AGENDA
CITY COUNCIL
CITY OF EAST GRAND FORKS
JUNE 1, 2010
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 May 18, 2010.

2. Consider approving the minutes of the "Special Meeting" for the East Grand Forks, Minnesota City Council of May 25, 2010.

3. Consider approving the minutes of the "Work Session" for the East Grand Forks, Minnesota City Council of May 25, 2010.

SCHEDULED BID LETTINGS:

4. Consider approving the request to award the base bid for "2010 City Project No. 4, Sanitary Sewer Improvements" to Sellen Brothers for a total bid price of $85,000.00.

5. Consider approving the request to ward the base bid for "2010 City Project No.6, Intersection Improvements" to H & S Construction for a total bid price of $237,772.00.

6. Consider approving the request to award the base bid for "2010 Assessment Job No.1, Laurel Drive Paving" to Strata Corp. for a total bid price of $188,774.20.

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.

7. Consider approving the following "Off Sale" Non-Intoxicating Malt Liquor License Applicant Renewal:
   a. East Side Travel Plaza located at 607 Gateway Drive, East Grand Forks, MN 56721.

8. Consider approving the following "Off Sale" Weekday Liquor License Applicant Renewals:
   a. Duke's Liquors located at 1502 Central Ave. NE, East Grand Forks, MN 56721.
   b. Pop's Liquor located at 122 4th St. NE, East Grand Forks, MN 56721.

9. Consider approving the following New Full Liquor License Applicant:
   a. Mamma Marias Italian Restaurant, Inc. located at 211 DeMers Avenue, East Grand Forks, MN 56721.

10. Consider approving the following "On Sale Weekday & Sunday Liquor & Off Sale" Non Intoxicating Malt Liquor License Applicant Renewals:
    a. Whitey's Café, Inc located at 121 Demers Ave., East Grand Forks, MN 56721.

11. Consider approving the following "On Sale Weekday & Sunday" Liquor License Applicant Renewals:
    a. American Legion located at 1009 Central Ave. NW, East Grand Forks, MN 56721.
    b. Applebee's Neighborhood Grill & Bar located at 415 2nd St. NW, East Grand Forks, MN 56721.
    c. Blue Moose Bar & Grill located at 507 2nd St. NW, East Grand Forks, MN 56721.
    d. Boardwalk Bar & Grill located at 415 2nd St. NW Suite C, East Grand Forks, MN 56721.
    e. Eagles located at 227 10th St. NW, East Grand Forks, MN 56721.
    f. Mike's Pizza & Pub located at 411 2nd St. NW, East Grand Forks, MN 56721.
    g. Valley Golf Course located at 2407 River Road NW East Grand Forks, MN 56721.
    h. Veterans of Foreign Wars Post 3817 located at 312 Demers Ave., East Grand Forks, MN 56721.

12. Consider adopting Resolution 10-06-65 to approve the filing of plans and specifications and ordering advertisement for bids for "2010 City Project No.3 - Paving Central Ave".

13. Consider awarding the quote to H&S Construction for the 2010 State Aid Repair (Bygland Road/Central Ave/2nd Ave NE) for the total cost of $54,988.58.

14. Consider approving Resolution 10-06-66 a resolution including the replacement of ADA facilities in sidewalks in the City's Sidewalk Replacement program, subject to existing permitting and inspection processes and the maximum reimbursement determined by the City Administrator.

15. Consider approving the LELS Memorandum of Understanding which allows the City to compensate Police Officers for travel on an hourly basis rather than 1.5 times the hourly rate for overtime or compensatory time.

ACKNOWLEDGE RECEIPT OF REPORTS OF OFFICERS, BOARDS AND COMMISSIONS:

16. Minutes of the Library Board Commission Meeting for April 27, 2010.

COMMUNICATIONS: NONE.

OLD BUSINESS: NONE.

NEW BUSINESS:

17. Consider approving the request to award the base bid for "2010 City Project No.7 – Campground Improvements".

18. Consider authorizing the Police Department to complete the hiring process for a new Patrol Officer to fill the current vacant position.

19. Consider approving Resolution 10-06-67 a resolution to request The Polk County Board of Commissioners to implement a monthly Rescue Unit fee of $5-$7 per month, eliminate the $40 rescue unit call fee, and direct Administration and Water and Light staff to provide the requisite city utility information to Polk County for billing purposes.

20. An ordinance enacting a Code of Ordinances for the city of East Grand Forks, Minnesota, amending, restating, revising, updating, codifying, and compiling certain ordinances of the city dealing with the subjects embraced in the code of ordinances, and providing penalties for the violation of the code of ordinances. (1st Reading)

CLAIMS:

21. Consider adopting Resolution No. 10-06-68 a Resolution authorizing the City of East Grand Forks to approve purchases from Hardware Hank the goods referenced in check number 6388 for a total of $1754.90 whereas Council Member Buckalew is personally interested financially in the contract.

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

ADJOURN:

Upcoming Meetings:

Work Session – June 8, 2010 – 5:00 PM – Training Room

Regular Meeting – June 15, 2010 – 5:00 PM – Council Chambers

Work Session – June 22, 2010 – 5:00 PM – Training Room

Work Session – June 29, 2010 – 5:00 PM – Training Room (IF NEEDED)

UNAPPROVED
MINUTES
OF THE
EAST GRAND FORKS
CITY COUNCIL
TUESDAY, MAY 18, 2010 – 5:00 PM

CALL TO ORDER:

The Regular Meeting of the East Grand Forks City Council for May 18, 2010 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 Member Marc Demers, Mike Pokrzywinski, and Greg Leigh.

STAFF PRESENT:

Dave Aker, Parks & Recreation Superintendent; Greg Boppre, City Engineer; Dan Boyce, Water & Light Manager; Nancy Ellis, Planning & Zoning; Ron Galstad, City Attorney; Randy Gust, Fire Chief; Mike Hedlund, Police Chief; Scott Huizenga, City Administrator; Jim Richter, EDHA Director, and John Wachter, Public Works Superintendent.

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." If you would like to address the City Council, please come up to the podium to do so.

APPROVAL OF MINUTES:

1. Consider approving the minutes of the "Regular Meeting" for the East Grand Forks, Minnesota City Council of May 4, 2010.

2. Consider approving the minutes of the "Work Session" for the East Grand Forks, Minnesota City Council of May 11, 2010.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER POKRZYWINSKI, TO APPROVE ITEMS ONE (1) AND TWO (2) AS SUBMITTED.

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

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 construction of a new Columbarium at the Cemetery for a total cost of $14950.00 (concrete base, granite clad cabinet and labor) provided the Resurrection Cemetery board is able to pre-sell a set number of niches.

4. Consider approving the Opp Constructions proposal for repair of 8th Ave NE & Gateway Dr. for the total cost of $10,400.00.

5. Consider authorizing the Fire Department to purchase a new 1 ton 4x4 Quad-Cab Pickup for $24,692.49 from Midway Ford in Roseville, MN.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER DEMERS, TO APPROVE CONSENT MOTIONS NUMBER THREE (3) THROUGH FIVE (5) AS SUBMITTED.

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

ACKNOWLEDGE RECEIPT OF REPORTS OF OFFICERS, BOARDS AND COMMISSIONS:

6. Minutes of the Water, Light, Power and Building Commission for April 15, 2010.

COMMUNICATIONS: NONE.

OLD BUSINESS: NONE.

NEW BUSINESS:

7. Consider adopting Resolution 10-05-62 to request the Commissioner of Transportation, upon the basis of an engineering and traffic investigation, to authorize the erection of appropriate signs designating a reasonable and safe speed limit upon River Road.

A MOTION WAS MADE BY COUNCIL MEMBER POKRZYWINSKI, SECONDED BY COUNCIL MEMBER TWETEN, TO ADOPT RESOLUTION NO. 10-05-62 TO REQUEST THE COMMISSIONER OF TRANSPORTATION, UPON THE BASIS OF AN ENGINEERING AND TRAFFIC INVESTIGATION, TO AUTHORIZE THE ERECTION OF APPROPRIATE SIGNS DESIGNATING A REASONABLE AND SAFE SPEED LIMIT UPON RIVER ROAD.

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

8. Consider approving the special event license "Blue Moose Bar & Grill" to hold weekly outdoor activities serving alcohol on city property on the river side of the restaurant throughout the summer on Monday evenings, beginning June 7th and ending August 30th, 2010 providing proof of liability insurance.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER POKRZYWINSKI, TO THE SPECIAL EVENT LICENSE "BLUE MOOSE BAR & GRILL" TO HOLD WEEKLY OUTDOOR ACTIVITIES SERVING ALCOHOL ON CITY PROPERTY ON THE RIVER SIDE OF THE RESTAURANT THROUGHOUT THE SUMMER ON MONDAY EVENINGS, BEGINNING JUNE 7TH AND ENDING AUGUST 30TH, 2010 PROVIDING PROOF OF LIABILITY INSURANCE.

Council President Grassel asked about the location of the event, and whether it would be on the wet side or the dry side of the flood wall. Mayor Stauss asked how many people were expected for the event each week. Council Member Leigh asked if participants would be in an enclosed area for the purposes of alcohol consumption. Mr. Huizenga stated that the applicant had provided all waivers and insurance coverages requisite with the application; and that the City typically allows many types of events on City property in the greenway area.

COUNCIL MEMBER LEIGH WITHDREW THE MOTION TO APPROVE THE SPECIAL EVENT LICENSE. COUNCIL MEMBER POKRZYWINSKI WITHDREW THE SECOND.

9. Consider approving the application for a special event license for "Northern Helicopters" giving helicopter rides in the River Cinema parking lot on Friday, May 21 and Sunday, May 23, 2010.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER TWETEN, TO APPROVE THE APPLICATION FOR A SPECIAL EVENT LICENSE FOR "NORTHERN HELICOPTERS" GIVING HELICOPTER RIDES IN THE RIVERWALK PARKING LOT ON FRIDAY, MAY 21 AND SUNDAY, MAY 23, 2010.

Council Member Tweten asked if this was the same organizer as the previous event. Mr. Huizenga responded that it was a different group at would be at the Grand Forks Air Force Base for an air show. Mr. Pokrzywinski asked Dave Homstad, owner of Blue Moose Bar and Grill, if he foresaw any parking issues with the event. Mr. Homstad responded that he saw no issues.

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

CLAIMS:

10. Consider adopting Resolution No. 10-05-63 authorizing the City of East Grand Forks to approve purchases from Hardware Hank the goods referenced in check number 6267 for a total of $684.57 whereas Council Member Buckalew is personally interested financially in the contract.

A MOTION WAS MADE BY COUNCIL MEMBER POKRZYWINSKI, SECONDED BY COUNCIL MEMBER DEMERS, TO ADOPT RESOLUTION NO. 10-05-63 A RESOLUTION AUTHORIZING THE CITY OF EAST GRAND FORKS TO APPROVE PURCHASES FROM HARDWARE HANK THE GOODS REFERENCED IN CHECK NUMBER 6267 FOR A TOTAL OF $684.57 WHEREAS COUNCIL MEMBER BUCKALEW IS PERSONALLY INTERESTED FINANCIALLY IN THE CONTRACT.

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

11. Consider adopting Resolution No. 10-05-64 a Resolution authorizing the City of East Grand Forks to approve purchases from Bert's Truck Equipment the goods referenced in check number 6228 for a total of $4.05 whereas Council Member Gregoire is personally interested financially in the contract.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER TWETEN, TO ADOPT RESOLUTION NO. 10-05-64 A RESOLUTION AUTHORIZING THE CITY OF EAST GRAND FORKS TO APPROVE PURCHASES FROM BERT'S TRUCK EQUIPMENT THE GOODS REFERENCED IN CHECK NUMBER 6228 FOR A TOTAL OF $4.05 WHEREAS COUNCIL MEMBER GREGOIRE IS PERSONALLY INTERESTED FINANCIALLY IN THE CONTRACT.

