Pursuant to due call and notice thereof, a regular meeting of the North Mankato City Council was held in the Municipal Building Council Chambers on July 1, 2013. Mayor Dehen called the meeting to order at 7:00 p.m. asking that everyone join in the Pledge of Allegiance. The following were present for the meeting: Mayor Dehen, Council Members Spears, Steiner, Norland and Freyberg, City Administrator Harrenstein, Finance Director Thorne, City Clerk Gehrke and Attorney Kennedy.

#### Approval of Agenda

Council Member Steiner moved, seconded by Council Member Norland, to approve the agenda as presented. Vote on the motion: Steiner, Norland, Freyberg, Spears and Dehen, aye; no nays. Motion carried.

#### **Approval of Minutes**

Council Member Steiner moved, seconded by Council Member Norland, to approve the minutes of the Council meeting of June 17, 2013. Vote on the motion: Steiner, Norland, Freyberg, Spears and Dehen, aye; no nays. Motion carried.

#### **Consent Agenda**

Council Member Norland moved, seconded by Council Member Steiner, to approve the Consent Agenda which includes:

- A. Bills and Appropriations.
- B. Audio Permit for Local Talent Variety Show, Wheeler Park Band Shell, Monday, August 19, 2013 from 4-8 p.m.

Vote on the motion: Steiner, Norland, Freyberg, Spears and Dehen, aye; no nays. Motion carried.

#### **Public Comments**

#### Barb Church, 102 E. Wheeler Avenue

Barb Church, 102 E. Wheeler Avenue, appeared before the Council and gave an update of the noise level from the events held at Riverfront Park in Mankato. She reported she has been working with a City of Mankato employee recording decibel readings at four locations. Ms. Church reported that although the decibel readings do not reflect much change, the pounding of the bass, the rattling of the windows, the need to keep windows closed and to stay indoors while the music is playing causes mental and physical distress to neighbors in the area. Mayor Dehen reported he has received calls regarding this matter and the City of Mankato is working on some short-term and long-term solutions.

#### Bernadette Wilson, 1754 Commerce Drive

Bernadette Wilson, 1754 Commerce Drive, former owner of Beans Plus, appeared before the Council and presented background information regarding the tax abatement request for Beans Plus. She reported Beans Plus provided daycare services for 192 children employing up to 36 employees as well as providing rental space to the community. She stated Beans Plus was the responsible party for the real estate tax payments. Ms. Wilson requested the City Council deny the tax abatement for the building located at 2101 Rolling Green Lane and asked that the finances of the Autism Center currently leasing the space be reviewed. She stated they are the responsible party for the real estate tax payments and are funded by Medicare and health insurance providing care for 20 children and have exclusive use of the space. She questioned what the Autism Center or Theuninck Rolling Green Properties provide to the City compared to other service providers in the community to qualify for the abatement.

#### Sean Jamison, 2164 Rolling Green Lane

Sean Jamison, 2164 Rolling Green Lane, appeared before the Council stating his support for the placement of the playground structure in Benson Park.

#### Kevin Dixon, 2223 Fairbanks Drive

Kevin Dixon, 2223 Fairbanks Drive, appeared before the Council stating he was representing his neighborhood in support of the placement of the playground structure in Benson Park.

#### Scott Thiem, 1003 Shady Oak Drive

Scott Thiem, 1003 Shady Oak Drive and member of the 2007 Park & Green Spaces Committee, appeared before the Council and voiced his opposition to placement of the playground structure in Benson Park since it does not conform to the approved plan.

#### **Business Items:**

Consider Setting Public Hearing for Utility Easements Vacation, North Ridge Estates Phase XIV
Administrator Harrenstein reported it is necessary to set a public hearing for the vacation of certain utility easements in North Ridge Estates Phase XIV for the relocation of a lot line. Council Member Steiner moved, seconded by Council Member Norland, to set a public hearing for utility easements vacation in North Ridge Estates Phase XIV for 7 p.m. on Monday, August 5, 2013. Vote on the motion: Steiner, Norland, Freyberg, Spears and Dehen, aye; no nays. Motion carried.

#### Res. No. 44-13 Awarding Bid for Project No. 13-05, Caswell North Soccer Fields, Phase 2

Construction Inspector Tostenson appeared before the Council and presented the bid tabulation for Project No. 13-05 Caswell North Soccer Fields Phase 2. He reported three bids were received on June 21, 2013 for completion of the parking lot and fencing of the complex. The low bid of \$251,706.00 was from W. W. Blacktopping of Mankato. The I & S Group engineer's estimate was \$281,722.50. Council Member Steiner moved, seconded by Council Member Norland, to adopt Resolution No. 44-13 Awarding the bid for Project No. 13-05, Caswell North Soccer Fields, Phase 2, to W.W. Blacktopping of Mankato for the bid amount of \$251,706. Vote on the Resolution: Steiner, Norland, Freyberg and Dehen, aye; Spears nay. Motion carried.

#### Property and Casualty Insurance Renewal and Workers' Compensation Renewal

Jay Weir, Weir Insurance Agency, appeared before the Council and presented the renewal rates from the League of Minnesota Cities Insurance Trust for the property and casualty insurance and workers' compensation insurance for 2013-2014. Mr. Weir reported the League of Minnesota Cities Insurance Trust writes insurance for approximately 99 percent of all cities in Minnesota. The experience modification for workers' compensation decreased from 0.91 to 0.87 for 2013-14. Property/casualty and workers' compensation insurance premiums for 2013-2014 total \$264,648 compared to the prior period of \$250,659. The League of Minnesota Cities Insurance Trust has been returning a total of \$191 million in dividends since 1987 and last year the City received a dividend of \$71,000. Mr. Weir reviewed the rating formula changes from the last policy period. Council Member Freyberg asked if full comprehensive coverage is dropped after vehicles are 10 years old. Mr. Weir reported the City has a \$5,000 deductible and could increase this to \$10,000 to save on premiums. At the request of the Council, Mr. Weir will research items that don't need to be insured because of the larger deductible and the age of equipment. Council Member Freyberg moved, seconded by Council Member Steiner to table renewal of the property/casualty and workers' compensation

insurance until response from Mr. Weir on the automotive criteria. Vote on the motion: Steiner, Norland, Freyberg, Spears and Dehen, aye; no nays. Motion carried.

## Res. No. 45-13 Calling for a Public Hearing for 7 p.m. on Monday, August 5, 2013 on the Adoption of Amended Criteria for Awarding Business Subsidies

Administrator Harrenstein presented background information regarding the City's Business Subsidy Policy reporting the policy was adopted in 1999; however, in 2003 the Business Subsidy Act was amended. He stated that in order to continue granting business subsidies, the City will be required to adopt amended criteria to bring the current policy into compliance with the Business Subsidy Act as it has been amended. A copy of the proposed Amended and Restated Business Subsidy Policy was presented. Julie Eddington, Kennedy & Graven, appeared before the Council and reported that no subsidies over \$150,000 could be issued prior to adoption of the amended Business Subsidy Policy. Administrator Harrenstein clarified that the resolution sets the public hearing and does not adopt the policy. The policy is scheduled for consideration of adoption on August 5th after the public hearing. He also stated that adopting the Business Subsidy Policy is a temporary measure that staff is recommending be completed prior to resolving the Theuninck Abatement issue so the City complies with State statute. The entire Business Subsidy Policy will be revised as part of the economic development policy developed by the Economic Development Committee. Council Member Norland moved, seconded by Council Member Steiner, to adopt Resolution No. 45-13 Calling for a Public Hearing for 7 p.m. on Monday, August 5, 2013 on the Adoption of Amended Criteria for Awarding Business Subsidies. Vote on the Resolution: Steiner, Norland, Freyberg, Spears and Dehen, ave; no nays. Motion carried.

