

**AGENDA
CITY COUNCIL
CITY OF EAST GRAND FORKS
FEBRUARY 3, 2009
5:00 P.M.**

CALL TO ORDER:

CALL OF ROLL:

DETERMINATION OF A QUORUM:

PLEDGE OF ALLEGIANCE:

OPEN FORUM:

"An opportunity for members of the public to address the City Council on items not on the current Agenda. Items requiring Council action maybe deferred to staff or Boards and Commissions for research and future Council Agendas if appropriate."

APPROVAL OF MINUTES:

1. Consider approving the minutes of the "Regular Meeting" for the East Grand Forks, Minnesota City Council of January 20, 2009.
2. Consider approving the minutes of the "Work Session" for the East Grand Forks, Minnesota City Council of January 27, 2009.

SCHEDULED BID LETTINGS: NONE.

SCHEDULED PUBLIC HEARINGS: NONE.

CONSENT AGENDA:

Items under the "Consent Agenda" will be adopted with one motion; however, council members may request individual items to be pulled from the consent agenda for discussion and action if they choose.

3. Consider approving the request to raise the rate of the columbarium at the cemetery from \$400 to \$800.
4. Consider approving the successful completion of the six month probationary period of Michelle Manias, Police Sergeant in the East Grand Forks Police Department.
5. Consider approving the application for an Exempt Gambling Permit for a raffle for Sacred Heart Church & School to be held April 25, 2009 at Sacred Heart Church & School, 200 3rd St. NW, East Grand Forks, MN 56721 and waive the 30-day waiting period.
6. Consider approving the application for an Exempt Gambling Permit for a raffle for Our Saviors Lutheran Church to be held May 15, 2009 at Our Saviors Lutheran Church, 1515 5th Ave. NW, East Grand Forks, MN 56721 and waive the 30-day waiting period.

7. Consider approving the request for a Special Event for a Winter Carnival (5K race, snowmobile races, soup cook off) beginning at 7:00 a.m. and ending at 5:00 p.m. along the banks of the Red River on February 14, 2009.
8. Consider approving the following Gas & Oil Installer Licenses pending required bond:
 - a. Q&Z Enterprises, Inc., 1555 52nd St. N, Grand Forks, ND 58203.
9. Consider approving the following Master Plumber Licenses pending required bond & license:
 - a. Q&Z Enterprises, Inc., John Naastad, 1555 52nd St. N, Grand Forks, ND 58203.
10. Consider approving the following Second Hand Dealer License:
 - a. Todd Enterprises, 2520 Business Hwy 2, East Grand Forks, MN 56721.
11. Consider approving the following Show License:
 - b. River Cinema, 211 DeMers Ave., East Grand Forks, MN 56721.
12. Consider approving the following Vending Wagon License pending approval by the Minnesota Department of Health:
 - c. Brain Freeze, Dwight Love, 511 25th Ave. S, Grand Forks, ND 58201.
 - d. Santa Lucia, 1109 38th St., Fargo, ND 58103.
13. Consider approving the transfer of Cuckoo's Nest liquor license to Boardwalk Bar & Grill, Inc.
14. Consider approving the "On Sale" Wine and "On Sale" Non-Intoxicating Liquor License Application for Mamma Marias Italian Restaurant, Inc. located at 211 DeMers Avenue, East Grand Forks, MN 56721 pending background check and proper documentation.

ACKNOWLEDGE RECEIPT OF REPORTS OF OFFICERS, BOARDS AND COMMISSIONS:

15. The minutes of the Water, Light, Power and Building Commission for January 5, 2009.
16. The minutes of the East Grand Forks Campbell Library Board Meeting for January 27, 2009.

COMMUNICATIONS: NONE.

OLD BUSINESS: NONE.

NEW BUSINESS:

17. Consider approving the economic recovery project list in priority order and submit to the MPO for inclusion into the 2009-2012 Transportation Improvement Program (TIP).
18. Consider approving the Pay Equity Implementation Report for FY2008.

CLAIMS:

19. Consider adopting Resolution No. 09-02-14 a Resolution authorizing the City of East Grand Forks to approve purchases from Bert's Truck for the goods referenced in check number 2122 for a total of \$224.04 whereas Council Member Gregoire is personally interested financially in the contract.
20. Consider adopting Resolution No. 09-02-15 a Resolution authorizing the City of East Grand Forks to approve purchases from Hardware Hank the goods referenced in check numbers 2166 for a total of \$280.85 whereas Council Member Buckalew is personally interested financially in the contract.
21. Consider authorizing the City Administrator/Clerk-Treasurer to issue payment of recommended bills and payroll.

ADJOURN:

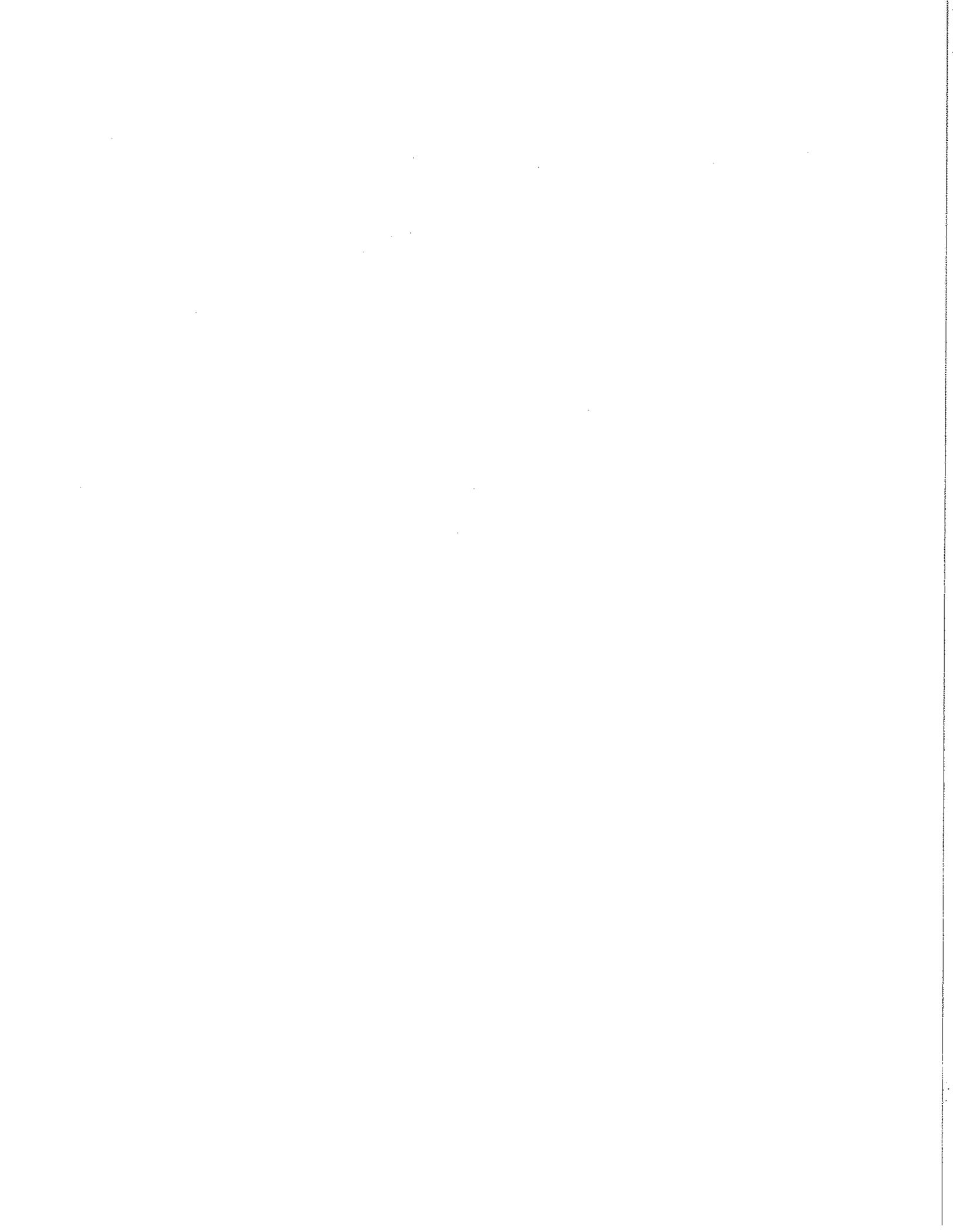
Upcoming Meetings:

Work Session – February 10, 2009 – 5:00 PM – Training Room

Regular Meeting – February 17, 2009 – 5:00 PM – Council Chambers

Work Session – February 24, 2009 – 5:00 PM – Training Room

Regular Meeting - March 3, 2009 – 5:00 PM – Council Chambers



**UNAPPROVED
MINUTES
OF THE
EAST GRAND FORKS
CITY COUNCIL
Tuesday, January 20, 2009 – 5:00 PM**

CALL TO ORDER:

The Regular Meeting of the East Grand Forks City Council for January 20, 2009 was called to order by Council President Dick Grassel at 5:00 P.M.

CALL OF ROLL:

On a Call of Roll the following members of the East Grand Forks City Council were present: Council President Dick Grassel, Council Vice President Henry Tweten, Council Member Marc Demers, Craig Buckalew, Wayne Gregoire, Mike Pokrzywinski, and Greg Leigh.

STAFF PRESENT:

Scott Huizenga, City Administrator; Michelle French, Executive Assistant; Ron Galstad, City Attorney; Greg Boppre, City Engineer; Charlotte Helgeson, Library Director; Nancy Ellis, Planning & Zoning; Jerry Lucke, Finance Director; Dan Boyce, Water & Light Manager; and Jim Richter, EDHA Director.

DETERMINATION OF A QUORUM:

The Council President Determined a Quorum was present

PLEDGE OF ALLEGIANCE:

OPEN FORUM:

“An opportunity for members of the public to address the City Council on items not on the current Agenda. Items requiring Council action maybe deferred to staff or Boards and Commissions for research and future Council Agendas if appropriate.”

APPROVAL OF MINUTES:

1. Consider approving the minutes of the “Regular Meeting” for the East Grand Forks, Minnesota City Council of January 6, 2009.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER TWETEN, TO APPROVE THE “REGULAR MEETING” FOR THE EAST GRAND FORKS, MINNESOTA CITY COUNCIL OF JANUARY 6, 2009.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

2. Consider approving the minutes of the "Work Session" for the East Grand Forks, Minnesota City Council of January 12, 2009.

A MOTION WAS MADE BY COUNCIL MEMBER BUCKALEW, SECONDED BY COUNCIL MEMBER DEMERS, TO APPROVE THE "WORK SESSION" FOR THE EAST GRAND FORKS, MINNESOTA CITY COUNCIL OF JANUARY 12, 2009.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

SCHEDULED BID LETTINGS: NONE.

SCHEDULED PUBLIC HEARINGS: NONE.

CONSENT AGENDA:

Items under the "Consent Agenda" will be adopted with one motion; however, council members may request individual items to be pulled from the consent agenda for discussion and action if they chose.

3. Consider approving the application for an Exempt Gambling Permit for a raffle for Min-Dak Border Chapter of Minnesota Deer Hunters Association to be held March 14, 2009 at the Eagles Club, 227 10th St. NW, East Grand Forks, MN 56721 and waive the 30-day waiting period.
4. Consider approving the application for an Exempt Gambling Permit for a raffle for Knights of Columbus 5341 to be held April 1, 2009 at the Sacred Heart Church, 200 3rd St. NW, East Grand Forks, MN 56721 and waive the 30-day waiting period.
5. Consider approving the following Gas & Oil Installer Licenses pending required bond:
 - a. Bill Hastings Heating & Air Conditioning, 1409 12th Ave. S, Grand Forks, ND 58201.
 - b. Lunseth Plumbing & Heating Co., 1710 N. Washington St., Grand Forks, ND 58203.
6. Consider approving the following Massage Parlor Owner Licenses:
 - a. Maggi Jean Johnson, 1316 S 20th St., Grand Forks, ND 58201.
7. Consider approving the following Master Plumber Licenses pending required bond & license:
 - a. Lunseth Plumbing & Heating Co. – Philip Kraemer, 1710 N. Washington St., Grand Forks, ND 58203.
8. Consider approving the following Vending Wagon License pending approval by the Minnesota Department of Health:
 - a. Blondi's Lemonade/Sonja Miller, 44705 Zellwood Rd, Sauk Centre, MN 56378.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER DEMERS, TO APPROVE CONSENT MOTIONS NUMBER THREE (3) THROUGH EIGHT (8) AS SUBMITTED.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.
Voting Nay: None.

ACKNOWLEDGE RECEIPT OF REPORTS OF OFFICERS, BOARDS AND COMMISSIONS:

9. The minutes of the Water, Light, Power and Building Commission for December 4, 2008.
10. The minutes of the Water, Light, Power and Building Commission for December 18, 2008.

COMMUNICATIONS: NONE.

OLD BUSINESS: NONE.

NEW BUSINESS:

11. Consider approving the request to file plans and specification for "2009 City Project No. 2 – Curb, Gutter, and Paving – 5th Avenue NE from USTH 2 to 15th Street NE."

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER TWETEN, TO APPROVE THE REQUEST TO FILE PLANS AND SPECIFICATION FOR "2009 CITY PROJECT NO. 2 – CURB, GUTTER, AND PAVING – 5TH AVENUE NE FROM USTH 2 TO 15TH STREET NE."

Discussion occurred regarding funding and priority. Mr. Boppre informed City Council that 15th Street NE is not State Aid.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.
Voting Nay: None.

12. Consider approving the request to prepare plans and specifications for "2009 City Project No. 3 – Curb, Gutter, and Paving – Cul-De-Sacs along 17th Ave. SE and 14th Ave. SE."

A MOTION WAS MADE BY COUNCIL MEMBER DEMERS, SECONDED BY COUNCIL MEMBER GREGOIRE, TO APPROVE THE REQUEST TO PREPARE PLANS AND SPECIFICATIONS FOR "2009 CITY PROJECT NO. 3 – CURB, GUTTER, AND PAVING – CUL-DE-SACS ALONG 17TH AVE. SE AND 14TH AVE. SE."

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.
Voting Nay: None.

13. Consider approving the request to vacate 10 feet of a 20 foot pedestrian easement between Lots 6, 7, 19, and 20, Block 1 (10 foot easement per lot would be reduced to a 5 foot easement per lot) and approve the request to vacate the entire 20 foot pedestrian easement between Lots 6 and 7 Block 2 Peabody's First Addition.

A MOTION WAS MADE BY COUNCIL MEMBER DEMERS, SECONDED BY COUNCIL MEMBER LEIGH, TO APPROVE THE REQUEST TO VACATE 10 FEET OF A 20 FOOT

PEDESTRIAN EASEMENT BETWEEN LOTS 6, 7, 19, AND 20, BLOCK 1 (10 FOOT EASEMENT PER LOT WOULD BE REDUCED TO A 5 FOOT EASEMENT PER LOT) AND APPROVE THE REQUEST TO VACATE THE ENTIRE 20 FOOT PEDESTRIAN EASEMENT BETWEEN LOTS 6 AND 7 BLOCK 2 PEABODY'S FIRST ADDITION.

Council Member Gregoire asked for clarification regarding the easement. Ms Ellis announced that the Planning Commission requires a pedestrian easement because of the length of the block. Mr. Galstad asked if the utility and pedestrian easement is the same. Mr. Boyce stated that in this case it is and it would be manageable.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

14. Consider approving the request to dedicate a 10 foot pedestrian easement between Lots 4 & 5 and Lots 8 & 9, Block 2 Peabody's First Addition (5 foot easement per lot).

A MOTION WAS MADE BY COUNCIL MEMBER DEMERS, SECONDED BY COUNCIL MEMBER BUCKALEW, TO APPROVE THE REQUEST TO DEDICATE A 10 FOOT PEDESTRIAN EASEMENT BETWEEN LOTS 4 & 5 AND LOTS 8 & 9, BLOCK 2 PEABODY'S FIRST ADDITION (5 FOOT EASEMENT PER LOT).

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

15. Consider adopting Resolution No. 09-01-09 a Resolution delegating authority to pay claims to the positions of City Administrator/Clerk Treasurer and Finance Director and in their absence, to the Deputy Clerk-Treasurer.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER DEMERS, TO ADOPT RESOLUTION NO. 09-01-09 A RESOLUTION DELEGATING AUTHORITY TO PAY CLAIMS TO THE POSITIONS OF CITY ADMINISTRATOR/CLERK TREASURER AND FINANCE DIRECTOR AND IN THEIR ABSENCE, TO THE DEPUTY CLERK-TREASURER.

Council President Grassel asked who the Deputy Clerk-Treasurer is. Mr. Huizenga stated that it is basically the same as the Finance Director. Mr. Galstad informed City Council that the Resolution should be modified to reflect the proper titles.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

16. Consider adoption of Ordinance No. 307 3rd Series and Ordinance an ordinance of the City of East Grand Forks, Minnesota, amending City Code Chapter Two Entitled "Administration" by adding to Section 2.30, Claims and Disbursements a subdivision 5 to grant the City Administrator/Clerk Treasurer and/or other designated officials authority; and by adopting by reference City Code Chapter 1 and Section 2.99 which, among other things, contain penalty provisions. (2nd Reading)

A MOTION WAS MADE BY COUNCIL MEMBER DEMERS, SECONDED BY COUNCIL MEMBER GREGOIRE, TO ADOPT OF ORDINANCE NO. 307 3RD SERIES AND ORDINANCE AN ORDINANCE OF THE CITY OF EAST GRAND FORKS, MINNESOTA, AMENDING CITY CODE CHAPTER TWO ENTITLED "ADMINISTRATION" BY ADDING TO SECTION 2.30, CLAIMS AND DISBURSEMENTS A SUBDIVISION 5 TO GRANT THE CITY ADMINISTRATOR/CLERK TREASURER AND/OR OTHER DESIGNATED OFFICIALS AUTHORITY; AND BY ADOPTING BY REFERENCE CITY CODE CHAPTER 1 AND SECTION 2.99 WHICH, AMONG OTHER THINGS, CONTAIN PENALTY PROVISIONS. (2ND READING)

Council Member Leigh stated that Department Heads are given authority to prove up to \$2000, he felt that this could add up quickly with the tight budget. Mr. Huizenga announced that the job comes with some responsibility.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

17. Consider adopting Resolution No. 09-01-10 a Resolution authorizing the recommended transfers for budget year 2008.

A MOTION WAS MADE BY COUNCIL MEMBER TWETEN, SECONDED BY COUNCIL MEMBER BUCKALEW, TO ADOPT RESOLUTION NO. 09-01-10 A RESOLUTION AUTHORIZING THE RECOMMENDED TRANSFERS FOR BUDGET YEAR 2008.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

18. Consider adopting Resolution No. 09-01-11 a Resolution enabling elected and/or appointed officials of the City of East Grand Forks to be covered by the Minnesota Workers Compensation Law.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER TWETEN, TO ADOPT RESOLUTION NO. 09-01-11 A RESOLUTION ENABLING ELECTED AND/OR APPOINTED OFFICIALS OF THE CITY OF EAST GRAND FORKS TO BE COVERED BY THE MINNESOTA WORKERS COMPENSATION LAW.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

CLAIMS:

19. Consider adopting Resolution No. 09-01-12 a Resolution authorizing the City of East Grand Forks to approve purchases from Bert's Truck for the goods referenced in check number 1993 for a total of \$597.48 whereas Council Member Gregoire is personally interested financially in the contract.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER DEMERS, TO ADOPT RESOLUTION NO. 09-01-12 A RESOLUTION AUTHORIZING THE CITY OF EAST GRAND FORKS TO APPROVE PURCHASES FROM BERT'S TRUCK FOR THE

GOODS REFERENCED IN CHECK NUMBER 1993 FOR A TOTAL OF \$597.48 WHEREAS COUNCIL MEMBER GREGOIRE IS PERSONALLY INTERESTED FINANCIALLY IN THE CONTRACT.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Leigh, and Pokrzywinski.
Voting Nay: None.
Abstain: Gregoire.

20. Consider adopting Resolution No. 09-01-13 a Resolution authorizing the City of East Grand Forks to approve purchases from Hardware Hank the goods referenced in check numbers 2025 for a total of \$229.33 whereas Council Member Buckalew is personally interested financially in the contract.

A MOTION WAS MADE BY COUNCIL MEMBER POKRZYWINSKI, SECONDED BY COUNCIL MEMBER TWETEN, TO ADOPT RESOLUTION NO. 09-01-13 A RESOLUTION AUTHORIZING THE CITY OF EAST GRAND FORKS TO APPROVE PURCHASES FROM HARDWARE HANK THE GOODS REFERENCED IN CHECK NUMBERS 2025 FOR A TOTAL OF \$229.33 WHEREAS COUNCIL MEMBER BUCKALEW IS PERSONALLY INTERESTED FINANCIALLY IN THE CONTRACT.