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

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

3D Specialties	Installation/Rental & Remo	4401.75
Advanced Business Methods Inc	Copier Contract	173.92
Aker Dave	Reimburse Hotel/Meals/CPO Class Moorhead	132.14
All Seasons Garden Center	Garden Supplies/Trees	157.24
Alltel	Cell Phone Services	382.97
American Tire Service	Tire Repairs	790.14

Ameripride Linen & Apparel Services	General Supplies	317.19
Anderson Mike	Reimburse Meals/School in St. Paul	193
Aqua Water Solutions	5 Gal/Bottle Deposit	38.85
Aquacide Company	Aquacide Pellets	330.77
Auto Glass & Aftermarket Inc	Windshields	310
Bakken Kara	Reimbursement for DPA Overpayment	131.61
Bert's Truck Equipment	Switch #157	4.05
Best West The Falls Inn & Suites	Seminar	692.28
Brite-Way Window Cleaning	Riverwalk Center Windows	50
Bruce Jay	April Cleaning Demers Building/4 days	60
Business Essentials	General Office Supplies	192.89
Butler Machinery Co	Repair Parts #118	213.85
C&R Laundry & Cleaners	Uniform Cleaning	391.62
Canon Financial Services	Copier Fees	167.1
Cash Donald Scott	April Dial-A-Ride/Senior Rider Services	2185.19
CBCS	Per-Account Charge/April	25
City of Annadale	Shotgun Armorer Course 4/29/10 - Robertson/Olson	180
Civic Plus	Monthly Services May-Dec 2010	2000
Commercial Printing	Summer Brochure	1132.88
Country Inn & Suites-BWI	Travel Expense - Patrol	87.9
Country Inn St.Paul East	Lodging for Training /Anderson/Demers	224.97
Dacotah Paper Co	Garbage Can Liners	77.98
Dakota Supply Group	CFL Lamp/Ultra Lighting/Lamp Flour-Eco	250.59
Dakota TV & Appliance	Lid Switch/Maytag Washer	2140.22
DeMers Steve	Reimburse Meals/School in St. Paul	193
Diamond Cleaning Supply	Turn Towels/TP	139.37
Eagle Electric	Electric Services	569.03
Electric Pump	Flygt Floats For Lifts	607.05
Explorer Post #38	Squad Car Cleaning	40
Exponent	Promotional Advertising	390.92
FS Engineering	Professional Services	8136
G&K Services	Custodial Services	74.33
Gaffaneys	Laser Toner Cartridges	272.5
Galstad Jensen & McCann PA	Professional Services	9264.46
Garden Hut Inc	Toro Parts/Blade/V-Belt	1327.62
GF City Utility Billing	April Landfill Charges	13862.5
GF Fire Equipment	Fire Extinguisher Recharge/Foam Nozzle	565
GF Herald	Ad for Home Improvement Program	363
GF Park District	2010 Greenway Annual Marketing Payment	350
Gopher State Lawn Sprinklers	Maintance Contract	520
Grand Forks Environmental Lab	Lab Sample/Campground	26
Gulbranson Dale	Reimburse Meals/Mileage/CPO Class Moorhead	127

Hadden Garry	Reimburse/Return Scoreboard Parts	27.32
Hajicek Rick	Cleaning Services	418
Hajicek Rod	Reimburse Driving School/GFAFB	8.25
Hardware Hank	General Supplies	684.57
Heartland Paper	General Supplies	401.59
Hilary /Cathy Ryan and US Bank	New Construction Incentive	5000
Hugo's	General Supplies	38.29
Integra Telecom	Long Distance Services	187.77
Keith's Security World	Key Tags	87
Kellermeyer Building Service	April Cleaning Services-Riverwalk	1923.75
Kelly Services	Temp Salaries	465.5
League of MN Cities	Workers Comp Audit-1st Quarter	112
Liberty Flag & Specialty Company	Nylon Flag for Campground	31.45
Lorene Keehr	Haz Waste Sign/Brown Signs for Floodwalls	352.28
Mamma Maria's Restaurant	11 Meals Delivered	113.15
Manias Michelle	EVOC Training/GFAFB	8.25
Merkens Seth	Reimburse EVOC Training/GFAFB	8.25
Michael & Beverly Moulton	Plaques/Volunteers & Board	80.69
Midcontinent Communications	Cable Services/Sunshine Terrace	736
Midwest Playscapes	Playground Equipment	8908.94
MN Dept of Revenue	Annual Fee/WWTP	5900
MTI Distributing Company	Toro Lawn Mower	48088.21
Nelson Dillon	WW Training/Fergus Falls/Reimbursement	103
Newman Signs	Cabela's Sign Rental/Installation	2580
O'Reilly Auto Parts	Tools/Supply	172.53
Old Dominion Brush	Sweeper Parts #112	1840.1
Olson Chris	Shotgun Armorer School/Annadale MN	71.76
Opp Construction	City Striping/Tree Removal	3534.8
Peterson Veterinarian Clinic P.C.	Pound Report April 2010	543.08
Polk County DAC	Shredding Services/April	17.31
Polk County Recorder	Filing Fee/Repayment Agreements	276
Poolman Mark	Landscaping Incentive	500
Praxair Distribution	Work Gloves/Cylinder Rental	222.87
Premium Waters Inc	Water Delivery Service	84.62
Quill Corp	Office Supplies	264.11
Qwest	Sunshine Terrace/Town Square	173.59
Reznicek Anthony	MCTC Recognition/Camp Dodge IA/Reimbursement	58
RJ Zavoral & Sons	Moving Snow Away From Floodwall	2480
RMB Environmental Lab Inc	Predischarge Sampling	261
Ryan Hillary & Cathy	Landscaping Incentive	500
Rydell Chevrolet	Blower Motor & Actuator	215.21
S&S Towing & Repair	Repair Riding Mower	304.41
Sam's Club	Paper Products for Office (EDHA)	72.87

Schrage Aeisso	MCTC Drug Abuse Recog/Camp Dodge IA/Reimbursement for Meals/Gas	97.64
Signature Jewelers	Gift Certificate Reimbursement	50
Skinner Roofing	Shingles Replaced/Sunshine Terrace	692
Stennes Granite	Open & Close Grave	3325
Streichers	Uniforms-Patrol	213.43
Sun Dot Communications	DSL Internet Services/April 2010	138.49
Thompson Dave	Training/Ottertail/Reimburse Meal	17.25
Tony Dorn Inc	April Copier Contract	123.37
US Bearings & Drives	Seals	12.6
Vonasek Terry	MN Pollution Control License/Reimbursement	261
W.D. Larson Companies LTD Inc	Door Parts/Nozzles	240.74
Wachter John	WW Training in Fergus Falls/Reimbursement	120
Waste Mgmt	Utilities	34865.45
Water & Light Department	Utilities	45922.4
WC Wolff Company	Online Order - Mossberg Magazine Springs	50.25
Whalen Mark	Pehram Class/Reimburse Meal	17.25

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

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

NEW BUSINESS:

8. Consider approving the special event license "Blue Moose Bar & Grill" to hold weekly outdoor activities serving alcohol on city property on the river side of the restaurant throughout the summer on Monday evenings, beginning June 7th and ending August 30th, 2010 providing proof of liability insurance.

A MOTION WAS MADE BY COUNCIL MEMBER LEIGH, SECONDED BY COUNCIL MEMBER POKRZYWINSKI, TO THE SPECIAL EVENT LICENSE "BLUE MOOSE BAR & GRILL" TO HOLD WEEKLY OUTDOOR ACTIVITIES SERVING ALCOHOL ON CITY PROPERTY ON THE RIVER SIDE OF THE RESTAURANT THROUGHOUT THE SUMMER ON MONDAY EVENINGS, BEGINNING JUNE 7TH AND ENDING AUGUST 30TH, 2010 PROVIDING PROOF OF LIABILITY INSURANCE.

Dave Homstad addressed the Council on behalf of Blue Moose Bar and Grill. The establishment would be responsible for crowd control and beverage consumption. Council Member DeMers stated that that the request is similar to persons who apply for an alcohol consumption permit in City Parks. He also stated that the Blue Moose is assuming the risk of its liquor license.

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

COUNCIL/STAFF REPORTS:
Mayor Stauss acknowledged a donation of $6000 from the Greater Grand Forks Community Foundation for the production of a video for the 125th Anniversary Foundation. He also complimented the newly-installed banners downtown.

Council Member DeMers announced the Comprehensive Plan hearings at three locations in the City.

Council Vice President Tweten talked about the Tri-Cities meeting attended by Mayor Stauss, Council President Grassel, Council Vice President Tweten, and Mr. Huizenga.

ADJOURN:

A MOTION WAS MADE BY COUNCIL MEMBER POKRZYWINSKI, SECONDED BY COUNCIL MEMBER DEMERS, TO ADJOURN THE APRIL 20, 2010 REGULAR MEETING OF THE EAST GRAND FORKS, MINNESOTA CITY COUNCIL AT 5:47 P.M.

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

_____
Scott Huizenga, City Administrator/Clerk-Treasurer

UNAPPROVED
SPECIAL MEETING MINUTES
OF THE
EAST GRAND FORKS
CITY COUNCIL
TUESDAY, MAY 25, 2010 – 5:00 PM

CALL TO ORDER:

The Special Meeting of the East Grand Forks City Council for May 25, 2010 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 Member Marc Demers, Mike Pokrzywinski, and Greg Leigh.

STAFF PRESENT:

Brad Bail, City Engineer; Ron Galstad, City Attorney; Randy Gust, Fire Chief; Mike Hedlund, Police Chief; Charlotte Helgeson, Library Director; Scott Huizenga, City Administrator; Jim Richter, EDHA Director, and John Wachter, Public Works Superintendent.

DETERMINATION OF A QUORUM:

The Council President Determined a Quorum was present

NEW BUSINESS:

1. File Assessment Roll on 2010 Assessment Job No.1 – Laurel Drive Paving and Schedule Date for a Public Hearing on June 15, 2010; 5:00 PM

A MOTION WAS MADE BY COUNCIL MEMBER GREGOIRE SECONDED BY COUNCIL MEMBER TWETEN, TO FILE ASSESSMENT ROLL ON 2010 ASSESSMENT JOB NO.1 – LAUREL DRIVE PAVING AND SCHEDULE DATE FOR A PUBLIC HEARING ON JUNE 15, 2010; 5:00 PM.

Voting Aye: *DeMers, Grassel, Buckalew, Tweten, Gregoire, Pokrzywinski*
Voting Nay: *Leigh*

ADJOURN:

A MOTION WAS MADE BY COUNCIL MEMBER POKRZYWINSKI, SECONDED BY COUNCIL MEMBER DEMERS, TO ADJOURN THE MAY 25, 2010 SPECIAL MEETING OF THE EAST GRAND FORKS, MINNESOTA CITY COUNCIL AT 5:05 P.M.

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

_____
Scott Huizenga, City Administrator/Clerk-Treasurer

UNAPPROVED
WORK SESSION MINUTES
OF THE
EAST GRAND FORKS
CITY COUNCIL
TUESDAY, MAY 25, 2010 – 5:00 PM

CALL TO ORDER

The Work Session of the East Grand Forks City Council for May 25, 2010 was called to order by Council President Dick Grassel at 5:05 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, Craig Buckalew, Wayne Gregoire, Mike Pokrzywinski, and Greg Leigh.

STAFF PRESENT:

Brad Bail, City Engineer; Ron Galstad, City Attorney; Randy Gust, Fire Chief; Mike Hedlund, Police Chief; Charlotte Helgeson, Library Director; Scott Huizenga, City Administrator; John Wachter, Public Works Superintendent..

DETERMINATION OF A QUORUM

1. **Bid Results – 2010 City Project No. 4 – Sanitary Sewer Improvements (City Budget Item) – Brad Bail**

   Mr. Bail announced that Sellen Brothers was the low bidder for 2010 City Project No. 4. 2010 City Project No. 4 – Sanitary Sewer Improvements in the amount of $85,000.

2. **Bid Results – 2010 City Project No.6 – Intersection Improvements (1st St/3rd Ave SE – FEMA/City Funds) – Brad Bail**

   Mr. Bail announced that H&S Corporation was the low bidder on 2010 City Project No.6 – Intersection Improvements in the amount of $237,772. Council President Grassel asked when the project would begin. Mr. Bail responded that they would coordinate with the company among other City projects for a start date. Council Member Leigh asked how long the Point Bridge would be closed. Mr. Wachter estimated 2-3 weeks with good weather.

3. Bid Results – 2010 Assessment Job No.1 – Laurel Drive Paving (Special Assessment) – Brad Bail

Mr. Bail announced that Strata Corporation was the low bidder on 2010 Assessment Job No. 1 – Laurel Drive Paving in the amount of $188,774.20.

4. Plans & Specifications – 2010 City Project No.3 – Paving – Central Ave – Brad Bail

Mr. Bail explained that Plans and Specifications need to be filed for the Central Avenue Paving project, which is the local portion of the Central Avenue Crossing project scheduled for 2011. Council Member Pokrzywinski asked how long the road would be closed. Mr. Bail estimated about one month.

5. Filling Vacant Patrol Officer Position – Chief Hedlund

Chief Hedlund explained that the Police Department has a vacant Patrol Officer position due to a recent resignation. Council Member Leigh said that the budget is tight and that night patrol needed more officers than day time patrol. Council Member Pokrzywinski said he supports filling the position. Mr. Huizenga stated that the arrest figures given the proximity to Grand Forks probably support the full complement of staff. However, other similar-sized cities such as Crookston are reducing staffing to as few as one day-time patrol officer. He stated that filling the position would result in a tax increase due to LGA cuts.

Council Member DeMers asked if the City had reduced minimum staffing levels. Mr. Huizenga responded that he had not yet taken that step. He stated that had the position not been vacated it would have been a tax increase anyway. He said that we tend to focus reductions in Public Works and Police because those positions tend to come up the most. Mayor Stauss asked where the City should start cutting if it is not with this position.