# Res. No. 46-13 Calling a Public Hearing for 7 p.m. on Monday, August 5, 2013 on an Amended and Restated Property Tax Abatement for Certain Property in the City of North Mankato and Granting Certain Business Subsidies to Theuninck Rolling Green Properties, LLC

Julie Eddington, Kennedy & Graven, appeared before the Council and presented a draft Abatement Contract between the City of North Mankato and Theuninck Rolling Green Properties, LLC (the Developer). She presented background information reporting Theuninck Rolling Green Properties, LLC is the owner of the property located at 2101 Rolling Green Lane. In January 2008 the Council granted a property tax abatement for a period of 15 years on the property for the purpose of developing a child care facility known as Beans Plus. The initial abatement payments were delivered to Beans Plus but after Beans Plus went out of business, the abatement payments were provided to the Developer. The building located on the property is now leased to an autism care facility and the City is asked to continue to provide abatement to the Developer in order to continue to provide employment opportunities in the City, increase the City's tax base, and provide access to services for residents of the City. To clarify the terms of the abatement, the Council is being asked to amend the terms of the abatement. Since the amended abatement is considered a business subsidy, the City is required to conduct a public hearing on the abatement, as amended. Ms. Eddington reviewed the terms of the proposed amended abatement which would continue the abatement to the developer through calendar year 2023 with an annual amount of abatement of \$18,000 or an estimated total abatement of \$216,280 and require 10 FTE jobs at a wage of no less than \$15.00 per hour. Council Member Freyberg moved, seconded by Council Member Norland, to adopt Resolution No. 46-13 Calling a Public Hearing for 7 p.m. on Monday, August 5, 2013 on an Amended and Restated Property Tax Abatement for Certain Property in the City of North Mankato and Granting Certain Business Subsidies to Theuninck Rolling Green Properties, LLC. Vote on the Resolution: Steiner, Norland, Freyberg and Dehen, ave; Spears, nay. Motion carried.

#### 2012 Comprehensive Annual Financial Report (CAFR)

Kyle Meyers, Abdo, Eick & Meyers, appeared before the Council to present the Comprehensive Annual Financial Report (CAFR) for the year ended December 31, 2012. Mr. Meyers recapped the year's activities noting net assets of \$51,240,886, of which \$5,717,234 represents unrestricted net position which may be used to meet the City's ongoing obligations to citizens and creditors. He reported the City's total position decreased by \$1,799,828 as compared to an increase of \$1,088,179 in the previous year. A major reason for the decrease was a decrease in capital grants and contributions of \$1,267,077, mostly as a result of MnDOT's Highway Planning and Construction grants and aids for highways. At the end of the 2012 fiscal year, unassigned fund balance for the General Fund was \$2,731,388, or 49.5 percent of total General Fund expenditures. Mr. Meyers reported the City's total debt decreased by \$2,080,499, debt issuance amounted to \$1,935,423 and \$4,015,922 in long-term debt was retired during the year. He reported staff has begun the process of creating and adopting written accounting policies and procedures. Mr. Meyers commended the Finance Director for her work preparing for the CAFR. A copy of the 2012 Comprehensive Annual Financial Report will be on file at the North Mankato Taylor Library and Municipal Building, is posted online, and any questions may be directed to the Finance Director. Council Member Norland moved, seconded by Council Member Steiner, to accept the 2012 Comprehensive Annual Financial Report (CAFR). Vote on the motion: Steiner, Norland, Freyberg, Spears and Dehen, ave; no nays. Motion carried.

#### Playground Structure at Benson Park

Mayor Dehen presented a recommendation for placement of the playground structure in Benson Park. He also presented a map of Benson Park showing the proposed location of the structure on the north central side of Benson Park adjacent to the existing diagonal parking. The Mayor gave background information reporting the playground structure was purchased in 2012 from the Sales Tax Fund to be placed in Benson Park adjacent to the parking lot off Carlson Drive. After neighborhood outcry, alternate locations were reviewed. However, the play structure must be placed in a regional park and all other regional parks have a play structure. A meeting was held with the Park & Green Spaces Committee/Rolling Green neighbors regarding placement of this play structure in Benson Park. The Committee requested that once funds are secured for the wood play set, the metal/plastic equipment be removed. They also requested a sign depicting the full park plan conceptual drawing be posted in the park to help that effort. Council Member Norland moved, seconded by Council Member Steiner, to approve \$3,000 for the installation of the previously purchased play structure and to direct staff to install the play structure in the denoted north central area of Benson Park with review and consideration of the removal of the play structure once the recommended wood play structure is erected.

Council Member Spears moved, seconded by Council Member Freyberg, to amend the motion to read: "To approve \$3,000 for the installation of the previously purchased play structure and to direct staff to install the play structure in the denoted north central area of Benson Park with removal of the play structure once the recommended wood play structure is erected." Vote on the motion: Freyberg and Spears, aye; Steiner, Norland and Dehen, nay. Amended motion failed.

Vote on the original motion: Steiner, Norland and Dehen, aye; Freyberg and Spears, nay. Original motion carried.

#### City Administrator and Staff Comments

Administrator Harrenstein reported a successful Triathlon on June 30, 2013 and thanked Chief Boyer and his staff for their work on this event. He also thanked the staff who worked on the Minnesota State High School League Fastpitch Tournament which was held at Caswell Park June 6-8, 2013. He stated Caswell Park is a great symbol for this community.

#### Mayor and Council Comments Council Member Spears

Council Member Spears reported he spoke with an unhappy constituent regarding the Lancers Marching Band practices in North Mankato who stated the Lancers have practiced in North Mankato for the past 15 years and he would like to see them rotated to other areas. Mayor Dehen stated he has met with the Lancers organization, asked them to be considerate of the neighbors and put in place some regulations to stay to the west side of Dakota Meadows School and stop playing some of the instruments at an earlier time. The Lancer practices will be reviewed at the end of the season. The Mayor reported he spoke with the same resident and if he has additional concerns, he may want to provide documentation, put together a petition and a community meeting could be held regarding the Lancer practices.

#### Mayor

Appointment of Citizen Representative to Comprehensive Plan Interview Committee

Council Member Spears moved, seconded by Council Member Norland, to appoint Corey Brunton as the citizen representative to the Comprehensive Plan Interview Committee to review the Request for Proposals (RFP) received for the Comprehensive Plan. Vote on the motion: Steiner, Norland, and Dehen, aye; Spears, nay; Freyberg abstained. Motion carried.

#### Appointment of Council Member to Comprehensive Plan Interview Committee

Council Member Steiner moved, seconded by Council Member Norland, to appoint Council Member Spears to the Comprehensive Plan Interview Committee. Vote on the motion: Steiner, Norland, Freyberg and Dehen, aye; Spears abstained. Motion carried.

Mayor Dehen reported fireworks would be held on July 4<sup>th</sup> over the Minnesota River. Fun Days will begin on Wednesday, July 10<sup>th</sup> with the Kiddie Parade on Friday, July 12<sup>th</sup>, the Grand Parade on Saturday, July 13<sup>th</sup> beginning at 11 a.m. and fireworks held Sunday, July 14<sup>th</sup>.

#### **Public Comments**

#### Phil Henry, 1300 Noretta Drive

Phil Henry, 1300 Noretta Drive, appeared before the Council and thanked the City for picking up the brush after the recent storm. He also asked the funds used for replacement of the play structure in Benson Park. The City Administrator reported sales tax funds would be used for installation of the play structure.

#### Phil Larson, 10 Juneau Court

Phil Larson, 10 Juneau Court, appeared before the Council and thanked them for authorizing the installation of the playground equipment in Benson Park.

#### Bernadette Wilson, 1754 Commerce Drive

Bernadette Wilson, 1754 Commerce Drive, appeared before the Council and presented additional concerns regarding the Theuninck Rolling Green Properties, LLC tax abatement.

#### Jim Santori, 2102 Rolling Green Lane

Jim Santori, 2102 Rolling Green Lane, appeared before the Council and spoke of forming a fund-raising committee for the Benson Park Improvement Project. Phil Henry, 1300 Noretta Drive, agreed to serve on this committee.