Voting Aye: DeMers, Grassel, Tweten, Gregoire, Leigh, and Pokrzywinski.
Voting Nay: None.
Abstain: Buckalew.

21. Consider authorizing the City Administrator/Clerk-Treasurer to issue payment of recommended bills and payroll.

Acme Electric Companies	Repair Kit	\$34.21
Aggregate Industries	Est No.10-Final 2006 City Proj No.1	\$18,946.07
American Tire Service	Tire Repair #163	\$109.00
Ameripride Linen & Apparel Services	Cleaning Service	\$218.34
Bartlette Steve	Reimb Ref Fees	\$90.00
Bert's Truck Equipment	Work On Plow	\$597.48
Border States Industries	Refl Lamp	\$143.70
Brite-Way Window Cleaning	December Service	\$45.00
Building Vision	LLC	\$6,664.00
Business Essentials	Tape, Envelopes	\$40.18
Business Solutions Online	CD Reference	\$864.00
C&R Laundry & Cleaners	Dry Cleaning Dec Police & Fire, Oct Police	\$1,099.11
Canon Financial Services	Copier Services	\$166.58
Center Point Large Print	Books	\$1,488.00
Cole Papers Inc	Tissue, Cleaner	\$276.42
Commercial Printing	Christmas Cards	\$31.10
Dave's Snow Removal	Jan 09 Snow Removal	\$180.00
East Side Travel Plaza	Car Wash, Gas For PD	\$25.89
Egeland Bobbie	Gas Reimb Pee Wee Hockey	\$53.00
EGF Bambino Club	Cal Ripken Ump Fees - Replace Voided Ck 035626	\$1,180.00
Elliott Mark	Hockey Assoc Fees	\$250.00
Emergency Apparatus Maintenance Inc	Repair Valve on Unit 409	\$457.87

EAST GRAND FORKS CITY COUNCIL
January 20, 2009

Emphasys Computer Solutions	Monthly Software Maint Agreement	\$541.91
Exponent	Pedestrian Easement Dedication, Police Auction Ad	\$110.15
Explorer Post #38	Car Wash #1	\$90.00
FSH Communication LLC	Pay Phone Civic Center	\$63.34
G&K Services	Rugs	\$74.78
Galstad Jensen & Olson	Criminal, Civil, Reimb, CORPS	\$13,113.31
George's Quick Printing	Notice Stickers, Building Permits	\$233.24
GF City Utility Billing	Dec Landfill	\$11,626.15
GF Fire Equipment	26 Fire Helmets	\$4,498.00
GF Herald	Sr.Dance	\$62.99
GGF Convention & Visitors Bureau	Nov 08 Lodging Tax	\$454.62
Glass Pro's Inc	Install Insulated Glass	\$486.00
Grand Forks Taxi Company	Dec Service	\$2,381.40
Green Danny	Gas Reimb Tournament In Bemidji	\$30.00
Hajicek Rick	Cleaning	\$370.50
Hardware Hank	General Supplies, Maint Supplies	\$229.33
Heartland Paper	Tissue, Air Dispenser & Supplies, Flush Valve	\$557.80
Hjelle Garret	Reimb Hockey Coaches Clinic Level 2	\$55.00
Hugo's	Sr Center Dances	\$84.57
Jackman Todd and Nicole	Housing Incentive Program Tax Rebate	\$2,488.63
JDC	LLC	\$25,690.00
Kaler Doeling Law Office	Craft Comp Of EGF Bankruptcy	\$55.60
Keith's Lock & Key	Labor/ Open Door	\$65.00
Kellermeyer Building Service	Dec Services	\$1,917.00
Knoff Kory	Housing Incentive Program Tax Rebate	\$1,734.93
Kulas Mary	Supplies For Handcrafts Class, Artist Pres	\$750.00
Lumber Mart	Mall Construction Supplies	\$2,272.97
M&W Services	Plow Snow, Outside Rink Maint	\$1,282.50
Marco - Fargo Inc	Contract For Jan 09	\$41.87
MBPTA	Organization Renewal Fee	\$50.00
McGinnis Edward & Natalie	Housing Incentive Program Tax Rebate	\$657.43
Misty McIntosh and Terry Ziegler	Housing Incentive Program Tax Rebate	\$1,309.96
Menards	Maint Supplies, Door Stop	\$143.82
Metzgar Paul and Robin	Housing Incentive Program Tax Rebate	\$2,003.66
Midcontinent Communications	Sen Center, Sunshine Terrace Cable	\$858.76
Mike's Pizza	Lunch Nancy Ellis	\$55.92
Mitch Yoney Snow Removal	Snow Removal 12/11/08 - 12/29/08	\$1,267.50
MN Commissioner of Transport	Agreement 90284 Audit	\$8,318.36
MN Dept of Labor & Industry	Jay Bruce Boiler License, Building Permit Surcharge Dec/Sept	\$3,746.40
MN Juvenile Officers	Conference Registration - Mike Swang	\$210.00
Neil Jim	Reimb Work Boots	\$75.00
Newman Signs	Sign Rent Jan 09	\$2,370.00
Olson Bruce	Reimb Ref Fees Level 3	\$90.00
Opp Construction	Estimate No.3 2007 City Project No.8, Estimate No.4 08AJ3	\$4,122.90
O'Reilly Auto Parts	Anti-Freeze, Maint Supplies	\$64.90
Pamida	Supplies	\$83.87
Party America Corp Offices	Decorations	\$34.59
Peterson Veterinarian Clinic P.C.	Dec Charges/3 Cats 7 Dogs	\$703.35
Piche Tom	Gas Reimb	\$42.93
Praxair Distribution	Cylinder	\$16.67

EAST GRAND FORKS CITY COUNCIL
January 20, 2009

Premium Waters Inc	Water	\$21.59
Quill Corp	Supplies	\$224.94
Qwest	Phone Service	\$7,393.39
Resharpit Inc	Blade Sharpening	\$120.00
Rydell Chevrolet	Electrical Repair #542	\$619.84
Schull Wayne & Diane	Housing Incentive Program Tax Rebate	\$2,001.96
Scholand Tyler	Gas Reimb Grafton	\$15.66
Shern Gerald and Penny	Housing Incentive Program Tax Rebate	\$2,177.14
Simonson Station Stores	Squad Car Wash	\$32.76
SimplexGrinnell	Labor For Alarm & Detection Board, Batteries	\$441.20
Sterling Development Group	Tax Increment Payment	\$34,183.00
Straw William	Ref Fees Level 1, Gas Reimb	\$69.25
Strandell Kary	Reimb Gas Squirt Hockey	\$41.40
Stuart's Towing	Tow Bus 320	\$950.00
Sun Dot Communications	APSL & DSL Service Jan	\$138.49
Taser International	Training Materials Recert-Gahlon	\$95.00
Titan Access Account	Balance Due On Parts	\$8.67
Tony Dorn Inc	Copies	\$144.76
True Temp	Service On Fuse For Control Board	\$50.00
Try-County Refrigeration	Service Furnace	\$65.00
Unique Snow Removal	Snow Removal - Riverwalk Center	\$100.00
USA Hockey	Coaches Insurance Brian Larson	\$30.00
US Bearings & Drives	Round 3 Hole	\$6.41
Vilandre Heating & A/C	Furnace Repair, Frozen Pipe Repair	\$2,435.87
Waste Mgmt	Disposal/Recycle Dec 08	\$2,664.39
Water & Light Department	Postage 4th Qtr Planning	\$4,147.12
Water & Light Department	PR Batch 070.01.2009 Misc Water & Light	\$50.00
Water & Light Department	PR Batch 070.01.2009 W&L Teamsters Drive	\$10.00
Wavra Mitchel	Housing Incentive Program Tax Rebate	\$3,436.62
Xcel Energy	Sunshine Terrace Nov 08	\$2,579.00
Ziegler	Cutting Edges	\$3,017.04
Zimprich Carrie	Day Care	\$96.00
	Total	\$197,914.06

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER BUCKALEW, TO AUTHORIZE THE CITY ADMINISTRATOR/CLERK-TREASURER TO ISSUE PAYMENT OF RECOMMENDED BILLS AND PAYROLL.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

COUNCIL/STAFF REPORTS:

Council Member Demers informed City Council that he had the opportunity to go to the Capitol for Legislative Action Day. He stated that the City will need to prioritize projects and possibly look at cuts.

Council Vice President Tweten stated that the Public Works Department has been doing an excellent job on snow removal and plowing down to the black top will save the City money on sand.

EAST GRAND FORKS CITY COUNCIL
January 20, 2009

Council Member Leigh asked that Mr. Huizenga work with the Public Works Department and Police Department to discuss parking on 4th Ave. NW and 17th Street by Valley Dairy. He stated that with the snow and vehicles parking on the street, it makes it difficult for vehicles to travel on 17th Street.

Council President Grassel informed City Council that "no parking" signs will need to be put up along 17th Street. He inquired regarding Stuart's Towing charge on the bills. Mr. Leigh stated that he heard that Stuart's Towing had to tow back the bus used for hockey. Mr. Huizenga will look into this. Council President Grassel also informed City Council that the Governor will need to look at how to correct the deficit and the City is going to need to look at how the City can cut and what can the City save. He also stated that Mr. Wagner talked to him about American Crystal Sugar going to taxation court.

Mr. Huizenga stated that the annual Chamber meeting will be next week.

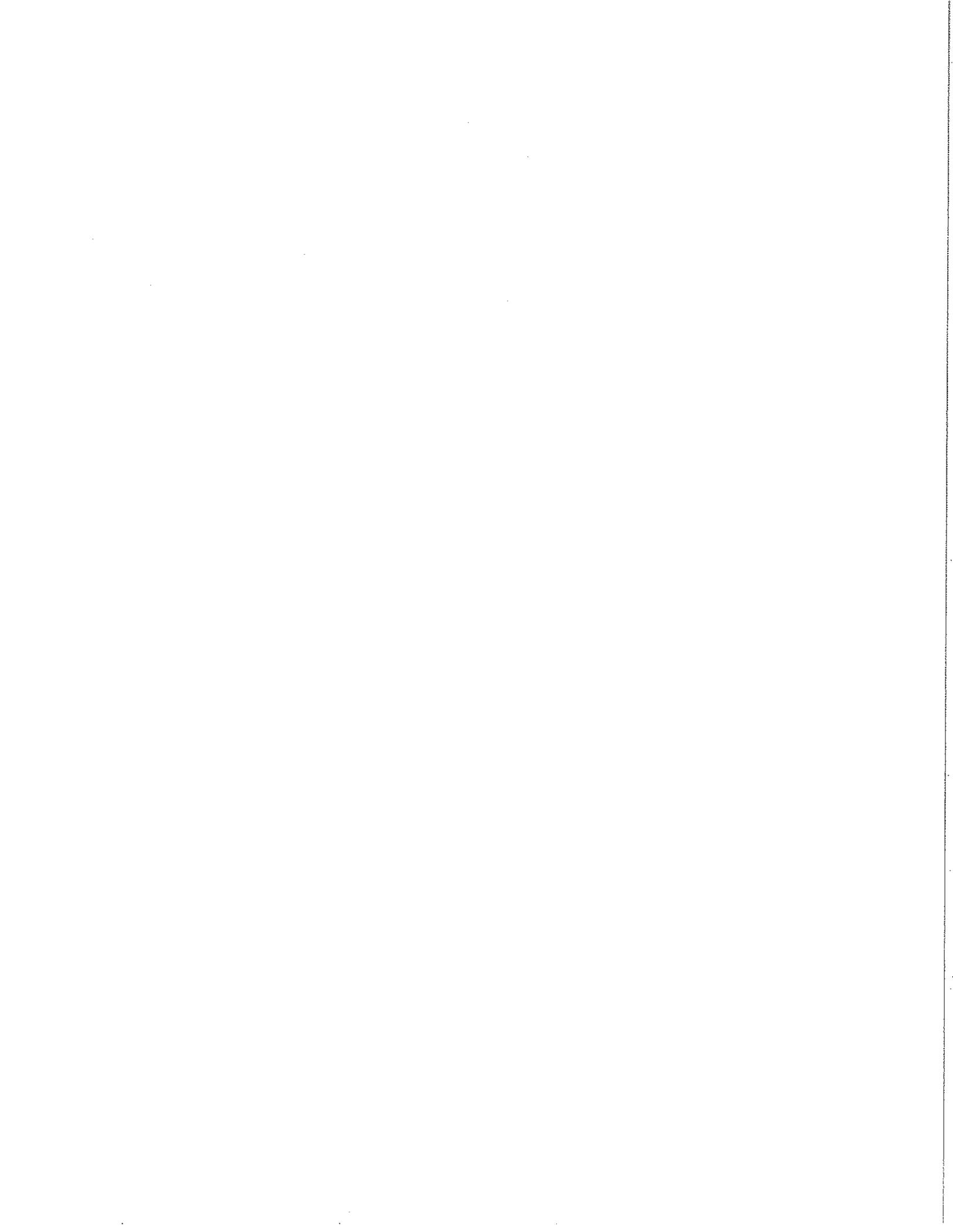
ADJOURN:

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER POKRZYWINSKI, TO ADJOURN THE JANUARY 20, 2009 REGULAR MEETING OF THE EAST GRAND FORKS, MINNESOTA CITY COUNCIL AT 5:35 P.M.

Voting Aye: DeMers, Grassel, Buckalew, Tweten, Gregoire, Leigh, and Pokrzywinski.

Voting Nay: None.

Scott Huizenga, City Administrator/Clerk-Treasurer



**UNAPPROVED
WORK SESSION
MINUTES
OF THE
EAST GRAND FORKS
CITY COUNCIL**

Tuesday, January 27, 2009 – 5:00 PM

CALL TO ORDER

The Work Session of the East Grand Forks City Council for January 27, 2009 was called to order by Council President Dick Grassel at 5:00 P.M.

CALL OF ROLL

On a Call of Roll the following members of the East Grand Forks City Council were present: Mayor Lynn Stauss, Council President Dick Grassel, Council Vice President Henry Tweten, Council Members Marc DeMers, Wayne Gregoire, Mike Pokrzywinski, and Greg Leigh.

STAFF PRESENT:

Scott Huizenga, City Administrator/Clerk Treasurer; Michelle French, Executive Assistant; Greg Boppre, City Engineer; Ron Galstad, City Attorney; Dave Aker; Parks and Recreation Superintendent; Nancy Ellis, Planning & Zoning; Terry Nelson, Planning & Zoning; and John Wachter, Public Works Superintendent.

DETERMINATION OF A QUORUM

The Council President Determined a Quorum was present

1. Matter of Projects for Proposed Stimulus Package – Nancy Ellis

Ms Ellis announced that Congress may deliver a 2nd Economic Stimulus package that would include funding for many different programs. She stated that Greg Boppre and she have put a list together of potential street/highway projects, transportation projects and transit. Council Member DeMers asked why so many of the projects would be put off until 2010, why can't more be moved to the 150 day. Ms Ellis stated that this is just a list that they would like to add to the Transportation Improvement Plan (TIP). She informed Council that currently the House bill would pay 100% of the project. Ms Nelson stated that on the transit end, they are trying to match Grand Forks requests with East Grand Forks. Mr. Boppre also announced that he is working with PFA for funding for sewer projects. This item will be moved to City Council for action.

2. Special Assessments on State Aid Routes – Craig Buckalew & Mike Pokrzywinski

Mr. Pokrzywinski would like to discuss if property owners living on State Aid Streets if they should be special assessed. He would like to look at changing our current policy. Mayor Stauss suggested that Mr.

**EAST GRAND FORKS WORK SESSION
JANUARY 27, 2009**

Boppre put together some suggestions and then the Council will discuss them. Mr. Boppre stated that there are many scenarios and this would strictly be a policy decision. Council Member Pokrzywinski is looking at a long range policy. Council Member Leigh stated that Council Member Buckalew would like to look at all special assessments. He suggested looking at what other area cities do. Council Member DeMers stated that the City needs to be cautious, we are already locked in for some State Aid Projects and the City will need to determine what is fair. Council President Grassel stated that the City gets so many State Aid miles and if the state is paying for the project, why assess them if you get it for nothing. Mr. Huizenga will meet with Mr. Boppre to look at possibilities and will report back to the City Council.

3. No Parking on 17th St. near 4th Ave – Greg Leigh & Dick Grassel

Council President Grassel is asking for “no parking” signs to be placed along 17th Street because the snow is becoming an issue and the cars are getting closer together. Mr. Wachter, Mr. Huizenga, and Mr. Hedlund discussed this problem. Mr. Wachter stated that he can add one sign and the Police Department will enforce more. Council Member Gregoire stated that this is also an issue in the spring when roads start to flood. Mr. Huizenga suggested heavier enforcement and talking to the apartment manager. Discussion occurred regarding “no parking” on one side or both. Mr. Galstad suggested “no parking” on the north side and get Building Inspections take a count to see if they are in compliance.

4. Rate Increase of the Columbarium at the Cemetery – Dave Aker

Mr. Aker suggested raising fees from \$400 to \$800 to cover the costs. This item will be moved to City Council for action.

5. Other

Council President Grassel informed City Council about the upcoming events:

Wednesday: Rod Thoms Retirement from 3 pm to 5 pm
Thursday: Bob Kerr Retirement from 2 pm to 4 pm
EGF DAC Open House from 3:30 pm to 5:30 pm
Friday: Intergovernmental Retreat in Mahnomen
Saturday: Breakfast at the Senior Center from 7 am to 12 pm

ADJOURN

A MOTION WAS MADE BY COUNCIL MEMBER DEMERS SECONDED BY COUNCIL MEMBER GREGOIRE TO ADJOURN THE JANUARY 27, 2009 WORK SESSION OF THE EAST GRAND FORKS, MINNESOTA CITY COUNCIL AT 5:53 P.M.

*Voting Aye: Grassel, Tweten, Gregoire, Pokrzywinski, and DeMers.
Voting Nay: None.
Absent: Buckalew and Leigh.*

Scott Huizenga, City Administrator/Clerk-Treasurer

Request for Council Action

Date: January 7, 2009

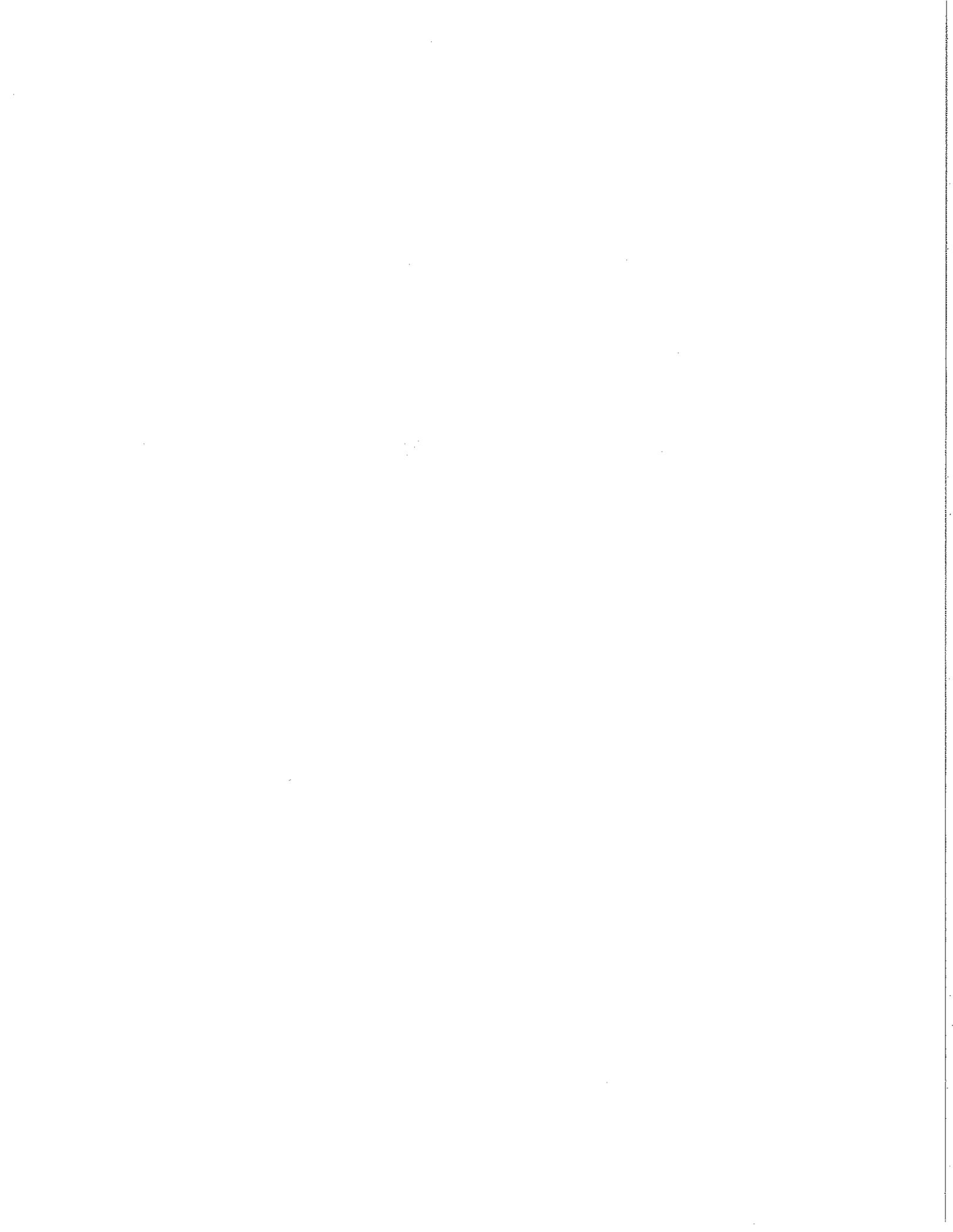
To: East Grand Forks City Council, Mayor Lynn Stauss, Council President Grassel, Council Vice President Tweten, Council Members Marc DeMers, Craig Buckalew, Wayne Gregoire, Mike Pokrzywinski, and Greg Leigh.