6. 2010 State Aid Repair Quotes (Bygland Road/Central Ave/2nd Ave NE) – John Wachter

Mr. Wachter recommended awarding the State Aid Repair jobs to H&S Construction as the low bidder.

7. Rescue Unit Fees –Scott Huizenga

Mr. Huizenga presented a resolution that would request that Polk County institute a Rescue Unit Fee on behalf of the City and the township in the City's rescue service territory. Council Member DeMers asked about the number of households in the territory. Mr. Huizenga responded that he believed there were about 2800 utility accounts in the City; and about 400 in the rural area. Those figures are still being determined.

8. Sidewalk Policy (ADA Compliance) – Scott Huizenga

Mr. Huizenga recommended that the City to the sidewalk reimbursement policy to include the reimbursement of facilities that are compliant with the Americans with Disabilities Act (ADA) including truncated domes.

9. LELS MOU – Scott Huizenga

Mr. Huizenga recommended approving a Memorandum of Understanding with Law Enforcement Labor Services (LELS) that allows the City to provide training to Police Department personnel without incurring overtime for travel.

10. Code of Ordinances – Ron Galstad

Mr. Galstad explained that a new Code of Ordinances is prepared for adoption in its entirety. The adoption will be in the form of an ordinance, which requires two readings for passage.

Other Items

Council President Grassel stated that there are two labor agreements yet to be ratified. He said that the unions have had much time to negotiate; and that he would propose that the City grant no back pay for the 2010 year if the contracts are not settled by July.

ADJOURN

A MOTION WAS MADE BY COUNCIL MEMBER DEMERS, SECONDED BY COUNCIL MEMBER GREGOIRE, TO ADJOURN THE MAY 25, 2010 WORK SESSION OF THE EAST GRAND FORKS, MINNESOTA CITY COUNCIL AT 6:05 P.M.

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

Scott Huizenga, City Administrator/Clerk-Treasurer

2010

CITY PROJECT NO. 4

SANITARY SEWER IMPROVEMENTS GARDEN COURT

BID DATE: MAY 25, 2010 10:00 AM

ENGINEERS ESTIMATE: $80,000

CONTRACTOR	Addendum (0)	Bid Bond (5%)	TOTAL BID
INSITUFORM TECH USA 1177 Birch Lake Blvd N White Bear Lake, MN 55110			
LAMETTI AND SONS 16028 Forest Blvd N Hugo, MN 55038			
1 **RJ ZAVORAL AND SONS** PO Box 435 East Grand Forks, MN 56721		✓	$94,560.60
2 **SELLIN BROS** 1204 Hobart Street Hawly, MN 56549		✓	$85,000.00
VISU-SEWER W230 N 4855 Betker Drive Pewaukee, WI 53072			

2010 CITY PROJECT NO. 4
SANITARY SEWER IMPROVEMENTS
EAST GRAND FORKS, MN

			SELLIN BROS		RJ ZAVORAL AND SONS	
ITEM NO.	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
01570	Traffic Control	1 LS	$1,500.00	$1,500.00	$3,500.00	$3,500.00
02110	Salvage Aggregate	75 SY	$20.00	$1,500.00	$15.00	$1,125.00
02110	Remove Manhole	17 LF	$200.00	$3,400.00	$600.00	$10,200.00
02210	Aggregate Pipe Foundation	10 CY	$35.00	$350.00	$20.00	$200.00
02231	Compaction Tests	2 EA	$175.00	$350.00	$25.00	$50.00
02607	Construct Sanitary Manhole	17 LF	$1,500.00	$25,500.00	$1,200.00	$20,400.00
02607	Manhole Casting Assembly	1 EA	$1,200.00	$1,200.00	$1,100.00	$1,100.00
02732	8" PVC Sanitary Sewer (16' -20')	10 LF	$250.00	$2,500.00	$500.00	$5,000.00
02740	Sewer Relining	974 LF	$50.00	$48,700.00	$54.40	$52,985.60
					$54.40	
	TOTAL			$85,000.00		$94,560.60

2010

CITY PROJECT NO. 6

1ST AND 3RD STREET REPAIRS

BID DATE: MAY 25, 2010 10:00 AM

ENGINEERS ESTIMATE: $242,000

	CONTRACTOR	Addendum (0)	Bid Bond (5%)	TOTAL BID
1	**H&S CONSTRUCTION** 17279 US Hwy 59NE Thief River Falls, MN 56701		✓	$237,772.60
2	**OPP CONSTRUCTION** PO Box 13530 Grand Forks, ND 58208		✓	$289,033.10
3	**STRATA CORPORATION** PO Box 13500 Grand Forks, ND 58203		✓	$276,131.50

2010 CITY PROJECT NO. 6
STREET REPAIRS
1st Street SE & 3rd Avenue SE
EAST GRAND FORKS

				H&S CONSTRUCTION		STRATA CORP		OPP CONSTRUCTION	
ITEM NO.	DESCRIPTION	QUANTITY		UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
2104.501	Remove Curb and Gutter	282	LF	$8.00	$2,256.00	$9.50	$2,679.00	$7.00	$1,974.00
2104.503	Remove Bituminous Walk	818	SF	$1.00	$818.00	$1.50	$1,227.00	$1.00	$818.00
2104.503	Remove Concrete Sidewalk	3,360	SF	$1.00	$3,360.00	$1.50	$5,040.00	$1.00	$3,360.00
2104.505	Remove Concrete Median	135	SY	$8.00	$1,080.00	$9.00	$1,215.00	$9.00	$1,215.00
2104.505	Remove Pavement	2,264	SY	$8.00	$18,112.00	$9.25	$20,942.00	$8.40	$19,017.60
2104.509	Remove Casting	1	EA	$100.00	$100.00	$150.00	$150.00	$200.00	$200.00
2104.509	Remove Valve Box	2	EA	$100.00	$200.00	$375.00	$750.00	$175.00	$350.00
2104.509	Remove Signal Foundation	1	EA	$250.00	$250.00	$800.00	$800.00	$1,400.00	$1,400.00
2104.523	Salvage Casting	9	EA	$400.00	$3,600.00	$250.00	$2,250.00	$400.00	$3,600.00
2104.525	Abandon Manhole	1	EA	$500.00	$500.00	$1,850.00	$1,850.00	$940.00	$940.00
2105.501	Common Excavation (P)	188	CY	$8.00	$1,504.00	$12.00	$2,256.00	$15.00	$2,820.00
2105.525	Topsoil Borrow (LV)	36	CY	$28.00	$1,008.00	$18.00	$648.00	$20.00	$720.00
2112.604	Subgrade Preparation	2,260	SY	$1.00	$2,260.00	$1.75	$3,955.00	$2.50	$5,650.00
2201.501	Concrete Base	30	SY	$25.00	$750.00	$38.00	$1,140.00	$74.00	$2,220.00
2211.607	Crushed Concrete (CV)	322	CY	$25.00	$8,050.00	$34.00	$10,948.00	$34.00	$10,948.00
2232.501	Mill Bituminous Surface	350	SY	$12.00	$4,200.00	$8.75	$3,062.50	$9.00	$3,150.00
2301.604	Concrete Pavement 8.0"	2,122	SY	$54.00	$114,588.00	$58.25	$123,606.50	$53.00	$112,466.00
2301.529	Reinforcement Bars (Epoxy Coated)	1,155	LB	$3.00	$3,465.00	$2.00	$2,310.00	$1.80	$2,079.00
2360.501	Type SP 12.5 Wearing Course Mix (2,B)	76	TON	$115.00	$8,740.00	$108.00	$8,208.00	$162.00	$12,312.00
2360.502	Type SP 9.5 Non Wear Course Mix (2,B)	34	TON	$115.00	$3,910.00	$105.00	$3,570.00	$160.00	$5,440.00
2433.603	Reconstruct Curb	10	LF	$25.00	$250.00	$25.00	$250.00	$140.00	$1,400.00
2506.516	Casting Assembly	1	EA	$500.00	$500.00	$1,200.00	$1,200.00	$1,200.00	$1,200.00
2521.501	4" Concrete Sidewalk	2600	SF	$4.25	$11,050.00	$6.85	$17,810.00	$8.00	$20,800.00
2531.501	Concrete Curb & Gutter Design B624	282	LF	$16.00	$4,512.00	$24.00	$6,768.00	$26.00	$7,332.00
2531.503	Concrete Median	138	SY	$56.00	$7,728.00	$78.00	$10,764.00	$85.00	$11,730.00
2531.618	Tuncated Domes	96	SF	$36.00	$3,456.00	$60.00	$5,760.00	$48.00	$4,608.00
2563.601	Traffic Control	1	LS	$3,900.00	$3,900.00	$6,400.00	$6,400.00	$6,500.00	$6,500.00
2565.602	NMC Loop Detector 6'x6'	10	EA	$500.00	$5,000.00	$300.00	$3,000.00	$935.00	$9,350.00
2565.602	NMC Loop Detector 6'x10'	4	EA	$600.00	$2,400.00	$800.00	$3,200.00	$1,980.00	$7,920.00
2565.616	Revise Signal System	1	SYS	$6,500.00	$6,500.00	$11,500.00	$11,500.00	$15,300.00	$15,300.00
2573.530	Storm Drain inlet Protection	8	EA	$200.00	$1,600.00	$100.00	$800.00	$80.00	$640.00
2575.604	Seeding	735	SY	$4.00	$2,940.00	$3.50	$2,572.50	$2.00	$1,470.00
2582.501	Pavt Mssg (Rt-Thru Arrow) Epoxy	2	EA	$250.00	$500.00	$295.00	$590.00	$275.00	$550.00
2582.501	Pavt Mssg (Lt-Thru Arrow) Epoxy	1	EA	$250.00	$250.00	$295.00	$295.00	$275.00	$275.00
2582.501	Pavt Mssg (Lt Arrow) Epoxy	2	EA	$200.00	$400.00	$245.00	$490.00	$220.00	$440.00
2582.501	Pavt Mssg (Rt Arrow) Epoxy	2	EA	$200.00	$400.00	$245.00	$490.00	$220.00	$440.00
2582.502	4" Solid Line White-Epoxy	575	LF	$3.00	$1,725.00	$3.00	$1,725.00	$3.30	$1,897.50
2582.502	4" Double Solid Line Yellow-Epoxy	1140	LF	$2.00	$2,280.00	$2.00	$2,280.00	$2.20	$2,508.00
2582.502	24" Stop Line White-Epoxy	70	LF	$12.00	$840.00	$12.00	$840.00	$13.20	$924.00
2582.503	Crosswalk Marking-Epoxy	558	SF	$5.00	$2,790.00	$5.00	$2,790.00	$5.50	$3,069.00
TOTAL					$237,772.00		$276,131.50		$289,033.10

6

2010
ASSESSMENT JOB NO. 1
LAUREL DRIVE PAVING
BID DATE: MAY 25, 2010 10:00 AM

ENGINEERS ESTIMATE: $200,000

	CONTRACTOR	Addendum (0)	Bid Bond (5%)	TOTAL BID
	KNIFE RIVER MATERIALS 4101 Bemidji Ave Bemidji, MN 56601			
1	**OPP CONSTRUCTION** PO Box 13530 Grand Forks, ND 58208		✓	$203,786.20
2	**STRATA CORP** PO Box 13500 Grand Forks, ND 58201		✓	$188,774.20
3	Paras Contracting		✓	$211,881.12

2010 ASSESSMENT JOB NO. 1
CONCRETE PAVING
LAUREL DRIVE SE
EAST GRAND FORKS

				STRATA CORP		OPP CONSTRUCTION		PARAS CONTRACTING	
ITEM NO.	DESCRIPTION	QUANTITY		UNIT PRICE	TOTAL	UNIT PRICE	TOTAL	UNIT PRICE	TOTAL
2104.501	Remove Curb & Gutter	161	LF	$8.00	$1,288.00	$7.00	$1,127.00	$13.00	$2,093.00
2104.505	Remove Concrete Pavement	49	SY	$13.00	$637.00	$15.00	$735.00	$20.50	$1,004.50
2104.604	Salvage Aggregate (P)	832	CY	$6.50	$5,408.00	$8.00	$6,656.00	$10.25	$8,528.00
2301.501	Concrete Pavement	4,326	SY	$38.70	$167,416.20	$42.00	$181,692.00	$42.42	$183,508.92
2301.529	Reinforcement Bars (Epoxy Coated)	4,527	LB	$1.50	$6,790.50	$1.60	$7,243.20	$2.10	$9,506.70
2506.522	Adjust Frame and Ring Casting	2	EA	$550.00	$1,100.00	$520.00	$1,040.00	$525.00	$1,050.00
2531.501	Concrete Curb & Gutter, Design B624	161	LF	$19.50	$3,139.50	$25.00	$4,025.00	$20.00	$3,220.00
2563.601	Traffic Control	1	LS	$1,825.00	$1,825.00	$400.00	$400.00	$2,000.00	$2,000.00
2573.530	Storm Drain Inlet Protection	8	EA	$75.00	$600.00	$80.00	$640.00	$50.00	$400.00
2575.501	Seeding	57	SY	$10.00	$570.00	$4.00	$228.00	$10.00	$570.00
	TOTAL				**$188,774.20**		**$203,786.20**		**$211,881.12**

