

**AGENDA
CITY OF LEXINGTON
REGULAR COUNCIL MEETING
AUGUST 3, 2023 – 7:00 P.M.
9180 LEXINGTON AVENUE**

1. PLEDGE OF ALLEGIANCE

2. CALL TO ORDER: – Mayor Grote

- A. Roll Call - Council Members: DeVries, Harris, Winge and Benson

3. CITIZENS FORUM

This is a portion of the Council meeting where individuals will be allowed to address the Council on subjects which are not a part of the meeting agenda. Persons wishing to speak may be required to complete a sign-up sheet and give it to a staff person at the meeting. The Council may take action or reply at the time of the statement or may give direction to staff for future action based on the concerns expressed.

4. APPROVAL OF AGENDA WITH CHANGES AND CORRECTIONS

5. INFORMATIONAL REPORTS:

- A. Airport (Councilmember DeVries)
B. Cable Commission (Councilmember Winge) *Quarterly meetings*
C. City Administrator (Bill Petracek)

6. LETTERS AND COMMUNICATIONS:

- A. Centennial Lakes Police Department Media Reports 7-12 through 7-25, 2023 **pp. 1-9**
B. Council Workshop Synopsis- July 20, 2023 **pp. 10**

Consent Agenda:

The Consent Agenda covers routine administrative matters. These items are not discussed, and are approved in their entirety pursuant to the recommendations on the staff reports. A Council Member or citizen may ask that an item be moved from the Consent Agenda to the end of section 7 of the agenda in order to be discussed and receive separate action.

7. CONSENT ITEMS:

- A. Recommendation to Approve Council Minutes:
Council Meeting – July 20, 2023 **pp. 11-13**
B. Recommendation to Approve Claims and Bills: **pp. 14-24**

Check #'s 14855 through 14866

VOID #14801

Action Items:

These items are intended primarily for Council discussion and action. It is up to the discretion of the Mayor as to what, if any, public comment will be heard on these items. Persons wishing to speak on discussion items must complete a sign-up sheet and give it to a staff person at the meeting.

8. ACTION ITEMS:

- A. Recommendation to approve Partial Payment #1 in the amount of \$58043.76 to Park Construction Company for 2023 Street Improvement Project **pp. 25-26**
- B. Recommendation to approve Resolution NO. 23-09 A Resolution Declaring Cost to be Assessed, and Order Preparation of Proposed Assessment **pp. 27**
- C. Recommendation to approve 5 Year Anoka County Assessment Contract Renewal **pp. 28-31**
- D. Recommendation to approve Special Event License – Cowboy’s Saloon – Lexington Fall Fest – September 22-24, 2023 **pp. 32-43**
- E. Recommendation to approve temporary road closure – South Highway Drive between Restwood Road and Circle Pines Sausage Haus on 9-22 from 3pm until 8pm and on 9-23 from 10am till 11pm –Lexington Fall Fest **pp. 44**
- F. Recommendation to approve LG220 Application for Exempt Permit and Special Event Permit for Centennial Boys Hockey Blue Line Club Fundraiser at Boulevard Bar and Grille 9-23-2023 **pp. 45-55**
- G. Recommendation to approve Fireworks Permit for RES Pyro for Lexington Fall Fest – September 23, 2023 **pp. 56-63**
- H. Recommendation to approve License Application for Cannabinoids – Northway Tobacco **pp. 64-75**
- I. Recommendation to approve Business License Renewal **pp. 76**

9. MAYOR AND COUNCIL INPUT

10. CLOSED SESSION

- This portion of the meeting is closed pursuant Minn. Stat. Section 13D.05, subd. 3(b), and is permitted by the attorney-client privilege to discuss the legal aspects surrounding personnel matters under investigation.
- This portion of the meeting is closed pursuant to Minnesota Statute Section 13D.05, subdivision 3(b), and is permitted by the attorney-client privilege to discuss the pending litigation versus the City of Blaine regarding the interconnected water and sewer systems.

11. ADJOURNMENT

/mv



Centennial Lakes Police Department

Media Report



Case Number	Incident Date	Time	Description	Location	City
23167003	Jul 12 2023	15:42	DOMESTIC ASSAULT	91XX SOUTH HIGHWAY DR	LEXINGTON
Summary: POLICE RESPONDED TO THE 9100 BLOCK OF SOUTH HIGHWAY DRIVE FOR A DOMESTIC INCIDENT. AN ADULT MALE WAS SUBSEQUENTLY ARRESTED.					
23166892	Jul 12 2023	13:29	FOUND PROPERTY	XX INNER DR	CIRCLE PINES
Summary: OFFICER WAS DISPATCHED TO THE 1 BLOCK OF INNER DR FOR FOUND PROPERTY.					
23166578	Jul 12 2023	02:23	SUSPICIOUS ACTIVITY	XX W GOLDEN LAKE RD	CIRCLE PINES
Summary: SUSPICIOUS ACTIVITY. OFFICERS STOPPED 3 JUVENILES ON BIKES IN THE 50 BLOCK OF WEST GOLDEN LAKE RD. PARENTS CONTACTED, NO ISSUES. CLEAR.					
23166631	Jul 12 2023	07:30	ORDINANCE VIOLATION	XX PARK DR	CIRCLE PINES
Summary: OFFICER WAS SENT TO THE 10 BLOCK OF PARK DR IN REGARDS TO ORDINANCE VIOLATIONS. CITATION WAS GIVEN.					
23166895	Jul 12 2023	13:35	TRESPASSING	92XX SOUTH HIGHWAY DR	LEXINGTON
Summary: POLICE RESPONDED TO 9200 BLK S HWY DR FOR A REPORT OF HARASSMENT					
23166725	Jul 12 2023	09:56	DOMESTIC	91XX LEXINGTON AVE	LEXINGTON
Summary: DOMESTIC QUESTIONS. OFFICERS TOOK A WALK IN AT BASE REGARDING DOMESTIC QUESTIONS FROM THE 9100 BLK OF LEXINGTON AVE. INFO ONLY.					
23166915	Jul 12 2023	14:09	PROPERTY DAMAGE	LAKE DR / GOLDEN LAKE RD	CIRCLE PINES
Summary: POLICE RESPONDED TO THE AREA OF LAKE DRIVE AND GOLDEN LAKE ROAD ON A REPORT OF A PROPERTY DAMAGE ACCIDENT.					
23166978	Jul 12 2023	15:20	CHILD CUSTODY DISPUTE	91XX SOUTH HIGHWAY DR	LEXINGTON
Summary: POLICE FIELDIED A PHONE CALL REGARDING A CHILD CUSTODY DISPUTE.					
23167170	Jul 12 2023	19:04	CHILD CUSTODY DISPUTE	2XX AURORA LN	CIRCLE PINES
Summary: POLICE MEDIATED A CHILD CUSTODY DISPUTE IN THE 200 BLOCK OF AURORA LANE.					
23167290	Jul 12 2023	21:33	MEDICAL	93XX RYAN PL	LEXINGTON
Summary: POLICE RESPONDED TO A MEDICAL IN THE 9300 BLOCK OF RYAN PLACE.					
23167373	Jul 12 2023	23:28	MEDICAL	17XX MEADOW LN	CENTERVILLE
Summary: POLICE RESPONDED TO A MEDICAL IN THE 1700 BLOCK OF MEADOW LANE.					
23166709	Jul 12 2023	09:38	HARASSMENT	41XX LOVELL RD	LEXINGTON

Run Date/Time:



Centennial Lakes Police Department

Media Report



Case Number	Incident Date	Time	Description	Location	City
Summary: HARASSMENT REPORT.					
OFFICERS TOOK A WALK IN REPORT AT BASE REGARDING THE 4100 BLK OF LOVELL RD.					
INFO ONLY.					
23166719	Jul 12 2023	09:48	MN ADULT ABUSE REPORTING		CENTERVILLE
Summary: FOLLOW UP ON MAARC REPORT IN CENTERVILLE.					
23166830	Jul 12 2023	11:59	DOMESTIC	39XX RESTWOOD RD	LEXINGTON
Summary: OFFICERS DISPATCHED TO 3900 BLOCK OF RESTWOOD RD FOR A DOMESTIC.					
23167446	Jul 13 2023	01:47	ASSIST OTHER AGENCY		LINO LAKES
23168234	Jul 13 2023	21:12	CIVIL DISPUTE	94XX LEXINGTON AVE	LEXINGTON
Summary: OFFICERS RESPONDED TO THE 9400 BLOCK OF LEXINGTON AVE FOR A CIVIL COMPLAINT.					
EXCEPTIONAL CLEARANCE.					
23167699	Jul 13 2023	11:55	CIVIL DISPUTE	XX WEST RD	CIRCLE PINES
Summary: CIVIL QUESTIONS.					
OFFICERS WERE DISPATCHED A PHONE CALL REGARDING CIVIL QUESTIONS FROM THE 20 BLK OF WEST RD.					
ADVISED.					
23167667	Jul 13 2023	11:16	MEDICAL	2XX TWILITE TER	CIRCLE PINES
Summary: MEDICAL.					
OFFICERS WERE DISPATCHED TO THE 200 BLK OF TWILITE TER FOR A MEDICAL EMERGENCY.					
CLEAR.					
23167544	Jul 13 2023	08:23	ACCIDENT-MV PI	NORTH RD / NORTH STAR LN	CIRCLE PINES
Summary: OFFICERS DISPATCHED TO NORTH RD AND NORTH STAR LN FOR A MV PI					
23167719	Jul 13 2023	12:17	THEFT-SHOPLIFTING	18XX MAIN ST	CENTERVILLE
Summary: POLICE RESPONDED TO THE 1800 BLK OF MAIN ST FOR AN ATTEMPTED SHOPLIFTING					
23168013	Jul 13 2023	17:32	ASSIST OTHER AGENCY		LINO LAKES
23167692	Jul 13 2023	11:48	FRAUD	73XX OLD MILL RD	CENTERVILLE
Summary: OFFICERS TOOK A PHONE CALL FOR A CREDIT CARD FRAUD OF THE 7300 BLOCK OF OLD MILL RD					
23168463	Jul 14 2023	02:16	ASSIST OTHER AGENCY		LINO LAKES
23168574	Jul 14 2023	08:19	MEDICAL	20XX MICHAUD WAY	CENTERVILLE



Centennial Lakes Police Department

Media Report



Case Number	Incident Date	Time	Description	Location	City
Summary: MEDICAL.					
OFFICERS WERE DISPATCHED TO A MEDICAL IN 2000 BLK OF MICHAUD WAY.					
PATIENT CARED FOR ON SCENE.					
CLEAR.					
23168634	Jul 14 2023	09:35	FRAUD	3XX EVERGREEN LN	CIRCLE PINES
Summary: POLICE RECEIVED A WALK-IN AT BASE REG. A POSSIBLE FRAUD REPORT					
23168515	Jul 14 2023	05:55	MEDICAL	94XX LEXINGTON AVE	LEXINGTON
Summary: OFFICERS RESPONDED TO THE 9400 BLOCK OF LEXINGTON AVE FOR A MEDICAL.					
EXCEPTIONAL CLEARANCE.					
23169173	Jul 14 2023	18:47	MEDICAL	38XX RESTWOOD RD	LEXINGTON
Summary: POLICE RESPONDED TO A MEDICAL IN THE 3800 BLOCK OF RESTWOOD ROAD.					
23169083	Jul 14 2023	17:21	PROPERTY DAMAGE	LAKE DR / LEXINGTON AVE	LEXINGTON
Summary: POLICE RESPONDED TO A PROPERTY DAMAGE ACCIDENT IN THE AREA OF LAKE DRIVE AND LEXINGTON AVENUE.					
23169966	Jul 15 2023	16:44	HARASSMENT	92XX SOUTH HIGHWAY DR	LEXINGTON
Summary: HARASSMENT.					
OFFICERS DISPATCHED TO THE 9200 BLK OF SOUTH HWY DR FOR HARASSMENT.					
CLEAR.					
23169826	Jul 15 2023	14:03	ORDINANCE COMPLAINT	XX W GOLDEN LAKE RD	CIRCLE PINES
Summary: ORDINANCE COMPLAINT.					
OFFICERS WERE DISPATCHED TO THE 50 BLK OF WEST GOLDEN LAKE RD FOR A REPORT OF AN ORDINANCE VIOLATION.					
OFFICERS MADE CONTACT WITH PARTIES INVOLVED.					
CASE INACTIVE.					
23169778	Jul 15 2023	12:42	MEDICAL	90XX GRIGGS AVE	LEXINGTON
Summary: MEDICAL.					
OFFICERS WERE DISPATCHED TO THE 9000 BLK OF GRIGGS AVE FOR A MEDICAL EMERGENCY.					
PATIENT TRANSPORTED.					
CLEAR.					
23170272	Jul 15 2023	23:11	DOMESTIC ASSAULT	XX EAST RD	CIRCLE PINES
Summary: OFFICERS RESPONDED TO THE 70 BLOCK OF EAST ROAD FOR A DOMESTIC ASSAULT.					
CLEARED BY ARREST.					
23169594	Jul 15 2023	06:24	FOUND PROPERTY	69XX LAMOTTE DR	CENTERVILLE
Summary: A WALLET WAS FOUND IN THE AREA OF DUPRE RD AND MEADOW LN AFTER THE FETE DES LACS PARADE. IT WAS TURNED IN TO THE PD AND HELD FOR SAFE KEEPING.					
CLEAR.					

Run Date/Time:



Centennial Lakes Police Department

Media Report



Case Number	Incident Date	Time	Description	Location	City
23169661	Jul 15 2023	09:36	ASSIST OTHER AGENCY		BLAINE
23171021	Jul 16 2023	23:25	LIFT ASSIST	XX EDGE DR	CIRCLE PINES
Summary: OFFICERS RESPONDED TO THE 10 BLOCK OF EDGE DR FOR A LIFT ASSIST. EXCEPTIONAL CLEARANCE.					
23170528	Jul 16 2023	11:05	THEFT-SHOPLIFTING	92XX SOUTH HIGHWAY DR	LEXINGTON
Summary: POLICE RESPONDED TO WALGREENS FOR A POSSIBLE SHOPLIFTING IN PROGRESS. ONE PERSON TRESPASSED					
23170507	Jul 16 2023	10:25	DOMESTIC	91XX JACKSON AVE	LEXINGTON
Summary: OFFICERS DISPATCHED TO 9100 BLOCK OF JACKSON AVE FOR A DOMESTIC. THE PARTIES WERRE SEPARATED ON ARRIVAL, AND OFFICERS MEDIATED THE SITUATION. CLEAR.					
23170423	Jul 16 2023	06:35	ASSIST OTHER AGENCY		BLAINE
23170412	Jul 16 2023	04:15	CHECK WELFARE	XX PARK DR	CIRCLE PINES
Summary: OFFICERS RESPONDED TO THE 10 BLOCK OF PARK DR FOR THE REPORT OF A DOMESTIC ASSAULT. EXCEPTIONAL CLEARANCE.					
23170325	Jul 16 2023	00:39	LIFT ASSIST	XX EDGE DR	CIRCLE PINES
Summary: OFFICERS RESPONDED TO THE 10 BLOCK OF EDGE DR FOR A LIFT ASSIST. EXCEPTIONAL CLEARANCE.					
23171324	Jul 17 2023	11:19	FOUND PROPERTY	18XX MAIN ST	CENTERVILLE
Summary: OFFICER WAS SENT TO THE 1800 BLOCK OF MAIN STREET IN REGARDS TO FOUND PROPERTY.					
23171737	Jul 17 2023	18:15	ASSIST OTHER AGENCY		BLAINE
23172283	Jul 17 2023	18:01	HOUSE/PROPERTY CHECK		CENTERVILLE
23171565	Jul 17 2023	15:17	PUBLIC ASSIST	69XX CENTERVILLE RD	CENTERVILLE
Summary: PUBLIC ASSIST. OFFICERS ASSISTED A PERSON IN THE 6900 BLOCK OF CENTERVILLE RD, GETTING HOME WHILE NOT FEELING WELL ON A WALK. CLEAR.					
23171361	Jul 17 2023	11:59	ASSIST OTHER AGENCY		BLAINE
23172087	Jul 18 2023	04:28	TRAFFIC	7400 BLOCK MAIN ST	CENTERVILLE
Summary: TRAFFIC. OFFICERS CONDUCTED A TRAFFIC STOP IN THE 7500 BLOCK OF MAIN ST. VEHICLE SEARCHED. CLEAR.					
23172458	Jul 18 2023	12:45	TRAFFIC-DAS/DAR/DAC	LAKE DR/GRIGGS AVE	LEXINGTON