Cc: File

From: Dave Aker

RE: Raise the rate of the columbarium at the cemetery

The rate for a burial at the cemetery in the columbarium is currently \$400. We would like to raise it to \$800 which includes: 1) Open/close; 2) Bronze plate; and 3) Perpetual fee. The \$400 was the initial fee and you received the bronze plate free when it first started. Now the bronze plate for a single is \$325 and for a double it is \$400.



Civil Service Probationary Completion Form

Probationary Name: Michelle Manias
 Title: Police Sergeant
 Department: Police
 Hire Date: 07/28/2008

Has completed his/her probationary period:

(please check one)

The new Civil Service employee has successfully completed his/her probationary period. *Effective 1-28-09*

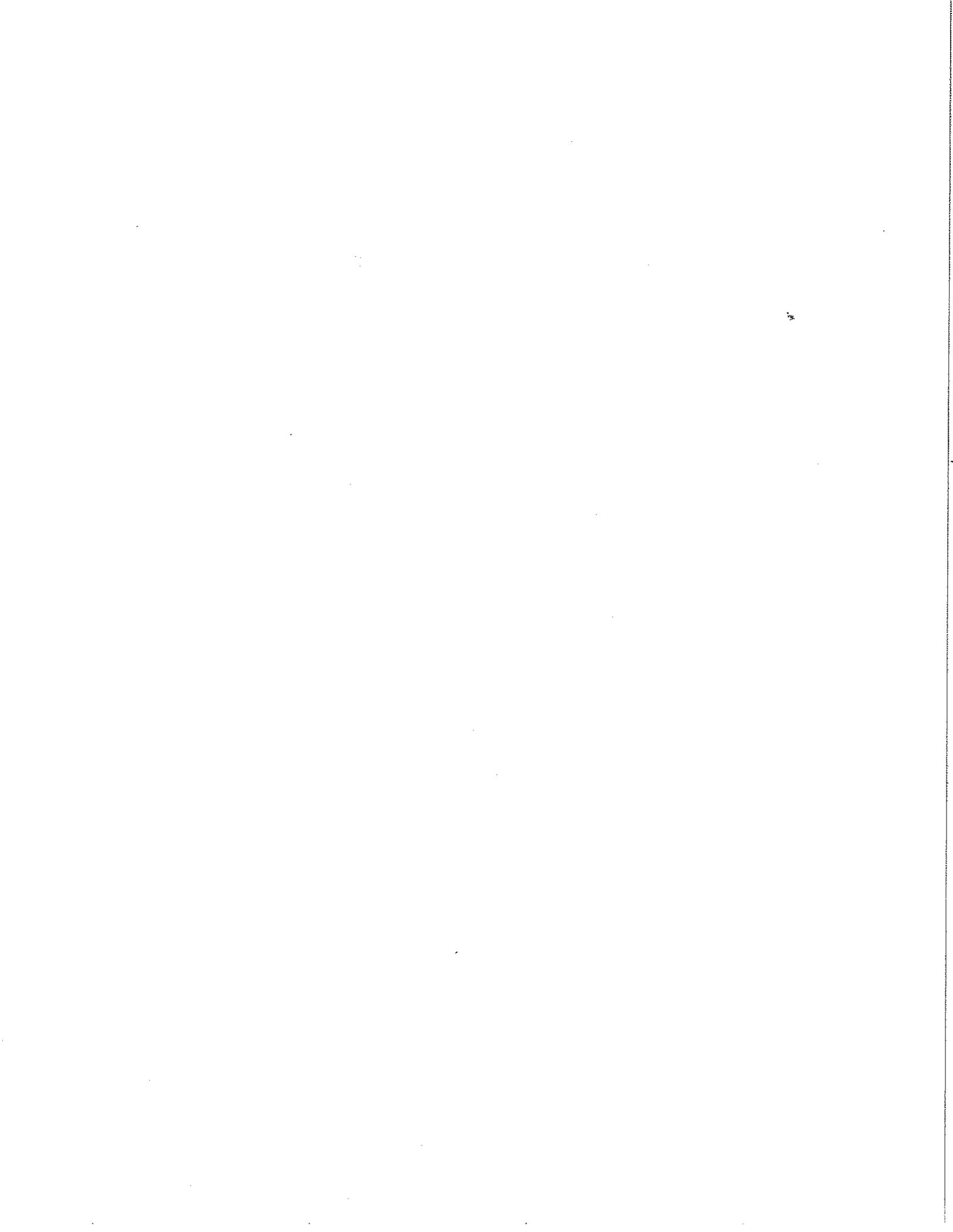
The new Civil Service employee has not successfully completed his/her probationary period.



 Department Head

01-26-09

 Date



LG220 Application for Exempt Permit

Fee is \$50 for each event

An exempt permit may be issued to a nonprofit organization that:
- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

For Board Use Only

Check # _____ \$ _____

ORGANIZATION INFORMATION

Organization name: Sacred Heart Church + School
Previous gambling permit number: X-600

Type of nonprofit organization. Check one.
[] Fraternal [X] Religious [] Veterans [] Other nonprofit organization

Mailing address: 200 Third St NW
City: East Grand Forks MN
State: MN
Zip Code: 56721
County: Polk

Name of chief executive officer (CEO): Larry Delaney
Daytime phone number: (218) 773-0877
Email address: ldelaney@sacredheartegf.net

Attach a copy of ONE of the following for proof of nonprofit status. Check one.

- Do not attach a sales tax exempt status or federal ID employer numbers as they are not proof of nonprofit status.
[] Nonprofit Articles of Incorporation OR a current Certificate of Good Standing.
[] IRS income tax exemption [501(c)] letter in your organization's name.
[] IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)
[X] IRS - proof previously submitted to Gambling Control Board

GAMBLING PREMISES INFORMATION

Name of premises where gambling activity will be conducted (for raffles, list the site where the drawing will take place): Sacred Heart Church + School

Address (do not use PO box): 200 Third St NW
City: East Grand Forks
Zip Code: 56721
County: Polk

Date(s) of activity (for raffles, indicate the date of the drawing): to 4/25/09

Check the box or boxes that indicate the type of gambling activity your organization will conduct:

- [] Bingo* [X] Raffles [] Paddlewheels* [] Pull-Tabs* [] Tipboards*

* Gambling equipment for pull-tabs, bingo paper, tipboards, and paddlewheels must be obtained from a distributor licensed by the Gambling Control Board. EXCEPTION: Bingo hard cards and bingo number selection devices may be borrowed from another organization authorized to conduct bingo.

Also complete Page 2 of this form.

Print Form
Reset Form

To find a licensed distributor, go to www.gcb.state.mn.us and click on List of Licensed Distributors, or call 651-639-4076.

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT

If the gambling premises is within city limits, a city official must check (X) the action that the city is taking on this application and sign the application.

- The application is acknowledged with no waiting period.
- The application is acknowledged with a 30 day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).
- The application is denied.

Print city name _____
On behalf of the city, I acknowledge this application.

Signature of city official receiving application

Title _____ Date ____/____/____

If the gambling premises is located in a township, a county official must check (X) the action that the county is taking on this application and sign the application. A township official must also sign the application.

- The application is acknowledged with no waiting period.
- The application is acknowledged with a 30 day waiting period, and allows the Board to issue a permit after 30 days.
- The application is denied.

Print county name _____
On behalf of the county, I acknowledge this application.
Signature of county official receiving application

Title _____ Date ____/____/____

TOWNSHIP: On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within township limits. [A township has no statutory authority to approve or deny an application [Minnesota Statute 349.213, subd. 2]]

Print township name _____

Signature of township official acknowledging application

Title _____ Date ____/____/____

CHIEF EXECUTIVE OFFICER'S SIGNATURE

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the date of our gambling activity.

X Chief executive officer's signature *Fred Delany* Date 1/20/09

Complete a separate application for each gambling activity:

- one day of gambling activity,
- two or more consecutive days of gambling activity,
- each day a raffle drawing is held

Send application with: a copy of your proof of nonprofit status, and \$50 application fee for each event. Make check payable to "State of Minnesota."

To: Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113

Financial report and recordkeeping required

A financial report form and instructions will be sent with your permit. Within 30 days of the activity date, complete and return the financial report form to the Gambling Control Board.

Questions?

Call the Licensing Section of the Gambling Control Board at 651-639-4076.

[Print Form](#)

[Reset Form](#)

Data privacy. This form will be made available in alternative format (i.e. large print, Braille) upon request. The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your qualifications to be involved in lawful gambling activities in Minnesota. You have the right to refuse to supply the information requested; however, if you refuse to supply this information, the Board may not be able to determine your qualifications and, as a consequence, may refuse to issue you a permit. If you supply the information requested,

the Board will be able to process your application. Your name and your organization's name and address will be public information when received by the Board. All the other information you provide will be private data until the Board issues your permit. When the Board issues your permit, all of the information provided to the Board will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your name and your organization's name and address which will remain public. Private data are available to: Board members,

Board staff whose work requires access to the information; Minnesota's Department of Public Safety; Attorney General; Commissioners of Administration, Finance, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies that are specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this Notice was given; and anyone with your consent.

Minnesota Lawful Gambling

LG220 Application for Exempt Permit

Fee \$50

For Board Use Only

Fee Paid _____

Check No. _____

Organization Information

Organization name *Our Saviors Lutheran Church* Previous lawful gambling exemption number *X-90770*

Street *1515 5th Ave N.W* City *EASTGRAND FORKS* State/Zip Code *MD 56721* County *Poik*

Name of chief executive officer (CEO)
First name *MARK* Last name *Olstad* Daytime phone number of CEO *701-746-6010*

Name of treasurer
First name *Aaron* Last name *Brekke* Daytime phone number of treasurer: *218-773-4120*

Type of Nonprofit Organization

Check the box that best describes your organization:
 Fraternal Religious
 Veteran Other nonprofit organization

Check the box that indicates the type of proof your organization attached to this application:
 IRS letter indicating income tax exempt status
 Certificate of Good Standing from the Minnesota Secretary of State's Office
 A charter showing you are an affiliate of a parent nonprofit organization
 Proof previously submitted and on file with the Gambling Control Board

Gambling Premises Information

Name of premises where gambling activity will be conducted (for raffles, list the site where the drawing will take place)
Our Saviors Lutheran Church

Address (do not use PO box) *1515 5th Ave N.W* City *EASTGRAND FORKS* State/Zip Code *MD 56721* County *Poik*

Date(s) of activity (for raffles, indicate the date of the drawing)
5-15-09

Check the box or boxes that indicate the type of gambling activity your organization will be conducting:
 *Bingo Raffles (cash prizes may not exceed \$12,000) *Paddlewheels *Pull-Tabs *Tipboards
*Gambling equipment for pull-tabs, tipboards, paddlewheels, and bingo (bingo paper, hard cards, and bingo ball selection device) must be obtained from a distributor licensed by the Gambling Control Board. To find a licensed distributor, go to www.gcb.state.mn.us and click on List of Licensed Distributors. Or call 651-639-4000.

This form will be made available in alternative format (i.e. large print, Braille) upon request. The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your qualifications to be involved in lawful gambling activities in Minnesota. You have the right to refuse to supply the information requested; however, if you refuse to supply this information, the Board may not be able to determine your qualifications and, as a consequence, may refuse to issue you a permit. If you supply the information requested, the Board will be able to process your application.

Your name and your organization's name and address will be public information when received by the Board. All the other information that you provide will be private data about you until the Board issues your permit. When the Board issues your permit, all of the information that you have provided to the Board in the process of applying for your permit will become public. If the Board does not issue you a permit, all the information you have provided in the process of applying for a permit remains private, with the exception of your name and your organization's name and address which will remain public. Private data about you are available only to

the following: Board members, staff of the Board whose work assignment requires that they have access to the information; the Minnesota Department of Public Safety; the Minnesota Attorney General; the Minnesota Commissioners of Administration, Finance, and Revenue; the Minnesota Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies that are specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this Notice was given; and anyone with your consent.

LG220 Application for Exempt Permit

Organization Name Our Saviors Lutheran Church

Local Unit of Government Acknowledgment

If the gambling premises is within city limits, the city must sign this application.

On behalf of the city, I acknowledge this application.

Check the action that the city is taking on this application.

The city approves the application with no waiting period.

The city approves the application with a 30 day waiting period, and allows the Board to issue a permit after 30 days (60 days for a first class city).

The city denies the application.

Print name of city EAST GRAND FORKS

(Signature of city personnel receiving application)

Title _____

Date / /

If the gambling premises is located in a township, both the county and township must sign this application.

On behalf of the county, I acknowledge this application.

Check the action that the county is taking on this application.

The county approves the application with no waiting period.

The county approves the application with a 30 day waiting period, and allows the Board to issue a permit after 30 days.

The county denies the application.

Print name of county _____

(Signature of county personnel receiving application)

Title _____

Date / /

TOWNSHIP: On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. [A township has no statutory authority to approve or deny an application (Minnesota Statute 349.213, subd. 2).]

Print name of township _____

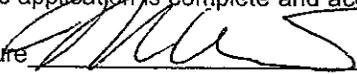
(Signature of township official acknowledging application)

Title _____

Date / /

Chief Executive Officer's Signature

The information provided in this application is complete and accurate to the best of my knowledge.

Chief executive officer's signature 

Name (please print) Mark Olstad Date 1, 19, 09

Mail Application and Attachments

At least 45 days prior to your scheduled activity date send:

- the completed application,
- a copy of your proof of nonprofit status, and
- a \$50 application fee (make check payable to "State of Minnesota").

Application fees are not prorated, refundable, or transferable.

Send to: **Gambling Control Board**
1711 West County Road B, Suite 300 South
Roseville, MN 55113

If your application has not been acknowledged by the local unit of government or has been denied, do not send the application to the Gambling Control Board.

CITY OF EAST GRAND FORKS
SPECIAL EVENT APPLICATION

Name of Applicant: Kim Greendahl, City of GF + Dave Aker, City of EGf
Address: P.O. Box 5200, GF Phone No: (701) 738-8746
Contact Name: Kim Greendahl Date of Event: 2/14/09
Start Time: 7 AM End Time: 5 PM

Notes/Explanation of Event: Day long event of winter recreation along the banks of the Red River in downtown. Events in EGf are — 5K race, Cmap attached, snow mobile races (Cmap attached) ¹/₂ ~~Winter~~ soup cook off.

Kim Greendahl _____ 1/27/09
Signature of Applicant Date

TO BE COMPLETED BY CITY STAFF _____
(NAME OF STAFF)

Recommendations: _____

Signature of Staff Date

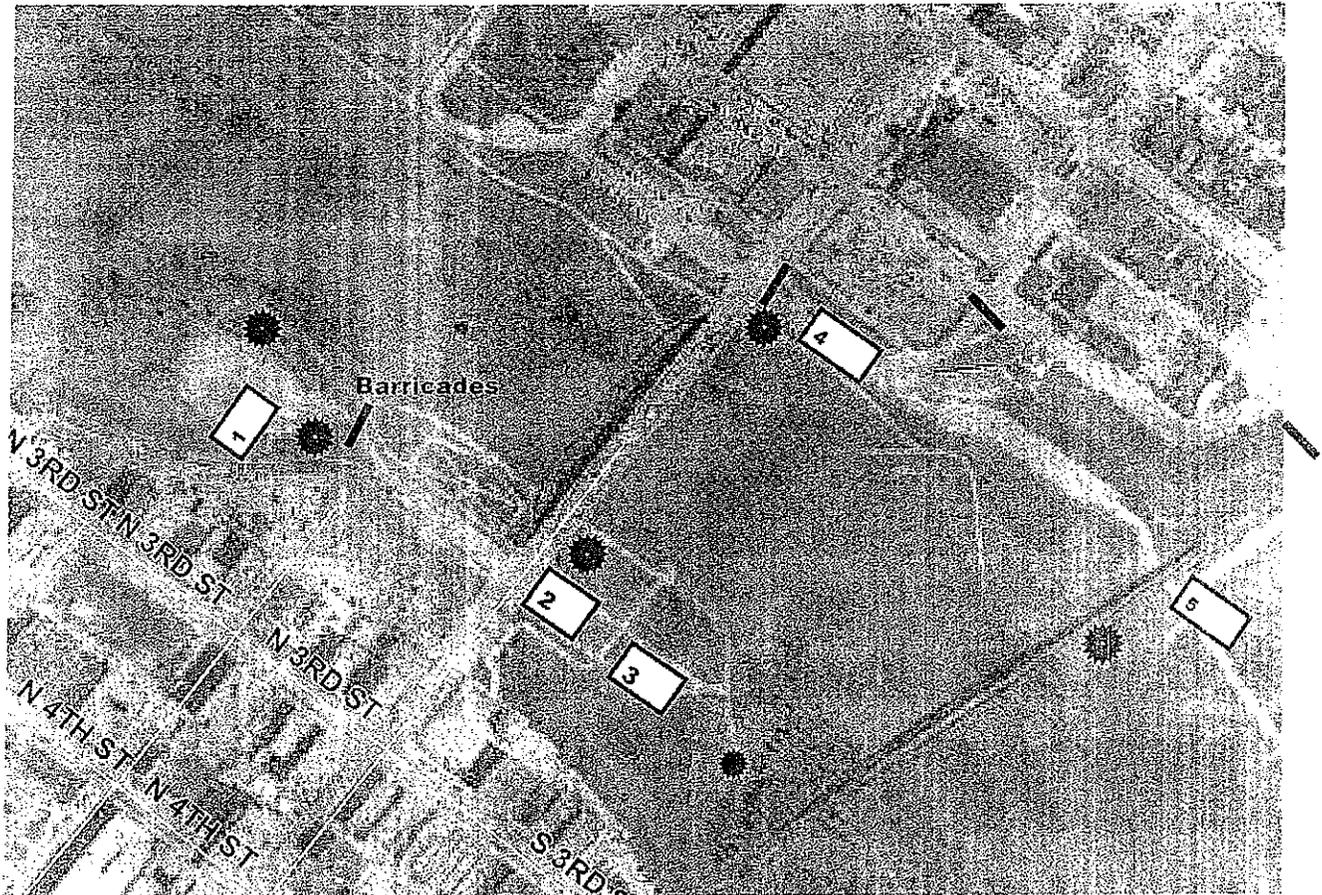
TO BE COMPLETED BY CLERK-TREASURER

Permit No: _____

Approval of City Council: _____ day of _____, 20____.

City Administrator Signature Date

Tent locations for winter carnival 2/14/09 as of 1/26/2009
NOT TO SCALE



#1 20' x 40' tent with approximately 4 tables, chairs and heat. Heat will be provided by radiant heaters from Forx Rentall placed inside the tent. Tent will be used for registration for broomball and a tentative ice bike race as well as a warm up spot for participants.

#2 20' x 40' tent with approximately 6 tables chairs and heat. Heating source will be the same as for tent #1. Tent will be used for hands on activities.

#3 20' x24' tent with tables, benches and heat. Heating source will be the same as for tents 1 & 2. Tent will be used as shelter for the ski rentals and dog sled registration.

#4 30' x 60' tent with tables, chairs and heat. This will be used for a soup cook off. I have spoke to Randy Gust about fire regulations.

#5 Not sure if this tent will be needed. Will know by 1/30/09.

☀ Tentative fire barrel locations. Barrels are intended as a quick warm-up for event participants. All barrels will be staffed with at least one adult and a fire extinguisher will be available at each barrel. These will not be located in or near a tent facility.



**Frozen Feat 5 K route
February 14, 2009**

1. Start at Blue Moose
2. Travel north along bike path in campground, crossing 8th Avenue – VOLUNTEERS WILL BE ON HAND FOR CROSS TRAFFIC
3. Follow bike path over levee and under Gateway to 12 Street NW – REQUESTING PLOWING OF SNOW FOR A TRAIL OVER THE LEVEE (The turn in the bike path is too sharp for runners)
4. Follow bike path to floodwall and cross River Road – VOLUNTEERS WILL BE ON HAND FOR CROSS TRAFFIC
5. Loop through Forrest Court and back to the bike path on the west side of River Road and return to the Blue Moose area.