CHECKLIST FOR LICENSES

7

LICENSEE: EAST SIDE TRAVEL PLAZA

☒ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
-MAKE SURE BOTH SIDES ARE FILLED OUT
- ☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

☒ **Application for License to sell non-intoxicating malt liquors ($137.50)**

☒ **General Information Sheet**

☒ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**
- ☒ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
- ☒ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
  EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.
- ☒ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
  EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
- ☒ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☒ **Proof of workers' compensation insurance coverage statement.**

☒ **Pay by Certified Check, Money Order, or Cashier's Check**

Off Sale Weekday:	$137.50
TOTAL	$137.50

☐ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: 3-26-10 DATE RETURNED TO CITY HALL: 3-30-10

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/29/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
FIRST UNITED INSURANCE
1011 WEST 11TH ST
GRAFTON ND 58237

CONTACT NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: 101433

INSURED
FIVE R LLC DBA:
EASTSIDE TRAVEL PLAZA
607 GATEWAY DR NE
EAST GRAND FORK MN 56721

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : GRINNELL MUTUAL INSURANCE	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	N	N	0000484952	07/01/2010	07/01/2011	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ INCL
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ INCL
							Fire Damage	$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
								$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
								$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N Y If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	0000484953	07/01/2010	07/01/2011	WC STATU-TORY LIMITS OTH-ER	
							E.L. EACH ACCIDENT	$ 100,000
							E.L. DISEASE - EA EMPLOYEE	$ INCL
							E.L. DISEASE - POLICY LIMIT	$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

EAST GRAND FORKS MN

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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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: Grinnell Mutual Ins.
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: 0000484952

Dates of Coverage: 7/1/2010 - 7/1/2011

(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.

Scott Rea
(Signature)

CHECKLIST FOR LICENSES

8a

LICENSEE: DUKE'S LIQUOR

☒ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)

-MAKE SURE BOTH SIDES ARE FILLED OUT

☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

☒ **FORM 9008-03 (YELLOW) – Off Sale Liquor License – Filled out and signed by the Mayor & City Administrator**

☒ **General Information Sheet**

☒ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**

☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**

☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.

☐ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.

☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☒ **Proof of workers' compensation insurance coverage statement.**

☒ **Pay by Certified Check, Money Order, or Cashier's Check**

Off Sale Weekday: $150
TOTAL $150

☒ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: 5-20-10

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

Rec. # 98926

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: Berkley Risk Administrators
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: WC-22-04-160707-05

Dates of Coverage: 2/23/10 TO 2/23/2011

(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)

ACORD® CERTIFICATE OF LIABILITY INSURANCE

OP ID S6
DUKES-1

DATE (MM/DD/YYYY) 05/14/10

PRODUCER

Bremer Insurance - Grand Forks
P O Box 13118
Grand Forks ND 58208-3118
Phone: 701-795-4500 Fax: 701-795-4568

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Allied Insurance Group	19100
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED

Dukes Liquor Inc
Al Dukart
1506 Central Ave NE
East Grand Forks MN 56721-0000

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY ☐ PRO-JECT ☐ LOC	ACP7231877275	07/01/10	07/01/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1000000 $ 300000 $ 5000 $ 1000000 $ 2000000 $ 2000000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
A		EXCESS / UMBRELLA LIABILITY X OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE X RETENTION $ 0	ACP7231877275	07/01/10	07/01/11	EACH OCCURRENCE AGGREGATE	$ 1000000 $ 1000000 $ $ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N ☐ If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A		OTHER Allied	ACP7231877275	07/01/10	07/01/11	Liquor Liability	1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Proof of Insurance

CERTIFICATE HOLDER

CITYOFG

City of East Grand Forks
P.O. Box 373
East Grand Forks MN 56721

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Shannon S Lavin

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CHECKLIST FOR LICENSES

8b

LICENSEE: POP'S LIQUOR

- ☐ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
  - -MAKE SURE BOTH SIDES ARE FILLED OUT
  - ☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

- ☐ **FORM 9008-03 (YELLOW) – Off Sale Liquor License – Filled out and signed by the Mayor & City Administrator**

- ☐ **General Information Sheet**

- ☐ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**
  - ☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
  - ☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
    EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.
  - ☐ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
    EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
  - ☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

- ☐ **Proof of workers' compensation insurance coverage statement.**

- ☐ **Pay by Certified Check, Money Order, or Cashier's Check**

Off Sale Weekday:	$150
TOTAL	$150

- ☐ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY

DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: _____

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

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: Berkley Administrators LLC
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: 22-04-120 19500

Dates of Coverage: [redacted] 7-1-10 thru 7-1-11

(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)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/24/2010

PRODUCER (218) 773-4158
Evergreen Insurance Agency
722 Demers Avenue
East Grand Forks MN 56721-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Continental Western Group	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
Pop's Liquor LLC
122 4TH STREET NE
E GRAND FORKS MN 56721-

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY		/ /	/ /	EACH OCCURRENCE	$ 1,000,000
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$
		CLAIMS MADE / OCCUR		/ /	/ /	MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
		X Liquor Liability	CWP2529077-23	07/01/2010	07/01/2011	GENERAL AGGREGATE	$ 2,000,000
						PRODUCTS - COMP/OP AGG	$
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC		/ /	/ /		
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
				/ /	/ /	PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE	$
		OCCUR / CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE		/ /	/ /		$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		/ /	/ /	WC STATUTORY LIMITS / OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT	$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER		/ /	/ /		
				/ /	/ /		
				/ /	/ /		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

( ) - ( ) -

City of East Grand Forks

P.O. Box 373
East Grand Forks MN 56721-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

CHECKLIST FOR NEW LIQUOR LICENSE Mamma Maria's

9

OFF SALE LICENSES

☐ **OFF SALE APPLICATION FORM # 9136** Both sides must be completed and signed by licensee. Sheriff and county attorney must also sign for county issued licenses. **$150.00**

☐ **YELLOW OFF SALE LICENSE FORM #9008** Must be filled out by city or county and signed in lower right corner, left corner is for AGED Director signature. Licensee name should be the exact corporate name, if applicant is incorporated, or individual(s) if not incorporated.

☐ Application for License to sell Off-Sale Non-Intoxicating Malt Liquors (CITY FORM B) **$137.50**

ON SALE LICENSES

☒ **ON SALE CERTIFICATION FORM #9011** Must be signed by city clerk. Fees city charges to licensee must be filled in on this form. No license is submitted with this form. City issues the actual on sale license to the licensee. The actual license forms may be purchased from stationery stores. The state does not approve these licenses. **$3,800.00**

☒ Application for "On-Sale" Weekday & Sunday Intoxicating Liquor License (CITY FORM A) **$200.00**

WINE LICENSES

☐ **WINE LICENSE APPLICATION FORM # 9114** Must be filled out on both sides and signed by applicant. Sheriff and County attorney must sign for county issued licenses. **$550.00**

☐ **GREEN WINE LICENSE FORM #9115** Must be filled out and signed by city or county in right lower corner before submitting. Left corner is for AGED Director's signature. Licensee name should be the exact corporate name if licensee is incorporated, or individual(s) name if not incorporated.

(If you have a wine license you can sell strong beer with an on-sale beer)

☐ Application for License to sell On-Sale Non-Intoxicating Malt Liquors (CITY FORM C) **$275.00**

CATERERS PERMIT

☐ **CATERERS PERMIT** Must be filled out completely with the proper attachments. This does not require City Council approval; however, the applicant must notify the City if they plan to cater at an event. **$300.00**
To be paid to the Minnesota Alcohol & Gambling Enforcement

☐ Application to Conduct Business as Allowed by a Caterer's Permit: This license is for out of town liquor license holders who purchased a Caterer's Permit from the State of Minnesota. (CITY FORM D) **$200.00 per day**

2AM LICENSES - IF DESIRED

☐ **Application for Optional 2 am Liquor License (Fee paid to the state) (Form 2AM-2004)**

To be paid to the Minnesota Alcohol & Gambling Enforcement

$300 *2 AM license fee - Up to $100,000 in on sale gross receipts for alcoholic beverages*
$750 *2 AM license fee - Over $100,000, but not over $500,000 in on sale gross receipts for alcoholic beverages*
$1,000 *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 licenses or Set Up license holders*
$200 *2 AM license fee - Did not sell alcoholic beverages for a full 12 months prior to this application*

CHECKLIST FOR NEW LIQUOR LICENSE

ALL LICENSE MUST HAVES

☒ **BUYERS CARD APPLICATION FORM # 9135** To facilitate the license process, the city clerk or county auditor may submit the $20 received from the licensee and the completed buyers card application along with the other license application(s), license form(s), liquor liability and workers compensation insurance. Each year thereafter, this office sends the $20 renewal buyers card application directly to the licensee, and the city clerks and county auditors need not submit. **$20 payable to the Minnesota Alcohol & Gambling Enforcement**

☐ Sales and Use Tax ID number. Call Minnesota Department of Revenue at 651-296-6181 to apply. Write sales tax number on liquor license application.

☐ Federal Occupational Tax Stamp. Call the Bureau of Alcohol, Tobacco and Firearms (BATF) at 800-937-8864. (We do not need proof of this being done).

☐ Brand new establishments that have never before been licensed for liquor or wine must also have an inspection of their premises before license approval. The licensee should contact the appropriate inspector by phone and arrange for the inspection. The inspection is not done for a change of ownership of a currently licensed establishment.

☒ **General Information Sheet**

☒ **Liquor Liability Insurance Certificate:** that covers your license period completely. (see below for further details). Do not submit applications for license without liquor liability insurance on either a new license or renewal. Do not submit insurance company applications or invoices as proof of liquor liability. These documents are not proof of insurance. We must have a certificate of liquor liability insurance. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**

- ☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
- ☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
- ☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☒ **Proof of workers' compensation insurance coverage statement.** Contact your insurance agent to apply for workers compensation and liquor liability insurance. Our office must have proof of both before approval will be granted. Certificates of insurance must be in your exact corporate name if you are incorporated or individual name(s) if not incorporated. The effective dates of the certificate of liquor liability must cover the license period of your city or county completely. The minimum limits of the policy are $100,000 and a $300,000 aggregate per policy year per licensed location. Applications submitted for new licenses or renewals sent without liquor liability are not approved, and are blocked from receiving liquor shipments from the wholesalers.

CHECKLIST FOR NEW LIQUOR LICENSE

Application & Investigation fees: At the time of the initial application, an applicant for an on-sale or off-sale 3.2% malt liquor, intoxicating liquor license or on-sale wine license shall pay to the city the sum of $50 if a natural person, and $75 if a partnership, or $150 if a corporation, which fee shall be considered an application and investigation fee, non refundable to applicant, to cover the costs of the city in processing the application and investigation thereof. No fee shall be required of an applicant for a temporary beer license.

☒ **Fees payable to the Minnesota Alcohol & Gambling Enforcement Division:** Mail application & check to AGED, 444 Cedar St., Suite 133, St. Paul, MN 55101-5133

Buyer's card application: $20

We will mail your application + check to the State with the other applications.

Caterers Permit: $300

2am Liquor License if desired:

$300 2 AM license fee - Up to $100,000 in on sale gross receipts for alcoholic beverages
$750 2 AM license fee - Over $100,000, but not over $500,000 in on sale gross receipts for alcoholic beverages
$1,000 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 licenses or Set Up license holders
$200 2 AM license fee - Did not sell alcoholic beverages for a full 12 months prior to this application

☒ **Fees payable to the City of East Grand Forks. Pay by Certified Check, Money Order, or Cashier's Check**

On Sale Intoxicating Liquor:	$3,800.00
On Sale Sunday Intoxicating Liquor:	$200.00
On Sale 3.2% Beer:	$275.00
On Sale Wine:	$550.00
Off Sale Intoxicating Liquor Weekday:	$150.00
Off Sale 3.2% Beer:	$137.50
Caterers Permit: (Per Day)	$200.00
Temporary On-Sale Liquor License: (Per Day)	$100.00

Application & Investigation Fee:

Natural Person:	$50.00
Partnership:	$75.00
Corporation:	$150.00

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: 5-14-10
COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

Recp't # 98203

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 Group
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: A16100526

Dates of Coverage: 4/18/10 - 5/17/10

(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.