Centennial Lakes Police Department

Media Report



Case Number	Incident Date	Time	Description	Location	City
Summary: VEHICLE WAS STOPPED FOR TRAFFIC INFRACTIONS IN THE AREA OF LAKE DR AND GRIGGS AVE. A CITATION WAS ISSUED AND VEHICLE WAS TOWED PRIVATELY. CLEAR.					
23172598	Jul 18 2023	15:06	CHECK WELFARE	XX FIREBARN RD	CIRCLE PINES
Summary: OFFICERS RESPONDED TO A WELFARE CHECK IN THE 40 BLOCK OF WEST RD ACTIVE					
23172401	Jul 18 2023	13:51	ASSIST OTHER AGENCY		BLAINE



Centennial Lakes Police Department

Media Report



Case Number	Incident Date	Time	Description	Location	City
23173228	Jul 19 2023	09:05	MEDICAL	17XX MEADOW LN	CENTERVILLE
Summary: OFFICERS DISPATCHED TO 1700 BLK OF MEADOW LN FOR A MEDICAL EMERGENCY					
23173353	Jul 19 2023	11:55	WARRANT ARREST	MAIN ST/20TH AVE	CENTERVILLE
Summary: OFFICER OBSERVED A TRAFFIC INFRACTION IN THE AREA OF MAIN ST/20TH AVE AND INITIATED A TRAFFIC STOP. THE DRIVER RECIEVED A CITATION AND THE PASSENGER WAS ARRESTED. CLEARED BY ARREST.					
23173623	Jul 19 2023	16:31	ACCIDENT-MV PD	3XX CIVIC HEIGHTS DR	CIRCLE PINES
Summary: OFFICERS RESPONDED TO A VEHICLE ACCIDENT IN THE 300 BLOCK OF CIVIC HEIGHTS DR CLEAR					
23174144	Jul 20 2023	04:17	SUSPICIOUS ACTIVITY	XX VILLAGE PKWY	CIRCLE PINES
Summary: SUSPICIOUS ACTIVITY. OFFICERS RESPONDED TO THE 0 BLOCK OF VILLAGE PKWY FOR THE REPORT OF A SUSPICIOUS PARTY AT THE ATM. EXCEPTIONAL CLEARANCE.					
	Jul 20 2023	01:28	DEATH		CENTERVILLE
Summary: DEATH. OFFICERS RESPONDED TO CENTERVILLE FOR THE REPORT OF A FEMALE NOT BREATHING. EXCEPTIONAL CLEARANCE.					
23174049	Jul 20 2023	00:04	ASSIST OTHER AGENCY		LINO LAKES
23174391	Jul 20 2023	12:33	MEDICAL	8XX CIVIC HEIGHTS DR	CIRCLE PINES
Summary: OFFICERS RESPONDED TO A MEDICAL IN THE 800 BLOCK OF CIVIC HEIGHTS DRIVE. ONE FEMALE WAS TRANSPORTED BY ALLINA. CLEAR.					
23174510	Jul 20 2023	15:11	ORDINANCE COMPLAINT	XX D SHADY WAY	CIRCLE PINES
Summary: POLICE RESPONDED TO THE 0 BLOCK OF SHADY WAY ON AN ORDINANCE COMPLAINT.					
23174799	Jul 20 2023	20:50	DOMESTIC	XX SHEPHERD CT	CIRCLE PINES
Summary: POLICE RESPONDED TO THE 0 BLOCK OF SHEPHERD COURT ON A REPORT OF A DOMESTIC. POLICE MEDIATED AND PARTIES SEPARATED FOR THE NIGHT.					
23174046	Jul 20 2023	00:08	ASSIST OTHER AGENCY		BLAINE
23174509	Jul 20 2023	15:10	CHECK WELFARE	41XX LOVELL RD	LEXINGTON
Summary: OFFICERS RESPONDED TO A CALL FOR A WELFARE CHECK IN THE 4100 BLOCK OF LOVELL CLEAR					
23174530	Jul 20 2023	15:30	MEDICAL	8XX CIVIC HEIGHTS DR	CIRCLE PINES
Summary: OFFICERS RESPONDED TO A MEDICAL EMERGENCY CALL IN THE 800 CIVIC HEIGHTS DR CLEAR					
23174960	Jul 21 2023	00:46	MEDICAL	93XX SYNDICATE AVE	LEXINGTON

Run Date/Time:



Centennial Lakes Police Department

Media Report



Case Number	Incident Date	Time	Description	Location	City
Summary: MEDICAL.					
OFFICERS RESPONDED TO THE 9300-BLK OF SYNDICATE AVE FOR THE REPORT OF AN ADULT MALE HAVING DIFFICULTY BREATHING.					
EXCEPTIONAL CLEARANCE.					
23175258	Jul 21 2023	08:01	HOUSE/PROPERTY CHECK		CIRCLE PINES
23175055	Jul 21 2023	07:09	ACCIDENT-MV PD	16XX HUNTERS TRL	CENTERVILLE
Summary: OFFICERS DISPATCHED TO THE 1600 BLOCK OF HUNTERS TRAIL FOR A MOTOR VEHICLE PROPERTY ACCIDENT.					
23175634	Jul 21 2023	18:38	ACCIDENT-MV PD	70XX CENTERVILLE RD	CENTERVILLE
Summary: PROPERTY DAMAGE ACCIDENT.					
OFFICERS WERE DISPATCHED TO THE 7000 BLOCK OF CENTERVILLE RD FOR A 2 VEHICLE ACCIDENT IN A PARKING LOT. OFFICERS TOOK INFORMATION FOR A REPORT.					
CLEAR.					
23175488	Jul 21 2023	16:01	CHECK WELFARE	8XX CIVIC HEIGHTS DR	CIRCLE PINES
Summary: CHECK WELFARE.					
OFFICERS WERE DISPATCHED TO THE 800 BLOCK OF CIVIC HEIGHTS DR ON A WELFARE CHECK. OFFICERS MADE CONTACT WITH THE PARTY AND DETERMINED THERE WERE NO ISSUES.					
CLEAR.					
23175092	Jul 21 2023	08:16	TRESPASSING	94XX LEXINGTON AVE	LEXINGTON
Summary: POLICE RESPONDED TO A TRESPASSING MATTER IN LEXINGTON.					
	Jul 21 2023	20:25	MN ADULT ABUSE REPORTING		LEXINGTON
Summary: POLICE INVESTIGATED A MAARC REPORT IN LEXINGTON.					
23175834	Jul 21 2023	22:28	LIFT ASSIST	XX EDGE DR	CIRCLE PINES
Summary: OFFICERS RESPONDED TO THE 10 BLOCK OF EDGE DR FOR A LIFT ASSIST.					
EXCEPTIONAL CLEARANCE.					
23175076	Jul 21 2023	07:57	ANIMAL COMPLAINT	19XX EAGLE TRL	CENTERVILLE
Summary: COMMUNITY SERVICE OFFICER DISPATCHED TO THE 1900 BLOCK OF EAGLE TRAIL ON THE COMPLAINT OF A WILD ANIMAL CAUGHT IN A CHAIN LINK FENCE.					
23177815	Jul 21 2023	09:34	FRAUD	XX PINE DR S	CIRCLE PINES
Summary: FRAUD: RESPONDED TO A FRAUD REPORT IN THE 0 BLOCK OF PINE DRIVE SOUTH IN CIRCLE PINES. CREDIT UNION RECEIVED SOME COUNTERFEIT CURRENCY IN A WEEKEND DEPOSIT FROM AN UNKNOWN SUSPECT.					
23178003	Jul 21 2023	12:56	DAMAGE TO CITY PROPERTY	69XX LAMOTTE DR	CENTERVILLE
Summary: DAMAGE TO PROPERTY: RESPONDED TO A PHONE CALL REPORT OF A DAMAGE TO CITY PROPERTY IN THE 6900 BLOCK OF LAMOTTE DRIVE. CITY WORKER ADVISED UNKNOWN SUSPECT DESTROYED THE PLASTIC GARBAGE CAN AT THE PARK. ESTIMATED DAMAGE WAS \$200.00					
23175299	Jul 21 2023	12:18	MEDICAL	20XX WILLOW CIR	CENTERVILLE

Run Date/Time:



Centennial Lakes Police Department

Media Report



Case Number	Incident Date	Time	Description	Location	City
Summary: POLICE RESPONDED TO A MEDICAL EMERGENCY.					
23176036	Jul 22 2023	03:29	MEDICAL	12XX MOUND TRL	CENTERVILLE
Summary: OFFICERS RESPONDED TO THE 1200 BLK OF MOUND TRL FOR A MEDICAL. EXCEPTIONAL CLEARANCE.					
23176614	Jul 22 2023	20:39	MEDICAL	3XX NOTTINGHAM DR	CIRCLE PINES
Summary: MEDICAL. OFFICERS WERE DISPATCHED TO THE 300 BLOCK OF NOTTINGHAM DR ON A MEDICAL. OFFICERS ASSISTED RESCUE WITH A MEDICAL ASSESSMENT OF THE VICTIM. OFFICERS WERE CLEARED BY AMBULANCE PRIOR TO A TRANSPORT DECISION BEING MADE. CLEAR.					
23176680	Jul 22 2023	21:47	LIFT ASSIST	XX EDGE DR	CIRCLE PINES
Summary: LIFT ASSIST. OFFICERS WERE DISPATCHED TO THE 10 BLOCK OF EDGE DR ON A LIFT ASSIST. OFFICERS ASSISTED RESCUE IN LIFTING THE VICTIM FROM THE FLOOR. CLEAR.					
23176444	Jul 22 2023	17:11	INFORMATION	72XX CLEARWATER DR	CENTERVILLE
Summary: INFORMATION. OFFICERS WERE REQUESTED TO CHECK WITH AN OWNER OF A VEHICLE IN THE 7200 BLOCK OF CLEARWATER DR REGARDING THEIR LICENSE PLATES. OFFICERS GATHERED THE INFORMATION. CLEAR.					
23176755	Jul 22 2023	23:13	ASSIST OTHER AGENCY		BLAINE
23176840	Jul 23 2023	00:52	TRAFFIC	7400- BLK MAIN ST	CENTERVILLE
Summary: OFFICERS CONDUCTED A TRAFFIC STOP IN THE 7400 BLOCK OF MAIN STREET. EXCEPTIONAL CLEARANCE.					
23177050	Jul 23 2023	10:24	TRESPASSING	94XX LEXINGTON AVE	LEXINGTON
Summary: POLICE RESPONDED TO THE 9400 BLK OF LEXINGTON AVE FOR A TRESPASS COMPLAINT					
23176901	Jul 23 2023	03:11	ASSIST OTHER AGENCY		MOUNDS VIEW
23177592	Jul 23 2023	23:16	ASSIST OTHER AGENCY		BLAINE
23177803	Jul 24 2023	09:22	LOST ANIMAL	94XX LEXINGTON AVE	LEXINGTON
Summary: OFFICER WAS DISPATCHED TO THE 9000 BLOCK OF LEXINGTON AVE IN REGARDS TO AN ABANDONED CAT.					
23177877	Jul 24 2023	10:43	FOUND PROPERTY	8 CIRCLE DR NE	CIRCLE PINES
Summary: OFFICER WAS DISPATCHED TO BASE IN REGARDS TO A FOUND PHONE.					
23178463	Jul 24 2023	21:16	VEHICLE - PRIVATE PROPERTY	94XX LEXINGTON AVE	LEXINGTON

Run Date/Time:



Centennial Lakes Police Department

Media Report



Case Number	Incident Date	Time	Description	Location	City
Summary: OFFICERS RESPONDED TO A MOTOR VEHICLE THEFT REPORT IN THE 9400 BLOCK OF LEXINGTON AVE. CLEAR					
23178294	Jul 24 2023	17:59	ACCIDENT-MV PD	LAKE DR / GRIGGS AVE	LEXINGTON
Summary: OFFICERS RESPONDED TO A PD ACCIDENT AT LAKE DR, JUST WEST OF GRIGGS AVE. NO INJURIES OCCURRED. CLEAR.					
23178593	Jul 25 2023	00:11	ASSIST OTHER AGENCY		BLAINE
23178646	Jul 25 2023	02:08	ASSIST OTHER AGENCY		LINO LAKES
23178669	Jul 25 2023	03:26	INFORMATION	LAKE DR / GRIGGS AVE	LEXINGTON
Summary: OFFICERS RESPONDED TO LAKE DR AND GRIGGS AVE FOR A REPORT OF SUSPICIOUS ACTIVITY. EXCEPTIONAL CLEARANCE.					
23179533	Jul 25 2023	23:15	MEDICAL	XX EDGE DR	CIRCLE PINES
Summary: OFFICERS RESPONDED TO A MEDICAL IN THE 10 BLOCK OF EDGE RD. EXCEPTIONAL CLEARANCE.					
23178825	Jul 25 2023	09:44	FRAUD	XX E GOLDEN LAKE RD	CIRCLE PINES
Summary: OFFICER RESPONDED TO A FRAUD COMPLAINT ON THE 60 BLOCK OF EAST GOLDEN LAKE RD. REPORT OF A POSSIBLE FRAUD OR THEFT WAS INVESTIGATED.					
23178840	Jul 25 2023	10:02	CHECK WELFARE	2XX GALAXY DR	CIRCLE PINES
Summary: CHECK WELFARE: RESPONDED TO THE 260 BLOCK OF GALAXY DRIVE IN CIRCLE PINES FOR A LOST CHILD REPORT. UPON ARRIVAL, I CAVASSED THE AREA AND LOCATED THE 3 YEAR OLD CHILD IN THE DRIVEWAY.					

CITY OF LEXINGTON
WORKSHOP SYNOPSIS
Thursday, July 20, 2023
Immediately following Council meeting
City Hall

1. Call to Order: Mayor Grote

2. Roll Call: DeVries – Harris – Winge – Benson

Mayor Grote called to order the workshop for July 20, 2023 at 8:09 p.m. Councilmembers present: Benson, Devries, Harris and Winge. Also Present: Bill Petracek, City Administrator; Kurt Glaser, City Attorney; Chris Galiov, Finance Director.

3. Discussion Items:

A. Discuss 2024 Centennial Lakes Police Department Budget/Budget Formula

Petracek provided a PowerPoint presentation discussing the proposed 2024 Centennial Lakes Police Department budget and the Joint Powers Agreement (JPA) appropriations formula. Discussion ensued.

4. Staff Input

None

5. Council Input

None

6. Adjourn

Councilmember Harris made a motion to adjourn at 10:10 p.m. Councilmember Devries seconded the motion. Motion carried 5-0.

**MINUTES
CITY OF LEXINGTON
REGULAR COUNCIL MEETING
JULY 20, 2023 – 7:00 P.M.
9180 LEXINGTON AVENUE**

1. PLEDGE OF ALLEGIANCE

2. CALL TO ORDER: – Mayor Grote

A. Roll Call - Council Members: DeVries, Harris, Winge and Benson

Mayor Grote called to order the Regular City Council meeting for July 20, 2023 at 7:00 p.m. Councilmember's present: Benson, Devries, Harris, and Winge. Also Present: Bill Petracek, City Administrator; Kurt Glaser, City Attorney; Chris Galiov, Finance Director

3. CITIZENS FORUM

No citizens were present to discuss items not on the agenda.

4. APPROVAL OF AGENDA WITH CHANGES AND CORRECTIONS

Councilmember Devries made a motion to approve the agenda with a correction to remove the closed session for personnel matters. Councilmember Winge seconded the motion. Motion carried 5-0

5. SENATOR MICHAEL KREUN INTRODUCTION

Senator Kreun was present to introduce himself to the City Council and provide an overview of the 2023 legislative session.

Councilmember Harris asked about the State's budget surplus and why it is the legislature approved tax increases. Senator Kreun explained that it is a tough question to answer without getting too partisan in his discussion. He would have liked to see more tax relief to the taxpayers, but instead growing the government was the majority. Discussion ensued.

6. LETTERS AND COMMUNICATIONS:

- A. Centennial Lakes Police Department Media Reports 7-1 through 7-11, 2023
- B. City Report – June 2023
- C. North Metro TV – June 2023 Update
- D. July 6, 2023 Special Council Workshop Synopsis
- E. Planning & Zoning meeting minutes – July 11, 2023

Councilmember Winge provided an update on the NMTV and Cable Commission.

Councilmember Harris asked Attorney Glaser about the conditions being proposed for a methadone clinic/health care facility being discussed at the Planning Commission. Glaser provided an update on the progress of amending the zoning regulations to provide conditions and restrictions on a potential methadone clinic. Discussion ensued.