***Some distance may need to be added in the campground to equal a 5k – assistance is requested for plowing.

\$25,000 BOND REQUIRED
Bond: Yes

CITY OF EAST GRAND FORKS

APPLICATION FOR RENEWAL OF GAS & OIL INSTALLER LICENSE

Business/Applicant Name Q+Z Enterprises Inc - John Naastad
(Business/Contact Name or Applicant Name)

Home Address: 14969- 16th Street NE - Hatton - ND 58240
(include street address, city, state, and zip code)
Home Phone: 701-543-3814

Business Address: 1555- 52nd Street N - GRAND Forks ND 58203
(include street address, city, state, and zip code)
Business Phone: 701-757-3814

State whether or not applicant has been convicted in the last year of a felony, gross misdemeanor, or misdemeanor, including violation of a municipal ordinance but excluding traffic violations. YES or NO (circle one). If yes, please state the date and place of conviction and the nature of the offense. This question pertains to the individual signing the application.

<u>Date</u>	<u>Place of Conviction</u>	<u>Nature of Offense</u>
_____	_____	_____
_____	_____	_____

*****All Gas & Oil Installer applicants must furnish a copy of the \$25,000 bond from the State of Minnesota. Any applications that do not include a copy of the bond will be returned to the applicant.*****

STATE OF _____)
County of _____)ss

John F. Naastad being first duly sworn, on oath says that he/she is the person who made and signed the foregoing application; that he/she has read said application together with the questions, answers, and statements therein and knows the contents thereof and that the same are true to his/her own knowledge.

STEVE GILBERT
Notary Public, State of North Dakota
My Commission Expires December 21, 2010

John F. Naastad
Signature

Subscribed and sworn to before me this 16 day of December 2008.

Steve Gilbert
Notary Public
My commission expires on:

OFFICE USE ONLY:
Receipt # 0036910 Method of Pmt: Cash Check # 6846

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: Cincinnati Ins Co
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: WC-1921009-01

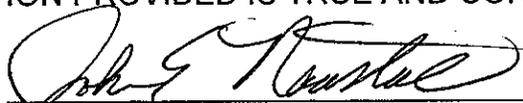
Dates of Coverage: 5/08/08 to 5/08/09

(Or)

I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- All of my employees are North Dakota residents and none will work in Minnesota more than 14 consecutive days as authorized by the North Dakota Workers' Compensation exclusion.
- Other (specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.


(Signature)

**CITY OF EAST GRAND FORKS
APPLICATION FOR RENEWAL
OF MASTER PLUMBER LICENSE**

\$25,000 BOND REQUIRED
Bond: Yes

Current Master Plumber License from the State of MN: Yes

Business/Applicant Name Q+Z - Enterprises - Inc - John Naastad
(Business/Contact Name or Applicant Name)

Home Address: 14969 - 16th Street NE - Hatton - ND 58240
(include street address, city, state, and zip code)
Home Phone: 701-543-3814

Business Address: 1555 - 52nd Street N - GRAND FORKS ND 58203
(include street address, city, state, and zip code)
Business Phone: 701-757-3814

State whether or not applicant has been convicted in the last year of a felony, gross misdemeanor, or misdemeanor, including violation of a municipal ordinance but excluding traffic violations. YES or **NO** (circle one). If yes, please state the date and place of conviction and the nature of the offense. This question pertains to the individual signing the application.

<u>Date</u>	<u>Place of Conviction</u>	<u>Nature of Offense</u>
_____	_____	_____
_____	_____	_____

If applicable: MN Master Plumber License No. 059368PM expires 12/31/08

John E Naastad
Signature Date 10/28/08

STATE OF _____)
County of _____)ss

John E Naastad being first duly sworn, on oath says that he/she is the person who made and signed the foregoing application; that he/she has read said application together with the questions, answers, and statements therein and knows the contents thereof, and that the same are true to his/her own knowledge.

John E Naastad
Signature

Subscribed and sworn to before me this 16 day of December, 2008.

STEVE GILLETTE
Notary Public, State of North Dakota
My Commission Expires December 21, 2010

Steve Gillette
Notary Public
My commission expires on:

OFFICE USE ONLY:

Receipt # 0036910 Method of Pmt: Cash Check # 4846

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: Cincinnati Ins. Co.
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: WC-1921009-01

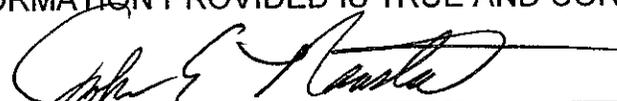
Dates of Coverage: 5/08/08 to 5/08/09

(Or)

I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- All of my employees are North Dakota residents and none will work in Minnesota more than 14 consecutive days as authorized by the North Dakota Workers' Compensation exclusion.
- Other (specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.


(Signature)

CITY OF EAST GRAND FORKS

09-05

APPLICATION FOR RENEWAL OF SECOND HAND DEALER LICENSE

Business/Applicant Name: Todd Enterprises Todd Gregoire
(Business/Contact Name or Applicant Name)

Home Address: 1121 12th AVE S.E. E. Grand Forks MN, 5672
(include street address, city, state, and zip code)
Home Phone: 773-0879

Business Address: 2520 BUS. Hwy 2 E. Grand Forks MN, 5672
(include street address, city, state, and zip code)
Business Phone: 773-0804

State whether or not applicant has been convicted in the last year of a felony, gross misdemeanor, or misdemeanor including violation of a municipal ordinance but excluding traffic violations. **YES** or **NO** (circle one). If yes, please state the date and place of conviction and the nature of the offense. This question pertains to the individual signing the application.

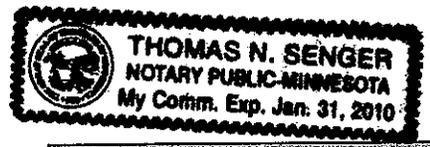
<u>Date</u>	<u>Place of Conviction</u>	<u>Nature of Offense</u>
_____	_____	_____
_____	_____	_____

STATE OF MINNESOTA)
County of POLK)ss

TODD GREGOIRE being first duly sworn, on oath says that he/she is the person who made and signed the foregoing application; that he/she has read said application together with the questions, answers, and statements therein and knows the contents thereof, and that the same are true to his/her own knowledge.

Todd Gregoire
Signature

Subscribed and sworn to before me this 21ST day of OCTOBER 2008.



Thomas N. Senger
Notary Public
My commission expires on: JAN. 31, 2010

OFFICE USE ONLY
Receipt # _____ Method of Pmt: Cash Check # _____

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: OWNERS
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: 051706 08023721

Dates of Coverage: 5/26/08 - 5/26/09

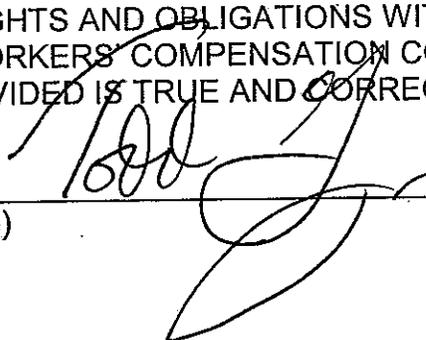
(Or)

I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- All of my employees are North Dakota residents and none will work in Minnesota more than 14 consecutive days as authorized by the North Dakota Workers' Compensation exclusion.
- Other (specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

(Signature)



CITY OF EAST GRAND FORKS

APPLICATION FOR RENEWAL OF SHOW LICENSE

09-01

Business/Applicant Name River Cinema
(Business/Contact Name or Applicant Name)

Home Address: PO Box 586 East Grand Forks MN 56721
(Include street address, city, state, and zip code)
Home Phone: 218-230-8822

Business Address: 211 Demers Ave East Grand Forks MN 56721
(Include street address, city, state, and zip code)
Business Phone: 218-399-9000

Date of Birth: 8-10-49 Citizenship: USA

Length of time applicant has lived at above stated address: 1 1/2 yr

Occupation: Self

Length of time at above stated occupation: 30 yr

Addresses and occupations for the three years preceding the date of application:

List four character references and their addresses if applicant has not resided in City for two years preceding the date of applicant.

<u>Name</u>	<u>Address</u>

OFFICE USE ONLY:
 Receipt # 0037812 Method of Pmt: Cash Check # 6461

If application is being made for a firm, please state name and circle type of business structure:

Individual - Partnership Corporation (circle one)

***All blanks MUST be answered - put N/A or NONE where applicable.

Address or location of premises for which application is made:

211 Demers Ave East Grand Forks, MN 56721

* This application must have the individual owner and employee applications attached hereto.

Dated this 24 day of JAN, 2009.

Signature Janine Moon Robert Moore

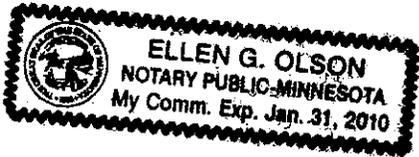
STATE OF MINNESOTA)
County of Polk)ss

Robert A Moore being first duly sworn, on oath says that he/she is the person who made and signed the foregoing application; that he/she has read said application together with the questions, answers, and statements therein and knows the contents thereof, and that the same are true to his/her own knowledge.

Robert Moore
Signature

Subscribed and sworn to before me this 27th day of January, 2009

Ellen Olson
Notary Public



My Commission expires on: 1-31-2010

CITY OF EAST GRAND FORKS

APPLICATION FOR RENEWAL OF VENDING WAGON LICENSE

09-02

***All Businesses/Applicants must be approved by the Minnesota Department of Health prior to a City license.**

Business/Applicant Name Santa Lucia
(Business/Contact Name or Applicant Name)

Home Address: 1109 38 st Fargo ND 58103
(include street address, city, state, and zip code)

Home Phone: 701-281-8656

Business Address: 1109 38 st Fargo ND 58103
(include street address, city, state, and zip code)

Business Phone: 936-419-9027

State whether or not applicant has been convicted in the last year of a felony, gross misdemeanor, or misdemeanor, including violation of a municipal ordinance but excluding traffic violations. **YES** or **NO** (circle one). If yes, please state the date and place of conviction and the nature of the offense. This question pertains to the individual signing the application.

<u>Date</u>	<u>Place of Conviction</u>	<u>Nature of Offense</u>
_____	_____	_____
_____	_____	_____

STATE OF ND)
County of Cass)ss

_____ being first duly sworn, on oath says that he/she is the person who made and signed the foregoing application; that he/she has read said application together with the questions, answers, and statements therein and knows the contents thereof, and that the same are true to his/her own knowledge.

Signature _____

Subscribed and sworn to before me this 17 day of January 2009.

Notary Public _____

My commission expires ON _____

EVE KINN
NOTARY PUBLIC STATE OF NORTH DAKOTA
My Commission Expires May 23, 2012

OFFICE USE ONLY:
Receipt # 0036696 Method of Pmt: Cash Check # 142

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: _____

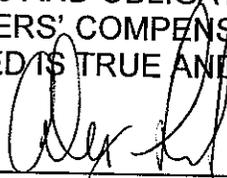
Dates of Coverage: _____

(Or)

I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- All of my employees are North Dakota residents and none will work in Minnesota more than 14 consecutive days as authorized by the North Dakota Workers' Compensation exclusion.
- Other (specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.



(Signature)

CITY OF EAST GRAND FORKS

09-03

APPLICATION FOR RENEWAL OF VENDING WAGON LICENSE

*All Businesses/Applicants must be approved by the Minnesota Department of Health prior to a City license.

Business/Applicant Name BRAIN FREEZE - DWIGHT LOVE (Business/Contact Name or Applicant Name)

Home Address: 511 25TH AVE. S. 58201 - GRAND FORKS, ND (include street address, city, state, and zip code) Home Phone: 701-795-2551

Business Address: 511 25TH AVE. S. GF, ND 58201 (include street address, city, state, and zip code) Business Phone: 701-740-4276

State whether or not applicant has been convicted in the last year of a felony, gross misdemeanor, or misdemeanor including violation of a municipal ordinance but excluding traffic violations. YES or NO (circle one). If yes, please state the date and place of conviction and the nature of the offense. This question pertains to the individual signing the application.

Table with 3 columns: Date, Place of Conviction, Nature of Offense

STATE OF N. Dakota) County of GRAND FORKS)ss

DWIGHT LOVE being first duly sworn, on oath says that he/she is the person who made and signed the foregoing application; that he/she has read said application together with the questions, answers, and statements therein and knows the contents thereof, and that the same are true to his/her own knowledge.

Signature [Handwritten Signature]

Subscribed and sworn to before me this 21 day of Oct 2008.

THOMAS R. LAUGHLIN NOTARY PUBLIC STATE OF NORTH DAKOTA My Commission Expires: Nov. 19, 2009

Notary Public [Handwritten Signature] My commission expires on: 11/19/09

OFFICE USE ONLY: Receipt # 37607 Method of Pmt: [X] Cash [] Check # 1071

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: _____

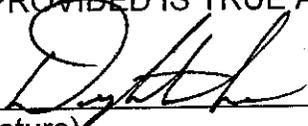
Dates of Coverage: _____

(Or)

I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- () All of my employees are North Dakota residents and none will work in Minnesota more than 14 consecutive days as authorized by the North Dakota Workers' Compensation exclusion.
- () Other (specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.



(Signature)

2

**ASSIGNMENT AND TRANSFER OF LIQUOR LICENSE
CUCKOO'S NEST TO BOARDWALK BAR & GRILL, INC**

I, Kyle Gregoire, as owner and liquor license holder of the Cuckoo's Nest Liquor License hereby assign and transfer its ownership to the Boardwalk Bar & Grill, Inc.

Cuckoo's Nest by Kyle Gregoire
Kyle Gregoire Date 1-7-09

Kyle Gregoire Individually
Kyle Gregoire Date 1-7-09

Boardwalk Bar & Grill, Inc by Jane Moss
Jane Moss Date 1-7-09

Notary Public

In witness whereof the parties have executed this liquor license transfer.

LAURIE FELTMAN
Notary Public, State of North Dakota
My Commission Expires October 21, 2010

Laurie Feltman
1-7-09



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
 Telephone 651-296-6979 Fax 651-297-5259 TTY 651-282-6555
 www.dps.state.mn.us

Application for Optional 2 AM Liquor License

License type code: 2AM License Expiration Date _____ ID# _____
 (For Office Use Only)

Licensee Name: BOARDWALK BAR AND GRILL
 Trade Name: BOARDWALK BAR AND GRILL
 Licensed Location Address: 415 2ND ST NW
 City, State, Zip Code: East Grand Forks MN 56721
 Business Phone: _____

If the above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Jane Danille Moss 8-11-57 334-56-0641 3021 BROADWAY BLVD GF, ND
 Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Dan MICHAEL Stauss 1-9-49 501-56-1197 Box 13595 GF, ND
 Partner/Officer Name (First Middle Last) DOB Social Security # Home Address *58108*

Scott RAYMOND Stauss 8-23-72 474-13-2227 P.O. Box 13595 GF, ND
 Partner/Officer Name (First Middle Last) DOB Social Security # Home Address *58208*

Licensee must report previous 12 month on sale alcoholic beverage gross receipts by checking one of the boxes below. Next to the box you check is your 2 AM license fee. Make check payable to: **Alcohol and Gambling Enforcement Division (AGED)**. Mail this application and check to : AGED, 444 Cedar St., Suite 133, St. Paul, MN 55101-5133.

either one

- \$200 2 AM license fee - Up to \$100,000 in on sale gross receipts for alcoholic beverages
- \$500 2 AM license fee - Over \$100,000, but not over \$500,000 in on sale gross receipts for alcoholic beverages
- \$600 2 AM license fee - Over \$500,000 in on sale gross receipts for alcoholic beverages
- \$200 2 AM license fee - 3.2% On Sale Malt Liquor licensees or Set Up license holders
- \$200 2 AM license fee - Did not sell alcoholic beverages for a full 12 months prior to this application

Yes No Does your city or county licensing official allow the sale of alcoholic beverages until 2 AM?

City Clerk/County Auditor Signature _____ Date _____

(I certify that the city or county of _____ approves the sale of alcoholic beverages until 2 AM)

Licensee Minnesota Tax ID Number (Required) 9649964

Licensee Signature Jane Moss Date _____
 (I certify that I have answered the above questions truthfully and correctly)

Licensee: Prior to submitting this application to the Alcohol and Gambling Enforcement Division, it must be signed by your local city or county licensing official.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License EGF MN License Period From: 7-1-8 To: 6-30-09

Circle One: New License License Transfer KYLE GREGOIRE Suspension Revocation Cancel _____
CUCKOO'S NEST (former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: BOARDWALK BAR & GRILL, INC Social Security # _____
 (corporation, partnership, LLC, or Individual) DOB _____

Business Trade Name BOARDWALK BAR & GRILL Business Address 415-2ND ST N, W City EGF, MN

Zip Code 56721 County POLK Business Phone _____ Home Phone 701-866-0439

Home Address 3021 BROADWAY BLVD City GF, ND Licensee's MN Tax ID # 9649964

Licensee's Federal Tax ID # _____
 (To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
<u>DAN MICHAEL STAUSS</u>	<u>1/9/49</u>	<u>501-56-1147</u>	<u>Box 13595 GF, ND 58228</u>
<u>JANE DANILLE MOSS</u>	<u>8-11-57</u>	<u>334-56-0641</u>	<u>3021 BROADWAY BLVD GF, ND</u>
<u>SCOTT RAYMOND STAUSS</u>	<u>8-23-76</u>	<u>474-13-2227</u>	<u>PO Box 13595 GF, ND</u>

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: INSURE FORWARD Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
 City Clerk or County Auditor Signature _____ Date _____
 (title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-215-6209, or visit our website at www.dps.state.mn.us.



Minnesota Department Of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT

444 Cedar Street - Suite 133
 St. Paul, MN 55101-5133
 (612)296-6439 TDD (612)282-6555



CERTIFICATION OF AN ON SALE AND/OR SUNDAY LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received by Alcohol & Gambling Enforcement

Workers Compensation Insurance Company INSURE FORWARD Policy # _____
 LICENSEE'S SALES & USE TAX ID# _____ To apply for sales tax number call 1-800-657-3777

ISSUING AUTHORITY

CITY OF: **East Grand Forks**

COUNTY OF: **Polk**

Licensee Name (Corporation, Partnership, Individual) BOARDWALK BAR & Grill		DOB	Trade Name or DBA BOARDWALK BAR & Grill	
Business Address 415 2ND ST NW		City East Grand Forks		Zip Code 56721
License Type (Check one or both) <input checked="" type="checkbox"/> On Sale <input checked="" type="checkbox"/> Sunday		License Period From 7/1/08 To 8/30/09		County Polk
On Sale License Number	On Sale Fee	Sunday License Number	Sunday Fee	Business Phone

If a partnership, state the name and address of each partner; if a corporation, state the name and address of each officer.

Partner/Officer Name (First, middle and last) Jane Danille Moss	DOB 8-11-57	Title Vice President	Address 3021 BROADWAY BLVD GRAND FORKS ND 58201
Partner/Officer Name (First, middle and last) DAN Michael Stauss	DOB 1-9-49	Title President	Address Box 13595 GF, ND
Partner/Officer Name (First, middle and last) Scott Raymond Stauss	DOB 8-23-72	Title Secy / TREAS.	Address PO BOX 13595 GF, ND 58208

The Licensee must have one of the following: **(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM)**

Check One:

A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person; \$100,000 more than on person; \$10,000 Property Destruction. \$50,000 and \$100,000 for loss of means of support.

B. A bond of a surety company with minimum coverage as specified above in A.

C. A certificate from the State Treasurer that the licensee has deposited with the State, Trust Funds having a market value of \$100,000 in cash or securities.

Yes No During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop)? If yes, attach a copy of the summons.

Check those items that apply: Transaction Type <input type="checkbox"/> New <input type="checkbox"/> Revoke/Cancel <input type="checkbox"/> Transfer <input type="checkbox"/> Suspension	Circle one: Suspend / Revoke / Cancelled From: _____ To: _____
---	---

Transfer of ownership from (Name and Address)

I certify that this license was approved in an official meeting by the governing body of the city or county.

City Clerk's Signature

Date

IMPORTANT NOTICE: All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco and Firearms. For information, call (612) 290-3496 PS 9011-94

**CITY OF EAST GRAND FORKS
CLERK-TREASURER'S OFFICE**
600 Demers Ave - PO Box 373, East Grand Forks, MN 56721
(218)773-2483 - FAX (218)773-9728

APPLICATION FOR "ON SALE" WEEKDAY AND SUNDAY INTOXICATING LIQUOR LICENSE

If a corporation, an officer shall execute this application. If a partnership, a partner shall execute this application.

