

REGULAR WASECA CITY COUNCIL MEETING  
TUESDAY, OCTOBER 2, 2018  
7:00 P.M. AGENDA

- 1     CALL TO ORDER/ROLL CALL
- 2     MOMENT OF SILENCE/PLEDGE OF ALLEGIANCE
- 3     APPROVAL OF AGENDA
- 4     PUBLIC COMMENT

Those wishing to speak must state their name and address for the record after they reach the podium. Each person will have three (3) minutes to make his/her remarks. Speakers will address all comments to the City Council as a whole and not one individual councilmember. The Council may not take action on an item presented during the Public Comment period, unless the item is already on the agenda for action. When appropriate, the Council may refer inquiries and items brought up during the Public Comment period to the City Manager for follow up.

- 5     REQUESTS AND PRESENTATIONS

Proclamation: Pregnancy and Infant Loss Remembrance Day, October 15<sup>th</sup>     (p. 3)

- 6     CONSENT AGENDA

- A.     Minutes – Regular City Council meeting – September 18, 2018 (p.4-8)
- B.     Payroll & Expenditures (p.9-25)
- C.     **Resolution No. 18-67:** Authorization to Execute MN Dot Grant Agreement     (p.26-30)
- D.     Liquor and Tobacco License Approval – Cash Wise Liquor and Grocery Store     (p.31-48)
- E.     Approval of On-Site Gambling Permit for Waseca Hockey Association: The Mill     (p.49-50)
- F.     Approval of Payment Request: Dirt Merchant     (p.51-52)
- G.     Approval of Payment Request: Pearson Bro's     (p.53-57)

- 7     ACTION AGENDA

- A.     Waseca Fire Truck Purchase Discussion     (p. 58)

8      REPORTS

- A.      City Manager's Report  
         -Vision 2030
- B.      Commission Reports  
         Park Board (Christiansen)  
         Fire Relief (Conrath)  
         Airport Board (Rose)

9      ANNOUNCEMENTS

10     ADJOURNMENT

## CITY OF WASECA PROCLAMATION

### Recognizing National Pregnancy and Infant Loss Awareness Day

**WHEREAS**, Infants Remembered In Silence, Inc. (IRIS) and many other nonprofit organizations work with thousands of parents all over Minnesota and across the United States who have experienced the death of a child during pregnancy through early childhood; and

**WHEREAS**, Many of these parents live in, deliver in, have a child die in, or a bury a child in our community; and

**WHEREAS**, Infants Remembered In Silence, Inc. a 501(c)(3) nonprofit organization, was founded in 1987, 31 years ago, to support parents whose child/children have died from miscarriage, ectopic pregnancy, molar pregnancy, stillbirth, neo-natal death, sudden unexplained death of a child (SUDC), sudden infant death syndrome (SIDS), birth defects, illness, accidents, and all other types of early childhood death; and

**WHEREAS**, Bereaved parents remember these children annually on October 15 with a candle lighting at 7:00 pm Some will remember their child/children in their homes while others will remember them in small gatherings around the state and across the nation and around the world; and

**WHEREAS**, In 1988, President Ronald Reagan proclaimed October as National Pregnancy and Infant Loss Awareness month; and

**WHEREAS**, This proclamation will unify parents in tribute to their children that die each year in Minnesota;

**NOW THEREFORE**, In honor of the thousands of children that die each year in Minnesota Infants Remembered in Silence and as Mayor of the City of Waseca, Minnesota, I do hereby proclaim October 15, 2018 as

### ***PREGNANCY AND INFANT LOSS REMEMBRANCE DAY IN THE CITY OF WASECA***

**IN WITNESS WHEREOF**, I have hereunto set my hand and caused the Great Seal of the City of Waseca, Minnesota to be affixed this 2<sup>nd</sup> day of October, 2018.

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**R. D. SRP  
MAYOR**

MINUTES  
REGULAR WASECA CITY COUNCIL MEETING  
TUESDAY, SEPTEMBER 18, 2018

6A

**CALL TO ORDER/ROLL CALL**

- 1 The regular Waseca City Council meeting was called to order by Mayor Roy Srp at 7:00 p.m.

Councilmembers present:

Mayor Roy Srp	Ann Fitch
Daren Arndt	Mark Christiansen
Les Tlougan	
Jeremy Conrath	
Allen Rose	

Staff present:

Lee Mattson, City Manager  
Mike Anderson, Assistant to City Manager  
Shelly Kolling, Finance Director  
Alicia Fischer, Finance Technician

Others:

**MOMENT OF SILENT PRAYER/PLEDGE OF ALLEGIANCE**

- 2 A moment of silence was observed. The Pledge of Allegiance to the Flag was recited.

**APPROVAL OF AGENDA**

- 3 It was moved by Arndt, seconded by Conrath, to approve the agenda as presented, motion carried 7-0.

**PUBLIC COMMENT**

- 4 None.

**REQUESTS AND PRESENTATIONS**

- 5 None.

**CONSENT AGENDA**

- 6 It was moved by Arndt, seconded by Conrath, to approve the Consent Agenda as presented; the motion carried 7-0 and included the following:

- A. Minutes – Regular City Council meeting – September 4, 2018
- B. Payroll & Expenditures
- C. Minutes – City Council Work Session – September 4, 2018

- D. Approval of Temporary Liquor License: Homestead Event for 10/25/18
- E. **Resolution 18-62:** Amending Agreement with TKDA: Authorizing Professional Services for City Project 2019-07
- F. Approval of On-Sale Liquor License: Tasty House (Beer on Sale)
- G. Approval of Maintenance Agreement between Waseca and Tink Larson
- H. **Resolution 18-64:** Setting Public Hearing for Misc Assessments – Oct 16, 2018
- I. Approval of Payment Request for TLCF: Britton Plumbing & Heating
- J. Approval of Payment Request for TLCF: Carcofini
- K. Approval of Payment Request for TLCF: Century Fence Labor & Materials
- L. Approval of Payment Request for TLCF: Innovative Building Concepts
- M. Approval of Payment Request for TLCF: Koronis Fabricating
- N. Approval of Payment Request for TLCF: Reichel Painting
- O. **Resolution 18-66:** Setting Date & Continuation Date for Truth-in-Taxation Public Meeting
- P. Approval of Payment Request for HWY 14: Ulland Brothers

### **ACTION AGENDA**

7

- A. **Resolution 18-60 & 18-65:** Adopting City of Waseca 2019 Preliminary Tax Levy and EDA Preliminary Tax Levy (Economic Development Authority)

Finance Director Kolling presented the preliminary levy for the EDA which is set at the maximum allowed at \$82,452 for 2019. The max amount is set by the state based on a percentage of the tax base.

Finance Director Kolling presented information regarding the 2019 Preliminary Levy, including that the total levy amount with a 5.5% increase will be in the amount of \$4,540,905. Items that are included in the increase are Capital Improvements (streets, parks, storm sewer, and city facilities), salary adjustments, health insurance adjustments, capital equipment, and adjustments for department needs.

Councilmember Fitch stated she was not comfortable with the information provided and would like to see more detail at upcoming work sessions.

Council Member Arndt asked for specifics for the increase in specific areas.

A motion was made by Christiansen, seconded by Srp to approve Resolution 18-60. Motion carried 7-0.

A motion was made by Fitch, seconded by Arndt to approve Resolution 18-65. Motion carried 7-0

**B. Resolution 18-63 & Public Hearing: Tif #28 – DCU Waseca LLC. (Diversified Credit Union)**

Economic Development Coordinator Sandholm informed the Council that DCU is currently being run out of the EF Johnson Building. They will be moving to the old Godfathers site and putting up a new structure.

Jessica Green from Northland Securities presented information regarding the Tif #28. She told Council that there is a full plan in their packet for review. She stated that the new building site will have room for the Credit Union as well as some additional space for other businesses. The anticipated year for increment collection will be 2021 for a total of 26 years.

Public Hearing Opened at 7:26 pm

Resident James Christiansen approached the Council with no objection to the district, but informed Council he would like to see some action taken on the south end of town.

Public Hearing Closed at 7:29 pm

A motion was made by Fitch, seconded by Srp to pass Resolution 18-63. Motion carried 7-0

**C. Resolution 18-61: Authorizing Execution of an Agreement between the City of Waseca and the Minnesota Department of Public Safety/Office of Traffic Safety**

Lt. Angie Grotberg presented information regarding Resolution 18-61 to the Council. In April of 2018 the Waseca Police Department contacted the Chiefs from Janesville and New Richland in regards to a grant to assist with financials for overtime. The grant covers DUI enforcement, speeding enforcement, and careless driving enforcement. The grant was awarded in September 2018 in the amount of \$20,235.00

It was moved by Tlougan, seconded by Arndt to approve Resolution 18-61. Motion carried 7-0.

**D. Extending Residential Tax Abatement Program**

Economic Development Coordinator Sandholm informed the Council that the current Tax Abatement program is set to expire at the end of 2018. The program has seen seven new home constructions in 2018 and is expecting at least two more. The EDA met and recommended to Council to extend the program for another two years through the end of 2020. The City will allow up to \$120,000 abated in tax amount per year.

A motion was made by Arndt, seconded by Conrath to extend the existing tax abatement program through the year 2020. Motion carried 7-0.

**E. Ordinance 1066 & Public Hearing: Amending Chapter 37 of City Code – Regarding Number of Planning Commission Members**

City Manager Mattson informed Council that the decrease from seven members to five will allow the commission to have quorums for meetings while we seek new members.

Public Hearing Opened at 7:37 p.m.

No one approached Council.

Public Hearing Closed at 7:37 p.m.

Motion was made by Tlougan, seconded by Fitch to approve Ordinance 1066. Motion carried 7-0.

**F. Waseca Senior Center Partnership**

Duane Hebert talked about the Waseca Senior Center. Staff has been in discussions with the Senior Board regarding the City taking over the building and creating cooperative efforts. Herbert thinks that in the near future the effect to the budget will be neutral but obviously in the long run there will be maintenance costs.

Councilmember Christiansen asked about the budget effects and if the County would want to assist.

Hebert said the components to the lease agreement regarding the building and the details have yet to be determined.

A motion was made by Tlougan, seconded by Conrath to authorize the City Manager to enter into discussions for the lease agreement which will be presented at a future Council Meeting. Motion carried 7-0

## **REPORTS**

**8A City Manager's Report**

- Vision 2030 Strategic Action Committee had their meeting on September 12. There was good attendance with good discussion about the actions for each pillar.
- Some staff met with Congressman Walz's office at the County Highway building to discuss a potential effort for a future funding bill for small cities.
- Staff met with some members of the League of MN Cities and talked about how they could be more involved and what staff would like to see from them in the future.

**8B Commission Reports**

- HPC: Council Member Tlougan said it was a short meeting. Commission talked about the National Nomination writing and that the State Preservation Conference was last week where two members attended.
- EDA: Srp said that the EDA has been exploring the Opportunity Zone conference which will be held in Waseca. Also that the EDA is exploring options on the south end of town. Fitch talked about the Opportunity Zones, how that investors can invest in the Zone and get deferred taxes on their investment. Also some things that the EDA would like to do in 2019 including business employee training funding, and talked about the extension of the Tax Abatement Program. The EDA will look into a new program for incentives following 2020.

- Park Board: Christiansen said that the pavilion at Southview Park needs to be replaced and the board is seeking funding. The hockey boards have been removed at Hartley because they are not safe and replacement is being discussed. The board talked about Trails and connecting the trail from 19<sup>th</sup> Ave to Northeast Park. Clear Lake Bandshell has a new roof, but the pavilion will need to be looked at in 2019. Finally, the dog park is still being discussed.
- Discover Waseca Tourism: Fitch said that the fall/winter brochure is out. Also that the Sinister Forest Partnership and how they are going to be helping them with their event. Conrath talked about the All School Reunion and the new Chamber Director.

### **ANNOUNCEMENTS**

9 The following miscellaneous announcements were made by Councilmembers:

- Arndt reminded everyone that Sinister Forest is coming soon! The last two weekends in October.
- Tloughan stated that the Marching Classic was Saturday, September 22. There will be 20 bands in the parade and 15 in the competition.
- Fitch informed residents that she is the new Executive Director of the Chamber of Commerce. She thanked everyone out at SROC for their event they put on. She expressed her excitement for the 2030 kickoff meeting and seeing the new faces. Fitch finally mentioned that Waseca has never turned a business away who wanted to be in the City.
- Christiansen mentioned that leaf cleanup will begin in the coming weeks. Information is on the City Website. Christiansen would like to see some spraying for mosquitos for the Marching Classic.
- Conrath thanked Parks Superintendent Dushaw for his hard work clearing brush along the trails.
- Fitch mentioned that leaf burning is not allowed until October 15. Only burn leaves please.
- Srp said he will be filling out Thank You cards to those who attended the 4 Pillars meeting. He also thanked staff member Ranae Schult for getting him the Thank You cards. Then mentioned that Vision 2030 is very important for the City in how we move forward as a community. Finally, Srp encouraged the Council to attend all community events to be engaged and learn the needs of the community.

