

*Proctor's Vision*  
*Proctor, rich with railroad heritage, values above all, its people and their environment. Working together*  
*is our pathway to a safe, secure and progressive community*

*Slogan: "You Have A Place In Proctor"*

**AGENDA**  
**PROCTOR CITY COUNCIL MEETING**  
**Monday, November 19, 2018 6:00pm**  
**Council Chambers - Community Activity Center - 100 Pionk Drive**

**CALL TO ORDER**

**PLEDGE OF ALLEGIANCE**

**ROLL CALL**

**OTHERS PRESENT**

**CALL TO ORDER PUBLIC HEARING FOR LIQUOR STORE SALES**

**APPROVAL OF MINUTES** City Council Meeting Minutes of Monday, November 5, 2018

**APPROVAL OF AGENDA**

**COMMENTS AND SUGGESTIONS FROM CITIZENS PRESENT**

Matt Bolf - SEH Project Summary

**\*APPROVAL OF CONSENT AGENDA** (one Council motion can accept all items listed under this agenda, plus Council can pull any individual items out of this consent agenda and discuss/act on item separately - thus leaving others to be approved via consent agenda action) - **bold print denotes need for Council action.**

**\*1. COMMUNICATIONS**

- A. Bolton & Menk Introduction Letter
- B. Minnesota Energy Community Partner and Natural Gas Provider

**2. PLANNING & ZONING DEPARTMENT MATTER**

**\*3. CLERK ADVISES COUNCIL**

- A. Government Fund Payroll and Liquor Fund Payroll Period Ended 10/28/18

**\*4. COMMITTEE REPORT**

- A. Proctor Economic Development Authority Meeting Minutes of November 13, 2018
- B. Proctor Economic Development Authority Balance Sheet

**\*5. UNFINISHED BUSINESS**

- \*A. SRO

**6. NEW BUSINESS**

- A. Liquor License Renewal – Island Investment, Best Western Plus Spirit Mountain
- B. Liquor License Renewal – Blackwood's of Proctor
- C. Liquor License Renewal – CMK, Powerhouse Bar
- D. Liquor License Renewal – LOOM Lodge 1302, Proctor Moose Lodge
- E. Liquor License Renewal – Roger Raymond Sr., Keyboard Lounge
- F. Landmark Dividend Lease Acquisition Company
- G. CDBG Applications
  - a. A Playground for EveryBODY, 100 Pionk Drive
  - b. Residential Rehabilitation Project, City of Proctor
  - c. Commercial Redevelopment, City of Proctor, City Wide
- H. Civil Service Commission
- I. Make Up of PEDDA Board
- J. St. Louis County Fair Board, City Councilor Commission
- K. Resolution No. Authorizing and Directing the Mayor and City Administrator to Execute and Deliver A Real Estate Purchase Agreement and Conveyance of Real Property by the City of Proctor

**7. LABOR AND NEGOTIATIONS ISSUES – Per MN Statutes 13D Closed Meeting**

- A. Attorney Client Privilege
- B. Labor Negotiations

**6. NEW BUSINESS – continued**

- L. Network Administrator Position
- M. RFP Legal Services

**MEMBER CONCERNS**

**Schwarzbauer:**

**Benson:**

**Nowak:**

**DeWall:**

**Larson:**

**BILLS FOR APPROVAL**

General: \$83,823.55

Liquor: 24,656.82

Total: \$108,480.37

**TOTAL BILLS FOR APPROVAL: \$108,480.37**

**ADJOURNMENT:**

Public  
Hearing Liquor  
Store

	2015	2016	2017
Income (Loss)	(3,959.00)	(30,713.00)	(10,180.00)
PERA Adjustment	-	49,916.00	9,771.00
Depreciation	15,915.00	15,917.00	14,539.00
Income (Loss) (with PERA backed out)	(3,959.00)	19,203.00	(409.00)
Income (Loss) (with PERA and Depreciation backed out)	11,956.00	35,120.00	14,130.00

The liquor's store net income as of 10/31/2018 is 24,596.





# Retirement Systems of Minnesota

Minnesota State Retirement System • Public Employees Retirement Association • Teachers Retirement Association

## **GASB FOR TRA AND PERA EMPLOYERS**

The Governmental Accounting Standards Board (GASB) is the independent organization that establishes standards of accounting and financial reporting for state and local governments and school districts. Recently, GASB fundamentally changed those standards as they apply to employers that offer pension benefits, including employers participating in TRA and PERA that must produce GAAP-compliant financial statements. Here are some frequently asked questions about the new requirements:

### **Q. What are the main GASB 68 requirements for me as an employer?**

**A.** GASB 68 significantly changes pension accounting and financial reporting for state and local governments and school districts that prepare a separate summary set of financial statements on the accrual basis called “government-wide” financial statements by separating pension accounting methodology from pension funding methodology. GASB 68:

- Requires employers to include a portion of TRA's and PERA's unfunded liability, called the “net pension liability” or “NPL” on the face of their government-wide financial statements.
- Changes the amount employers report as pension expense and defers some expenses to future years by using accounts called “deferred inflows and outflows of resources.”
- Requires pension costs to be calculated by an actuary. In the past, pension costs were equal to the amount of employer contributions that were sent to TRA and PERA during the year.
- Replaces most of the current footnote disclosures and required supplementary information with information based on new accounting measures.
- Changes the amortization periods that can be used for the different components that affect the pension plan's total pension liability.

### **Q. How are the new pension costs determined?**

**A.** Pension plan actuaries will calculate the pension costs (NPL, pension expense, deferred inflows and outflows of resources) collectively. TRA and PERA accountants will determine each employer's proportionate share of those costs and develop schedules that supply employers with the information they need to complete their financial statements. Each employer's proportionate share is determined based on the employer's contributions for the year as a percentage of total contributions.

### **Q. What is the difference between “accounting” costs and “funding” costs?**

**A.** Pension funding and pension accounting have two different objectives. The retirement systems' funding objective is to maintain reasonably stable contribution rates and to achieve an ultimate funded status of 100 percent over time. To achieve stable contribution rates, our actuarial funding methodology “smooths” out the effects of market fluctuations and amortizes the resulting unfunded pension liability over a longer time horizon. The objective of pension accounting is to record the financial events that affect the total pension liability when they occur. Thus pension accounting calculates the total pension liability using the fair value of investments at a point in time and uses a short-term amortization period

for components of the total pension liability.

**Q. Will the implementation of GASB 68 cause contribution rates to increase?**

**A.** No. GASB 68 amounts recorded in your financial statements are "paper" entries used for accounting purposes only. Employer contribution requirements will continue to be based on TRA's and PERA's actuarial funding methodology, the objective of which is to maintain reasonably stable contribution rates and to achieve an ultimate funded status of 100 percent over time.

**Q. Am I really liable for the net pension liability that will be on my books under GASB 68?**

**A.** No. The net pension liability that will be recorded in your financial statements is an accounting estimate of your proportionate share of TRA's and PERA's unfunded liability at a specific point in time. That number will change from year to year, and is based on assumptions about the probability of the occurrence of events far into the future. Those assumptions include how long people will live, how long they will continue to work, projected salary raises, and how well pension trust investments will do. Actuarially-determined amounts are subject to continual revision. In addition, pension plan boards and the legislature historically have worked together to lower liabilities by "sharing the pain" among employers, active members and retirees.

**Q. Will GASB 68 change the amount of contributions I make?**

**A.** No. While your pension expense amount will change on your financial statements, it will no longer be the same amount as the actual contributions you pay, as it has been in the past. You will continue to be responsible to pay only your required contribution amount, which is set in statute.

**Q. Will this new GASB standard affect our bond ratings?**

**A.** While we cannot speak for rating agencies, rating agencies have been aware of the funding policies and status of governmental pension plans. They have historically incorporated that information into their analysis of a government's ability to meet its debt obligations. Moody's new approach to analyzing pension liabilities does not include liabilities calculated using the GASB 67 and 68 methodology. Please see the agency websites for more information: Fitch Ratings

(<http://www.fitchratings.com/web/en/dynamic/articles/GASB-Rules-Generally-Positive-for-U.S.-States-and-Locals.jsp>) discuss their approach to pension liabilities in light of GASB 67 and 68. Moody's

([https://www.moody.com/research/Moodys-announces-new-approach-to-analyzing-state-local-government-pensions-PR\\_271186](https://www.moody.com/research/Moodys-announces-new-approach-to-analyzing-state-local-government-pensions-PR_271186)) discusses its new approach to analyzing state and local government pensions. Moody's approach does not take GASB 67 or 68 into account.

**Q. Why are some people concerned about the new accounting costs?**

**A.** There are two concerns. The first is that employers will soon be including their proportional share of TRA's and PERA's unfunded liabilities on their balance sheets, even though it's not a liability that they are solely responsible for paying off, and that may be difficult to explain to the public. The second concern is that we will now have two sets of numbers, which may be confusing to those who set policies. The true health of a pension plan is determined by the funding costs and funding policy (which will not change), not by the new accounting costs, but seeing two sets of numbers will be confusing.

**Mountain Spirits Liquor - October 2018 YTD Income Statement**

		Current Year YTD				83.33% YTD Actual % of Total Budget	
		Prior Year YTD Actual	YTD Budget	YTD Actual	YTD Variance	Total Budget-2018	
Sales	Liquor Sales	248,362.15	252,500.00	\$257,359.40	4,859.40	303,000.00	84.9%
	Beer Sales	383,306.30	455,000.00	\$414,060.06	(40,939.94)	546,000.00	75.8%
	Wine Sales	76,167.85	80,833.33	\$75,859.79	(4,973.54)	97,000.00	78.2%
	Soft Drink Sales	8,452.34	7,291.67	8,965.63	1,673.96	8,750.00	102.5%
	Miscellaneous Revenue	\$9,693.11	\$6,250.00	\$8,791.68	2,541.68	\$7,500.00	117.2%
	Senior Citizen Discount	-	-	-	-	-	
	<b>Total Sales Revenue</b>	<b>725,981.75</b>	<b>801,875.00</b>	<b>\$765,036.56</b>	<b>(36,838.44)</b>	<b>962,250.00</b>	<b>79.5%</b>
Purchases	Liquor Purchases	\$192,167.30	189,583.33	\$204,935.20	15,351.87	\$227,500.00	90.1%
	Beer Purchases	\$302,102.19	337,500.00	\$313,272.20	(24,227.80)	\$405,000.00	77.4%
	Wine Purchases	\$46,108.78	57,500.00	\$44,308.64	(13,191.36)	\$69,000.00	64.2%
	Soft Drinks and Mix	\$6,839.46	7,500.00	\$5,958.45	(1,541.55)	\$9,000.00	66.2%
	Misc Merchandise	\$4,279.51	833.33	\$4,690.72	3,857.39	\$1,000.00	469.1%
	Bottle Deposit	-	-	-	-	\$0.00	
	Keg Deposit	-	-	-	-	\$0.00	
	<b>Total Purchases</b>	<b>551,497.24</b>	<b>592,916.67</b>	<b>\$573,165.21</b>	<b>(19,751.46)</b>	<b>711,500.00</b>	<b>80.6%</b>
	Plus: Beginning Inventory			96,766.21			
	Less: Ending Inventory			98,766.27			
	<b>Cost of Goods Sold</b>			<b>571,165.15</b>			
	<b>Gross Profit on Sales</b>		-	<b>193,871.41</b>	<b>193,871.41</b>	<b>230,940.00</b>	<b>83.9%</b>
	<b>Percent Gross Profit</b>			<b>25.34%</b>		<b>24.00%</b>	
Expenses:							
Pd 6 mo	Full-Time Employee Regular	34,694.80	36,250.00	35,834.00	(416.00)	\$43,500.00	82.4%
	Full-Time Employee Overtime	1,678.97	1,250.00	1,016.04	(233.96)	\$1,500.00	67.7%
	PERA Contribution	2,748.27	2,666.67	2,763.73	97.06	\$3,200.00	86.4%
	FICA Contribution	2,263.85	2,250.00	2,276.69	26.69	\$2,700.00	84.3%
	Medicare	529.45	516.67	532.49	15.82	\$620.00	85.9%
	Full-Time Employee Overtime	-	-	-	-	\$0.00	
	Part-Time Employee	48,604.63	45,833.33	49,101.89	3,268.56	\$55,000.00	89.3%
	Wage Contingency	-	-	-	-	\$0.00	
	PERA Contribution	3,407.27	3,708.33	3,145.12	(563.21)	\$4,450.00	70.7%
	FICA Contribution	3,013.51	2,833.33	3,044.34	211.01	\$3,400.00	89.5%
	Medicare	704.72	666.67	711.95	45.28	\$800.00	89.0%
	Employer Paid Health Insurance	13,183.43	13,300.00	9,263.64	(4,036.36)	\$15,960.00	58.0%
	Unemploy Comp Benefit Paymer	-	-	-	-	\$0.00	
	Worker s Comp Insur Premiums	-	1,583.33	2,173.65	590.32	\$1,900.00	114.4%
	Worker s Comp Benefit Payment	-	-	-	-	\$0.00	
	Liability Insurance For Employ	-	-	-	-	\$0.00	
	Office Supplies & Expense	419.60	500.00	\$19.50	(480.50)	\$600.00	3.3%
	Misc Operating Supplies	3,328.89	5,000.00	2,979.89	(2,020.11)	\$6,000.00	49.7%
	Tax & License	-	16.67	-	(16.67)	\$20.00	0.0%
	Bad Debt Expense	-	333.33	-	(333.33)	\$400.00	0.0%
	Property Insurance	-	-	-	-	\$0.00	
	Inventory Breakage and Shrink	-	-	-	-	\$0.00	
	Legal Fees	-	-	-	-	\$0.00	
	Management Fees	2,912.00	2,916.67	2,916.00	(0.67)	\$3,500.00	83.3%
	Computer Misc Expense	333.27	2,083.33	792.72	(1,290.61)	\$2,500.00	31.7%
	Meeting Expense	-	83.33	-	(83.33)	\$100.00	0.0%
	Other Professional Services	482.68	833.33	2,632.27	1,798.94	\$1,000.00	
	Telephone	1,606.02	1,833.33	360.00	(1,473.33)	\$2,200.00	16.4%
	Postage	135.84	166.67	-	(166.67)	\$200.00	0.0%
	Travel & Lodging Expense	-	83.33	-	(83.33)	\$100.00	0.0%
	Freight and Express	5,064.56	6,250.00	5,143.96	(1,106.04)	\$7,500.00	68.6%
	Training Expense	-	250.00	-	(250.00)	\$300.00	0.0%
	Advertising - Enterprises	4,594.27	2,500.00	1,271.05	(1,228.95)	\$3,000.00	42.4%
	Gen Notices & Pub Information	-	1,666.67	60.00	(1,606.67)	\$2,000.00	3.0%
	General Liability Insurance	3,900.27	3,750.00	4,177.42	427.42	\$4,500.00	92.8%
	Property Insurance	8,057.02	2,916.67	-	(2,916.67)	\$3,500.00	0.0%
	Utilities	5,928.89	5,833.33	6,659.79	826.46	\$7,000.00	95.1%
	Refuse Disposal	-	416.67	-	(416.67)	\$500.00	0.0%
	Bldg Repair & Maint	1,322.52	1,666.67	378.68	(1,287.99)	\$2,000.00	18.9%
	Mach & Equip Repair	-	833.33	-	(833.33)	\$1,000.00	0.0%

**Mountain Spirits Liquor - October 2018 YTD Income Statement**

		Current Year YTD				83.33%	
		Prior Year	YTD	YTD	YTD	Total	YTD Actual
		YTD Actual	Budget	Actual	Variance	Budget-2018	% of
							Total Budget
Maintenance Agreement		1,877.08	1,250.00	993.32	(256.68)	\$1,500.00	66.2%
Pest Control		-	333.33	162.76	(170.57)	\$400.00	40.7%
Depreciation		12,116.03	5,529.17	12,116.03	6,586.86	\$6,635.00	182.6%
Cash Short (Over)		1,008.85	83.33	(207.88)	(291.21)	\$100.00	-207.9%
Bank Charges		240.00	166.67	226.00	59.33	\$200.00	113.0%
Dues & Subscriptions		875.00	666.67	800.00	133.33	\$800.00	100.0%
Books & Pamphlets		-	-	-	-	\$0.00	#DIV/0!
VISA Discount & Fees		11,220.86	9,166.67	13,449.00	4,282.33	\$11,000.00	122.3%
Security Systems		677.84	833.33	178.32	(655.01)	\$1,000.00	17.8%
0.00 Operating Transfer		4,405.00	4,405.00	4,405.00	-	\$5,286.00	83.3%
Wage Incr	Miscellaneous	-	1,666.67	-	(1,666.67)	\$2,000.00	0.0%
	Other Equipment Purchase	0.00	416.67	0.00	500.00	500.00	0.0%
Vacation & Oth	Full-Time Employee Regular	-	-	-	-	\$0.00	
	PERA Contribution	-	-	-	-	\$0.00	
	FICA Contribution	-	-	-	-	\$0.00	
	Medicare	-	-	-	-	\$0.00	
Holiday	Full-Time Employee Regular	-	-	-	-	-	
	PERA Contribution	-	-	-	-	-	
	FICA Contribution	-	-	-	-	-	
	Medicare	-	-	-	-	-	
Sick Leave	Full-Time Employee Regular	-	-	-	-	-	
	PERA Contribution	-	-	-	-	-	
	FICA Contribution	-	-	-	-	-	
	Medicare	-	-	-	-	-	
Comp Time Tal	Full-Time Employee Regular	0.00	0.00	0.00	0.00	0.00	
	PERA Contribution	0.00	0.00	0.00	0.00	0.00	
	FICA Contribution	0.00	0.00	0.00	0.00	0.00	
	Medicare	0.00	0.00	0.00	0.00	0.00	
Total Expenses		181,335.39	175,309.17	169,377.37	(5,015.13)	210,371.00	80.5%
Other Inc(Exp)							
	Interest Earnings	101.92	-	101.98	(68.30)	\$0.00	-
	Gain/Loss Disposal Fixed	-	-	-	-	\$0.00	-
	Donations to Civic Organiznts	-	-	-	-	\$0.00	#DIV/0!
	Interest Expense	-	-	-	-	\$0.00	#DIV/0!
Net Income		(6,748.96)	33,649.17	24,596.02	(9,053.15)	20,569.00	119.6%

Minutes of the regular Proctor City Council meeting held Monday November 5, 2018 in the Community Center Council Chambers.

Mayor Larson called the meeting to order at 6:00 p.m.

**MEMBERS PRESENT:** Councilors Troy DeWall, Gary Nowak, Jim Schwarzbauer, Gary Nowak, Jake Benson and Mayor Phil Larson.

**OTHERS PRESENT:** City Attorney John Bray, Administrator Casey, Chad Ward, Jim Aird, Chief Gaidis, Rory Johnson, Peggy Vanderschuern, Joe Pelawa, Nick Greenwood, Dave Hamil, Suzie Nowak, Dick Kari, Laura Vu, Kathy Hannan,.

**OATH OF OFFICE** for Officer Matt Reibel given by Mayor Larson.

**APPROVAL OF THE MINUTES:**

Motion by Schwarzbauer, seconded by Dewall, and carried (5-0): To approve the October 15, 2018 City Council Meeting Minutes and Special Budget Meeting Minutes of October 15, 2018. Councilman Benson made corrections to minutes of 10/15/18 on the second of a motion to close the meeting. Benson made corrections to the Closed Meeting Statutes.

**APPROVAL OF THE AGENDA:**

Motion by Dewall, seconded by Schwarzbauer, and carried (5-0): To approve the agenda for November 5, 2018, with the additions of 6O; Change Order #2 for Almac Drive and 6<sup>th</sup> Street Construction.

**COMMENTS AND SUGGESTIONS FROM CITIZENS PRESENT:**

Joe Pelawa of Bolten and Menk introduced himself and if there is anything Bolten and Menk can do for the City to not hesitate and call.