Licensee Name (Corporation, Partnership, Individual) BOARDWALK BAR & GRILL		Trade Name or DBA Boardwalk Bar & Grill	
License Location (Street Address & Block No.) 415 2ND ST NW		Business Phone Number	Applicant Home Number 701-866-0439
City EAST GRAND FORKS	County POLK	State MN	Zip Code 56721
Name of Resident Manager/Agent TONY STAUSS		Manager Home Address (must be city resident) 917-3 Ave NE EGF MN 56721	
License Period From: 7-1-08	To: 6-30-09	Manager/Agent Home Number: 218-773-1736	
Federal ID# 30-0508905		State ID# 9649964	

If a corporation, state the name, date of birth, address, title and shares held by each officer. If a partnership, state the name, address and date of birth of each partner.

Partner/Officer Name (First, middle and last)	DOB	Title	Shares	Address
DAN MICHAEL STAUSS	1-9-49	President	37 1/2	P.O. BOX 13595 GRAND FORKS ND 58201
JANE DANILLE MOSS	8-11-57	VicePres	25	3021 BROADWAY BLVD GRAND FORKS, ND
SCOTT RAYMOND STAUSS	8/23/72	Secretary	37 1/2	P.O. BOX 13595, GF ND

1. Name, address, and telephone number of the owner of the land where the licensed establishment will be located: _____

Boardwalk Enterprises

Same

Name, address, and telephone number of the owner of the building where the licensed establishment will be located: _____

Boardwalk Enterprises Box 13595 GFTS ND 58201 701-773-5349

2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.

First - Second Floor Partial

3. Legal description of premises: **E.B. Fredericks Addition Block 2**

Lots 12, 14, 15, 16, & 17

4. Are the real estate taxes for the premises described in this application paid in full? Yes No

Are the sales taxes for these premises paid in full? Yes No

5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? Yes No If yes, in what capacity? _____
6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. NA
7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment? Yes No
If yes, give name and address of establishment. _____
8. Seating capacity for serving meals at tables related to Sunday On Sale liquor license: 154
9. Are there any individuals who are involved with the licenses requested under the age of 21 or not US citizens? Yes No

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. NA
2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give date and details. NA
3. Has applicant, partners, officers, or employees ever had any liquor law violation in Minnesota or elsewhere, including State Liquor Control penalties? Yes No If yes, give dates, charges and final outcome. _____
4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes No If yes, attach a copy of the summons.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Signature of Applicant <i>Jane Moss</i>	Date: <i>10/14/08</i>
Print Name and Title of Applicant: <i>Jane Moss Vice President</i>	Daytime Phone Number: <i>701-866-0439</i>

* All applications must include proof of workers comp and a liquor liability certificate.

Date to Admin Committee:	Date to City Council:
Amount Paid:	Receipt Number:

GENERAL INFORMATION SHEET
REQUIRED TO ACCOMPANY ANNUAL BEER AND LIQUOR APPLICATIONS

1. Name of applicant: Boardwalk Bar & Grill

2. Is applicant an **individual**, **partnership** or **corporation?** (Circle one)
If individual, go to question 7 and continue. If partnership, go to question 6 and continue.
If corporation, start at question 3 and continue.

3. Name of Officers

<u>Dan Stauss</u>	President
<u>Jane Moss</u>	Vice-Pres
<u>Scott Stauss</u>	Treasurer
<u>Scott Stauss</u>	Secretary

4. Names of Directors

SAME

5. Names of stockholders and number of shares held by each:

Name	Number of Shares
<u>Jane Moss</u>	<u>25</u>
<u>Dan Stauss</u>	<u>37 1/2</u>
<u>Scott Stauss</u>	<u>37 1/2</u>

6. Names of Partners: NA

7. Name and address of manager/agent: (must be a resident of city)
TONY STAUSS - 917 - 3rd Ave NE EGF MN 56721

8. Seating capacity for serving meals at tables related to the Sunday On Sale liquor license:
154

9. Are there any delinquent taxes or charges owed to the City on the premises where licenses are to be issued: Yes _____ No X

10. Are there any individuals who are involved with the licenses requested under the age of 21 or not citizens of the United States? Yes _____ No X

Jane Moss
Signatures of authorized individual

10-15-08
Date

FED ID# 30-0508905

MN ID# 9649964



Department of Public Safety
Alcohol & Gambling Enforcement Division
444 Cedar Street, Suite 133
St. Paul, MN 55101

Phone: 651-296-6159 TDD: 651-282-6555

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER) CARD FOR LIQUOR OR WINE
FEE \$20.00

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	INDEN. NO.
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE) Boardwalk Bar & Grill, LLC.		BUSINESS NAME (DBA) BOARDWALK BAR and Grill	
BUSINESS ADDRESS 415 2 ND ST NW		COUNTY	BUSINESS PHONE
CITY, STATE, ZIP CODE EAST GRAND FORKS MN 56721		AUTHORIZED SIGNATURE	

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: Insure Forward
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: 7-1-08 to 6-30-09

(or)

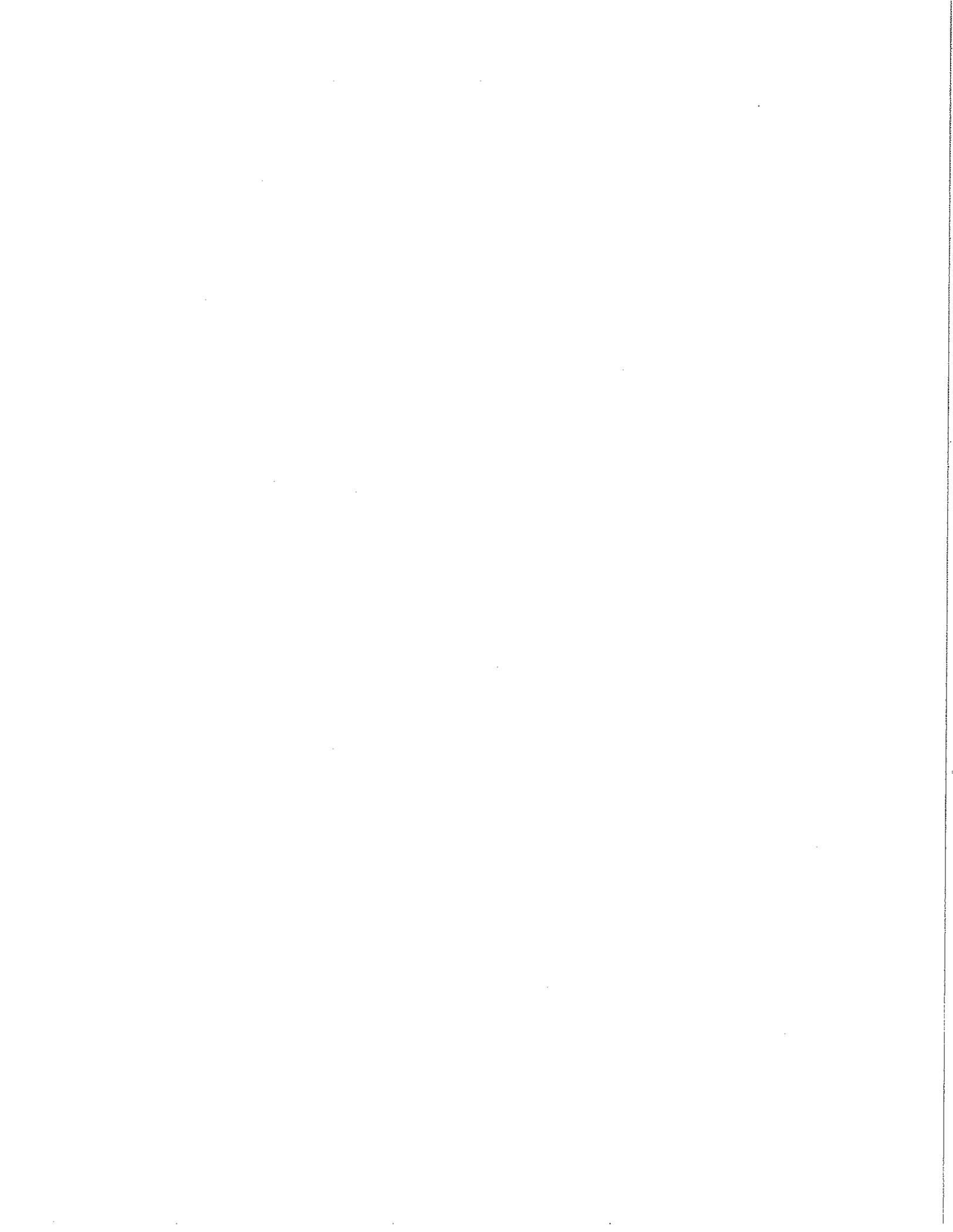
I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() Other (specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Joe Mass
(Signature)





Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
1) City issued on sale intoxicating and Sunday liquor licenses
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License East Grand Forks License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: MM Restaurant Group Incorporated DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name Mamma Maria's Italian Restaurant Business Address 211 Demers Ave City East Grand Forks

Zip Code 56721 County Polk Business Phone 218-773-2225 Home Phone 701-324-2993

Home Address 530 Judy Blvd. City Harvey, ND 58341 Licensee's MN Tax ID # 9707237
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # 26-3520732
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
<u>Linda S. Thomas</u>	<u>9/25/50</u>	<u>502-52-5761</u>	<u>530 Judy Blvd. Harvey, ND 58341</u>
<u>Delanis J. Thomas</u>	<u>7/19/41</u>	<u>501-46-7641</u>	<u>530 Judy Blvd. Harvey ND 58341</u>
<u>Kevin J. Temple</u>	<u>4/22/75</u>	<u>284-76-1796</u>	<u>2102 S 38th St Grand Forks, ND 58201</u>

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: Farmers Insurance Policy # A16100526

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.



Minnesota Department Of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT

444 Cedar Street - Suite 133
 St. Paul, MN 55101-5133
 (612)296-6439 TDD (612)282-6555



APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE

(Not to exceed 14% of alcohol by volume)

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, a partner shall execute this application. (PS 9114-94)

Workers Compensation Insurance Company Farmers Insurance Policy # A16100526

LICENSEE'S SALES & USE TAX ID# _____ To apply for sales tax number call 1-800-657-3777

Applicants Name (Business, Partnership, Corporation) <u>MM Restaurant Group Incorporated</u>		DOB	Trade Name or DBA <u>Mamma Maria's Italian Restaurant</u>		Social Security #
Business Address <u>211 De Mers Ave Suite 16</u>			Business Phone <u>218-773-2225</u>	Applicants Home Phone <u>701-324-2993</u>	
City <u>East Grand Forks, MN</u>			County <u>Polk</u>	Stat <u>MN</u>	Zip Code <u>56721</u>
Is this application <input checked="" type="radio"/> New or a <input type="radio"/> Transfer		If a transfer, give name of former owner			License Period From _____ To _____
If a corporation, state the name, date of birth, address, title and shares held by each officer. If a partnership, state the name, address and date of birth of each partner.					
Partner/Officer Name and title <u>Linda Thomas - President</u>		Address <u>530 Judy Blvd. Harvey ND 58741</u>		Social Security # <u>502-52-5761</u>	DOB <u>9/25/50</u>
Partner/Officer Name and title <u>Deborah J. Thomas - VP</u>		Address <u>530 Judy Blvd. Harvey ND 58741</u>		Social Security # <u>501-46-7641</u>	DOB <u>7/19/41</u>
Partner/Officer Name and title <u>Kevin J. Temple</u>		Address <u>2102 S 38th St Grand Forks ND 58201</u>		Social Security # <u>284-70-1796</u>	DOB <u>4/22/75</u>
Date of incorporation <u>10/8/08</u>	State of incorporation <u>MN</u>	Certificate Number		Is corporation authorized to do business in Minnesota? <u>Yes</u>	
If a subsidiary of another corporation, give name and address of parent corporation.					
Name of building owner <u>City of East Grand Forks</u>			Owner's address <u>400 DeMers Ave, East Grand Forks, MN 56722</u>		
Are property taxes delinquent? <u>No</u>	Has the building owner any connection, direct or indirect, with this applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>		Restaurant seating capacity <u>120</u>		
Hours food will be available <u>11:00am - 10:00pm</u>	No. of people restaurant employs <u>15</u>	No. of months per year restaurant will be open. <u>12</u>		Will food service be the principle business? <u>Yes</u>	
Describe the premises to be licensed. <u>A full service Italian Restaurant</u>					
If the restaurant is in conjunction with another business (resort, etc) describe business.					

OTHER INFORMATION

- Yes No 1. Has the applicant or associates been granted an on-sale non-intoxicating malt beverage (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes No 2. Is the applicant or any of the associates in this application a member of the county board or the city council which will issue this license? If yes, in what capacity? _____ (If the applicant is

the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)

Yes No 3. During the past license year, has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802). If yes, attach a copy of the summons.

NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY MLC.

Yes No 4. Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome.

Yes No 5. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details Choice Financial Group
Grand Forks, ND 58201

Yes No 6. Have the applicants any interest, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of the establishment.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Sandra Sue Johnson
Signature of Applicant

Date

The Licensee must have one of the following:

(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM)

Check One:

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person; \$100,000 more than on person; \$10,000 property destruction. \$50,000 and \$100,000 for loss of means of support
- B. A surety bond from a surety company with minimum coverage as specified above in A.
- C. A certificate from the State Treasurer that the licensee has deposited with the State, Trust Funds having a market value of \$100,000 in cash or securities.

IF LICENSE IS ISSUE BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed.

If no, state reason. _____

Signature County Attorney

County

Date

REPORT BY POLICE OR SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, Municipal or County Ordinances relating to Intoxicating Liquor, except as follows: _____

Signature

Title

Department Name

IMPORTANT NOTICE: ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION, CALL (612) 290-3496

Application for License to Sell Non-Intoxicating Malt Liquors

X "On Sale" (\$275.00) "Off Sale" (\$137.50)

Application to sell non-intoxicating malt liquors on those premises in the City of East Grand Forks, County of Polk, and State of Minnesota pursuant to the provisions of said Ordinances of said City.

Name of Business: Mm Restaurant Group, Incorporated

Address: 211 De Meers Ave

Authorized Representative: Linda Thomas - President; Chad Thomas - Manager

Telephone Number: 701-324-2993 701-740-5111

Over 21 years old: YES or NO (circle one) Citizenship: US

Residence during the last 5 years: 530 Judy Blvd. Harvey ND 58341

Type and location of every business or occupation that you have been engaged in during the last 5 years, together with the name and address of employers during said time:

Ever convicted of a crime or violation related to alcoholic beverages in the last 5 years? No

If yes, when, where and for what such arrests or convictions have been made, giving the court and sentence:

If applicant is incorporated, under the laws of what state: Minnesota

Names and addresses of its officers, including street and number:

Name and address of managing agent: chad Thomas 1044 Boyd Drive, Grand Forks ND 58203

State nature of business on licensed premises - whether drug store, restaurant, hotel, or bona fide club, establishment for sale of non-intoxicating malt beverages: Full service Italian Restaurant

Describe in detail the premises where sale is to be conducted under the license applied for as to number of floors in building, the floor on which sale is to take place, the street and number, and legal description of premises: The premises are at 211 De Meers Ave Suite 16 in the Riverwalk Center There is 3200 sf.

Are there any delinquent Real Estate taxes or utilities on premises to be licensed? No

Name and address of owner of building: City of East Grand Forks

Name and address of any and all lessees and sub-lessees of building: Ch

Name and address of owner of fixtures and furniture in the place where such non-intoxicating malt liquors are to be sold: Choice Financial Group; Grand Forks, ND 58201

Name and address of any and every person who will have charge, management or control of the place: Chad Thomas - manager; 1044 Boyd Dr. Grand Forks, ND 58203
Michael Hallerman - manager 17794 Edelwiess St NW, Andover mn, 55304

Is applicant directly or indirectly interested in the ownership of any other liquor establishment an owner or holder of a license from the Commissioner as a manufacturer, brewer or wholesaler? No

Applicant herein agrees to abide by and be governed by all rules and regulations of the City and of the State pertaining to the sale of non-intoxicating malt liquors. **This license will expire on June 30, 2007.**

Applicant Linda Sue Thomas Date 11/28/08

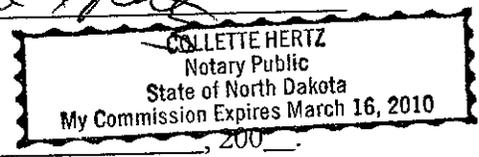
STATE OF ~~MINNESOTA~~ North Dakota
COUNTY OF ~~POLK~~ Wells

Linda Sue Thomas being first duly sworn, on oath says that he/she is the person who made and signed the foregoing application; that he/she has read said application together with the questions, answers, and statements therein and knows the contents thereof, and that the same are true to his/her own knowledge.

Linda Sue Thomas
Applicant

Subscribed and sworn to before me this 28th day of November, 2008

Collette Hertz
Notary Public



Receipt# 31877 Fee of \$ 825.00 paid on 12-10-08, 2008

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: Farmers Insurance
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: A 161 00526

Dates of Coverage: 12/3/08

(or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() Other (specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.


(Signature)

GENERAL INFORMATION SHEET
REQUIRED TO ACCOMPANY ANNUAL BEER AND LIQUOR APPLICATIONS

- 1** Name of applicant: MMA Restaurant Group, Incorporated (DBA Mamma Maria's Italian Restaurant)
- 2** Is applicant an individual, partnership or corporation? (Circle one)
If individual, go to question 7 and continue. If partnership, go to question 6 and continue.
If corporation, start at question 3 and continue.

3. Name of Officers

<u>Linda Thomas</u>	President
<u>Delanis Thomas</u>	Vice-Pres
<u>Nicholas Hallerman</u>	Treasurer
_____	Secretary

4. Names of Directors

Linda Thomas
Delanis Thomas
Kevin Temple

5. Names of stockholders and number of shares held by each:

Name	Number of Shares
<u>Linda Thomas</u>	<u>2250</u>
<u>Delanis Thomas</u>	<u>2250</u>
<u>Kevin Temple</u>	<u>500</u>

6. Names of Partners: _____

7. Name and address of manager/agent: (must be a resident of city)

8. Seating capacity for serving meals at tables related to the Sunday On Sale liquor license: 120

9. Are there any delinquent taxes or charges owed to the City on the premises where licenses are to be issued: Yes _____ No X

10. Are there any individuals who are involved with the licenses requested under the age of 21 or not citizens of the United States? Yes _____ No X

Linda Sue Shumme
Signatures of authorized individual

12/10/08
Date

FED ID# 26-3520732

MN ID# 9701237



Department of Public Safety
 Alcohol & Gambling Enforcement Division
 444 Cedar Street, Suite 133
 St. Paul, MN 55101

Phone: 651-296-6159 TDD: 651-282-6555

CARD NUMBER

(Office Use Only)

**APPLICATION FOR RETAILER'S (BUYER) CARD FOR LIQUOR OR WINE
 FEE \$20.00**

ISSUING AUTHORITY <i>City of East Grand Forks</i>	TYPE CODE	BUYER'S CARD EXPIRES	INDEN. NO.
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE) <i>MM Restaurant Group, Incorporated</i>		BUSINESS NAME (DBA) <i>Mamma Maria's Italian Restaurant</i>	
BUSINESS ADDRESS <i>211 De Mers Ave</i>		COUNTY <i>Polk</i>	BUSINESS PHONE <i>218-773-0225</i>
CITY, STATE, ZIP CODE <i>East Grand Forks, MN 56721</i>		AUTHORIZED SIGNATURE <i>Ronda Sue Thomas</i>	

MM RESTAURANT GROUP, INC. 211 DEMERS AVE EAST GRAND FORKS, MN 56721-1800 PH 218-773-2225	1056 77-296/913
DATE <i>12/9/08</i>	
PAY TO THE ORDER OF <i>MN Department of Public Safety</i> \$ <i>20⁰⁰</i> <i>Twenty dollars and 00/100</i> DOLLARS	Security Features Details on back.
CHOICE FINANCIAL <small>BANKING INSURANCE INVESTMENTS</small> <small>1697 42nd Street South, Grand Forks, ND 58201</small> <small>www.choicefinancialgroup.com</small>	<i>[Signature]</i>
MEMO	
⑆091302966⑆ ⑆0891112054⑆ 1056	

Mailed to St. PD

The organizational meeting of the Water, Light, Power and Building Commission of the City of East Grand Forks, Minnesota held January 5, 2009 at 5:00 P.M. was called to order by the City Attorney, Ron Galstad.
 Present: Quirk, Ogden, Brickson, Tweten
 Absent : None

The following nomination was made for President of the Water, Light, Power and Building Commission: Marilyn Ogden. It was moved by Commissioner Tweten second by Commissioner Brickson that nominations for President now be closed and that a unanimous ballot be cast for Ms. Ogden.
 Voting Aye: Quirk, Ogden, Brickson, Tweten
 Voting Nay: None