There being no further business, on a motion by Council Member Steiner, seconded by Council Member Norland, the meeting was adjourned at 8:50 p.m.

| Mayor |  |
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#### CLAIM REPORT FOR REGULAR COUNCIL MEETING OF JULY 15, 2013

| 75364<br>75365<br>75366<br>75367<br>75368 | Benco Electric Cooperative<br>CenterPoint Energy<br>MAGFA<br>PowerPlan<br>Verizon Wireless                                       | electric bill-All Depts. gas bill-All Depts. 10% concession stand sales tournament 6/28-6/30 equipment parts-Street Dept. cell phone & internet bill-All Depts.                                                                           | \$28,788.55<br>\$1,458.71<br>\$744.41<br>\$235.51<br>\$252.15    |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| 75369<br>75370<br>75371<br>75372<br>75373 | C & S Supply Co., Inc. Lloyd Lumber Charter Communications Cincinnati Insurance Companies HickoryTech                            | equip parts, supplies & trimmers-All Depts. supplies, equipment parts & rental-All Depts. high speed data service-Pol, Fire, Contingency & P/A insurance premium-Public Access installation service, telephone & internet bill-All Depts. | \$1,389.87<br>\$1,657.65<br>\$463.96<br>\$2,661.00<br>\$3,835.13 |
| 75374<br>75375                            | ICMA Retirement Trust-457<br>ICMA Retirement Trust-Roth IRA                                                                      | employee payroll deductions<br>employee payroll deductions                                                                                                                                                                                | \$3,118.85<br>\$660.00                                           |
|                                           | 2-Way Radio of Minnesota, Inc.<br>A & B Transmissions<br>A-1 Key City Locksmiths, Inc.<br>Abdo, Eick & Meyers<br>Albright, James | program radios-Street Dept. equipment parts-Equipment Certificates keys-Swim Facility audit service-All Depts. lawn maintenance-Public Access                                                                                             | \$30.00<br>\$1,509.22<br>\$16.11<br>\$11,100.00<br>\$128.25      |
|                                           | Alex Air Apparatus, Inc. Allstate Peterbilt Alpha Wireless Communications Ameripride Service American Pest Control               | supplies-Fire Dept. June tax settlement-TIF 21 Allstate equipment parts-Inspections gloves, mats, uniform & towel service-All Depts. professional service-Sanitation                                                                      | \$483.71<br>\$12,875.02<br>\$30.80<br>\$670.46<br>\$69.80        |
|                                           | American Test Center American Water Works Association Amlawn, Inc. B & F Fastener Supply Baker & Taylor                          | ladder testing-Fire Dept. membership dues-Water Dept. properties mowed to be reimbursed-Park Dept. supplies-Park Dept. books-Library & Bookmobile                                                                                         | \$1,465.00<br>\$179.00<br>\$1,202.60<br>\$87.94<br>\$25.98       |
|                                           | Batteries + Bulbs Beacon Athletics Bruning, Shane Bureau of Criminal Apprehension Carquest Auto Parts                            | batteries-Street Dept. tool-Caswell travel expenses for conference-Fire Dept. criminal justice data network qtrly bill-Police Dept. equipment parts & supplies-All Depts.                                                                 | \$14.22<br>\$125.12<br>\$10.63<br>\$270.00<br>\$647.20           |
|                                           | Carr's Tree Service CDW-Government Computer Technology Solutions Connect Business Magazine Crysteel Truck Equipment              | tree removal due to storm damage-Park Dept. supplies-Admin equipment parts-Public Access ad-Port Authority equip parts & paint used vehicle-Equip Cert & Sewer                                                                            | \$855.00<br>\$182.31<br>\$37.58<br>\$479.00<br>\$5,361.83        |

| Dairy Queen West               | items for concessions-Caswell                        | \$119.00              |
|--------------------------------|------------------------------------------------------|-----------------------|
| Dalco                          | supplies-Mun Bldg, Police, Fire & Library            | \$677.11              |
| DEMCO, Inc.                    | supplies-Library                                     | \$65.95               |
| De Zurik, Inc.                 | equipment parts-Water Dept.                          | \$1,395.88            |
| Doran, Heather                 | mileage-Public Access                                | \$186.45              |
| December October October       | ut-ut- tilesen.                                      | \$50.42               |
| Drummers Garden Center         | plants-Library                                       | \$326.01              |
| Eesley, Thomas                 | travel expenses for conference-Fire Dept.            | \$33.84               |
| Fischer, Nicole                | facebook advertising for ArtSplash-Library           | \$219.24              |
| FleetPride                     | equipment parts-Street & Park Depts.                 | \$1,122.24            |
| Free Press                     | ads-All Depts.                                       | Φ1,122.2 <del>4</del> |
| Freyberg Petroleum Sales, Inc. | grease-Street Dept.                                  | \$131.16              |
| G & H Ready Mix                | concrete-Street Dept.                                | \$357.02              |
| G & L Auto Supply              | equipment parts & supplies-All Depts.                | \$911.40              |
| Gale/Cengage Learning          | books-Library                                        | \$99.26               |
| Gopher State One-Call          | one-call locates-Inspections                         | \$284.20              |
| Hansen Sanitation              | refuse pickup-Shop, Park, Sanitation & Public Access | \$276.12              |
| Hawkins, Inc.                  | chemicals-Swim Facility & Water Depts.               | \$4,790.13            |
| Henry, A.J. Fence Company      | supplies-Park Dept.                                  | \$1,053.41            |
| Hilltop Florist & Greenhouse   | flowers-Caswell                                      | \$105.57              |
| Howard Drive, LLC              | June tax settlement-TIF 17 National Dentex           | \$6,224.76            |
|                                |                                                      | <b>#</b> 4 000 00     |
| I & S Group                    | site grading/drainage construction plans-Sales Tax   | \$1,320.00            |
| Ingram Library Services        | books-Library & Bookmobile                           | \$2,083.11            |
| Isuzu Diesel Midwest           | equipment parts-Park Dept.                           | \$117.43              |
| Keeprs, Inc.                   | practice ammo-Police Dept.                           | \$1,057.02            |
| Kennedy & Kennedy              | legal services for August-Attorney                   | \$7,390.00            |
| Kunkel Electric, Inc.          | equipment parts-Street Lighting                      | \$540.00              |
| LJP Enterprises of St. Peter   | gaylords & wire baling-Sanitation                    | \$210.00              |
| LJP Waste & Recycle            | transportation charges-Sanitation                    | \$583.20              |
| LJP Enterprises, Inc.          | June tax settlement-TIF 18 LJP Enterprises           | \$38,738.91           |
| Lager's of Mankato, Inc.       | equipment parts-Inspections & Water Depts.           | \$348.16              |
| Larkatur Engineering & Cumply  | equipment parts-Street Dept.                         | \$23.99               |
| Larkstur Engineering & Supply  | June tax settlement-TIF 22 Lindsay                   | \$7,913.11            |
| Lindsay Window & Door, LLC     | equipment parts & sweeper brooms-Street Dept.        | \$11,518.16           |
| MacQueen Equipment, Inc.       | equipment parts & sweeper brooms-offeet Dept.        | \$195.92              |
| Mankato Ford, Inc.             | equipment parts-Police, Street & Water Depts.        | \$110.77              |
| Mankato Motor Company          | equipment parts-otieet & Fark Depts.                 | ψ110.77               |
| Matheson Tri-Gas, Inc.         | welding supplies-Shop                                | \$109.25              |
| Metro Sales, Inc.              | copier maintenance-Mun Bldg                          | \$195.42              |
| Meyer & Sons                   | freezer-Swim Facility                                | \$413.39              |
| Menards-Mankato                | chemical-Park Dept.                                  | \$30.94               |
| McGowan Water Conditioning     | salt for softener-Library                            | \$39.15               |
| <b>U</b>                       | •                                                    |                       |