### **ADJOURNMENT**

10 It was moved by Arndt, seconded by Fitch, to adjourn the meeting at 8:28 p.m.; the motion carried 7-0.

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R. D. SRP  
MAYOR

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MIKE ANDERSON  
ASSISTANT TO CITY MANAGER

*Lee A. Miller*

## LIST OF EXPENDITURES

October 2, 2018

*Shelly L. Koling*

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City Council	4,250.00	
Streets	27,392.89	
Parks	14,584.31	
Wastewater	10,836.79	
Utility Administration	4,291.00	
Utility Billing	7,486.68	
Electric	17,775.36	
Water	5,973.96	
Building and Code Compliance	2,433.90	
Police	55,461.41	
Administration	4,511.00	
Community Aides	1,000.00	
Fire	10,300.50	
Paid On Call Fire Department	671.69	
Election Judges	161.64	
PEG	0.00	
Finance	10,287.84	
Connections	3,667.98	
Community Development	5,225.07	
Engineering	15,361.43	
Recreation	2,497.82	
Econ Development	<u>2,437.82</u>	
 Total Gross Payroll	 206,609.09	
 *Less- Payroll Deductions	 <u>(69,265.87)</u>	
 Net Payroll Cost		\$ 137,343.22

\*These costs are included in Accounts Payable totals below

Accounts Payable

Expenditures dated:  
 September 14, 2018-September 27, 2018  
 Includes check #'s 152615-152664  
 Bank ACH Withdrawals.....547,150.91

GRAND TOTAL EXPENDITURES      \$ 684,494.13

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount	
<b>General Fund</b>						
09/27/2018	152633	Hy-Vee Accounts Receivable	Food for pillar kickoff party	101-13220-0000	89.01	
		Total 101132200000:			89.01	
09/27/2018	91814	MN Sales and Use Tax Payable	Sales tax payable	101-20210-0000	2,622.21	M
		Total 101202100000:			2,622.21	
09/27/2018	91820	ACH Internal Revenue Service	FEDERAL WITHHOLDING TAX Pay Period: 9/23/2018	101-21701-0000	19,487.79	M
		Total 101217010000:			19,487.79	
09/27/2018	91816	MN Department of Revenue	STATE WITHHOLDING TAX Pay Period: 9/23/2018	101-21702-0000	9,293.20	M
		Total 101217020000:			9,293.20	
09/27/2018	91820	ACH Internal Revenue Service	SOCIAL SECURITY Pay Period: 9/23/2018	101-21703-0000	8,387.83	M
09/27/2018	91820	ACH Internal Revenue Service	SOCIAL SECURITY Pay Period: 9/23/2018	101-21703-0000	8,387.83	M
		Total 101217030000:			16,775.66	
09/27/2018	91817	Public Employees Retirement Assn (ACH	PERA COORD Emplr 1% Pay Period: 9/23/2018	101-21704-0000	1,317.22	M
09/27/2018	91817	Public Employees Retirement Assn (ACH	PERA COORDINATED Employee Pay Period: 9/23/2018	101-21704-0000	8,561.96	M
09/27/2018	91817	Public Employees Retirement Assn (ACH	PERA POLICE Employee Pay Period: 9/23/2018	101-21704-0000	6,309.71	M
09/27/2018	91817	Public Employees Retirement Assn (ACH	DEF CONTRIBUTION/EMPL Pay Period: 9/23/2018	101-21704-0000	117.40	M
09/27/2018	91817	Public Employees Retirement Assn (ACH	PERA COORDINATED Employer Pay Period: 9/23/2018	101-21704-0000	8,561.96	M
09/27/2018	91817	Public Employees Retirement Assn (ACH	PERA POLICE Employer Pay Period: 9/23/2018	101-21704-0000	9,464.60	M
09/27/2018	91817	Public Employees Retirement Assn (ACH	DEF CONT Employer Pay Period: 9/23/2018	101-21704-0000	117.40	M
		Total 101217040000:			34,450.25	
09/27/2018	20180791	Greater Mankato Area United Way	UNITED WAY Pay Period: 9/23/2018	101-21708-0000	28.00	
		Total 101217080000:			28.00	
09/27/2018	152648	NCPERS Minnesota - 8266711	LIFE INSURANCE - PERA Pay Period: 9/23/2018	101-21711-0000	224.00	
		Total 101217110000:			224.00	
09/27/2018	91820	ACH Internal Revenue Service	MEDICARE Pay Period: 9/23/2018	101-21712-0000	2,797.19	M
09/27/2018	91820	ACH Internal Revenue Service	MEDICARE Pay Period: 9/23/2018	101-21712-0000	2,797.19	M
		Total 101217120000:			5,594.38	
09/27/2018	91821	MSRS- (DEF COMP)	MSRS - ROTH (AFTER TAX) Pay Period: 9/23/2018	101-21713-0000	810.00	M
09/27/2018	91821	MSRS- (DEF COMP)	MSRS - DEF COMP Pay Period: 9/23/2018	101-21713-0000	495.00	M
		Total 101217130000:			1,305.00	
09/27/2018	91819	Vantagepoint Transfer Agents 457	ICMA DEF COMPENSATION Pay Period: 9/23/2018	101-21714-0000	2,290.00	M
		Total 101217140000:			2,290.00	
09/27/2018	91805	AFLAC	AFLAC AFTER TAX Pay Period: 9/9/2018	101-21715-0000	275.34	M
09/27/2018	91805	AFLAC	AFLAC PRE TAX Pay Period: 9/9/2018	101-21715-0000	659.79	M

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount	
09/27/2018	91805	AFLAC	AFLAC AFTER TAX Pay Period: 9/23/2018	101-21715-0000	275.34	M
09/27/2018	91805	AFLAC	AFLAC PRE TAX Pay Period: 9/23/2018	101-21715-0000	659.79	M
Total 101217150000:					1,870.26	
09/27/2018	91827	Further	Flex/HSA Reimbursement	101-21716-0000	19.95	M
09/27/2018	91822	Further	HSA DEDUCTION Pay Period: 9/23/2018	101-21716-0000	467.92	M
Total 101217160000:					487.87	
09/27/2018	91818	MN Child Support Payment Center	CHILD SUPPORT FLAT AMT Pay Period: 9/23/2018	101-21717-0000	1,194.73	M
Total 101217170000:					1,194.73	
09/27/2018	91825	Delta Dental	Adjustment	101-21719-0000	34.46	M
09/27/2018	91824	Delta Dental	DENTAL FAMILY Employee Pay Period: 9/23/2018	101-21719-0000	1,601.33	M
09/27/2018	91824	Delta Dental	DENTAL SINGLE Employee Pay Period: 9/23/2018	101-21719-0000	647.74	M
Total 101217190000:					2,283.53	
09/27/2018	152628	Fidelity Security Life	VISION FAMILY Employee Pay Period: 9/23/2018	101-21722-0000	33.36	
09/27/2018	152628	Fidelity Security Life	VISION SINGLE Employee Pay Period: 9/23/2018	101-21722-0000	51.28	
09/27/2018	152628	Fidelity Security Life	VISION + ONE Employee Pay Period: 9/23/2018	101-21722-0000	16.00	
Total 101217220000:					100.64	
09/27/2018	152635	Johannsen, Dale	Park reservation refund	101-34785-0000	33.75	
09/27/2018	152645	Mediacom	Park reservation cancellation	101-34785-0000	52.50	
Total 101347850000:					86.25	
09/27/2018	20180776	APG Media of So MN LLC	Public Hearing adoption notice	101-41110-3400	53.63	
Total 101411103400:					53.63	
09/27/2018	20180808	Personalized Printing Inc.	2018 fall newsletters	101-41110-3500	659.30	
Total 101411103500:					659.30	
09/27/2018	20180787	Discover Waseca Tourism	August Lodging Tax	101-41110-4440	3,082.06	
Total 101411104440:					3,082.06	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-41320-1340	36.87	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-41320-1340	10.83	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-41320-1340	4.33	M
Total 101413201340:					52.03	
09/27/2018	20180794	Innovative Office Solutions LLC	Book case for City Manager	101-41320-2000	285.18	
Total 101413202000:					285.18	
09/27/2018	152652	Public Sector Professionals	Interim City Manager	101-41320-3000	4,650.00	

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount
Total 101413203000:					4,650.00
09/27/2018	152656	Shred-it USA LLC	Shredding Service	101-41320-3100	14.01
Total 101413203100:					14.01
09/27/2018	152646	MN City/County Management Associatio	MCMA Membership dues	101-41320-4330	129.51
Total 101413204330:					129.51
09/27/2018	20180776	APG Media of So MN LLC	Public Hearing notice Ord 1065	101-41410-3400	58.50
09/27/2018	20180776	APG Media of So MN LLC	Primary Election Notice	101-41410-3400	43.88
Total 101414103400:					102.38
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-41500-1340	77.53 M
Total 101415001340:					77.53
09/27/2018	20180790	Flaherty & Hood PA	August Legal Fees	101-41600-3000	120.75
Total 101416003000:					120.75
09/27/2018	20180807	Pantheon Computer Systems Inc.	Monthly billing for October	101-41920-3100	5,773.25
Total 101419203100:					5,773.25
09/27/2018	20180794	Innovative Office Solutions LLC	Office Supplies	101-41940-2000	30.33
09/27/2018	20180794	Innovative Office Solutions LLC	Office Supplies	101-41940-2000	22.85
09/27/2018	20180808	Personalized Printing Inc.	#9 Envelopes	101-41940-2000	238.90
09/27/2018	20180808	Personalized Printing Inc.	Envelopes	101-41940-2000	194.10
Total 101419402000:					486.18
09/27/2018	20180807	Pantheon Computer Systems Inc.	Speakers f/ PD	101-41940-2050	19.95
Total 101419402050:					19.95
09/27/2018	20180778	Bomgaars Supply	Parts & Supplies	101-41940-2170	85.84
Total 101419402170:					85.84
09/27/2018	152623	Connors Plumbing & Heating Inc.	Repairs and Maintenance	101-41940-2230	139.85
Total 101419402230:					139.85
09/27/2018	152620	Cintas Corporation	Floor Mat	101-41940-3100	19.20
09/27/2018	152650	Orkin Pest Control Inc.	City Hall Pest Control	101-41940-3100	88.85
Total 101419403100:					108.05
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-41940-3200	157.34 M
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-41940-3200	81.69 M

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount
Total 101419403200:					239.03
09/27/2018	152618	Centerpoint Energy	Monthly Billing	101-41940-3800	64.68
Total 101419403800:					64.68
09/27/2018	152623	Connors Plumbing & Heating Inc.	Furnace repair	101-41940-4000	277.95
09/27/2018	20180810	ServiceMaster of Mankato/Waseca	Additional Cleaning	101-41940-4000	783.71
Total 101419404000:					1,061.66
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-41950-1340	46.96 M
Total 101419501340:					46.96
09/27/2018	20180815	WSB & Associates Inc	August Planning Services	101-41950-3100	527.00
Total 101419503100:					527.00
09/27/2018	20180776	APG Media of So MN LLC	Planning Commission Notice schmidt and Kronebush	101-41950-3400	146.25
09/27/2018	20180776	APG Media of So MN LLC	Board vacancies	101-41950-3400	136.50
Total 101419503400:					282.75
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-42100-1340	445.61 M
Total 101421001340:					445.61
09/27/2018	20180777	Batteries Plus Bulbs	Batteries	101-42100-2170	18.95
Total 101421002170:					18.95
09/27/2018	152623	Connors Plumbing & Heating Inc.	Repairs and Maintenance	101-42100-2230	213.35
Total 101421002230:					213.35
09/27/2018	152620	Cintas Corporation	Floor Mat	101-42100-3100	12.77
09/27/2018	152620	Cintas Corporation	Floor Mats	101-42100-3100	12.77
09/27/2018	152629	First Source Solutions	Drug Screens	101-42100-3100	45.75
09/27/2018	152656	Shred-it USA LLC	Shredding Service	101-42100-3100	14.02
Total 101421003100:					85.31
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-42100-3200	157.34 M
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-42100-3200	256.11 M
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-42100-3200	24.72 M
09/27/2018	152659	Verizon Wireless	Monthly Billing	101-42100-3200	827.32
09/27/2018	152659	Verizon Wireless	Monthly Billing	101-42100-3200	50.76
Total 101421003200:					1,316.25
09/27/2018	20180812	Streicher's	training expense	101-42100-3300	560.00
Total 101421003300:					560.00

