

CITY COMMISSION MEETING
VALLEY CITY, NORTH DAKOTA

Tuesday, June 17, 2025
5:00 PM

The City Commission Meeting will begin on Tuesday, June 17, 2025 at 5:00 PM CT, at the City Commission Chambers, 254 2nd Avenue NE, Valley City, ND.

The meeting is also available to view online <https://us06web.zoom.us/j/84354906667> or listen by calling (1 346 248 7799) Webinar ID: 843 5490 6667.

| Board of City Commissioners | Role | Department Supervisor | Role |
|-----------------------------|--------------|-----------------------|--------------------|
| Dave Carlsrud | President | Gwen Crawford | City Administrator |
| Michael Bishop | Commissioner | Carl Martineck | City Attorney |
| Duane Magnuson | Commissioner | Brenda Klein | Finance Director |
| Jeffrey Erickson | Commissioner | Brandy Johnson | Deputy Auditor |
| Dick Gulmon | Commissioner | Tina Current | City Assessor |
| | | Scott Magnuson | Fire Chief |
| | | Nick Horner | Police Chief |
| | | KLJ/Moore | City Engineers |

NEXT RESOLUTION NO. 2495 NEXT ORDINANCE NO. 1173

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE (PLEASE STAND)

APPROVAL OF AGENDA (ROLL CALL VOTE NEEDED WHEN CHANGES MADE TO THE AGENDA)

Roll Call: Erickson Gulmon Bishop Magnuson Carlsrud

APPROVAL OF CONSENT AGENDA

| | |
|---|-----------------|
| A. Approve Minutes from the June 3 2025, Commission Meeting. | Page 4 |
| B. Approve Site Authorization Renewal: ND Horse Park Foundation at Casa Mexico Restaurant | Page 6 |
| C. Approve Fireworks Display Permit: Memory Fireworks, Max & Chad Elhard, at 1751 West Main St | Page 9 |
| D. Approve Contractor Licenses: Bob Ryerson Construction, Rogers Earthwork Services, Inc, West Fargo Eckert & Sons, LLC, Fargo Goodon Buildings International, Inc., Rugby Huesman Schreiber Masonry, LLC, Glyndon MN Quality Concrete, Inc., Fargo Timber Ridge Exteriors, LLC, Rochester MN | Page 12 |
| E. Approve Contractor License Renewals: I'll Tile & Stone, Inc. LS Drywall, Inc. Magnum Electric, Inc. Morton Buildings, Inc. Ray Nelson Construction | Page 40 |
| F. Approve Alcohol Beverage License Renewals: Mosby LLC dba Boomers Corner Keg Bridges Bar & Grill Brockopp Brewing LLC Captains Pub LLC dba Captains Pub Casa Valley Inc. dba Casa Mexico Restaurant Dakota Silver LLC. FOE Aerie 2192 dba Eagles Club Jimmy's Pizza My Bar North 9 Bar & Grille LLC Sabirs TBD Inc dba Sky Lanes Bowling Alley Texkota LLC dba Tavern 94 ARP14 LLC dba The Clubhouse Larson Enterprises dba The Labor Club | Page 58 |
| | Packet 2 Begins |

The Liquor Locker

The Reserve at Woodland

G. Approve Tobacco License Renewals:

Gary & Ronald Peterson dba Brothers III Sport’s

Casey’s Retain Company dba Casey’s General Store #3363

County Bottle Shop Inc. dba The Liquor Locker

Dakota Silver LLC dba Dakota Silver

Family Dollar LLC dba Family Dollar #27662

Farmer’s Union Oil Company of Moorhead MN dba Petro Serve USA #071

Farmer’s Union Oil Company of Moorhead MN dba Petro Serve USA #072

Farmer’s Union Oil Company of Moorhead MN dba Petro Serve USA #073

FOE Aerie 2192 dba Eagles Club

Larson Enterprises LLC dba The Labor Club

Leevers Foods Inc. dba Leevers Foods

Love’s Travel Stops & Country Stores Inc. dba Love’s Travel Stop #849

Roll Call:

Gulmon

Bishop

Magnuson

Erickson

Carlsrud

Page 83

PUBLIC COMMENTS

This portion of the meeting provides a limited public forum for Valley City residents, property owners and business owners to address the Board of City Commissioners on topics related to City business. Interested persons must submit a comment card with the individual’s name, address, and the topic to be commented upon. Non-residents must provide the address of the City of Valley City business the individual operates or works at or the address of real property which the individual owns within the City of Valley City. Comments cards must be provided to the meeting secretary and approved prior to speaking. Public comments are limited solely to business matters and concerns pertinent to the City.

The following rules apply to Public Comments:

- Limited to five minutes per speaker.
- Must not interfere with the orderly conduct of the meeting.
- Must not be defamatory, abusive, harassing, or unlawful.
- May be prohibited if an alternative procedure exists to bring that particular type of public comment before the City, the public comment includes confidential or exempt information, or the public comment is otherwise prohibited by law.

Submission of written comments: In lieu of speaking, a written comment may be delivered to the meeting secretary prior to the start of the meeting. Written comments are limited to two pages. Any member of the public seeking to comment without attending in person may submit written comments to jhintz@valleycity.us. Written comments hand delivered at the time of the meeting or emailed prior to 4:00 pm on the date of the meeting will be distributed to the Board for their information and maintained in City files. Written comments are not read aloud at the meeting

PUBLIC HEARING

1. Open Public Hearing Regarding Changes to the Application for 2025 – 2035 Renaissance Zone Development Plan. (City Administrator Crawford)

Motion to Close Hearing.

Roll Call:

Bishop

Magnuson

Erickson

Gulmon

Carlsrud

Approve Changes to the Application for 2025 – 2035.

Roll Call:

Magnuson

Erickson

Gulmon

Bishop

Carlsrud

2. Open Public Hearing on Violation of Tobacco License 2024-5 – Petro Serve USA #071

Motion to Close Hearing.

Page 95

Roll Call:

Erickson

Gulmon

Bishop

Magnuson

Carlsrud

Consider Suspension of Tobacco License 2024-5 – Petro Serve USA #071

Roll Call:

Gulmon

Bishop

Magnuson

Erickson

Carlsrud

ORDINANCE

ORD 1172. An ordinance to amend and reenact sections 8-07-10, 11-02-08, and 11-03-10 of the Valley City Municipal Code related to mobile homes.

Page 98

Roll Call:

Bishop

Magnuson

Erickson

Gulmon

Carlsrud

RESOLUTION

RES 2493 A Resolution to Approving 2025-2065 Renaissance Zone. (City Administrator Crawford)

Page 112

Roll Call:

Magnuson

Erickson

Gulmon

Bishop

Carlsrud

RES 2494 A Resolution Setting Bond of City Auditor. (Finance Director Klein)

Page 114

Roll Call:

Erickson

Gulmon

Bishop

Magnuson

Carlsrud

NEW BUSINESS

NB1. Approve Monthly Bills for the City and Public Works in the Amount of \$1,853,730. Page 115

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

NB2. Public Library Yearly Update. *(Library Board President Van Gijssel)*

NB3. Approve Phil Mueller to the Valley City-Barnes County Library Board for the 2025-2027 Term. Pg 116

Roll Call: Bishop Magnuson Erickson Gulmon Carlsrud

NB4. Approve Dacotah Bank as City Credit Card Issuer, Effective July 1st, 2025. *(Finance Director Klein)* Pg 119

Roll Call: Magnuson Erickson Gulmon Bishop Carlsrud

NB5. Approve Funding of the Infrastructure for 12th St & 9th Ave NW. *(City Administrator Crawford)* Pg 123

Roll Call: Erickson Gulmon Bishop Magnuson Carlsrud

NB6. Approve Permanent Flood Protection Buyout of Single-family Home and Garage at 1136 2nd Street SE for \$43,010.00. *(City Administrator Crawford)* Page 126

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

NB7. Approve Task Order for Construction Engineering for Paving Improvement District No. 129 & 132 – 2025 Seal Coat. *(City Engineers)* Page 129

Roll Call: Bishop Magnuson Erickson Gulmon Carlsrud

NB8. Approve Task Order for Construction Engineering for Sanitary Sewer Improvement District No. 72 – Sanitary Reline, Point Repairs & Manhole Rehab. *(City Engineers)* Page 132

Roll Call: Magnuson Erickson Gulmon Bishop Carlsrud

NB9. Approve ND DWR Construction Cost-Share Application for Permanent Flood Protection Phase IV. *(City Engineer)* Page 145

Roll Call: Erickson Gulmon Bishop Magnuson Carlsrud

NB10. Approve ND DWR Pre-Construction Cost-Share Application for Design Engineering for Permanent Flood Protection Phase V & VI. *(City Engineer)*

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

CITY ADMINISTRATOR’S REPORT

CITY UPDATES & COMMISSION REPORTS

ADJOURN

CITY COMMISSION MEETING VALLEY CITY, NORTH DAKOTA

Tuesday, June 3, 2025

President Carlsrud called the meeting to order at 5:00 PM.

Members present: President Carlsrud, Commissioner Gulmon, Commissioner Bishop, Commissioner Magnuson. Commissioner Erickson

Others: City Administrator Crawford, City Attorney Martineck, Finance Director Klein, Police Chief Horner, Administrative Assistant Hintz.

PLEDGE OF ALLEGIANCE

APPROVAL OF AGENDA

No Changes.

APPROVAL OF CONSENT AGENDA

- A. Approve Minutes from the 5.20.2025 Finance and Commission Meetings.**
- B. Approve Raffle requests:**
 - Fraternal Order of Police James Valley Lodge #4 on 9.17.2025 @ the Valley City Police Department**
 - Sheyenne River Valley Scenic Byway Association on 8.5.2025 @ Chautauqua Park**
 - Red Knights Motorcycle Club North Dakota 1 on 9.14.2025 @ VC Eagles**
- C. Approve Gaming Site Authorization for 2025-26:**
 - North Dakota Horse Park Foundation at SkyLANES**
- D. Approve 2025 Tree Trimming & Removal Service Application:**
 - Morehouse Enterprises of Valley City**
- E. Approve 2025-26 Cabaret License:**
 - FOE Aerie 2192 dba Valley City Eagles**
- F. Approve 2025-26 New Contractor Licenses:**
 - Six K's LLC dba MNM Construction of Casselton**
 - AI's Excavating & Concrete of Fingal**
- G. Approve 2025-26 Contractor License Renewals:**
 - Allstar Construction**
 - ASAP Electric**
 - Balancing Professionals Inc**
 - Diesel Dogs Contracting LLC**
 - East & West Excavating**
 - FMJ Electric LLC**
 - LaValle Flooring Inc**
 - Meyer Milk Transport Inc**
 - Montana Dakota Utilities Co.**
 - NOVA Fire Protection**
 - Rollie's Remodeling**
 - Sheyenne Concrete LLC**
 - Steamatic**
 - Wrigley Mechanical Inc**
 - Your Home Improvement Company**
 - Ace Plumbing**
 - Vanterra Foundation Solutions LLC dba Safe Basements of MN, LLC**

Commissioner Bishop moved to approve all, but hold the Contractor Renewal until Vanterra has the correct State License, seconded by Commissioner Magnuson.

Motion passed unanimously.

NEW BUSINESS

Approve Agreement for Geotechnical Services for the NW Water Tower Project.

Commissioner Bishop moved to award contract to American Engineering Testing, seconded by Commissioner Gulmon.

Motion passed unanimously.

Approve 3 Year Contract for Mowing and Weed Trimming – Nuisance Abatement – Cole Mindt

Commissioner Magnuson moved to approve, seconded by Commissioner Gulmon.

Motion passed unanimously.

Approve 3 Year Contract for Tree Services – Nuisance Abatement – Johnny B’s Trees and Service and Approve 3 Year Contract for Tree Services – Nuisance Abatement – Ground to Sky Tree Service.

Commissioner Bishop moved to approve, seconded by Commissioner Erickson.

Motion passed unanimously.

Approve Task Order Amendment for Environmental Documentation, Design and Bidding for National Guard Water Tower Demolition Project.

Commissioner Gulmon moved to approve, seconded by Commissioner Magnuson.

Discussion was had regarding the costs to remove the water tower by the National Guard Building.

Commissioner Bishop moved to table, seconded by Commissioner Magnuson.

Motion passed unanimously.

CITY ADMINISTRATOR’S REPORT

City Administrator Crawford shared that they have started putting up temporary fencing around the Public Works Service Center. There will be work started in the next 3 to 4 weeks. Construction meetings will start June 11th.

CITY UPDATES & COMMISSION REPORTS

Finance Director Klein talked about the audit which started the week of May 26th and is going well. We will need a federal single audit because of the ARPA funds that we expended in 2024 on the public works salaries.

City Assessor Current talked about how she attended the Barnes County Equalization Meeting on June 3rd. No protests from any Valley City’s residents.

Police Chief Horner talked about how online purchasing has continued to grow and they are advertising that the front of the police department is an online purchase safe exchange location.

City Engineer Peterson talked about how our street projects from last year have been getting numerous complaints about grass and weeds growing. The 2nd Ave NW project will be sprayed for weeds June 3rd through the 6th and will be followed up with spraying new seed June 3rd through the 13th. Asked contractor to give property owners notice after work has been completed. The 6th Ave NW project as well as the area around City Hall, we are waiting to hear back from contractors on weed spraying and reseeding. There will be a 2nd St. 3rd Ave, 4th Ave NE project special assessment informational meeting on June 10th at 5:15 P.M. in the Commission Chambers.

Commissioner Gulmon talked about the City sales tax revenue report for the first quarter of 2025. Down 2.4% from a year ago. Remote/internet sales were 13.65% which is the highest it has been in the past five years. Food and beverage tax is down 2% for the year. Motel/hotel occupancy tax is up 22%. On June 10th, go vote regarding the school bond issue.

Commissioner Bishop talked about how school is out and there is a lot of bike riders out. Reminder that bike riders still have to abide by the rules of the road.

President Carlsrud thanked all of the people involved with clean up week and picking up branches.

Please take time to dress up lawns that are overgrown. Thanks commissioners and all the employees for all they do.

ADJOURN

Meeting was adjourned at 5:49 P.M.

Attested to by:

Brenda Klein, Finance Director
City of Valley City

Dave Carlsrud, President of the
City of Valley City Commission



GAMING SITE AUTHORIZATION
ND OFFICE OF ATTORNEY GENERAL
SFN 17996 (4-2023)

G - _____ (_____) _____
Site License Number
(Attorney General Use Only)

Full, Legal Name of Gaming Organization

North Dakota Horse Park Foundation

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location

Casa Mexico

Street

2369 Elm Street

City

Valley City

ZIP Code

58072

County

Barnes

Beginning Date(s) Authorized

07/01/25

Ending Date(s) Authorized

06/30/26

Number of Twenty-One
tables, if zero, enter "0"

0

Specific location where games of chance will be conducted and played at the site (required)

Games will be conducted & played in all public areas excluding restrooms

If conducting Raffle or Poker activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

☐

Bingo

☐

Club Special

☐

Sports Pools

☐

ELECTRONIC Quick Shot Bingo

☐

Tip Board

☐

Twenty-One

☐

Raffles

☐

Seal Board

☐

Poker

☐

ELECTRONIC 50/50 Raffle

☐

Punchboard

☐

Calcuttas

☐

Pull Tab Jar

☐

Prize Board

☐

Paddlewheel with Tickets

☒

Pull Tab Dispensing Device

☐

Prize Board Dispensing Device

☐

Paddlewheel Table

☒

ELECTRONIC Pull Tab Device

Days of week of gaming operations (if restricted)

Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General

Date

Signature of City/County Official

Date

PRINT Name and official position of person signing on behalf of city/county above

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
Licensing Section
600 E Boulevard Ave, Dept. 125
Bismarck, ND 58505-0040
Telephone: 701-328-2329 OR 800-326-9240

GAME TYPES

Name of Organization: North Dakota Horse Park Foundation

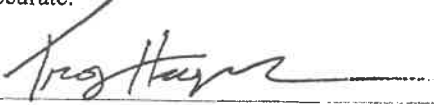
Site: Casa Mexico

Game Type - Check only those Games that are listed in your Internal Control Manual

- | | |
|-----------------------------------|----------|
| 1. Bingo | _____ |
| 2. Electronic Quick Shot Bingo | _____ |
| 3. Raffles | _____ |
| 4. Electronic 50/50 Raffle | _____ |
| 5. Pull Tab Jar | _____ |
| 6. Pull Tab Dispensing Device | <u>X</u> |
| 7. Electronic Pull Tab Device | <u>X</u> |
| 8. Club Special | _____ |
| 9. Tip Board | _____ |
| 10. Seal Board | _____ |
| 11. Punch Board | _____ |
| 12. Prize Board | _____ |
| 13. Prize Board Dispensing Device | _____ |
| 14. Sports Pool | _____ |
| 15. Twenty-One | _____ |
| 16. Poker | _____ |
| 17. Calcutta | _____ |
| 18. Paddlewheel with Tickets | _____ |
| 19. Paddlewheel Table | _____ |

Affidavit by Responsible Party

By signing below, I hereby acknowledge under penalty of perjury that all information contained in this application is complete, true and accurate.


Signature

6-3-25
Date



RENTAL AGREEMENT
OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 9413 (7-2023)

License Number (Office Use Only)

| | | | | |
|---|----------------------------|---|--------------------------|--|
| Site Owner (Lessor) Casa Valley Inc | | Site Name Casa Mexico | | Site Phone Number 701-490-3394 |
| Site Address 2369 Elm Street | City Valley City | State ND | Zip Code 58072 | County Barnes |
| Organization North Dakota Horse Park Foundation | | Rental Period July 1, 2025 to June 30, 2026 | | Monthly Rent Amount |
| 1. Is Bingo going to be conducted at the site? | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts. | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | \$ |
| 2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____ | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | \$ |
| Number of Tables with wagers over \$5 _____ X Rent per Table \$ _____ | | | | \$ |
| 3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____ | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | \$ |
| 4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device | | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | \$ |
| 5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices <u>4</u> | | <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes | | \$ 700 |
| Total Monthly Rent | | | | \$ 700 |
| 6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/> | | | | |

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

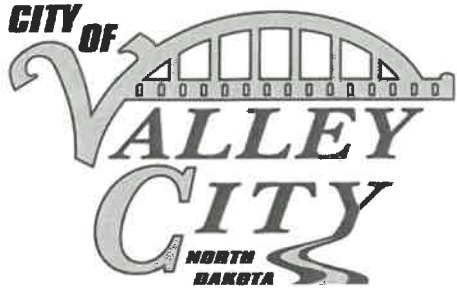
The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

| | | |
|-------------------------|--------------------------------|-------------------------|
| Signature of Lessor | Title PRESIDENT | Date 06-03-25 |
| Signature of Lessee | Title Gaming Manager | Date 6-3-25 |



City of Valley City, North Dakota Application for Fireworks Display Permit

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Organization/Name: Memory Fireworks

Contact: max/chad Elhard

Contact's Mailing Address: 1018 Thomas ave Jamestown ND 58401

City, State Zip Code: _____

Contact's Phone Number: 7013680637

Contact's Email Address: maxelhard.44@gmail.com

Address of Display: 1791 West Main St valley city

Date of Display: June 30, July 1 **Time of Display:** 10:00pm

Size of Mortars: - **Class of Fireworks:** ☐ A ☐ B ☒ C

File the following with the City Auditor as part of this application:

_____ Diagram of location of display, including the location of buildings, roads, overhead obstructions, utilities and where the audience will be positioned.

X _____ Signed Release & Indemnity Agreement (see page 2)

LICENSE FEE: X _____ \$100, make checks payable to City of Valley City, ND

RETURN TO: Valley City Auditor
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

Paid CC on 6-11-25
100-3210

For City Use:

Reviewed by Fire Chief
Signature

Reviewed by City Administrator
Signature

Reviewed by City Commission

X _____ Approved _____ Denied
[Signature] _____ Approved _____ Denied
[Signature] _____ Date Approved

Release and Indemnity Agreement

In consideration of receipt of a permit from the City of Valley City to discharge fireworks,

Memory Fireworks (ORGANIZATION/NAME) does hereby release the City of Valley City, its officers, employees, and agents from any and all liability, claims, demands, actions and causes of action, whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by any individual or any property arising out of the undersigned's fireworks display.

The undersigned further agrees to indemnify the City of Valley City, its officers, employees, and agents, and to hold the same harmless from and against all claims demands and liabilities, loss or damage that may be suffered, whether for injuries to persons or loss of life or damage to property, including attorney's fees and costs incurred, arising out of the undersigned's fireworks display.

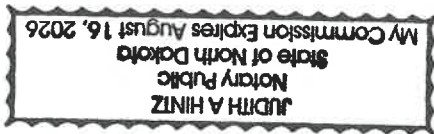
The undersigned further states that he/she has carefully read the foregoing and know the contents thereof, and signs the same as the authorized agent of the Memory fireworks (ORGANIZATION/NAME).