2. CONSENT ITEMS:

- A. Recommendation to Approve Council Minutes:
Council Meeting – July 6, 2023
- B. Recommendation to Approve Claims and Bills:
Check #'s 13742 through 13742
Check #'s 14834 through 14841
VOID # 14834
Check #'s 14842 through 14852
- C. Financial Reports
 - Cash Balances
 - Fund Summary – Budget to Actual

Councilmember Benson made a motion to approve the consent agenda items. Councilmember Devries seconded the motion. Motion carried 5-0.

3. ACTION ITEMS:

- A. Recommendation to approve 2024 North Metro Telecommunication
Commission Budget

Councilmember Benson made a motion to approve 2024 North Metro Telecommunication Commission Budget. Councilmember Devries seconded the motion. Motion carried 5-0.

- B. Recommendation to approve Business License Renewals

Councilmember Winge made a motion to approve Business License Renewals. Councilmember Devries seconded the motion. Motion carried 5-0.

4. MAYOR AND COUNCIL INPUT

Councilmember Devries stated that there was a medical emergency at the Boulevard Bar and Grill, and he had comments made to him about how professional the fire department was and wanted to let the fire chief know that the City Council appreciates his leadership and changes. Discussion ensued.

5. ADMINISTRATOR INPUT

Petracek stated that city hall had a couple of power outages during the day due to the previous night's storm and city hall was shut down a large portion of the day. Discussion ensued.

6. CLOSED SESSION

Attorney Glaser provide an explanation as to the need for the City Council to go into closed session.

Councilmember Devries made a motion to go into closed session at 7:43 p.m. pursuant to Minnesota Statute Section 13D.05, subdivision 3(b), and is permitted by the attorney-client privilege to discuss the pending litigation versus the City of Blaine regarding the interconnected water and sewer systems. Councilmember Harris seconded the motion. Motion carried 5-0.

- This portion of the meeting is closed pursuant to Minnesota Statute Section 13D.05, subdivision 3(b), and is permitted by the attorney-client privilege to discuss the pending litigation versus the City of Blaine regarding the interconnected water and sewer systems.

Councilmember Benson made a motion to reconvene into open session at 8:05 P.m. Councilmember Devries seconded the motion. Motion carried 5-0.

7. ADJOURNMENT

Councilmember Devries made motion to adjourn the meeting at 8:08 p.m. Councilmember Winge seconded the motion. Motion carried 5-0.

CITY OF LEXINGTON

RECOMMEND FOR APPROVAL OF CLAIMS AND BILLS

The following claims and bills have been presented to the Council for approval at the Council Meeting of August 3, 2023.

(1) Payroll

Vouchers	50598 through	505615	\$	23,003.55
Payroll Taxes				
	Federal Tax	\$2,989.56		
	Social Security	\$3,980.56		
	Medicare	\$930.94		
	State Tax	\$1,483.02	\$7,901.06	
	Total		\$1,483.02	
			\$	9,384.08

(2) General and Liquor Payment Recommendations:

Payments	1 through	50	\$	216,030.80
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(3) ACH and Credit Card Payments for:

ACH Payments:	through	\$	-
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Total Payments and Withdrawals Approval	<u>\$ 248,418.43</u>
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Centennial Lakes Police Payment Recommendations:

Checks	14855 through	14866	\$	5,398.23
	VOID	14801	\$	(815.00)
ACH	2023052 through	2023056	\$	31,771.21
Total Payments			<u>\$</u>	<u>36,354.44</u>

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Payments

Current Period: August 2023

Payment Batch 08032023 PAY

\$216,030.80

Refer	1	56 BREWING LLC	-				
Cash Payment	E 609-00000-252	Beer Purchase				\$449.00	
Invoice	5622744	5/22/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$449.00	
Refer	2	ALL SEASONS RENTAL	-				
Cash Payment	E 405-45200-500	Capital Expenditures	PLAYGROUND SETUP			\$227.20	
Invoice	1-90007	7/18/2023					
Cash Payment	E 101-45200-416	Equipment Rentals	CONCRETE PADS - PARKS			\$281.09	
Invoice	1-90155	7/21/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$508.29	
Refer	3	AMERICAN BOTTLING	-				
Cash Payment	E 609-00000-254	Miscellaneous Purchase				\$592.34	
Invoice	3562838137	7/20/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$592.34	
Refer	4	AMAZON	-				
Cash Payment	E 101-42260-210	Operating Supplies	OPER. SUPPLIES - FIRE DEPT			\$20.70	
Invoice	1Q7Y-F7JD-HTJ	7/16/2023					
Cash Payment	E 101-41500-200	Office Supplies	OFFICE SUPPLIES			\$178.95	
Invoice	1Q7Y-F7JD-HTJ	7/16/2023					
Cash Payment	E 101-45200-401	Repair Buildings	LOCKS - PARKS			\$19.99	
Invoice	1QL3-G64W-YM	7/18/2023					
Cash Payment	E 101-42260-210	Operating Supplies	OPER. SUPPLIES - FIRE DEPT			\$17.50	
Invoice	1QL3-G64W-YM	7/18/2023					
Cash Payment	E 101-41500-200	Office Supplies	OFFICE SUPPLIES			\$77.84	
Invoice	14MF-R1YF-PW7	7/21/2023					
Cash Payment	E 101-42260-208	Training and Instruction	BOOKS - FIRE DEPT			\$498.00	
Invoice	113Y-XK31-PLTY	7/21/2023					
Cash Payment	E 101-43100-240	Small Tools and Minor E	TOOL BATTERIES			\$396.00	
Invoice	1QXV-7YD7-RKY	8/22/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$1,208.98	
Refer	5	ANOKA COUNTY TREASURY	-				
Cash Payment	E 101-41900-329	Cable/Internet	JULY 2023 BROADBAND			\$75.00	
Invoice	B230714X	7/17/2023					
Cash Payment	E 101-42260-329	Cable/Internet	JULY 2023 BROADBAND			\$75.00	
Invoice	B230714X	7/17/2023					
Cash Payment	E 101-43100-329	Cable/Internet	JULY 2023 BROADBAND			\$45.00	
Invoice	B230714X	7/17/2023					
Cash Payment	E 101-45200-329	Cable/Internet	JULY 2023 BROADBAND			\$30.00	
Invoice	B230714X	7/17/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$225.00	
Refer	6	ARTISAN BEER COMPANY	-				
Cash Payment	E 609-00000-252	Beer Purchase				\$641.35	
Invoice	3614467	7/11/2023					
Cash Payment	E 609-00000-252	Beer Purchase				\$278.35	
Invoice	3615905	7/18/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$919.70	

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Refer	7	ATHLETIC OUTFITTERS	-				
Cash Payment	E 609-00000-213	Uniforms	UNIFORMS - MLS			\$36.00	
Invoice	104204	5/11/2023					
Cash Payment	E 609-00000-213	Uniforms	UNIFORMS - MLS			\$24.00	
Invoice	104504	7/6/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$60.00	
Refer	8	BELLBOY CORPORATION	-				
Cash Payment	E 609-00000-251	Liquor Purchase				\$1,094.60	
Invoice	0200079200	7/11/2023					
Cash Payment	E 609-00000-210	Operating Supplies				\$469.65	
Invoice	0107065300	7/11/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$1,564.25	
Refer	9	BERNICKS BEVERAGES	-				
Cash Payment	E 609-00000-252	Beer Purchase				\$1,087.30	
Invoice	10102787	7/14/2023					
Cash Payment	E 609-00000-252	Beer Purchase				\$1,993.45	
Invoice	10105918	7/21/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$3,080.75	
Refer	10	BLACK STACK BREWING, INC.	-				
Cash Payment	E 609-00000-252	Beer Purchase				\$207.00	
Invoice	23426	7/20/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$207.00	
Refer	11	BREAKTHRU BEVERAGE MN	-				
Cash Payment	E 609-00000-251	Liquor Purchase				\$1,865.20	
Invoice	111207184	7/13/2023					
Cash Payment	E 609-00000-254	Miscellaneous Purchase				\$80.00	
Invoice	111210911	7/13/2023					
Cash Payment	E 609-00000-251	Liquor Purchase				\$582.82	
Invoice	111305212	7/20/2023					
Cash Payment	E 609-00000-251	Liquor Purchase				-\$548.80	
Invoice	411061847	6/13/2023					
Cash Payment	E 609-00000-253	Wine Purchase				-\$445.80	
Invoice	411114074	6/27/2023					
Cash Payment	E 609-00000-251	Liquor Purchase				-\$147.05	
Invoice	411181884	7/14/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$1,386.37	
Refer	12	CAPITOL BEVERAGE SALES	-				
Cash Payment	E 609-00000-252	Beer Purchase				-\$151.25	
Invoice	2859843	7/12/2023					
Cash Payment	E 609-00000-252	Beer Purchase				\$4,428.30	
Invoice	2859844	7/12/2023					
Cash Payment	E 609-00000-252	Beer Purchase				\$9,593.14	
Invoice	2862959	7/19/2023					
Cash Payment	E 609-00000-252	Beer Purchase				\$185.00	
Invoice	2864054	7/20/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$14,055.19	
Refer	13	CENTENNIAL LAKES PD	-				

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Cash Payment	E 101-42110-230 Contracted Services	AUG 2023 MONTHLY POLICE SERVICES	\$80,518.67
Invoice			
Transaction Date	7/26/2023	4M FUND 10100	Total \$80,518.67
Refer	14 CHET S SHOES, INC		
Cash Payment	E 101-43100-210 Operating Supplies	SAFETY SHOES	\$195.49
Invoice 54040	7/24/2023		
Transaction Date	7/26/2023	4M FUND 10100	Total \$195.49
Refer	15 CIRCLE PINES, CITY OF		
Cash Payment	E 551-60000-601 Bond Principal	2016 CAPITAL NOTES PMT	\$3,759.00
Invoice 706	7/21/2023		
Cash Payment	E 551-60000-611 Bond Interest	2016 CAPITAL NOTES PMT	\$152.16
Invoice 706	7/21/2023		
Cash Payment	E 551-60000-620 Fiscal Agent s Fees	2016 CAPITAL NOTES PMT	\$195.56
Invoice 706	7/21/2023		
Transaction Date	7/26/2023	4M FUND 10100	Total \$4,106.72
Refer	16 CLEAR RIVER BEVERAGE COMPA		
Cash Payment	E 609-00000-252 Beer Purchase		\$273.50
Invoice 698057	7/11/2023		
Cash Payment	E 609-00000-252 Beer Purchase		\$1,069.87
Invoice 699204	7/18/2023		
Transaction Date	7/26/2023	4M FUND 10100	Total \$1,343.37
Refer	17 DAHLHEIMER DISTRIBUTING		
Cash Payment	E 609-00000-252 Beer Purchase		\$16,831.75
Invoice 1954785	7/13/2023		
Cash Payment	E 609-00000-252 Beer Purchase		\$18,903.42
Invoice 1960746	7/20/2023		
Transaction Date	7/26/2023	4M FUND 10100	Total \$35,735.17
Refer	18 DANGEROUS MAN BREWING CO		
Cash Payment	E 609-00000-252 Beer Purchase		\$127.00
Invoice IN-638	7/21/2023		
Transaction Date	7/26/2023	4M FUND 10100	Total \$127.00
Refer	19 EHLERS & ASSOC.		
Cash Payment	E 101-41500-301 Auditing/Acctg Services	CONTINUING DISCLOSURE FEE	\$850.00
Invoice 94770	7/18/2023		
Transaction Date	7/26/2023	4M FUND 10100	Total \$850.00
Refer	20 GRAINGER		
Cash Payment	E 730-00000-401 Repair Buildings	REPAIRS - WELLHOUSE	\$96.06
Invoice 9769474439	7/13/2023		
Cash Payment	E 730-00000-401 Repair Buildings	REPAIRS - WELLHOUSE	\$92.01
Invoice 9769823858	7/14/2023		
Transaction Date	7/26/2023	4M FUND 10100	Total \$188.07
Refer	21 HAWKINS INC		
Cash Payment	E 730-00000-216 Chemicals	CYLINDER RENTAL - CHEMICALS	\$30.00
Invoice 6470621	5/15/2023		
Cash Payment	E 730-00000-216 Chemicals	CYLINDER RENTAL - CHEMICALS	\$30.00
Invoice 6524666	7/15/2023		

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Cash Payment	E 730-00000-216 Chemicals	CHEMICALS			\$3,045.86
Invoice	6528360	7/18/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$3,105.86
Refer	22 HOHENSTEINS INC				
Cash Payment	E 609-00000-252 Beer Purchase				\$4,039.65
Invoice	626435	7/12/2023			
Cash Payment	E 609-00000-252 Beer Purchase				\$744.00
Invoice	629039	7/20/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$4,783.65
Refer	23 INBOUND BREWCO				
Cash Payment	E 609-00000-252 Beer Purchase				\$510.00
Invoice	16498	7/14/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$510.00
Refer	24 INSIGHT BREWING COMPANY				
Cash Payment	E 609-00000-252 Beer Purchase				\$360.00
Invoice	6350	7/19/2023			
Cash Payment	E 609-00000-252 Beer Purchase				\$156.78
Invoice	6236	7/13/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$516.78
Refer	25 JOHNSON BROTHERS LIQUOR				
Cash Payment	E 609-00000-251 Liquor Purchase				\$560.75
Invoice	2341386	7/14/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				\$80.40
Invoice	2341388	7/14/2023			
Cash Payment	E 609-00000-253 Wine Purchase				\$957.80
Invoice	2341387	7/14/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				\$3,835.60
Invoice	2342586	7/18/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				\$650.12
Invoice	2342589	7/18/2023			
Cash Payment	E 609-00000-253 Wine Purchase				\$1,126.58
Invoice	2342587	7/18/2023			
Cash Payment	E 609-00000-254 Miscellaneous Purchase				\$76.30
Invoice	2342588	7/18/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				\$118.75
Invoice	2346085	7/21/2023			
Cash Payment	E 609-00000-253 Wine Purchase				\$280.75
Invoice	2346086	7/21/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$7,687.05
Refer	26 M AMUNDSON LLP				
Cash Payment	E 609-00000-256 Tobacco Products For R				\$3,110.47
Invoice	365113	7/11/2023			
Cash Payment	E 609-00000-256 Tobacco Products For R				\$2,448.56
Invoice	365463	7/18/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$5,559.03
Refer	27 METAL SUPERMARKETS				
Cash Payment	E 101-45200-210 Operating Supplies	SHOP SUPPLIES			\$154.57
Invoice	1052050	7/25/2023			

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Transaction Date	7/26/2023	4M FUND	10100	Total	\$154.57
Refer	28 METROPOLITAN LIFE INS CO				
Cash Payment	E 101-41500-160 Health/Dental Insurance	AUG 2023 PREMIUM			\$179.40
Invoice	7/16/2023				
Cash Payment	E 101-43100-160 Health/Dental Insurance	AUG 2023 PREMIUM			\$65.12
Invoice	7/16/2023				
Cash Payment	E 101-45200-160 Health/Dental Insurance	AUG 2023 PREMIUM			\$43.42
Invoice	7/16/2023				
Cash Payment	E 609-00000-160 Health/Dental Insurance	AUG 2023 PREMIUM			\$146.22
Invoice	7/16/2023				
Cash Payment	E 101-41500-160 Health/Dental Insurance	JULY 2023 PREMIUM			\$76.80
Invoice	6/16/2023				
Cash Payment	E 101-43100-160 Health/Dental Insurance	JULY 2023 PREMIUM			\$65.12
Invoice	6/16/2023				
Cash Payment	E 101-45200-160 Health/Dental Insurance	JULY 2023 PREMIUM			\$43.42
Invoice	6/16/2023				
Cash Payment	E 609-00000-160 Health/Dental Insurance	JULY 2023 PREMIUM			\$146.22
Invoice	6/16/2023				
Transaction Date	7/26/2023	4M FUND	10100	Total	\$765.72
Refer	29 MIDAMERICA ADMINISTRATIVE				
Cash Payment	G 101-21716 Other Retirement	AUG 2023 CONTRIBUTION			\$50.00
Invoice					
Transaction Date	7/26/2023	4M FUND	10100	Total	\$50.00
Refer	30 MKL SERVICES, LLC				
Cash Payment	E 101-41500-400 General Maintenance	WEEK ENDING 07/22/2023			\$100.00
Invoice	08032023 7/28/2023				
Cash Payment	E 101-41500-400 General Maintenance	WEEK ENDING 07/29/2023			\$100.00
Invoice	08032023 7/28/2023				
Transaction Date	7/26/2023	4M FUND	10100	Total	\$200.00
Refer	31 MINNESOTA EQUIPMENT				
Cash Payment	E 101-45200-404 Repair Machinery/Equip	MOWER BLADES			\$419.85
Invoice	P48922 7/17/2023				
Cash Payment	E 101-45200-400 General Maintenance	SHOP SUPPLIES			\$275.19
Invoice	P49184 7/25/2023				
Transaction Date	7/26/2023	4M FUND	10100	Total	\$695.04
Refer	32 MN MUNICIPAL BEVERAGE ASSO				
Cash Payment	E 609-00000-210 Operating Supplies	KEG TAGS			\$53.13
Invoice					
Transaction Date	7/26/2023	4M FUND	10100	Total	\$53.13
Refer	33 MODIST BREWING COMPANY				
Cash Payment	E 609-00000-252 Beer Purchase				\$391.00
Invoice	E-42891 7/13/2023				
Transaction Date	7/26/2023	4M FUND	10100	Total	\$391.00
Refer	34 NCPERS GROUP LIFE INSURANCE				
Cash Payment	G 101-21724 Life Insurance	AUG 2023 PREMIUM			\$80.00
Invoice	586800082023 7/1/2023				
Transaction Date	7/26/2023	4M FUND	10100	Total	\$80.00