CARD NUMBER
(Office Use Only)

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

APPLICATION FOR RETAILER'S (BUYER) CARD FOR LIQUOR OR WINE

FEE $20.00

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	INDEN. NO.
East Grand Forks			
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
MM Restaurant Group Inc.		Mamma Maria's Italian Restaurant	
BUSINESS ADDRESS		COUNTY	BUSINESS PHONE
211 Demers Ave Ste 16		Polk	218-773-2225
CITY, STATE, ZIP CODE		AUTHORIZED SIGNATURE	
East Grand Forks MN 56721			

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY): 05/14/2010

PRODUCER

George Wogaman Insurance Agency
2612 Gateway Drive
Grand Forks, ND 58203
701-772-7108

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED

MM Restaurant Group Inc
211 Demers Ave Ste 16
East Grand Forks, MN 56721

INSURER A:	Mid-Century Insurance Company
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PROJECT / LOC	604701487	12/03/09	12/03/10	EACH OCCURRENCE	$1,000,000
					FIRE DAMAGE (Any one fire)	$
					MED EXP (Any one person)	$
					PERSONAL & ADV INJURY	$
					GENERAL AGGREGATE	$2,000,000
					PRODUCTS - COMP/OP AGG	$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE (Per accident)	$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
					OTHER THAN AUTO ONLY: EA ACC	$
					AGG	$
	EXCESS LIABILITY OCCUR / CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE	$
					AGGREGATE	$
						$
						$
						$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	A16100526	12/03/09	12/03/10	WC STATUTORY LIMITS / OTHER	
					E.L. EACH ACCIDENT	$100,000
					E.L. DISEASE - EA EMPLOYEE	$100,000
					E.L. DISEASE - POLICY LIMIT	$500,000
A	OTHER Liquor Liability	604701487	12/03/09	12/08/10	$1,000,000 Per Occ/ $2,000,000 Gen Agg	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER | ADDITIONAL INSURED; INSURER LETTER: _____

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

CHECKLIST FOR LICENSES

10

LICENSEE: WHITEY'S CAFÉ, INC

- ☐ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
  - -MAKE SURE BOTH SIDES ARE FILLED OUT
  - ☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.
- ☐ **FORM 9008-03 (YELLOW) – Off Sale Liquor License – Filled out and signed by the Mayor & City Administrator**
- ☐ **Application for License to sell non-intoxicating malt liquors ($137.50)**
- ☐ **General Information Sheet**
- ☐ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**
  - ☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
  - ☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
    EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.
  - ☐ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
    EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
  - ☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.
- ☐ **Proof of workers' compensation insurance coverage statement.**
- ☐ **Pay by Certified Check, Money Order, or Cashier's Check**

On Sale Weekday:	$3,800.00
On Sale Sunday:	$ 200.00
Off Sale Weekday:	$ 150.00
Off Sale Beer:	$ 137.50
TOTAL	$4,287.50

- ☐ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: _____

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

Certificate of Liability Insurance

Date of Issue 05/05/2010

Producer
C & H INSURANCE LLC
1427 CENTRAL AVE NW

EAST GRAND FORKS,MN 56721
(218) 773-0287

This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Companies Affording Coverage	
Company A	United Fire & Casualty Company
Company B	United Fire & Casualty Company
Company C	
Company D	United Fire & Casualty Company
Company E	United Fire & Casualty Company

Insured WHITEY'S CAFE
Whitey's Cafe Inc.

121 DeMers Ave
East Grand Forks, MN 56721-

Coverages
This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies decribed herein is subject to all the terms, exclusions and conditions of such policies, limits show may have been reduced by paid claims.

Co Ltr	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A	General Liability ☑ Commercial General Liability ☐ Claims Mad ☑ Occurrence ☐ Owners & Contractor's Prot	105-60349120	07/01/2009	07/01/2010	General Aggregate	$2,000,000
					Products-Comp/Op Agg	$2,000,000
					Personal & Adv Injury	$1,000,000
					Each Occurrence	$1,000,000
					Fire Damage (any one fire	$100,000
					Med Exp (Any one person)	$5,000
B	Automobile Liability ☒ Any Auto ☒ All owned Autos ☒ Scheduled Autos ☑ Hired Autos ☑ Non-Owned Autos	105-60349120	07/01/2009	07/01/2010	Combined Single Limit	$1,000,000
					Bodily Injury (Per Person)	$
					Bodily Injury (Per Accident)	$
					Property Damage	$
	Garage Liability ☒ Any Auto				Auto Only - Ea Accident	
					Other Than Auto Only:	
D	Excess Liability ☑ Umbrella Form ☐ Other Than Umbrella Form	105-60349120	07/01/2009	07/01/2010	Each Occurrence	$1,000,000
					Aggregate	$1,000,000
E	Workers Compensation and The Proprietor/Partners/ Executive Officers are: ☒ Incl ☑ Excl	105-60349120	07/01/2009	07/01/2010	☒ WC Statutory Limits ☒ Other	
					EL Each Accident	$500,000
					EL Disease - Policy Limit	$500,000
					EL Disease-Ea Employee	$500,000
	Other Liquor Liability	105-60349120	7/01/2009	7/01/2010	Limit	$1,000,000

Description of Operations/Locations/Vehicles/Special Items

Certificate Holder
City of East Grand Forks
c/o Clerk/Treasurers Office
PO Box 373
East Grand Forks, MN 56721

Cancellation
Should any of the above described policies be cancelled before the expiration thereof, the issuing company will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

No. _____

Fee $ _____

City _____

County _____

Alcohol & Gambling Enforcement

OFF SALE LIQUOR LICENSE

THIS CERTIFIES THAT:

LICENSEE Whitey's Cafe, Inc

TRADE NAME Whitey's

STREET ADDRESS OR LOT AND BLOCK NO 119-121 Demers Ave, East Grand Forks, MN

Is authorized to sell intoxicating liquor at off sale subject to the laws and regulations of the State of Minnesota and municipal ordinances for the period beginning 7/1/10 to 7/1/11

Mayor or President

THIS LICENSE IS APPROVED

Given under my hand and the Municipal Corporate Seal

City of _____ Date _____

Alcohol & Gambling Enforcement Director

Date

CLERK or Recorder

PS9008-03 (3/05)

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: United Fire
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: 1056034 9120

Dates of Coverage: 7/1/10 - 7/1/10

(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.

CHECKLIST FOR LICENSES

11a

LICENSEE: AMERICAN LEGION POST 157

☐ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
-MAKE SURE BOTH SIDES ARE FILLED OUT
- ☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

☐ **General Information Sheet**

☐ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**
- ☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
- ☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
  EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.
- ☐ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
  EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
- ☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☐ **Proof of workers' compensation insurance coverage statement.**

☐ **Pay by Certified Check, Money Order, or Cashier's Check**

On Sale Weekday:	$3,800
On Sale Sunday:	$ 200
TOTAL	$4,000

☐ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: 5/20/10
COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

CK # 5086391806
Recp # 98934

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: SFM
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: 11456.214

Dates of Coverage: 7-1-2010 7-1-2011

(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.

Edward M. Obregon
(Signature)

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID DG ALEAST1 | DATE (MM/DD/YYYY) 04/28/10

PRODUCER

Insurance Advisors, Inc.
15020 27th Avenue N.
Plymouth MN 55447
Phone: 763-536-8006 Fax: 763-398-4060

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Integrity Mutual Insurance Co.	14303
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED

American Legion Post #157
and Auxiliary
1009 Central Ave NW
East Grand Forks MN 56721-0444

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PROJECT LOC	BP28199	07/01/10	07/01/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 1000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A A		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS	BP28199 BP28199	07/01/10 07/01/10	07/01/11 07/01/11	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $ $ $ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A		OTHER Liquor Liability	BP28199	07/01/10	07/01/11	Ea Common Aggregate	$1,000,000 $2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

American Legion Club
This certificate or memorandum of insurance does not affirmatively or negatively amend, extend or alter the coverage afforded by the insurance policy.

CERTIFICATE HOLDER EASTGRA

City of East Grand Forks
P.O. Box 373
East Grand Forks MN 56721

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRAT DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTE NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHA IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1

CERTIFICATE OF LIABILITY INSURANCE

OP ID MA
AMERI-9

DATE (MM/DD/YYYY)
05/17/10

PRODUCER

Insure Forward, Inc. - GF
PO Box 14150
Grand Forks ND 58208-4150
Phone: 701-772-6651 Fax: 701-772-8367

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: SFM Mutual Insurance Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED

American Legion Post #157
1009 Central Ave NW
East Grand Forks MN 56721

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$
		CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PRODUCTS - COMP/OP AGG	$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS				BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR / CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				X WC STATUTORY LIMITS / OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH)	011456.213	11/01/09	11/01/10	E.L. EACH ACCIDENT	$ 100000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$ 100000
						E.L. DISEASE - POLICY LIMIT	$ 500000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Attn: Laurie / Fax#218-773-2555

CERTIFICATE HOLDER

AMLEEA1

American Legion
1009 Central Ave NW
East Grand Forks MN 56721

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Michelle Aakus

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The ACORD name and logo are registered marks of ACORD

CHECKLIST FOR LICENSES

116

LICENSEE: APPLEBEE'S

☑ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
-MAKE SURE BOTH SIDES ARE FILLED OUT
☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

☑ **General Information Sheet**

☑ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**
☑ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
☑ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.
☑ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
☑ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☑ **Proof of workers' compensation insurance coverage statement.**

☑ **Pay by Certified Check, Money Order, or Cashier's Check**

On Sale Weekday:	$3,800
On Sale Sunday:	$ 200
TOTAL	$4,000

☑ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: 5-20-10

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

Recpt # 98925
Ck # 726212

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: Acord
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: 630-3213N90-4-PHX

Dates of Coverage: 5-1-10 to 5-1-11

(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.

Myron Thompson
(Signature)

CERTIFICATE OF LIABILITY INSURANCE

OP ID LR
FMIIN-1

DATE (MM/DD/YYYY) 04/29/10

PRODUCER

Bremer Insurance - ND
317 16th St NW , PO Box 1549
Minot ND 58702
Phone: 701-852-1277 Fax: 701-838-3769

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Travelers	40967
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED

Grand Apple East, Inc
P.O. Box 969
Minot ND 58702-0969

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	630-3213N90-4-PHX	05/01/10	05/01/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1000000 $ 100000 $ 1000 $ 1000000 $ 2000000 $ 2000000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS / UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $ $ $ $
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	630-3213N90-4-PHX	05/01/10	05/01/11	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1000000 $ 1000000 $ 1000000
A		OTHER Liquor Liability	630-3213N90-4-PHX	06/30/10	07/01/11	Per Occ Agg	$1000000. $2000000.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

RE: 415 2nd St NW, East Grand Forks, MN 56721.

CERTIFICATE HOLDER

City of East Grand Forks
Clerk-Treasurer's Office
Attn: Michelle
P.O. Box 373
East Grand Forks MN 56721

CANCELLATION

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AUTHORIZED REPRESENTATIVE
Loretta Routledge

ACORD 25 (2009/01)

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The ACORD name and logo are registered marks of ACORD

CHECKLIST FOR LICENSES

11c

LICENSEE: BLUE MOOSE

☐ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
-MAKE SURE BOTH SIDES ARE FILLED OUT
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OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: 5/20/10

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

Rec # 98796

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: Thompson Insurance
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: See Attached

(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)

PRODUCER (701) 775-4626

Thompson Insurance
PO Box 5996
Grand Forks, ND 58206-5996

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Harleysville Insurance Company	
INSURER B: Acuity, A Mutual Insurance Company	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED East River's Edge Corporation DBA: The Blue Moose Bar & Grill
507 2nd St NW
East Grand Forks, MN 56721

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	SPP00000012166G	7/1/2010	7/1/2011	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A		AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	BA00000012164G	7/1/2010	7/1/2011	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS / UMBRELLA LIABILITY OCCUR CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE AGGREGATE	$ $ $ $ $
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	F96293	7/1/2010	7/1/2011	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
A		OTHER Commercial General Liability	SPP00000012166G	7/1/2010	7/1/2011	MN Liquor Liability	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

DE: Operations of the insured.

CERTIFICATE HOLDER

City of East Grand Forks
PO Box 373
East Grand Forks, MN 56721-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 5 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

PRODUCER (701) 775-4626

Thompson Insurance
PO Box 5996
Grand Forks, ND 58206-5996

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Harleysville Insurance Company	
INSURER B: Acuity, A Mutual Insurance Company	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
East River's Edge Corporation DBA: The Blue Moose Bar & Grill
507 2nd St NW
East Grand Forks, MN 56721

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	SPP00000012166G	7/1/2010	7/1/2011	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A		AUTOMOBILE LIABILITY [X] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS	BA00000012164G	7/1/2010	7/1/2011	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS / UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE AGGREGATE	$ $ $ $ $
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	F96293	7/1/2010	7/1/2011	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
		OTHER Commercial General Liability	SPP00000012166G	7/1/2010	7/1/2011	MN Liquor Liability	$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
E: Operations of the insured.

CERTIFICATE HOLDER

City of East Grand Forks
PO Box 373
East Grand Forks, MN 56721-

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 5 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

CHECKLIST FOR LICENSES

11 d.