**\*APPROVAL OF THE CONSENT AGENDA** (one Council motion can accept all items listed under this agenda, plus Council can pull any individual items out of this consent agenda and discuss/act on item separately – thus leaving others to be approved via consent agenda action) – bold print denotes need for Council action.

Motion by Schwarzbauer, seconded by Dewall, and carried (5-0): To approve the Consent Agenda with item 4B: Beautification Committee Minutes to be pulled for discussion. Schwarzbauer discussed designating a dollar amount for the 2019 budget for Beautification and Trees Committee as the persons involved do most of the donations and work for no fee.

**\*1. COMMUNICATIONS**

- A. County Planning Commission Public Hearing on Land Use continued to 11/8/2018

**2. PLANNING AND ZONING DEPARTMENT MATTER**

**\*3. CLERK ADVISES COUNCIL**

- A. Government and Liquor Fund Payroll Period Ended 10/14/18/2018

**\*4. COMMITTEE REPORTS**

- A. Planning and Zoning Minutes of October 22, 2018  
B. Beautification Committee Minutes of October 23, 2018  
Motion by Schwarzbauer, seconded by Benson, and carried (5-0) to approve the Beautification Committee Minutes.

**\*5. UNFINISHED BUSINESS**

- A. SRO

**6. NEW BUSINESS**

**A. Liquor License Transfer of Derailed Bar**

Motion by Benson, seconded by Schwarzbauer to allow the transfer of liquor license from Nick Greenwood to Dave Hamil pending all legal steps are taken place for insurances, licensing, background check, and Liquor Control Board approval. Nowak stated per ordinance 702, the transfer of a license is not permitted and the paper work required is incomplete. Benson stated, per City Attorney the City Council has latitude on this issue. Mayor stated it should go to Liquor Control Board first. Benson asked the requestor (Dave Hamil) to address the council. Hamil spoke on his behalf and the need to move along with the process as he will have the insurance. Dewall clarified the process that needs to take place.

Motion by Dewall, seconded by Schwarzbauer, and carried (5-0) to rescind the original motion of the liquor license transfer request.

Motion by Dewall, seconded by Benson, and carried (5-0) to approve the license application of Dave Hamil for the Derailed Bar pending Liquor Control Board approval, approved background check, all insurances up to date, pro rating the license fee for the remainder of the year and new application is to be filled out.

**B. Alpha Video Quote for Trac 7**

Motion by Larson, seconded by Schwarzbauer and carried (5-0) to purchase Leightronix UL Tranexus-HD X2 for Trac 7 Studio from Alpha Video for \$10,330.

**C. Compudyne Managed Services**

Chad Ward identified himself as the Business Agent for the Teamsters and was concerned that the City was entering into an agreement for IT services while a grievance was in process. Casey explained he believed if it came down to this, the City should be able to get out of its contract. Also stated that we are currently be charged per call and this will be a flat monthly fee.

Motion by Nowak, seconded by Schwarzbauer and carried (5-0) to enter into a 24 month agreement with Compudyne Computers Services for the Edge Pro service.

**D. Superior Computer Products Managed IT Services for PD**

Casey explained this is different that the Compudyne Contract as Superior Computer Products will be charging \$149/hr per service call.

Motion by Schwarzbauer, and seconded by Dewall and carried (5-0) to accept the managed IT service contract from Superior Computer Products just for the police department.

**E. Fire Department Resignation**

Motion by Dewall, seconded by Benson, and carried (5-0) to accept the resignation of Austin Memmer from the Proctor Fire Department and thanking him for his service.

**F. Fire Department Applicant**

Motion by Dewall, seconded by Nowak and carried (5-0) to accept the application and hiring of Steve Grabko pending a background check.

**G. Fire Department Applicant**

Motion by Dewall, seconded by Nowak and carried (5-0) to accept the application and hiring of Brian Willms pending a background check.

**H. Resolution 44-18 Appoint Election Officials**

**RESOLUTION 44-18  
APPOINTMENT OF ELECTION OFFICIALS AND JUDGES**

**STATE OF MINNESOTA)  
COUNTY OF SAINT LOUIS)  
CITY OF PROCTOR)**

**NOW THEREFORE BE IT RESOLVED**, by the City Council of the City of Proctor that the following Election Officials and Judges are appointed to serve at the General Election to be held on Tuesday November 6<sup>th</sup>, 2018.

OFFICIALS  
Mark Casey

JUDGES  
Noelle Lent; Chris Brenna; Brenda Balsness

In accordance with MN Statutes 204B should a vacancy occur or additional election judges are needed, the Head Judge or Clerk has named the above qualified person(s) and provided training.

In accordance with MN Statutes 204B.31, compensation for the Election Judges will be set at \$10.00 per hour and Head Judges at \$10.50 per hour.

Upon vote taken thereon, the following voted:

Aye:  
Nay:  
Absent:

Resolution hereby adopted this 5th day of November, 2018.

CITY OF PROCTOR

Attest:

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Mayor  
Phil Larson

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City Administrator/Clerk  
Mark Casey

Motion by Benson, seconded by Schwarzbauer and carried (5-0) naming Noelle Lent, Chris Brenna, and Brenda Balsness as election judges.

**I. Resolution 46-18 Ordering Abatement/Securing of 103 5<sup>th</sup> Street**

**CITY OF PROCTOR  
RESOLUTION NO. 46-18**

**ORDERING THE SECURING/ABATEMENT OF BUILDING LOCATED AT  
103 5<sup>th</sup> STREET PROCTOR, MN**



**WHEREAS**, at their meeting of October 22<sup>nd</sup>, 2018, the Proctor Planning and Zoning Commission has made recommendations to the City Council regarding property located at 103 5<sup>th</sup> Street Proctor, MN; and,

**WHEREAS**, pursuant to Minn. Stat. §§ 463.15 and 463.261, the City Council of Proctor finds the building located at 103 5<sup>th</sup> Street to be a hazardous building for the following reasons:

1. Unsafe Structure.
2. Abandonment.

**WHEREAS**, the conditions listed above are more fully documented in the letter sent to the owner of 103 5<sup>th</sup> Street dated on or around the 9<sup>th</sup> of August 2018 a copy of which is attached to this resolution as Exhibit A.<sup>1</sup>

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF PROCTOR, MINNESOTA, AS FOLLOWS:**

1. That pursuant to the foregoing findings and in accordance with Minn. Stat. §§ 463.15 and 463.261, the council orders the record owners of the above hazardous building or their representatives to make one of the following corrections on the property at 103 5<sup>th</sup> Street:
    - a. Secure the building
    - b. Abate the building and bring the building back to compliance/code.
  2. That the repairs listed above must all be made within 10 days after the order is served upon the property owner or last known address. The repairs must be completed in compliance with all applicable codes and regulations, pursuant to proper permits from the city.
  3. That if repairs are not made within the time provided in paragraph 2, the building is ordered to be secured, and the property left free of debris, in compliance with all applicable codes and regulations, pursuant to proper permits from the city.
  4. That a motion for summary enforcement of the order will be made to the District Court of Saint Louis County in which the hazardous building or property is situated unless corrective action is taken, or unless an answer is filed within the time specified in Minn. Stat. § 463.18, which is 20 days.
  5. That in accordance with Minn. Stat. § 463.24, the owner or occupant must remove all personal property and/or fixtures that will reasonably interfere with the work within 10 days. If the property and/or fixtures are not removed and the city enforces this order, the city may sell personal property, fixtures, and/or salvage materials at a public auction after three days posted notice.
-

6. That if the city must take actions to enforce this order, all enforcement costs will be specially assessed against the property and collected in accordance with Minn. Stat. §§ 463.22, 463.161, and 463.21.
7. That the city attorney is authorized to serve this order upon the owner of the premises at 213 5<sup>th</sup> Street Proctor, MN and all lien-holders of record.  
That the city attorney is authorized to proceed with the enforcement of this order as provided in Minn. Stat. §§ 463.15 and 463.261.

Adopted by the City Council of the City of Proctor on November 5, 2018.

Voting Aye:

Voting Nay:

Approved:

\_\_\_\_\_  
Mayor

Attested:

\_\_\_\_\_  
City Clerk/Administrator

Motion by Larson, seconded by Nowak and carried (5-0) to approve Resolution 46-18 Ordering the Securing/Abatement of 103 5<sup>th</sup> Street.

#### **J. Resolution 47-18 Creating a Public Safety Fund**

##### **Resolution 47-18 Creation of Public Safety Fund and Designating Certain Fund Balances**

**STATE OF MINNESOTA)  
COUNTY OF ST. LOUIS)  
CITY OF PROCTOR)**

**WHEREAS**, the Governmental Accounting Standards Board has issued Statement No. 54 as relates to Governmental Fund Balance reporting; and

**WHEREAS**, the City Council, in accordance with the Town of Midway, City of Proctor Fire Agreement dated 2017-2019 must "commit" certain fees charged to Capital Equipment; and,

**WHEREAS**, the City Council through the creation of a Public Safety Fund, ensures the fund to be made whole through the Fire Agreement with the Town of Midway and Police Department budgeted funds.

**WHEREAS**, the creation of the Public Safety Fund will

**NOW THEREFORE, BE IT RESOLVED** by the City Council, as follows:

City Council designates the following amounts as "committed" fund balances for the year ended December 31, 2018:

Police Department – \$25,000 annually.  
Fire Department – Surplus of fire calls over the designated number per the fire agreement with the Town of Midway as determined at year end.  
Fire Department – To be determined at year end based on the fire agreement with the Town of Midway

Adopted by the City Council this 5th day of November, 2018

Voting Aye:

Voting Nay:

By:

\_\_\_\_\_  
Phil Larson  
Mayor

ATTEST: \_\_\_\_\_  
Mark Casey  
City Administrator

Motion by Dewall, seconded by Schwarzbauer and carried (5-0) to Resolution 47-18 Creating a Public Safety Fund.

**K. Fairground Contract**

Mayor had concerns about property ownership by the Fairboard and if they have to give notice of improvements to the city prior to work being performed on property the Fairboard owns. Attorney Bray stated on city owned property per the lease agreement the Fairboard should notify the city. Benson stated Proctor and the Fairboard situation is not unique and possibly contacting the regional official for fairs.

Motion by Larson, seconded by Dewall and carried (5-0) to direct the City Attorney to look into the Fairboard and City Lease agreement designating a council liason to the Fairboard.

**L. Set Budget Meeting Date**

Motion by Larson, seconded by Dewall and carried (5-0) to hold a budget meeting on November 26, 2018 at 5:00 p.m. in the conference room.

**M. Resolution 45-18 Ordering the Razing/Abatement of the Building located at 213 5<sup>th</sup> Street**

**CITY OF PROCTOR  
RESOLUTION NO. 45-18**

**ORDERING THE RAZING/ABATEMENT OF A HAZARDOUS BUILDING LOCATED AT  
213 5<sup>th</sup> STREET PROCTOR, MN**

**WHEREAS**, at their meeting of October 22<sup>nd</sup>, 2018, the Proctor Planning and Zoning Commission has made recommendations to the City Council regarding property located at 213 5<sup>th</sup> Street Proctor, MN; and,

**WHEREAS**, pursuant to Minn. Stat. §§ 463.15 and 463.261, the City Council of Proctor finds the building located at 213 5<sup>th</sup> Street to be a hazardous building for the following reasons:

3. Inadequate maintenance.
4. Unsanitary conditions.
5. Hazard to public safety or health.

**WHEREAS**, the conditions listed above are more fully documented in the letter sent to the owner of 213 5<sup>th</sup> Street dated on or around the 9<sup>th</sup> of August 2018 a copy of which is attached to this resolution as Exhibit A.<sup>2</sup>

**NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF PROCTOR, MINNESOTA, AS FOLLOWS:**

8. That pursuant to the foregoing findings and in accordance with Minn. Stat. §§ 463.15 and 463.261, the council orders the record owners of the above hazardous building or their representatives to make one of the following corrections on the property at 213 5<sup>th</sup> Street:
  - c. Raze the building
  - d. Abate the building and bring the building back to compliance/code.
  - e. Remove all unsanitary/hazardous materials.
9. That the repairs listed above must all be made within 45 days after the order is served upon the property owner. The repairs must be completed in compliance with all applicable codes and regulations, pursuant to proper permits from the city.
10. That if repairs are not made within the time provided in paragraph 2, the building is ordered to be razed, the foundations filled, and the property left free of debris, in compliance with all applicable codes and regulations, pursuant to proper permits from the city. This must be completed within 30 days after the initial time period provided in paragraph 2 has expired.
11. That a motion for summary enforcement of the order will be made to the District Court of Saint Louis County in which the hazardous building or property is situated unless corrective action is taken, or unless an answer is filed within the time specified in Minn. Stat. § 463.18, which is 20 days.
12. That in accordance with Minn. Stat. § 463.24, the owner or occupant must remove all personal property and/or fixtures that will reasonably interfere with the work within 10 days. If the property and/or fixtures are not removed and the city enforces this order, the city may sell personal property, fixtures, and/or salvage materials at a public auction after three days posted notice.
13. That if the city must take actions to enforce this order, all enforcement costs will be specially assessed against the property and collected in accordance with Minn. Stat. §§ 463.22, 463.161, and 463.21.
14. That the city attorney is authorized to serve this order upon the owner of the premises at 213 5<sup>th</sup> Street Proctor, MN and all lien-holders of record.
15. That the city attorney is authorized to proceed with the enforcement of this order as provided in Minn. Stat. §§ 463.15 and 463.261.

Adopted by the City Council of the City of Proctor on November 5, 2018.

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Voting Aye:

Voting Nay:

Approved:

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Mayor

Attested:

---

City Clerk/Administrator

Benson stated the owner is looking for time to find a contractor that has time to take the building down and correspondence from the city building official should give their contact information.

Motion by Larson, seconded by Nowak, and carried (4-0 Benson abstained) to approve Resolution 45-18 Razing/Abating the Building located at 213 5<sup>th</sup> Street.

#### **O. Change Order #2 Almac Drive and 6<sup>th</sup> Street**

This agenda item was advanced in the agenda.

Casey stated the storm drainage ditch was too deep along Bee St and may cause more danger to pedestrian and motorized traffic.

Motion by Nowak, seconded by Larson and carried (5-0) to approve the change order #2 on Almac Drive and 6<sup>th</sup> Street

Motion by Larson, seconded by Nowak and carried (4-1 Benson Nay) to recess the regular meeting to a Closed Meeting to discuss attorney client privilege. 7:54 p.m.

#### **7. LABOR AND NEGOTIATIONS – Per MN Statutes 13D; Closed Meeting**

##### **A. Attorney Client Privilege**

Motion by Nowak, seconded by Dewall and carried (5-0) to adjourn the closed meeting and reconvene the regular city council meeting. Time 8:19 p.m.

#### **N. IT Position Review**

Motion by Larson, seconded by Nowak and carried (5-0) to direct the city attorney and city prosecutor to solicit prosecuting services for two former employees.

## **MEMBERS CONCERNS:**

**Schwarzbauer:**

**Benson:**

**Nowak:**

**DeWall:**

**Mayor Larson:**

**Casey:** reminded voters of election day November 6, 2018 and City Hall offices will be closed 11/12/18 in observance of Veterans Day.

## **BILLS FOR APPROVAL**

General Bills:	\$281,387.23
Liquor Bills:	<u>\$ 37,628.26</u>
	\$319,015.49

Motion by Schwarzbauer, seconded by Nowak and carried (5-0): To approve the bills for payment as listed.

## **ADJOURNMENT**

Motion by Nowak, seconded by Larson and carried (5-0): To adjourn the City Council meeting at 8:25 p.m.



Real People. Real Solutions.

4960 Miller Trunk Highway  
Suite 350  
Duluth, MN 55811

Ph: (218) 729-5939  
Bolton-Menk.com

November 9, 2018

Mayor and City Council  
City of Proctor  
100 Pionk Drive  
Proctor, MN 55810

RE: City Engineering Services  
City of Proctor, MN

Mayor and City Council,

Thank you for your time at the November City Council Meeting. I enjoy learning about your community and sharing some of our expertise with you. Like you, Bolton & Menk, Inc. takes great pride in designing and managing projects that are safe, sustainable, and beautiful. We listen to your needs and challenges and create solutions that work for Proctor. We believe you will find outstanding value in our approach to city engineering services for the following reasons:

**Municipal Experience and Availability** – At Bolton & Menk, Inc., we focus on providing quality engineering services to municipalities. We serve as a readily-available extension of city staff. Our team of municipal engineers, planners, GIS specialists, surveyors, environmental engineers, and funding specialists have experience working with similar communities throughout Minnesota. In addition, Bolton & Menk pledges the resources of our firm's more than 450 employees to ensure Proctor's professional service needs are met.

**Communication and Responsiveness** – Because Bolton & Menk serves as consultant city engineer for more than 150 communities in Minnesota, we know the business of city engineering. Our approach to engineering services makes your priorities our priorities. We are driven by client satisfaction. Our proactive listening and effective communication allow us to provide services particularly suited to meeting your goals and vision.

**Cost Effectiveness and Funding Knowledge** – We understand Proctor must be fiscally responsible and we manage the costs of our service accordingly. Choosing the experience and expertise of Bolton & Menk can help you avoid errors in poor engineering, omissions in contract documents, and poor construction supervision that can cost Proctor many times the savings of a bargain-rate consultant. Our proposed rate structure will save you money on general engineering, increasing the value received. We do not charge extra for vehicle mileage, phones, equipment, supplies, or routine reimbursable expenses.

Name: City of Proctor  
Date: November 9, 2018  
Page: 2 of 2

In addition, we have a strong working relationship with various funding agencies, key performers, and resources in municipal financing. Our team works on your behalf to identify, pursue, and secure available grants, low interest loans, partnerships, and other project funding support.

Bolton & Menk tailors engineering services to meet the goals and expectations of each client. Our approach to providing engineering services to the City of Proctor can be divided into two main categories:

- General municipal engineering services
- Project-specific engineering services

General municipal engineering services are day-to-day needs that arise within a community and are typically not associated with a specific project. Projects that fall into this category do not require detailed plans and specifications and are usually funded by the general fund.

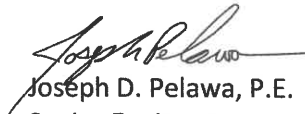
We understand city staff's hesitation to request information or ask questions of their consultant city engineer for concern of generating significant bills for these day-to-day services. With that in mind, Bolton & Menk offers reduced billing rates, which benefit both Coleraine and our team.

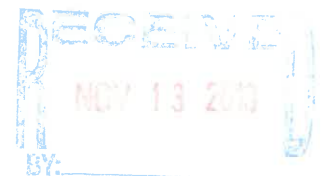
For project-specific engineering services, we define the scope of services and the associated fees for project-specific work. A specific fee estimate will be determined for each project and Proctor will be billed on a not-to-exceed amount. If new conditions cause the scope of services to change, any proposed increase to the engineering budget will be reviewed with Proctor, and authorization will be obtained in advance before proceeding with additional work.

We provide outstanding city engineering services and are confident you will find Bolton & Menk to be uniquely qualified to serve as your engineer. I am ready to serve as your engineer and primary client contact. Please contact me at 218-830-2636 or [joseph.pelawa@bolton-menk.com](mailto:joseph.pelawa@bolton-menk.com) if you have any questions.

Respectfully submitted,

**Bolton & Menk, Inc.**

  
Joseph D. Pelawa, P.E.  
Senior Engineer







Minnesota Energy Resources Corporation  
2685 145th Street West  
Rosemount, MN 55068  
[www.minnesotaenergyresources.com](http://www.minnesotaenergyresources.com)

November 1, 2018

MARK CASEY-Administrator  
100 PIONK DR  
PROCTOR, MN 55810

Subject: Your community partner and natural gas provider

Dear Administrator:

At Minnesota Energy Resources, we proudly deliver safe, reliable natural gas to 232,000 customers in more than 180 communities across Minnesota, including yours. For more than 80 years, we've grown and changed with the communities we serve.