The following nomination was made for Vice-President of the Water, Light, Power and Building Commission: Mark Brickson. It was moved by Commissioner Tweten second by Commissioner Ogden that nominations for Vice-President now be closed and that a unanimous ballot be cast for Mr. Brickson.
 Voting Aye: Quirk, Ogden, Brickson, Tweten
 Voting Nay: None

It was moved by Commissioner Tweten second by Commissioner Brickson to adjourn the organizational meeting.
 Voting Aye: Quirk, Ogden, Brickson, Tweten
 Voting Nay: None

The regular meeting of the Water, Light, Power, and Building Commission was called to order at 5:10 P.M by the newly elected president.
 Present: Ogden, Brickson, Quirk, Tweten
 Absent : None

It was moved by Commissioner Quirk second by Commissioner Tweten that the minutes of the previous meeting of December 18, 2008 be approved as read.
 Voting Aye: Ogden, Brickson, Quirk, Tweten
 Voting Nay: None

The following bills and payroll were recommended for approval:

CHECK NO	VENDOR	DESCRIPTION	AMOUNT
500798	Advanta Bank Corp	Training & school	514.58
500799	Acme Electric Companies	Supplies	275.85
500800	Afonya Adonye	Overpay final bill #11280	100.88
500801	Akerlind Charles	CIP rebate - 902 Greenwood Dr SE	404.76
500802	AWWA	Dues & subscriptions	231.00
500803	Bert's Truck Equipment Inc	Service / WTP plow	88.99
500804	Border States Electric Supply	Supplies; inventory	1,388.09
500805	Business Essentials	Supplies	122.55
500806	Cariveau James	CIP rebate / 406 Crestwood Ct SE	496.16
500807	Christiansen Matt	CIP rebate / 1821 5th Ave NW	500.00
500808	Complete Pest Control Inc	Services	515.47
500809	Custom Aire	Repairs	514.00
500810	Dept of Energy/WAPA	Energy/demand	140,898.71
500811	Digi Key Corp 590699	Supplies	34.66
500812	Dueco Inc	#754 Service	877.73
500813	Eagle Electric	Repairs	4,298.78
500814	EGF City	Transfer	143,549.23
500815	Erickson Chad	CIP / 1515 21st St NW	500.00
500816	Everett Tim	CIP / 802 18th St NW	500.00
500817	FedEx	Freight	66.58
500818	Fiala Nathan	CIP rebate / 1420 6th Ave NW	467.57
500819	Fjestad Dan	CIP rebate / 1219 9th Ave SE	450.00
500820	GF Thur-O-Clean	Janitorial services / Dec	503.21
500821	Grand Forks Welding	Supplies	134.91

500822	Graymont Western Canada Inc	Wtr treat chemicals	4,125.09
500823	Halverson Don	CIP rebate / 2209 11th Ave NW	500.00
500824	Hawkins Inc	Repairs	527.91
500825	Heichel Neil	CIP rebate / 1521 20th St NW	500.00
500826	High Voltage Testing & Safety	Glove testing	110.69
500827	Holiday Fleet	Fuels & lubricants	126.13
500828	Honeywell Ind Solutions	Maintenance	12,660.00
500829	House of Vacuums	Supplies	3.99
500830	ICS	Repairs	1,393.94
500831	Integra Telecom	Long distance	28.76
500832	Knutson Lindsay	Overpay final bill #6506	69.54
500833	Lakeland	Supplies	126.68
500834	Liberty Business Systems	Maintenance	363.73
500835	Lunseth Plumbing & Heating	Repairs	674.00
500836	M & W Services Inc	Meter reading / Dec 16-31	1,655.95
500837	Mahon Bernadine	CIP rebate / 418 Greenwood Dr SE	500.00
500838	Marcott Nicole	CIP rebate / 701 2nd Ave NE	500.00
500839	Mendenhall Presbyterian Church	CIP rebate / lighting project	1,874.00
500840	MN Municipal Utilities Association	Training; dues	18,941.50
500841	MN State Retirement System	Post retire health care plan	12,991.25
500842	National Drive	Teamster "Drive" / Dec	20.00
500843	Olson Jeff	Reimbursement	8.52
500844	Opsahl Matthew	CIP rebate / 1803 10th St SE	500.00
500845	Pitney Bowes	Postage / #34003640	5,000.00
500846	Powerplan OIB	Maintenance	1,604.00
500847	PS Doors	Maintenance	508.45
500848	Reliance Telephone System	Supplies	346.13
500849	Reyes Reynoldo	Overpay final bill #10953	25.64
500850	Schomer Robert	CIP rebate / 417 4th Ave NE	308.39
500851	SimplexGrinnell LP	Service on Intrusion System	306.00
500852	Stai David	Overpay final bill #6628	55.63
500853	Stauss Bill	CIP rebate / 1025 Sherlock Cir SE	500.00
500854	Swanberg Gordon	CIP rebate / 510 10th St NW	500.00
500855	TCIC	Computer equipment	3,290.85
500856	TKE Corporation	Professional fees	369.92
500857	Tri-Valley	CIP / Partial pymnt - 714 20th St NW	14,982.15
500858	Troitte Chad	Reimburse safety boots	100.00
500859	Tucker Dave	CIP rebate / 1407 4th Ave NW	500.00
500860	Vargas Cassandra	Overpay final bill #10943	27.55
500861	Water & Light Department	Utilities	14,280.22
500862	Xcel Energy	Gas utilities	6,320.69
		Payroll	62,254.04
	TOTAL		<u>\$404,661.01</u>

It was moved by Commissioner Brickson second by Commissioner Quirk that the bills and payroll be allowed as recommended and the Secretary issue checks for the same.

Voting Aye: Ogden, Brickson, Quirk, Tweten

Voting Nay: None

It was moved by Commissioner Quirk second by Commissioner Brickson that Kristen Shipes, having satisfactorily completed her six months probation, be certified as a full time employee effective January 1.

Voting Aye: Ogden, Brickson, Quirk, Tweten

Voting Nay: None

It was moved by Commissioner Tweten second by Commissioner Quirk to accept the letter of resignation from Mike Weisinger.

Voting Aye: Ogden, Brickson, Quirk, Tweten

Voting Nay: None

It was moved by Commissioner Brickson second by Commissioner Tweten to approve the vacation carry-over balances.

Voting Aye: Ogden, Brickson, Quirk, Tweten

Voting Nay: None

It was moved by Commissioner Quirk second by Commissioner Brickson to adopt interconnection requirements for generation systems as so written.

Voting Aye: Ogden, Brickson, Quirk, Tweten

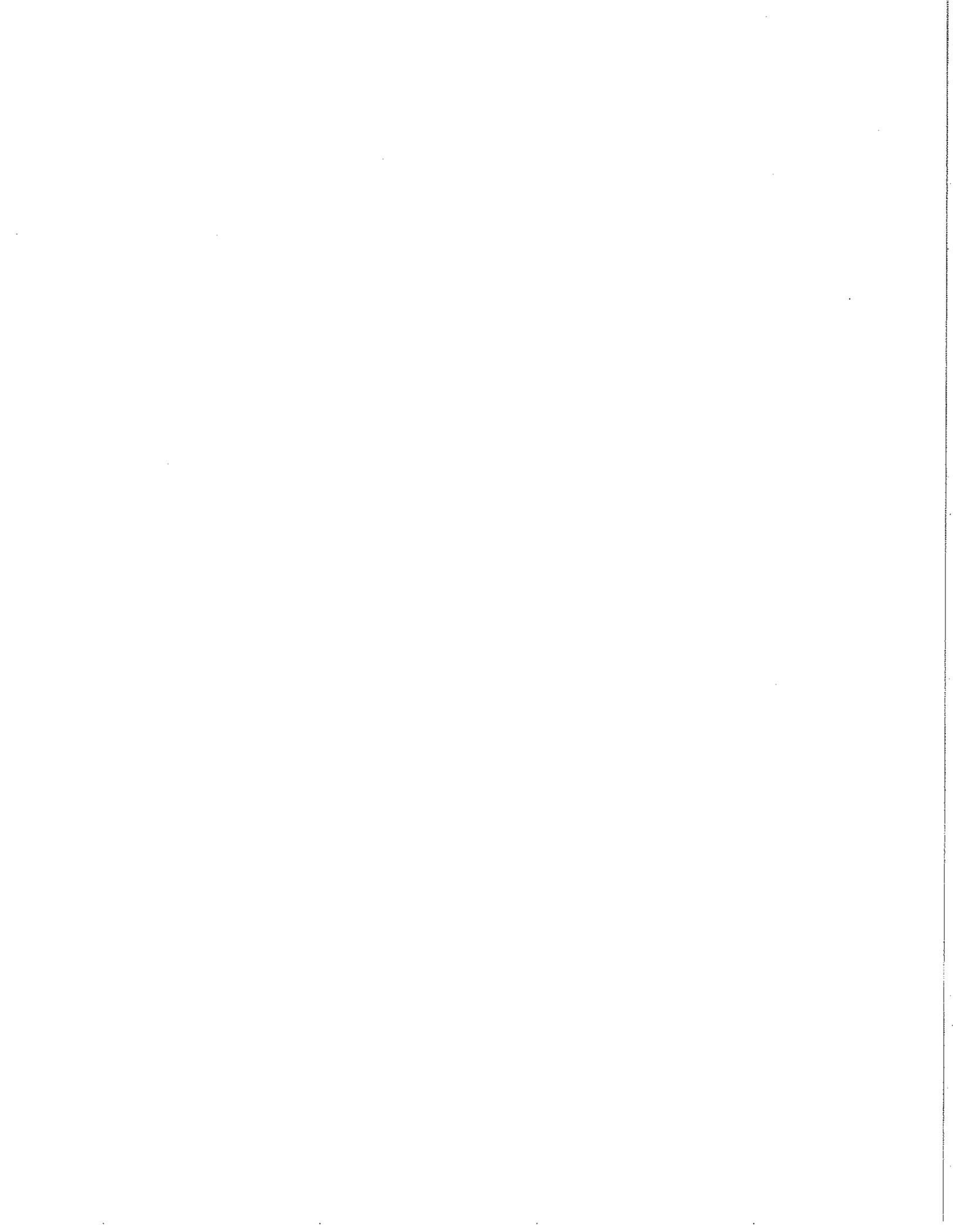
Voting Nay: None

It was moved by Commissioner Quirk second by Commissioner Brickson that the meeting be adjourned to January 15, 2009 at 5:00 P.M.

Voting Aye: Ogden, Brickson, Quirk, Tweten

Voting Nay: None

Lori Maloney
Sec'y



Board of the East Grand Forks Campbell Library
Minutes from January 27, 2009 meeting

Present: Gary Christianson, Pat Jacklitch, Kay Buckalew, Mike Pokrywinski, Judi Loer,
Mary Gail Homstad and Charlotte Helgeson
Absent: Sharon Budget

- I. Homstad nominated Christianson as president with a second by Pokrywinski. Motion for unanimous vote made by Jacklitch. Passed.
- II. Motion to accept minutes by Pokrywinski with a second by Loer. Passed.
- II. Bills were reviewed with a motion by Pokrywinski and second by Homstad to approve. Passed.
- III. Old Business
 - A. A motion by Homstad with a second by Jacklitch to raise the hourly wages of part-time workers per attached sheet retroactive to January 1, 2009. Passed.
 - B. Paperwork for restitution resulting from the break-ins was sent to the county. Amount included windows replacement, re-keying and phone line replacements.
 - C. Ice and snow has been removed from the meeting room roof. Mark Cowger Construction has opened up the ceiling to determine the cause of the heat loss. A meeting will be scheduled soon by the city's building official to gather contractors, engineers and others able to form a plan to remedy the situation.
 - D. Christianson has spoken to County Commissioner Strandell concerning a possible meeting with LARL. No action has been taken. Helgeson will contact LARL's director and ask for a possible agreement to receive ELM.
- IV. New Business
 - A. Administrator Huizenga had asked each department to create a 10% budget reduction proposal. Helgeson presented the exercise including changes to standing orders, tightened supplies use along with a decrease in library and staffing hours. The board discussed the proposals and long-term adjustments to maintain sustainability of library services.
 - B. Helgeson shared staff concerns with the public use of computers and access to the Internet. The board was informed that police officers are doing walk-throughs once a day at unscheduled times. Their presence is appreciated and is creating a more secure feeling for the patrons.
 - C. Staff evaluations have been completed.

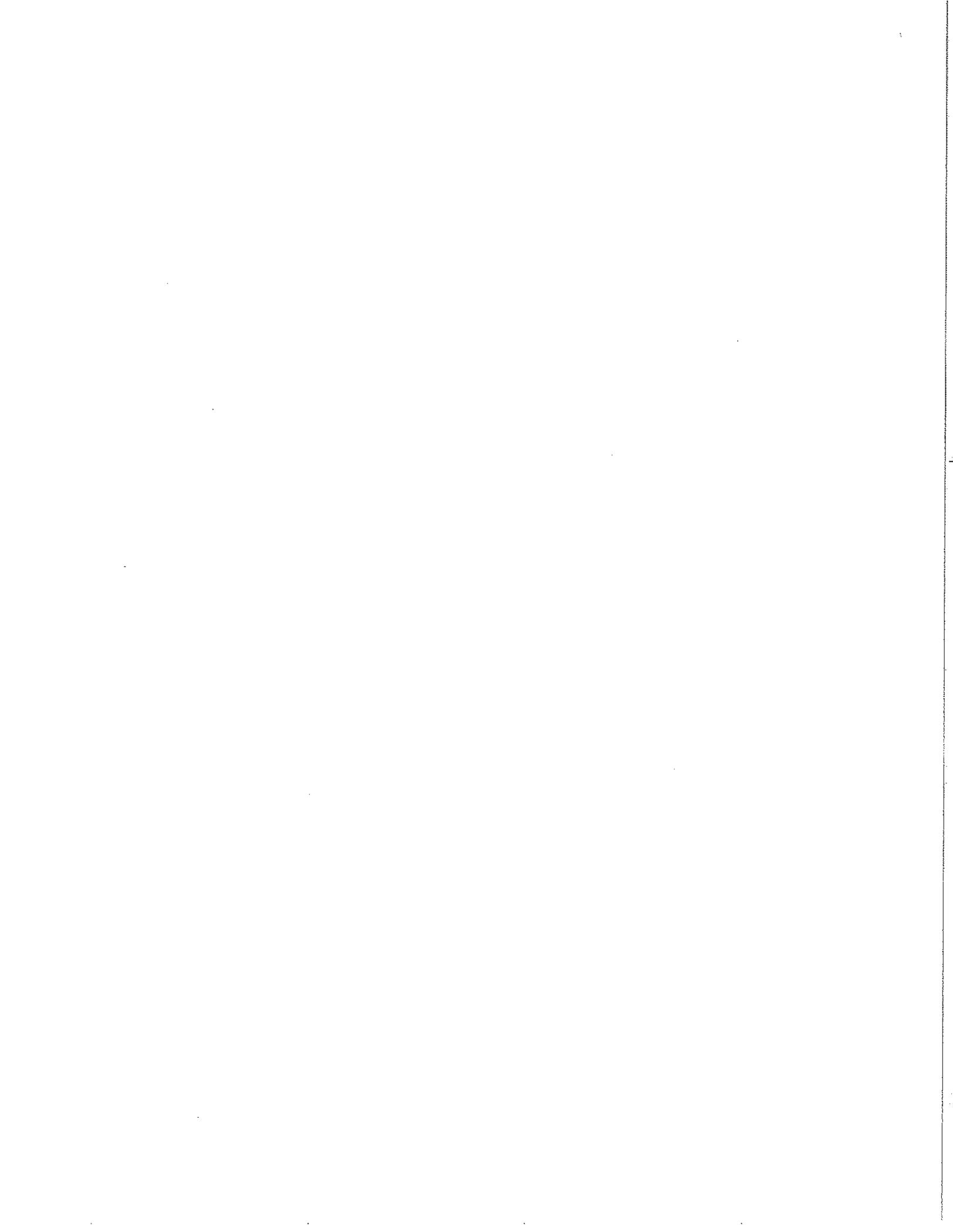
A motion to adjourn was made by Buckalew with a second by Jacklitch. Motion passed; meeting adjourned.

The next meeting will be held Tuesday, February 24 at 7 a.m. in Seasons Restaurant.

2009 Library Wages

Emp.# Employee

Part-time		2008	2009	Hours
Julie Dubuque	(Lib. Clerk-1) CIRCULATION	\$9.51	\$9.80	21
Patricia Iverson	(Lib. Clerk-2) CIRCULATION	\$8.42	\$8.67	14
Cheryl Smith	(Custodian) BUILDING	\$12.36	\$12.73	16
Peter Kelly	(Library Worker) CIRCULATION	\$6.65	\$6.85	6
Rosina Bechhold Carly Flaagan	(Library Aide) CIRCULATION	\$6.90	\$7.11	16



Request for Council Action

Date: February 3, 2009
To: East Grand Forks City Council and Mayor Lynn Stauss
Cc: File
From: Nancy Ellis, Senior Planner
RE: Matter of Projects for Proposed Stimulus Package

RECOMMENDATION: Approve economic recovery project lists, in priority order, and submit to the MPO for inclusion into the 09-12 TIP.

Congress may deliver a 2nd Economic Stimulus package sometime within the next two months. The draft stimulus bill includes funding for many different programs: transportation (streets/highways, transit, enhancements), schools, federal buildings, economic development and a host of others. Stimulus funds will be split into two funding timelines. At the time of this request, the first 50% funds must be awarded within 150 days of the state receiving the funds; the second 50% funds must be awarded within one year of the date of enactment. All projects chosen will have 100% federal participation.

As part of this process MNDOT has requested lists for potential street/highway projects, Transportation Enhancement projects and Transit projects from East Grand Forks for consideration. The MPO has worked with Floan-Sanders to develop such lists and assess the projects for consistency with our Long Range Plan. We request that the priority lists receive approval by the City Council to ensure the lists are a consensus of the entire council.

In turn, the Transportation Improvement Program (TIP) needs to be updated and approved if the city receives any transportation stimulus monies for any projects listed. These are projects that the MPO currently does not have in the TIP and must be amended into the TIP; or is currently programmed into the TIP and the TIP must be modified to show its acceleration of project time and funding. Attached are three lists of potential projects in priority order to consider for submittal. These projects were chosen and prioritized by city staff and the MPO for possible consideration by MNDOT. The lists cover:
1) Street/Highway projects; 2) Transportation Enhancement projects; and 3) Transit projects.

Staff would welcome discussion on any other transportation projects that we may have missed in this list or any change in priority order. We would like to receive approval from the Council to submit these lists to the MPO for inclusion in the TIP and submittal to MNDOT for consideration and inclusion in the state STIP.