LICENSEE: BOARDWALK BAR & GRILL

☐ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
-MAKE SURE BOTH SIDES ARE FILLED OUT
- ☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

☐ **General Information Sheet**

☐ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**
- ☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
- ☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
  EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.
- ☐ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
  EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
- ☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☐ **Proof of workers' compensation insurance coverage statement.**

☐ **Pay by Certified Check, Money Order, or Cashier's Check**

On Sale Weekday:	$3,800
On Sale Sunday:	$ 200
TOTAL	$4,000

☐ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: _____

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

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: Star Insurance Company
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: WC 0442731 01 01 AT

Dates of Coverage: 2/05/2010 – 2/05/2011

(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.

Jane Moss
(Signature)

ACORD® CERTIFICATE OF LIABILITY INSURANCE

OP ID JY
BOARD-2

DATE (MM/DD/YYYY) 05/10/10

PRODUCER

Insure Forward, Inc. - GF
PO Box 14150
Grand Forks ND 58208-4150
Phone: 701-772-6651 Fax: 701-772-8367

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: QBE Insurance Corporation Co.	
INSURER B: Star Insurance Company	18023
INSURER C:	
INSURER D:	
INSURER E:	

INSURED

Boardwalk Bar & Grill LLC
415 2nd St. NW
East Grand Forks MN 56721

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE / OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC	QGM17819	07/01/10	07/01/11	EACH OCCURRENCE	$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurence)	$ 300,000
						MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 1,000,000
						GENERAL AGGREGATE	$ 2,000,000
						PRODUCTS - COMP/OP AGG	$ 2,000,000
		AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	$
						BODILY INJURY (Per person)	$
						BODILY INJURY (Per accident)	$
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
						OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY OCCUR / CLAIMS MADE DEDUCTIBLE RETENTION $				EACH OCCURRENCE	$
						AGGREGATE	$
							$
							$
							$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	0442731	02/05/10	02/05/11	WC STATU-TORY LIMITS X OTH-ER	
						E.L. EACH ACCIDENT	$ 500000
						E.L. DISEASE - EA EMPLOYEE	$ 500000
						E.L. DISEASE - POLICY LIMIT	$ 500000
A		OTHER Liquor Liability	QGM17819	07/01/10	07/01/11	Limits	See Below

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Liquor Liability Coverage: Each Common Cause Limit-$1,000,000
Each Person- $1,000,000

CERTIFICATE HOLDER

CITEA01

City of East Grand Forks
600 Demers Avenue
East Grand Forks MN 56721

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Evan Wilcox

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CHECKLIST FOR LICENSES

11e

LICENSEE: DACOTAH AERIE

☐ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
-MAKE SURE BOTH SIDES ARE FILLED OUT
☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

☐ **General Information Sheet**

☐ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**
☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.
☐ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☐ **Proof of workers' compensation insurance coverage statement.**

☐ **Pay by Certified Check, Money Order, or Cashier's Check**

On Sale Weekday:	$3,800
On Sale Sunday:	$ 200
TOTAL	$4,000

☐ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: _____

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

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: Farm Auto owners
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: 0817060802 7496

Dates of Coverage: 7/1/2010 - 7/1/2011

(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.

Melvin Hovelson
(Signature)

Certificate of Insurance

5/25/2010

PRODUCERS: Evergreen Ins Agcy 906814
722 Demers Ave
East Grand Forks , MN 56721

The InterAgency/Blackburn, Nickels & Smith, Inc.
Box 47248
Plymouth, MN 55447

INSURED: Fraternal Order of Eagles #350
PO Box 482, 227 10th St NW
East Grand Forks, MN 56721

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: IF THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY (IES) MUST BE ENDORSED. IF SUBROGATION IS WAIVED. SUBJECT TO THE TERMS AND CONDITIONS OF THE POLICY, CERTAIN POLICIES MAY REQUIRE AN ENDORSEMENT. A STATEMENT ON THIS CERTIFICATE DOES NOT CONFER RIGHTS TO THE CERTIFICATE HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

Company Providing Coverage:

Capitol Indemnity Corp.

Coverage

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated, not withstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
General Liability Comm'l Gen. Liab.				General Aggregate Products - CompOp Agg Personal & Adv Injury Each Occurrence Fire Damage (Any One Fire) Med Exp (Any One Person)	
Liquor Liability	CP00345529	7/1/2010	7/1/2011	Aggregate Limit Ea. Common Cause Limit	$2,000,000 $1,000,000

PROPERTY	Limits:	Coinsurance:	Form:	Deductible:
Building:				
Business Personal Property:				
Business Income:		1/6 Limitation		

LOCATION(OF RISK 227 10th St NW, East Grand Forks, MN 56721

DESCRIPTION OF RISK Fraternal Club

This certificate of insurance does nor affirmatively or negatively amend , extend, or alter the coverage afforded by the insurance policy.

Certificate Holder

City of East Grand Forks
PO Box 373
East Grand Forks, MN 56721-0373

Cancellation

SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

Authorized Representative James R Holm Jim Holm bnsmn@aol.com

CHECKLIST FOR LICENSES

11 f

LICENSEE: MIKE'S PIZZA & PUB

☐ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
-MAKE SURE BOTH SIDES ARE FILLED OUT
- ☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

☐ **General Information Sheet**

☐ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**
- ☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
- ☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
  EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.
- ☐ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
  EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
- ☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☐ **Proof of workers' compensation insurance coverage statement.**

☐ **Pay by Certified Check, Money Order, or Cashier's Check**

On Sale Weekday:	$3,800
On Sale Sunday:	$ 200
TOTAL	$4,000

☐ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: 5/20/10

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

Rec. #98933
Ck # 5080391049

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: New Hampshire Insurance Company
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: WC 001-06-8970

Dates of Coverage: 6/22/10 - 6/22/11

(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.

Sherry Barnes
(Signature)

ACORD® CERTIFICATE OF LIABILITY INSURANCE

OP ID JG

DATE (MM/DD/YYYY) 05/19/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Vaaler Insurance, Inc.
P. O. Box 12848
Grand Forks ND 58208-2848
Phone:701-775-3131 Fax:701-775-4020

CONTACT NAME:
PHONE (A/C, No, Ext):
FAX (A/C, No):
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #: MIKE-06

INSURED

Mikes Pizza & Pub
SJA Thunder Corporation-DBA
411 2nd St NW
East Grand Forks MN 56721

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: AMCO Insurance Company	
INSURER B: New Hampshire Insurance Co.	23841
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

NSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC	X		ACP7204516482	07/01/10	07/01/11	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Liq Liab	$ 1,000,000 $ 100,000 $ 1,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1Mil/$1Mil
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			ACP7204516482	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC001068970	06/22/10	06/22/11	X WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 100,000 $ 100,000 $ 500,000
A	Bus Pers Prop			ACP7204516482	07/01/10	07/01/11	$500 Ded.	310,300

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder is listed as Additional Insured in respects to the General Liability coverage as the owner of the building that the insured occupies.

CERTIFICATE HOLDER

CITYE-3

City of East Grand Forks
City Clerk - Administration
City Hall
PO Box 322
East Grand Forks ND 56721

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

CHECKLIST FOR LICENSES

11g

LICENSEE: VALLEY GOLF ASSOCIATION

☐ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)

-MAKE SURE BOTH SIDES ARE FILLED OUT

☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

☐ **General Information Sheet**

☐ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**

☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**

☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.

☐ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.

☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☐ **Proof of workers' compensation insurance coverage statement.**

☐ **Pay by Certified Check, Money Order, or Cashier's Check**

On Sale Weekday:	$3,800
On Sale Sunday:	$ 200
TOTAL	$4,000

☐ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY

DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: 5-18-10

COUNCIL ACTION DATE: 6-1-10 SENT TO STATE DATE: _____

CK #263184
Rcpt # 98498

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: Owner's Insurance Company
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: 091706 08030134

Dates of Coverage: 7-1-2009 to 7-1-2010

(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.

Scott Eyen
(Signature)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/10/2010

PRODUCER (218) 773-4158
Evergreen Insurance Agency
722 Demers Avenue
East Grand Forks MN 56721-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: ALLIED	
INSURER B: Auto-Owners	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
VALLEY GOLF ASSOCIATION
2407 River Road NW
E GRAND FORKS MN 56721-

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	ACP 71332272363	07/01/2010	07/01/2011	EACH OCCURRENCE	$ 1,000,000
		X COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
		CLAIMS MADE X OCCUR		/ /	/ /	MED EXP (Any one person)	$ 5,000
						PERSONAL & ADV INJURY	$ 1,000,000
				/ /	/ /	GENERAL AGGREGATE	$ 2,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMP/OP AGG	$ 2,000,000
		POLICY PRO-JECT LOC		/ /	/ /		
		AUTOMOBILE LIABILITY		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS		/ /	/ /	BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS		/ /	/ /	BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
				/ /	/ /	PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY		/ /	/ /	AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY		/ /	/ /	EACH OCCURRENCE	$
		OCCUR CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE		/ /	/ /		$
		RETENTION $					$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	091706 08030134	07/01/2010	07/01/2011	WC STATUTORY LIMITS / OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		/ /	/ /	E.L. EACH ACCIDENT	$ 500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$ 500,000
						E.L. DISEASE - POLICY LIMIT	$ 500,000
A		OTHER Liquor Liability	ACP 71-3-2272363	07/01/2010	07/01/2011	Aggregate Limit	2,000,000
				/ /	/ /	Each common cause limit	1,000,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Valley Golf's Physical address is: 2407 River RD NW, East Grand Forks, MN 56721

CERTIFICATE HOLDER
( ) - ( ) -

City of East Grand Forks
600 Demers AVE
P.O. Box 373
East Grand Forks MN 56721-

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

CHECKLIST FOR LICENSES

11h.

LICENSEE: VFW POST 3817

☐ **FORM PS 9093-05 Renewal of Liquor, Wine, Club or 3.2% Licenses** (3 SIGNATURES NEEDED ON THE RENEWAL FORMS ARE SIGNED AND DATED)
-MAKE SURE BOTH SIDES ARE FILLED OUT
- ☐ If Licensee Name has changed on the renewal form, DO NOT CROSS OLD NAME OUT TO ADD NEW NAME. New paperwork must be filled out any time the licensee name changes; this includes a new insurance certificate, along with the licensee submitting a buyer's card application along with $20.

☐ **General Information Sheet**

☐ **Liquor Liability Insurance Certification** is attached with the renewal or new license form. DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!! This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than $25,000 at on sale and $50,000 at off sale.)**
- ☐ INSURANCE DATES: **2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
- ☐ The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
  EXAMPLE: Renewal form lists ABC Company, Inc. – the insurance must also read ABC Company, Inc. and not just ABC Company leaving off Inc.
- ☐ If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH license names and trade name.
  EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
- ☐ The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.

☐ **Proof of workers' compensation insurance coverage statement.**

☐ **Pay by Certified Check, Money Order, or Cashier's Check**

On Sale Weekday:	$3,800
On Sale Sunday:	$ 200
TOTAL	$4,000

☐ **Return all forms by May 21, 2010 to City Hall located at 600 DeMers Ave. NW, East Grand Forks, MN 56721. – Questions call (218) 773-2483.**

OFFICE USE ONLY
DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: _____

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

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: Nova Casualty Company
(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: LYR-WK-0010939-0

Dates of Coverage: 7-1-10 thru 7-1-11

(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.

Andy Buchholz
(Signature)

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/21/2010

PRODUCER

Lockton Risk Services
P.O. Box 410679
Kansas City, MO 64141-0679
800-829-8390

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Red River Valley Post #3817 Veterans of Foreign Wars of the U.S.
312 Demers Avenue NW

East Grand Forks, MN 56721

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Nova Casualty Co.	42552
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurence)	$
		CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PRODUCTS - COMP/OP AGG	$
		AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident)	$
		ANY AUTO					
		ALL OWNED AUTOS				BODILY INJURY (Per person)	$
		SCHEDULED AUTOS					
		HIRED AUTOS				BODILY INJURY (Per accident)	$
		NON-OWNED AUTOS					
						PROPERTY DAMAGE (Per accident)	$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR / CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	LFR-WK-0010939-0	07/01/2010	07/01/2011	x WC STATUTORY LIMITS / OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	$ 100,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	$ 100,000
						E.L. DISEASE - POLICY LIMIT	$ 500,000
A		OTHER Liquor Liability	LFR-BP-0015426-0	07/01/2010	07/01/2011	Occurrence	$300,000
						Aggregate	$300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Proof of Coverage

CERTIFICATE HOLDER

City of East Grand Forks
211 Demers Avenue
East Grand Forks, MN 56721

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

DS#8116855 3817

RESOLUTION NO. 10 – 06 - 65

RESOLUTION APPROVING THE FILING OF PLANS AND SPECIFICATIONS AND ORDERING ADVERTISEMENT FOR BIDS ONCE THE CITY RECEIVES MNDOT CONCURRENCE TO ADVERTISE FOR THE PROJECT BASED ON THE JOBS BILL

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

WHEREAS, the city engineer (consulting engineer retained for the purpose) has prepared plans and specifications for the improvement of 2010 City Project No.3 – Paving Central Ave. and has presented such plans and specifications to the council for approval;

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

1. Such plans and specifications, a copy of which is attached hereto and made a part hereof, are hereby approved.

2. The City Administrator shall prepare and cause to be inserted in the official paper an advertisement for bids upon the making of such improvement under such approved plans and specifications. The advertisement shall be published for 14 days. The advertisement shall specify the work to be considered by the council of the East Grand Forks City Hall. Any bidder whose responsibility is questioned during consideration of the bid will be given an opportunity to address the council on the issue of responsibility. No bids will be considered unless sealed and filed with the City Administrator and accompanied by a cash deposit, cashier's check, bid bond or certified check payable to the City of East Grand Forks for five percent of the amount of such bid.