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Refer	35	NEW FRANCE WINE COMPANY	-				
Cash Payment	E 609-00000-253	Wine Purchase				\$138.50	
Invoice	207784	7/13/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$138.50	
Refer	36	OREILLY AUTO PARTS	-				
Cash Payment	E 101-42260-404	Repair Machinery/Equip	BATTERIES - FIRE DEPT			\$496.89	
Invoice	3472-277326	7/14/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$496.89	
Refer	37	PAUSTIS & SONS	-				
Cash Payment	E 609-00000-253	Wine Purchase				\$72.00	
Invoice	207388	7/12/2023					
Cash Payment	E 609-00000-253	Wine Purchase				\$107.00	
Invoice	208065	7/19/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$179.00	
Refer	38	PETRACEK, BILL	-				
Cash Payment	E 101-41500-205	Mileage Reimbursement	SEP 2023			\$200.00	
Invoice							
Cash Payment	E 101-41500-321	Telephone	SEP 2023			\$100.00	
Invoice							
Transaction Date	7/26/2023	4M FUND	10100	Total		\$300.00	
Refer	39	PHILLIPS WINE AND SPIRITS INC	-				
Cash Payment	E 609-00000-251	Liquor Purchase				\$5,226.98	
Invoice	6626437	7/18/2023					
Cash Payment	E 609-00000-253	Wine Purchase				\$1,619.20	
Invoice	6626438	7/18/2023					
Cash Payment	E 609-00000-254	Miscellaneous Purchase				\$292.90	
Invoice	6626439	7/18/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$7,139.08	
Refer	40	SHAMROCK GROUP, INC.	-				
Cash Payment	E 609-00000-257	Ice For Resale				\$239.60	
Invoice	2913364	7/15/2023					
Cash Payment	E 609-00000-257	Ice For Resale				\$281.50	
Invoice	2915876	7/22/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$521.10	
Refer	41	SMALL LOT MN	-				
Cash Payment	E 609-00000-251	Liquor Purchase				\$207.50	
Invoice	MN67019	7/13/2023					
Transaction Date	7/26/2023	4M FUND	10100	Total		\$207.50	
Refer	42	SOUTHERN GLAZERS OF MN	-				
Cash Payment	E 609-00000-253	Wine Purchase				\$125.12	
Invoice	5099418	6/30/2023					
Cash Payment	E 609-00000-251	Liquor Purchase				\$1,270.41	
Invoice	2367167	7/13/2023					
Cash Payment	E 609-00000-253	Wine Purchase				\$1,249.92	
Invoice	2367168	7/13/2023					
Cash Payment	E 609-00000-253	Wine Purchase				\$2.56	
Invoice	2367166	7/13/2023					

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Cash Payment	E 609-00000-253 Wine Purchase				\$3.84
Invoice	5099419	6/30/2023			
Cash Payment	E 609-00000-254 Miscellaneous Purchase				-\$4.50
Invoice	0088375	7/13/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				\$2,974.20
Invoice	2369696	7/20/2023			
Cash Payment	E 609-00000-254 Miscellaneous Purchase				\$131.40
Invoice	2369697	7/20/2023			
Cash Payment	E 609-00000-253 Wine Purchase				\$691.25
Invoice	2369698	7/20/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				-\$22.38
Invoice	0088649	7/20/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				-\$14.99
Invoice	9501652	4/10/2023			
Cash Payment	E 609-00000-254 Miscellaneous Purchase				-\$4.33
Invoice	9501653	4/10/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				-\$20.24
Invoice	9504353	7/20/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				-\$341.90
Invoice	9508076	5/12/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				-\$188.97
Invoice	9508077	5/12/2023			
Cash Payment	E 609-00000-251 Liquor Purchase				-\$12.58
Invoice	9509686	5/19/2023			
Cash Payment	E 609-00000-253 Wine Purchase				-\$13.33
Invoice	9512466	6/2/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$5,825.48
Refer	43 SPRINT				
Cash Payment	E 101-43100-321 Telephone	JUNE-JULY 2023 CELL SERVICE			\$25.62
Invoice	495076029-251	7/18/2023			
Cash Payment	E 101-45200-321 Telephone	JUNE-JULY 2023 CELL SERVICE			\$25.62
Invoice	495076029-251	7/18/2023			
Cash Payment	E 651-00000-321 Telephone	JUNE-JULY 2023 CELL SERVICE			\$4.88
Invoice	495076029-251	7/18/2023			
Cash Payment	E 730-00000-321 Telephone	JUNE-JULY 2023 CELL SERVICE			\$32.93
Invoice	495076029-251	7/18/2023			
Cash Payment	E 770-00000-321 Telephone	JUNE-JULY 2023 CELL SERVICE			\$32.93
Invoice	495076029-251	7/18/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$121.98
Refer	44 SP3, LLC				
Cash Payment	E 609-00000-252 Beer Purchase				\$622.00
Invoice	W-195492	7/12/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$622.00
Refer	45 WALTERS RUBBISH INC				
Cash Payment	E 101-41500-384 Refuse/Garbage Dispos	JULY 2023 SERVICE			\$83.45
Invoice	7116007	7/10/2023			
Cash Payment	E 101-43100-384 Refuse/Garbage Dispos	JULY 2023 SERVICE			\$49.40
Invoice	7116007	7/10/2023			

CITY OF LEXINGTON

07/28/23 9:54 AM

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Payments

Current Period: August 2023

Cash Payment	E 101-45200-384 Refuse/Garbage Dispos	JULY 2023 SERVICE			\$49.40
Invoice	7116007	7/10/2023			
Cash Payment	E 651-00000-384 Refuse/Garbage Dispos	JULY 2023 SERVICE			\$9.42
Invoice	7116007	7/10/2023			
Cash Payment	E 730-00000-384 Refuse/Garbage Dispos	JULY 2023 SERVICE			\$63.51
Invoice	7116007	7/10/2023			
Cash Payment	E 770-00000-384 Refuse/Garbage Dispos	JULY 2023 SERVICE			\$63.51
Invoice	7116007	7/10/2023			
Cash Payment	E 609-00000-384 Refuse/Garbage Dispos	JULY 2023 SERVICE			\$138.07
Invoice	7116007	7/10/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$456.76
Refer	46 WINE COMPANY				
Cash Payment	E 609-00000-253 Wine Purchase				\$264.00
Invoice	240756	7/12/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$264.00
Refer	47 WINE MERCHANTS				
Cash Payment	E 609-00000-253 Wine Purchase				\$158.60
Invoice	7434903	7/14/2023			
Transaction Date	7/26/2023	4M FUND	10100	Total	\$158.60
Refer	48 ASPEN MILLS				
Cash Payment	E 101-42260-214 Fire Uniforms	UNIFORM NAME TAGS			\$65.70
Invoice	317008	7/20/2023			
Transaction Date	7/27/2023	4M FUND	10100	Total	\$65.70
Refer	49 METRO SALES INCORPORATED				
Cash Payment	E 101-41500-350 Print/Binding	JULY 2023 COPIER CONTRACT			\$92.63
Invoice	INV2327837	7/20/2023			
Transaction Date	7/27/2023	4M FUND	10100	Total	\$92.63
Refer	50 MSA PROFESSIONAL SERVICES				
Cash Payment	E 101-41500-303 Engineering Fees	GENERAL SERVICES			\$3,745.00
Invoice	R10481000.0-111	7/27/2023			
Cash Payment	E 651-00000-303 Engineering Fees	NPDES PHASE II MS4			\$525.00
Invoice	R10481044.0-23	7/27/2023			
Cash Payment	E 423-00000-303 Engineering Fees	2023 STREET IMPROVEMENTS			\$7,814.44
Invoice	R10481052.0-7	7/27/2023			
Cash Payment	G 101-22046 O'Reilly Escrow	O'REILLY AUTO PARTS			\$880.00
Invoice	R10481027.0-39	7/27/2023			
Cash Payment	G 101-22047 Norhart Development	NORHART DEVELOPMENT			\$11,006.45
Invoice	R10481036.0-46	7/27/2023			
Cash Payment	E 730-00000-303 Engineering Fees	WATER SYSTEM FEASIBILITY STUDY			\$140.00
Invoice	R10481046.0-25	7/27/2023			
Cash Payment	E 730-00000-303 Engineering Fees	LEXINGTON GIS 2023 UPDATES			\$1,728.75
Invoice	R10481053.0-6	7/27/2023			
Cash Payment	E 770-00000-303 Engineering Fees	LEXINGTON GIS 2023 UPDATES			\$1,728.75
Invoice	R10481053.0-6	7/27/2023			
Transaction Date	7/27/2023	4M FUND	10100	Total	\$27,568.39

Payments

Current Period: August 2023

Fund Summary

	10100 4M FUND
101 GENERAL FUND	\$101,752.28
405 PARK DEDICATION FEE FUND	\$227.20
423 2023 STREET IMPROVEMENTS	\$7,814.44
551 16 NORTH METRO GO	\$4,106.72
609 MUNICIPAL LIQUOR FUND	\$94,506.55
651 STORM WATER FUND	\$539.30
730 WATER FUND	\$5,259.12
770 SEWER FUND	\$1,825.19
	<hr/>
	\$216,030.80

Pre-Written Checks	\$0.00
Checks to be Generated by the Computer	\$216,030.80
Total	<hr/>
	\$216,030.80

Report Criteria:

Report type: Summary

Check Number	Check Issue Date	Payee	Amount
14801	07/11/2023	EMERGENCY CONTRACTORS	815.00- V
14855	07/20/2023	Amazon Capital Services	39.95
14856	07/20/2023	Bills Gun Shop & Range/ BJAMCO Managerme	20.00
14857	07/20/2023	CENTENNIAL UTILITIES	594.23
14858	07/20/2023	CONNEXUS ENERGY	1,686.76
14859	07/20/2023	E C S I, LLC	1,371.74
14860	07/20/2023	EMERGENCY CONTRACTORS	815.00
14861	07/20/2023	Language Line Services	9.27
14862	07/20/2023	Marie Ridgeway LICSW, LLC	480.00
14863	07/20/2023	Metro Sales, Inc.	155.72
14864	07/20/2023	OFFICE OF MN IT SERVICES	44.60
14865	07/20/2023	PURCHASE POWER INC	108.99
14866	07/20/2023	QUILL LLC	71.97
2023052	07/20/2023	CENTURY LINK	124.48
2023053	07/20/2023	DEARBORN NATIONAL	1,781.86
2023054	07/20/2023	HEALTH PARTNERS	12,792.98
2023055	07/20/2023	OPTUM FINANCIAL, INC.	13,223.80
2023056	07/20/2023	WEX BANK	3,848.09
Grand Totals:			36,354.44

M = Manual Check, V = Void Check



To: Bill Petracek, City Administrator
From: Steven M. Winter, P.E.
Subject: Partial Payment Estimate #1 for 2023 Street Improvement Project
Date: August 3, 2023

Please find the attached Partial Payment Estimate #1 in the amount of \$58,043.76. Most of the work on this project has been completed. The Contractor replace the catch basin and concrete curb and gutter first on the project. Then they milled the street and checked the road for the areas that needed patching. The Contractor cut those areas out and them patched them back. The paving was completed in the afternoon. The turf restoration was completed right after the paving for this project. There was a small issue with the valley gutter that has to be repaired and paid for in the final payment for the project.

Attached is the Partial Payment #1 for your review and consideration. We recommend that the Council approve this payment request at the upcoming council meeting. The payment amount is to Park Construction Co. in the amount of \$58,043.76.

If you have any questions, please feel free to contact us at (612) 548-3132. Thank you very much.

SMW

PARTIAL PAY ESTIMATE NO. 1

FROM: June 15, 2023
TO: July 15, 2023
PROJECT: 2023 Street Improvements
10481052

COMPLETION DATE
ORIGINAL: September 1, 2023
REVISED:

AMOUNT OF CONTRACT
ORIGINAL: \$64,357.94
REVISED: \$67,857.94

CONTRACTOR: PARK CONSTRUCTION CO.
ADDRESS: 1481 81st Ave. NE
Minneapolis, MN 55432
PHONE 763-717-6247

OWNER: CITY OF LEXINGTON

ITEM NO	SPEC NO.	ITEM DESCRIPTION	QTY				THIS PERIOD		TOTAL TO DATE	
			TOTAL	UNIT	UNIT PRICE	QTY	TOTAL	QTY	TOTAL	
SCHEDULE 1.0 - STREET										
1.	2104.503	REMOVE CONCRETE CURB	100	LF	\$ 7.52	60.00	\$ 451.20	60.00	\$ 451.20	
2.	2104.503	REMOVE VALLEY GUTTER	30	LF	\$ 21.60	13.00	\$ 280.80	13.00	\$ 280.80	
3.	2104.504	REMOVE BITUMINOUS PAVEMENT	205	SY	\$ 3.75	98.00	\$ 367.50	98.00	\$ 367.50	
4.	2232.504	MILL BITUMINOUS SURFACE (1.5")	1870	SY	\$ 7.93	1777.78	\$ 14,097.78	1777.78	\$ 14,097.78	
5.	2357.506	BITUMINOUS MATERIAL FOR TACK COAT	220	GAL	\$ 3.27	125.00	\$ 408.75	125.00	\$ 408.75	
6.	2360.504	TYPE SP 9.5 WEAR COURSE MIX (3,B)3" PATCH	205	SY	\$ 25.42	136.00	\$ 3,457.12	136.00	\$ 3,457.12	
7.	2360.509	TYPE SP 9.5 WEAR COURSE MIX (3,B)	370	TON	\$ 80.25	354.14	\$ 28,419.74	354.14	\$ 28,419.74	
8.	2504.602	ADJUST VALVE BOX - WATER	3	EACH	\$ 65.18	0.00	\$ -	0.00	\$ -	
9.	2506.602	ADJUST FRAME & RING CASTING (RISER RINGS)	3	EACH	\$ 501.53	3.00	\$ 1,504.59	3.00	\$ 1,504.59	
10.	2506.602	ADJUST FRAME & RING CASTING (CATCH BASIN	2	EACH	\$ 221.52	1.00	\$ 221.52	1.00	\$ 221.52	
11.	2531.503	CONCRETE CURB & GUTTER B618	100	LF	\$ 65.19	110.00	\$ 7,170.90	110.00	\$ 7,170.90	
12.	2531.504	7" CONCRETE VALLEY GUTTER	30	LF	\$ 56.11	0.00	\$ -	0.00	\$ -	
13.	2575.504	HYDRAULIC NATURAL TACKIFIER	34	SY	\$ 40.93	29.78	\$ 1,218.80	29.78	\$ 1,218.80	
CO1		CATCH BASIN	1	LS	\$ 3,500.00	1.00	\$ 3,500.00	1.00	\$ 3,500.00	

BID SUMMARY

T	TOTAL	\$ 61,098.70	\$ 61,098.70
AMOUNT EARNED		\$ 61,098.70	\$ 61,098.70
AMOUNT RETAINED - 5%		\$ 3,054.93	\$ 3,054.93
PREVIOUS PAYMENTS			\$ -
AMOUNT DUE		\$ 58,043.76	

CONTRACTOR'S CERTIFICATION

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT TO THE BEST OF THEIR KNOWLEDGE, INFORMATION AND BELIEF THE WORK COVERED BY THIS PAYMENT ESTIMATE HAS BEEN COMPLETED IN ACCORDANCE WITH THE CONTRACT DOCUMENTS, THAT ALL AMOUNTS HAVE BEEN PAID BY THE CONTRACTOR FOR WORK FOR WHICH PREVIOUS PAYMENT ESTIMATES WAS ISSUED AND PAYMENTS RECEIVED FROM THE OWNER, AND THAT CURRENT PAYMENT SHOWN HEREIN IS NOW DUE.