 (AUTHORIZED AGENT SIGNATURE)

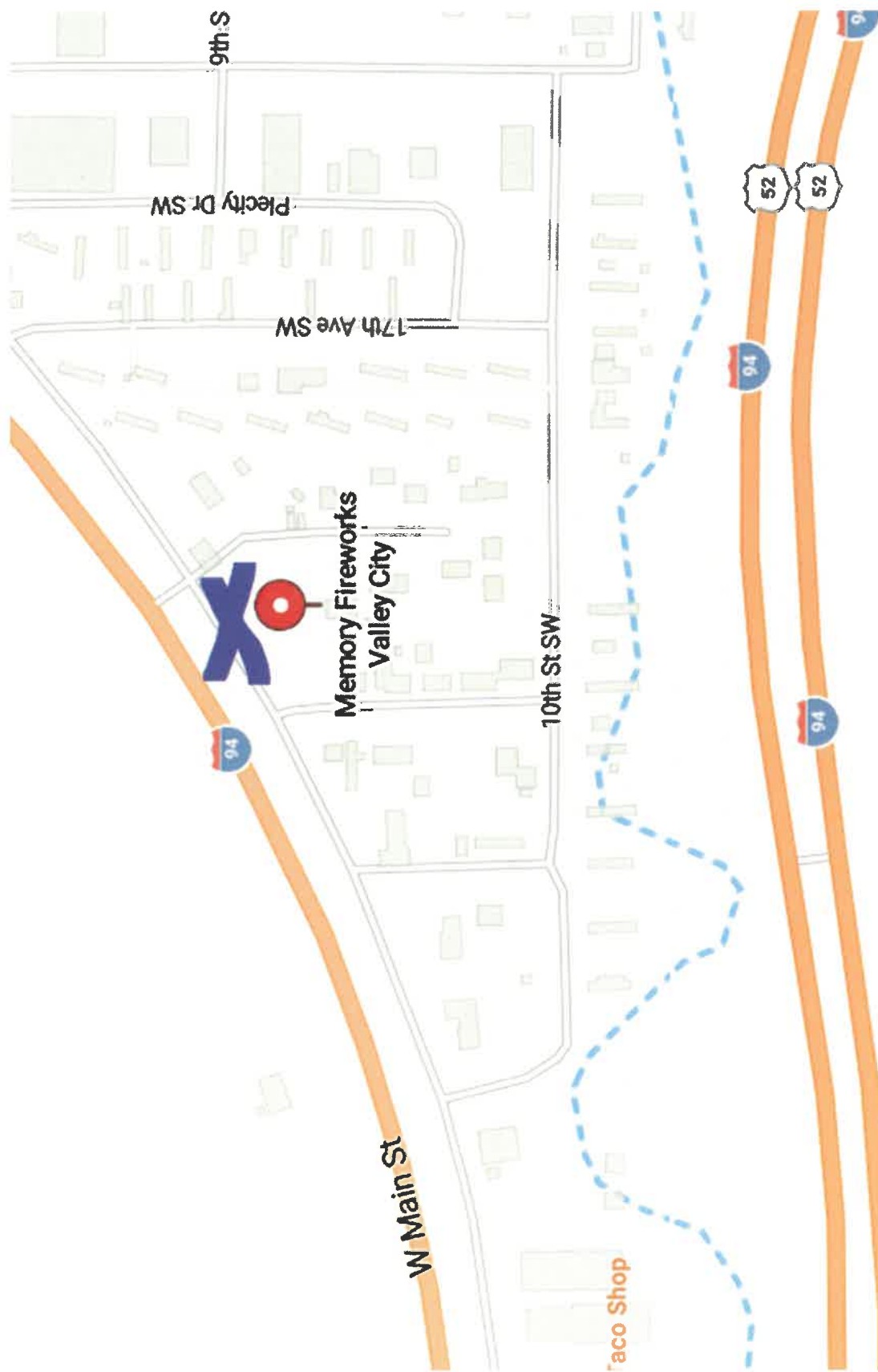
Subscribed and sworn to before me on this 11 day of June 2025.

By: Max Elhard (PRINT NAME), Co-Manager (TITLE),

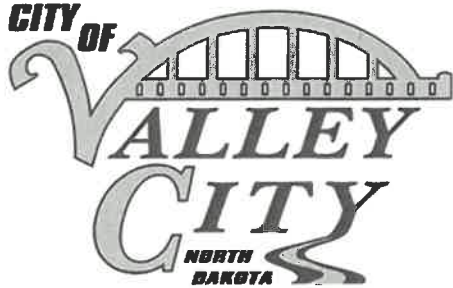
an authorized representative of Memory Fireworks (ORGANIZATION).




Notary Public



2025-436 NEW
CON



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Bob Ryerson Construction

Owner: Bob Ryerson

Mailing Address: 2304 115 Ave SE.

City, State Zip Code: Rogers N.D. 58479

Phone Number: 701-490-6044

Email Address: bobryerson65@gmail.com

Today's Date: 6-11-25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder (f.u. Ins.)

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☒ \$100 if initial application, make checks payable to City of Valley City
☐ \$50 if renewal application

Paid CK# 8326 on 6-12-25.

RETURN TO: Valley City Auditor
220 3rd St. NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

BOB RYERSON CONSTRUCTION

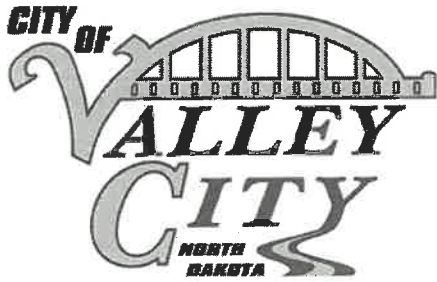
Class D - 31208



Request Certificate

| | |
|---|--|
| <i>Class Type</i> | Class D |
| <i>License Num</i> | 31208 |
| <i>Status</i> | Active |
| <i>Renewal Date</i> | 3/1/2026 |
| <i>Inactive Date</i> | N/A |
| <i>Mailing Address</i> | 2304 115TH AVE SE ROGERS, ND 58479-9611 |
| <i>Standing - Other</i> | Good |
| <i>Standing - WSI</i> | Good |
| <i>Standing - Job Service</i> | Good |
| <i>Standing - Business</i> | Good |
| <i>Business Phone</i> | (701) 646-6044 |
| <i>Registration Date</i> | 01/20/1998 |
| <i>Certification of Liability Insurance Expiration Date</i> | 10/20/2025 |

2025-433 CON
New



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Earthwork Services Inc
Owner: Trent Duda
Mailing Address: 345 12TH AVE NE
City, State Zip Code: WEST FARGO, ND 58078
Phone Number: 701.282.8551
Email Address: jolene.harty@esi-nd.com
Today's Date: 06/04/2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☒ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician 931321 ☐ Plumber 46948 ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ **Certificate of Liability Insurance, City of Valley City as certificate holder**

☒ **Current copy of State Electrician and/or Plumber License**

☒ **Current copy of State Contractor License,**

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☒ \$100 if initial application, make checks payable to City of Valley City
☐ \$50 if renewal application

Paid CK# 25227 6-9-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/4/2025

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 Bell Insurance PO Box 1470 Fargo ND 58107 | CONTACT NAME: Hailey Ziegler PHONE (A/C, No, Ext): 701-765-6513 E-MAIL ADDRESS: hziegler@bell.insurance FAX (A/C, No): 701-239-0009 |
| | INSURER(S) AFFORDING COVERAGE INSURER A: National Fire Insurance of Htf INSURER B: Continental Casualty Company INSURER C: Continental Insurance Company INSURER D: Great American Insurance Compa INSURER E: INSURER F: |
| INSURED Earthwork Services, Inc. 345 12th Ave NE West Fargo ND 58078 | NAIC # 20443 |

COVERAGES **CERTIFICATE NUMBER:** 1150499136 **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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 7095008811 | 1/23/2025 | 1/23/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$ |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 7095008792 | 1/23/2025 | 1/23/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| C | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | | 7095008808 | 1/23/2025 | 1/23/2026 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | 7095008825 | 1/23/2025 | 1/23/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| B | <input type="checkbox"/> Rented Equipment | | | 8018513672 | 1/23/2025 | 1/23/2026 | Limit - Per Item 500,000 |
| B | <input type="checkbox"/> Builders Risk | | | 8018513672 | 1/23/2025 | 1/23/2026 | Aggregate Limit 2,000,000 |
| D | <input type="checkbox"/> Pollution | | | PCEF294274 00 | 1/23/2025 | 1/23/2026 | Pollution-each condit 2,000,000 |

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

CERTIFICATE HOLDER

| | |
|---------------------|---|
| City of Valley City | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---------------------|---|

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1110 College Drive Suite 210 | Bismarck, ND 58501
701-328-9977 | 701-328-9979 (fax)
ndplumb@nd.gov | www.ndplumbingboard.gov

Larry A (Chip) Stroschein, Jr.
2584 Charlotte Drive N
Mandan, ND 58554

NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Larry A (Chip) Stroschein, Jr.
License Type: Sewer and Water
License Level: Contractor
License Number: 931321
Issue Date: 9/16/1991
Valid Until: 6/30/2025



1110 College Drive Suite 210
Bismarck, ND 58501
701-328-9977
ndplumb@nd.gov
www.ndplumbingboard.gov

Aaron: 701-391-1204
Brent: 701-220-4434
Scott: 701-509-7772

Al: 701-770-3223
Dean: 701-799-1555

Carry this card with you when performing work.

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 46948

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **EARTHWORK SERVICES, INC.** whose address is in WEST FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

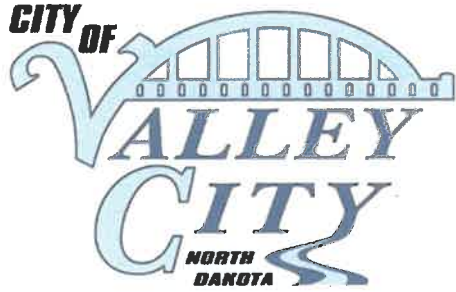
EARTHWORK SERVICES, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: February 5, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

2025-437 CON
New



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Eckert + Sons LLC
Owner: Roger and Scott Eckert
Mailing Address: P.O. Box 948
City, State Zip Code: Fargo, ND 58107-0948
Phone Number: 701-882-9225
Email Address: barb@eckertandsonslc.com
Today's Date: 6/9/25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 49868A ☒ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☐ Certificate of Liability Insurance, City of Valley City as certificate holder

N/A ☐ Current copy of State Electrician and/or Plumber License

☐ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☒ \$100 if initial application, make checks payable to City of Valley City
☐ \$50 if renewal application

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000049868

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Eckert & Sons LLC** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Eckert & Sons LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: March 5, 2025

A handwritten signature in cursive script, reading "Michael Howe".

Michael Howe
Secretary of State



**North Dakota Workforce
Safety & Insurance**

Art Thompson
Director

Roger Eckert
Eckert & Sons LLC
PO Box 948
Fargo ND 58107-0948

June 27, 2024

| | | |
|----------------------------|--------------------------|------------|
| Account Information | Employer account number: | 806018 |
| | Issue date: | 06/27/2024 |
| | Expiration date: | 06/14/2025 |

Certificate of Payment

| | |
|------------------------------|--|
| Reason For Notice | Workforce Safety & Insurance (WSI) certifies Eckert & Sons LLC has North Dakota workers' compensation coverage from 04/01/2024 to 03/31/2025. Employees of Eckert & Sons LLC are entitled to apply for WSI benefits. |
|------------------------------|--|

| | |
|------------------------|---|
| Required Action | Employers must post this Certificate of Payment in a conspicuous manner at the workplace. A penalty of \$250 may apply for failure to comply with this requirement. See North Dakota Century Code § 65-04-04. |
|------------------------|---|

| | |
|-----------------------------------|--|
| Additional Information | Coverage under this certificate extends to employers for their North Dakota exposure. Limited coverage may be extended for temporary and/or incidental exposure outside of North Dakota. |
|-----------------------------------|--|

WSI may revoke the Certificate of Payment for failure to make required premium payments.

| | |
|---------------------------------|--|
| For More Information | Contact customer service at 800-777-5033 or 701-328-3800 with questions. |
|---------------------------------|--|

| Class | Classification Description |
|----------------------|---|
| 5474 8747 8805 | Painting Professional/Business Reps Clerical Office Employees |

Sincerely,

Barry Schumacher
Chief of Employer Services

PL5



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/9/2025

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

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

| | |
|---|--|
| PRODUCER Marsh & McLennan Agency 505 Broadway North, Suite 100 Fargo ND 58102 | CONTACT NAME: Taylor Schafer PHONE (A/C, No, Ext): 701-237-3311 FAX (A/C, No): 701-232-4442 E-MAIL ADDRESS: Taylor.Schafer@MarshMMA.com |
| INSURED Eckert & Sons, LLC PO Box 948 Fargo ND 58107 | INSURER(S) AFFORDING COVERAGE INSURER A : Secura Insurance, A Mutual Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : |
| ROGERECKER | NAIC # 22543 |

COVERAGES**CERTIFICATE NUMBER:** 229083253**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|-------------------------------------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR 500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | CP3268301 | 5/4/2025 | 5/4/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | A3268302 | 5/4/2025 | 5/4/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000 | | CU3268303 | 5/4/2025 | 5/4/2026 | 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 | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER**CANCELLATION**

City of Valley City
Valley City Auditor
254 2nd Ave NE
Valley City ND 58072

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025-430 New



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2024 – May 31, 2025

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Goodon Buildings International Inc.
Owner: Robert Dyck + Trevor Hicks
Mailing Address: Box 253
City, State Zip Code: Rugby, ND 58368
Phone Number: 1-800-665-0470
Email Address: ashley@goodon.com
Today's Date: May 20, 2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 000051944 Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☒ \$100 if initial application, make checks payable to City of Valley City
☐ \$50 if renewal application Paid CK# 5053 6.2.25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/19/2025

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 Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd Rolling Meadows IL 60008 | CONTACT NAME: US Client Service Team | |
| | PHONE (A/C, No, Ext): 630-694-4268 | FAX (A/C, No): 630-694-4401 |
| | E-MAIL ADDRESS: usclientservice@ajg.com | |
| | INSURER(S) AFFORDING COVERAGE | NAIC # |
| | INSURER A : Cincinnati Insurance Company | 10677 |
| INSURED Goodon Buildings International Inc. 2803 U.S. 2 Rugby ND 58368 | GOODBUI-02 | |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| | INSURER E : | |
| | INSURER F : | |

COVERAGES**CERTIFICATE NUMBER:** 1891163878**REVISION NUMBER:**

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

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|--|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | EPP 0632614 | 10/15/2024 | 10/15/2027 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> 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) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | EPP 0632614 | 10/15/2024 | 10/15/2027 | EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | Cyber | | EPP 0632614 | 10/15/2024 | 10/15/2027 | Limit Retention \$100,000 \$1,000 |

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

CERTIFICATE HOLDER**CANCELLATION**

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

City of Valley City

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000051944

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **GOODON BUILDINGS INTERNATIONAL, INC.** whose address is in RUGBY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

GOODON BUILDINGS INTERNATIONAL, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 28, 2025

A handwritten signature in black ink that reads "Michael Howe".

Michael Howe
Secretary of State

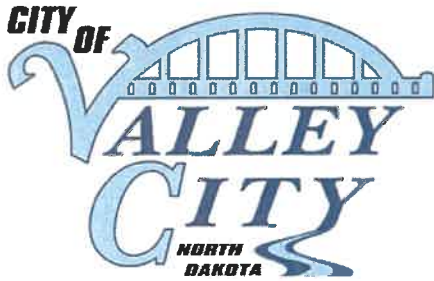
The North Dakota Secretary of State verifies that:

GOODON BUILDINGS INTERNATIONAL, INC.

is the holder of a North Dakota Class A Contractor License
which is in force until March 1, 2026 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 000051944

2025-431 New
CON



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Huesman Schreiber Masonry, LLC
Owner: Michael Huesman, Joseph Schreiber
Mailing Address: 1100 Southcreek Ave
City, State Zip Code: Glyndon, MN 56547
Phone Number: 701-219-1728
Email Address: huesmanschreiber@gmail.com
Today's Date: 06-04-2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 43382 ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☒ \$100 if initial application, make checks payable to City of Valley City
☐ \$50 if renewal application Paid ck#18817 6.9.25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 43382

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **HUESMAN SCHREIBER MASONRY, LLC** whose address is in GLYNDON, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

HUESMAN SCHREIBER MASONRY, LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 30, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

HUESMAN SCHREIBER MASONRY, LLC

is the holder of a North Dakota Class A Contractor License
which is in force until March 1, 2026 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 43382



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/2025

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 Strand & Marcy Insurance Agency, Inc. PO Box 98 Comstock, MN 56525 | CONTACT NAME: Jim Huesman PHONE (A/C, No, Ext): (218)585-4270 E-MAIL ADDRESS: jim@strandandmarcy.com FAX (A/C, No): (218)585-4629 | | | | | | | | | | | | | | |
|---|---|-------------------------------|--------|---|--------------|---|--------------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURED HUESMAN/SCHREIBER MASONRY LLC 1100 Southcreek Ave Glyndon, MN 56547-4436 | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Auto-Owners Insurance</td><td>32700</td></tr><tr><td>INSURER B: Auto-Owners Insurance</td><td>18988</td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Auto-Owners Insurance | 32700 | INSURER B: Auto-Owners Insurance | 18988 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Auto-Owners Insurance | 32700 | | | | | | | | | | | | | | |
| INSURER B: Auto-Owners Insurance | 18988 | | | | | | | | | | | | | | |
| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |

COVERAGES**CERTIFICATE NUMBER: 00001807-21760653****REVISION NUMBER: 155**

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 type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | | | 08355310 | 04/15/2025 | 04/15/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ |
| B | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | | 4877237800 | 04/01/2025 | 04/01/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | 4877237801 | 04/15/2025 | 04/15/2026 | 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 | | | | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |

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

City of Valley City

CERTIFICATE HOLDER**CANCELLATION**

City of Valley City
254 2nd Ave NE
Valley City, ND 58072

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

(JKH)

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North Dakota Workforce
Safety & Insurance

Art Thompson
Director

Joe Schreiber
Huesman Schreiber Masonry LLC
1100 Southcreek Ave
Glyndon MN 56547

May 28, 2025

**Account
Information**

Employer account number: 1296534
Issue date: 05/28/2025
Expiration date: 06/14/2026

Certificate of Payment

**Reason
For Notice**

Workforce Safety & Insurance (WSI) certifies Huesman Schreiber Masonry LLC has North Dakota workers' compensation coverage from 04/01/2025 to 03/31/2026. Employees of Huesman Schreiber Masonry LLC are entitled to apply for WSI benefits.

Required Action

Employers must post this Certificate of Payment in a conspicuous manner at the workplace. A penalty of \$250 may apply for failure to comply with this requirement. See North Dakota Century Code § 65-04-04.

**Additional
Information**

Coverage under this certificate extends to employers for their North Dakota exposure. Limited coverage may be extended for temporary and/or incidental exposure outside of North Dakota.

WSI may revoke the Certificate of Payment for failure to make required premium payments.

**For More
Information**

Contact customer service at 800-777-5033 or 701-328-3800 with questions.