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-42200-1340	55.32	M
Total 101422001340:					55.32	
09/27/2018	20180777	Batteries Plus Bulbs	Batteries	101-42200-2170	41.99	
Total 101422002170:					41.99	
09/27/2018	20180804	Municipal Emergency Services Inc.	Uniforms	101-42200-2180	130.23	
09/27/2018	20180804	Municipal Emergency Services Inc.	Uniforms	101-42200-2180	35.25	
09/27/2018	20180804	Municipal Emergency Services Inc.	Uniforms	101-42200-2180	51.01	
Total 101422002180:					216.49	
09/27/2018	20180796	Jefferson Fire & Safety Inc	Safety equipment	101-42200-2190	246.90	
Total 101422002190:					246.90	
09/27/2018	152620	Cintas Corporation	Floor Mat	101-42200-3100	12.77	
09/27/2018	152620	Cintas Corporation	Floor Mats	101-42200-3100	12.77	
09/27/2018	152629	First Source Solutions	Drug Screens	101-42200-3100	51.25	
Total 101422003100:					76.79	
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-42200-3200	24.73	M
09/27/2018	152659	Verizon Wireless	Monthly Billing	101-42200-3200	60.76	
Total 101422003200:					85.49	
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-42200-3800	26.48	M
Total 101422003800:					26.48	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-42400-1340	20.84	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-42400-1340	6.56	M
Total 101424001340:					27.40	
09/27/2018	20180783	City Building Inspection Services LLC	Monthly Building Inspections Contract	101-42400-3000	4,686.09	
Total 101424003000:					4,686.09	
09/27/2018	20180780	Cady Business Technologies Inc	Monthly Phone Support Plan	101-42400-3200	262.62	
09/27/2018	152659	Verizon Wireless	Monthly Billing	101-42400-3200	31.31	
Total 101424003200:					293.93	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-43000-1340	6.76	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-43000-1340	93.08	M
Total 101430001340:					99.84	
09/27/2018	152659	Verizon Wireless	Monthly Billing	101-43000-3200	50.88	
09/27/2018	152659	Verizon Wireless	Monthly Billing	101-43000-3200	50.76	
09/27/2018	152659	Verizon Wireless	Monthly Billing	101-43000-3200	50.76	

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount
Total 101430003200:					152.40
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-43100-1340	95.51 M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-43100-1340	1.90 M
Total 101431001340:					97.41
09/27/2018	20180778	Bomgaars Supply	Parts & Supplies	101-43100-2170	37.94
09/27/2018	20180793	Holtmeier Construction Inc.	crushed rock	101-43100-2170	388.24
09/27/2018	152633	Hy-Vee Accounts Receivable	Water	101-43100-2170	150.02
09/27/2018	20180795	James Brothers Construction Inc.	gravel	101-43100-2170	234.00
09/27/2018	20180795	James Brothers Construction Inc.	Sand	101-43100-2170	384.50
09/27/2018	152663	Waseca County Landfill	disposal	101-43100-2170	73.20
09/27/2018	152663	Waseca County Landfill	disposal	101-43100-2170	92.75
09/27/2018	20180814	Waseca Sand & Gravel Inc.	expansion board	101-43100-2170	45.00
Total 101431002170:					1,405.65
09/27/2018	20180775	AmeriPride Services Inc	uniform service	101-43100-2180	164.36
09/27/2018	20180775	AmeriPride Services Inc	uniform service	101-43100-2180	180.48
Total 101431002180:					344.84
09/27/2018	152629	First Source Solutions	Drug Screens	101-43100-3100	104.40
09/27/2018	152653	R.I.C Properties LLC	October Building Lease	101-43100-3100	650.00
09/27/2018	152663	Waseca County Landfill	Landfill Fees	101-43100-3100	71.63
Total 101431003100:					826.03
09/27/2018	20180784	Clarke Environmental Mosquito Mgmt Inc	mosquito control	101-43100-3101	1,600.00
Total 101431003101:					1,600.00
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-43100-3200	26.48 M
Total 101431003200:					26.48
09/27/2018	152618	Centerpoint Energy	Monthly Billing	101-43100-3800	115.80
Total 101431003800:					115.80
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-43125-1340	24.76 M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-43125-1340	1.90 M
Total 101431251340:					26.66
09/27/2018	20180801	Kritzer Oil Company Inc.	Diesel Dyed	101-43125-2120	1,159.60
Total 101431252120:					1,159.60
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-43170-1340	5.31 M
Total 101431701340:					5.31
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-43220-1340	8.84 M

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Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount	
Total 101432201340:					8.84	
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-45100-3200	22.98	M
Total 101451003200:					22.98	
09/27/2018	152633	Hy-Vee Accounts Receivable	Birthday party balloons	101-45130-2500	13.98	
Total 101451302500:					13.98	
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-45130-3200	162.26	M
Total 101451303200:					162.26	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-45200-1340	78.93	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	101-45200-1340	17.33	M
Total 101452001340:					96.26	
09/27/2018	20180794	Innovative Office Solutions LLC	Office supplies	101-45200-2000	194.16	
Total 101452002000:					194.16	
09/27/2018	20180813	Timm's Trucking Inc.	black dirt	101-45200-2170	454.59	
Total 101452002170:					454.59	
09/27/2018	20180792	Gundermann, Jolene	Uniform Allowance	101-45200-2180	28.25	
Total 101452002180:					28.25	
09/27/2018	20180799	Kramer, Jason	Chair saw maintenance	101-45200-2210	67.00	
Total 101452002210:					67.00	
09/27/2018	20180797	Jobs Plus Inc.	City Parks - August Cleaning	101-45200-3100	1,485.13	
Total 101452003100:					1,485.13	
09/27/2018	152618	Centerpoint Energy	Monthly Billing	101-45200-3800	42.70	
09/27/2018	152618	Centerpoint Energy	Monthly Billing	101-45200-3800	18.78	
Total 101452003800:					61.48	
09/27/2018	152627	Ferguson Enterprises Inc	Park Restroom Fixtures	101-45200-4000	3,489.33	
09/27/2018	152627	Ferguson Enterprises Inc	Plumbing Parts	101-45200-4000	525.00	
09/27/2018	152627	Ferguson Enterprises Inc	Park sinks and faucets	101-45200-4000	1,500.00	
09/27/2018	152627	Ferguson Enterprises Inc	Memorial Park sewer repairs	101-45200-4000	831.79	
09/27/2018	152627	Ferguson Enterprises Inc	Memorial Park sewer repairs	101-45200-4000	25.38	
09/27/2018	152642	Legacy Signs	Various park signs	101-45200-4000	1,460.00	
Total 101452004000:					7,831.50	
09/27/2018	20180809	Red Feather Paper Company	Liners	101-45500-2170	26.00	

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Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount	
Total 101455002170:					26.00	
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-45500-3800	47.20	M
09/27/2018	91826	Consolidated Communications	Monthly Billing	101-45500-3800	3.51	M
Total 101455003800:					50.71	
09/27/2018	20180778	Bomgaars Supply	Parts & Supplies	101-45500-4000	117.38	
Total 101455004000:					117.38	
09/27/2018	91825	Delta Dental	Cobra Adjustment	101-49220-1540	68.92	M
09/27/2018	91824	Delta Dental	Cobra	101-49220-1540	34.46	M
09/27/2018	152628	Fidelity Security Life	Cobra	101-49220-1540	6.41	
Total 101492201540:					109.79	
09/27/2018	91815	Further	Admin Fees Flex/HSA	101-49244-1600	209.45	M
Total 101492441600:					209.45	
Total General Fund:					141,440.49	
<b>DCU Waseca LLC TIF</b>						
09/27/2018	152649	Northland Securities Inc	TIF #28	228-46650-3000	5,040.00	
Total 228466503000:					5,040.00	
Total DCU Waseca LLC TIF:					5,040.00	
<b>Airport</b>						
09/27/2018	152619	CenturyLink	Monthly Service	230-49810-3200	70.24	
Total 230498103200:					70.24	
09/27/2018	152618	Centerpoint Energy	Monthly Billing	230-49810-3800	19.56	
09/27/2018	152664	Xcel Energy	August Service	230-49810-3800	105.82	
Total 230498103800:					125.38	
09/27/2018	152660	Waseca County Auditor-Treasurer	2018 property tax 2nd half	230-49810-4800	1,499.00	
09/27/2018	152660	Waseca County Auditor-Treasurer	Airport 2018 property tax 2nd half	230-49810-4800	6,620.00	
Total 230498104800:					8,119.00	
Total Airport:					8,314.62	
<b>Economic Development-General f</b>						
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	261-46700-1340	10.83	M
Total 261467001340:					10.83	
09/27/2018	152641	League of MN Cities	League of MN Regional Meeting	261-46700-3300	45.00	

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount
Total 261467003300:					45.00
Total Economic Development-General f:					55.83
<b>Safe Haven Grant</b>					
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	279-46350-1340	29.62 M
Total 279463501340:					29.62
09/27/2018	152659	Verizon Wireless	Monthly Billing	279-46350-3200	50.76
Total 279463503200:					50.76
Total Safe Haven Grant:					80.38
<b>Capital Improvement</b>					
09/27/2018	152651	Pearson Brothers Inc.	2018 Crack seal/Seal Coat	430-43010-3102	45,126.90
Total 430430103102:					45,126.90
09/27/2018	20180778	Bomgaars Supply	Parts & Supplies	430-43010-5340	131.94
09/27/2018	152624	Ditch Creek Landscape LLC	TLCF retaining wall project	430-43010-5340	6,774.30
09/27/2018	20180800	Kraus-Anderson	Construction Management Services	430-43010-5340	12,416.35
Total 430430105340:					19,322.59
09/27/2018	20180776	APG Media of So MN LLC	Public Hearing on municipal project	430-43010-5560	68.25
09/27/2018	20180786	Dirt Merchant Inc	Partial Payment No. Two	430-43010-5560	71,559.28
09/27/2018	152636	Jones, Haugh & Smith Inc	Easement survey and description	430-43010-5560	1,352.70
09/27/2018	20180802	Lenz Lawn Care & Landscaping Inc.	Retaining Wall by Bomgaars/HyVee Parking Lot	430-43010-5560	9,262.50
Total 430430105560:					82,242.73
Total Capital Improvement:					146,692.22
<b>HWY 14 Reconstruction</b>					
09/27/2018	152616	Braun Intertec Corporation	Materials testing	436-43010-3000	471.25
Total 436430103000:					471.25
Total HWY 14 Reconstruction:					471.25
<b>Annexation &amp; Growth fund</b>					
09/27/2018	152660	Waseca County Auditor-Treasurer	SE Property 2nd half for 2018	470-46800-4800	1,521.00
09/27/2018	152660	Waseca County Auditor-Treasurer	SE Property	470-46800-4800	679.00
09/27/2018	152660	Waseca County Auditor-Treasurer	Pondview of Waseca lot-003 block 003	470-46800-4800	404.00
09/27/2018	152660	Waseca County Auditor-Treasurer	Pondview of Waseca lot 006 block 003	470-46800-4800	404.00
09/27/2018	152660	Waseca County Auditor-Treasurer	Pondview of Waseca Lot 002 Block 004	470-46800-4800	404.00
09/27/2018	152660	Waseca County Auditor-Treasurer	Pondview of Waseca Lot-005 Block 004	470-46800-4800	303.00
09/27/2018	152660	Waseca County Auditor-Treasurer	Pondview of Waseca lot 006 block 004	470-46800-4800	303.00
Total 470468004800:					4,018.00
Total Annexation & Growth fund:					4,018.00

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Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount	
Water						
09/27/2018	152625	Dorsey & Whitney Corporation	Legal Fees	601-16500-0000	5,339.00	
	Total 601165000000:				5,339.00	
09/27/2018	91814	MN Sales and Use Tax Payable	Sales tax payable	601-20210-0000	1,526.32	M
	Total 601202100000:				1,526.32	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	601-49430-1340	24.41	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	601-49430-1340	24.15	M
	Total 601494301340:				48.56	
09/27/2018	152620	Cintas Corporation	Uniform Service	601-49430-2180	3.90	
	Total 601494302180:				3.90	
09/27/2018	20180785	Core & Main LP	Repair Parts	601-49430-2230	522.60	
09/27/2018	20180785	Core & Main LP	Hydrant Supplies	601-49430-2230	677.01	
	Total 601494302230:				1,199.61	
09/27/2018	152659	Verizon Wireless	Monthly Billing	601-49430-3200	40.01	
	Total 601494303200:				40.01	
09/27/2018	20180805	Northern Safety Co. Inc.	First Aid Kits - Vehicle	601-49430-4940	27.89	
09/27/2018	20180805	Northern Safety Co. Inc.	First Aid Kits - Vehicle	601-49430-4940	27.89	
	Total 601494304940:				55.78	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	601-49585-1340	3.91	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	601-49585-1340	19.96	M
	Total 601495851340:				23.87	
09/27/2018	20180794	Innovative Office Solutions LLC	Office Supplies	601-49585-2000	1.00	
	Total 601495852000:				1.00	
09/27/2018	91826	Consolidated Communications	Monthly Billing	601-49585-3200	41.96	M
	Total 601495853200:				41.96	
09/27/2018	152621	City of Waseca	Summit AR customer accounts	601-49585-4320	44.07	
	Total 601495854320:				44.07	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	601-49586-1340	2.32	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	601-49586-1340	12.58	M
	Total 601495861340:				14.90	
09/27/2018	152647	MN Rural Water Association	MRWA Membership	601-49586-4330	250.00	