CONTRACT PARK CONSTRUCTION CO.

BY

DATE

ENGINEER'S CERTIFICATION

THE UNDERSIGNED CERTIFIES THAT THE WORK HAS BEEN CAREFULLY OBSERVED AND TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, THE QUANTITIES SHOWN IN THIS ESTIMATE ARE CORRECT AND THE WORK HAS BEEN PERFORMED IN ACCORDANCE WITH THE CONTRACT DOCUMENTS.

ENGINEER: MSA PROFESSIONAL SERVICES

BY

DATE

APPROVED BY OWNER

OWNER: CITY OF LEXINGTON

BY

DATE

**CITY OF LEXINGTON
COUNTY OF ANOKA
STATE OF MINNESOTA**

RESOLUTION NO. 23-09

**RESOLUTION DECLARING COST TO BE ASSESSED, AND ORDERING PREPARATION OF
PROPOSED ASSESSMENT**

WHEREAS, a contract has been let for the 2023 Street Improvements project of on Dunlap Avenue between Restwood Road and Flowerfield Road;); and the total contract estimated cost for such improvement is \$89,000, and the expenses incurred or to be incurred in the making of such improvement amount to \$26,700 so that the total cost of the improvement will be \$115,700.

**NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE
CITY OF LEXINGTON, ANOKA COUNTY, STATE OF MINNESOTA,**

1. The portion of the cost of such improvement to be paid by the city is hereby declared to be \$80,990 and the portion of the cost to be assessed against benefited property owners is declared to be \$34,710.
2. Assessments shall be payable in equal annual installments extending over a period of 10 years, the first of the installments to be payable on or before the first Monday in January, 2024 and shall bear interest at the rate of 5 percent per annum from the date of the adoption of the assessment resolution.
3. The city finance director, with the assistance of the city engineer (consulting engineer), shall forthwith calculate the proper amount to be specially assessed for such improvement against every assessable lot, piece or parcel of land within the district affected, without regard to cash valuation, as provided by law, and he/she shall file a copy of such proposed assessment in his/her office for public inspection.
4. The clerk shall upon the completion of such proposed assessment, notify the council thereof.

**ADOPTED BY THE CITY COUNCIL OF THE CITY OF LEXINGTON THE
3rd DAY OF AUGUST, 2023.**

Gary Grote, Mayor

Bill Petracek, City Administrator



Anoka County

PROPERTY RECORDS & TAXATION DIVISION

Respectful, Innovative, Fiscally Responsible

July 13, 2023

Bill Petracek - City Administrator
City of Lexington
9180 Lexington Ave
Lexington MN 55014

RE: Assessment Contract Renewal – City of Lexington

Dear Mr. Petracek,

It is once again time to review and discuss the future assessment contract for the City of Lexington.

Attached to this letter is a contract for the next 5-year period that outlines the per parcel rates we intend to charge.

Important items to note in the proposed contract are outlined briefly below.

1. Contract Rates for existing property types remain the same as the reduced rates contained in the most recent invoices.
2. A new rate has been added for Tax Exempt property. This rate has been added due to an increase in purely public charity exemption applications and subsequent expenses related to their tax court defense. It is estimated to add roughly \$179 to the City of Lexington's invoice next year.
3. Proposed End Date has been adjusted slightly. Instead of ending on January 16th of any given year, we proposed ending the contract on May 15th of any given year. This allows county staff to answer property owner questions resulting from work they completed the year before.

I welcome the opportunity to meet with you and/or your team to discuss the proposal for assessment services as well as to collect feedback on how we can better serve your community. After our initial discussions, I can provide a final version of the contract for council consideration.

If you have any questions regarding the contract or would like to schedule a meeting, please give me a call.

Sincerely,

Alex Guggenberger, S.A.M.A
Anoka County Assessor
763-324-1162

Attachment – Sample Contract for Assessment Services

**JOINT POWERS AGREEMENT
BETWEEN THE CITY OF LEXINGTON AND
COUNTY OF ANOKA FOR ASSESSMENT OF PROPERTY**

THIS AGREEMENT is made and entered into this _____ day of _____, 2023, by and between the City of Lexington, 9180 Lexington Ave, Lexington, Minnesota 55014, hereinafter referred to as the "Municipality", and the County of Anoka, a political subdivision of the State of Minnesota, 2100 Third Avenue, Anoka, Minnesota 55303, hereinafter referred to as the "County".

WITNESSETH:

WHEREAS, pursuant to Minn. Stat. § 273.072, subd. 1, any county and city, lying wholly or partially within the county and constituting a separate assessment district, may, by agreement entered into under Minn. Stat. § 471.59, provide for the assessment of property in the city by the county assessor; and

WHEREAS, pursuant to Minn. Stat. § 273.072, subd. 2, the agreement may provide for the abolition of the office of the city assessor when the assessment of the property within the city is to be made under an agreement by the county assessor; and

WHEREAS, it is the wish of the County to cooperate with the Municipality to provide for a fair and equitable assessment of the property within the Municipality; and

WHEREAS, said work will be carried out in accordance with the provisions of Minn. Stat. § 471.59.

NOW, THEREFORE, in consideration of the mutual covenants and agreements stated herein, the parties agree as follows:

I. That said Municipality constitutes a separate assessment district which lies wholly within the County and that all property in the geographical boundaries of this district shall be assessed by the County Assessor of the County beginning with the assessment year 2025 (calendar year 2024), provided this Agreement is approved by the Commissioner of Revenue.

II. Pursuant to Minn. Stat. § 273.072, subd. 2, the office of the City Assessor in the Municipality shall cease to exist on January 16, 2024 but not before the end of the term of the current City Assessor, if serving for a fixed term, or when an earlier vacancy occurs; provided, however, that upon the termination of this Agreement, the Office of City Assessor shall be automatically reestablished and shall be filled as provided by applicable law or charter in accordance with Minn. Stat. § 273.072.

III. The term of this Agreement shall be from January 16, 2024, through May 15, 2029, unless earlier terminated as provided herein.

IV. In consideration of said assessment services, the Municipality shall pay to the County an annual payment as follows:

May 15, 2024: Payment Due for 2025 Assessment
May 15, 2025: Payment Due for 2026 Assessment
May 15, 2026: Payment Due for 2027 Assessment
May 15, 2027: Payment Due for 2028 Assessment
May 15, 2028: Payment Due for 2029 Assessment

V. For year 2024 assessment services, the Municipality shall pay the County as follows:

- A. Ten Dollars and 40/100s (\$10.40) for each improved parcel of residential, seasonal recreational residential and agricultural type property;
- B. Four Dollars and 60/100s (\$4.60) for each unimproved parcel of residential, seasonal recreational residential and agricultural type property;
- C. Sixty-Two Dollars and 00/100s (\$62.00) for each improved and unimproved parcel of commercial, industrial and public utility type of property; and
- D. Sixty-Two Dollars and 00/100s (\$62.00) for each improved and unimproved parcel of apartment and mobile home park type property.
- E. Four Dollars and 60/100s (\$4.60) for each improved and unimproved parcel of parcel of exempt property.

The same procedure shall be used, as described above, in the computation of the assessment payments due in 2025 through 2028, provided, however, that the cost for each type of parcel shall be increased according to the County Assessor's increase in operating costs, cost of living and merit adjustments established by the Anoka County Board of Commissioners for January 1 to December 31 in the year prior to the date of the assessment.

VI. Notwithstanding Section II. above, the County and/or Municipality shall have the right to terminate this Agreement by providing, at a minimum, six months written notice by certified mail, which notice shall be sent at least six months prior to January 2 of any year to terminate assessment services to be performed one year from such date (i.e. to terminate this Agreement for assessment services in the year 2026, the party must provide written notice of termination by not later than June 30, 2025).

VII. COUNTERPARTS

This Joint Powers Agreement may be executed in any number of counterparts, each one of which shall be deemed to be an original, but all such counterparts together shall constitute one and the same instrument.

(remainder of page intentionally blank – signature page immediately follows)

IN WITNESS WHEREOF, the parties hereto have set their hands on the dates so indicated.

COUNTY OF ANOKA

CITY OF (INSERT CITY NAME)

By: _____
Matt Look, Chair
Anoka County Board of Commissioners

By: _____
Gary Grote
Mayor

Dated: _____

Dated: _____

By: _____
Rhonda Sivarajah
County Administrator

By: _____
Title: _____

Dated: _____

Dated: _____

APPROVED AS TO FORM

By: _____
Jason Stover
Assistant County Attorney

By: _____
Title: _____

Dated: _____

Dated: _____



9180 Lexington Avenue
Lexington, MN 55014
Phone: (763) 784-2792
Fax: (763) 785-8951
www.ci.lexington.mn.us

ENTERTAINMENT/SPECIAL EVENT LICENSE APPLICATION

APPLICATION FOR: ☐ Annual Entertainment License \$200.00
☐ Single Use Special Event Permit \$300.00
☐ Charitable Organization **FEE WAIVED**

The Council shall act upon all entertainment license applications at a regular meeting within sixty (60) days of the completed application and fee being received by City staff. Inaction by the Council within this period is a denial of the application.

No entertainment license is valid until approved by the Council and the appropriate fees are paid to the City.

Licenses are valid only for the date(s) specified on the license. Annual licenses are valid from July 1st through June 30th of the following year, or pro rata from the date granted through June 30th.

1. APPLICANT INFORMATION

Attach a written approval from the organization(s) in whose name the event will be advertised which authorizes you, the applicant, to apply for this special event permit on their behalf.

Lexington Fall Fest 2023

Applicant Name: Cowboy's Saloon Title: _____

Mailing Address: 9005 South Highway Drive Lexington, MN

Affiliation: _____

Day Phone: _____ Heidi _____ Evening/Cell phone: 612.408.0242

Emergency Contact/Phone : Larry 651.894.4488

Email Address: Nancy@CowboysSaloon.co ☒ ☐

Is applicant 18 years of age or older Yes ☐ No ☐

Who is the primary person in charge and/or responsible for this event?

Name: Cowboy's Saloon Heidi Zaworski Title: _____

Mailing Address: Same as above

Day Phone: _____ Evening/Cell phone: _____

Emergency Contact/Phone : _____

Email Address : _____

2. TITLE, PURPOSE AND DESCRIPTION OF EVENT:

Lexington Fall Fest an event that brings together local businesses and citizens

of all ages to encourage a spirit of pride, a sence of community, and an atmosphere of fun for all!

3. EVENT PRINCIPALS

Submit a list of principals involved in the proposed special event, including professional organizers, promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefit the event is being produced or advertised, etc. Attach additional pages if necessary to include all of the principals involved.

Name: _____ Title: _____

Organization / Business / Agency / Affiliation: _____

Name: _____ Title: _____

Organization / Business / Agency / Affiliation: _____

Name: _____ Title: _____

Organization / Business / Agency / Affiliation: _____

Name: _____ Title: _____

Organization / Business / Agency / Affiliation: _____

4. EVENT COMPONENTS

Date requested: 9/22-9/24/2023 Alternate date: _____

Requested hours of operation: from: _____ ☐ AM ☐ PM to _____ ☐ AM ☐ PM

Set-up beginning date and time: See seperate detailed sheet/flyerheet

Complete dismantle date and time: _____

(Attach a draft of any entry forms for participants and/or spectators.)

Anticipated number of participants: 50 Spectators: 200

Will any city streets require temporary closure or restrictions? Yes ☒ No ☐

Identify streets and times/dates of closure or restrictions: South Highway Drive
from Restwood to O'Reillys Fri 9/22 3:30pm-9pm Sat 9/23 10am to 11pm

5. LOCATION AND MAP

Please attach a map or plans for your event layout. At minimum, the following items should be included. Check off items below that pertain to your event and indicate them on the event map. Please use a "to-scale" drawing.

- A) ☐ If a route is involved, mark the beginning and finishing area with arrows and places where any motorized vehicles need to be considered.
- B) ☒ Size and location of any tables, tents, structures and enclosures,
- C) ☒ Entertainment or stage locations
- D) ☒ Alcoholic beverage concession area
- E) ☒ Non-alcoholic beverage concession area
- F) ☒ Food concession area (cooking, serving and consumption areas)
- G) ☒ General merchandise concession areas
- H) ☒ Portable toilet facilities
- I) ☒ First-aid facilities
- J) ☒ Event participant and/or spectator parking areas
- K) ☒ Event organizer's command post
- L) ☒ Fireworks or pyrotechnics site
- M) ☒ Vehicle fuel handling site
- N) ☒ Fencing or others method for securing event area
- O) ☒ Site of electrical wiring to be installed for the event
- P) ☒ Trash receptacles
- Q) ☒ Electrical sources to be used for cooking
- R) ☒ Temporary structures constructed for the event
- S) ☐ Other – Please describe: _____

See attachment B & C ↘ ↙

6. FOOD, BEVERAGES AND ENTERTAINMENT

Will food and/or non-alcoholic beverages be served? Yes ☒ No ☐

If yes, describe sanitation measures, food handling procedures and the nature of the food (such as pre-packaged foods, hot dogs, pre-mixed soda, raw meats, fish, vegetables, unpeeled fruit or peeled and cut fruit): Food safety measures will be followed as directed by the ACHD.

Describe any plans you have for cooking food in the event area including fuel or electrical source to be used: Power from a generators and Cowboy's Saloon as well as the Lexington FD

if you intend to serve food you will need a permit from the Anoka County Department of Environmental Health. Please attach a copy of the permit to this application.

Will alcoholic beverages be served? Yes ☒ No ☐

If yes, describe what method will be used to ensure that alcoholic beverages will be consumed only by persons 21 years of age and older: ID's will be checked by trained doormen/women
special wrist bands will be used. No drinks will be served to those not wearing a specific wristband.

Describe how, where, when and by whom the alcoholic beverages will be served:
By trained bartenders. Serving only those 21 and over with a valid id and wristband.

If a casino party, a dance, or live entertainment is part of your event, please describe:

Cowboy's will provide recorded (on Friday eve) and recorded + live music Sat on a stage in front of Cowboy's Saloon in a fenced off area.

Lighted stage, generator powered. Music ends at 10pm. Clean up by 11pm. Fireworks Sat 9/23/23 9pm

Please describe all of the activities of your event for which a license is required, for example: a cabaret license, etc. Attach all required licenses to this application. Please note that certain licensing may be required by City, County and State agencies, such as a Large Assembly License for gatherings over 1,000 people, some types of food handling licensing, Gambling License, Cabaret License, etc. It is your responsibility to

check with the City Clerk or local authorities to determine what licensing is required prior to submitting this application.

Describe entertainment plans and intended hours: Friday Car show 4:30pm to 8pm

Saturday Family Fun Day Kids activities, FD Open House, Bags Tourney, Street Dance & Fireworks. Sunday Vikings Game Party at Cowboy's.

If there will be music, sound amplification or any other noise impact, please describe, including the intended hours of the music, sound or noise: Friday 4:30pm till 8pm on Pallo at Cowboy's

during car show. Sat live & recorded music all afternoon and evening till 10pm- includes fireworks at the park (same as previous)

7. VENDORS OR CONCESSIONAIRES

Describe what vendors or concessionaires you will allow in conjunction with the event and the purpose of these concessions: We will be selling Fair food and the Lions will be hosting their Booya

with the appropriate permits as necessary.

Describe how you intend to regulate, monitor and control the type, number and quality of vendors/concessionaires whom you may permit to operate in conjunction with the event: Food is only allowed to be served in designated area with proper permits and guidelines.

8. SECURITY AND SAFETY PROCEDURES

Describe your proposed procedures for set-up, operation, internal security and crowd control: City Provided road blocks blocking off S. Highway drive. Snow fencing surrounding the area for alcohol.

Numerous trained security staff at all entries/exits. Fire Department is available for guard over the Fireworks show and surrounding area.

Fire department will be available to serve in case first aid or emergency services is needed.

If the event is to occur at night, describe how you are going to light the event area in order to increase the safety of participants and spectators coming to and leaving the event: Street & bldg lights as well as the lighted stage will provide lighting for guests to move around safely.

Describe plans to provide first aid, if needed: Lexington Fire Dept will be available if first aid is needed at the Fire house, as well as
roaming the area. Supplies are ready for distribution as needed.

Give the name, address and phone numbers of the agency or agencies which will provide first aid staff and equipment if required. Attach additional sheets if necessary.

Name of agency: Lexington Fire Dept

Name of Representative: _____

Address: _____

Day phone: _____ Evening phone: _____

Indicate medical services (if required) that will be provided for this event: _____

Attach to this application a copy of your building permit(s) if you are installing any electrical wiring on temporary or permanent basis and/or if you are building any temporary or permanent structures such as bleachers, scaffolding, a grandstand, stages or platforms.