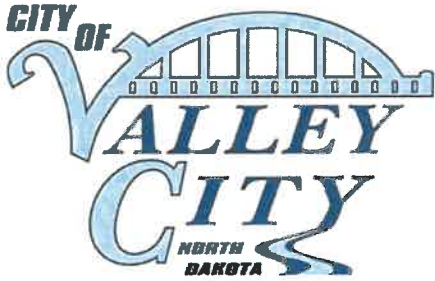
| Class | Classification Description |
|-------|----------------------------|
| 5025 | Masonry Work |

Sincerely,

Sarah Feist
Chief of Employer Services

PL5

2025-432 CON
New



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Quality Concrete, Inc
Owner: Kyle Althoff, President
Mailing Address: 3918 37th Ave S
City, State Zip Code: Fargo, ND 58104
Phone Number: 701-232-2418
Email Address: Leslie@QCFargo.com
Today's Date: 06/05/2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 20122 ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

wa Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☒ \$100 if initial application, make checks payable to City of Valley City
☐ \$50 if renewal application

Paid CK#8213 on 6.9.25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us



QUALCON-01

AGLANZER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/5/2025

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 Choice Insurance 4501 23rd Ave S Fargo, ND 58104 | CONTACT NAME: Amy Glanzer | |
| | PHONE (A/C, No, Ext): (701) 551-3280 | FAX (A/C, No): |
| INSURED Quality Concrete Inc. 3918 37th Ave S Fargo, ND 58104 | E-MAIL ADDRESS: a.glanzer@insurewithchoice.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| | INSURER A : Secura Insurance | |
| | INSURER B : | |
| | INSURER C : | |
| | INSURER D : | |
| INSURER E : | | |
| INSURER F : | | |
| NAIC # 22543 | | |

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 | | | CP 3434950 | 4/11/2025 | 4/11/2026 | EACH OCCURRENCE \$ 1,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
| | | | | | | | MED EXP (Any one person) \$ 10,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ 2,000,000 |
| | OTHER: | | | | | | ND STOP GAP \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY | | | A3434951 | 4/11/2025 | 4/11/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | | | | |
| | | | | | | | |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB | | | CU 3434955 | 4/11/2025 | 4/11/2026 | EACH OCCURRENCE \$ 5,000,000 |
| | <input type="checkbox"/> EXCESS LIAB | | | | | | AGGREGATE \$ |
| | DED <input checked="" type="checkbox"/> RETENTION \$ 0 | | | | | | Aggregate \$ 5,000,000 |
| A | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | WC 3434952 | 4/11/2025 | 4/11/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | Y/N <input type="checkbox"/> | N/A | | | | E.L. EACH ACCIDENT \$ 1,000,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

CERTIFICATE HOLDER

CANCELLATION

City of Valley City
254 2nd Avenue NE
Valley City, ND 58072

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 20122

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **QUALITY CONCRETE, INC.** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

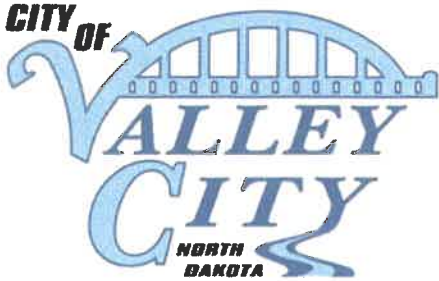
QUALITY CONCRETE, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: February 26, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

2025-434 CON
New



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Timber Ridge Exteriors, LLC
Owner: Greg Ruiter
Mailing Address: 1970 Nova LN SW
City, State Zip Code: Rochester, MN 55902
Phone Number: 507-316-5108
Email Address: Greg@TimberRidgeExteriors.com
Today's Date: 06/03/2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 42337 Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

NA Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☒ \$100 if initial application, make checks payable to City of Valley City
☐ \$50 if renewal application Paid CK# 10290 6-9-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000042337

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Timber Ridge Exteriors LLC** whose address is in ROCHESTER, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Timber Ridge Exteriors LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 15, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

Timber Ridge Exteriors LLC

is the holder of a North Dakota Class A Contractor License
which is in force until March 1, 2026 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 000042337



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/3/2025

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 Northway Services of Bemidji, Inc. 307 3rd St. - P.O. Box 1129 Bemidji MN 56601 | | CONTACT NAME: Stephen Jaranson PHONE (A/C, No, Ext): 218-751-0821 E-MAIL ADDRESS: northway@paulbunyan.net FAX (A/C, No): 218-751-0985 |
| INSURED Timber Ridge Exteriors LLC Gregory Ruiters 1970 Nova Lane SW Rochester MN 55902 | | INSURER(S) AFFORDING COVERAGE INSURER A: North Star Mutual Insurance Company NAIC # 14850 INSURER B: Scottsdale Insurance Company 41297 INSURER C: SFM Safe Insurance Company 11347 INSURER D: Evanston Insurance Company 35378 INSURER E: INSURER F: |

COVERAGES **CERTIFICATE NUMBER:** 20250603164106536 **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 | ADD'L SUBR INSD: WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|----------------------|---------------|-------------------------|-------------------------|--|
| B | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Primary & Noncontributor <input checked="" type="checkbox"/> CG2010 & CG2037 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER: | Y Y | PSS1000291 | 05/11/2025 | 05/11/2026 | EACH OCCURRENCE \$ 1,000,000. DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000. MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000. GENERAL AGGREGATE \$ 2,000,000. PRODUCTS - COMP/OP AGG \$ 2,000,000. \$ |
| A | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y Y | 244782 | 12/23/2024 | 12/23/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000. BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000. | N N | XSS1000041 | 05/11/2025 | 05/11/2026 | EACH OCCURRENCE \$ 5,000,000. AGGREGATE \$ 5,000,000. \$ |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N/A Y | 125715.206 | 03/09/2025 | 03/09/2026 | PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000. E.L. DISEASE - EA EMPLOYEE \$ 1,000,000. E.L. DISEASE - POLICY LIMIT \$ 1,000,000. |
| D | Pollution Liability | | CPLMOL129742 | 03/03/2025 | 03/03/2026 | Per Occurance \$2,000,000. Aggregate \$2,000,000. |

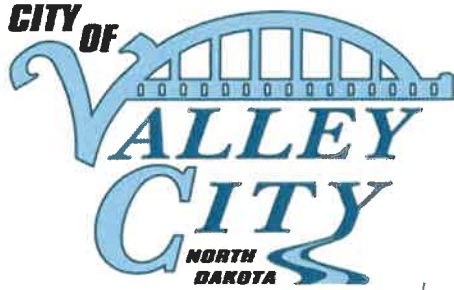
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder listed below is also listed as an Additional Insured.

| | |
|---|--|
| CERTIFICATE HOLDER City of Valley City, North Dakota Valley City Auditor 252 2nd Ave. NE Valley City, ND 58072 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|--|

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2025-417 CON
Renew



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: I'll Tile & Stone, Inc
Owner: Cy Field
Mailing Address: 1673 Dan Street
City, State Zip Code: Detroit Lakes, MN 56501
Phone Number: 218-847-0335
Email Address: Stephanie@itsfc.net
Today's Date: 6/1/25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber ☒ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application

Paid CK#14933 6.9.25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us



ILLTI-1

OP ID: GUAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/06/2024

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
NOAH INSURANCE SERVICE
PO BOX 95
CALLAWAY, MN 56521
CAH

218-375-2121

CONTACT NAME: ANITA GULLARD

PHONE (A/C, No, Ext): 218-375-2121

FAX (A/C, No): 218-375-6624

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: AUTO OWNERS INSURANCE

32700

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

INSURED
I'LL TILE & STONE, INC.
1673 DAN ST
DETROIT LAKES, MN 56501-6927

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 <input checked="" type="checkbox"/> XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | 104606-08486145 | 07/15/2024 | 07/15/2025 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 E&O \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | 47-447111-03 | 07/15/2024 | 07/15/2025 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000 | | | 47447111-04 | 07/15/2024 | 07/15/2025 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> N if yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | 201706 08446382 | 07/01/2024 | 07/01/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

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

VCSU MCCARTHY HALL

CERTIFICATE HOLDER

CANCELLATION

CITY OF VALLEY CITY
254 2ND AVE NE
VALLEY CITY, ND 58072

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 34587

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **I'LL TILE & STONE, INC.** whose address is in DETROIT LAKES, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

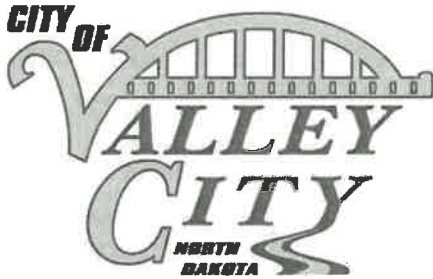
I'LL TILE & STONE, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: February 27, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

2025-435 CON



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: LS Drywall Inc.
Owner: Larry Semerikov
Mailing Address: 52 Lincoln Ave N. Suite 11
City, State Zip Code: Mentor, MN 56736
Phone Number: 701.757.0485
Email Address: nia@lsdrywallinc.com
Today's Date: 6/3/25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber ☐ 35134 Class A ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☐ **Certificate of Liability Insurance**, City of Valley City as certificate holder

☐ **Current copy of State Electrician and/or Plumber License**

☐ **Current copy of State Contractor License,**

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if **initial application**, make checks payable to City of Valley City

☒ \$50 if **renewal application**

Paid \$50.00 w/ CC on 6-5-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 35134

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **L.S. DRYWALL** whose address is in MENTOR, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

L.S. DRYWALL is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 6, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

L.S. DRYWALL

is the holder of a North Dakota Class A Contractor License
which is in force until March 1, 2026 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 35134



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/03/2025

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 | CONTACT NAME: Kayla Holt |
| INSURE FORWARD | PHONE (A/C, No, Ext): (701) 772-6651 FAX (A/C, No): (701) 772-8367 |
| 4651 South Columbia Road | E-MAIL ADDRESS: kayla.holt@insureforward.com |
| Grand Forks ND 58201 | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Lloyd's of London Broker |
| INSURED | INSURER B: |
| LS Drywall Inc | INSURER C: |
| 52 Lincoln Ave Ste 11 | INSURER D: |
| Mentor MN 56736 | INSURER E: |
| | INSURER F: |

COVERAGES

CERTIFICATE NUMBER: 24/25 Master

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 | COMMERCIAL GENERAL LIABILITY | | | BO621PLSDR000124 | 08/09/2024 | 08/09/2025 | EACH OCCURRENCE \$ 2,000,000 |
| | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
| | <input checked="" type="checkbox"/> Professional Liability | | | | | | MED EXP (Any one person) \$ |
| | <input checked="" type="checkbox"/> Pollution Liability | | | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | | | | PRODUCTS - COMP/OP AGG \$ |
| | OTHER: | | | | | | Pollution Liability \$ 2,000,000 |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | <input type="checkbox"/> ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> OWNED AUTOS ONLY | | | | | | BODILY INJURY (Per accident) \$ |
| | <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY | | | | | | \$ |
| | UMBRELLA LIAB | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB | | | | | | AGGREGATE \$ |
| | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE | | | | | | \$ |
| | DED RETENTION \$ | | | | | | |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE OTH-ER |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | <input type="checkbox"/> Y / N | N / A | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER

CANCELLATION

City of Valley City
254 2nd Ave NE

Valley City

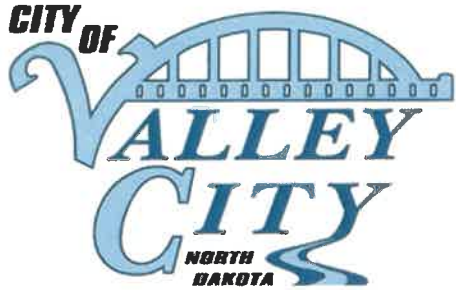
ND 58072

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

© 1988-2015 ACORD CORPORATION. All rights reserved.

2025-247 ELEC/
Master
Elec.



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Magnum Electric, Inc.
Owner: Michael Graham
Mailing Address: 471 Christianson Drive W
City, State Zip Code: West Fargo, ND 58078
Phone Number: 701-551-3240
Email Address: Cassie@magnumelectric.net
Today's Date: 5-16-2025

Type of License Applying For (check all that apply):

☐ Contractor ☒ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

4533 Electrician ☐ Plumber ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

- ☒ Certificate of Liability Insurance, City of Valley City as certificate holder
- ☒ Current copy of State Electrician and/or Plumber License
- ☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/18/2025

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 Bell Insurance PO Box 1470 Fargo ND 58107 | CONTACT NAME: Jenni Davis PHONE (A/C, No, Ext): 701-237-6414 E-MAIL ADDRESS: jadavis@bell.insurance FAX (A/C, No): 701-239-0009 |
| INSURED Magnum Electric, Inc. 471 Christianson Dr W West Fargo ND 58078 | INSURER(S) AFFORDING COVERAGE INSURER A: The Hanover Insurance Company INSURER B: The Hanover American Insurance INSURER C: Houston Casualty Company INSURER D: INSURER E: INSURER F: |

| | | |
|---|---------------------------------------|-------------------------|
| COVERAGES | CERTIFICATE NUMBER: 1748681300 | REVISION NUMBER: |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. | | |

| INSR LTR | TYPE OF INSURANCE | ADDL SUBR INSD WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|---|--------------------|------------------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: ND Stop Gap | | ZHXXH961615 | 3/15/2025 | 3/15/2026 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Limit of Liability \$ 1,000,000 |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | | AHXXH961857 | 3/15/2025 | 3/15/2026 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ Nil | | UHXH961644 | 3/15/2025 | 3/15/2026 | EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 |
| B | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | WZXH923390 | 3/15/2025 | 3/15/2026 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| C | Installation Floater-aggregate | | CIM-HSIC0IM-0000681-00 | 3/15/2025 | 3/15/2026 | Limit-per location 2,500,000 |
| C | Installation Floater | | CIM-HSIC-IM-0000681-00 | 3/15/2025 | 3/15/2026 | Temporary Storage Loc 1,000,000 |
| A | Limited Pollution Liability | | ZHXXH961615 | 3/15/2025 | 3/15/2026 | Pollution-Aggregate 1,000,000 |

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

| | |
|---|--|
| CERTIFICATE HOLDER City of Valley City PO Box 390 Valley City ND 58072-0390 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|---|--|



**MASTER LICENSE
EXAM/ND**

Number: M 2436 **Expires:** April 30, 2026

Issued To: MIKE GRAHAM
WEST FARGO, ND 58078

President: Rod Mayer

Secretary: Jon Hoffman

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 4533

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **MAGNUM ELECTRIC, INC.** whose address is in WEST FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

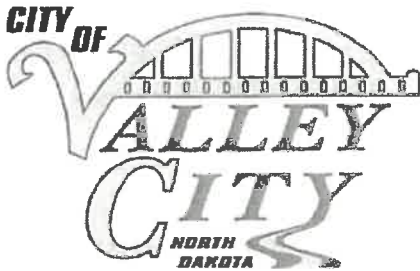
MAGNUM ELECTRIC, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: February 27, 2025

A handwritten signature in cursive script that reads "Michael Howe".

Michael Howe
Secretary of State

2025-305-CON



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: MORTON BUILDINGS, INC.
Owner: SEAN CAIN, PRESIDENT AND CEO
Mailing Address: PO BOX 399
City, State Zip Code: MORTON, IL 61550
Phone Number: 309-263-7474
Email Address: MBICONTRACTORLICENSE@MORTONBUILDINGS.COM
Today's Date: 04/28/25

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 1219A ☐ Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$50 if renewal application Paid Credit Card 6-3-25

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072

Phone: (701) 845 – 1700
Email: jhintz@valleycity.us



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
09/19/2024

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
Aon Risk Services Central, Inc.
Chicago IL Office
200 East Randolph
Chicago IL 60601 USA

CONTACT NAME:

PHONE
(A/C. No. Ext): (866) 283-7122FAX
(A/C. No.): (800) 363-0105E-MAIL
ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURED
Morton Buildings, Inc.
252 West Adams Street
Morton IL 61550 USA

INSURER A: Zurich American Ins Co

16535

INSURER B: Great American Security Ins Co

31135

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 570108179459

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. Limits shown are as requested

| 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"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | | | GL0937631821 | 10/01/2024 | 10/01/2025 | EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$50,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$10,000,000 PRODUCTS - COMP/OP AGG Excluded |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY | | | BAP 9376314 21 | 10/01/2024 | 10/01/2025 | COMBINED SINGLE LIMIT (Ea accident) \$3,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) |
| B | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION | | | UMB5773095 SIR applies per policy terms & conditions | 10/01/2024 | 10/01/2025 | EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N N | N/A | WC937631121 A05 WC937631221 MA, WI | 10/01/2024 | 10/01/2025 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE-EA EMPLOYEE \$1,000,000 E.L. DISEASE-POLICY LIMIT \$1,000,000 |
| A | Products Liability | | | GL0937631721 Products/Completed Ops | 10/01/2024 | 10/01/2025 | Each Occurrence \$1,000,000 Aggregate \$2,000,000 |

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

Certificate Holder is included as Additional Insured in accordance with the policy provisions of the General Liability policy.

CERTIFICATE HOLDER

City of Valley City
PO Box 390
Valley City ND 58072 USA

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Aon Risk Services Central Inc.

Holder Identifier :

Certificate No : 570108179459



State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 1219

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **MORTON BUILDINGS, INC.** whose address is in MORTON, IL, has filed in this office proper documents for a Contractor License valid until March 1, 2026, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

MORTON BUILDINGS, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 27, 2025

A handwritten signature in cursive script that reads "Michael Howe".

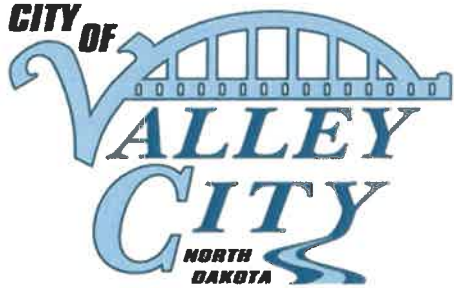
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

MORTON BUILDINGS, INC.

is the holder of a North Dakota Class A Contractor License
which is in force until March 1, 2026 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 1219



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2025 – May 31, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: RAY NELSON CONST
 Owner: RAY NELSON
 Mailing Address: 648 10TH AVE SW
 City, State Zip Code: VALLEY CITY 58072
 Phone Number: 840-3163
 Email Address: NELSON, RAY 1956 @ GMAIL.COM
 Today's Date: MAY 15 2025

Type of License Applying For (check all that apply):

☒ Contractor ☐ Electrician ☐ Plumber ☐ Mechanical

State License Numbers (provide all that apply):

☐ Electrician ☐ Plumber 37037 Contractor

Licenses will only be issued to master electricians (NDCC 43-09-20) and master plumbers (NDCC 43-18-10).

A copy of the following must be filed with the City Auditor as part of this application:

☒ Certificate of Liability Insurance, City of Valley City as certificate holder

☐ Current copy of State Electrician and/or Plumber License

☒ Current copy of State Contractor License,

No person may engage in the business nor act in the capacity of a contractor within this city when the cost, value, or price per job exceeds the sum of \$1,000 without first having a license.

If applicant does not provide state contractor license and states that it is not required please sign here:

 Paid CK# 10588 on 6.12.25

LICENSE FEE: ☐ \$100 if initial application, make checks payable to City of Valley City
☒ \$30 if renewal application *25.00 Renewal fee - Judi*

RETURN TO: Valley City Auditor
 254 2nd Ave NE
 Valley City, ND 58072

Phone: (701) 845 – 1700
 Email: jhintz@valleycity.us



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/20/2024

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 | CONTACT NAME: Melissa Schroeder |
| INSURE FORWARD | PHONE (A/C, No, Ext): (701) 845-1185 FAX (A/C, No): (701) 845-1749 |
| 430 West Main Street | E-MAIL: melissa.schroeder@insureforward.com |
| Valley City ND 58072 | INSURER(S) AFFORDING COVERAGE |
| | INSURER A: Owners Insurance Company NAIC # 32700 |
| INSURED | INSURER B: |
| Ray Nelson Construction | INSURER C: |
| 648 10th Ave SW | INSURER D: |
| Valley City ND 58072 | INSURER E: |
| | INSURER F: |

COVERAGES CERTIFICATE NUMBER: master 24/25 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 | COMMERCIAL GENERAL LIABILITY | | | 77976137 | 09/03/2024 | 09/03/2025 | EACH OCCURRENCE \$ 1,000,000 |
| | CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 |
| | | | | | | | MED EXP (Any one person) \$ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY \$ |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE \$ 2,000,000 |
| | POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> | | | | | | PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| | OTHER: | | | | | | \$ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) \$ |
| | OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> | | | | | | BODILY INJURY (Per accident) \$ |
| | HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> | | | | | | PROPERTY DAMAGE (Per accident) \$ |
| | | | | | | | \$ |
| | UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> | | | | | | EACH OCCURRENCE \$ |
| | EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> | | | | | | AGGREGATE \$ |
| | DED <input type="checkbox"/> RETENTION \$ | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | | | | | | E.L. EACH ACCIDENT \$ |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE \$ |
| | | | | | | | E.L. DISEASE - POLICY LIMIT \$ |

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

CERTIFICATE HOLDER

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Steve Ondraak

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RAY NELSON CONSTRUCTION

Class C - 37037

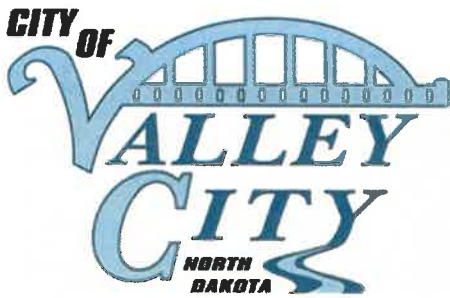


**Request
Certificate**

| | |
|---|---|
| <i>Class Type</i> | Class C |
| <i>License Num</i> | 37037 |
| <i>Status</i> | Active |
| <i>Renewal Date</i> | 3/1/2026 |
| <i>Inactive Date</i> | N/A |
| <i>Mailing Address</i> | 648 10TH AVE SW VALLEY CITY, ND 58072-3755 |
| <i>Standing - Other</i> | Good |
| <i>Standing - WSI</i> | Good |
| <i>Standing - Job Service</i> | Good |
| <i>Standing - Business</i> | Good |
| <i>Business Phone</i> | (701) 845-5390 |
| <i>Registration Date</i> | 07/29/1992 |
| <i>Certification of Liability Insurance Expiration Date</i> | 09/03/2025 |

2025 - B 218
2025 - C 219

Rev. 1/23/2025



City of Valley City, North Dakota
Application for
Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2025 – June 30, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Mosby LLC DBA Boomers Corner Keg
Owner of Premises: Shawn Mosby
Ownership Contact: 701 840 8747 Shawn Mosby
Mailing Address: 264 E Main St
City, State, Zip Code: Valley City, ND 58072
Phone Number: 701 840 8747
Email Address: shawnmosby@live.com

Names and state of residence of all partners, officers, directors, and owners holding a five percent or greater interest in the business:

Resident Manager: Shawn Mosby
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
Mailing Address: 264 E Main St
City, State, Zip Code: Valley City, ND 58072
Phone Number: 701 840 8747
Email Address: shawnmosby@live.com

Type of License Applying For (check all that apply):

Cabaret Licenses sold separately.

| <input type="checkbox"/> | License Class | License Description | Annual Fee ¹ |
|-------------------------------------|---------------|---|-------------------------|
| <input type="checkbox"/> | Class A | Club/Lodge -- On-sale and off-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input checked="" type="checkbox"/> | Class B | Beer -- On-sale and off-sale beer | \$250 |
| <input checked="" type="checkbox"/> | Class C | Liquor -- On-sale and off-sale wine, sparkling wine, liquor | \$2,000 |
| <input type="checkbox"/> | Class D(1) | Restaurant – Liquor On-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class D(2) | Restaurant – Beer/Wine On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class D(3) | Restaurant – Beer On-sale beer | \$250 |
| <input type="checkbox"/> | Class E | Retail Business On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class G | Microbrew Pub, Must hold Class B License | \$500 |
| <input type="checkbox"/> | Class H | Brewer Taproom | \$500 |
| <input type="checkbox"/> | Class I | Private Event/Entertainment Center | \$2,250 |
| <input type="checkbox"/> | Class J | Private Golf Course | \$2,250 |

¹Renewal Applications. An application for renewal of an existing license, and the applicable fee, are due no later than **5:00 PM on the first Monday in June.**

A licensee applying for renewal of a license (except a Class B license) may elect to submit one half of the annual fee with the application, and the second half of the annual fee no later than **5:00 PM on the first Monday in December.**

Late fees apply as follows:
\$250 first day
\$100 every day thereafter, until license fee and/or complete application received by City

LICENSE APPLICATION QUESTIONNAIRE

The following questions are required to ensure the type of license(s) requested are appropriate for your business, and that the business will be in compliance with local law.