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Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount
Total 601495864330:					250.00
09/27/2018	20180807	Pantheon Computer Systems Inc.	Monthly billing for October	601-49586-4950	824.75
Total 601495864950:					824.75
09/27/2018	20180785	Core & Main LP	Hydrant Replacement	601-49593-5300	3,136.78
09/27/2018	20180786	Dirt Merchant Inc	Partial Payment No. Two	601-49593-5300	61,336.55
Total 601495935300:					64,473.33
Total Water:					73,887.06
<b>Sanitary Sewer</b>					
09/27/2018	152625	Dorsey & Whitney Corporation	Legal Fees	602-16500-0000	7,661.00
Total 602165000000:					7,661.00
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	602-49470-1340	31.83 M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	602-49470-1340	1.90 M
Total 602494701340:					33.73
09/27/2018	91826	Consolidated Communications	Monthly Billing	602-49470-3200	407.22 M
09/27/2018	152659	Verizon Wireless	Monthly Billing	602-49470-3200	40.01
09/27/2018	152659	Verizon Wireless	Monthly Billing	602-49470-3200	40.01
Total 602494703200:					487.24
09/27/2018	152618	Centerpoint Energy	Monthly Billing	602-49470-3800	18.78
Total 602494703800:					18.78
09/27/2018	152658	USA Blue Book	Smoke bolwers	602-49470-4000	4,085.64
Total 602494704000:					4,085.64
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	602-49480-1340	73.23 M
Total 602494801340:					73.23
09/27/2018	20180778	Bomgaars Supply	Parts & Supplies	602-49480-2170	161.17
09/27/2018	20180778	Bomgaars Supply	Parts & Supplies	602-49480-2170	11.97
09/27/2018	152632	Hawkins Inc	Chemicals	602-49480-2170	2,295.00
09/27/2018	152658	USA Blue Book	lab Supplies	602-49480-2170	396.49
Total 602494802170:					2,864.63
09/27/2018	20180778	Bomgaars Supply	Parts & Supplies	602-49480-2180	67.98
Total 602494802180:					67.98
09/27/2018	152630	Goodin Company	Plumbing	602-49480-2210	57.36
09/27/2018	152630	Goodin Company	Plumbing	602-49480-2210	28.17

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Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount
Total 602494802210:					85.53
09/27/2018	152655	Sherwin-Williams Co	Paint	602-49480-2230	106.16
Total 602494802230:					106.16
09/27/2018	152631	Hall & Associates PLLC	Attorney	602-49480-3000	397.74
Total 602494803000:					397.74
09/27/2018	152620	Cintas Corporation	Janitorial Supplies	602-49480-3100	16.88
09/27/2018	152626	Environmental Dynamics Inc	Aeration Diffuser Testing	602-49480-3100	1,254.67
09/27/2018	152657	Spee-Dee Delivery Service Inc.	Shipping	602-49480-3100	13.90
Total 602494803100:					1,285.45
09/27/2018	152619	CenturyLink	Internet	602-49480-3200	98.99
09/27/2018	91826	Consolidated Communications	Monthly Billing	602-49480-3200	145.42 M
09/27/2018	152659	Verizon Wireless	Monthly Billing	602-49480-3200	50.76
Total 602494803200:					295.17
09/27/2018	152618	Centerpoint Energy	Monthly Billing	602-49480-3800	213.98
09/27/2018	152664	Xcel Energy	August Service	602-49480-3800	11,047.61
Total 602494803800:					11,261.59
09/27/2018	20180803	M & R Electric Inc.	Electrician	602-49480-4000	266.84
Total 602494804000:					266.84
09/27/2018	20180776	APG Media of So MN LLC	Newspaper	602-49480-4330	49.40
Total 602494804330:					49.40
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	602-49585-1340	3.91 M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	602-49585-1340	19.96 M
Total 602495851340:					23.87
09/27/2018	20180794	Innovative Office Solutions LLC	Office Supplies	602-49585-2000	1.00
Total 602495852000:					1.00
09/27/2018	91826	Consolidated Communications	Monthly Billing	602-49585-3200	41.96 M
Total 602495853200:					41.96
09/27/2018	152621	City of Waseca	Summit AR customer accounts	602-49585-4320	84.47
Total 602495854320:					84.47
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	602-49586-1340	2.32 M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	602-49586-1340	12.58 M

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Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount	
Total 602495861340:					14.90	
09/27/2018	20180807	Pantheon Computer Systems Inc.	Monthly billing for October	602-49586-4950	824.75	
Total 602495864950:					824.75	
09/27/2018	20180786	Dirt Merchant Inc	Partial Payment No. Two	602-49593-5300	71,559.28	
Total 602495935300:					71,559.28	
Total Sanitary Sewer:					101,590.34	
<b>Electric Utility</b>						
09/27/2018	91814	MN Sales and Use Tax Payable	Sales tax payable	604-20210-0000	45,440.71	M
Total 604202100000:					45,440.71	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49570-1340	3.05	M
Total 604495701340:					3.05	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49571-1340	67.27	M
Total 604495711340:					67.27	
09/27/2018	91814	MN Sales and Use Tax Payable	Sales tax payable	604-49571-2170	1.76	M
Total 604495712170:					1.76	
09/27/2018	20180806	Owatonna Shoe Company	Safety Boots-M. Roessler	604-49571-2180	216.75	
Total 604495712180:					216.75	
09/27/2018	20180779	Border States Electric Supply	Meters (2)	604-49571-2215	706.73	
Total 604495712215:					706.73	
09/21/2018	20180730	Christensen Properties LLC	Rebate for efficient furnace fan motor	604-49571-2300	125.00	V
09/27/2018	20180781	Christensen Properties LLC	Rebate for efficient furnace fan motor	604-49571-2300	125.00	
Total 604495712300:					.00	
09/27/2018	152639	Lake Shore Inn Nursing Home Inc.	SMMPA reimbursement	604-49571-2320	275.00	
09/27/2018	152640	Latham Place	SMMPA Reimbursement	604-49571-2320	122.50	
09/27/2018	152661	Waseca County Courthouse	SMMPA reimbursement	604-49571-2320	450.00	
09/27/2018	152662	Waseca County Garage	SMMPA Reimbursement	604-49571-2320	100.00	
Total 604495712320:					947.50	
09/27/2018	152654	ROI Energy Investments LLC	Exterior Retrofit Lighting Project for walmart	604-49571-2330	7,897.00	
Total 604495712330:					7,897.00	
09/27/2018	152659	Verizon Wireless	Monthly Billing	604-49571-3200	80.02	

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Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount	
Total 604495713200:					80.02	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49572-1340	6.76	M
Total 604495721340:					6.76	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49573-1340	12.20	M
Total 604495731340:					12.20	
09/27/2018	20180798	JT Services of MN	Pedestals	604-49573-2230	332.23	
Total 604495732230:					332.23	
09/27/2018	20180803	M & R Electric Inc.	Electrician	604-49573-3100	225.47	
Total 604495733100:					225.47	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49574-1340	3.43	M
Total 604495741340:					3.43	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49584-1340	2.57	M
Total 604495841340:					2.57	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49585-1340	3.16	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49585-1340	20.07	M
Total 604495851340:					23.23	
09/27/2018	20180794	Innovative Office Solutions LLC	Office Supplies	604-49585-2000	1.01	
Total 604495852000:					1.01	
09/27/2018	91826	Consolidated Communications	Monthly Billing	604-49585-3200	78.66	M
09/27/2018	91826	Consolidated Communications	Monthly Billing	604-49585-3200	26.48	M
Total 604495853200:					105.14	
09/27/2018	152621	City of Waseca	Summit AR customer accounts	604-49585-4320	238.71	
09/27/2018	152622	City of Waseca	Deposit correction	604-49585-4320	125.00	
Total 604495854320:					363.71	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49586-1340	4.44	M
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	604-49586-1340	12.96	M
Total 604495861340:					17.40	
09/27/2018	152644	McGrann Shea Carnival Straughn & Lam	Attorney	604-49586-3000	175.00	
Total 604495863000:					175.00	
09/27/2018	152656	Shred-it USA LLC	Shredding Service	604-49586-3100	14.02	

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount	
Total 604495863100:					14.02	
09/27/2018	20180807	Pantheon Computer Systems Inc.	Monthly billing for October	604-49586-4950	824.75	
Total 604495864950:					824.75	
09/27/2018	20180803	M & R Electric Inc.	House Conversions (5)	604-49593-5300	1,917.14	
Total 604495935300:					1,917.14	
Total Electric Utility:					59,384.85	
<b>Storm Water Utility</b>						
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	651-43140-1340	10.61	M
Total 651431401340:					10.61	
09/27/2018	152617	Cemstone Concrete Materials LLC	Storm Sewer Repair	651-43140-4000	328.50	
09/27/2018	20180795	James Brothers Construction Inc.	Storm Sewer Repair	651-43140-4000	646.40	
09/27/2018	20180814	Waseca Sand & Gravel Inc.	Concrete	651-43140-4000	156.75	
Total 651431404000:					1,131.65	
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	651-49585-1340	3.16	M
Total 651495851340:					3.16	
Total Storm Water Utility:					1,145.42	
<b>Central Garage Services</b>						
09/27/2018	91823	Reliance Standard	Oct LTD Insurance	701-43180-1340	32.22	M
Total 701431801340:					32.22	
09/27/2018	20180778	Bomgaars Supply	Parts & Supplies	701-43180-2170	14.46	
09/27/2018	20180782	Christensen Tire Service	Tire Repair	701-43180-2170	7.02	
09/27/2018	152643	Locators & Supplies Inc.	High Vis Sweatshirt	701-43180-2170	60.17	
09/27/2018	20180811	Share Corporation	Evapo-Kleen battery cleaner	701-43180-2170	142.52	
Total 701431802170:					224.17	
09/27/2018	152615	Bock's Service Inc.	Tire repair	701-43180-2210	139.25	
09/27/2018	20180782	Christensen Tire Service	New Tires for unit 529	701-43180-2210	472.74	
09/27/2018	152623	Connors Plumbing & Heating Inc.	Auto Sink Sensor	701-43180-2210	318.00	
09/27/2018	152634	Interstate Battery Systems	Batteries	701-43180-2210	220.90	
09/27/2018	152637	Kibble Equipment	Parts for unit 29	701-43180-2210	240.49	
09/27/2018	152638	Kimball Midwest	Plow bolts & nuts & equip.	701-43180-2210	888.22	
Total 701431802210:					2,279.60	
Total Central Garage Services:					2,535.99	
<b>Property and Liability Insuran</b>						
09/27/2018	20180789	First National Insurance	Agency Fee	702-49955-3000	800.00	

M = Manual Check, V = Void Check

Check Issue Date	Check Number	Payee	Description	Invoice GL Account	Check Amount
Total 702499553000:					800.00
Total Property and Liability Insuran:					800.00
<b>Equipment Replacement Fund</b>					
09/27/2018	20180788	Emergency Automotive Technologies Inc.	new unmarked squad expense	705-49920-5400	1,155.33
09/27/2018	20180788	Emergency Automotive Technologies Inc.	new unmarked squad expense	705-49920-5400	498.78
09/27/2018	20180788	Emergency Automotive Technologies Inc.	new unmarked squad expense	705-49920-5400	40.35
Total 705499205400:					1,694.46
Total Equipment Replacement Fund:					1,694.46
Grand Totals:					547,150.91

## Report Criteria:

Report type: GL detail

[Report].Amount = {&lt;&gt;} 0

RESOLUTION 18-67

6C

**AUTHORIZATION TO EXECUTE  
MINNESOTA DEPARTMENT OF TRANSPORTATION  
GRANT AGREEMENT FOR AIRPORT IMPROVEMENT  
EXCLUDING LAND ACQUISITION**

It is resolved by the City of Waseca as follows:

1. That the state of Minnesota Agreement No. 1032185,

"Grant Agreement for Airport Improvement Excluding Land Acquisition," for

State Project No. A8101-30 at the Waseca Municipal Airport is accepted.

2. That the \_\_\_\_\_ and \_\_\_\_\_ are  
(Title) (Title)

authorized to execute this Agreement and any amendments on behalf of the

City of Waseca.

**CERTIFICATION**

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

I certify that the above Resolution is a true and correct copy of the Resolution adopted by the

\_\_\_\_\_  
(Name of the Recipient)

at an authorized meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

as shown by the minutes of the meeting in my possession.

Signature: \_\_\_\_\_  
(Clerk or Equivalent)

CORPORATE SEAL

/OR/

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

## GRANT AGREEMENT FOR AIRPORT IMPROVEMENT EXCLUDING LAND ACQUISITION

This Agreement is by and between the State of Minnesota acting through its Commissioner of Transportation (“State”), and the **City of Waseca** (“Recipient”).

**WHEREAS**, the Recipient desires the financial assistance of the State for an airport improvement project (“Project”) as described in Article 2 below; and

**WHEREAS**, the State is authorized by Minnesota Statutes Sections 360.015 (subdivisions 13 & 14) and 360.305 to provide financial assistance to eligible airport sponsors for the acquisition, construction, improvement, or maintenance of airports and other air navigation facilities; and

**WHEREAS**, the Recipient has provided the State with the plans, specifications, and a detailed description of the airport improvement Project.