Attach a copy of your fire department permit or inspection report to this application if you will use parade floats; an open flame; fireworks or pyrotechnics; vehicle fuel; cooking facilities; enclosures (and tables within those closures); tents, air supported structures, canopies, or fabric shelters.

Attach a copy of a proposed site security plan and a proposed parking plan

9. SANITATION PLAN

Describe your plan for clean-up and material preservation. Include number, type and location of portable toilets or permanent toilets, and trash and recycling containers to be provided for the event. Indicate who will be responsible for clean-up activities during and after the event: Porta Potties as well as restrooms in Cowboy's Saloon will be made available to all patrons. Numerous garbage/recycling cans

are strategically placed (and emptied) throughout the festivities. Garbage will be disposed of in dumpsters provided by Cowboys.

10. CITY SERVICES/EQUIPMENT

Describe City services and/or equipment requested for this event. City barricades,

cones, signs and other equipment may be borrowed on an as-available basis. You should make advance arrangements to pick up and return this equipment. If you or any volunteers cannot pick up and return this equipment, please attach a letter requesting these services and explaining why your organization cannot perform them. This will be reviewed, then approved or denied by the public works foreman.

We would very much appreciate road blocked signs on South Highway Drive on Restwood and the Sausage House.

11. FEE STRUCTURE / EVENT CHARGES

If there is a fee or donation required as a condition of attendance or participation of this event, please describe the amounts to be collected from various categories of

participants or spectators: Friday admission is \$5.00 per car show car. Saturday Fun Fest activities are mostly free

except food, beverages and games. Fireworks are free. Bag Tourney small fee.

If a donation is requested on a purely voluntary basis, describe how you intend to inform participants/spectators or others that they may participate in the event whether they make a donation or not: signage.

12. OTHER PERTINENT INFORMATION

Please list below any other miscellaneous information you feel would be important and have a bearing on the approval of this Special Event Permit request: _____

13. INSURANCE

You must provide proof of insurance coverage for your event. Attach to this application a certificate of insurance including the policy number, amount and the provision that the City of Lexington is included as an additional insured. (Please note – insurance requirements depend upon the risk level of the event. Also, if your event can be classified as first amendment expressive activity, insurance requirements can be waived under certain circumstances.)

FOR OFFICIAL USE ONLY

CITY COUNCIL - APPROVAL: _____ **DENIAL:** _____

BY: _____ **DATE:** _____

COMMENTS: _____

POLICE DEPT. - APPROVAL: _____ **DENIAL:** _____

BY: _____ **DATE:** _____

COMMENTS: _____

FIRE DEPT. - APPROVAL: _____ **DENIAL:** _____

BY: _____ **DATE:** _____

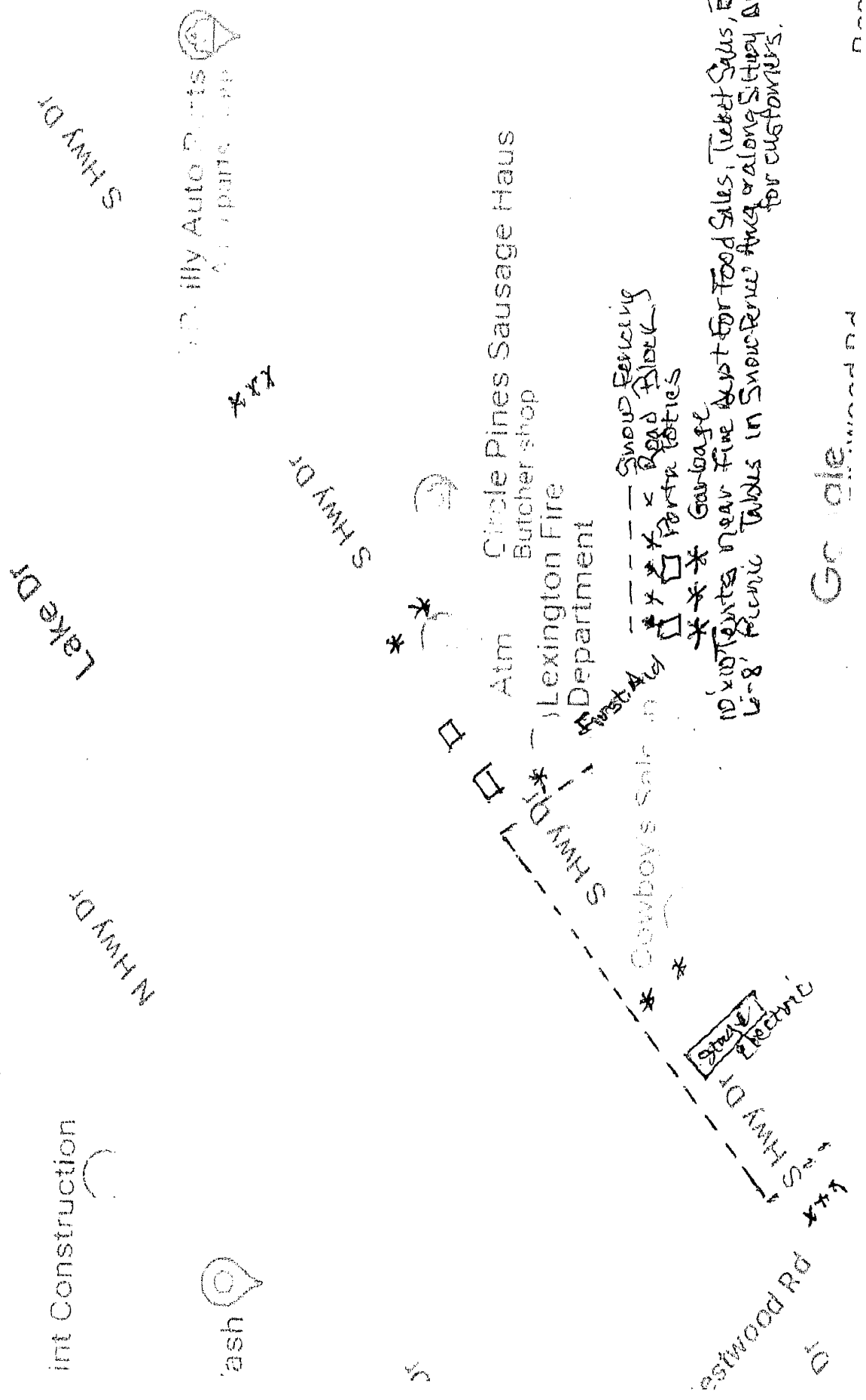
COMMENTS: _____

Lexington Fall 11
Friday, Sept 22, 2023
Car Show 4-7 PM
Exhibit B



Lex tall test
Saturday, Sept. 23rd, 2003 Exhibit C

Better Solutions
Storm Group
Ikes Plumbing
Main Cleaning
(C)



Fireworks

Exhibit D

Sat Sept 23rd, 2023
* 9pm Show *

Google Maps Circle Pines, Minnesota

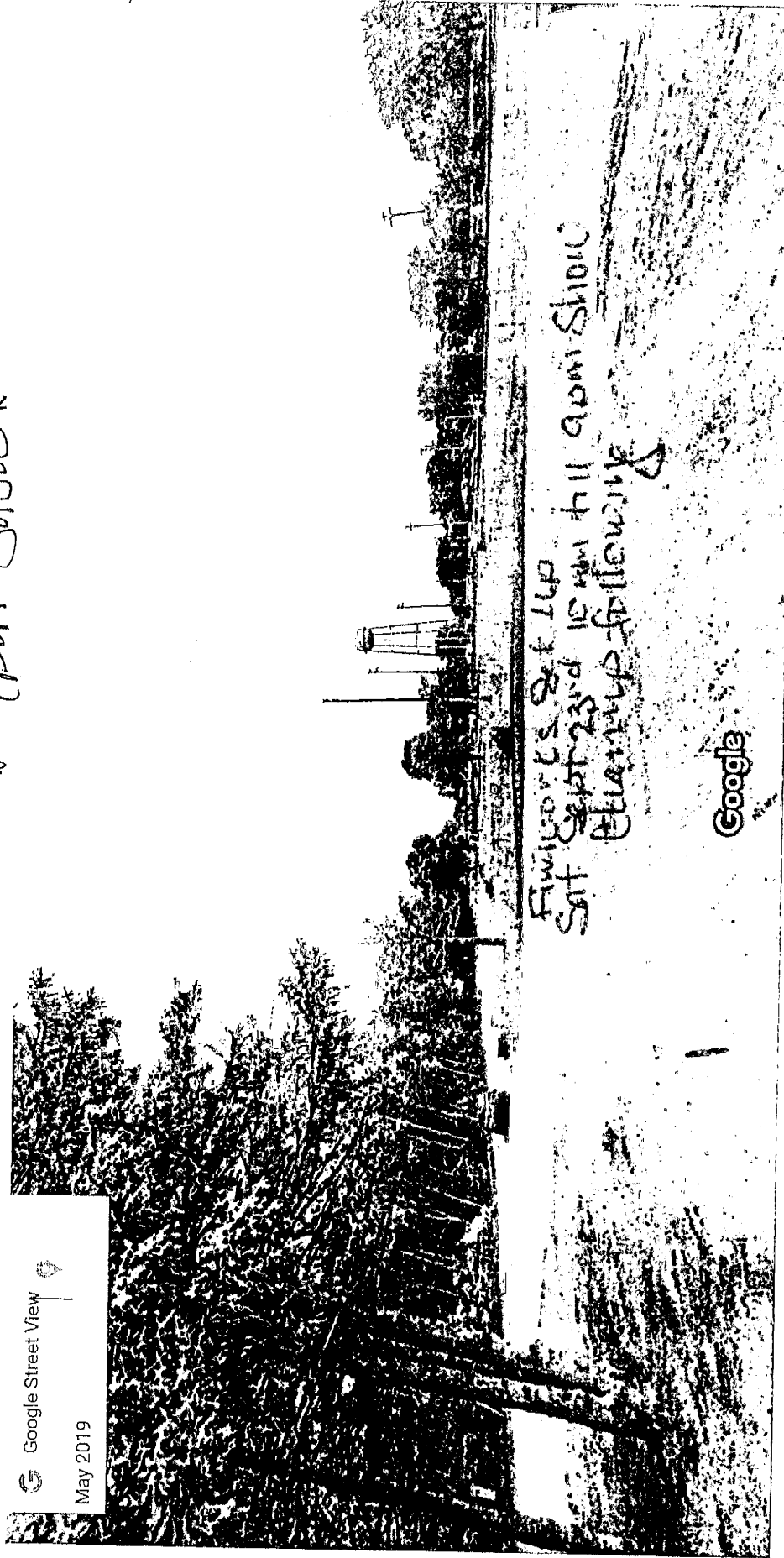


Image capture: May 2019 © 2023 Google

Blaine
Preserve
Scientific
and Natural...
92nd Ave NE
V
Lover
Patriot
Fes

LEXINGTON FALL FEST



SEPTEMBER 22-24, 2023

Join us on So Hwy Drive from Restwood to Woodlawn Rd

FRIDAY

Car Show

Music on
the Patio

at Cowboys Saloon

Keep Updated.

CowboysSaloon.co/
lexington-fall-fest



Find us on
Facebook

SATURDAY

FREE FAMILY FUN FEST

12 Noon-6:00 PM

Kids Games * Inflatables

*

* Bungee Jump*

Live Music Vendor

Fire Dept Open House 12-4pm

Petting Zoo & Pony Rides (12 - 6pm)

Udon Club Baysa Can fill it runs out.

1 PM Bags Tourney Registration 12:30 PM

Live Music ALL DAY

7pm Street Dance featuring

"Up South"

Sponsored by Cowboy's Saloon

9pm Fireworks Sponsored by

Lexington Fire Relief

The LEXINGTON FALL FEST is an event that brings together local businesses and citizens of all ages to encourage a spirit of pride, a sense of community, and an atmosphere of celebration for all. Special thanks go to the Lexington Fire Relief and Cowboy's Saloon for making this happen for our community.

SUNDAY

VIKINGS PARTY!
vs LA Chargers

12:00pm

Sponsored by Cowboy's Saloon

FAMILY FUN FEST – Special Thank you to the Lexington Fire Relief Association they have made an amazing donation

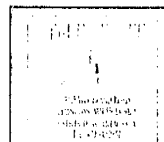
allowing all Activities to be **FREE** this year (Includes all inflatables, pony rides, bungee jump, & climbing wall!)

Games and Food are extra.



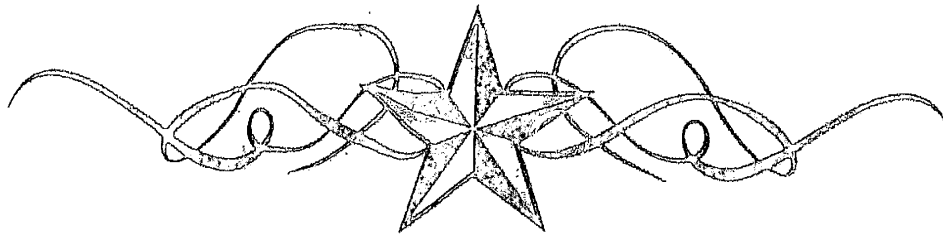
* COWBOY'S SALOON *

Lexington, WA | www.CowboysSaloon.co



Seeking VOLUNTEERS,
Sponsors, & Vendors

Heidi 612.408.0242 Manager@CowboysSaloon.co



7/20/2023

Dear Mr. Mayor and Council Members;

I would like to request closure of South Highway Drive, from Restwood Road to the Sausage House on Friday, September 22nd 3pm to 8pm, and again on Saturday, September 23rd from 10am to 11:00pm for a community celebration of Lexington Fall Fest. Saturday, September 23rd, the full road closure until 6pm; then closure from Restwood Road to the Fire Department the remainder of the evening.

We are working with C & M, Inc. 8982 Syndicate Avenue to provide some additional parking.

We have spoken with the Fire Department who have willingly agreed to work with us to find the best parking solution for the Emergency vehicles on this day.

We have also spoken with the following businesses who reside on South Highway Drive about partnering with us on this day.

1. New owners of Cooks
2. The Sausage House

If you should have any further questions or concerns please do not hesitate to reach out. This has been a great learning curve and our greatest goal is to bring together the community for a day of celebrating all of the great things happening in our community. Warmest Regards,

Heidi Zaworski
Cowboy's Saloon Festival Chair

Cowboy's Saloon

9005 South Highway Drive Lexington, MN
Manager@CowboysSaloon.co www.CowboysSaloon.co

LG220 Application for Exempt Permit

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

Organization Name: Centennial Boys Hockey Blue Line Club Previous Gambling Permit Number: _____
 Minnesota Tax ID Number, if any: 42-0245460 Federal Employer ID Number (FEIN), if any: 81-3402843
 Mailing Address: 300 Civic Heights Drive, PO Box 332
 City: Circle Pines State: MN Zip: 55014 County: Anoka
 Name of Chief Executive Officer (CEO): Jennifer Searles
 CEO Daytime Phone: 651-269-3501 CEO Email: jhs@searles@yahoo.com
(permit will be emailed to this email address unless otherwise indicated below)
 Email permit to (if other than the CEO): _____

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

☐ Fraternal ☐ Religious ☐ Veterans ☐ Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

- ☒ **A current calendar year Certificate of Good Standing**
 Don't have a copy? Obtain this certificate from:
 MN Secretary of State, Business Services Division
 60 Empire Drive, Suite 100
 St. Paul, MN 55103
 Secretary of State website, phone numbers:
www.sos.state.mn.us
 651-296-2803, or toll free 1-877-551-6767
- ☐ **IRS income tax exemption (501(c)) letter in your organization's name**
 Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.
- ☐ **IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**
 If your organization falls under a parent organization, attach copies of both of the following:
 1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and
 2. the charter or letter from your parent organization recognizing your organization as a subordinate.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Boulevard Bar + Grille
 Physical Address (do not use P.O. box): 3800 Restwood Rd
 Check one:
☒ City: Lexington Zip: 55014 County: Anoka
☐ Township: _____ Zip: _____ County: _____
 Date(s) of activity (for raffles, indicate the date of the drawing): Sept. 23rd, 2023

Check each type of gambling activity that your organization will conduct:

☐ Bingo ☐ Paddlewheels ☐ Pull-Tabs ☐ Tipboards ☒ Raffle

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

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

CITY APPROVAL for a gambling premises located within city limits	COUNTY APPROVAL for a gambling premises located in a township
<input type="checkbox"/> The application is acknowledged with no waiting period. <input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city). <input type="checkbox"/> The application is denied.	<input type="checkbox"/> The application is acknowledged with no waiting period. <input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days. <input type="checkbox"/> The application is denied.
Print City Name: _____	Print County Name: _____
Signature of City Personnel: _____	Signature of County Personnel: _____
Title: _____ Date: _____	Title: _____ Date: _____
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> The city or county must sign before submitting application to the Gambling Control Board. </div>	TOWNSHIP (if required by the county) On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.) Print Township Name: _____ Signature of Township Officer: _____ Title: _____ Date: _____

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

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

Chief Executive Officer's Signature: Jennifer Searles Date: 07/18/2023
(Signature must be CEO's signature; designee may not sign)

Print Name: Jennifer Searles

REQUIREMENTS

Complete a separate application for:

- all gambling conducted on two or more consecutive days; or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

Financial report to be completed within 30 days after the gambling activity is done:

A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

MAIL APPLICATION AND ATTACHMENTS

Mail application with:

- _____ a copy of your proof of nonprofit status; and
- _____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**. Make check payable to **State of Minnesota**.