All Applicants:

| | |
|--|--|
| 1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Will you sell alcoholic beverages for consumption on the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |
| 4. Are any of the individuals named in this application under the age of 21? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Have any of the individuals named in this application been convicted of a misdemeanor or felony offense in the last five years? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |

Business Opening Date (new applicants): _____

Proposed Operating Hours: _____

All applicants:

| | |
|---|--|
| 1. Will you allow individuals under the age of 21 to enter the premises? If no, skip to next section. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, please submit a statement from your financial representative certifying that the gross revenue ratio of goods and/or services to alcoholic beverages is in compliance with VCMC Title 4. |
| a. Will individuals under 21 years of age be permitted in the room where alcoholic beverages are being opened and mixed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, attach separate sheet with explanation. |
| b. Will individuals under 21 years of age be permitted in any part of the establishment which is separated from the designated area in which alcoholic beverages are opened or mixed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, attach separate sheet with explanation. |

Class A License Applicants Only:

| | |
|---|---|
| 1. Is the club/lodge a subsidiary of national organization? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| a. Name of national organization: | |
| b. Years in existence: | |
| 2. Number of local members: | |
| 3. Years local club/lodge in existence: | |

Class D License Applicants Only:

| | |
|--|--|
| 1. Number of seats exclusive of counter seating: | |
| 2. Number of days the restaurant will be open each week: | |
| 3. Number of parking spaces available to restaurant: | |
| 4. Will you provide a food and meals intended for individual consumption, fully prepared and cooked on the premises, that are not primarily pre-packaged, pre-processed, or pre-prepared foods reheated for fast service, and in which the sale of alcoholic beverages is incidental to the service of food? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class E License Applicants Only

| | |
|---|--|
| 1. Zoning District: | |
| 2. Square footage of retail establishment: | |
| 3. Square footage of licensed area: | |
| 4. Is the are to be licensed separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will Purchases of alcoholic beverages be made only in the area licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will 70% of the annual gross sales be from goods and services other than alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the business have regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will alcohol be sold only during regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Will the licensed portion of the premises have 25 or fewer seats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class I License Applicants Only

| | |
|---|---|
| 1. Square footage of licensed premises: | |
| 2. Occupancy load: | |
| 3. Will annual gross receipts from ticket sales and facility rental total at least \$50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will 60% or more of annual gross receipts of the establishment be derived from tickets, food and rent of the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 5. Will food be made available at every event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the licensee ensure that there is no permanent bar with seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class J License Applicants Only

| | |
|--|--|
| 1. Will licensee operate a restaurant on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will 50% or more of annual gross receipts of the restaurant be derived from food? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 3. Will licensee sell alcoholic beverages on the golf course? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a letter of approval from an authorized agent of the golf course operator, if different from licensee.</i> |

New Applicant or Relocation Only:

| | |
|---|--|
| 1. Are the premises listed in this application within 150 feet of a church or synagogue? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If yes, submit a letter of support. (Class A lic. excluded)</i> |
| 2. Are the premises listed in this application within 150 feet of public or parochial school grounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are all off-street parking areas for the business lighted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Can the licensed premises be accessed by customers through an interior connection from another business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TERMS & CONDITIONS

All Applicants:

| | |
|--|---|
| 1. I have reviewed Title 4 of the Valley City Municipal Code, and I am familiar with the rules and regulations therein. If granted an alcoholic beverage license, I will obey, abide by, and comply with said rules and regulations, along with the laws of the State of North Dakota, as well as any amendments to state or municipal code which may be made in the future. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I agree not to sell, serve or dispense, or permit the furnishing of any alcoholic beverage on the licensed premises to a habitual drunkard, an obviously intoxicated person, an individual under 21 years of age, or a person under guardianship after written notice of such guardianship by the legal guardian and during the continuance of such guardianship. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I agree that an individual under 21 years of age is not permitted to enter or remain on the licensed premises unless specifically authorized under V.C.M.C. Title 4 and state law. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I understand that an alcoholic beverage license is not a property right; the city may decline to issue said license in its discretion; and said license is not transferable except by specific authority of the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|-----------------------------|
| 5. I understand that an alcoholic beverage license authorizes the sale of alcoholic beverages only by the license holder and only upon the specific premises designated in the application and thereafter approved by the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I certify that the Resident Manager and all owners and employees who sell, monitor the sale of, mix, serve, or dispense alcoholic beverages, or who are involved in checking identification or providing admission/security services upon the licensed premises during the course of their regular work requirements and have been employed at least 60 days have attended a responsible server training course approved by the Valley City Police Department. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I agree to ensure all persons requiring server training receive server training at all times during the license year. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I agree to keep copies of the server training certificates and produce them for city officials upon request. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I agree to inform the City Finance Director in writing within 30 days of any changes in the facts supplied to the City in my initial application and any renewal application. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I understand that violations of V.C.M.C. Title 4 may result in fines, suspension or revocation of the license, criminal penalties, or all of the above. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

**IN ADDITION TO ANY STATEMENT, EXPLANATION OR OTHER DOCUMENTATION REQUIRED ABOVE,
SUBMIT THE FOLLOWING WITH YOUR APPLICATION**
(incomplete applications will not be processed)

NA Alcoholic Beverage Floor Plan form (not applicable to renewals unless there are modifications to existing floor plans)

NA Transfer Application form, if applicable

_____ List of employees who attended server training and/or who need to attend server training, and the date of training.

NA Owner's Statement (not applicable to renewal)

* Owner must attach a statement in support of application which explains how the proposed establishment will be a definite asset to the city, and addresses other factors that may be relevant to the decision to approve this application, including but not limited to: (i) proximity of other businesses licensed to sell alcoholic beverages, (ii) effect on neighboring property owners or occupants, (iii) suitability of premises for sale of alcoholic beverages, (iv) zoning regulations, (v) proximity of schools, churches, funeral homes, public buildings, or buildings used by and for minors.

LICENSE FEE: 2250- (application for new or transfer license prorated based on no. of months remaining in lic year)

TRANSFER FEE: NA (full annual fee x .5; not assessed if transferor and transferee file a joint application at time of renewal and transfer is executed no later than August 30)

APPLICATION FEE: NA (license fee x .25; applies to new, transfer and relocation applications)

PUBLICATION FEE: NA (applies to new or relocation applications)

LATE FEE: NA

Please confirm amounts with Auditor's Office and make checks payable to City of Valley City.


RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: jhintz@valleycity.us

CERTIFICATION

I, Shawn Mogy HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2025 to June 30, 2026.

I certify that all information, statements, and affirmations contained in this application and all accompanying documents are true and correct.

Dated this 29 day of May, 2025.


Title: Owner

For City Use Only

Reviewed by Auditor's Office:

- ☒ Property tax not delinquent. Parcel # 63-3472427
- ☒ Server training list
- ☒ Transfer Application, if applicable
- ☒ Owner's statement, if applicable
- ☒ CPA statement or copy of sales tax returns, if applicable
- ☒ Explanation of lease or contract for deed, if applicable
- ☒ Explanation of criminal convictions, if applicable
- ☒ Letter of support from church or synagogue, if applicable
- ☒ Floor plan form, if applicable
- ☒ Fees paid
- ☒ Public hearing scheduled
- ☒ Notice published at least 10 days prior to hearing (new license or relocation)

☒ Application deemed complete Judith Hints 6-10-25
Signature Date

Reviewed by Police Department:

- ☒ Server training in good order
- ☒ Application in good order

Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

[Signature] 6/11/25
Signature Date

Reviewed by Fire Department:

- ☒ Safety inspection complete

Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

[Signature] 30 May 25
Signature Date

Reviewed by Commission

____ Approved _____ Denied Date of Final Action _____

Alcoholic Beverage Floor Plan

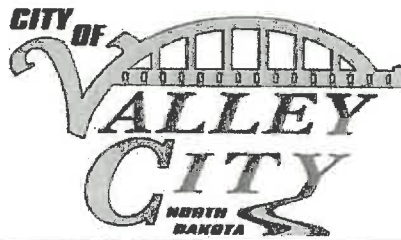
Name of Business: _____

Name of Person submitting Floor Plan: _____

Submit one time unless you make changes.

Using the space below, draw a clear and understandable floor plan of the premises to be/is licensed. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. Use a different color to outline the area(s) used for the sale and/or dispensing of alcoholic beverages. This diagram should include outside patio areas, smoking shelters etc. (please use additional sheets of paper as needed).

City Hall
254 2nd Ave NE
Valley City, ND 58072



Phone: 701-845-1700
www.valleycity.us

Responsible Beverage Seller/Server Yearly Report

Business Name: Boomers Due Date: June 2, 2025

Please complete the below table for all Beverage Seller/Servers:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Person | On-Line | Online Student ID# |
|------------------------|-----------------------------|---------------|-----------------|-----------|---------|--------------------|
| 1. Megan Gilbertson | 3/18/25 | 8/13/22 | 8/13/25 | | ✓ | 307132 |
| 2. Desire Enll | 2/20/25 | 6/25/24 | 6/25/27 | | ✓ | 34911 |
| 3. Caela Paduin | 2/24/25 | 5-18-25 | 5/18/28 | | ✓ | |
| 4. Patricia Downs | 6/1/21 | 3-27-24 | 3/27/27 | | ✓ | 343551 |
| add 5. Brenna Prichett | 6/1/21 1-1-21 | 8-15-22 | 8/15/25 | | | 307177 |
| 6. Shawn Mosby | 7-1-19 | 3-28-24 | 3/28/27 | | ✓ | 295671 |
| 7. Justin Barclay | 7-1-19 | 3-28-24 | 3/28/27 | | ✓ | 343567 (67) |
| 8. Ryan Nelson | 12-21 | 3-24-27 | 3/24/27 | | ✓ | 34333 |
| 9. | | | | | | |
| 10. | | | | | | |

If more lines are needed, please attach a second sheet. New hires have 60 days to complete Beverage Server Training but should still be listed above.

The above information is true and correct to the best of my knowledge.

Owner or Manager

Signature: Shawn Mosby Date: 5-29-25

Return Completed Form to:
City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:
Judi Hintz – Admin Assistant
701-845-1700



Responsible Beverage Server Training
Certificate of Achievement

Caela Podvin

has successfully completed

Responsible Beverage Server Online Training - Basic Server

05/18/2025

Date

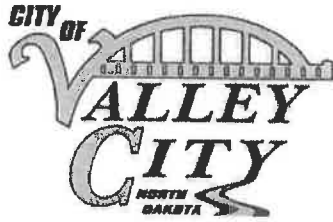
RESPONSIBLE BEVERAGE
SERVER

NDSC
NORTH DAKOTA SAFETY COUNCIL



Send a Chat





City of Valley City, North Dakota Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2025 – June 30, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Bridges Bar & Grill

Owner of Premises: VC Developers LLC

Ownership Contact: Marie Casper

Mailing Address: 264 Winter Show Road SW

City, State, Zip Code: Valley City, ND 58072

Phone Number: 701-845-9899

Email Address: manager@bridgesbargrill.com

Names and state of residence of all partners, officers, directors, and owners holding a five percent or greater interest

In the business: Anderson Brothers - North Dakota, Jeffrey Bopp – North Dakota, Scott Jorissen – North Dakota,
Matthew Jorissen – North Dakota, Terry Justesen – North Dakota, Kohler Farms – North Dakota, Rodney & Linda Latt –
North Dakota, LL & h LLC – North Dakota, Timothy Logan – North Dakota, Robin Moldenhauer – North Dakota,
Jeffrey Nathan – North Dakota, Monte & Penny Peterson – North Dakota, SF Investments LLC – North Dakota

Resident Manager: Allvson Dockter
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).

Mailing Address: 264 Winter Show Road SW

City, State, Zip Code: Valley City, ND 58072

Phone Number: 701-845-9899

Email Address: manager@bridgesbargrill.com

Type of License Applying For (check all that apply):

Cabaret Licenses sold separately.

| <input type="checkbox"/> | License Class | License Description | Annual Fee ¹ |
|-------------------------------------|---------------|--|-------------------------|
| <input type="checkbox"/> | Class A | Club/Lodge – On-sale and off-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input checked="" type="checkbox"/> | Class B | Beer – On-sale and off-sale beer | \$250 |
| <input checked="" type="checkbox"/> | Class C | Liquor – On-sale and off-sale wine, sparkling wine, liquor | \$2,000 |
| <input type="checkbox"/> | Class D(1) | Restaurant – Liquor On-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class D(2) | Restaurant – Beer/Wine On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class D(3) | Restaurant – Beer On-sale beer | \$250 |
| <input type="checkbox"/> | Class E | Retail Business On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class G | Microbrew Pub, Must hold Class B License | \$500 |
| <input type="checkbox"/> | Class H | Brewer Taproom | \$500 |
| <input type="checkbox"/> | Class I | Private Event/Entertainment Center | \$2,250 |
| <input type="checkbox"/> | Class J | Private Golf Course | \$2,250 |

¹Renewal Applications. An application for renewal of an existing license, and the applicable fee, are due no later than 5:00 PM on the first Monday in June.

A licensee applying for renewal of a license (except a Class B license) may elect to submit one half of the annual fee with the application, and the second half of the annual fee no later than 5:00 PM on the first Monday in December.

Late fees apply as follows:

\$250 first day

\$100 every day thereafter, until license fee and/or complete application received by City

LICENSE APPLICATION QUESTIONNAIRE

The following questions are required to ensure the type of license(s) requested are appropriate for your business, and that the business will be in compliance with local law.

All Applicants:

| | |
|--|--|
| 1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will you sell alcoholic beverages for consumption on the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |
| 4. Are any of the individuals named in this application under the age of 21? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Have any of the individuals named in this application been convicted of a misdemeanor or felony offense in the last five years? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |

Business Opening Date (new applicants): _____

Proposed Operating Hours: _____

All applicants:

| | |
|---|---|
| 1. Will you allow individuals under the age of 21 to enter the premises? If no, skip to next section. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No * If yes, please submit a statement from your financial representative certifying that the gross revenue ratio of goods and/or services to alcoholic beverages is in compliance with VCMC Title 4. |
| a. Will individuals under 21 years of age be permitted in the room where alcoholic beverages are being opened and mixed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |
| b. Will individuals under 21 years of age be permitted in any part of the establishment which is separated from the designated area in which alcoholic beverages are opened or mixed? | <input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, attach separate sheet with explanation. |

Class A License Applicants Only:

| | |
|---|--|
| 1. Is the club/lodge a subsidiary of national organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Name of national organization: | |
| b. Years in existence: | |
| 2. Number of local members: | |
| 3. Years local club/lodge in existence: | |

Class D License Applicants Only:

| | |
|--|--|
| 1. Number of seats exclusive of counter seating: | |
| 2. Number of days the restaurant will be open each week: | |
| 3. Number of parking spaces available to restaurant: | |
| 4. Will you provide a food and meals intended for individual consumption, fully prepared and cooked on the premises, that are not primarily pre-packaged, pre-processed, or pre-prepared foods reheated for fast service, and in which the sale of alcoholic beverages is incidental to the service of food? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class E License Applicants Only

| | |
|---|--|
| 1. Zoning District: | |
| 2. Square footage of retail establishment: | |
| 3. Square footage of licensed area: | |
| 4. Is the are to be licensed separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will Purchases of alcoholic beverages be made only in the area licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will 70% of the annual gross sales be from goods and services other than alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the business have regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will alcohol be sold only during regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Will the licensed portion of the premises have 25 or fewer seats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class I License Applicants Only

| | |
|---|---|
| 1. Square footage of licensed premises: | |
| 2. Occupancy load: | |
| 3. Will annual gross receipts from ticket sales and facility rental total at least \$50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will 60% or more of annual gross receipts of the establishment be derived from tickets, food and rent of the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 5. Will food be made available at every event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the licensee ensure that there is no permanent bar with seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class J License Applicants Only

| | |
|--|--|
| 1. Will licensee operate a restaurant on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will 50% or more of annual gross receipts of the restaurant be derived from food? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 3. Will licensee sell alcoholic beverages on the golf course? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a letter of approval from an authorized agent of the golf course operator, if different from licensee.</i> |

New Applicant or Relocation Only:

| | |
|---|--|
| 1. Are the premises listed in this application within 150 feet of a church or synagogue? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If yes, submit a letter of support. (Class A lic. excluded)</i> |
| 2. Are the premises listed in this application within 150 feet of public or parochial school grounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are all off-street parking areas for the business lighted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Can the licensed premises be accessed by customers through an interior connection from another business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TERMS & CONDITIONS**All Applicants:**

| | |
|--|---|
| 1. I have reviewed Title 4 of the Valley City Municipal Code, and I am familiar with the rules and regulations therein. If granted an alcoholic beverage license, I will obey, abide by, and comply with said rules and regulations, along with the laws of the State of North Dakota, as well as any amendments to state or municipal code which may be made in the future. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I agree not to sell, serve or dispense, or permit the furnishing of any alcoholic beverage on the licensed premises to a habitual drunkard, an obviously intoxicated person, an individual under 21 years of age, or a person under guardianship after written notice of such guardianship by the legal guardian and during the continuance of such guardianship. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I agree that an individual under 21 years of age is not permitted to enter or remain on the licensed premises unless specifically authorized under V.C.M.C. Title 4 and state law. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I understand that an alcoholic beverage license is not a property right; the city may decline to issue said license in its discretion; and said license is not transferable except by specific authority of the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|-----------------------------|
| 5. I understand that an alcoholic beverage license authorizes the sale of alcoholic beverages only by the license holder and only upon the specific premises designated in the application and thereafter approved by the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I certify that the Resident Manager and all owners and employees who sell, monitor the sale of, mix, serve, or dispense alcoholic beverages, or who are involved in checking identification or providing admission/security services upon the licensed premises during the course of their regular work requirements and have been employed at least 60 days have attended a responsible server training course approved by the Valley City Police Department. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I agree to ensure all persons requiring server training receive server training at all times during the license year. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I agree to keep copies of the server training certificates and produce them for city officials upon request. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I agree to inform the City Finance Director in writing within 30 days of any changes in the facts supplied to the City in my initial application and any renewal application. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I understand that violations of V.C.M.C. Title 4 may result in fines, suspension or revocation of the license, criminal penalties, or all of the above. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

**IN ADDITION TO ANY STATEMENT, EXPLANATION OR OTHER DOCUMENTATION REQUIRED ABOVE,
SUBMIT THE FOLLOWING WITH YOUR APPLICATION**
(incomplete applications will not be processed)

NA Alcoholic Beverage Floor Plan form (not applicable to renewals unless there are modifications to existing floor plans)

NA Transfer Application form, if applicable

☒ List of employees who attended server training and/or who need to attend server training, and the date of training.

NA Owner's Statement (not applicable to renewal)

* Owner must attach a statement in support of application which explains how the proposed establishment will be a definite asset to the city, and addresses other factors that may be relevant to the decision to approve this application, including but not limited to: (i) proximity of other businesses licensed to sell alcoholic beverages, (ii) effect on neighboring property owners or occupants, (iii) suitability of premises for sale of alcoholic beverages, (iv) zoning regulations, (v) proximity of schools, churches, funeral homes, public buildings, or buildings used by and for minors.

LICENSE FEE: _____ (application for new or transfer license prorated based on no. of months remaining in lic year)

TRANSFER FEE: NA (full annual fee x .5; not assessed if transferor and transferee file a joint application at time of renewal and transfer is executed no later than August 30)

APPLICATION FEE: NA (license fee x .25; applies to new, transfer and relocation applications)

PUBLICATION FEE: NA (applies to new or relocation applications)

LATE FEE: NA

Please confirm amounts with Auditor's Office and make checks payable to City of Valley City.