NOW, THEREFORE, it is agreed as follows:

1. This Agreement is effective upon execution by the Recipient and the State, and will remain in effect until **12/31/2022**.
2. The following table provides a description of the Project and shows a cost participation breakdown for each item of work:

<u>Item Description</u>	<u>Federal Share</u>	<u>State Share</u>	<u>Local Share</u>
Design & Constr. of culvert replacement under RWY 15/33	90%	5%	5%

3. The Project costs will not exceed **\$336,489.00**. The proportionate shares of the Project costs are: Federal: Committed **\$302,840.00**, State: **\$16,824.50**, and Recipient: **\$16,824.50**. This project is not expected to be completed this fiscal year. Any additional Federal funds are not committed by the state and are only available after being made so by the U.S. government. Federal funds for the Project will be received and disbursed by the State. In the event federal reimbursement becomes available or is increased for this Project, the State will be entitled to recover from such federal funds an amount not to exceed the state funds advanced for this Project. No funds are committed under this Agreement until they are encumbered by the State. No more than 95% of the amount due under this Agreement will be paid by the State until the State determines that the Recipient has complied with all terms of this Agreement, and furnished all necessary records.
4. The Recipient will designate a registered engineer (the “Project Engineer”) to oversee the Project work. If, with the State’s approval, the Recipient elects not to have such services performed by a registered engineer, then the Recipient will designate another responsible person to oversee such work, and any references herein to the “Project Engineer” will apply to such responsible person.
5. The Recipient will complete the Project in accordance with the plans, specifications, and detailed description of the Project, which are on file with the State’s Office of Aeronautics and are incorporated into this Agreement by reference. Any changes in the plans or specifications of the Project after the date of this Agreement will be valid only if made by written change order signed by the Recipient, the Project Engineer, and the contractor. Change orders must be submitted to the State. Subject to the availability of funds the State may prepare an amendment to this Agreement to reimburse the Recipient for the allowable costs of qualifying change orders.
6. The Recipient will make payments to its contractor on a work-progress basis. The Recipient will submit requests for reimbursement of certified costs to the State on state-approved forms. The State will reimburse the Recipient for the state and federal shares of the approved Project costs.
  - a. At regular intervals, the Recipient or the Project Engineer will prepare a partial estimate in accordance with the terms of the contract, special provisions, and standard specifications for the Project(s). Partial estimates must be completed no later than one month after the work covered by the estimate is completed. The Project Engineer and the contractor must certify that each partial estimate is true and correct, and that the costs have not been included on a previous estimate.

- b. Following certification of the partial estimate, the Recipient will make partial payments to the contractor in accordance with the terms of the contract, special provisions, and standard specifications for the Project(s).
  - c. Following certification of the partial estimate, the Recipient may request reimbursement from the State for costs eligible for federal and state participation. A copy of the partial estimate must be included with the Recipient's request for payment. Reimbursement requests and partial estimates should not be submitted if they cover a period in which there was no progress on the Project.
  - d. Upon completion of the Project(s), the Recipient will prepare a final estimate in accordance with the terms of the contract, special provisions, and standard specifications for the Project(s). The final estimate must be certified by the Recipient, Project Engineer and the contractor.
  - e. Following certification of the final estimate, the Recipient will make final payment to the contractor in accordance with the terms of the contract, special provisions, and standard specifications for the Project(s).
  - f. Following certification of the final estimate, the Recipient may request reimbursement from the State for costs eligible for federal and state participation. A request for final payment must be submitted to the State along with those project records required by the State.
7. For a Project which involves the purchase of equipment, the Recipient will be reimbursed by the State in one lump sum after the Recipient: (1) has acquired both possession and unencumbered title to the equipment; and (2) has presented proof of payment to the State, and (3) a certificate that the equipment is not defective and is in good working order. The Recipient will keep such equipment, properly stored, in good repair, and will not use the equipment for any purpose other than airport operations.
  8. If the Project involves force-account work or project donations, the Recipient must obtain the written approval of the State and Federal Aviation Administration (FAA). Force-account work performed or project donations received without written approval by the State will not be reimbursed under this Agreement. Force-account work must be done in accordance with the schedule of prices and terms established by the Recipient and approved by the State.
  9. Pursuant to Minnesota Statutes Section 360.305, subdivision 4 (g) (1), the Recipient will operate its airport as a licensed, municipally-owned public airport at all times of the year for a period of 20 years from the date the Recipient receives final reimbursement under this Agreement. The Airport must be maintained in a safe, serviceable manner for public aeronautical purposes only. The Recipient will not transfer, convey, encumber, assign, or abandon its interest in the airport or in any real or personal property, which is purchased or improved with State aid funds without prior written approval from the State. If the State approves such transfer or change in use, the Recipient must comply with such conditions and restrictions as the State may place on such approval. The obligations imposed by this clause survive the expiration or termination of this Agreement.
  10. This Agreement may be terminated by the Recipient or State at any time, with or without cause, upon ninety (90) days written notice to the other party. Such termination will not remove any unfulfilled financial obligations of the Recipient as set forth in this Agreement. In the event of such a termination, the Recipient will be entitled to reimbursement for eligible expenses incurred for work satisfactorily performed on the Project up to the date of termination. The State may immediately terminate this Agreement if it does not receive sufficient funding from the Minnesota Legislature or other funding source, or such funding is not provided at a level sufficient to allow for the continuation of the work covered by this Agreement. In the event of such termination, the Recipient will be reimbursed for work satisfactorily performed up to the effective date of such termination to the extent that funds are available. In the event of any complete or partial state government shutdown due to a failure to have a budget approved at the required time, the State may suspend this Agreement, upon notice to the Recipient, until such government shutdown ends, and the Recipient assumes the risk of non-payment for work performed during such shutdown.
  11. Pursuant to Minnesota Rules 8800.2500, the Recipient certifies that (1) it presently has available sufficient unencumbered funds to pay its share of the Project; (2) the Project will be completed without undue delay; and (3) the Recipient has the legal authority to engage in the Project as proposed.
  12. Pursuant to Minnesota Statutes Section 16C.05, subdivision 5, the Recipient will maintain such records and provide such information, at the request of the State, so as to permit the Department of Transportation, the Legislative Auditor, or the State Auditor to examine those books, records, and accounting procedures and practices of the Recipient relevant to this Agreement for a minimum of six years after the expiration of this Agreement.

13. The Recipient will save, defend, and hold the State harmless from any claims, liabilities, or damages including, but not limited to, its costs and attorneys' fees arising out of the Project which is the subject of this Agreement.
14. The Recipient will not utilize any state or federal financial assistance received pursuant to this Agreement to compensate, either directly or indirectly, any contractor, corporation, partnership, or business, however organized, which is disqualified or debarred from entering into or receiving a State contract. This restriction applies regardless of whether the disqualified or debarred party acts in the capacity of a general contractor, a subcontractor, or as an equipment or material supplier. This restriction does not prevent the Recipient from utilizing these funds to pay any party who might be disqualified or debarred after the Recipient's contract award on this Project.
15. All contracts for materials, supplies, or construction performed under this Agreement will comply with the equal employment opportunity requirements of Minnesota Statutes Section 181.59.
16. The amount of this Agreement is limited to the dollar amounts as defined in Article 3 above. Any cost incurred above the amount obligated by the State is done without any guarantee that these costs will be reimbursed in any way. A change to this Agreement will be effective only if it is reduced to writing and is executed by the same parties who executed this Agreement, or their successors in office.
17. For projects that include consultant services, the Recipient and its consultant will conduct the services in accordance with the work plan indicated in the Recipient's contract for consultant services, which shall be on file with the State's Office of Aeronautics. The work plan is incorporated into this Agreement by reference. The Recipient will confer on a regular basis with the State to coordinate the design and development of the services.
18. The parties must comply with the Minnesota Government Data Practices Act, as it relates to all data provided to or by a party pursuant to this Agreement.
19. Minnesota law, without regard to its choice-of-law provisions, governs this Agreement. Venue for all legal proceedings arising out of this Agreement, or its breach, must be in the appropriate state or federal court with competent jurisdiction in Ramsey County, Minnesota.
20. For projects including federal funding, the Recipient must comply with applicable regulations, including, but not limited to, Title 14 Code of Federal Regulations, subchapter I, part 151; and Minnesota Rules Chapter 8800. The Catalog of Federal Domestic Assistance (CFDA) number for the federal Airport Improvement Program is 20.106.
21. For all projects, the Recipient must comply, and require its contractors and consultants to comply, with all federal and state laws, rules, and regulations applicable to the work. The Recipient must advertise, let, and award any contracts for the project in accordance with applicable laws. The State may withhold payment for services performed in violation of applicable laws.
22. Under this Agreement, the State is only responsible for receiving and disbursing federal and state funds. Nothing in this Agreement will be construed to make the State a principal, co-principal, partner, or joint venturer with respect to the Project(s) covered herein. The State may provide technical advice and assistance as requested by the Recipient, however, the Recipient will remain responsible for providing direction to its contractors and consultants and for administering its contracts with such entities. The Recipient's consultants and contractors are not intended to be third party beneficiaries of this Agreement.

**State Encumbrance Verification**

Individual certifies that funds have been encumbered as required by Minn. Stat. §§ 16A.15 and 16C.05.

By: \_\_\_\_\_

Date: \_\_\_\_\_

SWIFT Purchase Order: \_\_\_\_\_

**Recipient**

Recipient certifies that the appropriate person(s) have executed the Agreement on behalf of the Recipient as required by applicable resolutions, charter provisions or ordinances.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Commissioner, Minnesota Department of Transportation**

By: \_\_\_\_\_

Director, Office of Aeronautics

Date: \_\_\_\_\_

**Mn/DOT Grants Management Unit**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Mn/DOT Contract Management**

as to form & execution

By: \_\_\_\_\_

Date: \_\_\_\_\_

## CITY OF WASECA LIQUOR LICENSE APPLICATION

6D

Application for (check all that apply) On Sale \_\_\_ Club On Sale \_\_\_  
Sunday On Sale \_\_\_ Off Sale ☒ Wine \_\_\_

License period 10/17/18 to 12/31/18

Coborn's, Incorporated 9/24/18  
LICENSEE NAME DATE

Cash Wise Liquor  
BUSINESS/TRADE NAME

Type of Business: ☐ Bar (On Sale)  
☒ Liquor Store (Off Sale Only)  
☐ Club (On Sale) Number of Members: \_\_\_\_\_  
☐ Restaurant ATTACH FOOD LICENSE

Type of Application: ☐ Renewal  
☒ New/Transfer \$ \_\_\_\_\_ Investigative Fee

David Norman Meyer 320-252-4222 320-493-8465  
APPLICANT'S FULL NAME TELEPHONE NO. ALTERNATE PHONE NO.  
(Last, Middle, First)

25533 Pleasant Road St. Cloud MN 56301  
ADDRESS CITY STATE ZIP

11/15/56 St. Cloud, MN  
APPLICANT'S DATE OF BIRTH PLACE OF BIRTH

1921 Coborn Blvd, St. Cloud, MN 56301 320-252-4222  
BUSINESS ADDRESS TELEPHONE NO.

[REDACTED]  
DRIVER'S LICENSE NUMBER

[REDACTED]  
MINNESOTA TAX ID#

[REDACTED]  
FEDERAL TAX ID#

1200 State, LLC  
NAME & ADDRESS OF OWNER OF BUILDING

c/o ReUrban, LLC, 3336 Humboldt Ave S, Minneapolis, MN 55408

ARE THERE DELINQUENT TAXES ON THE PROPERTY? NO

PLEASE NOTE: Prior to license issuance, City Staff will review the history and status of the Customer Utility Account, to verify there are no ongoing delinquent balance concerns.

VP of Operations  
CORPORATE OR PARTNERSHIP TITLE

1921 Coborn Blvd, St. Cloud, MN 56301  
CORPORATE OR PARTNERSHIP ADDRESS

**IF CORPORATION, LIST PARTNERS, OFFICERS, OR DIRECTORS:**

Full Name (Last, Middle, First)

Address

D.O.B.

see attached

**IF THIS IS A TRANSFER APPLICATION, PROVIDE FULL NAME AND ADDRESS OF PERSONS, PARTNERSHIP OR CORPORATION HOLDING THE LICENSE FOR THE PAST YEAR:**

**WHAT VENDING COMPANY(S) WILL HAVE MACHINES ON THE LICENSED PREMISES?**

Company Name

Type of Machine(s)

**ARE YOU A MINNESOTA RESIDENT?:**

x

Yes

         No

Dates of Residency:

1956

From

2018

To

Residency past ten (10) years:  
(Address & dates)

25533 Pleasant Road, St. Cloud, MN 56301

1907 E Highview Drive, Sauk Rapids, MN 56379

(use additional sheet if needed)

Employment past ten (10) years:  
(Employer name & address)

Coborn's, Incorporated

1921 Coborn Blvd, St. Cloud, MN 56301

(use additional sheet if needed)

**HAVE YOU EVER BEEN CONVICTED OF VIOLATING FEDERAL, STATE, OR LOCAL LIQUOR LAWS AND/OR REGULATIONS?**          YES   x   NO

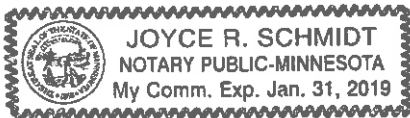
If yes, please explain (specify dates)

THE APPLICANT, AND HIS/HER ASSOCIATES IN THIS APPLICATION, WILL STRICTLY COMPLY WITH ALL THE LAWS OF THE STATE OF MINNESOTA GOVERNING THE TAXATION AND THE SALE OF INTOXICATING LIQUOR, RULES AND REGULATIONS PROMULGATED BY THE LIQUOR CONTROL COMMISSIONER, AND ALL ORDINANCES OF THE CITY OF WASECA. I HEREBY CERTIFY THAT I HAVE READ THE FOREGOING QUESTIONS AND THAT THE ANSWERS TO SAID QUESTIONS ARE TRUE TO MY OWN KNOWLEDGE.