I am Pam Sarvela, your area account manager and key contact. I will be here for you whenever needed. I support our communities and customers in a variety of ways:

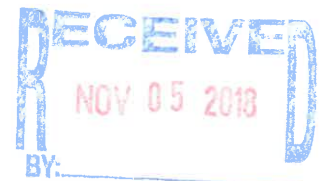
- **Safety** always is our No. 1 priority. We help communities inform residents on how to work, play and live safely near natural gas. We also offer safety presentations for a variety of audiences.
- **Growth** is occurring in many areas within our service area. If you have development in your community, please let us know. We can determine if natural gas service is an option.
- **Rebates and programs** can help residential and commercial customers save energy and money. Check out our website [cashrebatesnow.com](http://cashrebatesnow.com) to learn more.
- **ServiceChoice** provides service protection plans for various appliances, including heating systems, air conditioning, clothes washers and dryers, water heaters, kitchen ranges and refrigerators. However, customers don't have to be on a plan to have appliance maintenance or repair work done. We also offer on-demand service. Just give us a call at 800-889-3479 or go to [servicechoice.com](http://servicechoice.com) to learn more or sign up.

We look forward to working with you and your community for many years to come. If you have any questions about the services we provide or if you know of any community members interested in learning more about their natural gas service, I can be reached at 218-878-2258 or [pamela.sarvela@minnesotaenergyresources.com](mailto:pamela.sarvela@minnesotaenergyresources.com)

Sincerely,

*Pam Sarvela*

Pam Sarvela  
Sr. Account Manager



PR 18-22

10/15/18 - 10/28/18

3A

## CITY OF PROCTOR

11/05/18 11:47 AM

Page 1

## Payroll Summary - General Funds

Comments: Labor Distribution

FUND Descr	DEPT Descr	ACTIVITY Descr	OBJECT Descr	Amount
General Fund	Tourism	Tourism Expenditures	Full-Time Employee Regular	\$1,672.80
	City Administrator	Municipal Operations	Full-Time Employee Regular	\$3,461.54
	City Administrator	Government Building	Part-Time Employee	\$709.90
	City Clerk	Administrative	Full-Time Employee Regular	\$140.00
	City Clerk	Administrative	Full-Time Employee Regular	\$1,260.00
	City Clerk	Administrative	Full-Time Employee Overtime	\$111.56
	Financial Administration	Accounting	Full-Time Employee Regular	\$2,384.80
	Police	Operations (Police)	Full-Time Employee Regular	\$281.76
	Police	Operations (Police)	Full-Time Employee Regular	\$576.36
	Police	Operations (Police)	Full-Time Employee Regular	\$486.72
	Police	Operations (Police)	Full-Time Employee Regular	\$691.20
	Police	Operations (Police)	Full-Time Employee Regular	\$15,757.70
	Police	Operations (Police)	Full-Time Employee Overtime	\$810.38
	Police	Admin Secretary (Police)	Full-Time Employee Regular	\$2,906.75
	Police	Admin Secretary (Police)	Full-Time Employee Regular	\$77.56
	Police	Admin Secretary (Police)	Full-Time Employee Regular	\$19.39
	Police	Admin Secretary (Police)	Full-Time Employee Overtime	\$29.09
	Fire	Operations (Fire)	Part-Time Employee	\$100.00
	Building Inspection	Operations (Bldg Inspection)	Part-Time Employee	\$192.31
	Streets & Roadways	Street Department	Full-Time Employee Regular	\$399.69
	Streets & Roadways	Street Department	Full-Time Employee Regular	\$4,746.18
	Streets & Roadways	Street Department	Full-Time Employee Regular	\$394.08
	Streets & Roadways	Street Department	Full-Time Employee Regular	\$98.52
	Streets & Roadways	Street Department	Full-Time Employee Regular	\$919.95
	Streets & Roadways	Street Department	Full-Time Employee Regular	\$147.78
	Park	City Parks	Full-Time Employee Regular	\$275.25
	Operations (PUC)	Administrative and General	Temporary Employees Regular	\$886.68
FUND 100 General Fund				\$39,537.95
Sewer Fund	Public Works	Storm Drainage	Full-Time Employee Regular	\$156.42
	Public Works	Sewer	Full-Time Employee Regular	\$173.70
	Public Works	Pump Station	Full-Time Employee Regular	\$28.95
FUND 500 Sewer Fund				\$359.07
				\$39,897.02

**CITY OF PROCTOR**  
**Payroll Summary - Liquor Fund**  
Comments: Labor Distribution

11/05/18 11:47 AM

Page 1

FUND Descr	DEPT Descr	ACTIVITY Descr	OBJECT Descr	Amount
Liquor Fund	Mountain Spirits Liquor	Manager - Off Sale	Full-Time Employee Regular	\$426.08
	Mountain Spirits Liquor	Manager - Off Sale	Full-Time Employee Regular	\$1,321.93
	Mountain Spirits Liquor	Clerks - Off Sale	Part-Time Employee	\$2,485.39
FUND 600 Liquor Fund				\$4,233.40
				\$4,233.40

**CITY OF PROCTOR**  
**Council Packet - Gen/Liq**  
Pay Group Description: City -Bi-wk  
Pay Period: 22

11/01/18 10:36 AM  
Page 1

Location Description	Hours	Shift Multiplier	Amount	Pay Group Description
Location Description CITY HALL				
Shift Multiplier 1.5				
CITY HALL	4.25	1.5	\$111.56	City -Bi-wk
Shift Multiplier 1.5	4.25		\$111.56	
Location Description POLICE				
Shift Multiplier 1.5				
POLICE	4.00	1.5	\$160.14	City -Bi-wk
POLICE	2.50	1.5	\$102.68	City -Bi-wk
POLICE	1.00	1.5	\$29.09	City -Bi-wk
POLICE	12.00	1.5	\$547.56	City -Bi-wk
Shift Multiplier 1.5	19.50		\$839.47	
Pay Group Description City -Bi-wk	23.75		\$951.03	
	23.75		\$951.03	

Minutes of the Proctor Economic Development Authority Meeting held at 6:00 p.m. on Tuesday, November 13, 2018 in the Proctor Community Center.

The meeting was called to order by Chairman Madson at 6:00 p.m.

MEMBERS PRESENT: Commissioners: Chairman Eric Madson and Vice Chairman Tom Lavato, Mayor Larson, Carol Lind, Wayne Pulford

MEMBERS ABSENT:

OTHERS PRESENT: City Administrator Mark Casey; Jan Resberg representing the Chamber of Commerce

APPROVAL OF MINUTES: PEDA Meeting Minutes of September 11, 2018

Motion by Pulford, seconded by Lind and (carried 5-0): To approve the PEDA Meeting Minutes of September 11, 2018.

APPROVAL OF AGENDA:

Motion by Lind, seconded by Lavato and carried (5-0): To approve the PEDA agenda

#### 1. COMMUNICATIONS

- a. Connecting Entrepreneurial Communities Conference
- b. Holiday on the Hill Benefit

#### 2. PLANNING & ZONING COMMISSION MATTERS

- a. Blighted Property Owners
  - I. 103 5<sup>th</sup> Street
  - II. 215 5<sup>th</sup> Street

Casey advised the members that the City Council has taken action to have the property owners bring properties up to code or demolition will take place. Attorney John Bray is to send letters to the property owners and after 45 days from receiving the notice, the city will demolish and assess the costs to the property.

#### 3. PEDA SECRETARY ADVISES AUTHORITY

Motion by Pulford, seconded by Lind and (carried 5-0) to accept the PEDA financials with Madson asking Casey as to why the deferred revenue is in excess of \$6,742.22.

#### 4. UNFINISHED BUSINESS

- a. Board of Commissioners – Casey explained to the Authority, Mr. Resberg and the Chamber were under the impression that the Chamber holds a seat on the Authority. Casey advised Resberg that recently the Authority and City Council had reduced the number of members from 7 to 5. Madson explained the Chamber does not have a guaranteed seat on the Authority.
- b. BDRHC – Madson asked the members if they should wait on the donation to the Playground or commit to it now. Informational only.

## 5. NEW BUSINESS

### A. CDBG Applications

1. Playground for Everybody
2. Commercial Rehabilitation Project, Hwy 2 Target Area
3. Residential Rehabilitation

Discussion as to whether to donate to the “Playground for Everybody” and whether to commit to the two other loan/grant projects for Commercial and Residential Rehabilitation. Resberg stated Chamber had concerns as where is the residential and commercial supposed to go in Proctor. Casey also gave a synopsis of the 2019 budget and the lack of funds available to support the two rehab projects. Madson made reference to Hwy 2 corridor and PEDAs not being ready to give up on it yet however, one project should be completed prior to another taking place.

Motion by Lind, seconded by Pulford and carried (5-0) to make the Playground Application the only application to CDBG.

### B. PEDAs Loan Additional Payment Review

Casey stated some of the loanees fall behind or make additional payments and would like the additional payments made to the following monthly payment. Casey also stated in the Promissory Notes, any additional payments should be applied towards the principle. He would like direction as some of the loanees had been given misinformation. Discussion ensued that if PEDAs has another loan program, payment books should be given.

Motion by Pulford, seconded by Larson and carried (5-0) that additional payments should be applied towards the principle and if the loanee is behind in payments it will be applied towards the missed payments principle and interest.

## 6. MEMBER CONCERNS

Madson had concerns of the terms of commissioners expiring and who is interested in continuing. Madson, Lavato, and Lind terms expire 12/31/18. Lavato stated he will not reapply and Lind has concerns over the lengths of terms being six years. Larson thinks PEDAs should advertise for the opening. Jan Resberg mentioned that would mean a seat open for the Chamber and Madson reiterated somebody could apply from the Chamber, but

the Chamber is not guaranteed a seat on PEDDA.

APPROVAL OF BILLS:

PEDA Loan to PUC \$7,110.75

Motion by Madson, seconded by Pulford and carried (5-0) to pay the loan to PUC

ADJOURNMENT

Motion by Pulford, seconded by Lind and carried (5-0): To adjourn the meeting at 7:00 p.m.

PEDA Balance Sheet  
as of

11/9/2018

		Fund # 810 BDRHC	Fund # 830 PEDA	Fund # Total
	Acct			
Regular Checking	XXX-10100	13,264.67	25,838.66	39,103.33
PEDA Checking	830-10130		39,106.41	39,106.41
City Dev Fd Svgs	830-10105		76,254.27	76,254.27
PEDA CD	830-10499		13,532.63	13,532.63
				0.00
	CASH	13,264.67	154,731.97	167,996.64
Notes Receivable:				
Derailed Bar	830-15602	4,213.22		
Jim LeBlanc	830-15602	8,635.92		
Heidi Owens	830-15602	1,184.70		
Proctor Journal Printir	830-15602	7,353.55		
Nicole Swanson	830-15602	3,844.17		
	Notes Receivable	25,231.56	25,231.56	25,231.56
	Total Asset	13,264.67	179,963.53	193,228.20
Loans Payable	830-20621		93,620.97	93,620.97
Due to General Fund	830-20701		13,600.74	13,600.74
Accounts Payable	830-20200		0.00	0.00
	Payables	0.00	107,221.71	107,221.71
Deferred Revenue	830-22200		25,231.56	25,231.56
	Deferred Rev	0.00	25,231.56	25,231.56
	Pay + Deferred	0.00	132,453.27	132,453.27
	Fund Balance	13,264.67	47,510.26	60,774.93



6A



Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement  
445 Minnesota Street, Suite 222  
St. Paul, MN 55101  
651-201-7500

**RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES**

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

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code 3.2ONSS License Period Ending 12/31/2018 ID# 47540

ISSUING AUTHORITY Proctor

Licensee Name Island Investment Inc.

Trade Name Best Western Plus Spirit Mountain

City, State, Zip Code 9330 W Skyline Pkwy

Proctor MN 55810

Business Phone 2186280668

License Fees: Off Sale On Sale \$200.00 Sunday

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$100,000 surety bond may be submitted in lieu of liquor liability. (3.2% liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Licensee Signature [Signature] DOB [REDACTED] SS# [REDACTED] Date 11/14/2018  
(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_  
County Board issued licenses only (Signature certifies licensee is eligible for license).

Police/Sheriff Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.

COPY

**Indicate below changes of corporate officers, partners, home addresses or telephone numbers:**

None

**Indicate below any direct or indirect interest in other liquor establishments:**

Island Investment, Inc., Theodore Kavajecz, Diane Kavajecz and Rockie Kavajecz have an ownership interest in Canal Park Brewing Company in Duluth, MN.

**Report below details of liquor law violations (civil or criminal) that have occurred within the last five years. (Dates, offenses fines or other penalties, including alcohol penalties):**

None

**Report below details involving any license rejections or revocations:**

None

**City/County Comments:**

**State of Minnesota  
License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

3.2ONSS #47540

Name of license being applied for and license number

City of Proctor, Minnesota

Licensing Authority (name of city, county, or state agency issuing license)

01/01/2018

License renewal date

**Personal Information:**

Gregorich

Deanna

Applicant's last name

First name and initial

Social Security Number

1819 Yosemite Avenue

Duluth

MN

55811

Applicant's address

City

State

Zip Code

**Business Information (if applicable):**

Best Western Plus Spirit Mountain Duluth

Business Name

9330 W. Skyline Parkway

Duluth

MN

55810

Business Address

City

State

Zip Code

3707028

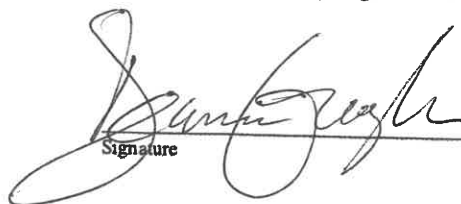
39-1537469

Minnesota tax identification number

Federal tax identification number

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

	General Manager	11/13/2018
Signature	Title	Date

POST  
CONSPICUOUSLY

MINNESOTA DEPARTMENT of HEALTH  
625 Robert Street North, P.O. Box 64975  
Environmental Health Division  
St. Paul, Minnesota 55164-0975  
(651) 201-4505

NOT TRANSFERABLE  
AS TO PERSON  
OR PLACE

Fee Paid: \$1,775.00  
257

LICENSE NO. FBL-22799-28974 FOR THE OPERATION OF:

License Categories: Base Fee - FBL, Category 2 Establishment, Hospitality Fee,  
70-Hotel/Motel, Public Swimming Pool, Spa Pool

LICENSE PERIOD: January 1, 2018 THRU December 31, 2018

ISSUED TO:

Island Investment, Inc.  
9330 West Skyline Parkway  
Duluth, Minnesota 55810

ESTABLISHMENT NAME:

Best Western Plus Spirit Mountain Duluth  
9330 West Skyline Parkway  
Duluth, Minnesota 55810

License Type(s): Hotel/Motel, Restaurant

County: St. Louis



Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement  
445 Minnesota Street, Suite 222  
St. Paul, MN 55101  
651-201-7500

**RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES**

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

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code MWNONSB License Period Ending 12/31/2018 ID# 40832

ISSUING AUTHORITY Proctor

Licensee Name Island Investment Inc.

Trade Name Best Western Plus Spirit Mountain

City, State, Zip Code 9330 W Skyline Pkwy

Proctor MN 55810

Business Phone 2186280668

License Fees: Off Sale On Sale \$200.00 Sunday

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$100,000 surety bond may be submitted in lieu of liquor liability. (3.2% liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Licensee Signature [Signature] DOB [Redacted] SS# [Redacted] Date 11/13/2018  
(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_  
County Board issued licenses only (Signature certifies licensee is eligible for license).

Police/Sheriff Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.

**Indicate below changes of corporate officers, partners, home addresses or telephone numbers:**

None

**Indicate below any direct or indirect interest in other liquor establishments:**

Island Investment, Inc., Ted Kavajecz, Diane Kavajecz and Rockie Kavajecz have an ownership interest

in Canal Park Brewing Company in Duluth, MN

**Report below details of liquor law violations (civil or criminal) that have occurred within the last five years.  
(Dates, offenses fines or other penalties, including alcohol penalties):**

None

**Report below details involving any license rejections or revocations:**

None

**City/County Comments:**

**State of Minnesota**  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

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- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

3.2ONSS                      #40832

---

Name of license being applied for and license number

City of Proctor, MN

---

Licensing Authority (name of city, county, or state agency issuing license)

01/01/2019

---

License renewal date

**Personal Information:**

Gregorich	Deanna L.	
Applicant's last name	First name and initial	Social Security Number
1819 Yosemite Avenue	Duluth	MN 55811
Applicant's address	City	State Zip Code

**Business Information (if applicable):**

Best Western Plus Spirit Mountain

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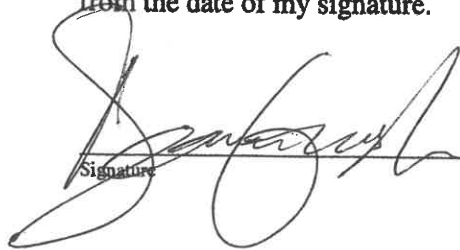
Business Name

9330 W. Skyline Parkway,	Proctor,	MN	55810
Business Address	City	State	Zip Code
3707028		39-1537469	
Minnesota tax identification number		Federal tax identification number	



If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

A handwritten signature in black ink, appearing to be "D. Smith", written over a horizontal line.

Signature

General Manager

Title

11/13/2018

Date

POST  
CONSPICUOUSLY

MINNESOTA DEPARTMENT of HEALTH  
625 Robert Street North, P.O. Box 64975  
Environmental Health Division  
St. Paul, Minnesota 55164-0975  
(651) 201-4505

NOT TRANSFERABLE  
AS TO PERSON  
OR PLACE

Fee Paid: \$1,775.00

257

LICENSE NO. FBL-22799-28974 FOR THE OPERATION OF:

License Categories: Base Fee - FBL, Category 2 Establishment, Hospitality Fee,  
70-Hotel/Motel, Public Swimming Pool, Spa Pool

LICENSE PERIOD: January 1, 2018 THRU December 31, 2018

ISSUED TO:

Island Investment, Inc.  
9330 West Skyline Parkway  
Duluth, Minnesota 55810

ESTABLISHMENT NAME:

Best Western Plus Spirit Mountain Duluth  
9330 West Skyline Parkway  
Duluth, Minnesota 55810

License Type(s): Hotel/Motel, Restaurant

County: St. Louis

ISLAND INVESTMENT INC  
DBA BEST WESTERN PLUS SPIRIT MOUNTAIN DULUTH  
1627 N 34TH ST STE 1  
SUPERIOR WI 54880  
715-392-1750

79  $\frac{2}{918}$

1689

DATE 11/14/18

PAY TO THE  
ORDER OF

City of Proctor \$ 200.00

Two hundred dollars and no/100 DOLLARS



Security  
Features  
Details on  
Back

**National Bank**  
of Commerce  
nbcbanking.com

MEMO

Liquor License Renewal

Kim Ka2

MP

1 0918000280 9071081298 01889

## ALCOHOLIC BEVERAGE

## LICENSE APPLICATION

## AFFIDAVIT

CITY CLERK'S OFFICE  
CITY OF PROCTOR  
PROCTOR, MINNESOTA 55810

To be completed by each individual license, or each member of partnership, or two stockholders of a corporation, or two primary officers of a club and the person who was directing the operation of the business on the license premises.

**NOTE -** Type or print legibly and provide all information requested. Failure to do so will delay the issuance of the license applied for.

**NOTE -** If this affidavit is made relative to the annual renewal of an existing license, questions 5 through 10 need be answered only as they relate to any change in status since the filing of your last affidavit.

1. License Applicant Island Investment, Inc.  
(individual, partnership, corporation or club)
2. Address of license premises 728 Garfield Avenue, Duluth, MN 55802
3. Your Name Gregorich Deanna Lynn  
(last) (first) FULL middle name (Jr.)  
Date of Birth                                   
(month) (day) (year)
4. Home Address 1819 Yosemite Avenue Duluth St. Louis MN  
(Number) (Street or Avenue) (City) (County) (State)
5. Other home addresses  
in last 10 years 330 N. 43rd Avenue E., Duluth, MN 55804
6. Other names you are or have been  
known by (including maiden) Deanna Fontaine

7. Your position in the business General Manager  
(owner, partner, president, treasurer, manager)

8. If operator/manager is different than owner, questions 3-7, and 11 & 12, plus witnessed signature must be completed by each operator/manager on a separate, addition form.