| Minnesota Iron & Metal Co. Minnesota Pipe & Equipment Minnesota Rural Water Association Minnesota Valley Testing Lab Minnesota Waste Processing Co. | equipment parts-Inspection & Street equipment parts & water meter-Water & Storm Water registration fees for training-Water Dept. water & sample testing-Water & Sewer Depts. processing fees-Sanitation | \$99.40<br>\$411.81<br>\$250.00<br>\$393.75<br>\$21,938.43     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| Minnesota Zoo<br>MN Bureau of Criminal Apprehension<br>Mobile Glass Service<br>Mr. Rooter of South Central MN<br>MTI Distributing                   | summer reading program-Library<br>shipping for printed material-Police Dept.<br>equipment parts-Street Dept.<br>jet sewer line-Park Dept.<br>equipment parts-Caswell & Park Depts.                      | \$355.00<br>\$4.63<br>\$236.35<br>\$413.42<br>\$730.87         |
| Neenah Foundry Company<br>Neopost USA, Inc.<br>Newman Signs<br>Nicollet County Auditor/Treasurer<br>North Central International                     | curb box castings-Water Dept. postage meter rental-Water & Sewer Depts. signs-Sanitation joint purchase with Nicollet Cty of Chip Spreader-Str lubricant & equipment parts-Shop & Sewer Depts.          | \$3,711.02<br>\$315.68<br>\$253.84<br>\$123,946.68<br>\$208.98 |
| North Mankato Firemen's Relief<br>North Star Scale, Inc.<br>O'Reilly Auto Parts<br>OverDrive, Inc.<br>Paragon Printing, Mailing & Specialties       | tax levy-Firemen's Relief calibration of scales-Sanitation equipment parts-Police Dept. downloadable audio/ebooks-Library printed material, supplies & water report-All Depts.                          | \$16,928.00<br>\$160.00<br>\$71.77<br>\$1,005.36<br>\$2,808.26 |
| Pepsi-Cola of Mankato, Inc. Pet Expo Distributor Peterson, Thomas Petty Cash, Clara Thorne Pioneerland Library System                               | pop & water-Caswell<br>aquatic service-Library<br>June tax settlement-TIF 16 Creative<br>petty cash items-All Depts.<br>payment for lost DVD-Library                                                    | \$2,742.80<br>\$40.00<br>\$11,625.53<br>\$98.38<br>\$38.00     |
| Praxair Distribution Reliance Electric of Southern Minn Retrofit River Bend Business Products Schumacher, Greg                                      | supplies-Sewer Dept. pump repair-Swim Facility recycle light bulbs & supplies-Sanitation copier maintenance-Mun Bldg & Police travel expenses for conference-Fire Dept.                                 | \$29.85<br>\$459.28<br>\$196.78<br>\$198.94<br>\$9.75          |
| Schwickert's<br>Sherwin-Williams Company<br>Skarpohl Pressure Washer Sales<br>Sletten, Cory<br>Snell Power Sports & Equipment                       | HVAC repairs-Fire Dept. paint-Street Dept. equipment part-Park Dept. travel expenses for conference-Fire Dept. 2012 Gravely Edger-Park Dept.                                                            | \$830.60<br>\$17.92<br>\$200.93<br>\$7.73<br>\$456.34          |
| Southern Minnesota Construction<br>Spring Touch<br>SPS Companies, Inc.<br>Staples Advantage<br>Tessco                                               | asphalt & emulsion oil-Street & Storm Water sprinkler parts-Mun Bldg equipment parts-Sewer Depts. supplies-All Depts. equipment parts-Street Dept.                                                      | \$5,725.29<br>\$95.00<br>\$30.00<br>\$122.63<br>\$174.83       |

| Tiesler, Joshua Tire Associates US Postal Service Vaneps, Eric | travel expenses for conference-Fire Dept. tires & tire repairs-Caswell, Park & Water Depts. postage-All Depts. travel expenses for conference-Fire Dept. | \$367.56<br>\$376.04<br>\$3,000.00<br>\$354.74<br>\$363.40 |
|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Verschelde, David                                              | travel expenses for conference-Fire Dept.                                                                                                                | φυσυ.40                                                    |
| Viking Fire & Safety                                           | service fire extinguishers-Water Dept.                                                                                                                   | \$100.00                                                   |
| Viking Electric Supply                                         | hand dryers & electrical supplies-Bldg, Park & Water                                                                                                     | \$1,237.07                                                 |
| WW Blacktopping, Inc.                                          | asphalt-Storm Water                                                                                                                                      | \$169.50                                                   |
| Wayne's Auto Body                                              | sand blast & paint parts-Street Dept.                                                                                                                    | \$304.98                                                   |
| Wenzel Auto Electric Company                                   | equipment parts-Park Dept.                                                                                                                               | \$77.02                                                    |
| Werner Electric Supply                                         | electrical supplies-Mun Bldg                                                                                                                             | \$358.48                                                   |
| Westman Freightliner                                           | equipment parts-Sewer Depts.                                                                                                                             | \$106.47                                                   |
| Zep Sales & Service                                            | lubricant & supplies-Shop                                                                                                                                | \$230.67                                                   |
| Ziegler Mankato, LLC                                           | June tax settlement-TIF 20 Ziegler                                                                                                                       | \$46,283.73                                                |
| Total                                                          |                                                                                                                                                          | \$425,163.16                                               |

| General                                   | \$210,659.06 |
|-------------------------------------------|--------------|
| Library                                   | \$4,174.91   |
| Bookmobile                                | \$505.45     |
| Community Development                     | \$1,261.46   |
| Contingency                               | \$152.99     |
| Port Authority                            | \$1,678.53   |
| Port Authority Tax Increment Project Fund | \$123,661.06 |
| Equipment Certificates                    | \$6,057.37   |
| Local Option Sales Tax Construction       | \$1,741.76   |
| Water                                     | \$24,177.33  |
| Sewer                                     | \$4,759.28   |
| Sanitary Collection                       | \$24,731.25  |
| Storm Water                               | \$1,020.83   |
| Firemen's Relief                          | \$16,928.00  |
| Public Access                             | \$3,653.88   |
| Total                                     | \$425,163.16 |

# PORT AUTHORITY INVOICES FOR REGULAR COUNCIL MEETING OF JULY 15, 2013

| Verizon Wireless           | cell phone-Port Authority                  | \$52.67      |
|----------------------------|--------------------------------------------|--------------|
| Abdo, Eick & Meyer         | audit service-Port Authority               | \$1,052.00   |
| Allstate Peterbilt         | June tax settlement-TIF 21 Allstate        | \$12,875.02  |
| Connect Business Magazine  | ad-Port Authority                          | \$479.00     |
| Free Press                 | ad-Port Authority                          | \$94.86      |
| Howard Drive, LLC          | June tax settlement-TIF 17 National Dentex | \$6,224.76   |
| LJP Enterprises, Inc.      | June tax settlement-TIF 18 LJP Enterprises | \$38,738.91  |
| Lindsay Window & Door, LLC | June tax settlement-TIF 22 Lindsay         | \$7,913.11   |
| Peterson, Thomas           | June tax settlement-TIF 16 Creative        | \$11,625.53  |
| Ziegler Mankato, LLC       | June tax settlement-TIF 20 Ziegler         | \$46,283.73  |
| Total                      |                                            | \$125,339.59 |

# List of Port Authority Bills in the Amount of \$125,339.59 Council Meeting of July 15, 2013

| Mayor Mark Dehen               | Council Member Kim Spears      | Council Member Diane Norland |
|--------------------------------|--------------------------------|------------------------------|
|                                |                                |                              |
|                                |                                |                              |
|                                |                                |                              |
|                                |                                |                              |
| Council Member William Steiner | Council Member Robert Freyberg |                              |