  
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this  
26 day of Sept 2018

Joyce R. Schmidt  
(Notary Public)  
My commission expires 1/31/19



## **CORPORATE OFFICERS**

Christopher Michael Coborn  
CEO/President/Secretary  
3104 Dunbar Road  
St. Cloud, MN 56301  
DOB – 2/10/59  
POB – Milwaukee, WI  
Employee since 1974

Rebecca Ann Estby  
Vice President of Organizational Development  
1560 39<sup>th</sup> St S  
St. Cloud, MN 56301  
DOB – 10/09/1965  
POB – Buffalo, MN  
Employee since 2011

James Francis Shaw  
Chief Financial Officer  
12940 56<sup>th</sup> Ave N  
Plymouth, MN 55442  
DOB – 10/15/1968  
POB – Omaha, NE  
Employee since 2016

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## **SIGNING ABILITY:**

David Norman Meyer  
VP of Operations  
25533 Pleasant Drive  
St. Cloud, MN 56301  
DOB – 11/15/1956  
POB – St. Cloud, MN



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/26/2018

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> Marsh & McLennan Agency LLC 7225 Northland Dr N #300 Minneapolis MN 55428		<b>CONTACT NAME:</b> Haley Odorizzi <b>PHONE (A/C, No, Ext):</b> 763-746-8323 <b>E-MAIL:</b> haley.odorizzi@marshmma.com <b>ADDRESS:</b>		<b>FAX (A/C, No):</b>
<b>INSURED</b> Coborn's Inc. 1921 Coborn Blvd St. Cloud MN 56301		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		INSURER A : Sentry Insurance a Mutual Company		24988
		INSURER B : Affiliated FM Insurance Co		10014
		INSURER C : Liberty Mutual Fire Insurance Company		23035
		INSURER D : Aspen American Insurance Company		43460
		INSURER E :		
INSURER F :				

**COVERAGES**

CERTIFICATE NUMBER: 687979574

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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:			TB2641444402028	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ No Coverage PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2641444402018	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coli Deductible \$ \$2,500/\$2,500
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000			CX0089R18	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	900306101	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER Stop Gap Liab E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B C	Property - Loss Limit Liquor Liability			ER385 TO2641444402038	7/1/2018 7/1/2018	7/1/2019 7/1/2019	350,000,000 Limit 1,000,000 Each Occ 50,000 Ded 2,000,000 Agg

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

Coborn's, Incorporated d/b/a Cash Wise Liquor at 1230 State Street N, Waseca, MN 56093. Liquor licensing period October 17, 2018 – December 31, 2018. Liquor liability is continuous until cancelled.

**CERTIFICATE HOLDER****CANCELLATION**

City of Waseca  
508 S State Street  
Waseca MN 56093

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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Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
444 Cedar St., Suite 222, St. Paul, MN 55101-5133  
(651) 201-7507 FAX (651)297-5259 TTY(651)282-6555  
WWW.DPS.STATE.MN.US



**APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE**

**No license will be approved or released until the \$20 Retailer ID Card fee is received**

Workers compensation insurance company Name Sentry Insurance Policy # 90-03061

Licensee's MN Sales and Use Tax ID # [REDACTED] To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # [REDACTED]

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

Licensee Name (Individual, Corporation, Partnership, LLC) Coborn's, Incorporated	Social Security # 	Trade Name or DBA Cash Wise Liquor	
License Location (Street Address & Block No.) 1230 State Street N	License Period From 10/17/18 To 12/31/18		Applicant's Home Phone # 
City Waseca	County Waseca	State MN	Zip Code 56093
Name of Store Manager David Isaacson (Interim Manager)	Business Phone Number 507-835-8030		DOB (Individual Applicant) 

**If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.**

1. If a corporation, date of incorporation 12/15/58, state incorporated in MN, amount paid in capital . If a subsidiary of any other corporation, so state  and give purpose of corporation . If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? ☐ Yes ☐ No
2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.  
First floor, 3800 sq liquor store attached to a 34,000 sq grocery store with a separate entrance
3. Is establishment located near any state university, state hospital, training school, reformatory or prison? ☐ Yes ☒ No If yes state approximate distance.
4. Name and address of building owner: 1200 State, LLC; 3336 Humboldt Ave S, Minneapolis, MN 55408  
Has owner of building any connection, directly or indirectly, with applicant? ☐ Yes ☒ No
5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? ☐ Yes ☒ No If yes, in what capacity?
6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details.
7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?  
☒ Yes ☐ No If yes, give name and address of establishment. see attached

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? ☐ Yes ☒ No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. ☐ Yes ☒ No ☐ Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. ☐ Yes ☒ No ☐ Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. \_\_\_\_\_
12. State Number of Employees \_\_\_\_\_
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? \_\_\_\_\_
14. If this license is being issued by a County Board, is it located in an organized township? If so, attach township approval. \_\_\_\_\_

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

This licensee must have one of the following:

(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)

Check one

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

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

Print name of applicant & title

Signature of Applicant

Date

James Shaw, CFO

9/27/18

#### REPORT BY POLICE/SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department

Title

Signature

County Attorney's Signature

PS 9136-(2009)

#### IMPORTANT NOTICE

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.  
For information call (513) 684-2979 or 1-800-937-8864

# LIQUOR

#3004 (7032) CASH WISE LIQUOR  
1305 SOUTH FIRST STREET  
WILLMAR, MN 56201  
(320) 235-8797  
FAX: (320) 235-5999  
Scott Kannenberg, Mgr

#3014 (7037) CASH WISE LIQUOR  
495 W NORTH STREET  
OWATONNA, MN 55060  
(507) 451-8440  
FAX: (507) 455-6700  
Dave Isaacson, Mgr

#3042 CASH WISE LIQUOR  
113 6th Avenue SE, Suite #5100  
Watford City, ND 58854  
(701) 842-2519  
FAX: (701) 842-6126  
Cindy Jensen, Mgr

#3045 CASH WISE LIQUOR  
755 33RD AVE E  
WEST FARGO ND 58078  
(701) 281-6487  
Fax:  
Roger Nelson, Mgr

#3048 Cash Wise Liquor  
802 N Elm Street  
Tioga, ND 58852  
(701) 664-5303  
FAX:(701) 654-5303\*  
Shandar Loney, Mgr

#7039 CASH WISE LIQUOR  
513 "B" STREET NE  
BRainerd, MN 56401  
(218) 828-9003  
FAX: (218) 825-0119  
Tony Klaers, Mgr

#7044 CASH WISE LIQUOR  
801 North Nokomis Street NE  
Alexandria, MN 56308  
(320) 762-2524  
FAX: (320) 762-2524 \*\*  
Aaron Tosh, Mgr

#7047 Captain Jack's North  
3131 Weiss Avenue  
Bismarck, ND 58503-1200  
Ryan Mertz, Mgr  
(701) 223-5113

#7052 CASH WISE LIQUOR  
4985 Timber Parkway S  
Fargo, ND 58104  
LeAnn Donley, Mgr  
701-232-2219

#3009 (7031) CASH WISE LIQUOR  
45 2nd Street South  
WAITE PARK, MN 56387-1348  
(320) 259-1156  
FAX: (320) 259-5161  
Greg Anderson, Mgr

#3015 (7038) CASH WISE LIQUOR  
3310 HWY 10 EAST  
MOORHEAD, MN 56560  
(218) 236-8081  
FAX: (218) 236-8081\*\*  
Tom Sorensen, Mgr

#3043 CASH WISE LIQUOR  
3224 16TH Street SW  
Minot, ND 58701  
(701) 852-4440  
FAX: (701) 852-4424\*  
Kip Kalvick, Mgr

#3046 CASH WISE LIQUOR  
300 11th St W  
Williston, ND 58801  
(701) 572-9326  
FAX: (701) 774-8130  
Bradley Knakmuhs, Mgr

#3049 CASH WISE LIQUOR  
410 10th Street S.E.  
Jamestown, ND 58401  
(701) 252-1527  
FAX: (701) 252-1522  
Arielle Fieber, Mgr

#7042 CASH WISE LIQUOR  
625 WEST CENTRAL ENTRANCE  
DULUTH, MN 55811  
(218) 722-4507  
FAX: (218) 722-4508  
Caron Daniel, Mgr

#7045 CASH WISH LIQUOR  
1414 - 34th Street South  
Fargo, ND 58103  
(701) 282-2323  
FAX: (701) 293-6016  
Tim Pausch, Mgr

#7048 Captain Jack's West  
1140 W Turnpike Avenue  
Bismarck, ND 58501-8114  
Randy Himmelspach, Mgr  
(701) 751-4418

#7053 Plaza Liquor  
3552 W River Parkway  
Rochester, MN 55901  
Kathryn Nelson, Mgr  
507-289-1633

#3013 (7040) CASH WISE LIQUOR  
1216 WESTRIDGE RD  
NEW ULM, MN 56073  
(507) 354-7930  
FAX: (507) 354-7930\*\*  
Tom Portner, Mgr

#3020 (7041) CASH WISE LIQUOR  
1144 BISMARCK EXPRESSWAY  
BISMARCK, ND 58504  
(701) 255-6866  
FAX: (701) 223-5998\*  
Darrell Wrege, Mgr

#3044 Cash Wise Liquor  
1761 3rd Avenue West  
Dickinson, ND 58601  
(701) 225-9752  
FAX: (701) 225-9752\*\*  
Laura Dennis, Mgr

#3047 Cash Wise Liquor  
406 Westview Lane  
Stanley, ND 58784  
(701) 628-2280  
FAX: (701) 628-2280\*  
Janet Bigham, Mgr

#7036 CASH WISE LIQUOR  
14092 EDGEWOOD DRIVE  
BAXTER, MN 56425  
(218) 829-9286  
FAX: (218) 829-4809  
Mark Dockendorf, Mgr

#7043 CASH WISE LIQUOR  
310 CENTRAL AVENUE EAST  
ST MICHAEL, MN 55376  
(763) 497-0659  
FAX: (763) 497-0739  
Artis Bisers, Mgr

#7046 Captain Jack's South  
808 S 2nd Street  
Bismarck, ND 58504-5720  
(701) 223-6546  
FAX:  
Marvin Sitter, Mgr

#7049 Captain Jack's-Mandan  
101 6th Avenue NE  
Mandan, ND 58554-3529  
Christopher Weiland, Mgr  
(701) 663-2510



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
9/26/2018

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).

**PRODUCER**  
Marsh & McLennan Agency LLC  
7225 Northland Dr N #300  
Minneapolis MN 55428

**CONTACT NAME:** Haley Odorizzi

**PHONE**  
(A/C, No, Ext): 763-746-8323

**FAX**  
(A/C, No):

**E-MAIL ADDRESS:** haley.odorizzi@marshmma.com

**INSURER(S) AFFORDING COVERAGE**

**NAIC #**

**INSURER A:** Sentry Insurance a Mutual Company

24988

**INSURER B:** Affiliated FM Insurance Co

10014

**INSURER C:** Liberty Mutual Fire Insurance Company

23035

**INSURER D:** Aspen American Insurance Company

43460

**INSURER E:**

**INSURER F:**

**INSURED**  
Coborn's Inc.  
1921 Coborn Blvd  
St. Cloud MN 56301

COBORINC1

## 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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			TB2641444402028	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ No Coverage PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			AS2641444402018	7/1/2018	7/1/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductible \$ \$2,500/\$2,500
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 25,000 <input type="checkbox"/> CLAIMS-MADE			CX0089R18	7/1/2018	7/1/2019	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<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	Y/N N	N/A	900306101	7/1/2018	7/1/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER Stop Gap Liab E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B C	Property - Loss Limit Liquor Liability			ER385 TO2641444402038	7/1/2018 7/1/2018	7/1/2019 7/1/2019	350,000,000 Limit 1,000,000 Each Occ 50,000 Ded 2,000,000 Agg

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Coborn's, Incorporated d/b/a Cash Wise Liquor at 1230 State Street N, Waseca, MN 56093. Liquor licensing period October 17, 2018 - December 31, 2018. Liquor liability is continuous until cancelled.