9. (A) Do you, your spouse, or your children have any pecuniary interest in the owned operation, management or profits of any establishment license in Minnesota to liquor or 3.2 beer either at retail or wholesale? No

(B) Do you, your spouse, or your children own stock in any corporation having pecuniary interest in the ownership, operation, management or profits of an establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale?  
No

(C) If the answer to (A) or (B) is "yes" state the location of the establishment involved and fully describe the nature and extent of the interest.

N/A

10. Furnish the names and addresses of at least three business references, including one bank reference:

(1) National Bank of Commerce, 1127 Tower Avenue, Superior, WI 54880, 715-394-8922

(2) Upper Lakes Foods, 801 Industry Avenue, Cloquet, MN 55720, 218-879-1265

(3) Lamar Companies, 9331 Westgate Blvd., Proctor, MN 55810

11. (A) Have you or any corporation in which you held more than 10% stock ever been denied a license to sell liquor or beer? No

If so, why? N/A

(B) Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? No

If so, why? N/A

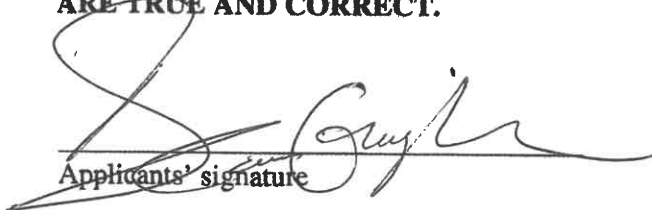
12. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assault? No

If the answer is "yes" state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged.

N/A

13. Have you read and do you understand the laws, rules and regulations of the State of Minnesota and the City of Proctor relative to sale and distribution of alcoholic beverages?  
Yes

**I HEREBY AFFIRM UNDER PENALTY OR PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.**

  
Applicants' signature

  
(Witness)

11/13/2018

(Date)

**CITY OF PROCTOR**  
**LIQUOR LICENSE APPLICATION**  
(Both Intoxicating Liquor and Non-Intoxicating Malt Liquor)

To the Honorable City Council of the City of Proctor, Minnesota:

Application is hereby made for the following licenses for the period:

On-Sale Liquor License January 1, 2019 - December 31, 2019

License 3.2ONSS Fee \$200.00 Clerk's Fee \_\_\_\_\_  
\_\_\_\_\_ Fee \_\_\_\_\_ Clerk's Fee \_\_\_\_\_

1. Name of applicant (individual, partnership, or corporation or association that owns the business to be licensed).

Island Investment, Inc.

(FIRST) (FULL MIDDLE NAME) (LAST)

2. Trade Name Best Western Plus Spirit Mountain

3. Address of place to be licensed 9330 W. Skyline Parkway, Proctor, MN 55810

**Designated Serving Area**

4. Name and address of owner of building Island Investment, Inc., 728 Garfield Ave., Duluth, MN 55802

Any connection with applicant? Same entity

Who receives rent? N/A

Do you have a mortgage on the property being applied for? Yes

If so, please state the bank/mortgage company, their address, phone number and a contact name: National Bank of Commerce, 1127 Tower Ave., Superior, WI 54880;

Bradley Roden 715-394-8922

5. Who (if co-managed, write in each manager) will direct the operation of the business or serve as manager on premises?

Deanna Lynn Gregorich 1819 Yosemite Ave., Duluth, MN 55811 General Manager

(NAME - INCLUDE FULL MIDDLE NAME) (ADDRESS) (TITLE)

(NAME-INCLUDE FULL MIDDLE NAME) (ADDRESS) (TITLE)

6. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details.

N/A

7. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:

Theodore E. Kavajecz - 25% President

Diane J. Kavajecz - 25% Secretary

Rockie Kavajecz - 25% Executive VP

Kim Kaz - 25% Executive VP

8. Give approximate distance of this establishment from nearest academy, college, university, church, grade or high school:

Church - 2 miles

9. State whether any consideration, money or property has been paid, or will be paid, given, exchanged or pledged by anyone, and by whom, and to whom, and to whom for the purchase or operation of this business. State amounts in detail:

None

10. Who is owner of fixtures and equipment? Island Investment, Inc.

Failure to answer all questions truthfully on this application and attached Exhibit "A" which is made a part hereof, will be just cause for revocation of your license.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

I (we) hereby certify that the applicant will be the sole owner and operator of this business is correctly stated to be conducted under the license and I (we) will notify the Council in writing of any change in ownership or operator in this business before the change is made, for the approval of the Alcoholic Beverage Board and the City Council. I have read the foregoing questions and answers to said questions are true and of my own knowledge. I will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Individual

Kim D. Kaz  
For Corporation

Island Investment, Inc.

For Partnership

Name of Corporation

Approved by City Council \_\_\_\_\_ 20\_\_\_\_\_



**City of Proctor  
Proctor Police Department  
100 Pionk Drive  
Proctor MN 55810  
(218) 624-7788**

M:\TERRY\LIQUOR\2008\Informed Consent Form.wpd

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road North  
St. Paul, MN 55155  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
www.dli.mn.gov  
dli.license@state.mn.us

**Certificate of Compliance  
Minnesota Workers'  
Compensation Law**



**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)		BUSINESS TELEPHONE NO. 218-628-0668	FAX TELEPHONE NO. 218-628-3095
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) Island Investment, Inc.			
DBA ("doing business as" or also known as an assumed name) (if applicable) Best Western Plus Spirit Mountain			
BUSINESS ADDRESS (must be physical street address, no PO boxes) 9330 W. Skyline Parkway		CITY Proctor	STATE MN
COUNTY St. Louis		ZIP CODE 55810	
		E-MAIL ADDRESS deanna.gregorich@gmail.com	

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent) Auto Owner's		NAIC Number 14184 Group Code: 0289
POLICY NO. 08209737	EFFECTIVE DATE 7/1/2018	EXPIRATION DATE 7/1/2019 Continuous Until Cancelled

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory) 	TITLE General Manager	DATE 11/13/2018
-------------------------------------	--------------------------	--------------------

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/13/2018

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

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

<b>PRODUCER</b> J3 INSURANCE - DULUTH 405 E Superior Street Suite 150 Duluth MN 55802	<b>CONTACT NAME:</b> Sylvia Yost	<b>FAX (A/C, No):</b> 218-728-3600	
	<b>PHONE (A/C, No, Ext):</b> 218-728-3600	<b>E-MAIL ADDRESS:</b> Sylvia@j3ins.com	
<b>INSURED</b> Island Investment Inc. DBA Best Western Plus Spirit Mountain 728 Garfield Ave Duluth, MN 55802	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A :</b> Owners		32700
	<b>INSURER B :</b> Auto Owners		18988
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
<b>INSURER F :</b>			

## COVERAGES

CERTIFICATE NUMBER: 2018113155912024

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>			08721093	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N	N				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000
	OTHER:						\$
B	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b>			5040395401	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> EXCESS LIAB	N	N				BODILY INJURY (Per person) \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ 10,000						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
							\$
A	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			08209737	07/01/2018	07/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A	N				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>Liquor Liability</b>			08209737	07/01/2018	07/01/2019	\$1,000,000

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

Location: 9330 W Skyline Pkwy, Duluth, MN 55810

Continuous until cancelled

## CERTIFICATE HOLDER

City Of Proctor Minnesota  
100 Pionk Drive  
Proctor MN 55710

## 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

*Sylvia Yost*

© 1988-2015 ACORD CORPORATION. All rights reserved.

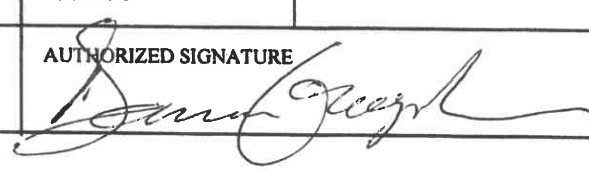


DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street Suite 222  
St. Paul, MN 55101  
Phone (651) 201-7507 TDD (651) 282-6555  
Fax (651) 297-5259




CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE  
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

ISSUING AUTHORITY City of Proctor Minnesota	TYPE CODE MWNONS	BUYER'S CARD EXPIRES 12/31/2018	IDENTIFICATION # 40832
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE) Island Investment, Inc.		BUSINESS NAME (DBA) Best Western Plus Spirit Mountain	
BUSINESS ADDRESS 9330 W. Skyline Parkway		COUNTY St. Louis	BUSINESS PHONE 218-628-0668
CITY, STATE, ZIP CODE Proctor, MN 55810		AUTHORIZED SIGNATURE 	

PS 9135 (12/09)

<b>ISLAND INVESTMENT INC</b> DBA BEST WESTERN PLUS SPIRIT MOUNTAIN DULUTH 1627 N 34TH ST STE 1 SUPERIOR WI 54880 715-392-1750		79 $\frac{2}{918}$	<b>1690</b>
DATE <u>11/15/18</u>			
PAY TO THE ORDER OF <u>Department of Public Safety</u>		AGED <u>\$20.00</u>	
<u>Twenty dollars and no/100</u>		DOLLARS 	
<b>National Bank</b> of Commerce nbcbanking.com			
MEMO <u>Buyer's Card for liquor &amp; wine</u>		<u>Kim Lea</u> 	
			

Mailed to the State on behalf of  
Best Western.

-   
11/16/18





Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement  
445 Minnesota Street, Suite 222  
St. Paul, MN 55101  
651-201-7500

6B

**RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES**

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

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code ONSS License Period Ending 12/31/2018 ID# 8628

ISSUING AUTHORITY Proctor

Licensee Name Blackwood's of Proctor Inc.

Trade Name Blackwood's Grill & Bar

City, State, Zip Code \*195 US Hwy 2

Proctor MN 55810

Business Phone 2186280064

License Fees: Off Sale \$0.00 On Sale \$1,500.00 Sunday \$200.00

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$100,000 surety bond may be submitted in lieu of liquor liability. (3.2% liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Licensee Signature [Signature] DOB [Redacted] SS# [Redacted] Date 11/9/18  
(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_  
County Board issued licenses only (Signature certifies licensee is eligible for license).

Police/Sheriff Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.

**COPY**

**State of Minnesota  
License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

ON SALE LIQUOR W/ SUNDAY  
Name of license being applied for and license number

CITY OF PROCTOR  
Licensing Authority (name of city, county, or state agency issuing license)

12/31/18  
License renewal date

**Personal Information:**

FLAHERTY      BRYAN T      [REDACTED]  
Applicant's last name      First name and initial      Social Security Number

2670 LINDAHL RD      DULUTH      MN      55810  
Applicant's address      City      State      Zip Code

**Business Information (if applicable):**

BLACKWOODS OF PROCTOR INC  
Business Name

195 Hwy 2      PROCTOR      MN      55810  
Business Address      City      State      Zip Code

2171331      41-1815221  
Minnesota tax identification number      Federal tax identification number

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature		PRESIDENT	11/9/18
		Title	Date

## ALCOHOLIC BEVERAGE

## LICENSE APPLICATION

## AFFIDAVIT

CITY CLERK'S OFFICE  
CITY OF PROCTOR  
PROCTOR, MINNESOTA 55810

To be completed by each individual license, or each member of partnership, or two stockholders of a corporation, or two primary officers of a club and the person who was directing the operation of the business on the license premises.

**NOTE -** Type or print legibly and provide all information requested. Failure to do so will delay the issuance of the license applied for.

**NOTE -** If this affidavit is made relative to the annual renewal of an existing license, questions 5 through 10 need be answered only as they relate to any change in status since the filing of your last affidavit.

1. License Applicant BLACKWOODS OF PROCTOR INC  
(individual, partnership, corporation or club)
2. Address of license premises 195 Hwy 2 Proctor MN 55810
3. Your Name FLAHERTY BRYAN THOMAS  
(last) (first) FULL middle name (Jr.)  
Date of Birth [REDACTED]  
(month) (day) (year)
4. Home Address 2670 LINDAHL RD DULUTH ST LOUIS MN  
(Number) (Street or Avenue) (City) (County) (State)
5. Other home addresses  
in last 10 years NO CHANGE
6. Other names you are or have been  
known by (including maiden) NO CHANGE



7. Your position in the business PRESIDENT/OWNER  
(owner, partner, president, treasurer, manager)

8. If operator/manager is different than owner, questions 3-7, and 11 & 12, plus witnessed signature must be completed by each operator/manager on a separate, addition form.

9. (A) Do you, your spouse, or your children have any pecuniary interest in the owned operation, management or profits of any establishment license in Minnesota to liquor or 3.2 beer either at retail or wholesale? No

(B) Do you, your spouse, or your children own stock in any corporation having pecuniary interest in the ownership, operation, management or profits of an establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale?  
No

(C) If the answer to (A) or (B) is "yes" state the location of the establishment involved and fully describe the nature and extent of the interest.

NOT APPLICABLE

10. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) REPUBLIC BANK 306 W SUPERIOR ST DULUTH MN 55802 JULIE
- (2) REINHART FOOD SERVICE 13400 COMMERCE BLVD ROGERS MN 55374 DALLMAN
- (3) NORTHERN BUSINESS PRODUCTS 2326 W SUPERIOR ST DULUTH MN 55806

11. (A) Have you or any corporation in which you held more than 10% stock ever been denied a license to sell liquor or beer? No

If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? No

If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assault? No

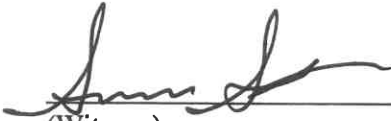
If the answer is "yes" state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you read and do you understand the laws, rules and regulations of the State of Minnesota and the City of Proctor relative to sale and distribution of alcoholic beverages?  
YES

**I HEREBY AFFIRM UNDER PENALTY OR PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.**

  
Applicants' signature

  
(Witness)

11/8/18  
(Date)

CITY OF PROCTOR  
LIQUOR LICENSE APPLICATION  
(Both Intoxicating Liquor and Non-Intoxicating Malt Liquor)

To the Honorable City Council of the City of Proctor, Minnesota:

Application is hereby made for the following licenses for the period:

1/1/2019 TO 12/31/2019

License ON SALE Fee 1,500<sup>00</sup> Clerk's Fee \_\_\_\_\_  
SUNDAY Fee 200<sup>00</sup> Clerk's Fee \_\_\_\_\_

1. Name of applicant (individual, partnership, or corporation or association that owns the business to be licensed).

BRYAN THOMAS FLAHERTY  
(FIRST) (FULL MIDDLE NAME) (LAST)

2. Trade Name BLACK WOODS GRILL & BAR

3. Address of place to be licensed 195 Hwy 2  
PROCTOR MN 55810  
Designated Serving Area

4. Name and address of owner of building I&O LEGACY HOTEL GROUP  
4257 HAINES RD HERMANTOWN MN 55811  
Any connection with applicant? No  
Who receives rent? I&O LEGACY HOTEL GROUP  
Do you have a mortgage on the property being applied for? \_\_\_\_\_

If so, please state the bank/mortgage company, their address, phone number and a contact name: \_\_\_\_\_

5. Who (if co-managed, write in each manager) will direct the operation of the business or serve as manager on premises?

6525 NASHUA ST DIRECTOR OF  
JULIE ANNE THORESON DULUTH MN 55807 OPERATIONS  
(NAME - INCLUDE FULL MIDDLE NAME) (ADDRESS) (TITLE)

\_\_\_\_\_  
(NAME-INCLUDE FULL MIDDLE NAME) (ADDRESS) (TITLE)

6. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details.

7. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:

BRYAN T. FLAHERTY 100%

8. Give approximate distance of this establishment from nearest academy, college, university, church, grade or high school:

APPROX. .25 MILES

9. State whether any consideration, money or property has been paid, or will be paid, given, exchanged or pledged by anyone, and by whom, and to whom, and to whom for the purchase or operation of this business. State amounts in detail:

NONE

10. Who is owner of fixtures and equipment? BLACKWOODS OF PROCTOR INC.

Failure to answer all questions truthfully on this application and attached Exhibit "A" which is made a part hereof, will be just cause for revocation of your license.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

I (we) hereby certify that the applicant will be the sole owner and operator of this business is correctly stated to be conducted under the license and I (we) will notify the Council in writing of any change in ownership or operator in this business before the change is made, for the approval of the Alcoholic Beverage Board and the City Council. I have read the foregoing questions and answers to said questions are true and of my own knowledge. I will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

\_\_\_\_\_  
Individual

  
For Corporation

\_\_\_\_\_  
For Partnership

BLACKWOODS OF PROCTOR INC.  
Name of Corporation

Approved by City Council \_\_\_\_\_ 20\_\_\_\_

## INFORMED CONSENT FORM

City of Proctor  
Proctor Police Department  
100 Pionk Drive  
Proctor MN 55810  
(218) 624-7788

Date: 11/8/18

The following named individual has made application for a liquor license:

Last Name of Applicant (please print): FLAHERTY

First Name (please print): BRYAN

Middle (full, please print): THOMAS

Maiden, Alias or Former (please print): \_\_\_\_\_

Sex: ☒ Male ☐ Female

Date of Birth: 5/21/52  
Month Day Year

Social Security Number (optional): 102-22-7373

I (we) authorize the Proctor Police Department to conduct a criminal background check under Mn State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant Bryan + T

Date 11/9/18

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road North  
St. Paul, MN 55155  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
www.dli.mn.gov  
dli.license@state.mn.us

**Certificate of Compliance  
Minnesota Workers'  
Compensation Law**



**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO. 218-628-0064	FAX TELEPHONE NO. 218-624-8460
--	--	-----------------------------------

BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

**BLACKWOODS OF PROCTOR INC**

DBA ("doing business as" or also known as an assumed name) (if applicable)

**Black Woods Grill & Bar**

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
---	------	-------	----------

**195 Hwy 2**

**PROCTOR**

**MN**

**55810**

COUNTY

**ST. LOUIS**

E-MAIL ADDRESS

**seans@blackwoods.com**

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent) <b>WEST BEND MUTUAL</b>	NAIC Number <b>722511</b>
POLICY NO. <b>A060489</b>	EFFECTIVE DATE <b>9/1/18</b>
	EXPIRATION DATE <b>9/1/19</b>

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory) 	TITLE <b>PRESIDENT</b>	DATE <b>11/4/18</b>
-------------------------------------	---------------------------	------------------------

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



NEWLOND-01

RJNIKUNEN

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/06/2018

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

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

<b>PRODUCER</b> Otis-Magie Insurance Agency, Inc. 332 W. Superior St. Duluth, MN 55802	<b>CONTACT NAME:</b> Rhonda Nikunen, CIC	
	<b>PHONE (A/C, No, Ext):</b> (218) 625-2105	<b>FAX (A/C, No):</b> (218) 722-7756
	<b>E-MAIL ADDRESS:</b> rnikunen@otismagie.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> West Bend Mutual Insurance Co.	<b>15350</b>
<b>INSURED</b>  Black Woods of Proctor, Inc. 195 Highway 2 Proctor, MN 55810	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b>						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$
	OTHER:						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			A051042	01/01/2019	01/01/2020	Each Cause 1,000,000
A	Liquor Liability			A051042	01/01/2019	01/01/2020	Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
RE: Restaurant, Including Patio area

## CERTIFICATE HOLDER

## CANCELLATION

City of Proctor 100 S. Pionk Dr. Proctor, MN 55810	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Thomas C. Stender</i>

2019 Liquor License



**BLACK WOODS OF PROCTOR, INC.**  
 BLACK WOOD'S GRILL AND BAR  
 195 U.S. HWY. 2  
 PROCTOR, MN 55810

REPUBLIC BANK  
 Duluth, Minnesota 55802  
 75-523/919

500385

DATE 11/9/2018 AMOUNT \$1,700.00

PAY One Thousand Seven Hundred Dollars and 00 Cents  
 TO THE ORDER OF

CITY OF PROCTOR  
 100 PIONK DR.  
 PROCTOR MN 55810



*[Signature]*

BLACK WOOD'S OF PROCTOR, INC. BLACK WOOD'S GRILL AND BAR

500385

500385

VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE	AMOUNT	DISCOUNT	WRITE-OFF	NET
CITYPRO0259	CITY OF PROCTOR	16422	11/9/2018	\$1,700.00	\$0.00	\$0.00	\$1,700.00
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
054480	8628 2019	11/9/2018	\$1,700.00	\$1,700.00	\$0.00	\$0.00	\$1,700.00
				\$1,700.00	\$0.00	\$0.00	\$1,700.00

COMMENT







Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement  
445 Minnesota Street, Suite 222  
St. Paul, MN 55101  
651-201-7500

62

**RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES**

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

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code ONSS License Period Ending 12/31/2018 ID# 6275

ISSUING AUTHORITY Proctor

Licensee Name CMK Inc.