Priority	Project/Purchase Type	Estimated Total Cost
1	Farebox	\$15,000.00
2	Security Cameras & DVR/Hard Drive	\$6,000.00
3	AVL System/Automatic Stop Announcement	\$18,000.00
4	Replacement Coach Fix Route (class 500 Low Floor)	\$150,000.00
5	Concrete Pad for Shelter	\$5,000.00
5	Bus Shelter	\$8,000.00
6	Dial-A-Ride Vehicle- regular size	\$40,000.00
7	Dial-A-Ride Vehicle- large size(class 500 low floor)	\$150,000.00
8	Sidewalk Connectors to Transit System	\$350,000

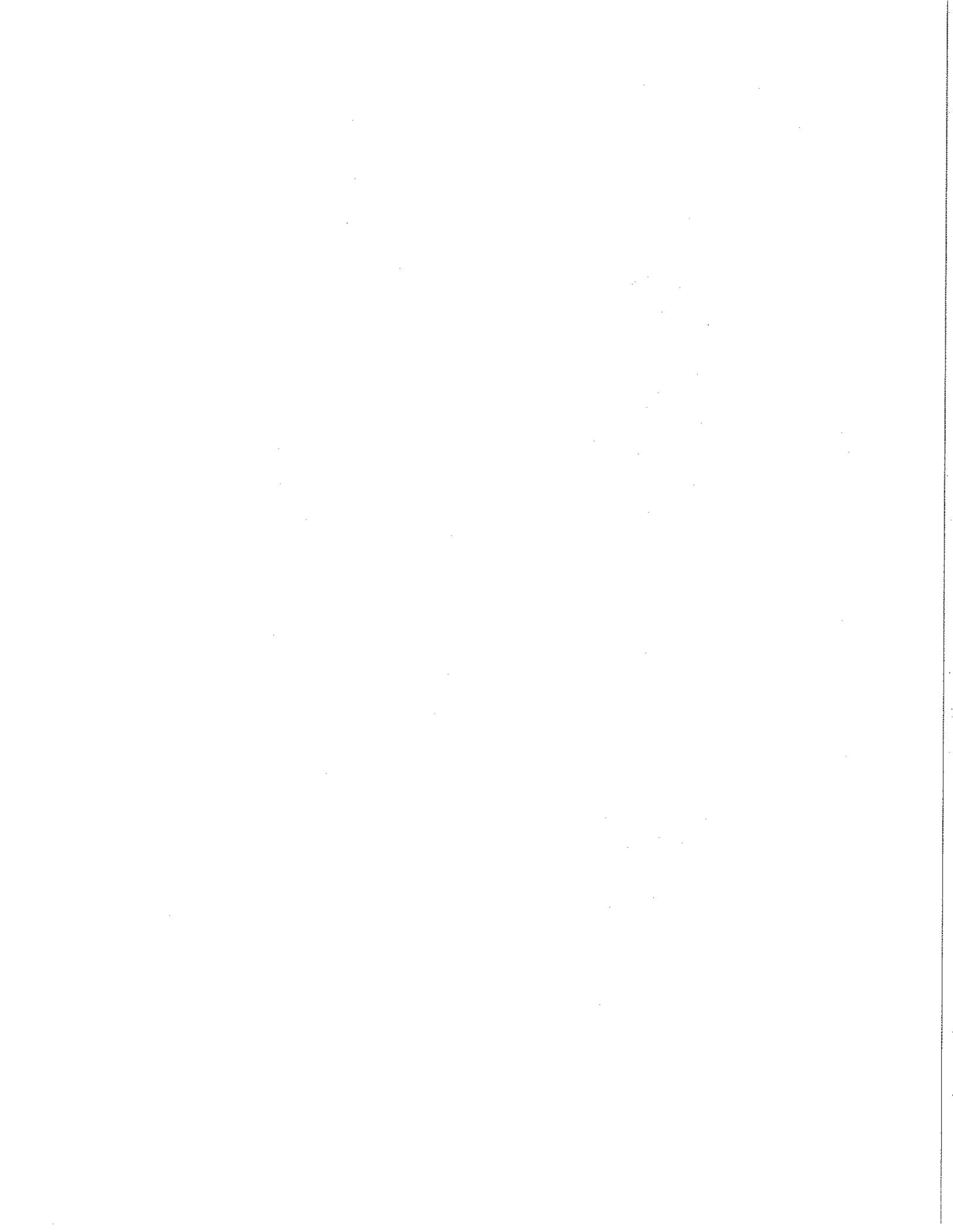
**CITY OF EAST GRAND FORKS
ECONOMIC STIMULUS PACKAGE ROADWAY PROJECT LIST**

RANKING	SYSTEM	PROJECT LOCATION	TYPE OF WORK	PRELIMINARY COST ESTIMATE	RUNNING TOTAL COST	120 DAY AWARD	August 2010 Obligate
1	FC/SA	23rd St. NW - River Road - TH220 -Phase I	Construction of Urban Section	\$1,800,000.00	\$1,800,000.00	X	
2	FC	17th St NE TH220 to 5th Ave NE	Reconstruction	\$800,000.00	\$2,600,000.00	X	
3	FC/SA	23rd St. NW - River Road - TH220- Phase II	Construction of Urban Section	\$1,800,000.00	\$4,400,000.00		X
4	FC/SA	10th St NE - 5th Ave NE to 11th Ave NE	Construction of Urban Section	\$2,000,000.00	\$6,400,000.00		X
5	FC/SA	Rhinehart Dr - 13th Stree SE to City Limits	Construction of Urban Section	\$250,000.00	\$6,650,000.00		X
6	FC/SA	Greenway Blvd - 11th Ave SE to Rhinehard Dr	Construct Pavement	\$300,000.00	\$6,950,000.00		X
7	FC/SA	5th Ave NE -15th St NE to 21st St NE	Reconstruction	\$1,200,000.00	\$8,150,000.00		X
8	FC	23rd St NE	Stormsewer	\$1,200,000.00	\$9,350,000.00		X
9	FC/SA	5th, Ave. NW - USTH2 Opening	Reconstruction	\$1,440,000.00	\$10,790,000.00		X

Legend:
 FC - Functional Classification
 FC/SA - Functional Classification/State Aid
 U - Urban

**CITY OF EAST GRAND FORKS
ECONOMIC STIMULUS PACKAGE TRANSPORTATION ENHANCEMENT (TE) PROJECT LIST**

RANKING	SYSTEM	PROJECT LOCATION	TYPE OF WORK	PRELIMINARY COST ESTIMATE	RUNNING TOTAL COST	120 DAY AWARD	August 2010 Obligate
1	TE	12th St NW Trail Connection	Construction of Trail	\$145,000.00	\$145,000.00	X	
2	TE	Sidewalk along TH220	Construction of Trail	\$146,940.00	\$291,940.00	X	
3	TE	Trail Along TH220	Construction of Trail	\$200,000.00	\$491,940.00	X	
4	TE	Sidewalk Connections to Schools	Sidewalk Construction	\$280,000.00	\$771,940.00	X	



Pay Equity Implementation Report

Send completed report to:

Pay Equity Coordinator
Department of Employee Relations
200 Centennial Building
658 Cedar Street
St. Paul, MN 55155-1603
(651) 259-3761 (Voice)
(651) 282-2699 (TDD)

For Department Use Only

Postmark Date of Report

Jurisdiction ID Number

Part A: Jurisdiction Identification

Jurisdiction: East Grand Forks
600 DeMers Avenue NW
East Grand Forks, MN 56721-0322

Jurisdiction Type: CITY

Contact: City Administrator Scott Huizenga
Fax: 2187739728
Email:

Phone: (218) 773-2483

Part B: Official Verification

1. The job evaluation system used measured skill, effort responsibility and working conditions and the same system was used for all classes of employees.

The system used was:

Describe:

2. Health Insurance benefits for male and female classes of comparable value have been evaluated and:

and the maximum salaries reported include the monthly amount paid by the employer for health insurance

3. Information in this report is complete and accurate.

4. The report includes all classes of employees over which the jurisdiction has final budgetary approval authority.

5. No salary ranges/performance differences.

Leave blank unless BOTH of the following apply:

a. Jurisdiction does not have a salary range for any job class.

b. Upon request, jurisdiction will supply documentation showing that inequities between male and female classes are due to performance differences.

Note: Do not include any documentation regarding performance with this form.

6. An official notice has been posted at:

(prominent location)

informing employees that the Pay Equity Implementation Report has been filed and is available to employees upon request. A copy of the notice has been sent to each exclusive representative, if any, and also to the public library.

The report was approved by:

(governing body)

(chief elected official)

(title)

Checking this box indicates legal signature by above official.

Date Submitted

Part C: Total Payroll

is the annual payroll for the calendar year just ended December 31.

Compliance Report

01/28/2009

Jurisdiction: East Grand Forks

Contact: Scott Huizenga
City Administrator

Phone: (218) 773-2483

The statistical analysis, salary range and exceptional service pay test results are shown below. Part I is general information from your pay equity Report data. Parts II, III and IV give you the test results.

For more detail on each test, refer to the guidebook.

I. GENERAL JOB CLASS INFORMATION

	Male Classes	Female Classes	Balanced Classes	All Job Classes
# Job Classes	37	14	0	51
# Employees	80	21	0	101
Avg. Max Monthly Pay per Employee	\$5,095.26	\$4,201.73		\$4,909.48

II. STATISTICAL ANALYSIS TEST

A. UNDERPAYMENT RATIO = 158.9 *

	Male Classes	Female Classes
a. # at or above Predicted Pay	16	9
b. # Below Predicted Pay	21	5
c. TOTAL	37	14
d. % Below Predicted Pay (b divided by c = d)	56.76	35.71

* (Result is % of male classes below predicted pay divided by % of female classes below predicted pay)

B. T-TEST RESULTS

Degrees of Freedom (DF) = 99	Value of T = 1.871
a. Avg. diff. in pay from predicted pay for male jobs =	-\$10
b. Avg. diff. in pay from predicted pay for female jobs =	-\$204

III. SALARY RANGE TEST = 87.92 % (Result is A divided by B)

- A. Avg. # of years to max salary for male jobs = 3.37
- B. Avg. # of years to max salary for female jobs = 3.83

IV. EXCEPTIONAL SERVICE PAY TEST 82.58

- A. % of male classes receiving ESP 86.49
- B. % of female classes receiving ESP 71.43

* (if 20% or less, test result will be 0.00)

Job Class Data Entry Verification List

East Grand Forks

LGID: 4

Case: 2009 updated data

Status:

Job Nbr	Class Title	Nbr Males	Nbr Females	Class Type	Jobs Points	Min Mo. Salary	Max Mo. Salary	Yrs to Max Salary	Yrs of Service	Exceptional Service Pay
1	Custodian	1	0	M	85	\$2,667.09	\$3,975.67	3.00	0	LONGEVITY
2	Library Clerk	0	2	F	110	\$1,459.19	\$1,648.08	0	26.00	
4	Secretary	0	2	F	140	\$2,726.01	\$4,178.43	0	24.00	LONGEVITY
5	Permit Technician	0	1	F	150	\$3,154.06	\$4,041.53	0	20.00	LONGEVITY
6	Secretary-Dispatcher	0	2	F	150	\$2,478.19	\$4,200.96	3.00	0	LONGEVITY
7	Utility Secretary	0	2	F	150	\$2,648.02	\$4,350.00	4.00	0	LONGEVITY
8	Truck Driver	7	0	M	155	\$2,667.09	\$3,975.67	3.00	0	LONGEVITY
9	Parks Maintenance Worker	1	0	M	160	\$2,667.09	\$4,048.46	3.00	0	LONGEVITY
10	Cashier/Billing Clerk	0	1	F	163	\$2,616.83	\$4,169.77	3.00	0	
11	Executive Assistant	0	1	F	170	\$3,315.23	\$4,204.43	0	3.00	LONGEVITY
12	Sr Billing Clerk-Sec to Comm	0	1	F	190	\$2,713.88	\$4,710.47	5.00	0	LONGEVITY
13	Equipment Operator	3	0	M	195	\$2,897.58	\$4,233.89	3.00	0	LONGEVITY
14	Accounting Technician	0	2	F	200	\$2,826.52	\$4,096.98	0	1.00	
15	Water Distribution Maint. D	2	0	M	200	\$3,186.99	\$4,700.07	3.00	0	LONGEVITY
16	Mechanic	2	0	M	210	\$2,897.58	\$4,233.89	3.00	0	LONGEVITY
17	Wastewater/Stormwater Oper	3	0	M	210	\$3,429.61	\$4,765.92	3.00	0	LONGEVITY
18	Support Technician	0	1	F	225	\$2,802.26	\$4,809.25	5.00	0	LONGEVITY
19	Locator Systems Tech II	1	0	M	243	\$3,105.54	\$4,918.43	3.00	0	
21	Program Coordinator	0	3	F	245	\$3,360.29	\$4,367.33	0	16.00	LONGEVITY
22	Librarian	0	1	F	253	\$3,230.31	\$4,119.51	0	30.00	LONGEVITY
23	Public Works Foreman	1	0	M	253	\$3,188.72	\$4,568.36	3.00	0	LONGEVITY
24	Building Inspector	1	0	M	255	\$4,403.55	\$5,292.75	0	11.00	LONGEVITY
25	Apprentice Lineman	2	0	M	260	\$3,251.11	\$5,124.65	3.00	0	LONGEVITY
26	Firefighter	3	0	M	260	\$3,315.23	\$4,630.75	2.00	0	LONGEVITY
27	Water Plant Operator A	4	0	M	260	\$3,576.91	\$5,088.26	3.00	0	LONGEVITY
28	Water Plant Operator C	1	0	M	260	\$3,320.43	\$4,833.51	3.00	0	LONGEVITY
29	Info Systems Technician	1	0	M	266	\$3,512.79	\$5,427.93	3.00	0	LONGEVITY
30	Patrol	13	2	M	285	\$3,337.76	\$4,857.77	2.00	0	LONGEVITY
31	Lineworker	2	0	M	295	\$3,512.79	\$5,427.93	3.00	0	LONGEVITY
32	Arena Manager	2	0	M	304	\$3,895.76	\$4,784.98	0	25.00	LONGEVITY

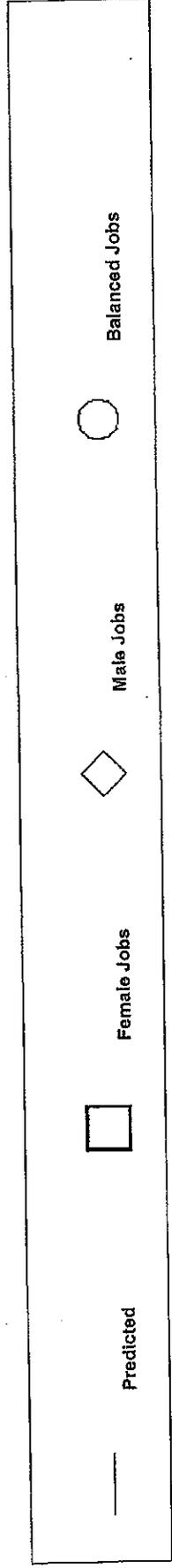
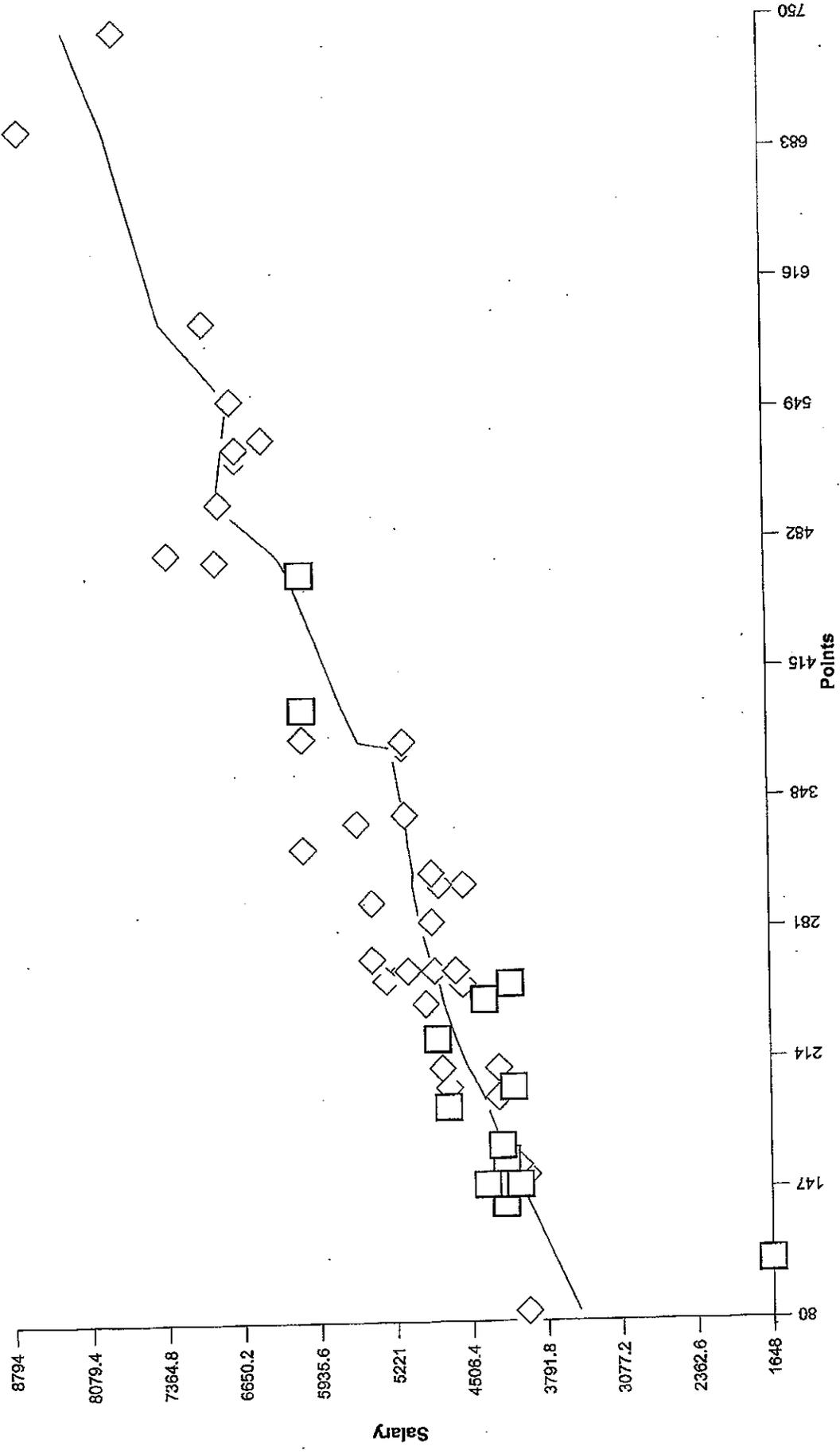
Job Class Data Entry Verification List

Case: 2009 updated data

Status:

Job Nbr	Class Title	Nbr Males	Nbr Females	Class Type	Jobs Points	Min Mo. Salary	Max Mo. Salary	Yrs to Max Salary	Yrs of Service	Exceptional Service Pay
33	Recreation Coordinator	1	0	M	304	\$3,665.97	\$4,555.17	0	1.00	
34	Fire Engineer	3	0	M	310	\$3,852.46	\$4,856.04	3.00	0	LONGEVITY
35	Information System Mgr	1	0	M	323	\$4,024.03	\$6,062.21	3.00	0	LONGEVITY
36	Asst. Line Foreman	1	0	M	336	\$3,644.50	\$5,561.37	3.00	0	LONGEVITY
37	Park Foreman	1	0	M	340	\$4,216.39	\$5,105.59	3.00	0	LONGEVITY
38	Assistant Fire Chief	3	0	M	375	\$4,129.74	\$5,124.65	3.00	0	LONGEVITY
39	Detective Sergeant	2	0	M	378	\$4,129.74	\$5,119.45	3.00	0	LONGEVITY
40	Patrol Sergeant	4	1	M	378	\$4,129.74	\$5,119.45	3.00	0	LONGEVITY
41	Distribution System Foreman	1	0	M	380	\$4,024.03	\$6,062.21	3.00	0	LONGEVITY
42	Cust & Energy Serv Mgr	0	1	F	395	\$4,024.03	\$6,062.21	3.00	0	LONGEVITY
43	Library Director	0	1	F	465	\$5,179.94	\$6,066.29	0	14.00	LONGEVITY
44	Water Plant Superintendent	1	0	M	472	\$3,585.58	\$6,864.58	7.00	0	LONGEVITY
45	Distribution Superintendent	1	0	M	476	\$3,859.39	\$7,323.83	7.00	0	LONGEVITY
46	Building Official	1	0	M	502	\$4,535.26	\$6,826.46	0	27.00	LONGEVITY
47	Public Works Superintendent	1	0	M	525	\$5,777.82	\$6,667.02	0	2.00	
48	Parks and Rec Superintendent	1	0	M	530	\$5,777.82	\$6,667.02	0	14.00	LONGEVITY
49	Finance Director	1	0	M	535	\$5,528.27	\$6,417.47	0	15.00	LONGEVITY
50	Fire Chief	1	0	M	555	\$5,821.15	\$6,710.35	0	11.00	LONGEVITY
51	Police Chief	1	0	M	595	\$6,082.83	\$6,972.20	0	1.00	
52	General Manager	1	0	M	695	\$4,472.87	\$8,094.20	7.00	0	LONGEVITY
53	City Administrator	1	0	M	745	\$6,914.67	\$7,803.87	0	1.00	