List of Bills in the Amount of \$425,163.16

Council Meeting of July 15, 2013

| Mayor Mark Dehen               | Council Member Kim Spears      | Council Member Diane Norland |
|--------------------------------|--------------------------------|------------------------------|
|                                |                                |                              |
| ·                              |                                |                              |
| Council Member William Steiner | Council Member Robert Freyberg |                              |

# APPLICATION FOR LICENSE CITY OF NORTH MANKATO

| TYPE OF LICENSE:                                                                                               | Application Fee:                                                                                                                  |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                |                                                                                                                                   |
| BUSINESS NAME: LAS FR                                                                                          | ontaras                                                                                                                           |
| BUSINESS ADDRESS: 503 (                                                                                        | 3etyrade Aux                                                                                                                      |
| MINNESOTA TAX I.D. #                                                                                           | FEDERAL TAX I.D. # 35-2421498                                                                                                     |
|                                                                                                                |                                                                                                                                   |
| Applicant's Name: Krant Ad (Ir                                                                                 | am Len 7 nclude full middle name)                                                                                                 |
| Applicant's Social Security #:                                                                                 | Citizenship Status: U.S. Citizen                                                                                                  |
| Applicant's Present Address: 215                                                                               | 8 N Franklin St                                                                                                                   |
|                                                                                                                | 1 Um, MN 560                                                                                                                      |
| Length of time at this address: $\underline{\mathcal{A}}$                                                      | ·                                                                                                                                 |
|                                                                                                                | /Operator                                                                                                                         |
|                                                                                                                | LAS Frontaras                                                                                                                     |
| Length of time so engaged: / w                                                                                 |                                                                                                                                   |
| Applicant's addresses and occupation (if different from above):                                                | ns for the three (3) years prior to the date of application                                                                       |
| 913 South Payne                                                                                                | St. New Ulm, MN 56073 coy13                                                                                                       |
| Subvay/Whlmart Pretner                                                                                         | Japanter locks                                                                                                                    |
| Has applicant ever been convicted o violation of a municipal ordinance b of conviction and the nature of the o | f a felony, gross misdemeanor, or misdemeanor, including out excluding traffic violations, and if so, the date and place offense: |
| the date of application:                                                                                       | applicant has not resided in the City for two (2) years prior                                                                     |

| References continued                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Backy Tykwinski 913 5 Paynest. New Ulm, MN 56073                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Backy Tykninski 913 5 Paynest. New Ulm, MN 56073  Dara Nadolsky 813 4thst SE Wasaca, MN 56093                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Branda Meulebroeck 1879 190th Aix Russell, MN 56169                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| I, the applicant, understand that it is unlawful to intentionally make a false statement or omission upon this application form. Further, I understand that any false statement in such application, or any willful omission to state any information called for on such application form, shall, upon discovery of such falsehood, work an automatic refusal of license, or if already issued, shall render any license or permit issued pursuant thereto, void, and of no effect to protect me from prosecution for violation of Chapter 6, or any part hereto, of the City Code for the City of North Mankato. |
| $O \subset I$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date of Birth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| $\frac{-7/09/2013}{\text{Date of Signing}}$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Subscribed and sworn to before me this  10th day of July, 2013.  City Clerk                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| OFFICE USE If needed:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| POLICE approved X not approved Date: 67-16-2013                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| POLICE approved not approved Date: 67-10-2013  Chief Bo yer # 701  COUNCIL ACTION approved not approved Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Application Fee paid on: 7-9-13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| License Issued on:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |



## Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division (AGED)

444 Cedar Street, Suite 222, St. Paul, MN 55101-5133 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                                                        | 2 76 Liquoi neense, or Sanday                                                                                                                                                                                    |                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| Cities and Counties: license types:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1) City issued on sa                                                                                                                                                                                          | le intoxicating and                                                                                                    | d sign this form to certify the iss<br>Sunday liquor licenses<br>I off sale malt liquor licenses                                                                                                                 | suance of the following liquor                                                                                                                 |
| Name of City or Coun                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ty Issuing Liquor Lice                                                                                                                                                                                        | ense North Mank                                                                                                        | ato_License Period From: 7                                                                                                                                                                                       | 18/13 To: 12/31/13                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                                                        | Suspension Revocation Revocation                                                                                                                                                                                 |                                                                                                                                                |
| License type: (circle a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ll that apply) (On S                                                                                                                                                                                          | ale Intoxicating                                                                                                       | Sunday Liquor 3.2% O                                                                                                                                                                                             | n sale 3.2% Off Sale                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | _                                                                                                                                                                                                             |                                                                                                                        |                                                                                                                                                                                                                  | 3.2% Off Sale fee: \$                                                                                                                          |
| Licensee Name: 800 (con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | nt Adam Lan 7<br>rporation, partnership, LLo                                                                                                                                                                  | C, or Individual)                                                                                                      | OOB_ Social Secu                                                                                                                                                                                                 | rity #                                                                                                                                         |
| Business Trade Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Las Frontera                                                                                                                                                                                                  | SBusi                                                                                                                  | ness Address <u>508 Bolgrade</u>                                                                                                                                                                                 | AVE City North Mankalo                                                                                                                         |
| Zip Code 56003 Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ounty Nicole+ Bu                                                                                                                                                                                              | siness Phone                                                                                                           | Home Pho                                                                                                                                                                                                         | ne <u> </u>                                                                                                                                    |
| Home Address 318                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | N Franklin St                                                                                                                                                                                                 | City New                                                                                                               | Um Licensee                                                                                                                                                                                                      | 's MN Tax ID # 225 25 1                                                                                                                        |
| Licensee's Federal Ta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | x ID# <u>35-2421</u>                                                                                                                                                                                          |                                                                                                                        |                                                                                                                                                                                                                  | (To Apply call 651-296-6181)                                                                                                                   |
| If above named license                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ee is a corporation, pa                                                                                                                                                                                       | artnership, or LLC,                                                                                                    | complete the following for each                                                                                                                                                                                  | n partner/officer:                                                                                                                             |
| Brent Adam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                               | -                                                                                                                      |                                                                                                                                                                                                                  | 318 N Franklin St New U                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                               |                                                                                                                        |                                                                                                                                                                                                                  |                                                                                                                                                |
| Partner/Officer Name (First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | st Middle Last)                                                                                                                                                                                               | DOB                                                                                                                    | Social Security #                                                                                                                                                                                                | Home Address                                                                                                                                   |
| Partner/Officer Name (Fire (Partner/Officer Name (Pa |                                                                                                                                                                                                               | DOB                                                                                                                    | Social Security #                                                                                                                                                                                                | Home Address  Home Address                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rst Middle Last)                                                                                                                                                                                              |                                                                                                                        |                                                                                                                                                                                                                  |                                                                                                                                                |
| (Partner/Officer Name (Fire Partner/Officer Name (Fire Intoxicating liquor lice must contain all of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | rst Middle Last) st Middle Last) ensees must attach a c                                                                                                                                                       | DOB DOB certificate of Liquo                                                                                           | Social Security #                                                                                                                                                                                                | Home Address  Home Address  n. The insurance certificate                                                                                       |
| (Partner/Officer Name (Fine Partner/Officer Name (Fine Intoxicating liquor lice must contain all of the 1) Show the exact lice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | rst Middle Last) st Middle Last) ensees must attach a control of the following: ensee name (corporat                                                                                                          | DOB  DOB  certificate of Liquo  ion, partnership, Ll                                                                   | Social Security #  Social Security #  r Liability Insurance to this form                                                                                                                                         | Home Address  Home Address  n. The insurance certificate s shown on the license.                                                               |
| (Partner/Officer Name (Fine Partner/Officer Name (Fine Intoxicating liquor lice must contain all of the 1) Show the exact lice 2) Cover completely to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | rst Middle Last) st Middle Last) ensees must attach a control of following: ensee name (corporation the license period set                                                                                    | DOB  DOB  certificate of Liquo  ion, partnership, Ll  by the local city or                                             | Social Security #  Social Security #  r Liability Insurance to this form  C, etc) and business address as  county licensing authority as si                                                                      | Home Address  Home Address  n. The insurance certificate shown on the license.                                                                 |
| (Partner/Officer Name (Fine Partner/Officer Name (Fine Intoxicating liquor lice must contain all of the 1) Show the exact lice 2) Cover completely to Circle One: (Yes No)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rst Middle Last) st Middle Last) ensees must attach a control of following: ensee name (corporate the license period set puring the past year                                                                 | DOB  DOB  certificate of Liquo  ion, partnership, Ll  by the local city or  thas a summons b                           | Social Security #  Social Security #  r Liability Insurance to this form  C, etc) and business address as  county licensing authority as si                                                                      | Home Address  Home Address  n. The insurance certificate s shown on the license. hown on the license. the Civil Liquor Liability Law?          |
| (Partner/Officer Name (Fine Partner/Officer Name (Fine Intoxicating liquor lice must contain all of the 1) Show the exact lice 2) Cover completely to Circle One: (Yes No)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | rst Middle Last) st Middle Last) ensees must attach a ce following: ensee name (corporate the license period set During the past years in Insurance is also re                                                | DOB  DOB  certificate of Liquo  ion, partnership, Ll  by the local city or  ar has a summons be  equired by all licens | Social Security #  Social Security #  r Liability Insurance to this form  LC, etc) and business address as county licensing authority as sien issued to the licensee under                                       | Home Address  Home Address  n. The insurance certificate s shown on the license. hown on the license. the Civil Liquor Liability Law? wing:    |
| (Partner/Officer Name (Fine Partner/Officer Name (Fine Intoxicating liquor lice must contain all of the 1) Show the exact lice 2) Cover completely to Circle One: (Yes No) Workers Compensation Workers Compensation I Certify that this licent City Clerk or County of the Partner Name (Fine Partner Nam | rst Middle Last)  st Middle Last)  ensees must attach a control of following: ensee name (corporate the license period set on Insurance is also refer in Insurance Companents)  ase(s) has been appropriated. | DOB  DOB  DOB  DOB  DOB  DOB  DOB  DOB                                                                                 | Social Security #  Social Security #  r Liability Insurance to this form  LC, etc) and business address as  county licensing authority as sl  een issued to the licensee under  sees: Please complete the follow | Home Address  Home Address  n. The insurance certificate s shown on the license. hown on the license. the Civil Liquor Liability Law? wing:  # |