Trade Name Powerhouse Bar

City, State, Zip Code 423 Third Ave

Proctor MN 55810

Business Phone 2186240626

License Fees: Off Sale \$0.00 On Sale \$1,500.00 Sunday \$200.00

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$100,000 surety bond may be submitted in lieu of liquor liability. (3.2% liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Licensee Signature Cordelia B. Kari DOB [REDACTED] SS# [REDACTED] Date 11/1/18  
(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_  
County Board issued licenses only (Signature certifies licensee is eligible for license).

Police/Sheriff Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.

**COPY**

## ALCOHOLIC BEVERAGE

## LICENSE APPLICATION

## AFFIDAVIT

CITY CLERK'S OFFICE  
CITY OF PROCTOR  
PROCTOR, MINNESOTA 55810

To be completed by each individual license, or each member of partnership, or two stockholders of a corporation, or two primary officers of a club and the person who was directing the operation of the business on the license premises.

**NOTE -** Type or print legibly and provide all information requested. Failure to do so will delay the issuance of the license applied for.

**NOTE -** If this affidavit is made relative to the annual renewal of an existing license, questions 5 through 10 need be answered only as they relate to any change in status since the filing of your last affidavit.

1. License Applicant Powerhouse Bar (C.M.H. Mgmt. Inc.)  
(individual, partnership, corporation or club)
2. Address of license premises 423 3rd Ave Proctor Min. 55810
3. Your Name Kari Cordelia Maria  
(last) (first) FULL middle name (Jr.)  
Date of Birth 07 15 1975  
(month) (day) (year)
4. Home Address 5433 Upstart Jet Rd Duluth Min. St. Louis  
(Number) (Street or Avenue) (City) (County) (State) City
5. Other home addresses in last 10 years 0
6. Other names you are or have been known by (including maiden) Cookie Gden

7. Your position in the business Owner - President  
(owner, partner, president, treasurer, manager)

8. If operator/manager is different than owner, questions 3-7, and 11 & 12, plus witnessed signature must be completed by each operator/manager on a separate, addition form.

9. (A) Do you, your spouse, or your children have any pecuniary interest in the owned operation, management or profits of any establishment license in Minnesota to liquor or 3.2 beer either at retail or wholesale? No

(B) Do you, your spouse, or your children own stock in any corporation having pecuniary interest in the ownership, operation, management or profits of an establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale?  
No

(C) If the answer to (A) or (B) is "yes" state the location of the establishment involved and fully describe the nature and extent of the interest.

No

10. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) First National Bank of Proctor - 211 2nd St. Proctor MN. 55810
- (2) Superior Beverages - 12 Randy St. Superior WI 54880
- (3) Bernicks - 4301 W. Michigan St. Duluth MN. 55807

11. (A) Have you or any corporation in which you held more than 10% stock ever been denied a license to sell liquor or beer? No

If so, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? No

If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assault? NO

If the answer is "yes" state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you read and do you understand the laws, rules and regulations of the State of Minnesota and the City of Proctor relative to sale and distribution of alcoholic beverages?

yes

**I HEREBY AFFIRM UNDER PENALTY OR PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.**

Cordelia M. Kari

Applicants' signature

Daniel Kim 11/3/18  
(Witness) (Date)

CITY OF PROCTOR  
LIQUOR LICENSE APPLICATION  
(Both Intoxicating Liquor and Non-Intoxicating Malt Liquor)

To the Honorable City Council of the City of Proctor, Minnesota:

Application is hereby made for the following licenses for the period:

JANUARY 1<sup>st</sup> 2019 Through December 31<sup>st</sup> 2019

License ON-Sale Liquor Fee \$1,500.00 Clerk's Fee \_\_\_\_\_

ON-Sale Sunday Fee \$200.00 Clerk's Fee \_\_\_\_\_

1. Name of applicant (individual, partnership, or corporation or association that owns the business to be licensed).

Cordelia Maria KARI  
(FIRST) (FULL MIDDLE NAME) (LAST)

2. Trade Name Powerhouse BAR

3. Address of place to be licensed 423 3rd Ave Proctor MN. Easterly (10) Ft. Northerly Sixty (60)  
of lot Nine (9) And Northerly Sixty (60)  
of lot Ten (10) And all of Eleven (11) And twelve (12) Block Twenty (20)  
Rearrangement of Block Twenty One (21) Designated serving Area  
And twenty five (25) Magoffin Division of Proctor.

4. Name and address of owner of building Richard A. Kari  
5433 Ugstad Jet Rd. South MN 55810  
Any connection with applicant? Spouse  
Who receives rent? Richard A. Kari  
Do you have a mortgage on the property being applied for? Yes

If so, please state the bank/mortgage company, their address, phone number and a contact name: First National Bank of Proctor  
Todd Layton 218-628-1088

5. Who (if co-managed, write in each manager) will direct the operation of the business or serve as manager on premises?

<u>Cordelia Maria Kari</u>	<u>5433 Ugstad Jet Rd.</u>	<u>Owner</u>
(NAME - INCLUDE FULL MIDDLE NAME)	(ADDRESS)	(TITLE)
<u>Richard Alan Kari</u>	<u>5433 Ugstad Jet Rd.</u>	<u>Vice President</u>
(NAME-INCLUDE FULL MIDDLE NAME)	(ADDRESS)	(TITLE)
		<u>Manager</u>

6. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details.

0

7. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:

Cordelia M. KAR 50%  
Richard A. KAR 50%

8. Give approximate distance of this establishment from nearest academy, college, university, church, grade or high school:

1 + Block

9. State whether any consideration, money or property has been paid, or will be paid, given, exchanged or pledged by anyone, and by whom, and to whom, and to whom for the purchase or operation of this business. State amounts in detail:

None

10. Who is owner of fixtures and equipment? C.M.K. Management Inc.

Failure to answer all questions truthfully on this application and attached Exhibit "A" which is made a part hereof, will be just cause for revocation of your license.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

I (we) hereby certify that the applicant will be the sole owner and operator of this business is correctly stated to be conducted under the license and I (we) will notify the Council in writing of any change in ownership or operator in this business before the change is made, for the approval of the Alcoholic Beverage Board and the City Council. I have read the foregoing questions and answers to said questions are true and of my own knowledge. I will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Cordelia M. Kar  
Individual

[Signature]  
For Partnership

C. M. K.  
For Corporation

C. M. K.  
Name of Corporation

Approved by City Council \_\_\_\_\_ 20\_\_\_\_

## INFORMED CONSENT FORM

City of Proctor  
Proctor Police Department  
100 Pionk Drive  
Proctor MN 55810  
(218) 624-7788

Date: 11-1-18

The following named individual has made application for a liquor license:

Last Name of Applicant (please print): KARI

First Name (please print): Cordelia

Middle (full, please print): MARIA

Maiden, Alias or Former (please print): Golen

Sex: ☐ Male ☒ Female

Date of Birth: 01 05 1957  
Month Day Year

Social Security Number (optional): 476-70-6129

I (we) authorize the Proctor Police Department to conduct a criminal background check under Mn State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant Cordelia M. Kari

Date 11-1-18

**State of Minnesota  
License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

ON-Sale Sunday - 6275  
Name of license being applied for and license number

City of Proctor - St. Louis County Mn.  
Licensing Authority (name of city, county, or state agency issuing license)

JANUARY 1st 2019  
License renewal date

**Personal Information:**

KAR Cordelia 476-70-6129  
Applicant's last name First name and initial Social Security Number

5433 UGSTAD Jct Rd. Duluth Mn. 55810  
Applicant's address City State Zip Code

**Business Information (if applicable):**

PowerHouse BAR  
Business Name

423 3rd Ave Proctor Mn. 55810  
Business Address City State Zip Code

374-347-1 41-1988576  
Minnesota tax identification number Federal tax identification number



If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Cordelia M. Keri Quincy 11-1-18  
Signature Title Date

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road North  
St. Paul, MN 55155  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
www.dli.mn.gov  
dli.license@state.mn.us

**Certificate of Compliance  
Minnesota Workers'  
Compensation Law**



**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable) <i>FBI-22177-27799</i>	BUSINESS TELEPHONE NO. <i>218-624-0626</i>	FAX TELEPHONE NO. <i>0</i>
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) <i>Cordelia M. Kari</i>		
DBA ("doing business as" or also known as an assumed name) (if applicable) <i>PowerHouse BAR</i>		
BUSINESS ADDRESS (must be physical street address, no PO boxes) <i>423 3rd Ave</i>	CITY <i>Proctor</i>	STATE <i>MN.</i>
COUNTY <i>St. Louis</i>	E-MAIL ADDRESS <i>CordeliaKari@gmail.com</i>	ZIP CODE <i>55810</i>

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent) <i>Illinois Casualty Co.</i>	NAIC Number <i>15571</i>
POLICY NO. <i>WC 11467</i>	EFFECTIVE DATE <i>01-01-19</i>
	EXPIRATION DATE <i>01-01-20</i>

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory) <i>Cordelia M. Kari</i>	TITLE <i>Owner-President</i>	DATE <i>11-1-18</i>
--	---------------------------------	------------------------

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/23/2018

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).

<b>PRODUCER</b> Dwight Swanstrom Co. 31 N 21st Ave. W.  Duluth MN 55806		<b>CONTACT NAME:</b> Tony Bauer <b>PHONE (A/C, No, Ext):</b> (218) 727-8324 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> 00020247	
<b>INSURED</b> CMK, Inc. DBA: Powerhouse Bar 423 3rd. Avenue  Proctor MN 55810		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Illinois Casualty Ins Comp INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: CL1212700791

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			BP27318	1/1/2019	1/1/2020	EACH OCCURRENCE \$ 1,500,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 2,000
							PERSONAL & ADV INJURY \$ 1,500,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	ANY AUTO						BODILY INJURY (Per person) \$
	ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	HIRED AUTOS						\$
	NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC11467	1/1/2019	1/1/2020	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			LL87872	1/1/2019	1/1/2020	Aggregate \$300,000

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

Addl Insured: City of Proctor

Rearr Bkls 21, 25 Magoffins Division of Proctor Ely 10ft of Nly 60ft of Lot 9 And Nly 60ft of Lot 10 and all of Lots 11 & 12

## CERTIFICATE HOLDER

624-9459 mcasey@proctormn.gov

City of Proctor  
100 Pionk Drive  
Proctor, MN 55810

## 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

Vicki Cameron/VIC

DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street, Suite 222, St Paul, MN 55101

**RETAILER'S ID CARD**

CMK Inc.

Permit to accompany valid liquor  
license.

**Powerhouse Bar**  
**CMK Inc.**  
**423 Third Ave**  
**Proctor, MN 55810**

6275	THIS CARD EXPIRES 12/31/2018
------	---------------------------------



Project

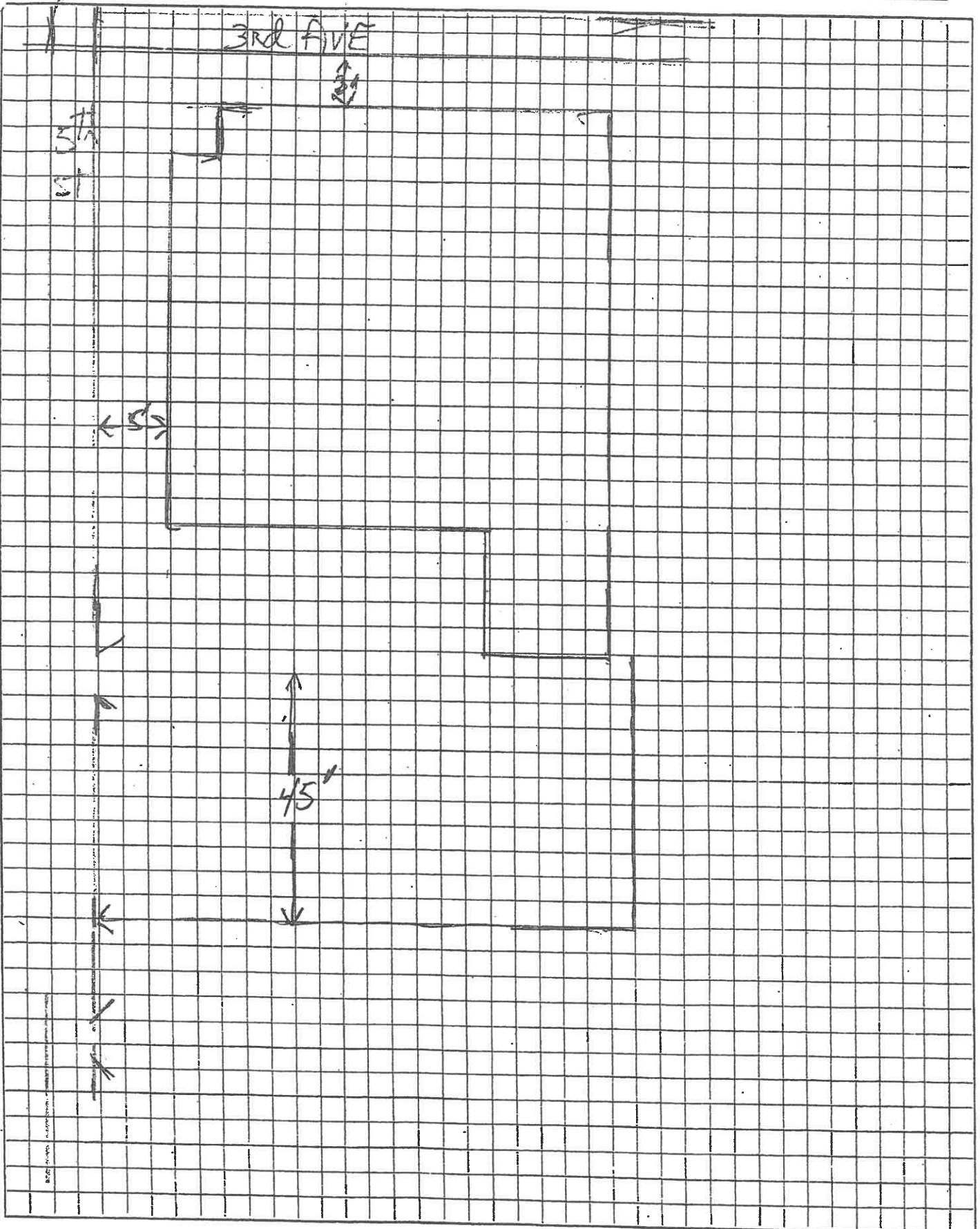
Description

Drawn By

Phone No.

Scale

Date



**List of Planned Events for 2019 (If known)**

Name of Licensee: C.M.K. Management Inc. - D.B.A. Fowler House  
Bar

Trade Name: Fowler House Bar

1. Juno Car Show - Wednesday
2. Bike Night - Every Thursday (May 16<sup>th</sup> - Sept 19<sup>th</sup>)
3. Street Dance - Aug. 17<sup>th</sup> - 2019
4. Aug. Car Show - Aug. 14<sup>th</sup> - 2019
5. Syd's Angels - Bike gathering (Date unknown)



# Renewal Application for Optional Liquor 2AM License

License Type: 2AM-500K+

Expires On: December 17, 2018

ID Number: 13252

## DBA

CMK Inc.  
Powerhouse Bar  
423 Third Ave  
Proctor MN 55810

Business Phone: 2186240626

If any of the above licensee information is not correct, please make corrections as necessary.

Licensee must report previous 12 month on sale alcoholic beverage gross receipts by checking one of the boxes below. Next to the box you check is your 2 AM license fee. Make check payable to: Alcohol and Gambling Enforcement Division (AGED). Mail this application and check to: AGED, 445 Minnesota St., Suite 222, St. Paul, MN 55101-5133.

- ☐ \$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  
☒ \$1000 2 AM license fee - Over \$500,000 in on sale gross receipts for alcoholic beverages  
☐ \$200 2 AM license fee - 3.2% On Sale Malt Liquor licensees or Set Up license holders  
☐ \$200 2 AM license fee - Did not sell alcoholic beverages for a full 12 months prior to this application

☒ Yes ☐ No Does the city or county that issues your liquor license allow the sale of alcoholic beverages until 2 AM?

City Clerk/County Auditor Signature

*Frank Carey*

Date 10/16/18

(I certify that the city or county of

Proctor

approves the sale of alcoholic beverages until 2AM)

Licensee Signature

*Cordelia M. Hare*

Date 11-15-18

(I certify that I have answered the above questions truthfully and correctly)

Licensee Minnesota Tax ID Number (Required):

374-347-1

Licensee: Prior to submitting this application to the Alcohol & Gambling Enforcement Division you must have this form signed by your local city or county licensing official

Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement Division (AGED)  
445 Minnesota Street, Suite 222, St. Paul, MN 55101-5133  
Telephone 651-201-7500 Fax 651-297-5259 TTY 651-282-6555  
dps.mn.gov



STATE OF MINNESOTA  
Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement

HAS BEEN ISSUED THIS LICENSE/PERMIT BY THE STATE OF MINNESOTA PURSUANT TO MINNESOTA  
STATUTES CHAPTER 340A AND RELATED REGULATIONS  
OPTIONAL 2:00 CLOSING LICENSE OVER 500,000 IN SALES

CMK Inc.

Powerhouse Bar

423 Third Ave

Proctor

MN

55810

EXPIRES

12/17/2019

*Cate Lincoff*  
Alcohol & Gambling Enforcement Director

COPY





Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement  
445 Minnesota Street, Suite 222  
St. Paul, MN 55101  
651-201-7500

67

**RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES**

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

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code MCLONSS License Period Ending 12/31/2018 ID# 1238

ISSUING AUTHORITY Proctor

Licensee Name LOOM Lodge 1302

Trade Name Proctor Moose Lodge

City, State, Zip Code 415 3rd Ave/PO Box 1124

Proctor MN 55810

Business Phone 2186241908

License Fees: Off Sale \$0.00 On Sale \$100.00 Sunday \$200.00

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$100,000 surety bond may be submitted in lieu of liquor liability. (3.2% liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Licensee Signature Kaye Anderson DOB [REDACTED] SS# [REDACTED] Date 11-12-18  
(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_  
County Board issued licenses only (Signature certifies licensee is eligible for license).

Police/Sheriff Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.

**COPY**

**State of Minnesota**  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Loyal Order of Moose 1302 / DBA Proctor Moose Lodge  
Name of license being applied for and license number

Proctor  
Licensing Authority (name of city, county, or state agency issuing license)

01-01-2019  
License renewal date

**Personal Information:**

Anderson      Kaye L.      [REDACTED]  
Applicant's last name      First name and initial      Social Security Number

840 - 6<sup>th</sup> St      Proctor      MN      55810  
Applicant's address      City      State      Zip Code

**Business Information (if applicable):**

Loyal Order of Moose Lodge 1302 / DBA Proctor Moose Lodge  
Business Name

415-3<sup>rd</sup> Ave      Proctor      MN      55810  
Business Address      City      State      Zip Code

8115112      41-0383687  
Minnesota tax identification number      Federal tax identification number

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature

Title

Date

## ALCOHOLIC BEVERAGE

## LICENSE APPLICATION

## AFFIDAVIT

CITY CLERK'S OFFICE  
CITY OF PROCTOR  
PROCTOR, MINNESOTA 55810

To be completed by each individual license, or each member of partnership, or two stockholders of a corporation, or two primary officers of a club and the person who was directing the operation of the business on the license premises.