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

Questions?

Call the Licensing Section of the Gambling Control Board at 651-539-1900.

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

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

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

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



Lexington, MN 55014
Phone: (763) 784-2792
Fax: (763) 785-8951
www.ci.lexington.mn.us

ENTERTAINMENT/SPECIAL EVENT LICENSE APPLICATION

APPLICATION FOR: ☐ Annual Entertainment License \$200.00
☐ Single Use Special Event Permit \$300.00
☒ Charitable Organization **FEE WAIVED**

The Council shall act upon all entertainment license applications at a regular meeting within sixty (60) days of the completed application and fee being received by City staff. Inaction by the Council within this period is a denial of the application.

No entertainment license is valid until approved by the Council and the appropriate fees are paid to the City.

Licenses are valid only for the date(s) specified on the license. Annual licenses are valid from July 1st through June 30th of the following year, or pro rata from the date granted through June 30th.

1. APPLICANT INFORMATION

Attach a written approval from the organization(s) in whose name the event will be advertised which authorizes you, the applicant, to apply for this special event permit on their behalf.

Applicant Name: Boulevard Bar + Grille Title: _____

Mailing Address: 3800 Restwood Rd, Lexington mn 55014

Affiliation: _____

Day Phone: _____ Evening/Cell phone: 651-283-6314

Emergency Contact/Phone : _____

Email Address: amandaknaeble@gmail.com ☐ ☐

Is applicant 18 years of age or older Yes ☒ No ☐

Who is the primary person in charge and/or responsible for this event?

Name: Amanda Knaeble Title: _____

Mailing Address: 3800 Restwood Rd, Lexington mn 55014

Day Phone: _____ Evening/Cell phone: 651-283-6314

Emergency Contact/Phone : _____

Email Address : amandaknaeble@gmail.com

2. TITLE, PURPOSE AND DESCRIPTION OF EVENT:

Centennial High School Boys Pig Out w/ the
Cougars. Annual event to kick off season with
the local community, players and families.

3. EVENT PRINCIPALS

Submit a list of principals involved in the proposed special event, including professional organizers, promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefit the event is being produced or advertised, etc. Attach additional pages if necessary to include all of the principals involved.

Name: Jennifer + Jacob Searles Title: Presidents

Organization / Business / Agency / Affiliation: Centennial Blue Line Club

Name: Betsy + Neil Petersen Title: Treasurer

Organization / Business / Agency / Affiliation: Centennial Blue Line Club

Name: Jen + Chad Carls Title: Secretary

Organization / Business / Agency / Affiliation: Centennial Blue Line Club

Name: Eric + Sarah Nelson Title: Directors / Fundraising

Organization / Business / Agency / Affiliation: Centennial Blue Line Club

4. EVENT COMPONENTS

Date requested: Sept. 23rd, 2023 Alternate date: —

Requested hours of operation: from: 3:00 ☐ AM ☒ PM to 8:30 ☐ AM ☒ PM

Set-up beginning date and time: 09/23/2023 12:00 pm

Complete dismantle date and time: 09/23/2023 9:00 pm

(Attach a draft of any entry forms for participants and/or spectators.)

Anticipated number of participants: 600 Spectators: —

Will any city streets require temporary closure or restrictions? Yes ☐ No ☒

Identify streets and times/dates of closure or restrictions: —

5. LOCATION AND MAP

Please attach a map or plans for your event layout. At minimum, the following items should be included. Check off items below that pertain to your event and indicate them on the event map. Please use a "to-scale" drawing.

- A) ☐ If a route is involved, mark the beginning and finishing area with arrows and places where any motorized vehicles need to be considered.
- B) ☐ Size and location of any tables, tents, structures and enclosures,
- C) ☐ Entertainment or stage locations
- D) ☐ Alcoholic beverage concession area
- E) ☐ Non-alcoholic beverage concession area
- F) ☐ Food concession area (cooking, serving and consumption areas)
- G) ☐ General merchandise concession areas
- H) ☐ Portable toilet facilities
- I) ☐ First-aid facilities
- J) ☐ Event participant and/or spectator parking areas
- K) ☐ Event organizer's command post
- L) ☐ Fireworks or pyrotechnics site
- M) ☐ Vehicle fuel handling site
- N) ☐ Fencing or others method for securing event area
- O) ☐ Site of electrical wiring to be installed for the event
- P) ☐ Trash receptacles
- Q) ☐ Electrical sources to be used for cooking
- R) ☐ Temporary structures constructed for the event
- S) ☐ Other – Please describe: _____

6. FOOD, BEVERAGES AND ENTERTAINMENT

Will food and/or non-alcoholic beverages be served? Yes

☒

No

☐

If yes, describe sanitation measures, food handling procedures and the nature of the food (such as pre-packaged foods, hot dogs, pre-mixed soda, raw meats, fish, vegetables, unpeeled fruit or peeled and cut fruit):

Restaurant procedures

Describe any plans you have for cooking food in the event area including fuel or electrical source to be used: N/A

if you intend to serve food you will need a permit from the Anoka County Department of Environmental Health. Please attach a copy of the permit to this application.

Will alcoholic beverages be served? Yes

☐

No

☐

If yes, describe what method will be used to ensure that alcoholic beverages will be consumed only by persons 21 years of age and older:

Describe how, where, when and by whom the alcoholic beverages will be served:

Boulevard Bar + Grille Staff

If a casino party, a dance, or live entertainment is part of your event, please describe: live entertainment - Band

Please describe all of the activities of your event for which a license is required, for example: a cabaret license, etc. Attach all required licenses to this application. Please note that certain licensing may be required by City, County and State agencies, such as a Large Assembly License for gatherings over 1,000 people, some types of food handling licensing, Gambling License, Cabaret License, etc. It is your responsibility to

check with the City Clerk or local authorities to determine what licensing is required prior to submitting this application.

Describe entertainment plans and intended hours: DJ during event +
Live music 6:00-8:30 pm

If there will be music, sound amplification or any other noise impact, please describe, including the intended hours of the music, sound or noise: DJ during event +
Live music 6:00-8:30 pm

7. VENDORS OR CONCESSIONAIRES

Describe what vendors or concessionaires you will allow in conjunction with the event and the purpose of these concessions: N/A

Describe how you intend to regulate, monitor and control the type, number and quality of vendors/concessionaires whom you may permit to operate in conjunction with the event: N/A

8. SECURITY AND SAFETY PROCEDURES

Describe your proposed procedures for set-up, operation, internal security and crowd control: provided by the Boulevard Bar + Grille

If the event is to occur at night, describe how you are going to light the event area in order to increase the safety of participants and spectators coming to and leaving the event: provided by the Boulevard Bar + Grille

Describe plans to provide first aid, if needed: provided by the
Boulevard Bar + Grille

Give the name, address and phone numbers of the agency or agencies which will provide first aid staff and equipment if required. Attach additional sheets if necessary.

Name of agency: _____

Name of Representative: _____

Address: _____

Day phone: _____ Evening phone: _____

Indicate medical services (if required) that will be provided for this event: _____

Attach to this application a copy of your building permit(s) if you are installing any electrical wiring on temporary or permanent basis and/or if you are building any temporary or permanent structures such as bleachers, scaffolding, a grandstand, stages or platforms.

Attach a copy of your fire department permit or inspection report to this application if you will use parade floats; an open flame; fireworks or pyrotechnics; vehicle fuel; cooking facilities; enclosures (and tables within those closures); tents, air supported structures, canopies, or fabric shelters.

Attach a copy of a proposed site security plan and a proposed parking plan

9. SANITATION PLAN

Describe your plan for clean-up and material preservation. Include number, type and location of portable toilets or permanent toilets, and trash and recycling containers to be provided for the event. Indicate who will be responsible for clean-up activities during and after the event: By the Boulevard Bar + Grille

10. CITY SERVICES/EQUIPMENT

Describe City services and/or equipment requested for this event. City barricades,

cones, signs and other equipment may be borrowed on an as-available basis. You should make advance arrangements to pick up and return this equipment. If you or any volunteers cannot pick up and return this equipment, please attach a letter requesting these services and explaining why your organization cannot perform them. This will be reviewed, then approved or denied by the public works foreman.

11. FEE STRUCTURE / EVENT CHARGES

If there is a fee or donation required as a condition of attendance or participation of this event, please describe the amounts to be collected from various categories of participants or spectators: voluntary only

If a donation is requested on a purely voluntary basis, describe how you intend to inform participants/spectators or others that they may participate in the event whether they make a donation or not: announcements

12. OTHER PERTINENT INFORMATION

Please list below any other miscellaneous information you feel would be important and have a bearing on the approval of this Special Event Permit request: N/A

13. INSURANCE

You must provide proof of insurance coverage for your event. Attach to this application a certificate of insurance including the policy number, amount and the provision that the City of Lexington is included as an additional insured. (Please note – insurance requirements depend upon the risk level of the event. Also, if your event can be classified as first amendment expressive activity, insurance requirements can be waived under certain circumstances.)

FOR OFFICIAL USE ONLY

CITY COUNCIL - APPROVAL: _____ **DENIAL:** _____

BY: _____ **DATE:** _____

COMMENTS: _____

POLICE DEPT. - APPROVAL: _____ **DENIAL:** _____

BY: _____ **DATE:** _____

COMMENTS: _____

FIRE DEPT. - APPROVAL: _____ **DENIAL:** _____

BY: _____ **DATE:** _____

COMMENTS: _____

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Centennial Boys Hockey Blue Line Club
Date Filed:	07/25/2016
File Number:	896241200023
Minnesota Statutes, Chapter:	317A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 09/09/2022



Steve Simon

Steve Simon
Secretary of State
State of Minnesota



9180 Lexington Avenue
Lexington, MN 55014
Phone: (763) 784-2792
Fax: (763) 785-8951
www.ci.lexington.mn.us

BUSINESS LICENSE APPLICATION

9180 Lexington Avenue • Lexington, MN • 55014 Phone
(763) 784-2792 Fax (763) 785-8951

License Application for (please check all that apply):

- | | | |
|-------------------------------------|----------------------|-------------------------------|
| <input type="checkbox"/> | Amusement Devices | \$15.00 |
| <input type="checkbox"/> | Commercial Business | \$100.00 |
| <input checked="" type="checkbox"/> | Fireworks-Commercial | \$350.00 |
| <input type="checkbox"/> | Fireworks-Retail | \$100.00 |
| <input type="checkbox"/> | New/Used Car Sales | \$500.00 |
| <input type="checkbox"/> | Tobacco Sales | \$100.00 |
| <input type="checkbox"/> | Vending Machines | \$150.00 (Each) |
| <input type="checkbox"/> | Temporary Business | \$75.00/mo. (Five Month Max.) |
| <input type="checkbox"/> | Background Check | \$100.00 (New Licensees Only) |

CHECK ONE: NEW BUSINESS ☐

RENEWAL ☐

***THE COMPLETED APPLICATION FOR RENEWAL MUST BE RECEIVED ON OR BEFORE 12:00 NOON ON THE 2ND THURSDAY IN JUNE (FOR APPROVAL AT THE 2ND JUNE COUNCIL MEETING). AN INCOMPLETE APPLICATION OR ANY PART THEREOF RECEIVED ON OR AFTER JULY 1 WILL INCURR A \$50.00 LATE FEE FOR EXPEDITED PROCESSING. *See cover letter.**

TOTAL FEE ENCLOSED \$ _____ Non-Profit Organization (exempt from fee)? ☐

BUSINESS NAME: RES Pyro
BUSINESS ADDRESS: 21595 286th Street, Belle Plaine, MN 56011
BUSINESS PHONE: 952-873-3113
TYPE OF BUSINESS: Services
APPLICANT NAME: RES Pyro
APPLICANT ADDRESS: 21595 286th Street, Belle Plaine, MN 56011
APPLICANT PHONE: 952-873-3113
APPLICANT EMAIL: melissa.hamilton@respyro.com
EMAIL/WEBSITE: www.respyro.com

THE UNDERSIGNED APPLICANT MAKES THIS APPLICATION PURSUANT TO ALL THE LAWS OF THE CITY OF LEXINGTON, ANOKA COUNTY, STATE OF MINNESOTA AND SUCH RULES AND REGULATIONS AS THE CITY COUNCIL OF THE CITY OF LEXINGTON MAY FROM TIME TO TIME PRESCRIBE.

Applicant's Signature  Date 07/18/2023

NOTE: License Expires June 30th of Each Year

*****OFFICE USE ONLY*****

Lic. #: _____ Date Rec'd: _____ Amt. Pd.: _____ Late Fee Pd.: _____
Bkgd Chk ☐ P ☐ F FD Insp.: _____ BO Insp.: _____ Council Appr.: _____

**MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER
AND
SOCIAL SECURITY NUMBER**

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance of renewal of your license in the event you owe Minnesota sales, employers withholding or motor vehicle excise taxes:

2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service.

3. FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.

Please supply the following information and return along with your application to the licensing authority.

<u>Hamilton</u>	<u>Melissa</u>	<u>J</u>
Applicant's Last Name	First Name	Middle Initial

<u>21595 286th Street, Belle Plaine, MN 56011</u>
Applicant's Address

<u>Display Manager</u>	
Applicant's Social Security Number	Position (Officer, Partner, etc.)

<u>RES Pyro</u>
Business Name

<u>21595 286th Street</u>	<u>Belle Plaine</u>	<u>Minnesota</u>	<u>56011</u>
Business Address	City	State	Zip Code

<u>4945732</u>	<input type="checkbox"/> MN Tax ID Number NOT Required
*Minnesota Tax Identification Number	

<u></u>	<u>07/18/2023</u>
Signature	Date

*If a Minnesota Tax ID Number is not required for the business being operated, indicate that by placing an X in the box.

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKER'S COMPENSATION LAW**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

Law requires this information, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: MN Assigned Risk
(NOT the insurance agent)

Policy Number: 106016.803

Dates of Coverage: 11/9/22 to 11/9/23

or

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

- ☐ I have no employees
- ☐ I am self-insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and Certain Farm Employees)

I certify that the information provided above is accurate and complete and that valid workers' compensation policy will be kept in effect at all times as required by law.

Name: Hamilton, Melissa, J
(Last, First, Middle)

Doing Business As: RES Pyro
(Business Name)

Business Address: 21595 286th

City, State, Zip: Belle Plaine, MN 56011 Phone: 952-873-3113

Signature:  Date: 07/18/2023

MINNESOTA STATUTE
176.182 BUSINESS LICENSES OR PERMITS
COVERAGE REQUIRED.

Every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the assigned risk safety account, if the information is not reported or is falsely reported.

Neither the state nor any governmental subdivision of the state shall enter into any contract for the doing of any public work before receiving from all other contracting parties acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section 176.181, subdivision 2.

This section shall not be construed to create any liability on the part of the state or any governmental subdivision to pay workers' compensation benefits or to indemnify the special compensation fund, an employer, or insurer who pays workers' compensation benefits.

HIST: 1981 c 346 s 94; 1983 c 290 s 114; 1987 c 332 c 332 s 47; 1992 c 510 art 3 s 19; 1995 c 231 art 2 s 72

CITY OF LEXINGTON
GENERAL AUTHORIZATION AND RELEASE
Pursuant to MN Statute 13.05, Subd. 4
Minnesota Data Practices Act

To: City of Lexington

I, Melissa Hamilton, hereby authorize and grant my informed consent to permit you, BCA; FBI; NCIC; Department of Motor Vehicles; City Attorney and/or Centennial Lakes Police Department to release to and make available to the of City of Lexington, their agents or representatives, data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by Minn. Statute 13.02, Subd. 12, and has been collected by you as a result of my contacts and/or associations with you and/or your agents and representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained or disseminated in whatever form, which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the City Attorney and/or Centennial Lakes Police Department to have access to this information is to determine my suitability for my business establishment to have a business license with the City of Lexington.