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

### CITY OF NORTH MANKATO





| Agenda Item #9A De                        | epartment: City Planner    | Council Meeting Date: 07/15/13                                                          |
|-------------------------------------------|----------------------------|-----------------------------------------------------------------------------------------|
| TITLE OF ISSUE: Preliminary and Final     | Plat of North Ridge Estate | s Phase XVI, a replat of Lots 1 and 2, Block                                            |
| 1, North Ridge Estates Phase XIV, a reque | st from Greyknight Proper  | rties                                                                                   |
|                                           |                            |                                                                                         |
| BACKGROUND AND SUPPLEMENTAL               | INFORMATION: See at        | tached report.                                                                          |
|                                           |                            |                                                                                         |
|                                           |                            |                                                                                         |
|                                           |                            |                                                                                         |
|                                           |                            |                                                                                         |
|                                           |                            |                                                                                         |
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|                                           |                            |                                                                                         |
|                                           |                            |                                                                                         |
|                                           |                            |                                                                                         |
|                                           |                            |                                                                                         |
|                                           |                            |                                                                                         |
| REQUESTED COUNCIL ACTION: Staff           | recommends annroval of     | If additional space is required, attach a separate sheet the preliminary and final plat |
| THE CESTED COCKCIE NOTION. Sain           | recommends approvar or     | the premimury and man part                                                              |
|                                           |                            |                                                                                         |
| Fan Claulda Han                           |                            |                                                                                         |
| For Clerk's Use:                          | SUPPO                      | RTING DOCUMENTS ATTACHED                                                                |
| Motion By:                                | Resolution Ord             | nance Contract Minutes Map                                                              |
| Second By:                                |                            |                                                                                         |
| Vote Record: Aye Nay                      |                            |                                                                                         |
| Norland Spears                            | Other (specify             | Preliminary and Final Plat                                                              |
| Freyberg                                  |                            |                                                                                         |
| Steiner Dehen                             |                            |                                                                                         |
|                                           |                            |                                                                                         |
|                                           |                            |                                                                                         |
| Workshop                                  | R                          | efer to:                                                                                |
| X Regular Meeting                         |                            |                                                                                         |
|                                           | - '                        | able until:                                                                             |
| Special Meeting                           |                            | ther:                                                                                   |

# PRELIMINARY AND FINAL PLAT OF NORTH RIDGE ESTATES XVI

LOTS 1 AND 2, BLOCK 1, NORTH RIDGE ESTATES PHASE XIV

A REQUEST GREYKNIGHT PROPERTIES, LLP

#### THE CITY OF NORTH MANKATO

SUBJECT: Preliminary and Final Plat of North Ridge Estates XVI

APPLICANT: Greyknight Properties, LLP

LOCATION: Lots 1 and 2, Block 1, North Ridge Estates Phase XIV

EXISTING ZONING: R-3, Limited Multiple Dwelling

DATE OF HEARING: July 11, 2013

DATE OF REPORT: June 21, 2013

REPORTED BY: Michael Fischer, City Planner

#### APPLICATION SUBMITTED

Request to replat Lots 1 and 2, Block 1, North Ridge Estates XIV.

#### COMMENT

In June of 2012, the final plat of North Ridge Estates Phase XIV was approved by the City as shown on Exhibit A. The plat consisted of six (6) lots to accommodate future construction of six (6) single-family dwellings and Outlot A as a location for a storm water holding pond. As originally proposed, driveway access for Lots 2-6 was from Pleasant View Court and driveway access for Lot 1 was from Pleasant View Drive. Recently, the subdivision has been purchased by Greyknight Properties with the intent to construct 2-unit dwellings on each of the six (6) lots. To accommodate the placement of 2-unit dwellings within the subdivision, the applicants are proposing to replat Lots 1 and 2 as shown on Exhibit B. In summary, the mutual lot line would be slightly relocated to accommodate the 2-unit dwellings shown on Exhibit C. As shown on Exhibit C, the dwelling on Lot 2 has access onto Pleasant View Drive instead of Pleasant View Court.

As the subdivision is zoned R-3, Limited Multiple Dwelling, 2-unit dwellings are permitted and all City Code requirements pertaining to lot size, ground coverage and setbacks are satisfied. The layout of the entire subdivision is shown on Exhibit D. While there are other driveways that access onto Pleasant View Drive, staff has attempted to limit the number.

#### **RECOMMENDATION**

Staff recommends approval of the preliminary and final plat of North Ridge Estates XVI.