**NOTE -** Type or print legibly and provide all information requested. Failure to do so will delay the issuance of the license applied for.

**NOTE -** If this affidavit is made relative to the annual renewal of an existing license, questions 5 through 10 need be answered only as they relate to any change in status since the filing of your last affidavit.

1. License Applicant Loyal Order of Moose Lodge 1302  
(individual, partnership, corporation or club)
2. Address of license premises 415 - 3<sup>rd</sup> Ave. Proctor
3. Your Name Anderson Kaup Lynn  
(last) (first) FULL (middle name) (Jr.)  
Date of Birth 04 23 1955  
(month) (day) (year)
4. Home Address 840 6<sup>th</sup> St Proctor St. Louis MN  
(Number) (Street or Avenue) (City) (County) (State)
5. Other home addresses  
in last 10 years none
6. Other names you are or have been  
known by (including maiden) Kaup Lynn Bakke.

7. Your position in the business Gen Mgr / Admin Asst  
(owner, partner, president, treasurer, manager)

8. If operator/manager is different than owner, questions 3-7, and 11 & 12, plus witnessed signature must be completed by each operator/manager on a separate, addition form.

9. (A) Do you, your spouse, or your children have any pecuniary interest in the owned operation, management or profits of any establishment license in Minnesota to liquor or 3.2 beer either at retail or wholesale? no

(B) Do you, your spouse, or your children own stock in any corporation having pecuniary interest in the ownership, operation, management or profits of an establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale?

no

(C) If the answer to (A) or (B) is "yes" state the location of the establishment involved and fully describe the nature and extent of the interest.

\_\_\_\_\_  
\_\_\_\_\_

10. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) National Bank of Proctor 211-2nd St. Proctor, MN  
(2) Superior Beverages P.O. Box 7045 Duluth, MN  
(3) ESC Systems 420-3rd Ave Proctor, MN

11. (A) Have you or any corporation in which you held more than 10% stock ever been denied a license to sell liquor or beer? no

If so, why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? no

If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assault? no

If the answer is "yes" state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you read and do you understand the laws, rules and regulations of the State of Minnesota and the City of Proctor relative to sale and distribution of alcoholic beverages?

yes

**I HEREBY AFFIRM UNDER PENALTY OR PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.**

Kerry Anderson  
Applicants' signature

Donna Kay Anderson 11-12-18  
(Witness) (Date)

**CITY OF PROCTOR**  
**LIQUOR LICENSE APPLICATION**  
(Both Intoxicating Liquor and Non-Intoxicating Malt Liquor)

To the Honorable City Council of the City of Proctor, Minnesota:

Application is hereby made for the following licenses for the period:

January 1, 2019 - Dec. 31, 2019

License on-sale Fee \$100 Clerk's Fee \_\_\_\_\_

Sundays Fee \$200 Clerk's Fee \_\_\_\_\_

1. Name of applicant (individual, partnership, or corporation or association that owns the business to be licensed).

Loyal Order of Moose Lodge 1302  
(FIRST) (FULL MIDDLE NAME) (LAST)

2. Trade Name Proctor Moose Lodge

3. Address of place to be licensed REAR/Bks 21-25 Magoffins Division of Proctor  
lots 13-19 + that part of lot 20 lying NWly of a line beg. at NE corner of lot 20  
Designated Serving Area

4. Name and address of owner of building \_\_\_\_\_

Any connection with applicant? \_\_\_\_\_

Who receives rent? \_\_\_\_\_

Do you have a mortgage on the property being applied for? NO

If so, please state the bank/mortgage company, their address, phone number and a contact name: \_\_\_\_\_

5. Who (if co-managed, write in each manager) will direct the operation of the business or serve as manager on premises?

Kaye Lynn Anderson 840<sup>th</sup> St Proctor Gen Mgr  
(NAME - INCLUDE FULL MIDDLE NAME) (ADDRESS) (TITLE)

\_\_\_\_\_  
(NAME-INCLUDE FULL MIDDLE NAME) (ADDRESS) (TITLE)

6. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details.

N/A

7. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:

N/A

8. Give approximate distance of this establishment from nearest academy, college, university, church, grade or high school:

1 blk. for Proctor ECFE building

9. State whether any consideration, money or property has been paid, or will be paid, given, exchanged or pledged by anyone, and by whom, and to whom, and to whom for the purchase or operation of this business. State amounts in detail:

N/A

10. Who is owner of fixtures and equipment? Loyal Order of Moose

Failure to answer all questions truthfully on this application and attached Exhibit "A" which is made a part hereof, will be just cause for revocation of your license.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

I (we) hereby certify that the applicant will be the sole owner and operator of this business is correctly stated to be conducted under the license and I (we) will notify the Council in writing of any change in ownership or operator in this business before the change is made, for the approval of the Alcoholic Beverage Board and the City Council. I have read the foregoing questions and answers to said questions are true and of my own knowledge. I will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

\_\_\_\_\_  
Individual

Ray Anderson  
For Corporation

\_\_\_\_\_  
For Partnership

\_\_\_\_\_  
Name of Corporation

Approved by City Council \_\_\_\_\_ 20\_\_\_\_



Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road North  
St. Paul, MN 55155  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
www.dli.mn.gov  
dli.license@state.mn.us

**Certificate of Compliance  
Minnesota Workers'  
Compensation Law**



**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO. 218-624-1908	FAX TELEPHONE NO. 218-624-8199
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) Loyal Order of Moose 1302		
DBA ("doing business as" or also known as an assumed name) (if applicable) Proctor Moose Lodge		
BUSINESS ADDRESS (must be physical street address, no PO boxes) 415 - 3 <sup>rd</sup> Ave.	CITY Proctor	STATE MN
COUNTY St. Louis	ZIP CODE 55810	E-MAIL ADDRESS lodge1302@mooseunits.org

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent) Nova Casualty Co.	NAIC Number #14191
POLICY NO. LFR-WK-10000577-01	EFFECTIVE DATE 05/01/2018
	EXPIRATION DATE 05/01/2019

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory) Kary Inelersen	TITLE Gen. Mgr.	DATE 11-12-18
---	--------------------	------------------

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/08/2018

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).

<b>PRODUCER</b>  Lockton Affinity, LLC P. O. Box 879610 Kansas City, MO 64187-9610	<b>CONTACT NAME:</b> Lockton Affinity, LLC	
	<b>PHONE (A/C No. Ext):</b> 866-836-3373 <b>FAX (A/C No.):</b> 913-652-7599	
<b>INSURED</b>  1302 Moose Lodge  415 3rd Ave  Duluth, MN 55810-1655	<b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A:</b> Endurance American Specialty Ins Company	41718
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ELD10006802102  General Liability/ Liquor SIR Applies Per Policy Terms & Conditions	05/01/2017	05/01/2018	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 0 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 SIR/Deductible \$ 1,500,000
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Excess General Liability Liquor</b>			ELD10006802102	05/01/2017	05/01/2018	<b>Each Occurrence</b> \$500,000 <b>Aggregate</b> \$1,000,000

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

RE: Liquor license renewal  
Continuous until cancelled

Policy Number: FIC17GL0010; Policy Period: 05/01/2018 to 05/01/2019

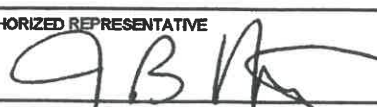
Limits:

Products/Completed Aggregate: \$13,500,000; Personal & Advertising Injury Limit: \$1,000,000; Occurrence: \$1,500,000  
Fire Damage Liability: \$1,000,000; Medical Expense: \$0

## CERTIFICATE HOLDER

Proof of Coverage	779889
-------------------	--------

## 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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## INFORMED CONSENT FORM

City of Proctor  
Proctor Police Department  
100 Pionk Drive  
Proctor MN 55810  
(218) 624-7788

Date: 11-12-18

The following named individual has made application for a liquor license:

Last Name of Applicant (please print): Anderson

First Name (please print): Kaye

Middle (full, please print): Lynn

Maiden, Alias or Former (please print): Bakke

Sex: ☐ Male ☒ Female

Date of Birth: 04 02 1955  
Month Day Year

Social Security Number (optional): 50-64-2000

I (we) authorize the Proctor Police Department to conduct a criminal background check under Mn State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant: Kaye Anderson

Date: 11-12-18

PROCTOR LODGE NO. 1302  
LOYAL ORDER OF MOOSE  
GENERAL FUND  
PROCTOR, MN 55810

20804

75-0908/0919

DATE 11-15-18

CHECK ARMOR  
FRAUD PROTECTION

PAY  
TO THE  
ORDER OF

City of Proctor

\$300.00

Three hundred and <sup>00</sup>/<sub>100</sub>

DOLLARS

Photo  
Safe  
Deposit  
Details on back



FIRST NATIONAL BANK OF PROCTOR

Proctor, Minnesota  
218-328-1088

FOR Ligon Club Luncheon 2019

Wally Mahan

Carlyle L. Eckart

⑈ 62080417 4091907028 50 123 54

Project

Description

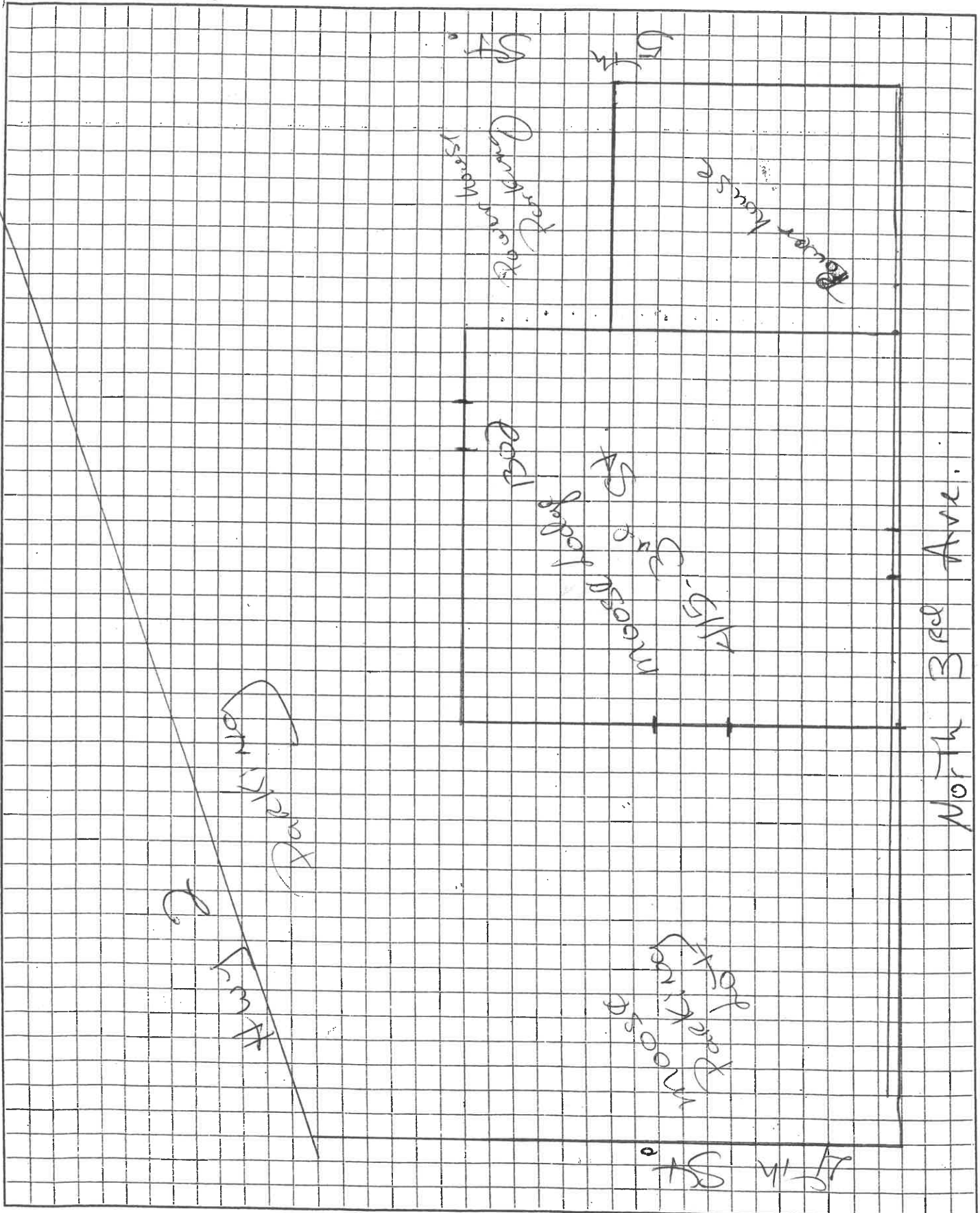
Drawn By

Kege Anderson

Phone No.

Scale

Date





DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street, Suite 222, St Paul, MN 55101  
Phone 651-201-7507 TDD 651-282-5133  
APPLICATION FOR RETAILER'S (BUYERS) CARD FOR LIQUOR OR WINE

CARD NUMBER  
(Official Use Only)

PLEASE RETURN THIS APPLICATION WITH \$20.00 FEE.

ISSUING AUTHORITY (CITY OR COUNTY)	LICENSE TYPE	CURRENT BUYERS CARD EXPIRES	IDEN NUMBER
Proctor	MCLONS	12/31/2018	1238
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
LOOM Lodge 1302		Proctor Moose Lodge	
BUSINESS ADDRESS		COUNTY	BUSINESS PHONE
415 3rd Ave/PO Box 1124		St. Louis	2186241908
Proctor	MN	55810	OWNER/MANAGER SIGNATURE <i>Ray Johnson</i>

PROCTOR LODGE NO. 1302  
LOYAL ORDER OF MOOSE  
GENERAL FUND  
PROCTOR, MN 55810

20805  
75-0806/0919  
CHECK AMOUNT

PAY  
TO THE  
ORDER OF

*Dept of Public Safety*

\$ 20.00

DOLLARS



FIRST NATIONAL BANK OF PROCTOR

218-628-1086

FOR *Buyers Card 2019*

*Wally M...  
Candy & E. Cant*





Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement  
445 Minnesota Street, Suite 222  
St. Paul, MN 55101  
651-201-7500

LE

**RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES**

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

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code ONSS License Period Ending 12/31/2018 ID# 40833

ISSUING AUTHORITY Proctor

Licensee Name Roger L Raymond Sr.

Trade Name Keyboard Lounge

City, State, Zip Code 224 3rd Ave

Proctor MN 55810

Business Phone 2186280530

License Fees: **Off Sale** \$0.00 **On Sale** \$1,500.00 **Sunday** \$200.00

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$100,000 surety bond may be submitted in lieu of liquor liability. (3.2% liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Licensee Signature [Signature] DOB [Redacted] SS# [Redacted] Date 11/12/18  
(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

County Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_  
County Board issued licenses only (Signature certifies licensee is eligible for license).

Police/Sheriff Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.

**COPY**

**State of Minnesota  
License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*ON SALE / SUNDAY LIQUOR LICENSE*

Name of license being applied for and license number

*CITY OF PROCTOR*

Licensing Authority (name of city, county, or state agency issuing license)

*01/01/19*

License renewal date

**Personal Information:**

*RAYMOND SR.*

*ROGER L.*

*476-88-8068*

Applicant's last name

*9228 PARK PL*

First name and initial

*DULUTH*

Social Security Number

*MN*

*55810*

Applicant's address

City

State

Zip Code

**Business Information (if applicable):**

*KEYBOARD LOUNGE*

Business Name

*224 3RD AVE*

*PROCTOR*

*MN*

*55810*

Business Address

*686-5333*

City

State

Zip Code

*90-0144562*

Minnesota tax identification number

Federal tax identification number



If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

  
Signature

OWNER  
Title

11 / 12 / 18  
Date

## ALCOHOLIC BEVERAGE

## LICENSE APPLICATION

## AFFIDAVIT

CITY CLERK'S OFFICE  
CITY OF PROCTOR  
PROCTOR, MINNESOTA 55810

To be completed by each individual license, or each member of partnership, or two stockholders of a corporation, or two primary officers of a club and the person who was directing the operation of the business on the license premises.

**NOTE -** Type or print legibly and provide all information requested. Failure to do so will delay the issuance of the license applied for.

**NOTE -** If this affidavit is made relative to the annual renewal of an existing license, questions 5 through 10 need be answered only as they relate to any change in status since the filing of your last affidavit.

1. License Applicant ROGER L. RAYMOND SR  
(individual, partnership, corporation or club)
2. Address of license premises 224 3RD AVE PROCTOR MN 55810
3. Your Name RAYMOND ROGER LEE SR  
(last) (first) FULL middle name (Jr.)  
Date of Birth [REDACTED] [REDACTED] [REDACTED]  
(month) (day) (year)
4. Home Address 9228 PARK PL. DULUTH ST LOUIS MN  
(Number) (Street or Avenue) (City) (County) (State)
5. Other home addresses in last 10 years N/A
6. Other names you are or have been known by (including maiden) N/A

7. Your position in the business OWNER  
(owner, partner, president, treasurer, manager)

8. If operator/manager is different than owner, questions 3-7, and 11 & 12, plus witnessed signature must be completed by each operator/manager on a separate, addition form.

9. (A) Do you, your spouse, or your children have any pecuniary interest in the owned operation, management or profits of any establishment license in Minnesota to liquor or 3.2 beer either at retail or wholesale? NO

(B) Do you, your spouse, or your children own stock in any corporation having pecuniary interest in the ownership, operation, management or profits of an establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale?  
NO

(C) If the answer to (A) or (B) is "yes" state the location of the establishment involved and fully describe the nature and extent of the interest.

\_\_\_\_\_  
\_\_\_\_\_

10. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) PROCTOR FEDERAL CREDIT UNION 410 2ND AVE PROCTOR MN 55810  
(2) SUPERIOR BEVERAGE PO BOX 7045 DULUTH MN 55807  
(3) BERNICKS 4301 W MICHIGAN ST DULUTH MN 55807

11. (A) Have you or any corporation in which you held more than 10% stock ever been denied a license to sell liquor or beer? NO

If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(B) Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? NO

If so, why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assault? NO

If the answer is "yes" state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Have you read and do you understand the laws, rules and regulations of the State of Minnesota and the City of Proctor relative to sale and distribution of alcoholic beverages?  
YES

**I HEREBY AFFIRM UNDER PENALTY OR PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.**

  
Applicants' signature

 11/12/18  
(Witness) (Date)

CITY OF PROCTOR  
LIQUOR LICENSE APPLICATION  
(Both Intoxicating Liquor and Non-Intoxicating Malt Liquor)

To the Honorable City Council of the City of Proctor, Minnesota:

Application is hereby made for the following licenses for the period:

1/01/18 - 12/31/18

License ON SALE Fee 1500 Clerk's Fee \_\_\_\_\_  
SUNDAY Fee 200 Clerk's Fee \_\_\_\_\_

1. Name of applicant (individual, partnership, or corporation or association that owns the business to be licensed).

ROGER LEE RAYMOND SR  
(FIRST) (FULL MIDDLE NAME) (LAST)

2. Trade Name KEYBOARD LOUNGE

3. Address of place to be licensed 224 3RD AVE PROCTOR MN 55810

Designated Serving Area

4. Name and address of owner of building JOHN HAUGLAND  
RADAR RD DULUTH

Any connection with applicant? NO

Who receives rent? JOHN HAUGLAND

Do you have a mortgage on the property being applied for? NO

If so, please state the bank/mortgage company, their address, phone number and a contact name: \_\_\_\_\_

5. Who (if co-managed, write in each manager) will direct the operation of the business or serve as manager on premises?

\_\_\_\_\_  
(NAME - INCLUDE FULL MIDDLE NAME) (ADDRESS) (TITLE)

\_\_\_\_\_  
(NAME-INCLUDE FULL MIDDLE NAME) (ADDRESS) (TITLE)

6. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details.
7. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:
8. Give approximate distance of this establishment from nearest academy, college, university, church, grade or high school: 1 MILE TO HIGH SCHOOL
9. State whether any consideration, money or property has been paid, or will be paid, given, exchanged or pledged by anyone, and by whom, and to whom, and to whom for the purchase or operation of this business. State amounts in detail:
10. Who is owner of fixtures and equipment? ROGER RAYMOND

Failure to answer all questions truthfully on this application and attached Exhibit "A" which is made a part hereof, will be just cause for revocation of your license.