Voting Aye:
Voting Nay:
Absent:

The President declared the resolution passed.

Passed: June 1, 2010

Attest:

_____ _____

City Administrator/Clerk-Treasurer President of Council

I hereby approve the foregoing resolution this 1st of June, 2010.

_____

Mayor

13

2010 Street Improvements

Opp Constuction

Est.#	Location	Quote
3	Bygland Rd & north of Flood Wall 4 areas	$ 3,990.00
1	Bygland Rd SE & 5th ST SE	$ 980.00
7	2nd Ave NE & 5th St NE	$ 5,790.00
5	2nd Ave NE & 6th St NE	$ 3,600.00
6	2nd Ave NE &7th St NE	$ 5,040.00
4	2229 Central Ave NW 2 areas	$ 1,820.00
8	2211 Central Ave NW	$ 12,900.00
8a	Option For 2211 Central Ave NW add to 8	$ 12,200.00
		$ 25,100.00
2	Bygland So. Fire Station 5 areas	$ 11,470.00
		$ 11,470.00
	Total	**$ 57,790.00**

H&S Construction

Est.#	Location	Quote
538	Bygland Rd SE & North of flood wall	$ 4,975.00
543	Bygland Rd SE & 5th ST SE	$ 1,100.00
544	2nd Ave NE & 5th St NE (3 panels)	$ 5,816.00
545	2nd Ave NE & 6th St NE	$ 5,253.26
546	2nd Ave NE & 7th St NE	$ 2,140.10
547	2029 Central Ave NW	$ 5,323.50
548	2211 Central Ave NW	$ 22,006.00
		$ 22,006.00
540	Bygland Rd SE - front of Fire station	$ 1,450.00
539	Bygland Rd SE & 5th Ave SE	$ 1,100.00
542	Bygland Rd SE & S. of Fire Station (2)	$ 2,200.00
541	Bygland Rd SE - Back entrance S. station	$ 3,624.72
		$ 8,374.72
	Total	**$ 54,988.58**

RESOLUTION NO. 10-06-66

A RESOLUTION TO INCLUDE THE INSTALLATION OF FACILITIES THAT ARE COMPLIANT WITH THE AMERICANS WITH DISABILITIES ACT (ADA) AS PART OF THE CITY'S SIDEWALK REPLACEMENT PROGRAM

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

WHEREAS, the City of East Grand Forks affirmed its support and administration for a Sidewalk Replacement Reimbursement policy per Resolution 06-08-70; and

WHEREAS, the City includes the installation of facilities that are complaint with the Americans with Disabilities Act (ADA) in city projects; and

WHEREAS, the City Council desires all new facilities to comply with ADA standards as they are replaced; and

WHEREAS, the City currently reimburses residents $1.00 per square foot for sidewalk replacement; and

WHEREAS, the City has no established policy regarding the reimbursement of ADA-compliant sidewalk facilities.

NOW THEREFORE, BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF EAST GRAND FORKS, that the City of East Grand Forks will reimburse the residents for the installation of ADA-compliant sidewalk facilities; subject to permitting and inspection standards.

BE IT FURTHER RESOLVED, that the City Council directs the City Administrator to develop guidelines for reimbursement, including, but not limited to, maximum reimbursement thresholds.

Voting Aye:
Voting Nay:
Absent:

The President declared the resolution passed.

Passed: June 1, 2010

Attest:

_____
City Administrator/Clerk-Treasurer

_____
President of Council

I hereby approve the foregoing resolution this 1st of June, 2010.

_____
Mayor

MEMORANDUM OF UNDERSTANDING
BETWEEN THE
CITY OF EAST GRAND FORKS
AND
LAW ENFORCEMENT LABOR SERVICES
POLICE DEPARTMENT LOCAL NO. 152

This Memorandum of Agreement is entered into between the City of East Grand Forks (hereafter "City") and Law Enforcement Labor Services, Inc. (hereafter "Union").

WHEREAS, the City and the Union are parties to a collective bargaining agreement containing Article 15.1 which calls for assigned training to be included in the normal 2080 hour work year; and

WHEREAS, the collective bargaining agreement also contains Article 15.3 which requires time and one half (1½) cash compensation or compensatory time for all hours worked in excess of an employees working hours; and

WHEREAS, the Union and the City mutually desire to expand training opportunities for members of the bargaining unit without incurring excessive overtime costs; and

WHEREAS, the City wishes to distinguish compensatory time earned while training as rescheduled time off (RTO);

NOW, THEREFORE, the parties agree as follows:

- RTO will be the term used for compensatory time earned at a straight time basis for purposes of authorized training; and
- Authorized training and drive time occurring on an employees scheduled day off shall be compensated with RTO on a straight time basis; and
- An employee's shift start and end time may be adjusted to accommodate authorized training and drive time; and
- In the event an employees training and drive time exceeds the length of a normal work shift such extended time shall be compensated with RTO on a straight time basis; and
- It is expected that RTO earned while training shall be taken as time off, but in any case the Employer may schedule time off for any RTO hours earned while training, beginning the same month one year after the RTO hours were earned.
- This MOU will remain in full force and effect until such time as it is memorialized in the collective bargaining agreement, or repudiated in writing by either party. In the event of repudiation, this agreement will remain in effect until the current collective bargaining agreement has expired.

IN WITNESS WHEREOF, the parties hereto have executed this Memorandum of Agreement on the dates indicated by their respective signatures.

Signed:

_____	_____
City of East Grand Forks	LELS Union Steward
Date: _____	Date: 2/1/10
_____	_____
City of East Grand Forks	Douglas Biehn, LELS Business Agent
Date: _____	Date: 1-27-10

MEMORANDUM OF UNDERSTANDING
BETWEEN THE
CITY OF EAST GRAND FORKS
AND
LAW ENFORCEMENT LABOR SERVICES
POLICE DEPARTMENT LOCAL NO. 152

This Memorandum of Agreement is entered into between the City of East Grand Forks (hereafter "City") and Law Enforcement Labor Services, Inc. (hereafter "Union").

WHEREAS, the City and the Union are parties to a collective bargaining agreement containing Article 15.1 which calls for assigned training to be included in the normal 2080 hour work year; and

WHEREAS, the collective bargaining agreement also contains Article 15.3 which requires time and one half (1½) cash compensation or compensatory time for all hours worked in excess of an employees working hours; and

WHEREAS, the Union and the City mutually desire to expand training opportunities for members of the bargaining unit without incurring excessive overtime costs; and

WHEREAS, the City wishes to distinguish compensatory time earned while training as rescheduled time off (RTO);

NOW, THEREFORE, the parties agree as follows:

- RTO will be the term used for compensatory time earned at a straight time basis for purposes of authorized training; and
- Authorized training and drive time occurring on an employees scheduled day off shall be compensated with RTO on a straight time basis; and
- An employee's shift start and end time may be adjusted to accommodate authorized training and drive time; and
- In the event an employees training and drive time exceeds the length of a normal work shift such extended time shall be compensated with RTO on a straight time basis; and
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Signed:

_____	_____
City of East Grand Forks	LELS Union Steward
Date: _____	Date: 2/1/10
_____	_____
City of East Grand Forks	Douglas Biehn, LELS Business Agent
Date: _____	Date: 1-27-10

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Signed:

_____	_____
City of East Grand Forks	LELS Union Steward
Date: _____	Date: 2/1/10
_____	_____
City of East Grand Forks	Douglas Biehn, LELS Business Agent
Date: _____	Date: 1-27-10

Board of the East Grand Forks Campbell Library
Minutes from April 27, 2010 meeting

Present: Mike Pokrzywinski, Mary Gail Homstad, Sharon Budge, Kay Buckalew, Gary Christianson, Judi Loer, Pat Jacklitch and Charlotte Helgeson.

Absent:

I. Motion to accept minutes was made by Pokrzywinski with a second by Buckalew. Passed.

II. Bills were reviewed with a motion by Budge and second by Loer to approve. Passed.

III. Old Business

A. Pg. 2 Articles 1-3 were reviewed. A revised copy will be voted on at the May meeting.

B. In the last month, the library has repaired a broken valve on a glycol line, plumbing and had a small fire in an outdoor ashtray. Mark Cowger Construction has the library's roof/ceiling on the schedule for exploration and repair.

IV. New Business

A. A signage policy was proposed by Helgeson. The Board determined specifying what could not be displayed at the library was the best approach for the policy. Currently, the library gives priority to library projects, non-profits and children' activities. A reworked policy will return in May.

B. No Legacy funding from the state's new sales tax will come to the East Grand Forks Campbell Library directly. Therefore, an application will be made to the NW Regional Arts Council for an Arts and Cultural Heritage Grant which is funded by the Legacy monies.

C. A copy of Senator Leroy Stumpf's letter in response to LARL's (Lake Agassiz Regional Library) denial for ELM (Electronic Library of MN) access was shared with the board stating that "...it might be best to look at other actions, including working with another region." A follow-up email from the Director of the NW region states "...we follow the rules and regulations of the vendors and/or State."

D. Administrator Huizenga will propose a budget adjustment at work session. The Board will take more time at a further meeting to discuss deeper cuts, if necessary.

The next meeting will be held Tuesday May 25, 2010 in the Library's large meeting room.

RESOLUTION NO. 10-06-67

A RESOLUTION REQUESTING THE IMPLEMENTATION AND ADMINISTRATION OF A RESCUE UNIT FEE TO THE POLK COUNTY BOARD OF COMMISSIONERS; AND DIRECTING ADMINISTRATION AND THE WATER AND LIGHT DEPARTMENT TO PROVIDE THE REQUISITE PARCEL DATA TO IMPLEMENT THE FEE.

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

WHEREAS, the City of East Grand Forks Fire Department provides emergency rescue unit coverage for the City and portions of unincorporated Polk County; and

WHEREAS, the provision of rescue unit services necessitates full-time staffing and equipment without adequate provision for reimbursement; and

WHEREAS, the current County Ambulance Subsidy covers just two percent of the Fire Department's total cost; and

WHEREAS, the Ambulance Subsidy is shared with Altru Hospital and has not increased since its inception; and

WHEREAS, dramatic cuts to Local Government Aid (LGA) from the State of Minnesota necessitate changes to the City's budgeting and finances;

NOW THEREFORE, BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF EAST GRAND FORKS, that the City requests the implementation and administration of a monthly rescue unit fee to the Polk County Board of Commissioners.

BE IT FURTHER RESOLVED, that the City Council directs Administration and the water and light department to provide the requisite parcel data to implement the fee.

Voting Aye:
Voting Nay:
Absent:

The President declared the resolution passed.

Passed: June 1, 2010

Attest:

_____
City Administrator/Clerk-Treasurer

_____
President of Council

I hereby approve the foregoing resolution this 1st of June, 2010.

_____
Mayor

ORDINANCE NO. _____3rd SERIES
CITY OF EAST GRAND FORKS
STATE OF MINNESOTA

AN ORDINANCE ENACTING A CODE OF ORDINANCES FOR THE CITY OF EAST GRAND FORKS, MINNESOTA, AMENDING, RESTATING, REVISING, UPDATING, CODIFYING, AND COMPILING CERTAIN ORDINANCES OF THE CITY DEALING WITH THE SUBJECTS EMBRACED IN THE CODE OF ORDINANCES, AND PROVIDING PENALTIES FOR THE VIOLATION OF THE CODE OF ORDINANCES.

THE CITY OF EAST GRAND FORKS ORDAINS:

WHEREAS Minnesota Statutes §§ 415.02 and 415.021 authorize the city to cause its ordinances to be codified and printed in a book,

NOW THEREFORE the City Council of the City of East Grand Forks, Minnesota, ordains:

Section 1. The general ordinances of the city as amended, restated, revised, updated, codified, and compiled in book form, including penalties for the violations of various provisions thereof, are adopted and shall constitute the Code of Ordinances of the City of East Grand Forks. This Code of Ordinances also adopts, by reference, certain statutes and administrative rules of the State of Minnesota as named in the Code of Ordinances.