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 - 8121
Email: jhintz@valleycity.us

CERTIFICATION

I, Marie Casper HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2025 to June 30, 2026.

I certify that all information, statements, and affirmations contained in this application and all accompanying documents are true and correct.

Dated this 5th day of June, 2025.

Title:

Management Co. President

For City Use Only**Reviewed by Auditor's Office:**

- ☒ Property tax not delinquent. Parcel # 63-1210106
☒ Server training list
☒ Transfer Application, if applicable
☒ Owner's statement, if applicable
☒ CPA statement or copy of sales tax returns, if applicable
☒ Explanation of lease or contract for deed, if applicable
☒ Explanation of criminal convictions, if applicable
☒ Letter of support from church or synagogue, if applicable
☒ Floor plan form, if applicable
☒ Fees paid
☒ Public hearing scheduled
☒ Notice published at least 10 days prior to hearing (new license or relocation)

☐ Application deemed complete

Signature

Date

Reviewed by Police Department:

- ☒ Server training in good order
☒ Application in good order

 Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

Signature

Date 06/11/25**Reviewed by Fire Department:**

- ☒ Safety inspection complete

 Recommendation: ☐ Approve//☐ Deny//☐ Administrative Hearing

Signature

Date 06/10/2025**Reviewed by Commission**
☐ Approved

☐ Denied

Date of Final Action _____

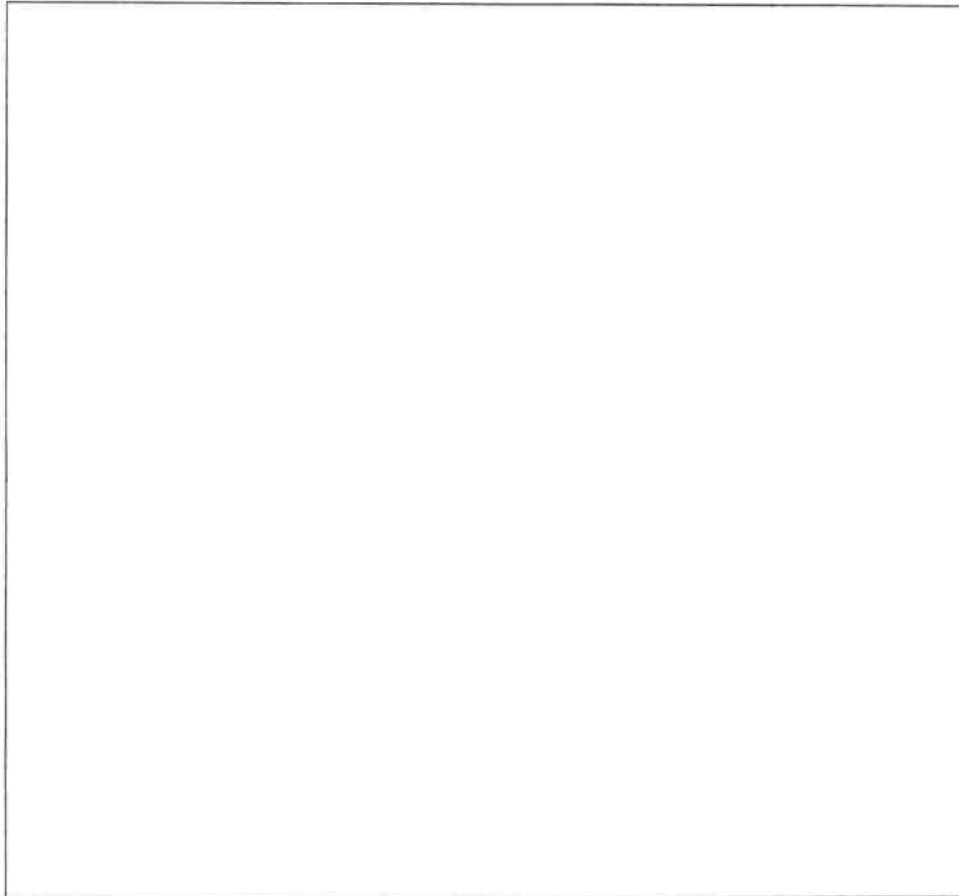
Alcoholic Beverage Floor Plan

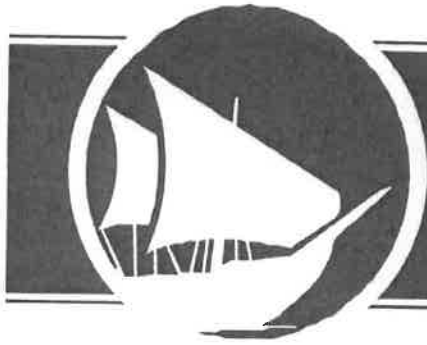
Name of Business: VC Developers LLC (DBA – Bridges Bar & Grill)

Name of Person submitting Floor Plan: Marie Casper

Submit one time unless you make changes.

Using the space below, draw a clear and understandable floor plan of the premises to be/is licensed. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. **Use a different color to outline the area(s) used for the sale and/or dispensing of alcoholic beverages.** This diagram should include outside patio areas, smoking shelters etc. (please use additional sheets of paper as needed).





DISCOVER LODGING — MANAGEMENT —

06/05/2025

To Whom It May Concern,

In accordance with Valley City, ND Title 4 – Alcohol, Section 4-01-15, Bridges Bar & Grill
Valley City reports the following breakdown of total sales:

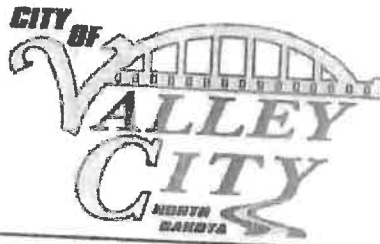
- Food Sales: 76%
- Alcohol Sales: 19%
- Other Sales: 5%

If you have any questions or require additional information, please feel free to contact me.

Sincerely,

Marie Casper
VC Developers LLC Representative
Email: mcasper@discoverlodging.net
Mobile: 701-640-1371

City Hall
254 2nd Ave NE
Valley City, ND 58072



1 of 3

Phone: 701-845-1700
www.valleycity.us

Responsible Beverage Seller/Server Quarterly Report

Business Name: Bridges Bar + Grill Due Date: 9.30.2024

Please complete the below table with any changes to your Beverage Seller/Servers since your last report:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Person | Online | Online Student ID # |
|----------------------|-----------|---------------|-----------------|-----------|--------|---------------------|
| 1. Kaelie Kosiak | 1/11/21 | 11/6/23 | 11/5/26 | X | | |
| 2. Alyssa Cretton | 8/10/23 | 11/5/23 | 11/6/26 | X | | |
| 3. Tina Current | 12/27/18 | 11/5/23 | 11/5/26 | X | | |
| 4. Morgan Wangruch | 9/3/23 | 11/5/23 | 11/6/26 | X | | |
| 5. Christina Lende | 10/3/21 | 11/5/23 | 11/5/26 | X | | |
| 6. Sarah Pickar | 7/2/16 | 11/5/23 | 11/5/26 | X | | |
| 7. Seville Walker | 7/30/23 | 11/5/23 | 11/5/26 | X | | |
| 8. Joplin Fink | 1/9/22 | 11/5/23 | 11/5/26 | X | | |
| 9. Ashton Hannig | 12/13/23 | 2/18/24 | 2/18/27 | X | | |
| 10. Patti McRoberts | 1/1/24 | 2/18/24 | 2/18/27 | X | | |

If more lines are needed, please attach a second sheet. New hires have 60 days to complete Beverage Server Training but should be listed above.

The above information is true and correct to the best of my knowledge.

Owner or Manager

Signature: Allison Daulton Date: _____

Return Completed Form to:
City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:
Judi Hintz - Admin Assistant
jhintz@valleycity.us
701-845-1700

City Hall
254 2nd Ave NE
Valley City, ND 58072



2 of 3

Phone: 701-845-1700
www.valleycity.us

Responsible Beverage Seller/Server Quarterly Report

Business Name: Bridges Bar + Grill Due Date: 9.30.2024

Please complete the below table with any changes to your Beverage Seller/Servers since your last report:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Per-son | On-line | Online student ID # |
|----------------------|-----------|---------------|-----------------|------------|---------|---------------------|
| 1. Abigail Huber | 2/22/24 | 8/1/24 | 8/1/27 | | X | 349568 |
| 2. Myah Bolluyt | 4/9/24 | 8/6/24 | 8/6/27 | | X | 350815 |
| 3. Allyson Dockter | 4/1/24 | 8/2/24 | 8/2/27 | | X | 350466 |
| 4. Payne Drake | 4/29/24 | 9/26/24 | 9/26/27 | | X | 351224 |
| 5. Allison Stromsodt | 4/29/24 | 6/25/24 | 6/25/27 | | X | 349098 |
| 6. Jayden Moser | 2/22/24 | 8/6/24 | 8/6/27 | | X | ? |
| 7. Makenzee Stone | 6/30/24 | 5/25/23 | 5/25/26 | X | | |
| 8. Adrianna Torres | 5/8/24 | 7/1/24 | 7/1/27 | | X | 349358 |
| 9. EMMA Selensky | 5/28/24 | 10/13/24 | 10/13/27 | | X | 354133 |
| 10. Ashley Forster | 9/16/24 | 4/4/24 | 4/4/27 | | X | 351349 |

If more lines are needed, please attach a second sheet. New hires have 60 days to complete Beverage Server Training but should be listed above.

twelisa09vQ

The above information is true and correct to the best of my knowledge.

Owner or Manager
Signature: Allyson Dockter

Date: _____

Return Completed Form to:
City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:
Judi Hintz - Admin Assistant
jhintz@valleycity.us
701-845-1700

City Hall
254 2nd Ave NE
Valley City, ND 58072



Phone: 701-845-1700
www.valleycity.nd.us

3 of 3

Responsible Beverage Seller/Server Quarterly Report

Business Name: Bridges Bar + Grill Due Date: 9.30.2024

Please complete the below table with any changes to your Gas Usage
Seller/Servers since your last report:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Per-son | On-line | Online student ID # |
|----------------------|-----------|---------------|-----------------|------------|---------|---------------------|
| 1. Justin Taliaferro | 8/6/24 | 11/14/24 | 11/14/27 | | Y | 355613 |
| 2. Riley Taliaferro | 8/5/24 | 12/31/24 | 12/31/27 | | Y | 356626 |
| 3. Katie Zann | 6/27/24 | 12/23/24 | 12/23/27 | | Y | 356575 |
| 4. Austin Richter | 2/20/23 | 12/31/24 | 12/31/27 | | Y | 356016 |
| 5. Kiana Lerud | 1/21/25 | 2/23/25 | 2/23/28 | X | | |
| 6. Sam Klabo | 11/5/24 | 5/30/23 | 5/30/26 | | X | #2uDakFu WZ4 |
| 7. Emma Perdue | 5/26/25 | 9-6-24 | 9-6-27 | | X | 352299 |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

If more lines are needed, please attach a second sheet. New hires have 30 days to complete Beverage Server Training but should be listed above.

The above information is true and correct to the best of my knowledge.

Owner or Manager

Signature: Allyson Deth

Date: _____

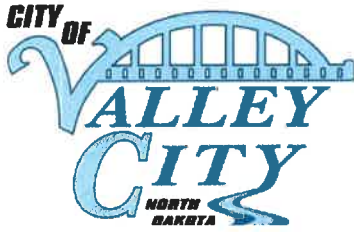
Return Completed Form to:

City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:

Judi Hintz - Admin Assistant
jhintz@valleycity.nd.us
701-845-1700

H-207



City of Valley City, North Dakota Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2025 – June 30, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: BROCKOPP BREWING LLC
 Owner of Premises: SCOTT BROCKOPP
 Ownership Contact: _____
 Mailing Address: 114 E. MAIN ST
 City, State, Zip Code: VALLEY CITY, ND 58072
 Phone Number: (701) 840-9866
 Email Address: BROCKBREW@LIVE.COM

Names and state of residence of all partners, officers, directors, and owners holding a five percent or greater interest in the business:

SCOTT BROCKOPP 423 9TH ST NW, VALLEY CITY, ND 58072
NICHOLE BROCKOPP 423 9TH ST NW, VALLEY CITY, ND 58072

Resident Manager: SCOTT BROCKOPP
 May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
 Mailing Address: 423 9TH ST NW
 City, State, Zip Code: VALLEY CITY, ND 58072
 Phone Number: (701) 840-9866
 Email Address: BROCKBREW@LIVE.COM

Type of License Applying For (check all that apply):

Cabaret Licenses sold separately.

| <input type="checkbox"/> | License Class | License Description | Annual Fee ¹ |
|-------------------------------------|---------------|---|-------------------------|
| <input type="checkbox"/> | Class A | Club/Lodge -- On-sale and off-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class B | Beer -- On-sale and off-sale beer | \$250 |
| <input type="checkbox"/> | Class C | Liquor -- On-sale and off-sale wine, sparkling wine, liquor | \$2,000 |
| <input type="checkbox"/> | Class D(1) | Restaurant -- Liquor On-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class D(2) | Restaurant -- Beer/Wine On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class D(3) | Restaurant -- Beer On-sale beer | \$250 |
| <input type="checkbox"/> | Class E | Retail Business On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class G | Microbrew Pub, Must hold Class B License | \$500 |
| <input checked="" type="checkbox"/> | Class H | Brewer Taproom | \$500 |
| <input type="checkbox"/> | Class I | Private Event/Entertainment Center | \$2,250 |
| <input type="checkbox"/> | Class J | Private Golf Course | \$2,250 |

¹Renewal Applications. An application for renewal of an existing license, and the applicable fee, are due no later than **5:00 PM on the first Monday in June.**

A licensee applying for renewal of a license (except a Class B license) may elect to submit one half of the annual fee with the application, and the second half of the annual fee no later than **5:00 PM on the first Monday in December.**

Late fees apply as follows:

\$250 first day

\$100 every day thereafter, until license fee and/or complete application received by City

LICENSE APPLICATION QUESTIONNAIRE

The following questions are required to ensure the type of license(s) requested are appropriate for your business, and that the business will be in compliance with local law.

All Applicants:

| | |
|--|--|
| 1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will you sell alcoholic beverages for consumption on the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |
| 4. Are any of the individuals named in this application under the age of 21? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Have any of the individuals named in this application been convicted of a misdemeanor or felony offense in the last five years? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |

Business Opening Date (new applicants): _____

Proposed Operating Hours: _____

All applicants:

| | |
|---|--|
| 1. Will you allow individuals under the age of 21 to enter the premises? If no, skip to next section. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, please submit a statement from your financial representative certifying that the gross revenue ratio of goods and/or services to alcoholic beverages is in compliance with VCMC Title 4. |
| a. Will individuals under 21 years of age be permitted in the room where alcoholic beverages are being opened and mixed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, attach separate sheet with explanation. |
| b. Will individuals under 21 years of age be permitted in any part of the establishment which is separated from the designated area in which alcoholic beverages are opened or mixed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, attach separate sheet with explanation. |

Class A License Applicants Only:

| | |
|---|--|
| 1. Is the club/lodge a subsidiary of national organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Name of national organization: | |
| b. Years in existence: | |
| 2. Number of local members: | |
| 3. Years local club/lodge in existence: | |

Class D License Applicants Only:

| | |
|--|--|
| 1. Number of seats exclusive of counter seating: | |
| 2. Number of days the restaurant will be open each week: | |
| 3. Number of parking spaces available to restaurant: | |
| 4. Will you provide a food and meals intended for individual consumption, fully prepared and cooked on the premises, that are not primarily pre-packaged, pre-processed, or pre-prepared foods reheated for fast service, and in which the sale of alcoholic beverages is incidental to the service of food? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class E License Applicants Only

| | |
|--|--|
| 1. Zoning District: | |
| 2. Square footage of retail establishment: | |
| 3. Square footage of licensed area: | |
| 4. Is the area to be licensed separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will Purchases of alcoholic beverages be made only in the area licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will 70% of the annual gross sales be from goods and services other than alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the business have regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will alcohol be sold only during regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Will the licensed portion of the premises have 25 or fewer seats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class I License Applicants Only

| | |
|---|---|
| 1. Square footage of licensed premises: | |
| 2. Occupancy load: | |
| 3. Will annual gross receipts from ticket sales and facility rental total at least \$50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will 60% or more of annual gross receipts of the establishment be derived from tickets, food and rent of the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 5. Will food be made available at every event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the licensee ensure that there is no permanent bar with seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class J License Applicants Only

| | |
|--|--|
| 1. Will licensee operate a restaurant on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will 50% or more of annual gross receipts of the restaurant be derived from food? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 3. Will licensee sell alcoholic beverages on the golf course? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a letter of approval from an authorized agent of the golf course operator, if different from licensee.</i> |

New Applicant or Relocation Only:

| | |
|---|--|
| 1. Are the premises listed in this application within 150 feet of a church or synagogue? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If yes, submit a letter of support. (Class A lic. excluded)</i> |
| 2. Are the premises listed in this application within 150 feet of public or parochial school grounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are all off-street parking areas for the business lighted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Can the licensed premises be accessed by customers through an interior connection from another business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TERMS & CONDITIONS**All Applicants:**

| | |
|--|---|
| 1. I have reviewed Title 4 of the Valley City Municipal Code, and I am familiar with the rules and regulations therein. If granted an alcoholic beverage license, I will obey, abide by, and comply with said rules and regulations, along with the laws of the State of North Dakota, as well as any amendments to state or municipal code which may be made in the future. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I agree not to sell, serve or dispense, or permit the furnishing of any alcoholic beverage on the licensed premises to a habitual drunkard, an obviously intoxicated person, an individual under 21 years of age, or a person under guardianship after written notice of such guardianship by the legal guardian and during the continuance of such guardianship. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I agree that an individual under 21 years of age is not permitted to enter or remain on the licensed premises unless specifically authorized under V.C.M.C. Title 4 and state law. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I understand that an alcoholic beverage license is not a property right; the city may decline to issue said license in its discretion; and said license is not transferable except by specific authority of the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|-----------------------------|
| 5. I understand that an alcoholic beverage license authorizes the sale of alcoholic beverages only by the license holder and only upon the specific premises designated in the application and thereafter approved by the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I certify that the Resident Manager and all owners and employees who sell, monitor the sale of, mix, serve, or dispense alcoholic beverages, or who are involved in checking identification or providing admission/security services upon the licensed premises during the course of their regular work requirements and have been employed at least 60 days have attended a responsible server training course approved by the Valley City Police Department. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I agree to ensure all persons requiring server training receive server training at all times during the license year. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I agree to keep copies of the server training certificates and produce them for city officials upon request. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I agree to inform the City Finance Director in writing within 30 days of any changes in the facts supplied to the City in my initial application and any renewal application. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I understand that violations of V.C.M.C. Title 4 may result in fines, suspension or revocation of the license, criminal penalties, or all of the above. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

**IN ADDITION TO ANY STATEMENT, EXPLANATION OR OTHER DOCUMENTATION REQUIRED ABOVE,
SUBMIT THE FOLLOWING WITH YOUR APPLICATION**
(incomplete applications will not be processed)

NA Alcoholic Beverage Floor Plan form (not applicable to renewals unless there are modifications to existing floor plans)

NA Transfer Application form, if applicable

X List of employees who attended server training and/or who need to attend server training, and the date of training.

NA Owner's Statement (not applicable to renewal)

* Owner must attach a statement in support of application which explains how the proposed establishment will be a definite asset to the city, and addresses other factors that may be relevant to the decision to approve this application, including but not limited to: (i) proximity of other businesses licensed to sell alcoholic beverages, (ii) effect on neighboring property owners or occupants, (iii) suitability of premises for sale of alcoholic beverages, (iv) zoning regulations, (v) proximity of schools, churches, funeral homes, public buildings, or buildings used by and for minors.

LICENSE FEE: X 500.- (application for new or transfer license prorated based on no. of months remaining in lic year)

TRANSFER FEE: NA (full annual fee x .5; not assessed if transferor and transferee file a joint application at time of renewal and transfer is executed no later than August 30)

APPLICATION FEE: NA (license fee x .25; applies to new, transfer and relocation applications)

PUBLICATION FEE: NA (applies to new or relocation applications)

LATE FEE: NA Paid CK#1474 5.30.25

Please confirm amounts with Auditor's Office and make checks payable to City of Valley City.

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 - 8121
Email: jhintz@valleycity.us

CERTIFICATION

I, Scott Bauhoff HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2025 to June 30, 2026.

I certify that all information, statements, and affirmations contained in this application and all accompanying documents are true and correct.