I (we) hereby authorize the Proctor Police Department to conduct a criminal background check under MN State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

I (we) hereby certify that the applicant will be the sole owner and operator of this business is correctly stated to be conducted under the license and I (we) will notify the Council in writing of any change in ownership or operator in this business before the change is made, for the approval of the Alcoholic Beverage Board and the City Council. I have read the foregoing questions and answers to said questions are true and of my own knowledge. I will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.



Individual

For Corporation

For Partnership

Name of Corporation

Approved by City Council \_\_\_\_\_ 20\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/23/2018

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

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

<b>PRODUCER</b> Dwight Swanstrom Co. 31 N 21st Ave. W.  Duluth MN 55806		<b>CONTACT NAME:</b> Greg Brisky <b>PHONE (A/C, No, Ext):</b> (218) 727-8324 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b>	
<b>INSURED</b> Roger L Raymond Sr. DBA Keyboard Lounge 224 3rd. Avenue Proctor MN 55810		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Illinois Casualty Ins Comp <b>INSURER B:</b> State Fund Mutual <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
		<b>NAIC #</b> 722	

## COVERAGES

**CERTIFICATE NUMBER:** CL1811104052

**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 SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BP39549	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 2,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$
	<b>DED</b> <input type="checkbox"/> <b>RETENTION</b> \$						AGGREGATE \$
							\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			034497.210	03/10/2018	03/10/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
			E.L. EACH ACCIDENT \$ 100,000				
			E.L. DISEASE - EA EMPLOYEE \$ 100,000				
			E.L. DISEASE - POLICY LIMIT \$ 500,000				
A	Liquor Liability			LL102180	01/01/2019	01/01/2020	Each Common Cause \$500,000

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

## CERTIFICATE HOLDER

## CANCELLATION

City of Proctor 100 Pionk Drive  Proctor MN 55810	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  <i>Betsy Larson</i>

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**Illinois  
Casualty  
Company**  
A Mutual Insurance Company

## LIQUOR LIABILITY POLICY DECLARATIONS

LL DEC IC 01 10

225 20<sup>th</sup> Street, Rock Island, IL 61201 ♦ (309) 793-1700 ♦ (800) 445-3726 ♦ Fax: (309) 793-1707 ♦ www.ilcasco.com

These Declarations, together with the Coverage Form and any applicable endorsements attached thereto, complete the below numbered Policy:

**NO. LL102180**

<b>Name and Mailing Address of Named Insured:</b> Roger Raymond DBA Keyboard Lounge 224 3rd Ave Proctor, MN 55810		<b>Name and Mailing Address of Agent/Broker:</b> 07854 Dwight Swanstrom Company 31 N. 21st Avenue West Duluth, MN 55806 (218) 727-8324	
<b>IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY</b>			
<b>POLICY PERIOD</b>			
From: 01/01/2018 12:01 AM Standard Time at your Mailing Address shown above		To: 01/01/2019 12:01 AM	
<b>DESCRIPTION OF BUSINESS</b>			
Form of Business of the Named Insured: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Trust <input type="checkbox"/> Club <input type="checkbox"/> Organization (any other)			
<b>DESCRIBED PREMISES</b>			
The specifically described location(s) at which you sell, serve or furnish alcoholic beverages covered by this Policy is (are): Loc# 1 - 224 3rd Ave, Proctor, MN 55810 (Saint Louis)			
<b>LIMITS OF INSURANCE</b>			
\$500,000 Each Common Cause			
<b>CLASSIFICATION OF RISK</b>			
Loc# 1 - Tavern			
<b>FORMS AND ENDORSEMENTS</b>			
<b>FORMS AND ENDORSEMENTS MADE PART OF THIS POLICY AT TIME OF ISSUANCE OF THESE DECLARATIONS:</b>			<b>PREMIUM</b>
<b>Number</b>	<b>Edition</b>	<b>Name</b>	
LLCF01	1215	Liquor Liability Coverage Form	Included
LLTD04	0816	Disclosure Pursuant To Terrorism Risk Insurance Act	Included
LLMN01	0914	Minnesota Changes	Included
LLMC03	0914	Amendment of Cancellation and Nonrenewal Provisions	Included
LLLT02	0914	Limited Terrorism Coverage	Included
MLBA Credit			\$321
Loss Free Credit			Applied
Terrorism Coverage is provided			\$0
MINIMUM PREMIUM \$750			TOTAL ADVANCE PREMIUM \$3,448
			AMOUNT DUE \$3,448



## INFORMED CONSENT FORM

City of Proctor  
Proctor Police Department  
100 Pionk Drive  
Proctor MN 55810  
(218) 624-7788

Date: 11/12/18

The following named individual has made application for a liquor license:

Last Name of Applicant (please print): RAYMOND SR

First Name (please print): ROGER

Middle (full, please print): LEE

Maiden, Alias or Former (please print): N/A

Sex: ☒ Male ☐ Female

Date of Birth: 09 / 1962  
Month Day Year

Social Security Number (optional): 470-88-8068

I (we) authorize the Proctor Police Department to conduct a criminal background check under Mn State Statute 340A.402. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant [Signature]

Date 11/12/18

Minnesota Department of Labor and Industry  
Construction Codes and Licensing Division  
Licensing and Certification Services  
443 Lafayette Road North  
St. Paul, MN 55155  
Phone: (651) 284-5034  
Fax: (651) 284-5743  
www.dli.mn.gov  
dli.license@state.mn.us

**Certificate of Compliance  
Minnesota Workers'  
Compensation Law**



**THIS FORM MUST BE COMPLETED AND SIGNED  
BY ALL BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO. 218.628.0530	FAX TELEPHONE NO.
--	--	-------------------

BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) **ROGER L. RAYMOND SR**

DBA ("doing business as" or also known as an assumed name) (if applicable)

**KEYBOARD LOUNGE**

BUSINESS ADDRESS (must be physical street address, no PO boxes) 224 3RD AVE	CITY PROCTOR	STATE MN	ZIP CODE 55810
--	-----------------	-------------	-------------------

COUNTY ST LOUIS	E-MAIL ADDRESS KEYBOARDLOUNGE@HOTMAIL.COM
--------------------	--

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE  
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

**NUMBER 1 – Workers' compensation insurance policy information**

INSURANCE COMPANY NAME (not the insurance agent) SFM	NAIC Number	
POLICY NO. 034497.210	EFFECTIVE DATE 3/10/18	EXPIRATION DATE 3/10/19

**NUMBER 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory) 	TITLE OWNER	DATE 11/12/18
-------------------------------------	----------------	------------------

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

KEYBOARD LOUNGE  
224 3RD AVE.  
PROCTOR, MN 55810  
628-0530

8017

75-7538/2919

Date

11/12/18

CHECK AMOUNT

PAY to the  
order of

AGED

\$ 20-

Twenty dollars & no /100

Dollars

Photo  
Safe  
Deposit  
Check or Cash

PROCTOR FEDERAL  
CREDIT UNION

218-624-5761 218-628-2841  
Proctor, Minnesota 55810  
www.proctorfcu.com

FOR

40833

Samuel J. G. G. G.

006017 1291975384 8100130999



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street, Suite 222, St Paul, MN 55101  
Phone 651-201-7507 TDD 651-282-5133

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

CARD NUMBER

(Official Use Only)

PLEASE RETURN THIS APPLICATION WITH \$20.00 FEE.

ISSUING AUTHORITY (CITY OR COUNTY) Proctor	LICENSE TYPE ONSS	CURRENT BUYERS CARD EXPIRES 12/31/2018	IDEN NUMBER 40833
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE) Roger L. Raymond Sr.		BUSINESS NAME (DBA) Keyboard Lounge	
BUSINESS ADDRESS 224 3rd Ave		COUNTY St. Louis	BUSINESS PHONE 2186280530
Proctor	MN 55810	OWNER/MANAGER SIGNATURE Samuel J. G. G. G.	

KEYBOARD LOUNGE  
224 3RD AVE.  
PROCTOR, MN 55810  
628-0530

8018

75-7538/2919

Date 11/12/18

CHECK ARMOR  
MICHAEL PROTECTION

PAY to the  
order of

City of Proctor

\$ 1700-

Seventeen hundred dollars & no/100

Dollars

Photo  
Safe  
Deposit  
Details on back



218-624-5761 218-628-2841  
Proctor, Minnesota 55810  
www.proctorfcu.com

FOR

2019 license

Samuel G. Smith

000018 1231925381 8100130999

**List of Planned Events for 2019 *(If known)***

Name of Licensee: \_\_\_\_\_

Trade Name: \_\_\_\_\_

**Project**

**Description**

**Drawn By**

**Phone No.**

**Scale**

**Date**

A large rectangular area filled with a fine grid of lines, typical of graph paper used for technical drawing or engineering calculations. The grid consists of small squares and occupies the majority of the page below the header information.



## LANDMARK DIVIDEND

6F

P2 T123 44077 \*\*\*\*AUTO\*\*ALL FOR AADC 550

Mark Casey  
City Of Proctor  
100 Pionk Dr Ste 101  
Proctor, MN 55810-1701



Dear Mark Casey,

As the nation's most experienced lease acquisition company, we have helped thousands of cellular landlords like you monetize their ground lease and meet important financial objectives.

If your cellular lease qualifies, Landmark Dividend will buy it for a significant cash lump sum and close the transaction smoothly. We have several options that allow you to receive the proceeds in a way best suited for your personal needs.

**Our lease monetization solutions provide value and flexibility:**

- 1) **Traditional Lease Buyout.** Get a lump sum of cash right now for your cellular lease to meet a critical financial need or to invest in real estate, land, a business or equities.
- 2) **Maximum Value Program.** By paying you in installments over a period of up to five years, we can offer you the highest possible cash payment for your cellular lease.
- 3) **Short Term Lease Agreement.** Get cash up front, and when your agreement term ends, your cellular lease and 100% of its income returns to you! Choose a 15, 20 or 25-year term.
- 4) **1031 Exchange.** Since taxes are deferred under a 1031 exchange, you'll keep all proceeds from the sale of your cellular lease if you invest them in a property used for investment or business.\*

\*The information above is provided as a general information on the 1031 exchange process. Prospective sellers and buyers of real estate should always consult their attorney and tax advisor prior to entering into a 1031 transaction. Use of any information obtained from Landmark or its affiliates is for general information only and does not represent tax advice, either express or implied.

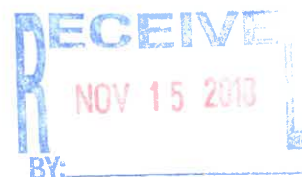
**Call us today at 1-877-340-8981** to learn how lease monetization can help you achieve greater financial security for you and your family! There is never a cost or obligation to speak to us.

Cordially,

Tim Brazy, CEO

Landmark Dividend

Mail ID: 8718458







LANDMARK  
DIVIDEND



## Selling Your Ground Lease: You Have Options!

As the company that pioneered the ground lease acquisition industry, Landmark Dividend provides innovative options for landlords seeking to optimize the value of their ground lease on terms best suited for their individual needs. Regardless of what option you choose for your ground lease, we pay cash and close your transaction quickly!

- **15-Year Short Term Purchase Agreement.** If you need a lump sum cash payment right now but don't want to permanently give up your lease, consider a short term purchase agreement. Once your term is complete, your lease and 100% of its income returns to you!
- **Maximum Value Program.** By paying you in installments over a period of up to five years, Landmark Dividend can offer you the highest possible payment for your ground lease.
- **1031 Exchange.** Keep all of the proceeds from the sale of your ground lease as long as you invest them in a property used for investment or business. Since taxes are deferred, a 1031 exchange keeps more money in your pocket, providing maximum buying power for your new property.\*
- **Traditional Lease Buyout.** If your site qualifies, we'll buy your lease for a significant lump sum cash payment. Proceeds are usually taxed as capital gains, which is a lower rate than regular income.\*
- **Unit Exchange Program.** Landmark Infrastructure Partners LP (the "Partnership"), the publicly-traded subsidiary of Landmark Dividend, offers the UEP product. It allows property owners to contribute their infrastructure ground leases in exchange for common units in the Partnership. The benefits are quarterly cash distributions, possible tax-deferral on the transaction, potential equity growth on the units and greater diversification.

**Landmark Dividend** is an industry standout for its knowledge, experience and excellent customer service. We're here to explain all your options in detail so that you can determine the best choice for you and your family. There is never a cost or obligation to speak to us. We freely share our vast knowledge of ground leases and the wireless industry with our valued clients.



### Mark Feitz

Vice President of Acquisitions

[mfeitz@landmarkdividend.com](mailto:mfeitz@landmarkdividend.com)

(816) 398-7922 Direct

(816) 885-9626 Mobile

(816) 398-7922 Fax



[landmarkdividend.com](http://landmarkdividend.com)





# Community Development Block Grant (CDBG) PRE-APPLICATION St. Louis County, Minnesota

**About:** The Community Development Block Grant (CDBG) Program provides funds for physical improvement, economic development, housing activities, and public service activities. Eligible applicants are cities, townships, and nonprofit agencies within St. Louis County providing services outside the Duluth city limits. For more information, see our website at:  
<http://www.stlouiscountymn.gov/LANDPROPERTY/CommunityDevelopment/CDBG.aspx>

## APPLICANT INFORMATION

Organization/Applicant Name **City of Proctor**

Type of Organization

☒ Government ☐ Non-profit

Daytime #

**218-624-3641**

Date

**10/14/2018**

Address

**100 Pionk Drive**

City

**Proctor**

State

**MN**

ZIP

**55810**

Email

**mcasey@proctormn.gov**

Contact Person *If applicable*

**Jennifer McDonald**

Contact Person #

**218-340-3295**

Mailing Address *If different than above*

**421 St Louis River Road**

City

**Proctor**

State

**MN**

ZIP

**55810**

Email Address *If different than above*

**Jennmcd777@gmail.com**

## PROJECT INFORMATION

Project Title **A Playground for EveryBODY**

Site Address *If applicable*

**100 Pionk Drive**

City

**Proctor**

## PROJECT TYPE

☐ Housing ☒ Community Facilities ☐ Public Infrastructure ☐ Economic Development ☐ Public Service

## PROJECT ACTIVITY

☐ Acquisition ☐ Clearance ☐ Facilities ☐ Infrastructure ☐ Historic Preservation ☐ Housing Rehabilitation  
☐ Commercial Rehabilitation ☐ Public Services ☐ Economic Development ☒ Accessibility Improvements

## FUNDING REQUEST

Amount of (\$) of CDBG Request **\$ 92465.00**

Amount of (\$) of Community or  
Agency Resources **\$ 123325.73**

Amount of (\$) from Other Sources **\$ 71459.00**

\$

\$

**Total Project Cost (\$)** **\$ 287249.00**

## PRE-APPLICATION NARRATIVE

Please briefly explain what the project will be addressing and where the project will be located. Please limit to the space provided below:

**The Playground for EveryBODY project seeks to develop a regional playground system that allows ALL children, particularly those with physical disabilities including paralysis, to "reach to the top" of this playground, a feat that has been denied to many based on the design of traditional playground systems. For children with physical mobility impairments, this feat will be particularly meaningful, and will allow them to achieve a degree of playground participation similar to other children using the system. The closest playground of this nature north of the Twin Cities Metro area is in Bemidji (Paul Bunyan Inclusive Playground).**

**There are currently seven relatively small playground spaces that serve children in the Proctor, Hermantown and Bayview Heights area of Duluth. None of the existing local playgrounds are fully handicap accessible and much of the equipment is old and outdated. No existing playground system allows children with physical impairments to get around easily, be assured of safety, or "get to the top" of play structures.**

**This all-inclusive playground is a playground with all the elements that kids love: slides, swings, towers, climbing walls. But with the use of ramps and wide steps, it will be accessible to all children, including those with disabilities: even children who use wheelchairs. It goes beyond typical handicap accessibility guidelines and will be truly engaging and accessible to children of all abilities. Integrating young lives truly can change the future.**

**The City of Proctor has allocated 8400 square feet within the Proctor Regional Recreation Center to establish the Playground for EveryBODY. This site hosts a variety of athletic competitions including baseball, softball, soccer and football games and is utilized many days of the week by athletic teams and sports fans who often have young children in tow. Detailed schematics for this playground have been provided to us by Northland Recreation. A variety of equipment has been included in this design, with each activity designed to develop both small and large motor skills.**

**This playground replaces a fitness area in the Proctor Regional Recreation Center that was developed in the 1980's. This fitness area is in poor condition, with most pieces unusable due to age and condition, and is not handicap accessible.**

**Phase 1 of this project was completed in 2012, which included installation of a playground structure for children ages 2-5 and swings for children of all ages, including an adaptive swing. Phase 2 as requested in this grant application would develop a fully ramped play structure geared for children ages 5-12 and beyond, as well as stand-alone play activities that would be accessible to all**

## AGREEMENT

Authorized Applicant Name: **Jennifer McDonald**

Title

**Project Coordinator**

Date: **10/14/2018**

Federal Id #

DUNS #



# Community Development Block Grant (CDBG) PRE-APPLICATION St. Louis County, Minnesota

**About:** The Community Development Block Grant (CDBG) Program provides funds for physical improvement, economic development, housing activities, and public service activities. Eligible applicants are cities, townships, and nonprofit agencies within St. Louis County providing services outside the Duluth city limits. For more information, see our website at:

<http://www.stlouiscountymn.gov/LANDPROPERTY/CommunityDevelopment/CDBG.aspx>

## APPLICANT INFORMATION

Organization/Applicant Name **City of Proctor**

Type of Organization

☒ Government ☐ Non-profit

Daytime #

**218-624-6341**

Date

**10/15/2018**

Address

**100 Pionk Drive**

City

**Proctor**

State

**MN**

ZIP

**55810**

Email

**mcasey@proctormn.gov**

Contact Person *If applicable*

**Mark Casey**

Contact Person #

**218-628-6261**

Mailing Address *If different than above*

**100 Pionk Drive**

City

**Proctor**

State

**MN**

ZIP

**55810**

Email Address *If different than above*

## PROJECT INFORMATION

Project Title **Residential Rehabilitation Project**

Site Address *If applicable*

**City of Proctor**

City

**Proctor**

## PROJECT TYPE

☐ Housing ☐ Community Facilities ☐ Public Infrastructure ☐ Economic Development ☒ Public Service

## PROJECT ACTIVITY

☐ Acquisition ☐ Clearance ☐ Facilities ☐ Infrastructure ☐ Historic Preservation ☒ Housing Rehabilitation

☐ Commercial Rehabilitation ☐ Public Services ☐ Economic Development ☐ Accessibility Improvements

## FUNDING REQUEST

Amount of (\$) of CDBG Request **\$ 50,000**

Amount of (\$) of Community or  
Agency Resources **\$ 10,000.00**

Amount (\$) from Other Sources **\$ 0.00**

\$

\$

**Total Project Cost (\$)** **\$ 60,000**

## PRE-APPLICATION NARRATIVE

Please briefly explain what the project will be addressing and where the project will be located. Please limit to the space provided below:

**The City of Proctor Economic Development Authority and City Council have begun efforts to rehabilitate residential homes in our community. Through these efforts \$10,000 had been allocated to residential redevelopment that includes help with weatherization, efficiency updates and replacement of mechanical systems, roofing, siding, corrections of all hazardous and unhealthy conditions, structural repairs, possible assistance in demolition, etc. .**