Section 2. The Code of Ordinances as adopted in Section 1 shall consist of the following titles:

TITLE I: GENERAL PROVISIONS

TITLE III: ADMINISTRATION

TITLE V: PUBLIC WORKS

TITLE VII: TRAFFIC CODE

TITLE IX: GENERAL REULATIONS

TITLE XI: BUSINESS REGULATIONS

TITLE XIII: GENERAL OFFENSES

TITLE XV: LAND USAGE

Section 3. Further, to prevent any confusion Ordinance number 309 3rd Series clarifying Title VII, Chapter 72.and Ordinance number 310 3rd Series amending Title XI Business Regulations Chapter 117 shall be included in the Code of Ordinances as they were adopted after the Code of Ordinances were published. They will officially be included in the Code of Ordinances and shall be kept in the office of the city administrator.

Section 4. All prior ordinances pertaining to subjects treated in the Code of Ordinances shall be deemed repealed from and after the effective date of this ordinance, except as they are included and re-ordained in whole or in part in the Code of Ordinances; provided this repeal shall not affect any offense committed or penalty incurred, or any right established prior to the effective date of this ordinance, nor shall this repeal affect the provisions of ordinances levying taxes; appropriating money; annexing or detaching territory; establishing franchises; granting special rights to certain persons; authorizing public improvements; authorizing the issuance of bonds or borrowing of money; authorizing the purchase or sale of real or personal property; granting or accepting easements, plat or dedication of land to public use; or vacating or setting the boundaries of streets or other public places; nor shall this repeal affect any other ordinance of a temporary or special nature or pertaining to subjects not contained in or covered by the Code of Ordinances. All fees established in prior ordinances shall remain in effect unless amended in this Code of Ordinances, or until an ordinance adopting a fee schedule is adopted or amended.

Section 5. This ordinance adopting the Code of Ordinances shall be a sufficient publication of any ordinance included in it and not previously published in the city's official newspaper. The city clerk shall cause a substantial quantity of the Code of Ordinances to be printed for general distribution to the public at actual cost, and shall furnish a copy of the Code of Ordinances to the County Law Library or its designated depository. The official copy of this Code of Ordinances shall be marked and be kept in the office of the city administrator.

Section 6. The Code of Ordinances is declared to be prima facie evidence of the law of the city and shall be received in evidence as provided by Minnesota Statutes by the courts of the State of Minnesota.

Section 7. This ordinance adopting the Code of Ordinances, and the Code of Ordinances itself, shall take effect upon publication of this ordinance in the city's official newspaper.

VOTING AYE:

VOTING NAY:

ABSTAINED:

PRESIDENT DECLARED ORDINANCE PASSED BY THE CITY COUNCIL OF THE CITY OF EAST GRAND FORKS, MINNESOTA THIS _____ DAY OF _____.

APPROVED:

_____

DICK GRASSEL
COUNCIL PRESIDENT

ATTESTED:

_____

SCOTT HUIZENGA
CITY ADMINISTRATOR/CLERK-TREASURER

I HEREBY APPROVE THE FOREGOING ORDINANCE THIS _____DAY OF_____, 2010.

_____

LYNN STAUSS
MAYOR

RESOLUTION NO. 10 – 06 – 68

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 6388 for a total of $1754.90.

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 $1754.90 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 June 1, 2010.

Voting Aye:
Voting Nay:
Abstain: Buckalew.
Absent:

The President declared the resolution passed.

Passed: June 1, 2010

Attest:

_____ _____

City Administrator/Clerk-Treasurer President of Council

I hereby approve the foregoing resolution this 1st of June, 2010.

_____

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 6388 for a total of $1754.90.

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 June 1, 2010.

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)

Accounts Payable

Check Register Totals Only

User: randerson
Printed: 5/26/2010 - 8:46 AM

City of East Grand Forks
P. O. Box 373
East Grand Forks, MN 56721
(218) 773-2483

Check	Date	Vendor No	Vendor Name	Amount	Voucher
6341	06/01/2010	ABD001	ABD Publications	119.95	0
6342	06/01/2010	ACM001	Acme Electric Companies	1,065.34	0
6343	06/01/2010	ADV001	Advanced Business Methods Inc	238.54	0
6344	06/01/2010	ADV002	Advertising & Supply	202.00	0
6345	06/01/2010	ALL002	All Pro Embroidery	45.00	0
6346	06/01/2010	AME009	American Legion Post 157	100.00	0
6347	06/01/2010	AME002	American Tire Service	2,848.04	0
6348	06/01/2010	AME005	Ameripride Linen & Apparel Services	582.86	0
6349	06/01/2010	AND003	Jeff Anderson	64.00	0
6350	06/01/2010	BAK001	Baker & Taylor Co	537.40	0
6351	06/01/2010	BEA005	Justin Beauchamp	160.00	0
6352	06/01/2010	BEN003	Benco Equipment	310.59	0
6353	06/01/2010	BER005	Mike Bergeron	500.00	0
6354	06/01/2010	BLU001	Blue Cross Blue Shield of ND	5,764.50	0
6355	06/01/2010	BOR002	Border States Trophy & Awards	85.40	0
6356	06/01/2010	BRO002	Brodart Co	330.14	0
6357	06/01/2010	BUD001	Bud & Ralph's Appliance Service Inc	7.30	0
6358	06/01/2010	CAR002	Carquest Auto Parts	19.09	0
6359	06/01/2010	CLA001	Claitor's Law Book & Publishers	48.90	0
6360	06/01/2010	COL002	Cole Papers Inc	237.94	0
6361	06/01/2010	COM012	Comstock Custom Mowing & Snow R	10,429.74	0
6362	06/01/2010	DAK006	Dakota TV & Appliance	172.44	0
6363	06/01/2010	DAN002	Dan's Excavating Inc	206.50	0
6364	06/01/2010	DEM001	Demco Educational Corp	118.60	0
6365	06/01/2010	DIA001	Richard Papenfuss Diamond Cleaning	76.31	0
6366	06/01/2010	EAS005	East Side Express	48.53	0
6367	06/01/2010	EBS001	EBSCO Subscription Service	5.49	0
6368	06/01/2010	ELL004	Nancy Ellis	9.24	0
6369	06/01/2010	ENV002	Environmental Equipment	1,457.28	0
6370	06/01/2010	ENV003	Environmental Toxicity Control Inc	775.00	0
6371	06/01/2010	EXP003	Explorer Post #38	50.00	0
6372	06/01/2010	EXP002	Exponent	1,564.26	0
6373	06/01/2010	FLA001	Flaherty & Hood PA	169.32	0
6374	06/01/2010	FOR005	Forum	220.00	0
6375	06/01/2010	FLO001	FS Engineering	33,345.60	0
6376	06/01/2010	G&K001	G&K Services	179.19	0
6377	06/01/2010	GAL001	Gale	46.74	0
6378	06/01/2010	GAL002	Gall's Inc	142.12	0
6379	06/01/2010	GAR001	Garden Hut Inc	2,862.64	0
6380	06/01/2010	GER001	Gerrells Sport Center	1,734.80	0
6381	06/01/2010	GFH002	GF Herald	573.75	0
6382	06/01/2010	GFW001	GF Welding & Machine	269.69	0
6383	06/01/2010	GGF001	GGF Convention & Visitors Bureau	253.17	0
6384	06/01/2010	GLS002	GLSports Inc	916.49	0
6385	06/01/2010	GUS001	Randy Gust	187.50	0
6386	06/01/2010	H&S001	H&S Construction	65,523.36	0
6387	06/01/2010	HAJ002	Rick Hajicek	142.50	0
6388	06/01/2010	HAR001	Hardware Hank	1,754.90	0
6389	06/01/2010	HEA001	Heartland Paper	496.24	0
6390	06/01/2010	HEL001	Charlotte Helgeson	51.92	0

Check	Date	Vendor No	Vendor Name	Amount	Voucher
6391	06/01/2010	HOL002	Holiday Credit Office	396.36	0
6392	06/01/2010	HOM001	Home of Economy	224.18	0
6393	06/01/2010	HOU003	House Of Vacuums	23.34	0
6394	06/01/2010	HUG001	Hugo's	315.25	0
6395	06/01/2010	KEL001	Kellermeyer Building Service	748.13	0
6396	06/01/2010	KEL003	Kelly Services	276.50	0
6397	06/01/2010	KNO002	Kayla Knott	7.00	0
6398	06/01/2010	LEA001	League of MN Cities	63.75	0
6399	06/01/2010	LEA002	League of MN Cities	9,346.99	0
6400	06/01/2010	LIB002	Librarians' Book Express	286.07	0
6401	06/01/2010	MAR001	Marco Inc	300.81	0
6402	06/01/2010	MER001	Meritcare	21.00	0
6403	06/01/2010	MIC001	Micro-Marketing LLC	371.90	0
6404	06/01/2010	MID003	Midcontinent Communications	109.54	0
6405	06/01/2010	MIK001	Mike's Pizza	63.62	0
6406	06/01/2010	MIN003	Minnesota City/County Management /	86.60	0
6407	06/01/2010	MNC004	MN Chief of Police Association	168.69	0
6408	06/01/2010	MNC003	MN Commissioner of Transport	256.93	0
6409	06/01/2010	MND001	MN Dept of Health EHSS	150.00	0
6410	06/01/2010	MND006	VOID****VOID****VOID*** MN I	1,459.00	0
6411	06/01/2010	MNF001	MN Fire Service Certification Board	40.00	0
6412	06/01/2010	MNP002	MN Pollution Control Agency	900.00	0
6413	06/01/2010	MNP003	MN Pollution Control Agency	310.00	0
6414	06/01/2010	MNP005	MN POST Board	450.00	0
6415	06/01/2010	NEV001	Nevco Inc	295.39	0
6416	06/01/2010	ORE001	O'Reilly Auto Parts	1,206.20	0
6417	06/01/2010	ODL001	Odland Fitzgerald Reynolds & Harbot	450.80	0
6418	06/01/2010	OLD001	Old Dominion Brush	570.54	0
6419	06/01/2010	OLS001	Chris Olson	89.25	0
6420	06/01/2010	OLS002	Randy Olson	59.99	0
6421	06/01/2010	OPP001	Opp Construction	140.00	0
6422	06/01/2010	PAM001	Pamida	19.98	0
6423	06/01/2010	PEA001	Peak Performance	50.00	0
6424	06/01/2010	POL004	Polk County Recorder	46.00	0
6425	06/01/2010	PRE001	Premium Waters Inc	79.00	0
6426	06/01/2010	QUI001	Quill Corp	848.26	0
6427	06/01/2010	QWE001	Qwest	2,140.67	0
6428	06/01/2010	RIC001	James Richter	203.00	0
6429	06/01/2010	ROB005	Dennis Robertson	139.50	0
6430	06/01/2010	ROT002	Rotary Club of East Grand Forks	100.00	0
6431	06/01/2010	ROT001	Roto Rooter	3,000.00	0
6432	06/01/2010	SST001	S&S Towing & Repair	232.23	0
6433	06/01/2010	SHA002	Share Corp	253.86	0
6434	06/01/2010	SKA002	Larry Skala	2,900.00	0
6435	06/01/2010	SPR002	Spray Advantage	6.06	0
6436	06/01/2010	STA003	Star Tribune	2,475.20	0
6437	06/01/2010	STE008	Kyle Steever	15.48	0
6438	06/01/2010	STA005	Strata Corp	872.35	0
6439	06/01/2010	STR003	Streichers	193.81	0
6440	06/01/2010	SUR001	Surplus Center	36.28	0
6441	06/01/2010	RET001	The Retrofit Companies, Inc	5,841.69	0
6442	06/01/2010	THO001	Thomas Bouregy & Co	139.50	0
6443	06/01/2010	TIG001	Tiger Direct.com	54.48	0
6444	06/01/2010	TRI001	Tristeel Manufacturing	69.12	0
6445	06/01/2010	TRU001	True Temp	382.55	0
6446	06/01/2010	UPS001	UPS	157.34	0
6447	06/01/2010	USB003	US Bearings & Drives	84.24	0
6448	06/01/2010	VAL002	Valley Truck	300.98	0
6449	06/01/2010	VIC001	Victory Corps	91.29	0

Check	Date	Vendor No	Vendor Name	Amount	Voucher
6450	06/01/2010	VIL001	Vilandre Heating & A/C	1,649.74	0
6451	06/01/2010	PET005	W.D. Larson Companies LTD Inc	45.11	0
6452	06/01/2010	WAT001	Water & Light Department	19,750.41	0
6453	06/01/2010	WEB002	James Weber	23.42	0
6454	06/01/2010	WIL002	Wilbur-Ellis	641.64	0
6455	06/01/2010	WIZ001	Wizard's Enterprises Inc.	490.00	0
6456	06/01/2010	XCE001	Xcel Energy	2,122.49	0
6457	06/01/2010	XER001	Xerox Corporation	21.79	0
6458	06/01/2010	ZAV002	Joseph and Jenna Zavoral	48.75	0
6459	06/01/2010	ZEE001	Zee Medical Service	53.93	0
			Check Total:	201,818.29	