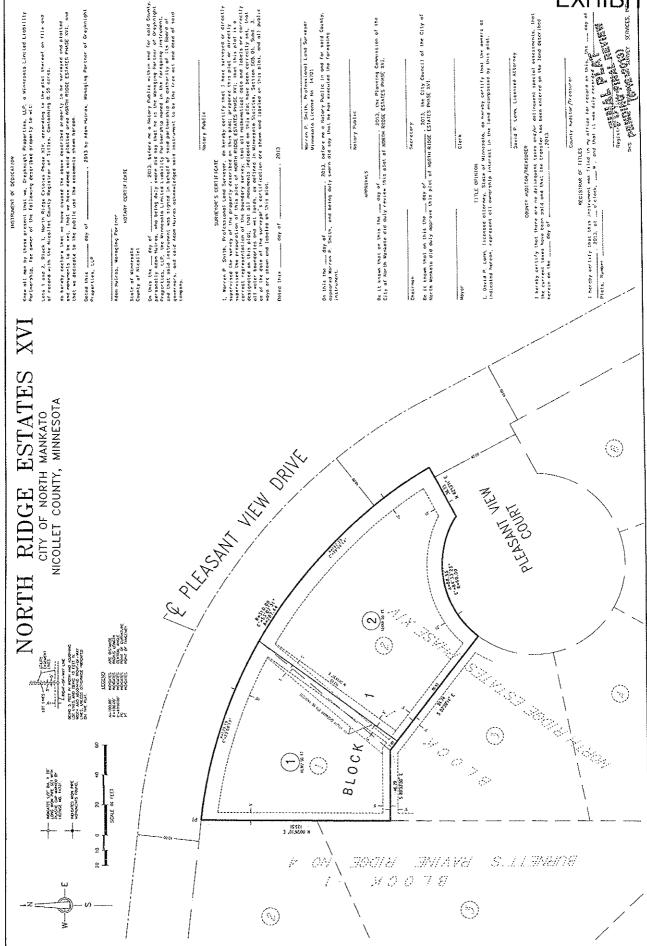
in ferron D. Solla, Professional Lond Secrepcy on hereby settley that I have surveyed or directly spacerized the servey of the progray descriped on the 16th professional settlement of the servey of the programment of the servey of the professional settlement of the professional settlement of the professional settlement of the servey of dichoe) O. Burvillo, licensad allorney. State of Winnssale, do hereby carilly that the owners indicates neteron, represent all ownership interest in the lane encompassed by this plot. DEATH ADDIDG/ING/SORE?

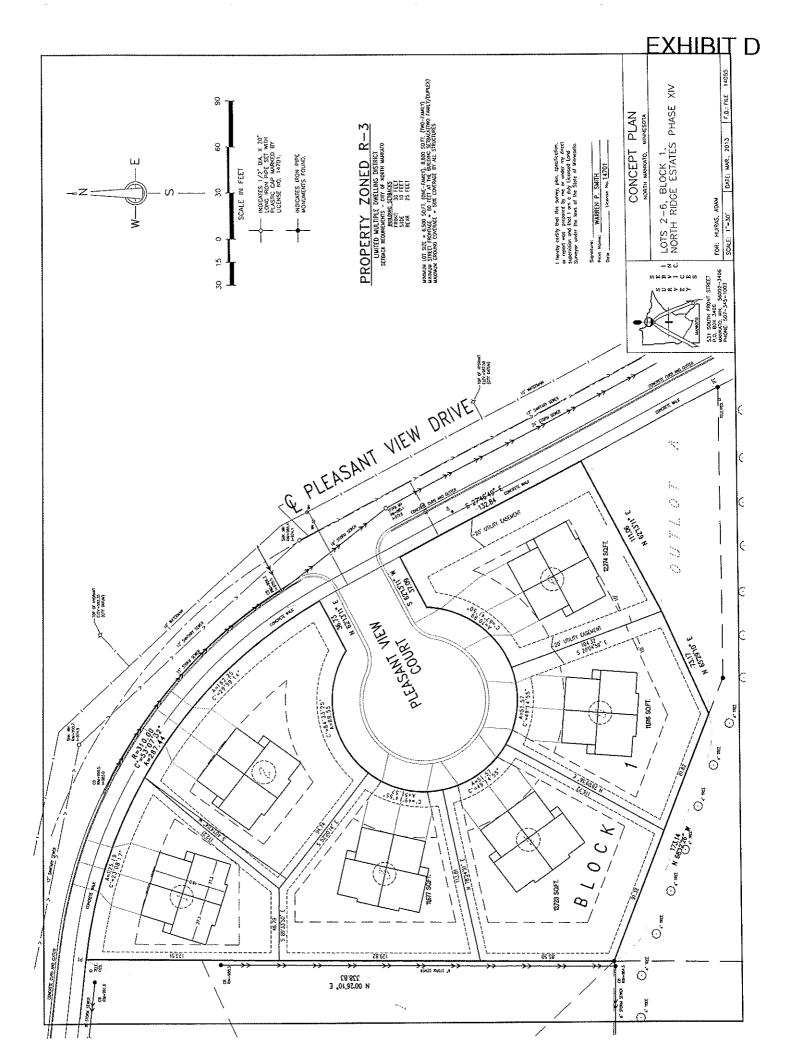
Thereby certify that there over no delineari teres and/or delineari special assissments, that there over no delineari teres on the section of the special and that the tensity may been mileted or the lond essistance here on the lond essistance. Lat 1. Block 5. Narih Riege Estates Phose XI. occording to the plot increof on file and of record with the Nicollef County Registrar of Filits. Containing 2.22 acres. on hersay declare that we have decored the above described productry to be a surveyed one abolitical and revisition to the surveyed to the surveyed and sold the construction of the surveyed to the surveyed and surveyed to the surveyed to before no a hotory fultic in and for said County. Ald say that he has executed the foregoing the City of wan by these present that we, Octavion Properties, LLG, a Winnessia Limited Leablilly fee awas of the following described property to wit: SERVICES. Warren P Smith, Professions: Land Surveyor Unnersola License No. 14701 Michori D. Burville, Licensed Allorney ž BY SURVEY RECISION OF THICS

I neerby certify that this instrument was filter in my office for record on this.

Filter in my office for record of the form of the form.

Filter in my office for the form of the 2012 by Irent Ess. chief monoger Registror of Titles THIS PLAT WAS PREPARED Notory Public Secretory INSTRUMENT OF DEDICATION on this the \_\_\_\_\_ day of \_\_\_\_\_\_, good being duly awarn instrument NOTARY CERTIFICATE TITLE OPENION APPROVAL S day of frent Ess, chief manager State of Minnerata County of Dolec this Properties, LLC Soled this Chateman aye. PHASE APP DETABLE SUDIO LUNCH CLUTSA, MAGE POSE DE COPPASSE POSE DE COPPASSE POSE DE LINCESON PRODUCE 1/2" DA. 3 20' UNIVERSITY OF WATER OF WA POCATES BON 255 SCALE IN FEET CITY OF NORTH MANKATO NICOLLET COUNTY, MINNESOTA CE PLEASANT VIEW DRIVE ESTATES 5 21 15 19 E OUTLOT 159.2% R 159.01.55 E , 157 LEB PLEASANT WITH I 834 e, E (Q) ; ()NORTH 5.5 5.5 시 작 8400, (m)  $\bigcirc_{\S}^{\S}$ 75997 0038,10, E 30 () (%) (3)





# CITY OF NORTH MANKATO REQUEST FOR COUNCIL ACTION



| Agenda Item #9B                                                                                                                                                                                               | Department: City Engineer                                                                                       | Council Meeting Date: 07/15/13                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| TITLE OF ISSUE: Res. Establishing an                                                                                                                                                                          | d Revoking Municipal State Aid                                                                                  | l Streets                                                                                                               |
|                                                                                                                                                                                                               | •                                                                                                               |                                                                                                                         |
|                                                                                                                                                                                                               |                                                                                                                 |                                                                                                                         |
|                                                                                                                                                                                                               |                                                                                                                 |                                                                                                                         |
| BACKGROUND AND SUPPLEMENTA calculate the annual Municipal State Aid (I calculation method puts a greater emphasis allocation, it is recommended that changes letter and map. These changes will remove roads. | MSA) street funding allocation for<br>s on traffic volume. In order to mate<br>be made to the City's MSA street | r all cities in the MSA system. The new eximize the city's MSA Street funding designations as described in the attached |
| REQUESTED COUNCIL ACTION: Ad                                                                                                                                                                                  | lopt Resolution                                                                                                 | If additional space is required, attach a separate sheet                                                                |
| For Clerk's Use:                                                                                                                                                                                              | SUPPORT                                                                                                         | ING DOCUMENTS ATTACHED                                                                                                  |
| Motion By:                                                                                                                                                                                                    | Resolution Ordinan                                                                                              |                                                                                                                         |
|                                                                                                                                                                                                               |                                                                                                                 |                                                                                                                         |
| Workshop                                                                                                                                                                                                      |                                                                                                                 |                                                                                                                         |
| workshop                                                                                                                                                                                                      | Refer                                                                                                           | to:                                                                                                                     |
| X Regular Meeting                                                                                                                                                                                             | Table                                                                                                           | until:                                                                                                                  |
| Special Meeting                                                                                                                                                                                               | Other                                                                                                           |                                                                                                                         |
|                                                                                                                                                                                                               |                                                                                                                 |                                                                                                                         |

Resolution No.