**St. Louis County CDBG has provided funding in past years for residential redevelopment.**

**In order to continue this successful program, the City of Proctor is requesting additional funding from St. Louis County CDBG. Correcting code violations, updating the homes, and many other projects would all greatly benefit the community and the region. These projects would not only bring in additional homes to those that can't afford to renovate, but it is our belief that it will revitalize the search for moderately priced homes in the community.**

**In recent years, many homeowners were unable to make repairs that were desperately needed from other funding sources that benefitted the City of Proctor. Seeing the extremely succesful nature of this program and its effects on local residents, the City of Proctor would like to continue the program.**

**Secondary effects of these funds on local homes will also be realized. With code repairs corrected and structures improved, annual repair and maintenance costs of these homes will be reduced.. Energy savings from efficient mechanical systems, weatherization including windows, doors, and insulation, will lower utility costs and once again save in ongoing repairs. With multiple empty homes, the City of Proctor's tax base continues to decrease as empty buildings deteriorate and no updates are made. By addressing the code violations in these buildings and eliminating the blight in these areas, these building can once again be filled adding to the tax base of our community.**

**THIS WOULD BE CITY OF PROCTOR PRIORITY #3**

## AGREEMENT

Authorized Applicant Name: **Mark Casey**

Title **City Administrator**

Date: **10/15/2018**

Federal Id # 41-6005473

DUNS # 047660881



# Community Development Block Grant (CDBG) PRE-APPLICATION St. Louis County, Minnesota

**About:** The Community Development Block Grant (CDBG) Program provides funds for physical improvement, economic development, housing activities, and public service activities. Eligible applicants are cities, townships, and nonprofit agencies within St. Louis County providing services outside the Duluth city limits. For more information, see our website at:  
<http://www.stlouiscountymn.gov/LANDPROPERTY/CommunityDevelopment/CDBG.aspx>

## APPLICANT INFORMATION

Organization/Applicant Name **Proctor, City of/ Mark Casey**

Type of Organization <input checked="" type="checkbox"/> Government <input type="checkbox"/> Non-profit	Daytime # <b>218-624-3641</b>	Date <b>10/15/2018</b>	
Address <b>100 Pionk Drive</b>	City <b>Proctor</b>	State <b>MN</b>	ZIP <b>55810</b>
Email <a href="mailto:mcasey@proctormn.gov">mcasey@proctormn.gov</a>			
Contact Person <i>If applicable</i> <b>Mark Casey</b>	Contact Person # <b>Mark Casey</b>		
Mailing Address <i>If different than above</i>	City	State	ZIP
Email Address <i>If different than above</i>			

## PROJECT INFORMATION

Project Title **Commercial Redevelopment**

Site Address <i>If applicable</i> <b>N/A City Wide</b>	City <b>Proctor</b>		
---	------------------------	--	--

## PROJECT TYPE

☐ Housing ☐ Community Facilities ☐ Public Infrastructure ☐ Economic Development ☒ Public Service

## PROJECT ACTIVITY

☐ Acquisition ☐ Clearance ☐ Facilities ☐ Infrastructure ☐ Historic Preservation ☐ Housing Rehabilitation  
☒ Commercial Rehabilitation ☒ Public Services ☐ Economic Development ☒ Accessibility Improvements

## FUNDING REQUEST

Amount of (\$) of CDBG Request	\$ <b>25,000</b>
Amount of (\$) of Community or Agency Resources	\$ <b>10,000</b>
Amount (\$) from Other Sources	\$
	\$
	\$
<b>Total Project Cost (\$)</b>	<b>\$ 35,000</b>

## PRE-APPLICATION NARRATIVE

Please briefly explain what the project will be addressing and where the project will be located. Please limit to the space provided below:

**The City of Proctor would like to continue with its commercial redevelopment program. The program has been a success within Proctor and business owners have used the program to its fullest. This project has the full support of the Chamber of Commerce, Proctor Economic Development Authority, Planning and Zoning Commission, City Council, and local contractors, and developers.**

**The program has been used by several businesses as gap financing for larger loans that have been needed. It also has been the main source of revitalization to some businesses that had exhausted all other financing options.**

**The program will be closely monitored for all requirements of the CDBG program, by the City of Proctor. Proctor Economic Development Authority continues to update the qualification process and those applying for funds.**

**THIS PROJECT IS PRIORITY NUMBER 2 FOR THE CITY OF PROCTOR.**

## AGREEMENT

Authorized Applicant Name: **Mark Casey**

Title **City Administrator**

Date: **10/15/2018**

Federal Id # 416005473

DUNS # 47660881



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## CIVIL SERVICE COMMISSION

### C. Duties of Personnel Committees.(City Ordinance)

Applicability to Police. The process of discipline set forth in this Ordinance shall not be applicable to police officers employed by the City of Proctor. Discipline of those employees shall be through the Police Civil Service Commission.

Subd. 2. Union Contracts. Any employee included in a collective bargaining agreement entered into in accordance with the Public Employment Labor Relations Act, M.S. '179.61 to '179.76, (ALL REPEALED) shall be exempt from any provision of '204 which is inconsistent with such agreement. Any employee within the jurisdiction of a personnel board or civil service commission established under Minnesota Statutes, Chapters 44, 419, or 420, is exempt from any provision of this part which is inconsistent with such statute or rules and regulations adopted thereunder. Nothing in this part is intended to modify or supersede any provision of the Veterans' Preference Act, M.S. '197.45 to 1.

### Ch 44.04 Subd. 2. **Police or firefighter's civil service commission, as personnel board.**

When a merit system ordinance is adopted in any municipality having a police or firefighter's civil service commission, the existing commission shall become the personnel board and its members shall serve for the duration of terms for which they were originally appointed. Successors shall be appointed for three-year terms as provided in subdivision 1.

### **419.01 ESTABLISHMENT.**

There may be created in every city, except a city of the first class, a police civil service commission with powers and duties as provided in sections 419.01 to 419.18. Any such city which may wish to avail itself of the provisions thereof shall do so by an ordinance expressly accepting the provisions thereof. The ordinance shall be adopted in the same manner as other nonemergency ordinances, but at least 30 days shall elapse between its introduction and final passage by the governing body. Sections 419.01 to 419.18 do not apply to any city until the adoption of such ordinance.

### **419.04 COMMISSIONERS TO SERVE WITHOUT PAY.**

Each commissioner shall serve without pay but the council may allow the secretary such compensation, not exceeding \$100 per year, as it shall deem commensurate with the additional service rendered. The council shall pay from the municipal treasury all expenses incurred by the commission in connection with the performance of its duties and furnish it with all supplies, stationery, and equipment it may require, but all bills and accounts shall be audited and approved by the president and secretary of the commission before being paid by the council.

### **419.05 DUTIES OF COMMISSION.**

LYNN 7/2/03

The commission shall have absolute control and supervision over the employment, promotion, discharge, and suspension of all officers and employees of the police department of such city and these powers shall extend to and include all members of the police department. The commission may not, however, prescribe any residency requirements for the positions under its control, unless approved by the city council.

#### **419.16 ABOLITION OF COMMISSION.**

A police civil service commission created under this chapter may be abolished as follows: (1) by the voters in accordance with section 419.17; or (2) by a unanimous vote of the city council. Abolition by the voters shall be initiated by a petition signed by at least 25 percent of the number of legal voters voting at the last general municipal election filed with the governing body of the city requesting that the following question be submitted to the voters: "Shall the police civil service commission be abolished?"

#### **419.02 MEMBERSHIP; JOINT POLICE AND FIRE COMMISSION.**

##### **Subdivision 1. Number, qualifications, limits.**

This commission shall consist of three members who are citizens of the state and residents of such city, and shall be appointed by the council of the city, and when first created one commissioner shall be appointed for the term of one year, who shall be president of the commission, one for the term of two years, and one for the term of three years, and all commissioners shall hold their office until their successors are appointed and qualified. No commissioner shall, at the time of appointment or while serving, hold any elected office under the city, the United States, the state of Minnesota, or any public corporation or political division thereof, or employment under the city, or employment under a police department of any city, other than as a member of a civil service commission for firefighters or other municipal personnel. Each commissioner, before entering upon duties, shall subscribe and file with the city clerk an oath for the faithful discharge of the duties. There shall be appointed each year thereafter by the city council one member of the commission whose term of office shall be for three years, and each member of the commission shall be president of the commission during the last year of the member's term.



Philip G. Larson  
Mayor

Mark Casey  
Administrator

# City of Proctor

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*You Have A Place In Proctor*

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6K  
COUNCILORS  
Jake P. Benson  
Troy R. DeWall  
Gary Nowak  
James R. Schwarzbauer

100 Pionk Drive • Proctor, Minnesota 55810-1700 • (218) 624-3641 • Fax (218) 624-9459 • email: cityhall@proctormn.gov

## **Resolution No. 51-18**

### **RESOLUTION AUTHORIZING AND DIRECTING THE MAYOR AND CITY ADMINISTRATOR TO EXECUTE AND DELIVER A REAL ESTATE PURCHASE AGREEMENT AND CONVEYANCE OF REAL PROPERTY BY THE CITY OF PROCTOR**

WHEREAS, the City of Proctor ("City") owns real property within Proctorknott Macgoffins Division of the City; and

WHEREAS, the City received an offer with the consideration totaling \$25,000 to purchase and improve (the "Parcel"); and

WHEREAS, the City has authority to sell real property as its interests require; and

WHEREAS, the purchaser of the Parcel will be required to enter into a Real Estate Purchase Agreement, and has done so; and

WHEREAS, the Hermantown City Council has duly considered this matter and finds, determines and declares that the sale of the Parcel pursuant to the terms of the Purchase Agreement is in the best interests of the City.

NOW, THEREFORE, BE IT RESOLVED, by the City Council of the City of Proctor, Minnesota, as follows:

The Mayor and City Clerk are hereby authorized and directed to:

1. To execute the Real Estate Purchase Agreement, subject to approval on any non-substantive changes as are approved by the City Administrator and the City Attorney; and
2. To sell and convey the Parcel, pursuant to the terms of such Real Estate Purchase Agreement, to the purchaser upon completion by the purchaser of all of its duties under said Real Estate Purchase Agreement and;
3. To take any and all actions necessary to effectuate such sale and conveyance, including the execution and delivery to such purchaser of a quit claim deed.

Philip G. Larson  
Mayor

Mark Casey  
Administrator

# City of Proctor

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*You Have A Place In Proctor*

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Councilor \_\_\_\_\_ introduced the foregoing resolution and moved its adoption.

The motion for the adoption of such resolution was seconded by Councilor \_\_\_\_\_  
and, upon a vote being taken thereon, the following voted in favor thereof:

and the following voted in opposition thereto:

WHEREUPON, such resolution was declared duly passed and adopted on the \_\_\_\_\_  
day of \_\_\_\_\_ 2018.

\_\_\_\_\_  
Phil Larson  
Mayor

Attest: \_\_\_\_\_  
Mark C. Casey  
City Clerk/ Administrator

## CITY OF PROCTOR

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**\*Check Summary Register©**

October 2018 to November 2018

Name	Check Date	Check Amt	
<b>10100 First National Gen</b>			
Paid Chk# 037648 AMERITAS	11/7/2018	\$152.89	VISION INSURANCE
Paid Chk# 037649 EMC NATIONAL LIFE COMPANY	11/7/2018	\$486.03	LIFE INSURANCE
Paid Chk# 037650 NORTHERN MN DENTAL	11/7/2018	\$1,187.15	DENTAL INSURANCE
Paid Chk# 037651 EMC NATIONAL LIFE COMPANY	11/14/2018	\$87.10	EMPLOYEE SUPPLEMENTAL LIFE
Paid Chk# 037652 LAW ENFORCEMENT LABOR SE	11/14/2018	\$294.00	LELS UNION DUES
Paid Chk# 037653 PROCTOR POLICE DEPT UNION	11/14/2018	\$60.00	POLICE DUES
Paid Chk# 037654 TEAMSTERS LOCAL UNION #346	11/14/2018	\$418.00	Teamsters union dues
Paid Chk# 037655 ADVANCED SIGNS INC	11/19/2018	\$345.70	CITY SIGN AT BLACKWOODS REPAIR
Paid Chk# 037656 AIRFIBER	11/19/2018	\$121.35	5 IP ADDRESSES - 11/1-12/1/18
Paid Chk# 037657 AMERIPRIDE SERVICES	11/19/2018	\$129.69	TOWELS & MATS
Paid Chk# 037658 BROCK WHITE	11/19/2018	\$2,167.50	TRAILER RENTAL
Paid Chk# 037659 COMPUDYNE, INC	11/19/2018	\$4,637.27	BATTERY BACKUPS
Paid Chk# 037660 CONSOLIDATED COMMUNICATI	11/19/2018	\$373.01	TELEPHONE - OCT CHARGES
Paid Chk# 037661 COONS AGGREGATE	11/19/2018	\$3,402.77	WASHED SAND
Paid Chk# 037662 CORPORATE PAYMENT SYSTE	11/19/2018	\$1,564.85	SAMS - GATORADE - FIRE DEPT
Paid Chk# 037663 GOPHER STATE ONE CALL	11/19/2018	\$151.20	OCTOBER BILLING - FTP TICKETS
Paid Chk# 037664 GREAT AMERICA FINANCIAL SV	11/19/2018	\$199.12	BIZHUB C368 COPIER
Paid Chk# 037665 GREAT LAKES PIPE SERVICE IN	11/19/2018	\$1,160.00	EMERGENCY SEWER CLEANING NEAR
Paid Chk# 037666 HARTEL'S/DBJ DISPOSAL COMP	11/19/2018	\$656.43	FIRE DEPT TRASH & RECYCLE SERV
Paid Chk# 037667 HOUR MEDIA	11/19/2018	\$482.00	TOURISM MARKETING
Paid Chk# 037668 J.P. COOKE COMPANY	11/19/2018	\$78.18	2019 PET LICENSES & RECEIPT BO
Paid Chk# 037669 KOLLANDER COMPANIES INC	11/19/2018	\$1,012.00	TOURISM MARKETING
Paid Chk# 037670 LENT, NOELLE	11/19/2018	\$43.51	OFFICE SUPPLIES
Paid Chk# 037671 MINNESOTA AGGREGATE	11/19/2018	\$1,410.06	6 LOADS WASHED SAND
Paid Chk# 037672 MN.IT SERVICES	11/19/2018	\$102.60	BANDWIDTH CHARGES - OCTOBER 20
Paid Chk# 037673 MONARCH PAVING	11/19/2018	\$3,049.34	3 LOADS COLD MIX ASPHALT
Paid Chk# 037674 NORTHERN BUSINESS PRODUC	11/19/2018	\$163.59	COPY PAPER - POLICE DEPT
Paid Chk# 037675 NORTHLAND CONSTRUCTORS	11/19/2018	\$562.97	ASPHALT PATCHING
Paid Chk# 037676 PHILIP LARSON	11/19/2018	\$164.96	ANNEXATION HEARING - MILEAGE &
Paid Chk# 037677 PROCTOR BUILDERS	11/19/2018	\$170.32	MISC OPERATING SUPPLIES - STRE
Paid Chk# 037678 PROCTOR JOURNAL	11/19/2018	\$37.67	PUBLIC HEARING - MUNICIPAL LIQ
Paid Chk# 037679 PROCTOR PIZZA & SUB SHOP	11/19/2018	\$47.69	ELECTION WORKERS DINNER
Paid Chk# 037680 PROCTOR PUBLIC UTILITIES	11/19/2018	\$2,538.47	BDRY AVE & I35 LIFT STATION
Paid Chk# 037681 RANGE PAPER	11/19/2018	\$37.80	TRASH CAN LINERS
Paid Chk# 037682 RICK'S TREE & STUMP REMOVA	11/19/2018	\$1,599.00	TREE CONTRACTOR TRIMMING & REM
Paid Chk# 037683 SERVICEMASTER	11/19/2018	\$1,181.70	CARPET & UPHOLSTERY CLEANING -
Paid Chk# 037684 THOMSON REUTERS-WEST	11/19/2018	\$112.36	INVESTIGATIVE SUITE DETAIL OF
Paid Chk# 037685 TOWMASTER	11/19/2018	\$181.74	PARTS DUMP BOX ON MACK TRUCK
Paid Chk# 037686 TROY'S SERVICE	11/19/2018	\$1,921.45	2012 DODGE CHARGER - POLICE DE
Paid Chk# 037687 US BANK VOYAGER FLEET SYS	11/19/2018	\$1,327.09	FUELS - POLICE DEPT
Paid Chk# 037688 VERIZON WIRELESS	11/19/2018	\$210.76	POLICE DEPT AIRCARDS
Paid Chk# 037689 ZIEGLER, INC	11/19/2018	\$661.94	SERVICE LEVEL PM#1 ON LOADER
Paid Chk# 2018156 BLUE CROSS BLUE SHIELD OF	10/29/2018	\$28,486.50	HEALTH INSURANCE
Paid Chk# 2032082 CITY OF PROCTOR	11/7/2018	\$20,645.79	PR18-22 wh

Total Checks \$83,823.55

## CITY OF PROCTOR

11/15/18 8:35 AM

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**\*Check Summary Register©**

October 2018 to November 2018

Name	Check Date	Check Amt
<b>10110 First National Liq</b>		
Paid Chk# 028498 AMERITAS	11/7/2018	\$4.90 VISION INSURANCE
Paid Chk# 028499 CITY OF PROCTOR	11/7/2018	\$740.50 HEALTH INSURANCE
Paid Chk# 028500 EMC NATIONAL LIFE COMPANY	11/7/2018	\$41.13 LIFE INSURANCE
Paid Chk# 028501 NORTHERN MN DENTAL	11/7/2018	\$26.95 DENTAL INSURANCE
Paid Chk# 028502 CITY OF PROCTOR	11/14/2018	\$1,724.31 PR18-22L wh PERA
Paid Chk# 028503 EMC NATIONAL LIFE COMPANY	11/14/2018	\$14.40 EMPLOYEE SUPPLEMENTAL LIFE
Paid Chk# 028504 AMERICAN BOTTLING COMPAN	11/19/2018	\$180.74 2426
Paid Chk# 028505 ARTISAN BEER COMPANY	11/19/2018	\$130.00 2423
Paid Chk# 028506 BENT BREWSTILLERY	11/19/2018	\$137.64 2424
Paid Chk# 028507 BERNICK'S PEPSI	11/19/2018	\$5,617.65 2417
Paid Chk# 028508 BREAKTHRU BEVERAGE	11/19/2018	\$888.45 2418
Paid Chk# 028509 GUARDIAN PEST SOLUTIONS, IN	11/19/2018	\$40.69 Rodent Control
Paid Chk# 028510 JOHNSON BROTHERS INC	11/19/2018	\$4,379.99 2412
Paid Chk# 028511 MEDIACOM	11/19/2018	\$116.69 Phone/TV/Internet Services
Paid Chk# 028512 MICHAUD DISTRIBUTING COMP	11/19/2018	\$827.20 2425
Paid Chk# 028513 MINNESOTA ENERGY RESOURC	11/19/2018	\$57.24 Liquor Store Gas Bill
Paid Chk# 028514 NORTHERN BUSINESS PRODUC	11/19/2018	\$477.95 Toner and Envelopes
Paid Chk# 028515 PHILLIPS WINE & SPIRITS CO	11/19/2018	\$1,976.63 2415
Paid Chk# 028516 PROCTOR BUILDERS	11/19/2018	\$10.99 Surge Protector
Paid Chk# 028517 PROCTOR PUBLIC UTILITIES	11/19/2018	\$460.12 Liquor Store Utility Bill
Paid Chk# 028518 SOUTHERN GLAZER'S OF MN	11/19/2018	\$1,223.30 2421
Paid Chk# 028519 SUPERIOR BEVERAGE	11/19/2018	\$5,579.35 2428
<b>Total Checks</b>		<b>\$24,656.82</b>