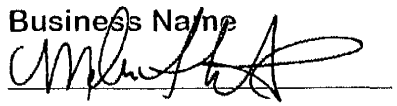
This authorization shall be valid for a period of one (1) year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Lexington or to you of that fact.

Please Print:

<u>Melissa</u>	<u>J</u>	<u>Hamilton</u>
First Name	Middle Name	Last Name

<u>21595 286th St</u>	<u>Belle Plaine, MN 56011</u>
Current Address	City/State/Zip

<u>T950209837714</u>	<u>06/10/1990</u>
Driver's License Number	Date of Birth

<u>RES Pyro</u>	<u>21595 286th st</u>	<u>Belle Plaine, MN 5601</u>
Business Name	Address	City/State/Zip
	<u>07/18/2023</u>	
Signature	Date	

APPLICATION FOR DISPLAY OF FIREWORKS/PYROTECHNIC SPECIAL EFFECTS

Applicant instructions:

This application must be completed and returned at least 15 days prior to date of display.

Name of applicant (Sponsoring Organization): Circle Lex Lion

Address of applicant: PO Box 13, Circle Pines, MN 55014

Name of authorized agent of applicant: RESPyro

Address of agent: 21595 286th St, Belle Plaine, MN 56011

Telephone number of agent: 952-873-3113

Date of display: September 23, 2023 Time of display: Approx. 10:00 PM

Location of display: Lexington Memorial Park, Lexington, MN

Manner and place of storage of fireworks/pyrotechnic special effects prior to display: N/A -

Delivered day of show _____


Type & number of fireworks/pyrotechnic special effects to be discharged: _____

Maximum 5" Aerial shells

Minnesota State law requires that this display be conducted under the direct supervision of a pyrotechnic operator certified by the State Fire Marshal.

Name of supervising operator: Melissa Hamilton Certificate #: B-1053

I understand and agree to comply with all provisions of this application and the requirements of the issuing authority, and will ensure that the fireworks/pyrotechnic special effects are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Signature of applicant (or agent):  Date of application: 07/18/2023

Required attachments: The following attachments must be included with this application:

1. Proof of a bond or certificate of insurance in the amount of at least \$1,000,000.00
2. A diagram of the grounds, or facilities (for indoor displays), at which the display will be held. This diagram (drawn to scale or with dimensions included) must show the point at which the fireworks/pyrotechnic special effects are to be discharged; the location of ground pieces; the location of all buildings, highways, streets, communication lines and other possible overhead obstructions; and the lines behind which the audience will be restrained. For proximate audience (e.g. indoor) displays, the diagram must also show the fallout radius for each pyrotechnic device used during the display.

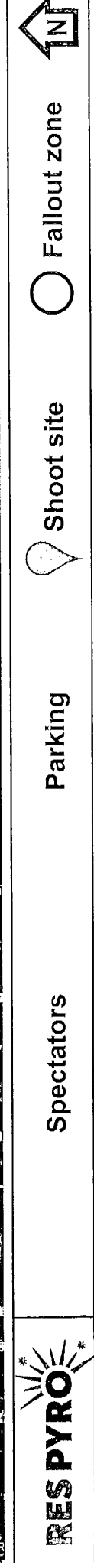
The discharge of the listed fireworks on the date and at the location shown on this application is hereby approved, subject to the following conditions, if any: _____

Signature of fire chief/county sheriff: _____ Date: _____

Signature of issuing authority: _____ Date: _____

Maximum Shell Size: 5.

NFPA 1123 Radius Safety Zone: 350 ft



Parking

Shoot site

Fallout zone



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/18/2023

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

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

PRODUCER Acrisure, LLC dba Britton Gallagher & Associates One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114		CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 E-MAIL ADDRESS: info@brittongallagher.com FAX (A/C, No): 216-658-7101	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Everest Denali Insurance Company	
		INSURER B: JAMES RIVER INS CO	
		INSURER C: Axis Surplus Ins Company	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 629410654 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			00090431-4	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S18CA00190-231	4/1/2023	4/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			P001000273872-04	4/1/2023	4/1/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		N/A				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.
Display Date: September 23, 2023
Location: Lexington Memorial Park, 9180 Lexington Avenue NE, Circle Pines, MN 55014
City of Lexington, MN; City of Circle Pines, MN; Circle Lex Lions
Cowboy's Saloon
9005 South Highway Drive
Lexington, MN 55014

CERTIFICATE HOLDER **CANCELLATION**

Circle Lex Lions PO Box 13 Circle Pines MN 55014	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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Application

Multiple licenses must be filed individually and may not be combined

Your License Application

- Incomplete and/or illegible applications will be returned.
- All applications must be signed by an owner, partner, or principal.
- No license will be issued for a period longer than one year.
Standard license periods are from January 1 to December 31.
- Licenses are not transferable unless City Council approval is granted.
- Make a duplicate copy of this packet for your personal records before submitting.
- Minnesota Sales Tax ID (651) 296-6181
- Federal Tax ID/Employer Identification Number (651) 312-8082

Guidelines and Checklist

License Type: Cannabinoids Products	
<i>In compliance with Lexington City Ordinance 22-04 you are required to submit the following information for a Cannabinoids License:</i>	
Staff Initials:	Application Checklist Submit completed items below to: Attn: Deputy City Clerk 9180 Lexington Avenue Lexington, MN 55014
ALL Applicants/Owners/Partners must submit the following:	
	1. Application (Form #1)
	2. License Applicant Information (Form #2)
	3. Minnesota Workers' Compensation Liability (Form #3)
	4. Cannabinoid License Application Authorization of Release of Data (Form # 4)
	5. Supplemental Investigation Form (Form #5)
	6. Color photocopy of Driver's License or other State issued identification card
Each Business must submit the following:	
	<input type="checkbox"/> 7. Certificate of Liability Insurance – see page 3 of Form #1 for more details (highlighted in green)
	<input type="checkbox"/> 8. License Fee (2023 - \$100.00)
	<input type="checkbox"/> 9. Background Investigation Fee (2023 - \$500) <i>one time fee</i>
	<input type="checkbox"/> 10. Copy of signed lease agreement for your business
Manager (if applicable) must submit the following:	
	<input type="checkbox"/> 1. Manager – Application for Cannabinoid License (Form # 6)

Form #1

License Application for Cannabinoids

Applicant Personal Information:			
First Name:	Nabil		
Middle Name:	Dawud		
Last Name:	Wazwaz		
Date of Birth:	02/23/01		
Email Address:	Northwaytobacco3@gmail.com		
Address of Residence:	Street:	12816 Palisade St NE	
	City:	Blaine	
	State:	MN	
	Zip:	55449	
Driver's License #		State of Issue:	Minnesota
Day Telephone:	763-744-6909	Evening Telephone:	
<input checked="" type="checkbox"/> I certify that I am 21 years of age or older			
Applicant is the:			
		Officer	<input checked="" type="checkbox"/> Owner
Of:			
Complete Legal Business Name:	Northway Tobacco 3 Inc.		
Doing Business As Name:	NW Tobacco		
Business Phone:	763-784-6696		
Address of Business in Lexington	Street:	9149 South Hwy Dr.	
	City:	Lexington	
	State:	MN	
	Zip:	55014	
Primary Type of Business being conducted at establishment:	Tobacco Sales		
Location Manager:			
First Name:	Same		
Middle Name:			
Last Name:			
Email Address:			
Telephone:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Anytime there is a change in the store manager, you are required to inform the City of Lexington of the change within 14 days. It will be necessary for a New Manager Application and a background investigation to be completed in order for your Cannabinoids License to remain valid.			
If Corporation or Partnership, state:			

Type of Organization:	<input checked="" type="checkbox"/> S-Corp	<input type="checkbox"/> C-Corp	<input type="checkbox"/> LLC	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership
Complete Legal Business Name:	Northway Tobacco 3 Inc				
Date of incorporation:	11/1/22				
State of Incorporation:	Minnesota				

I agree, as part of this application, to list the corporate owners holding more than five percent (5%) of the outstanding stock of the corporation. I will notify the City Clerk of any change in legal ownership in this business. The ownership interest of the business are as follows:

Officer / Partner / Owner #1	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email Address:	
Address of Residence:	Street:
	City:
	State:
	Zip:
% of Ownership Interest:	
Officer / Partner / Owner #2	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email Address:	
Address of Residence:	Street:
	City:
	State:
	Zip:
% of Ownership Interest:	
Officer / Partner / Owner #3	
First Name:	
Middle Name:	
Last Name:	
Date of Birth:	
Email Address:	
Address of Residence:	Street:
	City:
	State:
	Zip:
% of Ownership Interest:	

Have you ever been convicted within the last five years of violating any federal, state or local laws relating to the sale of tobacco, alcohol, THC/cannabinoid products?

☐ Yes; ☒ No. If yes, please describe the circumstances, including the date and location:

Have you ever been convicted of a violation of Minnesota Statutes Chapter 152 (Drugs; Controlled Substances)?

☐ Yes; ☒ No. If yes, please describe the circumstances, including the date and location:

List business names, complete addresses and all jurisdictions where you currently hold or have previously held a license to sell cannabinoids:

Business Name	Complete Address	Jurisdiction

☒ I understand that this license is to sell cannabinoid/THC/ "edibles" products at retail only at the business listed on this application and these products may contain no more than 0.3% of any THC total, more than five milligrams of THC per serving, and no more than fifty milligrams of THC per package.

☒ I understand that the business establishment listed on this application may not be within 1,000 feet of a school.

☒ I understand the City Code Section 22-04 prohibits the sale of cannabinoid products through the use of any type of vending machine or internet sales, and also prohibits providing delivery services for these products.

☒ I understand that **no sale** of cannabinoid/THC products may be made:

1. On Sundays, except between the hours of 11:00 am and 6:00 pm
2. Before 8:00 am on Monday through Saturday
3. After 10:00 pm on Monday through Saturday
4. On Thanksgiving Day
5. On December 25
6. After 8:00 pm on December 24

☒ I understand that I am required to provide a Certificate of Insurance that shows general liability coverage, issued by an insurance company authorized to do business in the State of Minnesota, with a limit of not less than \$1,000,000 for each occurrence. Any general aggregate limit included in the policy must be not less than \$2,000,000 and the aggregate limit will apply on a per license year basis. The insurance policy must also cover liability arising from loss associated with the sale of cannabinoids from your business resulting in personal injury, property damage, or both. A certificate of insurance acceptable to the City must be filed with the City Clerk prior to the commencement of operation. The certificate and the required insurance policy shall contain a provision that the coverage afforded under the contract will not be cancelled or allowed to expire until at least 30 days after prior written notice has been given to the City.

7-24-23

Date



Signature

Form #2

License Applicant Information

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

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

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

Please print or type in the following information and return along with your application.

Applicant Personal Information:			
First Name:	Nabil	Middle Name:	Dawud
Last Name:	Wazwaz		
Email Address:	Northwaytobacco3@gmail.com		
Address of Residence:	Street:	12816 Palisade St NE	
	City:	Blaine	
	State:	MN	Zip:
Driver's License #		State of Issue:	MN
Social Security #			
Business Information:			
Complete Legal Business Name:	Northway Tobacco 3 Inc.		
Doing Business As Name:	NW Tobacco		
Store Phone #:	763-784-6696		
Business Address in Lexington	Street:	9149 South Hwy Dr	
	City:	Lexington	
	State:	MN	Zip:
Minnesota Tax ID #	8397079	Federal Tax ID #	92-047-5169
If Minnesota Tax ID # is not required, please explain:			

7-24-23

Date

Signature

Owner

Title

Form #3

MINNESOTA WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

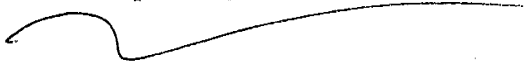
This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: *Note: This is NOT the insurance agent.	SFM
Telephone Number:	763-259-0101
Policy Number:	156 553.201
Dates of Coverage: *Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.	11/1/22 - 11/1/23

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

- ☐ I have no employees.
☐ I am self-insured (include permit to self-insure).
☐ I have no employees who are covered by the worker's compensation law

(these include: Spouse, Parents, Children and certain farm employees).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	
I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.	
Date: 7-24-23	Signature: 

Form #4

CANNABINOIDS LICENSE APPLICATION AUTHORIZATION OF RELEASE OF DATA

In order to comply with State and Federal Data Privacy Acts, the City of Lexington is required to ask the following information. This authorization expires one year from date of application.

Personal Information			
First Name:	Nabil		
Middle Name:	Dawud		
Last Name:	Wazwaz		
Date of Birth:	02/23/01		
Email Address:	Northwaytobacco3@gmail.com		
Address of Residence:	Street:	12816 Palisade St, NE	
	City:	Blaine	
	State:	MN	
	Zip:	55449	
Driver's License #		State of Issue:	MN
Day Telephone:	763-744-6909		
Evening Telephone:			
Business Information			
Business Name:	Northway Tobacco 3 Inc.		
Business Phone:	763-784-6696		

Have you ever been convicted of any crime, either felony, gross misdemeanor, or misdemeanor?

☐ Yes; ☒ No. If yes, please state nature and location of offense(s):

Have you ever been convicted of any traffic offense?

☐ Yes; ☒ No. If yes, please state nature and location of offense(s):

I, the undersigned, have made a license application with the City of Lexington. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be

submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota. ☒ Yes; ☐ No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

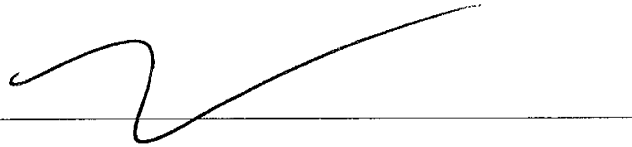
Tennessen warning

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

I have read and understand the Data Practices Rights Advisory and certify that the statements in this application are true and correct to the best of my knowledge.

7-24-23

Date



Signature

Form #5

SUPPLEMENTAL INVESTIGATION INFORMATION

Nabil Dawud Waz Waz

Print Full Name

02/23/01

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: ☒ Male; ☐ Female

Race: White

Form #6

Manager - Application for Cannabinoid License

Manager Personal Information:			
First Name:	Nabil		
Middle Name:	Dawud		
Last Name:	Wazuwaz		
Date of Birth:	02/23/01		
Email Address:	Northwaytobacco3@gmail.com		
Address of Residence:	Street:	12816 Palisade St. NE	
	City:	Blaine	
	State:	MN	
	Zip:	55449	
Driver's License #		State of Issue:	MN
Day Telephone:	763-744-6909	Evening Telephone:	
<input checked="" type="checkbox"/> I certify that I am 21 years of age or older			
Business Information:			
Complete Legal Business Name:	Northway Tobacco 3 Inc		
Doing Business As Name:	NW Tobacco		
Business Phone:	763-784-6696		
Address of Business:	Street:	9149 South Hwy Dr.	
	City:	Lexington	
	State:	MN	
	Zip:	55014	
<p>Have you ever been convicted within the last five years of violating any federal, state or local laws relating to the sale of tobacco, alcohol, THC/cannabinoids products?</p> <p><input type="checkbox"/> Yes; <input checked="" type="checkbox"/> No. If yes, please describe the circumstances, including the date and location:</p>			



NORTTOB-01

STABER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/2/2022

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

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

PRODUCER Ray Smith Insurance Agency, Inc. 6900 Wedgwood Road North Suite 302 Maple Grove, MN 55311	CONTACT NAME: Mac Gordon	
	PHONE (A/C, No, Ext): (763) 259-0101	FAX (A/C, No): (763) 259-0102
	E-MAIL ADDRESS: mac@raysmithins.com	
INSURED Northway Tobacco #3 Inc dba: NW Tobacco 9149 S Hwy Drive Lexington, MN 55014	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Owners Insurance	
	INSURER B: SFM Mutual Insurance Company	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	
	NAIC #	
	32700	
	0025	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			08422239	11/20/2022	11/20/2023	EACH OCCURRENCE \$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
							MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	156553.201	11/1/2022	11/1/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - FA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER

CANCELLATION

City of Lexington
9180 Lexington Avenue
Lexington, MN 55014

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

AUTHORIZED REPRESENTATIVE

BUSINESS LICENSE - COUNCIL APPROVAL - August 3, 2023

BUSINESS LICENSE APPLICATIONS					
NAME OF BUSINESS	BUSINESS ADDRESS	CITY	ST.	ZIP	DESCRIPTION OF BUSINESS
Edward Jones	9304 Lexington Ave	Lexington	MN	55014	Stock Broker