#### RESOLUTION ESTABLISHING AND REVOKING MUNICIPAL STATE AID STREETS

WHEREAS, it appears to the City Council of the City of North Mankato that the streets hereinafter described should be designated or revoked as Municipal State Aid Streets under the provisions of Minnesota Law;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NORTH MANKATO, MINNESOTA that the roads described as follows, to wit:

Monroe Avenue - Center Street to Range Street - 0.25 miles Pleasantview Drive - CSAH 41 to Northridge Drive - 1.01 miles Northridge Drive - Pleasantview Drive to Lookout Drive - 0.05 miles

be, and hereby are established, located and designated as Municipal State Aid Streets of said City, subject to the approval of the Commissioner of Transportation of the State of Minnesota; and,

that the roads described as follows, to wit:

LorRay Drive (MSA 117) - Timm Road to 512th Street (T121) - 0.90 miles 512<sup>th</sup> Street, Somerset Lane (MSA 256) - CSAH 13 to LorRay Drive - 0.23 miles Tower Boulevard (MSA 115) - Marie Lane to Lee Boulevard - 0.25 miles

be, and hereby are revoked, as Municipal State Aid Streets of said City, subject to the approval of the Commissioner of Transportation of the State of Minnesota;

BE IT FURTHER RESOLVED, that the City Clerk is hereby authorized and directed to forward two certified copies of this resolution to the Commissioner of Transportation for his consideration, and that upon this approval of the designation of said roads or portions thereof, that same be constructed, improved and maintained as Municipal State Aid Streets of the City of North Mankato.

Adopted by the City Council this 15<sup>th</sup> day of July 2013.

|            | Mayor |
|------------|-------|
| ATTEST:    |       |
| City Clerk |       |



#### BOLTON & MENK, INC.

#### **Consulting Engineers & Surveyors**

1960 Premier Drive • Mankato, MN 56001-5900 Phone (507) 625-4171 • Fax (507) 625-4177 www.bolton-menk.com

February 26, 2013

Gordon Regenscheid District 7 State Aid Engineer 2151 Bassett Drive Mankato, MN 56001

RE: 2013 MSA Street Designations and Revocations

City of North Mankato, MN Project No.: M19.105980

Dear Mr. Regenscheid:

On behalf of the City of North Mankato, we request that the following MSA Street Designations and Revocations to be considered:

#### New Designation:

| 1. | Monroe Avenue from Center Street to Range Street          | 0.25 miles |
|----|-----------------------------------------------------------|------------|
| 2. | Pleasantview Drive from CSAH 41 to Northridge Drive       | 1.01 miles |
| 3. | Northridge Drive from Pleasantview Drive to Lookout Drive | 0.05 miles |

#### Revoked Routes:

| 1. | LorRay Drive (MSA 117) from Timm Road to 512 <sup>th</sup> Street (T121)0.90 mi | iles |
|----|---------------------------------------------------------------------------------|------|
| 2. | 512 <sup>th</sup> Street (MSA 256) from CSAH 13 to LorRay Drive                 | iles |
| 3. | Tower Boulevard (MSA 115) from Marie Lane to Lee Boulevard                      | iles |

The 2012 Certified Mileage for North Mankato shows 0.03-miles available for MSA designation. The following table summarizes the proposed mileage changes:

| 2012 Available Mileage      | 0.03 |
|-----------------------------|------|
| + Revoked mileage           | 1.38 |
| - Designated Mileage        | 1.31 |
| Remaining Available Mileage | 0.10 |

The designated segments are expected to carry a relatively heavy traffic volume due to the nature of the area served. The designation will provide an integrated street system by connecting currently designated MSAS and CSAH routes.

Sincerely,

BOLTON & MENK, INC.

Brian P. Malm, P.E. Senior Project Manager

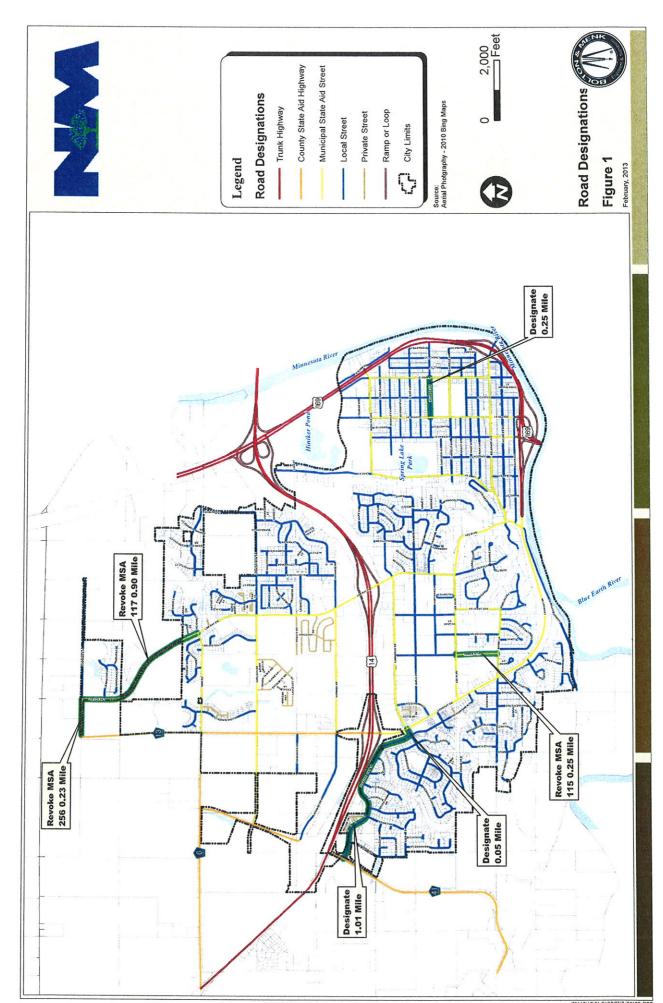
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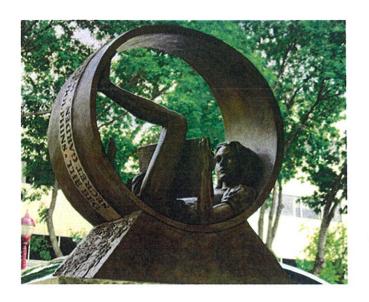
Cc: Michael Fischer, Interim City Administrator

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DESIGNING FOR A BETTER TOMORROW

Bolton & Menk is an equal opportunity employer





## "Circle of Friends" Fund Drive Update

Sponsored by:
North Mankato Civic & Commerce
Association

The North Mankato Civic & Commerce Association is pleased to announce it has reached its goal of collecting \$31,062 in pledges to complete the purchase of the "Circle of Friends" sculpture to be placed outside the North Mankato Taylor Library. To date, the Civic & Commerce Association has collected \$28,000 of the \$31,062 pledged. If you have pledged an amount and have not submitted payment, please do so at this time.

The North Mankato Civic & Commerce Association is still collecting additional donations to be used to purchase the base for the sculpture. If you are interested in donating, please contact Lynette Peterson, North Mankato Civic & Commerce Association Secretary at (507) 625-4141 or via email at <a href="mailto:lynettep@northmankato.com">lynettep@northmankato.com</a>.

Thank you to everyone who has donated to the "Circle of Friends" fund drive. We appreciate your support. The sculpture will be a great addition to the City of North Mankato and the North Mankato Taylor Library.