
G. Advertisement and Posting:

1. Advertisement:

This ad must appear in the Madison County Journal newspaper, which is the legal organ of Madison County, two times during the thirty-day period preceding the hearing on the application:

"NOTICE IS HEREBY GIVEN THAT THE OWNER/PURCHASER OF Hwy 29 Quick Stop Inc.
located at 1741 Hwy 29 N, Danielsville, GA 30633
has made application to the Board of Commissioners of Madison County Georgia for
a class _8__ malt beverage and wine license. The hearing on such application will be held
at the regular business meeting of the Madison County Board of Commissioners on
8-26-19__.

Applicants must request an original Publisher’s Affidavit from the Madison County Journal to be
submitted to the County Clerk’s office.

2. Posting: (not applicable to renewals)

This notice must be posted at least thirty days prior to the hearing on the application, in the front window of the
building, or if there is no building yet constructed, on the lot so as to be easily read from the nearest road, and
no more than 25 feet from the shoulder of the road. Letters must be a minimum of four inches, and the sign
must be a minimum of four and one-half square feet.

"NOTICE IS HEREBY GIVEN THAT THE OWNER OF THIS ESTABLISHMENT HAS MADE APPLICATION TO THE
BOARD OF COMMISSIONERS OF MADISON COUNTY GEORGIA FOR A CLASS _8_ MALT BEVERAGE AND WINE
LICENSE. THE HEARING ON SUCH APPLICATION WILL BE HELD AT THE REGULAR BUSINESS MEETING OF THE
MADISON COUNTY BOARD OF COMMISSIONERS ON _________________."

H. Georgia Security and Immigration Compliance Act:

Pursuant to O.C.G.A. § 50-36-1, the Affidavit attached hereto as Exhibit “A” must be executed by the individual
applicant, manager-agent, or managing club officer (as the case may be).
I. Verification Under Oath:

The following must be completed and signed by the designated manager-agent or club officer:

I do solemnly swear that the statements and answers made on the foregoing questions in this application are true and complete, that I shall be active in, and solely responsible for, the management and operation of the business for which the license is requested, that I have read and fully understand the Madison County Ordinance for the sale of beer and wine entitled “Alcoholic Beverages Ordinance, Madison County, Georgia”, and I affirm that I will comply with all provisions and requirements of this Code Section, and I shall not offer for retail sale any beer, wine, ale, or malt beverages except same was purchased or acquired from a licensed wholesale distributor of such alcoholic and malt beverages.

Print full name: SABU KURIAN

Signature: ____________________________

Notary Public

Sworn to and subscribed before me

This the __ day of __________ 20__

[Signature]

My commissioner expires: 1-30-22

O.C.G.A. § 16-10-71. False swearing

(a) A person to whom a lawful oath or affirmation has been administered or who executes a document knowing that it purports to be an acknowledgement of a lawful oath or affirmation commits the offense of false swearing when, in any matter or thing other than a judicial proceeding, he knowingly and willfully makes a false statement.

(b) A person convicted of the offense of false swearing shall be punished by a fine of not more than $1,000.00 or by imprisonment for not less than one nor more than five years, or both.

O.C.G.A. § 16-10-72. Subordination of perjury or false swearing

A person commits the offense of subordination of perjury or false swearing when he procures or induces another to commit the offense of perjury or the offense of false swearing and, upon conviction thereof, shall be punished by a fine of not more than $1,000.00 or by imprisonment for not less than one or more than ten years, or both.
Exhibit “A”

Affidavit Verifying Status for County Public Benefit Application

By executing this affidavit under oath, as an applicant for a Madison County, Georgia Beer and Wine License as referenced in O.C.G.A. § 50-36-1, the undersigned applicant verifies one of the following with respect to my application for a public benefit for ______________ (Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1) ___ I am a United States citizen.

2) __ I am a legal permanent resident of the United States.

3) ___ I am a qualified alien or a 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.

My alien number is 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(c)(1), with this affidavit either electronically or in person.

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

________________________

GA Driver’s License

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 ______________ (city) Georgia (state).

Signature of Applicant

________________________

SABU KURIAN

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS
THE ___________ DAY OF ______________, 20__.

________________________

My Commission Expires: 1-30-22

NOTARY PUBLIC

ANA R INESTRA
Notary Public – State of Georgia
Clarke County
My Commission Expires Jan 30, 2022
Exhibit "B"

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

By executing this affidavit under oath, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that as of July 1, 2013 the individual, firm or corporation employed 11 or more employees and is 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:

Name of Private Employer

E-Verify Identification Number & Date of Authorization

OR

If less than 11 employees indicate by initialing here

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

Executed on July 24, 2018 in Madisonville, GA (state).

Signature of Authorized Officer or Agent

Sateh Kurian, Owner

Printed Name and Title of Authorized Officer or Agent


My Commission Expires: 8-27-21

NOTARY PUBLIC

R.S. Wooten

NOTARY PUBLIC

MADISON COUNTY, GA

MY COMMISSION EXPIRES

08-27-2021
Exhibit “C”

GCIC Consent Form

In signing below, I hereby authorize the agency in possession of this document to release any and all Georgia criminal record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

______________________________
KURIAN, SABU
Full Name (print: Last, First and Middle Name)

______________________________
Alias names used and time periods used (print: Last, First and Middle Name)

M
Sex

ASIAN
Race

... 
Date of Birth

______________________________
Social Security Number

I give consent to perform periodic criminal history background checks for the duration of my employment with this company.

______________________________
Signature

6-21-19
Date

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 21 ST DAY OF June, 2019.

______________________________
My Commission Expires: 1-30-22
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Signed by: J. Patrick