Predicted Pay for East Grand Forks



Predicted Pay Report for East Grand Forks

01/28/2009

Case: 2009 updated data

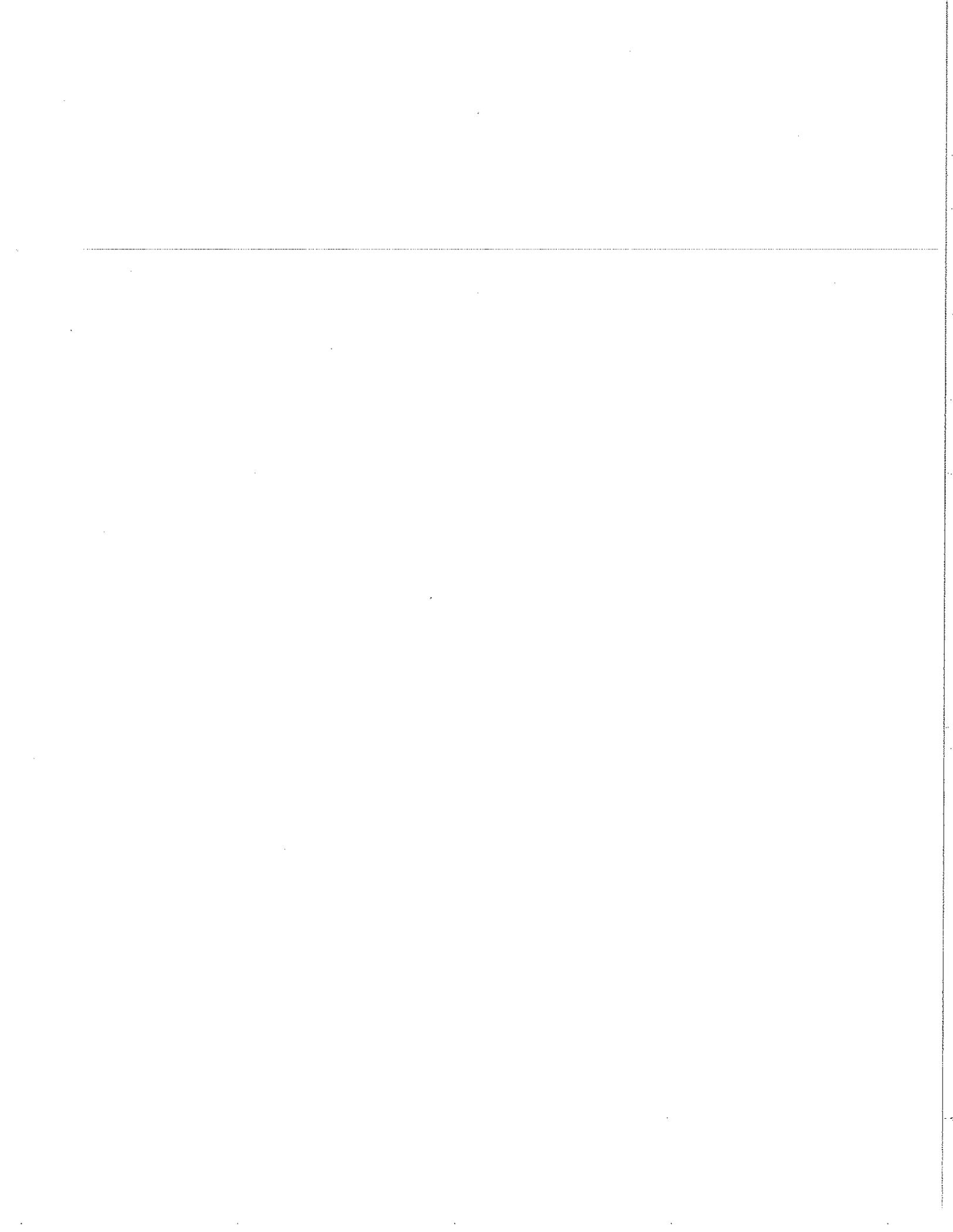
Job Nbr	Jobs Title	Male Empl	Female Empl	Total Empl	Sex	Work Points	Max Mo. Salary	Predicted Pay	Pay Difference
1	Custodian	1	0	1	M	85	\$3,975.67	\$3,488.12	\$487.55
2	Library Clerk	0	2	2	F	110	\$1,648.08	\$3,698.35	\$-2,050.27
4	Secretary	0	2	2	F	140	\$4,178.43	\$3,950.80	\$227.63
5	Permit Technician	0	1	1	F	150	\$4,041.53	\$4,034.94	\$6.59
6	Secretary-Dispatcher	0	2	2	F	150	\$4,200.96	\$4,034.94	\$166.02
7	Utility Secretary	0	2	2	F	150	\$4,350.00	\$4,034.94	\$315.06
8	Truck Driver	7	0	7	M	155	\$3,975.67	\$4,077.16	\$-101.49
9	Parks Maintenance Worker	1	0	1	M	160	\$4,048.46	\$4,119.09	\$-70.63
10	Cashier/Billing Clerk	0	1	1	F	163	\$4,169.77	\$4,144.37	\$25.40
11	Executive Assistant	0	1	1	F	170	\$4,204.43	\$4,203.24	\$1.19
12	Sr Billing Clerk-Sec to Comm	0	1	1	F	190	\$4,710.47	\$4,338.34	\$372.13
13	Equipment Operator	3	0	3	M	195	\$4,233.89	\$4,370.19	\$-136.30
14	Accounting Technician	0	2	2	F	200	\$4,096.98	\$4,415.92	\$-318.94
15	Water Distribution Maint. D	2	0	2	M	200	\$4,700.07	\$4,415.92	\$284.15
16	Mechanic	2	0	2	M	210	\$4,233.89	\$4,518.37	\$-284.48
17	Wastewater/Stormwater Oper	3	0	3	M	210	\$4,765.92	\$4,518.37	\$247.55
18	Support Technician	0	1	1	F	225	\$4,809.25	\$4,631.78	\$177.47
19	Locator Systems Tech II	1	0	1	M	243	\$4,918.43	\$4,744.46	\$173.97
21	Program Coordinator	0	3	3	F	245	\$4,367.33	\$4,749.93	\$-382.60
22	Librarian	0	1	1	F	253	\$4,119.51	\$4,783.73	\$-664.22
23	Public Works Foreman	1	0	1	M	253	\$4,568.36	\$4,783.73	\$-215.37
24	Building Inspector	1	0	1	M	255	\$5,292.75	\$4,792.25	\$500.50
25	Apprentice Lineman	2	0	2	M	260	\$5,124.65	\$4,829.97	\$294.68
26	Firefighter	3	0	3	M	260	\$4,630.75	\$4,829.97	\$-199.22
27	Water Plant Operator A	4	0	4	M	260	\$5,088.26	\$4,829.97	\$258.29
28	Water Plant Operator C	1	0	1	M	260	\$4,833.51	\$4,829.97	\$3.54
29	Info Systems Technician	1	0	1	M	266	\$5,427.93	\$4,876.29	\$551.64
30	Patrol	13	2	15	M	285	\$4,857.77	\$4,973.65	\$-115.88
31	Lineworker	2	0	2	M	295	\$5,427.93	\$5,008.26	\$419.67
32	Arena Manager	2	0	2	M	304	\$4,784.98	\$5,039.44	\$-254.46
33	Recreation Coordinator	1	0	1	M	304	\$4,555.17	\$5,039.44	\$-484.27
34	Fire Engineer	3	0	3	M	310	\$4,856.04	\$5,029.72	\$-173.68
35	Information System Mgr	1	0	1	M	323	\$6,062.21	\$5,070.95	\$991.26
36	Asst. Line Foreman	1	0	1	M	336	\$5,561.37	\$5,097.22	\$464.15
37	Park Foreman	1	0	1	M	340	\$5,105.59	\$5,112.35	\$-6.76
38	Assistant Fire Chief	3	0	3	M	375	\$5,124.65	\$5,232.54	\$-107.89
39	Detective Sergeant	2	0	2	M	378	\$5,119.45	\$5,540.74	\$-421.29
40	Patrol Sergeant	4	1	5	M	378	\$5,119.45	\$5,540.74	\$-421.29
41	Distribution System Foreman	1	0	1	M	380	\$6,062.21	\$5,556.83	\$505.38
42	Cust & Energy Serv Mgr	0	1	1	F	395	\$6,062.21	\$5,684.56	\$377.65
43	Library Director	0	1	1	F	465	\$6,068.29	\$6,178.39	\$-110.10
44	Water Plant Superintendent	1	0	1	M	472	\$6,864.58	\$6,250.80	\$613.78

Predicted Pay Report for East Grand Forks

01/28/2009

Case: 2009 updated data

Job Nbr	Jobs Title	Male Empl	Female Empl	Total Empl	Sex	Work Points	Max Mo. Salary	Predicted Pay	Pay Difference
45	Distribution Superintendent	1	0	1	M	476	\$7,323.83	\$6,305.19	\$1,018.64
46	Building Official	1	0	1	M	502	\$6,826.46	\$6,852.34	\$-25.88
47	Public Works Superintendent	1	0	1	M	525	\$6,667.02	\$6,803.45	\$-136.43
48	Parks and Rec Superintendent	1	0	1	M	530	\$6,667.02	\$6,792.86	\$-125.84
49	Finance Director	1	0	1	M	535	\$6,417.47	\$6,782.20	\$-364.73
50	Fire Chief	1	0	1	M	555	\$6,710.35	\$6,739.69	\$-29.34
51	Police Chief	1	0	1	M	595	\$6,972.20	\$7,379.54	\$-407.34
52	General Manager	1	0	1	M	695	\$8,694.20	\$7,907.13	\$787.07
53	City Administrator	1	0	1	M	745	\$7,803.87	\$8,277.44	\$-473.57



RESOLUTION NO. 09 – 02 - 14

Council Member _____, reported by Council Member _____, introduced the following resolution and moved its adoption:

RESOLUTION RATIFYING CONTRACTS

WHEREAS, the City of East Grand Forks purchased the following goods from Bert's Truck Equipment:

<u>Date</u>	<u>Invoice</u>	<u>Description</u>	<u>Total Amount</u>
12/13/08	37036	Light, Hose, Oil	\$205.06
01/06/09	37365	Mirrors #320	\$18.98

WHEREAS, Wayne Gregoire, was personally interested financially in the contract, but the purchases were made because the price was as low as or lower than other local vendors.

NOW THEREFORE, BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF EAST GRAND FORKS:

1. The above mentioned purchase by the City and the claim of the vendor based thereon are confirmed and the Mayor and Clerk are directed to issue an order-check in payment of such claim on the filing of the affidavit of official interest required under Minnesota Statutes, Section 471.89.
2. It is hereby determined that the total price of \$224.04 on check number 2122 paid for such goods is as low as, or lower than, the price at which they could have been obtained elsewhere at the time the purchase was made.
3. This resolution is passed to comply with the provisions of Minnesota Statutes, Section 471.87-89.
4. Resolution passed by unanimous vote of the council on February 3, 2009

Voting Aye:
Voting Nay:
Abstain:

The President declared the resolution passed.

Passed: February 3, 2009

Attest:

City Administrator/Clerk-Treasurer

President of Council

I hereby approve the foregoing resolution this 3rd of February, 2009.

Mayor

AFFIDAVIT OF OFFICIAL INTEREST CLAIM

STATE OF MINNESOTA)
COUNTY OF POLK) ss
CITY OF EAST GRAND FORKS)

I, Wayne Gregoire, being duly sworn states the following:

1. I am 5th Ward Council Member of the City of East Grand Forks.
2. The following goods were furnished to the City of East Grand Forks by Bert's Truck Equipment:

<u>Date</u>	<u>Invoice</u>	<u>Description</u>	<u>Total Amount</u>
12/23/08	37193	Plow Repair	\$597.48

3. This resolution is passed to comply with the provisions of Minnesota Statutes, Section 471.87-89.
4. Resolution passed by unanimous vote of the council on February 3, 2009.

Affiant states further that to the best of his knowledge and belief (a) the contract price was as low as or lower than the price at which the services could be obtained from other sources.

Affiant further states that the affidavit constitutes a claim against the city for the contract price, that the claim is just and correct, and that no part thereof has been paid.

Dated: _____

(Signature of Official)

RESOLUTION NO. 09 - 02 - 15

Council Member ____, supported by Council Member ____, introduced the following resolution and moved its adoption:

RESOLUTION RATIFYING CONTRACTS

WHEREAS, the City of East Grand Forks purchased from Hardware Hank the goods referenced in check number 2166 for a total of \$280.85.

WHEREAS, Craig Buckalew, was personally interested financially in the contract, but the purchases were made because the price was as low as or lower than other local vendors.

NOW THEREFORE, BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF EAST GRAND FORKS:

1. The above mentioned purchase by the City and the claim of the vendor based thereon are confirmed and the Mayor and Clerk are directed to issue an order-check in payment of such claim on the filing of the affidavit of official interest required under Minnesota Statutes, Section 471.89.
2. It is hereby determined that the total price of \$280.85 paid for such goods is as low as, or lower than, the price at which they could have been obtained elsewhere at the time the purchase was made.
3. This resolution is passed to comply with the provisions of Minnesota Statutes, Section 471.87-89.
4. Resolution passed by unanimous vote of the council on February 3, 2009.

Voting Aye:
 Voting Nay: None.
 Abstain: Buckalew.
 Absent: None.

The President declared the resolution passed.

Passed: February 3, 2009

Attest:

City Administrator/Clerk-Treasurer

President of Council

I hereby approve the foregoing resolution this 3rd of February, 2009.

Mayor

AFFIDAVIT OF OFFICIAL INTEREST CLAIM

STATE OF MINNESOTA)
COUNTY OF POLK) ss
CITY OF EAST GRAND FORKS)

I, Craig Buckalew, being duly sworn states the following:

1. I am 3rd Ward Council Member of the City of East Grand Forks.
2. The City of East Grand Forks check number 2166 for a total of \$280.85.
3. This resolution is passed to comply with the provisions of Minnesota Statutes, Section 471.87-89.
4. Resolution passed by unanimous vote of the council on February 3, 2009

Affiant states further that to the best of his knowledge and belief (a) the contract price was as low as or lower than the price at which the services could be obtained from other sources.

Affiant further states that the affidavit constitutes a claim against the city for the contract price, that the claim is just and correct, and that no part thereof has been paid.

Dated: _____

(Signature of Official)

2110 Acme Electric Companies	Elastic Back Support	57.61
2111 Advanced Business Methods	Copier Maint Lease	144.4
2112 Advanced Fire Protection	Repair On Sprinkler	1745
2113 Aggregate Industries	Est No.10 - Revised Final	7509.32
2114 Albrecht Manufacturing	Time & Material #362	357.14
2115 Alltel	Cell Phone	139.14
2116 American Tire Service	Tire Repair #144	16
2117 Ameripride Linen & Apparel Services	Towels, Linens, Soap	415.38
2118 Auto Glass & Aftermarket	Windshield #320	295
2119 Babe Ruth League	Registration For Cal Ripken Teams	472
2120 Barta Alex	Finance Charge	15.6
2121 Batteries Plus #24	12V 1.5 Amp Battery Charger, Battery Lift	206.01
2122 Bert's Truck Equipment	Mirrors #320, Light	224.04
2129 Business & Legal Reports	Environmental Compliance Subscription	634.95
2123 Blue Cross Blue Shield of ND	Blue Cross Blue Shield EDA	4482.6
2124 Bobcat of Grand Forks	Filters, Mirror #144	306.29
2125 Boen Andrew	Travel Expense Interrogation	35
2126 Border States Industries	Maint Supplies, F032/735 RS Octron Fir	246.8
2127 Brodart Co	Books	267.89
2128 Bud & Ralph's Appliance Service Inc	Door Catch, Door Pin	24.56
2130 Business Essentials	Office Supply Paper/Folders	91.23
2131 Butler Machinery Co	Bulbs	9.82
2132 Bydal Designs	Waters Edge, Riverwalk, DeMers Bldg Signs	911.64
2133 C&L Pest Control	Demand CS	133.13
2134 Carquest Auto Parts	Blower Motor #301	73.63
2136 Center Point Large Print	Books	34.42
2135 CENGAGE Learning	Books	334.62
2137 Claitor's Law Book & Publishers	Books	44.77
2138 Coalition of Greater MN Cities	CGMC Fall Conference	345
2139 Cole Papers Inc	Toilet Tissue, Cleaning Supplies, Vacuum Repair	1353.74
2140 Custom Stripes Inc	Graphics # 614	480
2141 D&D Heating & Sheet Metal	Repair/Supplies - HVAC For Council Chambers	1197.3
2142 D&M Auto Body	Body Repair #311	438.27
2143 Daydreams Specialities	Plaque For Rod's Retirement	43
2144 DeMers Marc	CGMC Conference	108
2145 Dempsy Katie	Housing Incentive Program Tax Rebate	822.06
2146 Discovery Benefits	Health Benefits Jan 09	206
2147 Dvorak Eric and Sara	Replace Ck 1842 Housing Incentive Prog Tax Rebate	2070.15
2148 Electric Pump	Mini-CASSII/FUS	743.37
2149 Explorer Post #38	Squad Car Cleaning	40
2150 Farnams Genuine Parts Inc NAPA	Posi-Lock Connectors, Connector Bulb, Lights	122.88
2151 FedEx	Fed Assist Application For Industrial Park	27.9
2152 Filter Care	Washed Filters, Filter Credits	181.17
2153 Floan Sanders	Prof Services	31972
2154 G&K Services	Rugs	338.69
2155 Gaffaneys	Fasterner, Staples	71.49
2156 Gale	Books	46.74
2157 Galstad, Jensen, & Olson	Prof Services	1239.4
2158 Garden Hut	Inc	203.4
2159 GF Fire Equipment	28 Cairns 6" Leather Fronts	784
2160 GGF Convention & Visitors Bureau	Lodging Tax	1818.05
2161 Glass Pro's Inc	Repair Panic Exit	102
2163 Grassel Richard	CGMC Fall Conference	466.48
2162 Grand Cities Towing	Towing	150
2165 Hajicek Rod	Meal/Crookston	7
2164 Hajicek Rick	Cleaning 1/12 - 1/16	118.75
2166 Hardware Hank	Supplies	280.85
2167 Hart's Auto Supply	Brake Parts	375.03
2168 Heartland Paper	Paper, Towels, Buffer Pads, Tissue	1648.4
2169 Home of Economy	PVC	18.41
2170 Hugo's	Cleaning Supplies	54.1

2171 Huizenga Scott	CGMC Fall Conference	108
2178 The H.W. Wilson Comp	Books	420
2172 Kar Products	Stock Parts	878.64
2173 Kellermeyer Building Service	Dec 08 Service	426
2174 Learning Opportunities Inc	Books	53.61
2175 Lithia Payment Processing	TPS Sensor, Axels, Repair Work	590.69
2176 Mack Jason	Gas Reimb	80.25
2177 Marco - Fargo Inc	Copier	278.57
2178 Marshall Cavendish	Books	146.9
2179 McDonald's of EGF	Prisoner Meals Account Adjustment	17.57
2180 Medica	08 Health Adjustment	2035.5
2181 Menards	(2) Single Insul Batt, Paint, Garbage	176.41
2183 Micro-Marketing LLC	Books	26.5
2184 MN Dept of Public Safety	Mobile Devices, CJDN Connect/Operations	1530
2185 MN Dept of Revenue	Dec 08 Tax	6039
2186 MN Pollution Contrl	2009 Training Registration	280
2187 MN State Retirement System	Health Care Savings Plan	23337
2188 MN Transportation Alliance	Membership Dues 09	265
2182 Metropolitan Planning Organization	Hours / Local Share	10375
2191 North Dakota Quarterly	One Year Subscription	30
2189 Nelson Katie	Reimb Holiday Party	54.05
2192 Northern Safety Tech	Inv Parts	536.44
2190 North Central Rental & Leasing	Equip Rental 1/7/09 - 2/3/09	2025
2194 Odland	Fitzgerald	440
2195 Olson Chris	Replace Mailbox	50
2196 Olson James and Diane	Housing Incentive Program Tax Rebate	2177.87
2197 Opp Construction	906 16th Ave St SE - Street Repair, Estimate No. 4 Final	17727.72
2193 O'Reilly Auto Parts	Shop Supply	924.14
2198 OSI Environmental Inc.	Used Filters	100
2199 Overhead Door Co	Belt	71.87
2200 Pamida	Christmas Supplies & Music, cleaning Supplies	92.31
2201 Peak Performance	Typewriter Repair	95
2202 Pesch Tim	Gas Reimb	23.7
2203 Praxair Distribution	Tanks	17.08
2204 Quill Corp	Supplies	429.07
2205 Radio Shack Corporation	Switches	12.77
2206 RDO Equipment Co	Hose & Fitting, Bolts	431.08
2207 Resharpit Inc	Blade Sharpening	110
2209 Roto Rooter	Fix Floor Drain	78
2208 Rotary Club of East Grand Forks	Dues Jan-March 09	100
2210 Rydell Chevrolet	Fuel Pump & Filter	379.4
2211 Safety Kleen Corp	Washer Parts, Vacuum Service	2277.94
2213 Schumacher Todd	Gas Reimb	31.73
2212 Scholand Tyler	Gas Reimb	16.86
2215 Stauss Lynn	CGMC Fall Conference	466.48
2214 State Industrial Products	Glue	71.78
2216 Stone's Mobile Radio	Antena Extensions	73.54
2217 Straw William	Reimb Gas PeeWee Tourn	81.37
2219 Thomas Bouregy & Co	Books	139.5
2220 Tiger Direct.com	DVD's	32.58
2221 Tretter Tyler	Gas Reimb	52
2222 Tri-Star Recycling Inc	Hazardous Waste Cleanup	5954.07
2223 True Temp	Service Labor, Filters	220.23
2224 Try-County Refrigeration	Service Furnace	408.5
2225 UPS Store	Shipping	103.07
2226 Valley Petroleum Equipment	Lump Pump Repair	397.61
2227 Valley Truck	Bus Repair #320, Bumper Guides, Filters	2690.24
2228 Vilandre Heating & A/C	Boiler Repair, Urinal Repair	125.03
2229 Waste Mgmt	2405 Homes/Sun Ter Recyclable Dec 09	6292.25
2230 Water & Light Department	Corey/Kris Oct-Dec, W&L Bill	56693.8
2231 Xcel Energy	Elect Service	39533.52

2232 Zee Medical Service
2233 Ziegler

Refill First Aid Kit
Cutting Edges

44.78
3017.04
258795.68