## CERTIFICATE HOLDER

## CANCELLATION

City of Waseca  
508 S State Street  
Waseca MN 56093

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

*Reesa Smyth*

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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 WASECA	TYPE CODE OFSL	BUYER'S CARD EXPIRES 12/31/18	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE) COBORN'S, INCORPORATED		BUSINESS NAME (DBA) CASH WISE LIQUOR	
BUSINESS ADDRESS 1230 STATE STREET N		COUNTY WASECA	BUSINESS PHONE 507-835-8030
CITY, STATE, ZIP CODE WASECA, MN, 56093		AUTHORIZED SIGNATURE 	

PS 9135 (12/09)

**CITY OF WASECA**

**APPLICATION FOR LICENSE  
TO SELL CIGARETTES AND TOBACCO PRODUCTS AT RETAIL**

Waseca City Code Chapter 111, Section 111.04

Name of Applicant: Coborn's, Incorporated

Doing Business As: Cash Wise Liquor

Address: 1230 State St N, Waseca, MN 56093

Telephone: 507-835-8030

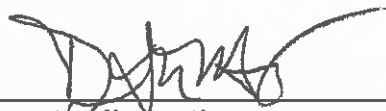
Type of Business: grocery/liquor retail chain

Description of location where cigarettes/tobacco products will be sold: \_\_\_\_\_

behind counter

I hereby make application to the City of Waseca, Minnesota for a license to sell cigarettes and tobacco products at retail at the above location for the term of \_\_\_\_\_ beginning with the 17th day of October, 20 18, subject to the laws of the State of Minnesota, and the Ordinances and Regulations of the City of Waseca.

I hereby enclose \$ 17.58 (prorated) as payment of the fee.



Applicant Signature

9/26/18

Date

**License Application to Make Retail Sales of Cigarette and Other Tobacco Products**

To be completed by applicant when applying for a license with a city or county.

Print or Type

Business Information

Statement of Understanding

Sign Here

Applicant's Minnesota Tax ID Number

[Redacted]

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

**Cigarettes/tobacco products will be sold** (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

Licensee's Legal Name  
**Coborn's, Incorporated**

Business Trade Name (doing business as)  
**Cash Wise Liquor**

Complete Address of Business Location (permit location)  
**1230 State Street N**

City  
**Waseca**

County  
**Waseca**

State  
**MN** ZIP Code  
**56093**

Mailing Address (if different than business address) City  
**PO Box 6146 St. Cloud**

State  
**MN** ZIP Code  
**56302**

**FOR MUNICIPAL USE ONLY**

License Authority

License Number

Period Covered

Date of Issuance

Daytime Phone  
**507-835-8030**

Other Phone Number  
**320-252-4222**

Fax Number

Email Address  
**joyce.schmidt@cobornsinc.com**

**Type of legal organization (check one):**

☐ Sole proprietor

☐ Partnership

☐ Other (describe) \_\_\_\_\_

☒ Minnesota corporation: Enter date of incorporation **12/15/58**

☐ Out-of-state corporation: State of incorporation \_\_\_\_\_

Are you registered to do business in Minnesota? ☐ Yes ☐ No

**Corporate officers or partners (attach a list if necessary)**

Name	Title	Address	City	State	ZIP Code
See attached					

**As a licensed tobacco products or cigarette retailer, I understand that:**

1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature	Title	Print Name	Date	Daytime Phone
[Signature]	VP of Operations	David Meyer	9/27/18	320-252-4222

**License applicant:** Submit this form to the licensing authority along with the license application.

**Licensing authority:** Mail, email or fax to:  
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.  
Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

## **CORPORATE OFFICERS**

**Christopher Michael Coborn**  
CEO/President/Secretary  
3104 Dunbar Road  
St. Cloud, MN 56301  
DOB – 2/10/59  
POB – Milwaukee, WI  
Employee since 1974

**Rebecca Ann Estby**  
Vice President of Organizational Development  
1560 39<sup>th</sup> St S  
St. Cloud, MN 56301  
DOB – 10/09/1965  
POB – Buffalo, MN  
Employee since 2011

**James Francis Shaw**  
Chief Financial Officer  
12940 56<sup>th</sup> Ave N  
Plymouth, MN 55442  
DOB – 10/15/1968  
POB – Omaha, NE  
Employee since 2016

---

### **SIGNING ABILITY:**

**David Norman Meyer**  
VP of Operations  
25533 Pleasant Drive  
St. Cloud, MN 56301  
DOB – 11/15/1956  
POB – St. Cloud, MN

**CITY OF WASECA**

**APPLICATION FOR LICENSE  
TO SELL CIGARETTES AND TOBACCO PRODUCTS AT RETAIL**

Waseca City Code Chapter 111, Section 111.04

**Name of Applicant:** Coborn's, Incorporated

**Doing Business As:** Cash Wise Foods

**Address:** 1230 State St N, Waseca, MN 56093

**Telephone:** 507-835-8030

**Type of Business:** grocery/liquor retail chain

**Description of location where cigarettes/tobacco products will be sold:**

behind service counter

I hereby make application to the City of Waseca, Minnesota for a license to sell cigarettes and tobacco products at retail at the above location for the term of  beginning with the 17th day of October, 20 18, subject to the laws of the State of Minnesota, and the Ordinances and Regulations of the City of Waseca.

I hereby enclose \$ 17.58 (prorated) as payment of the fee.

  
Applicant Signature

9/26/18

Date

## License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

Print or Type

Business Information

Statement of Understanding

Sign Here

Applicant's Minnesota Tax ID Number  
**8058647**

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

**FOR MUNICIPAL USE ONLY**

License Authority
License Number
Period Covered
Date of Issuance

**Cigarettes/tobacco products will be sold** (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

Licensee's Legal Name <b>Coborn's, Incorporated</b>		City <b>Waseca</b>		County <b>Waseca</b>		Daytime Phone <b>507-835-8030</b>	
Business Trade Name (doing business as) <b>Cash Wise Foods</b>		City <b>Waseca</b>		State <b>MN</b>		Other Phone Number <b>320-252-4222</b>	
Complete Address of Business Location (permit location) <b>1230 State Street N</b>		City <b>Waseca</b>		State <b>MN</b>		ZIP Code <b>56093</b>	
Mailing Address (if different than business address) <b>PO Box 6146</b>		City <b>St. Cloud</b>		State <b>MN</b>		ZIP Code <b>56302</b>	
						Fax Number	
						Email Address <b>joyce.schmidt@cobornsinc.com</b>	

**Type of legal organization (check one):**

☐ Sole proprietor ☒ Minnesota corporation: Enter date of incorporation **12/15/58**  
☐ Partnership ☐ Out-of-state corporation: State of incorporation \_\_\_\_\_  
☐ Other (describe) \_\_\_\_\_ Are you registered to do business in Minnesota? ☐ Yes ☐ No

**Corporate officers or partners (attach a list if necessary)**

Name <b>See attached</b>	Title		
Address	City	State	ZIP Code
Name	Title		
Address	City	State	ZIP Code

**As a licensed tobacco products or cigarette retailer, I understand that:**

1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature 	Title <b>VP of Operations</b>	Print Name <b>David Meyer</b>	Date <b>9/27/18</b>	Daytime Phone <b>320-252-4222</b>
Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone

**License applicant:** Submit this form to the licensing authority along with the license application.

**Licensing authority:** Mail, email or fax to:  
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.  
Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

## **CORPORATE OFFICERS**

Christopher Michael Coborn  
CEO/President/Secretary  
3104 Dunbar Road  
St. Cloud, MN 56301  
DOB – 2/10/59  
POB – Milwaukee, WI  
Employee since 1974

Rebecca Ann Estby  
Vice President of Organizational Development  
1560 39<sup>th</sup> St S  
St. Cloud, MN 56301  
DOB – 10/09/1965  
POB – Buffalo, MN  
Employee since 2011

James Francis Shaw  
Chief Financial Officer  
12940 56<sup>th</sup> Ave N  
Plymouth, MN 55442  
DOB – 10/15/1968  
POB – Omaha, NE  
Employee since 2016

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### **SIGNING ABILITY:**

David Norman Meyer  
VP of Operations  
25533 Pleasant Drive  
St. Cloud, MN 56301  
DOB – 11/15/1956  
POB – St. Cloud, MN

## Certificate of Compliance

### Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

**Print in ink or type**

Minnesota Statutes § 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 Minn. Stat. 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.

License or certificate number (if applicable)	Business telephone number (320) 252-4222	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) Coborn's, Incorporated			
DBA ("doing business as" or "also known as" an assumed name), if applicable Cash Wise Foods			
Business address (must be physical street address, no P.O. boxes) 1230 State Street	City Waseca	State MN	ZIP code 56093
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1. ☒ I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent) Sentry Insurance, PO Box 8032, Stevens Point, WI 84481		
Policy number 90-03061	Effective date 07/01/2018	Expiration date 06/30/2019
<input type="checkbox"/> I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <a href="http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance">www.mn.gov/commerce/industries/insurance/licensing/self-insurance</a> .)		

**2. I am not required to have workers' compensation insurance because:**

- ☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- ☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name David Meyer	Title VP Operations	Date 05/08/2018
Applicant signature (required)		

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

### Print in ink or type

Minnesota Statutes § 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 Minn. Stat. 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.

License or certificate number (if applicable)	Business telephone number (320) 252-4222	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) Coborn's, Incorporated			
DBA ("doing business as" or "also known as" an assumed name), if applicable Cash Wise Liquor			
Business address (must be physical street address, no P.O. boxes) 1230 State Street	City Waseca	State MN	ZIP code 56093
County	Email address		

You must complete number 1 or 2 below.

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent) Sentry Insurance, PO Box 8032, Stevens Point, WI 84481		
Policy number 90-03061	Effective date 07/01/2018	Expiration date 06/30/2019

☐ I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

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- ☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- ☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
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Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

David Meyer

Applicant signature (required)

Title

VP Operations

Date

05/08/2018

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.



**LG214 Premises Permit Application****Annual Fee \$150 (NON-REFUNDABLE)****REQUIRED ATTACHMENTS TO LG214**

1. If the premises is leased, attach a copy of your lease. Use **LG215 Lease for Lawful Gambling Activity**.
2. \$150 annual premises permit fee, for each permit (non-refundable). Make check payable to "**State of Minnesota**."

**Mail the application and required attachments to:**

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

**Questions?** Call 651-539-1900 and ask for Licensing.**ORGANIZATION INFORMATION**

Organization Name: Waseca Hockey Association License Number: 02258

Chief Executive Officer (CEO) Jason Attenberger Daytime Phone: 507-469-5771

Gambling Manager: Joshua Lynch Daytime Phone: 507-837-2141

**GAMBLING PREMISES INFORMATION**

Current name of site where gambling will be conducted: The Mill Bar, LLC

List any previous names for this location:

\_\_\_\_\_

Street address where premises is located: 310 2nd Ave SW  
 (Do not use a P.O. box number or mailing address.)

City:	<b>OR</b>	Township:	County:	Zip Code:
Waseca			Waseca	56093

Does your organization own the building where the gambling will be conducted?

☐

Yes

☒

No

If no, attach LG215 Lease for Lawful Gambling Activity.

A lease is not required if only a raffle will be conducted.

Is any other organization conducting gambling at this site?

☐

Yes

☒

No

☐

Don't know

Note: Bar bingo can only be conducted at a site where another form of lawful gambling is being conducted by the applying organization or another permitted organization. Electronic games can only be conducted at a site where paper pull-tabs are played.

Has your organization previously conducted gambling at this site?

☐

Yes

☒

No

☐

Don't know

**GAMBLING BANK ACCOUNT INFORMATION; MUST BE IN MINNESOTA**

Bank Name: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Bank Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: **MN** Zip Code: \_\_\_\_\_**ALL TEMPORARY AND PERMANENT OFF-SITE STORAGE SPACES**

Address (Do not use a P.O. box number):	City:	State:	Zip Code:
_____	_____	<b>MN</b>	_____
_____	_____	<b>MN</b>	_____
_____	_____	<b>MN</b>	_____

**ACKNOWLEDGMENT BY LOCAL UNIT OF GOVERNMENT: APPROVAL BY RESOLUTION**

<b>CITY APPROVAL</b> <b>for a gambling premises</b> <b>located within city limits</b>	<b>COUNTY APPROVAL</b> <b>for a gambling premises</b> <b>located in a township</b>
City Name: _____	County Name: _____
Date Approved by City Council: _____	Date Approved by County Board: _____
Resolution Number: _____ (If none, attach meeting minutes.)	Resolution Number: _____ (If none, attach meeting minutes.)
Signature of City Personnel:  _____	Signature of County Personnel:  _____
Title: _____ Date Signed: _____	Title: _____ Date Signed: _____
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <b>Local unit of government must sign.</b> </div>	<b>TOWNSHIP NAME:</b> _____  <b>Complete below only if required by the county.</b> On behalf of the township, I acknowledge that the organization is applying to conduct gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minnesota Statutes 349.213, Subd. 2.)  Print Township Name: _____  Signature of Township Officer: _____  Title: _____ Date Signed: _____

**ACKNOWLEDGMENT AND OATH**

- |  |   |
|--|---|
| <ol style="list-style-type: none"> <li>1. I hereby consent that local law enforcement officers, the Board or its agents, and the commissioners of revenue or public safety and their agents may enter and inspect the premises.</li> <li>2. The Board and its agents, and the commissioners of revenue and public safety and their agents, are authorized to inspect the bank records of the gambling account whenever necessary to fulfill requirements of current gambling rules and law.</li> <li>3. I have read this application and all information submitted to the Board is true, accurate, and complete.</li> <li>4. All required information has been fully disclosed.</li> <li>5. I am the chief executive officer of the organization.</li> </ol> | <ol style="list-style-type: none"> <li>6. I assume full responsibility for the fair and lawful operation of all activities to be conducted.</li> <li>7. I will familiarize myself with the laws of Minnesota governing lawful gambling and rules of the Board and agree, if licensed, to abide by those laws and rules, including amendments to them.</li> <li>8. Any changes in application information will be submitted to the Board no later than ten days after the change has taken effect.</li> <li>9. I understand that failure to provide required information or providing false or misleading information may result in the denial or revocation of the license.</li> <li>10. I understand the fee is non-refundable regardless of license approval/denial.</li> </ol> |
|--|---|

\_\_\_\_\_  
**Signature of Chief Executive Officer (designee may not sign)**

\_\_\_\_\_  
**Date**

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process your organization's application. Your organization's name and address will be public

information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to: Board members, Board staff whose work requires access to the information;

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

This form will be made available in alternative format, i.e. large print, braille, upon request.