Dated this 30 day of MAY, 20 25

OWNER / PARTNER
Title:

For City Use Only**Reviewed by Auditor's Office:**

- ☒ Property tax not delinquent. Parcel # 63-3472256
☒ Server training list
☒ Transfer Application, if applicable
☒ Owner's statement, if applicable
☒ CPA statement or copy of sales tax returns, if applicable
☒ Explanation of lease or contract for deed, if applicable
☒ Explanation of criminal convictions, if applicable
☒ Letter of support from church or synagogue, if applicable
☒ Floor plan form, if applicable
☒ Fees paid
☒ Public hearing scheduled
☒ Notice published at least 10 days prior to hearing (new license or relocation)

☒ Application deemed complete

Judith Hintz
 Signature

6-10-25
 Date
Reviewed by Police Department:

- ☒ Server training in good order
☒ Application in good order

 Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

[Signature]
 Signature

06/11/25
 Date
Reviewed by Fire Department:
☐ Safety inspection complete

 Recommendation: ☐ Approve//☐ Deny//☐ Administrative Hearing

[Signature]
 Signature

06/10/2025
 Date
Reviewed by Commission
☐ Approved ☐ Denied Date of Final Action _____

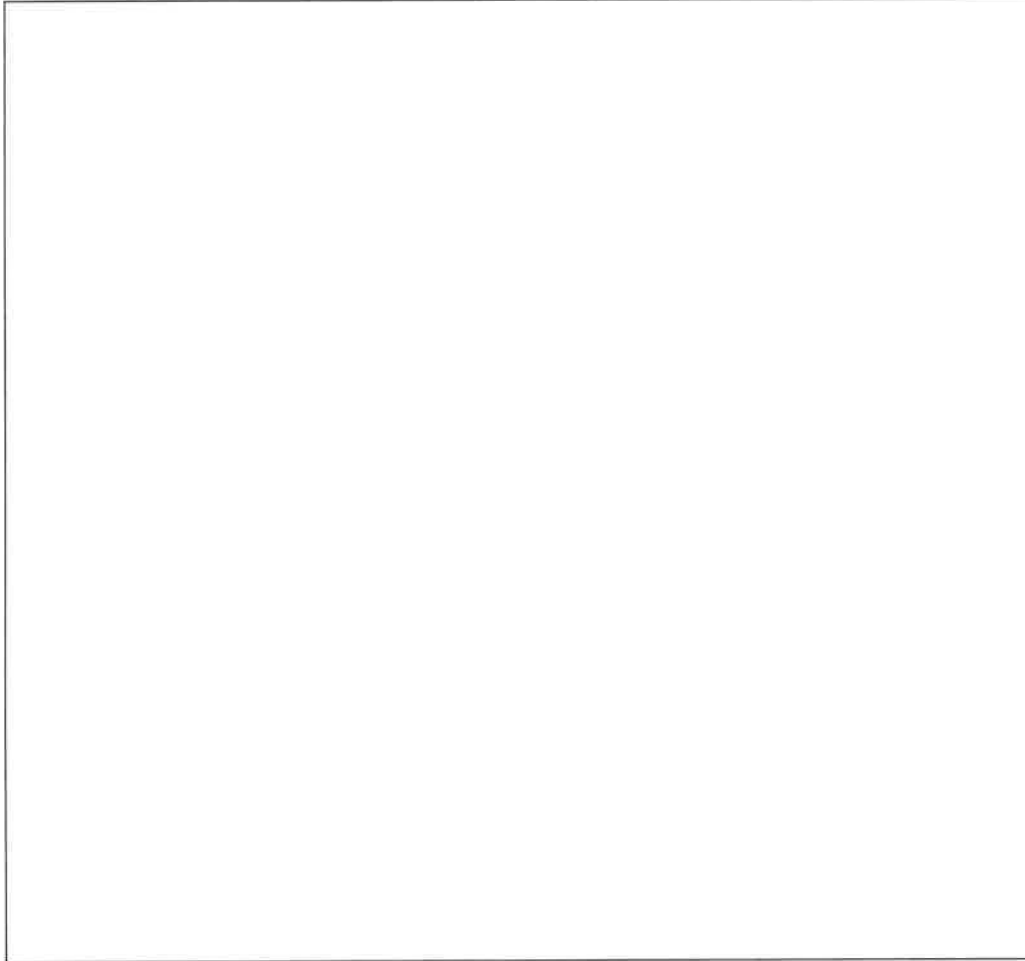
Alcoholic Beverage Floor Plan

Name of Business: _____

Name of Person submitting Floor Plan: _____

Submit one time unless you make changes.

Using the space below, draw a clear and understandable floor plan of the premises to be/is licensed. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. **Use a different color to outline the area(s)** used for the sale and/or dispensing of alcoholic beverages. This diagram should include outside patio areas, smoking shelters etc. (please use additional sheets of paper as needed).



Provisions for licensed premises that allow individuals under 21 years of age to enter and remain in establishment.

ALL LICENSES - Initial & Date



Any person under 21 years of age may enter and remain in a licensed premises for a **designated alcohol-free event** in any licensed premises or in a separate room within the licensed premises where the licensee has determined not to sell or permit consumption or possession of alcoholic beverages on that licensed premises or within the designated separate room within the licensed premises during a specified time period provided the licensee complies with the requirements of this subdivision.

- a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
- b. When required by the Chief of Police, security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
- c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted during the event and individuals under the age of 21 are not permitted into any area where of the licensed premises where alcoholic beverages are sold, consumed or possessed.
- d. During the alcohol-free event, the licensee shall remove from public view and secure all containers of alcoholic beverages as well as de-activate any device used to dispense alcohol.
- e. The licensee shall have all patrons regardless of age removed from the event following the completion of the event and not reopen the licensed premise or the separate room thereof for the sale, possession or consumption of alcohol until one hour after the completion of the alcohol-free event.

RESTAURANTS - Initial & Date



I. At the discretion of the owner of the licensed premises, an individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are being sold and in the area of the restaurant designated for the opening or mixing of alcohol if the individual:

- a. Is accompanied by a parent or guardian;
- b. Is not seated at or within three feet [0.91 meters] of the bar counter; and
- c. Does not enter or remain in the designated area after 10:00 p.m.



II. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the individual is employed by the restaurant as a food waiter, food waitress, busboy, busgirl, musician, disc jockey, or entertainer, or performing duties related thereto, under the direct supervision of an individual 21 years of age or older and is not engaged in the sale, dispensing, delivery, or consumption of alcoholic beverages.



III. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the restaurant is separated from the designated area in which alcoholic beverages are opened or mixed and gross sales of food are at least equal to gross sales of alcoholic beverages which are consumed in the dining area. **If this section applies you must submit a certification by the individual that records the financial transactions for the restaurant that the restaurant derives 50 percent or more of its revenue from the sale of food.**

BREWER TAPROOM - Initial & Date



At the discretion of the holder of a Class H license issued under this chapter, an individual under 21 years of age may be permitted to enter and remain in such licensed premises if:

- a. The licensed premises is connected to or contracts with an establishment, including a mobile food unit (as defined by N.D.C.C. § 5-02-06), at which food is prepared and available for purchase to be consumed in the licensed premises and which is connected to or located at the licensed premises and receives the majority of its gross sales from the sale of food; and
- b. The individual:
 - i. Is accompanied by the individual's parent or guardian;
 - ii. Is not seated at or within three feet [0.91 meters] of the bar counter; and
 - iii. Does not enter or remain in the licensed premises after 10:00 p.m. or during any time that food is not available for consumption as provided in subdivision a. of subsection 4.

PRIVATE EVENT OR ENTERTAINMENT CENTER - Initial & Date



1. If any person engages the venue for a public event to which admission is open to the general public and may be gained with or without payment of a fee or an event which is advertised to the general public:
 - a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.
2. If any person engages the venue for a private event which is not open to the general public to which access is granted to invited guests only, for which no admission fee is paid, and for which no advertising was conducted to the general public:
 - a. The licensee maintains the responsibility to comply with section 4-01-15(1).
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.

RETAIL BUSINESS - Initial & Date



An individual under 21 years of age may be permitted to enter and remain in a retail business where alcoholic beverages are sold if the licensed must be separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion.

Other provisions related to gross revenue ratio of goods and/or services to alcoholic beverages. - Initial & Date

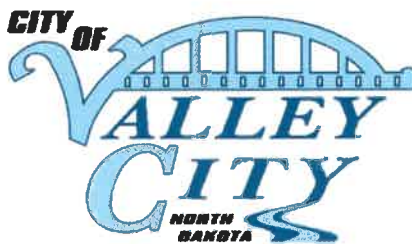


At the time of a new application and renewal, a **Class I** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 60 percent or more of its revenue from the sale of tickets, food, and/or rent.



At the time of a new application and renewal, a **Class E** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 70 percent or more of its revenue from the sale of goods and/or services other than alcoholic beverages.

City Hall
254 2nd Ave NE
Valley City, ND 58072



Phone: 701-845-1700
www.valleycity.us

Responsible Beverage Seller/Server Yearly Report

Business Name: BROCKOPP BREWING LLC Due Date: June 2, 2025

Please complete the below table for all Beverage Seller/Servers:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Person | On-Line | Online Student ID# |
|----------------------|-----------|---------------|-----------------|-----------|---------|--------------------|
| 1. Scott Brockopp | 1/20/20 | 9/6/22 | 9/6/25 | | X | 308740 |
| 2. Nicki Brockopp | 1/20/20 | 10/30/22 | 10/30/25 | X | | |
| 3. Terri Stevens | 1/20/20 | 10/30/22 | 10/30/25 | X | | |
| 4. Matthew Nielson | 10/15/21 | 6/2/24 | 6/2/27 | | X | 347675 |
| 5. John Sorenson | 4/12/21 | 6/22/24 | 6/22/27 | | X | 348901 |
| 6. Eric Holub | 7/1/21 | 8/23/24 | 8/23/27 | | X | 351574 |
| 7. Steve Thomas | 6/13/24 | 6/8/24 | 6/8/27 | | X | 348206 |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

If more lines are needed, please attach a second sheet. New hires have **60 days** to complete Beverage Server Training but should still be listed above.

The above information is true and correct to the best of my knowledge.

Owner or Manager
Signature: _____

A handwritten signature in black ink, appearing to read "Scott Brockopp".

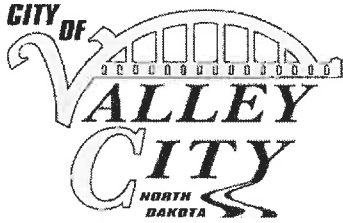
Date: 5/30/25

Return Completed Form to:
City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:
Judi Hintz – Admin Assistant
701-845-1700

B-208
C-209

Rev. 1/23/2025



City of Valley City, North Dakota
Application for
Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2025 – June 30, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Captains Pub LLC dba Captain's Pub
Owner of Premises: Covey Berwick, President - Berwick Properties LLC
Ownership Contact: Covey Berwick
Mailing Address: 2803 9th St NW
City, State, Zip Code: West Fargo, ND 58078
Phone Number: (701) 799-9997
Email Address: captainspubsales@gmail.com

Names and state of residence of all partners, officers, directors, and owners holding a five percent or greater interest in the business:

Covey Berwick - 100%

Resident Manager: Stetson Scott
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
Mailing Address: 253 4th St. SE
City, State, Zip Code: Valley City, ND 58072
Phone Number: (701) 671-0998
Email Address: stetson2000scott@gmail.com

Type of License Applying For (check all that apply):

Cabaret Licenses sold separately.

| <input type="checkbox"/> | License Class | License Description | Annual Fee ¹ |
|-------------------------------------|---------------|---|-------------------------|
| <input type="checkbox"/> | Class A | Club/Lodge -- On-sale and off-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input checked="" type="checkbox"/> | Class B | Beer -- On-sale and off-sale beer | <u>\$250</u> |
| <input checked="" type="checkbox"/> | Class C | Liquor -- On-sale and off-sale wine, sparkling wine, liquor | <u>\$2,000</u> |
| <input type="checkbox"/> | Class D(1) | Restaurant -- Liquor On-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class D(2) | Restaurant -- Beer/Wine On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class D(3) | Restaurant -- Beer On-sale beer | \$250 |
| <input type="checkbox"/> | Class E | Retail Business On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class G | Microbrew Pub, Must hold Class B License | \$500 |
| <input type="checkbox"/> | Class H | Brewer Taproom | \$500 |
| <input type="checkbox"/> | Class I | Private Event/Entertainment Center | \$2,250 |
| <input type="checkbox"/> | Class J | Private Golf Course | \$2,250 |

'Renewal Applications. An application for renewal of an existing license, and the applicable fee, are due no later than 5:00 PM on the first Monday in June.

A licensee applying for renewal of a license (except a Class B license) may elect to submit one half of the annual fee with the application, and the second half of the annual fee no later than 5:00 PM on the first Monday in December.

Late fees apply as follows:

\$250 first day

\$100 every day thereafter, until license fee and/or complete application received by City

LICENSE APPLICATION QUESTIONNAIRE

The following questions are required to ensure the type of license(s) requested are appropriate for your business, and that the business will be in compliance with local law.

All Applicants:

| | |
|--|--|
| 1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will you sell alcoholic beverages for consumption on the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |
| 4. Are any of the individuals named in this application under the age of 21? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Have any of the individuals named in this application been convicted of a misdemeanor or felony offense in the last five years? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |

Business Opening Date (new applicants): n/a

Proposed Operating Hours: Monday-Saturday 4pm-2am, Sunday 11am-4pm

All applicants:

| | |
|---|---|
| 1. Will you allow individuals under the age of 21 to enter the premises? If no, skip to next section. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, please submit a statement from your financial representative certifying that the gross revenue ratio of goods and/or services to alcoholic beverages is in compliance with VCMC Title 4. |
| a. Will individuals under 21 years of age be permitted in the room where alcoholic beverages are being opened and mixed? | <input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, attach separate sheet with explanation. |
| b. Will individuals under 21 years of age be permitted in any part of the establishment which is separated from the designated area in which alcoholic beverages are opened or mixed? | <input type="checkbox"/> Yes <input type="checkbox"/> No * If yes, attach separate sheet with explanation. |

Class A License Applicants Only:

| | |
|---|--|
| 1. Is the club/lodge a subsidiary of national organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Name of national organization: | |
| b. Years in existence: | |
| 2. Number of local members: | |
| 3. Years local club/lodge in existence: | |

Class D License Applicants Only:

| | |
|--|--|
| 1. Number of seats exclusive of counter seating: | |
| 2. Number of days the restaurant will be open each week: | |
| 3. Number of parking spaces available to restaurant: | |
| 4. Will you provide a food and meals intended for individual consumption, fully prepared and cooked on the premises, that are not primarily pre-packaged, pre-processed, or pre-prepared foods reheated for fast service, and in which the sale of alcoholic beverages is incidental to the service of food? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class E License Applicants Only

| | |
|--|--|
| 1. Zoning District: | |
| 2. Square footage of retail establishment: | |
| 3. Square footage of licensed area: | |
| 4. Is the area to be licensed separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will Purchases of alcoholic beverages be made only in the area licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will 70% of the annual gross sales be from goods and services other than alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the business have regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will alcohol be sold only during regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Will the licensed portion of the premises have 25 or fewer seats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class I License Applicants Only

| | |
|---|---|
| 1. Square footage of licensed premises: | |
| 2. Occupancy load: | |
| 3. Will annual gross receipts from ticket sales and facility rental total at least \$50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will 60% or more of annual gross receipts of the establishment be derived from tickets, food and rent of the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 5. Will food be made available at every event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the licensee ensure that there is no permanent bar with seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class J License Applicants Only

| | |
|--|--|
| 1. Will licensee operate a restaurant on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will 50% or more of annual gross receipts of the restaurant be derived from food? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 3. Will licensee sell alcoholic beverages on the golf course? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a letter of approval from an authorized agent of the golf course operator, if different from licensee.</i> |

New Applicant or Relocation Only:

| | |
|---|--|
| 1. Are the premises listed in this application within 150 feet of a church or synagogue? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If yes, submit a letter of support. (Class A lic. excluded)</i> |
| 2. Are the premises listed in this application within 150 feet of public or parochial school grounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are all off-street parking areas for the business lighted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Can the licensed premises be accessed by customers through an interior connection from another business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TERMS & CONDITIONS**All Applicants:**

| | |
|--|---|
| 1. I have reviewed Title 4 of the Valley City Municipal Code, and I am familiar with the rules and regulations therein. If granted an alcoholic beverage license, I will obey, abide by, and comply with said rules and regulations, along with the laws of the State of North Dakota, as well as any amendments to state or municipal code which may be made in the future. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I agree not to sell, serve or dispense, or permit the furnishing of any alcoholic beverage on the licensed premises to a habitual drunkard, an obviously intoxicated person, an individual under 21 years of age, or a person under guardianship after written notice of such guardianship by the legal guardian and during the continuance of such guardianship. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I agree that an individual under 21 years of age is not permitted to enter or remain on the licensed premises unless specifically authorized under V.C.M.C. Title 4 and state law. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I understand that an alcoholic beverage license is not a property right; the city may decline to issue said license in its discretion; and said license is not transferable except by specific authority of the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|-----------------------------|
| 5. I understand that an alcoholic beverage license authorizes the sale of alcoholic beverages only by the license holder and only upon the specific premises designated in the application and thereafter approved by the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I certify that the Resident Manager and all owners and employees who sell, monitor the sale of, mix, serve, or dispense alcoholic beverages, or who are involved in checking identification or providing admission/security services upon the licensed premises during the course of their regular work requirements and have been employed at least 60 days have attended a responsible server training course approved by the Valley City Police Department. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I agree to ensure all persons requiring server training receive server training at all times during the license year. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I agree to keep copies of the server training certificates and produce them for city officials upon request. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I agree to inform the City Finance Director in writing within 30 days of any changes in the facts supplied to the City in my initial application and any renewal application. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I understand that violations of V.C.M.C. Title 4 may result in fines, suspension or revocation of the license, criminal penalties, or all of the above. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

**IN ADDITION TO ANY STATEMENT, EXPLANATION OR OTHER DOCUMENTATION REQUIRED ABOVE,
SUBMIT THE FOLLOWING WITH YOUR APPLICATION**
(incomplete applications will not be processed)

n/a Alcoholic Beverage Floor Plan form (not applicable to renewals unless there are modifications to existing floor plans)

n/a Transfer Application form, if applicable

☒ List of employees who attended server training and/or who need to attend server training, and the date of training.

n/a Owner's Statement (not applicable to renewal)

* Owner must attach a statement in support of application which explains how the proposed establishment will be a definite asset to the city, and addresses other factors that may be relevant to the decision to approve this application, including but not limited to: (i) proximity of other businesses licensed to sell alcoholic beverages, (ii) effect on neighboring property owners or occupants, (iii) suitability of premises for sale of alcoholic beverages, (iv) zoning regulations, (v) proximity of schools, churches, funeral homes, public buildings, or buildings used by and for minors.

LICENSE FEE: \$2,250.00 (application for new or transfer license prorated based on no. of months remaining in lic year)

TRANSFER FEE: Paid 2250. Cash on 6-2-25 (full annual fee x .5; not assessed if transferor and transferee file a joint application at time of renewal and transfer is executed no later than August 30)

APPLICATION FEE: _____ (license fee x .25; applies to new, transfer and relocation applications)

PUBLICATION FEE: _____ (applies to new or relocation applications)

LATE FEE: _____

Please confirm amounts with Auditor's Office and make checks payable to City of Valley City.

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845-8121
Email: jhintz@valleycity.us

CERTIFICATION

I, Cory Barwick HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2025 to June 30, 2026.

I certify that all information, statements, and affirmations contained in this application and all accompanying documents are true and correct.

Dated this 2nd day of June, 20 25.

[Signature]
Title: Owner

For City Use Only**Reviewed by Auditor's Office:**

- ☒ Property tax not delinquent. Parcel # 63-3472310
☒ Server training list
☒ Transfer Application, if applicable
☒ Owner's statement, if applicable
☒ CPA statement or copy of sales tax returns, if applicable
☒ Explanation of lease or contract for deed, if applicable
☒ Explanation of criminal convictions, if applicable
☒ Letter of support from church or synagogue, if applicable
☒ Floor plan form, if applicable
☒ Fees paid
☒ Public hearing scheduled
☒ Notice published at least 10 days prior to hearing (new license or relocation)

☒ Application deemed complete

Judith Hints
 Signature

6-10-25
 Date
Reviewed by Police Department:

- ☒ Server training in good order
☒ Application in good order

 Recommendation: ☒ Approve // ☐ Deny // ☐ Administrative Hearing

[Signature]
 Signature

06/11/25
 Date
Reviewed by Fire Department:

- ☒ Safety inspection complete

 Recommendation: ☒ Approve // ☐ Deny // ☐ Administrative Hearing

[Signature]
 Signature

Date

Reviewed by Commission
☐ Approved

☐ Denied

Date of Final Action _____


Alcoholic Beverage Floor Plan

Name of Business: _____

Name of Person submitting Floor Plan: _____

Submit one time unless you make changes.

Using the space below, draw a clear and understandable floor plan of the premises to be/is licensed. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. **Use a different color to outline the area(s) used for the sale and/or dispensing of alcoholic beverages.** This diagram should include outside patio areas, smoking shelters etc. (please use additional sheets of paper as needed).



Provisions for licensed premises that allow individuals under 21 years
of age to enter and remain in establishment.

ALL LICENSES - Initial & Date

CDB
6-2-25

Any person under 21 years of age may enter and remain in a licensed premises for a **designated alcohol-free event** in any licensed premises or in a separate room within the licensed premises where the licensee has determined not to sell or permit consumption or possession of alcoholic beverages on that licensed premises or within the designated separate room within the licensed premises during a specified time period provided the licensee complies with the requirements of this subdivision.

- a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
- b. When required by the Chief of Police, security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
- c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted during the event and individuals under the age of 21 are not permitted into any area where of the licensed premises where alcoholic beverages are sold, consumed or possessed.
- d. During the alcohol-free event, the licensee shall remove from public view and secure all containers of alcoholic beverages as well as de-activate any device used to dispense alcohol.
- e. The licensee shall have all patrons regardless of age removed from the event following the completion of the event and not reopen the licensed premise or the separate room thereof for the sale, possession or consumption of alcohol until one hour after the completion of the alcohol-free event.

RESTAURANTS - Initial & Date

n/a

- I. At the discretion of the owner of the licensed premises, an individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are being sold and in the area of the restaurant designated for the opening or mixing of alcohol if the individual:
 - a. Is accompanied by a parent or guardian;
 - b. Is not seated at or within three feet [0.91 meters] of the bar counter; and
 - c. Does not enter or remain in the designated area after 10:00 p.m.

n/a

- II. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the individual is employed by the restaurant as a food waiter, food waitress, busboy, busgirl, musician, disc jockey, or entertainer, or performing duties related thereto, under the direct supervision of an individual 21 years of age or older and is not engaged in the sale, dispensing, delivery, or consumption of alcoholic beverages.

n/a

- III. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the restaurant is separated from the designated area in which alcoholic beverages are opened or mixed and gross sales of food are at least equal to gross sales of alcoholic beverages which are consumed in the dining area. **If this section applies you must submit a certification by the individual that records the financial transactions for the restaurant that the restaurant derives 50 percent or more of its revenue from the sale of food.**

BREWER TAPROOM - Initial & Date

n/a

At the discretion of the holder of a Class H license issued under this chapter, an individual under 21 years of age may be permitted to enter and remain in such licensed premises if:

- a. The licensed premises is connected to or contracts with an establishment, including a mobile food unit (as defined by N.D.C.C. § 5-02-06), at which food is prepared and available for purchase to be consumed in the licensed premises and which is connected to or located at the licensed premises and receives the majority of its gross sales from the sale of food; and
- b. The individual:
 - i. Is accompanied by the individual's parent or guardian;
 - ii. Is not seated at or within three feet [0.91 meters] of the bar counter; and
 - iii. Does not enter or remain in the licensed premises after 10:00 p.m. or during any time that food is not available for consumption as provided in subdivision a. of subsection 4.

PRIVATE EVENT OR ENTERTAINMENT CENTER - Initial & Date

CDB
6-2-25

1. If any person engages the venue for a public event to which admission is open to the general public and may be gained with or without payment of a fee or an event which is advertised to the general public:
 - a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.
2. If any person engages the venue for a private event which is not open to the general public to which access is granted to invited guests only, for which no admission fee is paid, and for which no advertising was conducted to the general public:
 - a. The licensee maintains the responsibility to comply with section 4-01-15(1).
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.

RETAIL BUSINESS - Initial & Date

n/a

An individual under 21 years of age may be permitted to enter and remain in a retail business where alcoholic beverages are sold if the licensed must be separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion.

Other provisions related to gross revenue ratio of goods and/or services to alcoholic beverages. - Initial & Date

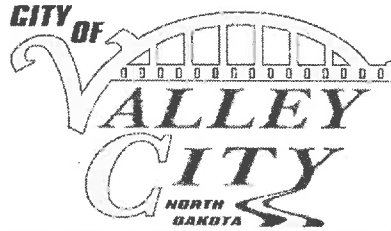
n/a

At the time of a new application and renewal, a **Class I** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 60 percent or more of its revenue from the sale of tickets, food, and/or rent.

n/a

At the time of a new application and renewal, a **Class E** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 70 percent or more of its revenue from the sale of goods and/or services other than alcoholic beverages.

City Hall
254 2nd Ave NE
Valley City, ND 58072



Phone: 701-845-1700
www.valleycity.us

Responsible Beverage Seller/Server Yearly Report

Business Name: Captain's Pub Due Date: June 2, 2025

Please complete the below table for all Beverage Seller/Servers:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Person | On-Line | Online Student ID# |
|-------------------------|------------|---------------|-----------------|-----------|---------|--------------------|
| 1. Ana de la Rosa Lopez | 9-7-2021 | 1-31-2024 | 1-31-2027 | | X | 341249 |
| 2. Athena Capes | 3-29-2024 | 10-2-2024 | 10-2-2027 | | X | 353623 |
| 3. Sophia Dietrich-Fink | 1-2-2024 | 11-5-2023 | 11-5-2026 | X | | VCPD |
| 4. Josh Delah | 7-15-2024 | 9-17-2024 | 9-17-2027 | | X | 353042 |
| 5. Joelle Aiello | 3-28-25 | 5-18-25 | 5-18-28 | X | | VCPD |
| 6. Payne Drake | 11-5-2024 | 9-26-2024 | 9-26-2027 | | X | 351224 |
| 7. Stetson Scott | 12-26-2023 | 3-17-2024 | 3-17-2027 | | X | 343010 |
| 8. ? Tatsana Marvosh | 12-3-2024 | 3-18-2025 | 3-18-2028 | X | | VCPD |
| 9. Corey Berwick | owner | 3-22-2024 | 3-22-2027 | | X | 343322 |
| 10. | | | | | | |

If more lines are needed, please attach a second sheet. New hires have **60 days** to complete Beverage Server Training but should still be listed above.

The above information is true and correct to the best of my knowledge.

Owner or Manager

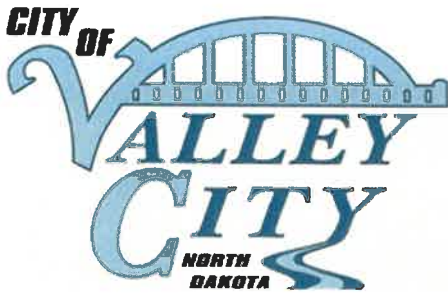
Signature: [Signature] Date: 6-2-2025

Return Completed Form to:
City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:
Judi Hintz – Admin Assistant
701-845-1700

B(212)
C(213)

Rev. 1/23/2025



City of Valley City, North Dakota
Application for
Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2025 – June 30, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: CASA VALLEY INC.
Owner of Premises: SERGIO AGUIRRE
Ownership Contact: 605 228 6628
Mailing Address: 2369 ELM ST
City, State, Zip Code: VALLEY CITY ND 58072
Phone Number: 701 490 3394
Email Address: casaValley4@gmail.com

Names and state of residence of all partners, officers, directors, and owners holding a five percent or greater interest in the business:

SERGIO AGUIRRE 6765 VISTA ST HORACE ND 58047
JUAN D GUZMAN 1025 5TH AVE S JAMESTOWN ND 58401

Resident Manager: SERGIO AGUIRRE
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
Mailing Address: 6765 VISTA ST
City, State, Zip Code: HORACE ND 58047
Phone Number: 605 228 6628
Email Address: serg2@live.com

Type of License Applying For (check all that apply):

Cabaret Licenses sold separately.

| <input type="checkbox"/> | License Class | License Description | Annual Fee ¹ |
|-------------------------------------|---------------|---|-------------------------|
| <input type="checkbox"/> | Class A | Club/Lodge -- On-sale and off-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input checked="" type="checkbox"/> | Class B | Beer -- On-sale and off-sale beer | \$250 |
| <input checked="" type="checkbox"/> | Class C | Liquor -- On-sale and off-sale wine, sparkling wine, liquor | \$2,000 |
| <input type="checkbox"/> | Class D(1) | Restaurant -- Liquor On-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class D(2) | Restaurant -- Beer/Wine On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class D(3) | Restaurant -- Beer On-sale beer | \$250 |
| <input type="checkbox"/> | Class E | Retail Business On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class G | Microbrew Pub, Must hold Class B License | \$500 |
| <input type="checkbox"/> | Class H | Brewer Taproom | \$500 |
| <input type="checkbox"/> | Class I | Private Event/Entertainment Center | \$2,250 |
| <input type="checkbox"/> | Class J | Private Golf Course | \$2,250 |

Renewal Applications. An application for renewal of an existing license, and the applicable fee, are due no later than 5:00 PM on the first Monday in June.

A licensee applying for renewal of a license (except a Class B license) may elect to submit one half of the annual fee with the application, and the second half of the annual fee no later than 5:00 PM on the first Monday in December.

Late fees apply as follows:
\$250 first day
\$100 every day thereafter, until license fee and/or complete application received by City

LICENSE APPLICATION QUESTIONNAIRE

The following questions are required to ensure the type of license(s) requested are appropriate for your business, and that the business will be in compliance with local law.

All Applicants:

| | | |
|--|---|--|
| 1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Will you sell alcoholic beverages for consumption on the licensed premises? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <i>* If yes, attach separate sheet with explanation.</i> |
| 4. Are any of the individuals named in this application under the age of 21? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 5. Have any of the individuals named in this application been convicted of a misdemeanor or felony offense in the last five years? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <i>* If yes, attach separate sheet with explanation.</i> |

Business Opening Date (new applicants): _____

Proposed Operating Hours: 11 AM TO 10 PM

All applicants:

| | | |
|---|---|---|
| 1. Will you allow individuals under the age of 21 to enter the premises? If no, skip to next section. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that the gross revenue ratio of goods and/or services to alcoholic beverages is in compliance with VCMC Title 4.</i> |
| a. Will individuals under 21 years of age be permitted in the room where alcoholic beverages are being opened and mixed? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <i>*If yes, attach separate sheet with explanation.</i> |
| b. Will individuals under 21 years of age be permitted in any part of the establishment which is separated from the designated area in which alcoholic beverages are opened or mixed? | <input checked="" type="checkbox"/> Yes | <input checked="" type="checkbox"/> No <i>*If yes, attach separate sheet with explanation.</i> |

Class A License Applicants Only:

| | | |
|---|------------------------------|-----------------------------|
| 1. Is the club/lodge a subsidiary of national organization? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. Name of national organization: | | |
| b. Years in existence: | | |
| 2. Number of local members: | | |
| 3. Years local club/lodge in existence: | | |

Class D License Applicants Only:

| | | |
|--|---|-----------------------------|
| 1. Number of seats exclusive of counter seating: | 280 | |
| 2. Number of days the restaurant will be open each week: | 7 | |
| 3. Number of parking spaces available to restaurant: | | |
| 4. Will you provide a food and meals intended for individual consumption, fully prepared and cooked on the premises, that are not primarily pre-packaged, pre-processed, or pre-prepared foods reheated for fast service, and in which the sale of alcoholic beverages is incidental to the service of food? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

Class E License Applicants Only

| | |
|---|--|
| 1. Zoning District: | |
| 2. Square footage of retail establishment: | |
| 3. Square footage of licensed area: | |
| 4. Is the are to be licensed separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will Purchases of alcoholic beverages be made only in the area licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will 70% of the annual gross sales be from goods and services other than alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the business have regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will alcohol be sold only during regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Will the licensed portion of the premises have 25 or fewer seats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class I License Applicants Only

| | |
|---|---|
| 1. Square footage of licensed premises: | |
| 2. Occupancy load: | |
| 3. Will annual gross receipts from ticket sales and facility rental total at least \$50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will 60% or more of annual gross receipts of the establishment be derived from tickets, food and rent of the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 5. Will food be made available at every event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the licensee ensure that there is no permanent bar with seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class J License Applicants Only

| | |
|--|--|
| 1. Will licensee operate a restaurant on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will 50% or more of annual gross receipts of the restaurant be derived from food? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 3. Will licensee sell alcoholic beverages on the golf course? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a letter of approval from an authorized agent of the golf course operator, if different from licensee.</i> |

New Applicant or Relocation Only:

| | |
|---|--|
| 1. Are the premises listed in this application within 150 feet of a church or synagogue? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If yes, submit a letter of support. (Class A lic. excluded)</i> |
| 2. Are the premises listed in this application within 150 feet of public or parochial school grounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are all off-street parking areas for the business lighted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Can the licensed premises be accessed by customers through an interior connection from another business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TERMS & CONDITIONS

All Applicants:

| | |
|--|---|
| 1. I have reviewed Title 4 of the Valley City Municipal Code, and I am familiar with the rules and regulations therein. If granted an alcoholic beverage license, I will obey, abide by, and comply with said rules and regulations, along with the laws of the State of North Dakota, as well as any amendments to state or municipal code which may be made in the future. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I agree not to sell, serve or dispense, or permit the furnishing of any alcoholic beverage on the licensed premises to a habitual drunkard, an obviously intoxicated person, an individual under 21 years of age, or a person under guardianship after written notice of such guardianship by the legal guardian and during the continuance of such guardianship. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I agree that an individual under 21 years of age is not permitted to enter or remain on the licensed premises unless specifically authorized under V.C.M.C. Title 4 and state law. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I understand that an alcoholic beverage license is not a property right; the city may decline to issue said license in its discretion; and said license is not transferable except by specific authority of the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|-----------------------------|
| 5. I understand that an alcoholic beverage license authorizes the sale of alcoholic beverages only by the license holder and only upon the specific premises designated in the application and thereafter approved by the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I certify that the Resident Manager and all owners and employees who sell, monitor the sale of, mix, serve, or dispense alcoholic beverages, or who are involved in checking identification or providing admission/security services upon the licensed premises during the course of their regular work requirements and have been employed at least 60 days have attended a responsible server training course approved by the Valley City Police Department. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I agree to ensure all persons requiring server training receive server training at all times during the license year. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I agree to keep copies of the server training certificates and produce them for city officials upon request. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I agree to inform the City Finance Director in writing within 30 days of any changes in the facts supplied to the City in my initial application and any renewal application. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I understand that violations of V.C.M.C. Title 4 may result in fines, suspension or revocation of the license, criminal penalties, or all of the above. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

IN ADDITION TO ANY STATEMENT, EXPLANATION OR OTHER DOCUMENTATION REQUIRED ABOVE,
SUBMIT THE FOLLOWING WITH YOUR APPLICATION
(incomplete applications will not be processed)

NA Alcoholic Beverage Floor Plan form (not applicable to renewals unless there are modifications to existing floor plans)

NA Transfer Application form, if applicable

☒ List of employees who attended server training and/or who need to attend server training, and the date of training.

NA Owner's Statement (not applicable to renewal)
* Owner must attach a statement in support of application which explains how the proposed establishment will be a definite asset to the city, and addresses other factors that may be relevant to the decision to approve this application, including but not limited to: (i) proximity of other businesses licensed to sell alcoholic beverages, (ii) effect on neighboring property owners or occupants, (iii) suitability of premises for sale of alcoholic beverages, (iv) zoning regulations, (v) proximity of schools, churches, funeral homes, public buildings, or buildings used by and for minors.

LICENSE FEE: 2250 (application for new or transfer license prorated based on no. of months remaining in lic year)

TRANSFER FEE: NA (full annual fee x .5; not assessed if transferor and transferee file a joint application at time of renewal and transfer is executed no later than August 30)

APPLICATION FEE: NA (license fee x .25; applies to new, transfer and relocation applications)

PUBLICATION FEE: NA (applies to new or relocation applications)

LATE FEE: NA Paid CK# 1057 6-2-25

Please confirm amounts with Auditor's Office and make checks payable to City of Valley City.

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: jhintz@valleycity.us

CERTIFICATION

I, SERGEY ABOURNE HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2025 to June 30, 2026.

I certify that all information, statements, and affirmations contained in this application and all accompanying documents are true and correct.

Dated this 03 day of JUN, 20 25.


Title:

For City Use Only

Reviewed by Auditor's Office:

- ☒ Property tax not delinquent. Parcel # 63-0430013 owed 7/2025 \$398.20
- ☒ Server training list
- ☒ Transfer Application, if applicable
- ☒ Owner's statement, if applicable
- ☒ CPA statement or copy of sales tax returns, if applicable
- ☒ Explanation of lease or contract for deed, if applicable
- ☒ Explanation of criminal convictions, if applicable
- ☒ Letter of support from church or synagogue, if applicable
- ☒ Floor plan form, if applicable
- ☒ Fees paid
- ☒ Public hearing scheduled
- ☒ Notice published at least 10 days prior to hearing (new license or relocation)

☒ Application deemed complete *Judith Hink* 6-11-25
Signature Date

Reviewed by Police Department:

- ☒ Server training in good order
- ☒ Application in good order

Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

[Signature] 06/11/25
Signature Date

Reviewed by Fire Department:

- ☒ Safety inspection complete

Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

[Signature] 06 10 2025
Signature Date

Reviewed by Commission

____ Approved _____ Denied Date of Final Action _____

Alcoholic Beverage Floor Plan

Name of Business: CASA VALLEY INC

Name of Person submitting Floor Plan: SERGIO AGUIRRE

Submit one time unless you make changes.

Using the space below, draw a clear and understandable floor plan of the premises to be/is licensed. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. Use a different color to outline the area(s) used for the sale and/or dispensing of alcoholic beverages. This diagram should include outside patio areas, smoking shelters etc. (please use additional sheets of paper as needed).

City Hall
254 2nd Ave NE
Valley City, ND 58072



Phone: 701-845-1700
www.valleycity.us

Responsible Beverage Seller/Server Yearly Report

Business Name: CASH VALLEY INC. Due Date: June 2, 2025

Please complete the below table for all Beverage Seller/Servers:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Person | On-Line | Online Student ID# |
|----------------------|-----------|---------------|-----------------|-----------|---------|--------------------|
| 1. SERGIO AGUIRRE | 04-07-25 | 05-18-25 | 05-17-26 | ✓ | | |
| 2. JOSE ROCHA | 05-10-25 | | | | | |
| 3. IMELDA VALADEZ | 05-10-25 | | | | | |
| 4. DIFFREY SYDNEY | 05-01-25 | | | | | |
| 5. SUSSIER SOPHIA | 04-25-25 | | | | | |
| 6. JUAN D GUZMAN | 04-07-25 | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

If more lines are needed, please attach a second sheet. New hires have 60 days to complete Beverage Server Training but should still be listed above.

The above information is true and correct to the best of my knowledge.

Owner or Manager
Signature: [Signature] Date: 06-02-25

Return Completed Form to:
City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:
Judi Hintz – Admin Assistant
701-845-1700

Provisions for licensed premises that allow individuals under 21 years
of age to enter and remain in establishment.

ALL LICENSES - Initial & Date



Any person under 21 years of age may enter and remain in a licensed premises for a **designated alcohol-free event** in any licensed premises or in a separate room within the licensed premises where the licensee has determined not to sell or permit consumption or possession of alcoholic beverages on that licensed premises or within the designated separate room within the licensed premises during a specified time period provided the licensee complies with the requirements of this subdivision.

- a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
- b. When required by the Chief of Police, security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
- c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted during the event and individuals under the age of 21 are not permitted into any area where of the licensed premises where alcoholic beverages are sold, consumed or possessed.
- d. During the alcohol-free event, the licensee shall remove from public view and secure all containers of alcoholic beverages as well as de-activate any device used to dispense alcohol.
- e. The licensee shall have all patrons regardless of age removed from the event following the completion of the event and not reopen the licensed premise or the separate room thereof for the sale, possession or consumption of alcohol until one hour after the completion of the alcohol-free event.

RESTAURANTS - Initial & Date

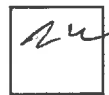


I. At the discretion of the owner of the licensed premises, an individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are being sold and in the area of the restaurant designated for the opening or mixing of alcohol if the individual:

- a. Is accompanied by a parent or guardian;
- b. Is not seated at or within three feet [0.91 meters] of the bar counter; and
- c. Does not enter or remain in the designated area after 10:00 p.m.



II. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the individual is employed by the restaurant as a food waiter, food waitress, busboy, busgirl, musician, disc jockey, or entertainer, or performing duties related thereto, under the direct supervision of an individual 21 years of age or older and is not engaged in the sale, dispensing, delivery, or consumption of alcoholic beverages.



III. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the restaurant is separated from the designated area in which alcoholic beverages are opened or mixed and gross sales of food are at least equal to gross sales of alcoholic beverages which are consumed in the dining area. **If this section applies you must submit a certification by the individual that records the financial transactions for the restaurant that the restaurant derives 50 percent or more of its revenue from the sale of food.**

BREWER TAPROOM - Initial & Date

- ☐
- At the discretion of the holder of a Class H license issued under this chapter, an individual under 21 years of age may be permitted to enter and remain in such licensed premises if:

 - a. The licensed premises is connected to or contracts with an establishment, including a mobile food unit (as defined by N.D.C.C. § 5-02-06), at which food is prepared and available for purchase to be consumed in the licensed premises and which is connected to or located at the licensed premises and receives the majority of its gross sales from the sale of food; and
 - b. The individual:
 - i. Is accompanied by the individual's parent or guardian;
 - ii. Is not seated at or within three feet [0.91 meters] of the bar counter; and
 - iii. Does not enter or remain in the licensed premises after 10:00 p.m. or during any time that food is not available for consumption as provided in subdivision a. of subsection 4.