**CONTRACT CONSTRUCTION PAYMENT REQUEST**

DATE: September 24, 2018

TO: Mayor & City Council  
Lee Mattson, City Manager

PROJECT NAME: 2018 Street Water Main and Miscellaneous Storm Sewer Improvements

CITY PROJECT NO. 2017-06 and 2018-01

PAYMENT REQUEST : NO. TWO

PAYMENT PERIOD : August 25, 2018 to September 21, 2018

CONTRACTOR: Dirt Merchant, Inc.

PAYMENT AMOUNT: \$204,455.11

Approved By:

Tom Kilgus 9/27/18  
Department Head Date

\_\_\_\_\_  
Director of Finance Date

\_\_\_\_\_  
City Manager Date

## CONTRACT CONSTRUCTION PAYMENT REQUEST

DATE: SEPTEMBER 24, 2018

TO: Mayor & City Council  
Lee Mattson-City Manager

PROJECT NAME: 2018 STREET, WATER AND MISC. STORM SEWER IMPROVEMENTS

CITY PROJECT NO. : 2017-06 and 2018-01


PAYMENT REQUEST : NO. 2

PAYMENT PERIOD : AUGUST 25, 2018 to SEPTEMBER 21, 2018

CONTRACTOR: DIRT MERCHANT, INC.

<u>CONTRACT</u>			<u>PAYMENT</u>	
Original Contract sum:		<u>\$ 1,361,268.22</u>	Contract Sum to date:	<u>\$ 1,375,433.47</u>
Change Orders			Total earned to date (Includes Change Orders)	<u>\$ 367,061.68</u>
Change Order #1	8/28/2016	<u>\$ 14,165.25</u>	Retainage: 5%	<u>\$ 18,353.08</u>
Change Order #2		<u>                    </u>	Total earned less retainage:	<u>\$ 348,708.60</u>
			Less previous payment requests:	<u>\$ 144,253.49</u>
			Payment due this request:	<u>\$ 204,455.11</u>
			% Contract completed to date:	<u>27%</u>
			Amount remaining on contract:	<u>\$ 1,008,371.79</u>
Net change by change orders:		<u>\$ 14,165.25</u>	Total Amount Due:	<u>\$ 204,455.11</u>
Contract Sum to date:		<u>\$ 1,375,433.47</u>		

Approved By:

 9-27-18  
Contractor Date

 9/27/18  
City Engineer Date

\_\_\_\_\_  
Director of Finance Date

\_\_\_\_\_  
City Manager Date

<b>Title:</b>	Final Payment and Change Order No. One for 2018 Crack Seal/Seal Coat Project-Municipal Project No. 2018-03		
<b>Meeting Date:</b>	October 2 <sup>nd</sup> , 2018	<b>Agenda Item Number:</b>	<b>6G</b>
<b>Action:</b>	<input checked="" type="checkbox"/> MOTION <input type="checkbox"/> REQUESTS/PRESENTATIONS <input type="checkbox"/> RESOLUTION <input type="checkbox"/> ORDINANCE <input type="checkbox"/> DISCUSSION	<b>Supporting Documents:</b>	Pay Estimate No. Two, Change Order No. One and Area Map
<b>Originating Department:</b>	Engineering	<b>Presented By:</b>	City Engineer
<b>Approved By City Manager:</b> <input checked="" type="checkbox"/>	<b>Proposed Action:</b> Motion to Approve Final Payment and Change Order No. One for Municipal Project 2018-03.		
<b>How does this item pertain to Vision 2030 goals?</b>	Create High Quality Community Assets		

**BACKGROUND:** The work on the 2018 Crack Seal/Seal Coat Project has been completed and all work has been approved and accepted by staff. The project is ready for final acceptance and final payment. The total cost of the project is \$64,364.40. The original contract amount was \$60,737.60.

Change Order No. One adjusts the contract price to account for increased quantities of contract items from the original contract. The contractor has provided the required IC134 forms for release of the final payment.

**BUDGET IMPACT:** The work is a budgeted expense being paid from the CIP Fund 430-43010-3102.

**RECOMMENDATION:** Motion to accept the project work, approve Change Order No. One and final payment of \$45,126.90 to Pearson Brothers, Inc. for Municipal Project 2018-03.

## CONTRACT CONSTRUCTION PAYMENT REQUEST

DATE: September 24, 2018

TO: Mayor & City Council  
Lee Mattson, City Manager

PROJECT NAME: 2018 Crack Seal/Seal Coat

CITY PROJECT NO. 2018-03

PAYMENT REQUEST : NO. TWO FINAL PAYMENT

PAYMENT PERIOD : August 25, 2018 to September 21, 2018

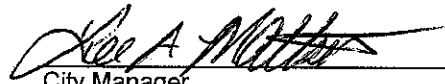
CONTRACTOR: Pearson Brothers, Inc..

PAYMENT AMOUNT: \$45,126.90

Approved By:

 9/25/18  
\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Director of Finance Date

 9-25-18  
\_\_\_\_\_  
City Manager Date

430-43010-3102-1803

## CONTRACT CONSTRUCTION PAYMENT REQUEST

DATE: September 24, 2018

TO: Mayor & City Council  
Lee Mattson City Manager

PROJECT NAME: 2018 CRACK SEAL / SEAL COAT PROJECT

CITY PROJECT NOS. : 2018-03

PAYMENT REQUEST : NO. 2 FINAL PAYMENT

PAYMENT PERIOD : August 25, 2018 to September 21, 2018

CONTRACTOR: PEARSON BROTHERS, INC.  
11079 LAMONT AVE NE  
HANOVER, MN 55341

### CONTRACT

Original Contract sum:	<u>\$ 60,737.60</u>
Change Orders	
Change Order No. One 9/21/18	<u>\$ 3,828.80</u>
Net change by change orders:	<u>\$ 3,828.80</u>
Contract Sum to date:	<u>\$ 64,364.40</u>

### PAYMENT

Contract Amount to date:	<u>\$ 64,364.40</u>
Change Orders to date:	<u>\$3,828.80</u>
Total completed to date (earned):	<u>\$ 64,364.40</u>
Retainage: 0%	<u>\$ -</u>
Total earned less retainage:	<u>\$ 64,364.40</u>
Less previous payment requests:	<u>\$ 19,237.50</u>
Payment due this request:	<u>\$ 45,126.90</u>
% Contract completed to date:	<u>100%</u>
Amount remaining on contract	<u>\$ -</u>
Total Amount Due	<u>\$ 45,126.90</u>

Approved By:

Jack E. Pearson 9/24/18  
Contractor Date

Tom K. Kelley 9/25/18  
City Engineer Date

\_\_\_\_\_  
Director of Finance Date

Lee A. Mattson 9-25-18  
City Manager Date

### CHANGE ORDER

CHANGE ORDER NO. ONE

CITY OF WASECA PROJECT NO. 2018-03

DATE: SEPTEMBER 24, 2018

PROJECT NAME: 2018 CRACK SEAL / SEAL COAT PROJECT

CONTRACTOR: PEARSON BROTHERS, INC.  
11079 LAMONT AVE NE  
HANOVER, MN 55341

THE JUSTIFICATION FOR THIS CHANGE ORDER IS:  
Actual contract quantities exceeded estimated quantities.

ITEM	UNIT	QTY.	UNIT PRICE	INCREASE (DECREASE)
Increased Contract Quantities	L.S.	1	\$3,826.80	\$3,626.80
TOTAL CHANGE ORDER NO. ONE				\$3,626.80

ORIGINAL CONTRACT PRICE	\$60,737.80
PREVIOUS CHANGE ORDERS	\$0.00
AMOUNT OF THIS CHANGE ORDER	\$3,626.80
REVISED CONTRACT AMOUNT	\$64,364.40

APPROVED BY:

Ann P 9/24/18  
CONTRACTOR DATE

Tom Kellogg 9/25/18  
CITY ENGINEER DATE

Robert M. Matta 9-25-18  
DIRECTOR OF FINANCE DATE  
CITY MANAGER DATE

**CERTIFICATE OF PAYMENT**

PROJECT: 2018 CRACK SEAL / SEAL COAT PROJECT

CITY PROJECT NO. 2018-03

PAYMENT REQUEST NO. TWO- FINAL PAYMENT

DATE: SEPTEMBER 24, 2018

CONTRACTOR:  
PEARSON BROTHERS, INC.  
11079 LAMONT AVE NE  
HANOVER, MN 55341

## PAYMENT PERIOD

FROM: AUGUST 25, 2018

TO: SEPTEMBER 21, 2018

ORIGINAL CONTRACT AMOUNT: \$60,737.60

REVISED CONTRACT AMOUNT: \$64,364.40

CONTRACT APPROVAL DATE: JULY 9, 2018

CONTRACT COMPLETION DATE: AUGUST 24, 2018

To the City Council of the City of Waseca, the following payment is requested in accordance with the plans, specifications and conditions of the contract.

			PLAN QUANTITIES				THIS PERIOD		TOTAL TO DATE	
NO.	MNDOT NO.	DESCRIPTION	UNIT	QUANTITY	UNIT PRICE	UNIT TOTAL	QUANTITY	UNIT TOTAL	QUANTITY	UNIT TOTAL
<b>CITY ROADWAYS</b>										
1	2358.508	BITUMINOUS SEAL COAT	SO. YD.	36722	\$ 1.00	\$ 36,722.00	35235	\$ 35,235.00	35235	\$ 35,235.00
2	2356.805	BITUMINOUS MATERIAL FOR SEAL COAT (CRS-2)	GAL.	11384	\$ 0.90	\$ 10,245.60	9866	\$ 8,879.40	9866	\$ 8,879.40
3	2331.808	BITUMINOUS PAVEMENT CRACK TREATMENT	LB.	3672	\$ 3.75	\$ 13,770.00	0	\$ -	5400	\$ 20,250.00
<b>TOTAL CITY ROADWAYS</b>						\$ 60,737.60		\$ 44,114.40		\$ 64,364.40

<b>Title:</b>	Award Bid for 2019 Full Response Pumper Fire Truck		
<b>Meeting Date:</b>	10/2/2018	<b>Agenda Item Number:</b>	<b>7A</b>
<b>Action:</b>	<input checked="" type="checkbox"/> MOTION <input type="checkbox"/> REQUESTS/PRESENTATIONS <input type="checkbox"/> RESOLUTION <input type="checkbox"/> ORDINANCE <input type="checkbox"/> DISCUSSION	<b>Supporting Documents:</b>	Sales Proposal
<b>Originating Department:</b>	City Manager	<b>Presented By:</b>	City Manager
<b>Approved By City Manager:</b> <input checked="" type="checkbox"/>	<b>Proposed Action:</b> To make a motion to award the bid for the 2019 Full Response Pumper Fire Truck to Custom Fire, Osceola, WI.		
<b>How does this item pertain to Vision 2030 goals?</b>	Create High Quality Community Assets		

#### **BACKGROUND:**

On September 19, 2018 the City of Waseca held a bid opening for the purchase of a 2019 Full Response Pumper Fire Truck. The City received one (1) bid for the pumper truck from Custom Fire in the amount of \$566,182 (not including loose equipment).

The City had originally budgeted \$600,000; on March 20, 2018 the City Council approved an additional \$40,000 for the truck and any additional equipment, bringing to total budgeted amount to \$640,000. In addition to the truck, the Fire Department estimates that \$100,000 is needed for loose equipment not included in the bid, bringing the total anticipated cost for the truck and equipment to \$666,182. This exceeds the approved amount by \$26,182.

#### **BUDGET IMPACT:**

There is \$600,000 budget in the Capital Equipment Fund for the purchase of a pumper truck. The additional \$40,000 approved by Council will also be paid out of the Capital Equipment Fund. Staff is considering a number of alternatives to fund the final \$26,182 in anticipated equipment purchases. Alternatives include using the Capital Equipment Fund and reallocating money currently budgeted for other Fire Department expenses. Equipment will not be ordered until staff has identified the necessary funding.

#### **ALTERNATIVES CONSIDERED:**

In the Sales Proposal there are alternative engines options that can be considered to reduce the cost. This is being considered by the Truck Committee.

#### **RECOMMENDATION:**

Staff recommends the City Council to make a motion to receive the bid and award for the 2019 Full Response Pumper Fire Truck to Custom Fire.