PRIVATE EVENT OR ENTERTAINMENT CENTER - Initial & Date

- ☐
- 1. If any person engages the venue for a public event to which admission is open to the general public and may be gained with or without payment of a fee or an event which is advertised to the general public:
 - a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.
 - 2. If any person engages the venue for a private event which is not open to the general public to which access is granted to invited guests only, for which no admission fee is paid, and for which no advertising was conducted to the general public:
 - a. The licensee maintains the responsibility to comply with section 4-01-15(1).
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.

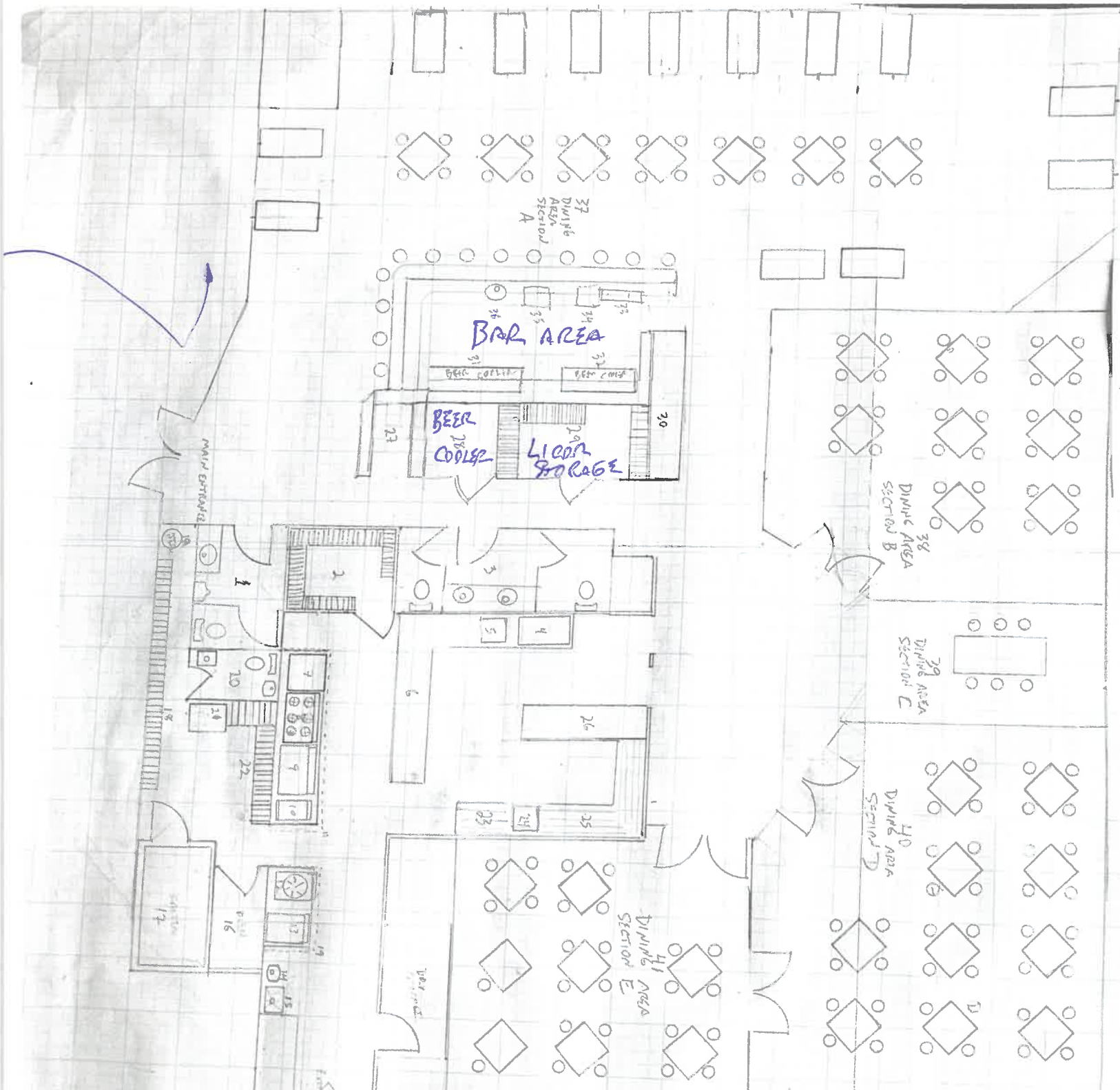
RETAIL BUSINESS - Initial & Date

- ☐
- An individual under 21 years of age may be permitted to enter and remain in a retail business where alcoholic beverages are sold if the licensed must be separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion.

Other provisions related to gross revenue ratio of goods and/or services to alcoholic beverages. - Initial & Date

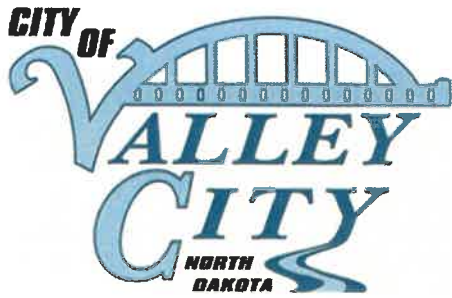
- ☐
- At the time of a new application and renewal, a **Class I** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 60 percent or more of its revenue from the sale of tickets, food, and/or rent.
- ☐
- At the time of a new application and renewal, a **Class E** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 70 percent or more of its revenue from the sale of goods and/or services other than alcoholic beverages.

- 4. Sinks
- 5. Dish rack
- 6. Pass run counter
- 7. Convection oven
- 8. Gas burner stove
- 9. 48" flat grill
- 10. Deep fat fryer
- 11. 14" convection hood
- 12. Deep fat fryer
- 13. Hand sink
- 14. Vegetable sink
- 15. Meat rack
- 16. Dish rack
- 17. Dish rack
- 18. Dish rack
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B 214
C 215

Rev. 1/23/2025



City of Valley City, North Dakota Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2025 – June 30, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Dakota Silver LLC
Owner of Premises: Gary Pederson
Ownership Contact: Gary Pederson
Mailing Address: PO Box 1001
City, State, Zip Code: Valley City, ND 58072
Phone Number: 701-845-5302
Email Address: info@dakotasilver.com

Names and state of residence of all partners, officers, directors, and owners holding a five percent or greater interest in the business:

Tom Glandt, ND Chad Zaun, ND
Luke Tropp, ND Tyler Van Bruggen, ND
Matt Kloba, ND Casey Glandt, ND

Resident Manager: Sally Hannig
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
Mailing Address: 512 E. Main St.
City, State, Zip Code: Valley City, ND 58072
Phone Number: 701-845-5302
Email Address: manager@dakotasilver.com

Type of License Applying For (check all that apply):

Cabaret Licenses sold separately.

| <input type="checkbox"/> | License Class | License Description | Annual Fee ¹ |
|-------------------------------------|---------------|---|-------------------------|
| <input type="checkbox"/> | Class A | Club/Lodge -- On-sale and off-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input checked="" type="checkbox"/> | Class B | Beer -- On-sale and off-sale beer | \$250 |
| <input checked="" type="checkbox"/> | Class C | Liquor -- On-sale and off-sale wine, sparkling wine, liquor | \$2,000 |
| <input type="checkbox"/> | Class D(1) | Restaurant -- Liquor On-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class D(2) | Restaurant -- Beer/Wine On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class D(3) | Restaurant -- Beer On-sale beer | \$250 |
| <input type="checkbox"/> | Class E | Retail Business On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class G | Microbrew Pub, Must hold Class B License | \$500 |
| <input type="checkbox"/> | Class H | Brewer Taproom | \$500 |
| <input type="checkbox"/> | Class I | Private Event/Entertainment Center | \$2,250 |
| <input type="checkbox"/> | Class J | Private Golf Course | \$2,250 |

¹Renewal Applications. An application for renewal of an existing license, and the applicable fee, are due no later than **5:00 PM on the first Monday in June.**

A licensee applying for renewal of a license (except a Class B license) may elect to submit one half of the annual fee with the application, and the second half of the annual fee no later than **5:00 PM on the first Monday in December.**

Late fees apply as follows:
\$250 first day
\$100 every day thereafter, until license fee and/or complete application received by City

LICENSE APPLICATION QUESTIONNAIRE

The following questions are required to ensure the type of license(s) requested are appropriate for your business, and that the business will be in compliance with local law.

All Applicants:

| | |
|--|--|
| 1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Will you sell alcoholic beverages for consumption on the licensed premises? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |
| 4. Are any of the individuals named in this application under the age of 21? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Have any of the individuals named in this application been convicted of a misdemeanor or felony offense in the last five years? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |

Business Opening Date (new applicants): _____

Proposed Operating Hours: 9a-11p M M-Th, 9a-12a F-S, 11a-7p Su.

All applicants:

| | |
|---|--|
| 1. Will you allow individuals under the age of 21 to enter the premises? If no, skip to next section. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, please submit a statement from your financial representative certifying that the gross revenue ratio of goods and/or services to alcoholic beverages is in compliance with VCMC Title 4. |
| a. Will individuals under 21 years of age be permitted in the room where alcoholic beverages are being opened and mixed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, attach separate sheet with explanation. |
| b. Will individuals under 21 years of age be permitted in any part of the establishment which is separated from the designated area in which alcoholic beverages are opened or mixed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, attach separate sheet with explanation. |

Class A License Applicants Only:

| | |
|---|--|
| 1. Is the club/lodge a subsidiary of national organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Name of national organization: | |
| b. Years in existence: | |
| 2. Number of local members: | |
| 3. Years local club/lodge in existence: | |

Class D License Applicants Only:

| | |
|--|--|
| 1. Number of seats exclusive of counter seating: | |
| 2. Number of days the restaurant will be open each week: | |
| 3. Number of parking spaces available to restaurant: | |
| 4. Will you provide a food and meals intended for individual consumption, fully prepared and cooked on the premises, that are not primarily pre-packaged, pre-processed, or pre-prepared foods reheated for fast service, and in which the sale of alcoholic beverages is incidental to the service of food? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class E License Applicants Only

| | |
|---|--|
| 1. Zoning District: | |
| 2. Square footage of retail establishment: | |
| 3. Square footage of licensed area: | |
| 4. Is the are to be licensed separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will Purchases of alcoholic beverages be made only in the area licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will 70% of the annual gross sales be from goods and services other than alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the business have regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will alcohol be sold only during regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Will the licensed portion of the premises have 25 or fewer seats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class I License Applicants Only

| | |
|---|---|
| 1. Square footage of licensed premises: | |
| 2. Occupancy load: | |
| 3. Will annual gross receipts from ticket sales and facility rental total at least \$50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will 60% or more of annual gross receipts of the establishment be derived from tickets, food and rent of the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 5. Will food be made available at every event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the licensee ensure that there is no permanent bar with seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class J License Applicants Only

| | |
|--|--|
| 1. Will licensee operate a restaurant on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will 50% or more of annual gross receipts of the restaurant be derived from food? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 3. Will licensee sell alcoholic beverages on the golf course? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a letter of approval from an authorized agent of the golf course operator, if different from licensee.</i> |

New Applicant or Relocation Only:

| | |
|---|--|
| 1. Are the premises listed in this application within 150 feet of a church or synagogue? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If yes, submit a letter of support. (Class A lic. excluded)</i> |
| 2. Are the premises listed in this application within 150 feet of public or parochial school grounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are all off-street parking areas for the business lighted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Can the licensed premises be accessed by customers through an interior connection from another business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TERMS & CONDITIONS

All Applicants:

| | |
|--|---|
| 1. I have reviewed Title 4 of the Valley City Municipal Code, and I am familiar with the rules and regulations therein. If granted an alcoholic beverage license, I will obey, abide by, and comply with said rules and regulations, along with the laws of the State of North Dakota, as well as any amendments to state or municipal code which may be made in the future. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I agree not to sell, serve or dispense, or permit the furnishing of any alcoholic beverage on the licensed premises to a habitual drunkard, an obviously intoxicated person, an individual under 21 years of age, or a person under guardianship after written notice of such guardianship by the legal guardian and during the continuance of such guardianship. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I agree that an individual under 21 years of age is not permitted to enter or remain on the licensed premises unless specifically authorized under V.C.M.C. Title 4 and state law. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I understand that an alcoholic beverage license is not a property right; the city may decline to issue said license in its discretion; and said license is not transferable except by specific authority of the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|-----------------------------|
| 5. I understand that an alcoholic beverage license authorizes the sale of alcoholic beverages only by the license holder and only upon the specific premises designated in the application and thereafter approved by the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I certify that the Resident Manager and all owners and employees who sell, monitor the sale of, mix, serve, or dispense alcoholic beverages, or who are involved in checking identification or providing admission/security services upon the licensed premises during the course of their regular work requirements and have been employed at least 60 days have attended a responsible server training course approved by the Valley City Police Department. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I agree to ensure all persons requiring server training receive server training at all times during the license year. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I agree to keep copies of the server training certificates and produce them for city officials upon request. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I agree to inform the City Finance Director in writing within 30 days of any changes in the facts supplied to the City in my initial application and any renewal application. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I understand that violations of V.C.M.C. Title 4 may result in fines, suspension or revocation of the license, criminal penalties, or all of the above. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

IN ADDITION TO ANY STATEMENT, EXPLANATION OR OTHER DOCUMENTATION REQUIRED ABOVE,
SUBMIT THE FOLLOWING WITH YOUR APPLICATION
(incomplete applications will not be processed)

NA Alcoholic Beverage Floor Plan form (not applicable to renewals unless there are modifications to existing floor plans)

NA Transfer Application form, if applicable

X List of employees who attended server training and/or who need to attend server training, and the date of training.

NA Owner's Statement (not applicable to renewal)

* Owner must attach a statement in support of application which explains how the proposed establishment will be a definite asset to the city, and addresses other factors that may be relevant to the decision to approve this application, including but not limited to: (i) proximity of other businesses licensed to sell alcoholic beverages, (ii) effect on neighboring property owners or occupants, (iii) suitability of premises for sale of alcoholic beverages, (iv) zoning regulations, (v) proximity of schools, churches, funeral homes, public buildings, or buildings used by and for minors.

LICENSE FEE: X (application for new or transfer license prorated based on no. of months remaining in lic year)

TRANSFER FEE: NA 2250.- Paid CK# 10606 5/30/25 (full annual fee x .5; not assessed if transferor and transferee file a joint application at time of renewal and transfer is executed no later than August 30)

APPLICATION FEE: NA (license fee x .25; applies to new, transfer and relocation applications)

PUBLICATION FEE: NA (applies to new or relocation applications)

LATE FEE: NA

Please confirm amounts with Auditor's Office and make checks payable to City of Valley City.

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: jhintz@valleycity.us

CERTIFICATION

I, T.V.B. HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2025 to June 30, 2026.

I certify that all information, statements, and affirmations contained in this application and all accompanying documents are true and correct.

Dated this 27 day of May, 2025.

Partner
Title:

For City Use Only

Reviewed by Auditor's Office:

- ☒ Property tax not delinquent. Parcel # 63-3110054
- ☒ Server training list
- ☐ NA Transfer Application, if applicable
- ☐ NA Owner's statement, if applicable
- ☐ NA CPA statement or copy of sales tax returns, if applicable
- ☐ NA Explanation of lease or contract for deed, if applicable
- ☐ NA Explanation of criminal convictions, if applicable
- ☐ NA Letter of support from church or synagogue, if applicable
- ☐ NA Floor plan form, if applicable
- ☒ Fees paid
- ☐ NA Public hearing scheduled
- ☐ NA Notice published at least 10 days prior to hearing (new license or relocation)

owes \$1434.86 by 7/1/2025
2nd payment.

☒ Application deemed complete Judith Hintz 6-11-25
Signature Date

Reviewed by Police Department:

- ☒ Server training in good order
- ☒ Application in good order

Recommendation: ☒ Approve// ☐ Deny// ☐ Administrative Hearing

[Signature] 06/11/25
Signature Date

Reviewed by Fire Department:

- ☒ Safety inspection complete

Recommendation: ☒ Approve// ☐ Deny// ☐ Administrative Hearing

[Signature] 06/10/2025
Signature Date

Reviewed by Commission

_____ Approved _____ Denied Date of Final Action _____

Alcoholic Beverage Floor Plan

Name of Business: _____

Name of Person submitting Floor Plan: _____

Submit one time unless you make changes.

Using the space below, draw a clear and understandable floor plan of the premises to be/is licensed. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. **Use a different color to outline the area(s) used for the sale and/or dispensing of alcoholic beverages.** This diagram should include outside patio areas, smoking shelters etc. (please use additional sheets of paper as needed).

Provisions for licensed premises that allow individuals under 21 years
of age to enter and remain in establishment.

ALL LICENSES - Initial & Date



Any person under 21 years of age may enter and remain in a licensed premises for a **designated alcohol-free event** in any licensed premises or in a separate room within the licensed premises where the licensee has determined not to sell or permit consumption or possession of alcoholic beverages on that licensed premises or within the designated separate room within the licensed premises during a specified time period provided the licensee complies with the requirements of this subdivision.

- a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
- b. When required by the Chief of Police, security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
- c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted during the event and individuals under the age of 21 are not permitted into any area where of the licensed premises where alcoholic beverages are sold, consumed or possessed.
- d. During the alcohol-free event, the licensee shall remove from public view and secure all containers of alcoholic beverages as well as de-activate any device used to dispense alcohol.
- e. The licensee shall have all patrons regardless of age removed from the event following the completion of the event and not reopen the licensed premise or the separate room thereof for the sale, possession or consumption of alcohol until one hour after the completion of the alcohol-free event.

RESTAURANTS - Initial & Date



I. At the discretion of the owner of the licensed premises, an individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are being sold and in the area of the restaurant designated for the opening or mixing of alcohol if the individual:

- a. Is accompanied by a parent or guardian;
- b. Is not seated at or within three feet [0.91 meters] of the bar counter; and
- c. Does not enter or remain in the designated area after 10:00 p.m.



II. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the individual is employed by the restaurant as a food waiter, food waitress, busboy, busgirl, musician, disc jockey, or entertainer, or performing duties related thereto, under the direct supervision of an individual 21 years of age or older and is not engaged in the sale, dispensing, delivery, or consumption of alcoholic beverages.



III. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the restaurant is separated from the designated area in which alcoholic beverages are opened or mixed and gross sales of food are at least equal to gross sales of alcoholic beverages which are consumed in the dining area. **If this section applies you must submit a certification by the individual that records the financial transactions for the restaurant that the restaurant derives 50 percent or more of its revenue from the sale of food.**

BREWER TAPROOM - Initial & Date

- At the discretion of the holder of a Class H license issued under this chapter, an individual under 21 years of age may be permitted to enter and remain in such licensed premises if:
- a. The licensed premises is connected to or contracts with an establishment, including a mobile food unit (as defined by N.D.C.C. § 5-02-06), at which food is prepared and available for purchase to be consumed in the licensed premises and which is connected to or located at the licensed premises and receives the majority of its gross sales from the sale of food; and
 - b. The individual:
 - i. Is accompanied by the individual's parent or guardian;
 - ii. Is not seated at or within three feet [0.91 meters] of the bar counter; and
 - iii. Does not enter or remain in the licensed premises after 10:00 p.m. or during any time that food is not available for consumption as provided in subdivision a. of subsection 4.

PRIVATE EVENT OR ENTERTAINMENT CENTER - Initial & Date

- 1. If any person engages the venue for a public event to which admission is open to the general public and may be gained with or without payment of a fee or an event which is advertised to the general public:
 - a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.
- 2. If any person engages the venue for a private event which is not open to the general public to which access is granted to invited guests only, for which no admission fee is paid, and for which no advertising was conducted to the general public:
 - a. The licensee maintains the responsibility to comply with section 4-01-15(1).
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.

RETAIL BUSINESS - Initial & Date

TV
5-27-28

An individual under 21 years of age may be permitted to enter and remain in a retail business where alcoholic beverages are sold if the licensed must be separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion.

Other provisions related to gross revenue ratio of goods and/or services to alcoholic beverages. - Initial & Date

At the time of a new application and renewal, a **Class I** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 60 percent or more of its revenue from the sale of tickets, food, and/or rent.

At the time of a new application and renewal, a **Class E** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 70 percent or more of its revenue from the sale of goods and/or services other than alcoholic beverages.

City Hall
254 2nd Ave NE
Valley City, ND 58072



Phone: 701-845-1700
www.valleycity.us

Responsible Beverage Seller/Server Yearly Report

Business Name: Dakota Silver LLC Due Date: June 2, 2025

Please complete the below table for all Beverage Seller/Servers:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Person | On-Line | Online Student ID# |
|----------------------|--------------------|---------------------|---------------------|--------------|---------|--------------------|
| 1. Seth Erwin | 5/30/24 | 11/17/24 | 11/17/27 | x | | |
| 2. Dennis Myers | 5/19/11 | 11/5/23 | 11/5/26 | x | | |
| 3. Danays Molahn | 4/20/20 | 11/17/24 | 11/17/27 | x | | |
| 4. Sally Hennig | 11/4/11 | 11/17/24 | 11/17/27 | x | | |
| 5. Brandon Halberg | 4/26/24 | 5/19/24 | 5/19/27 | x | | |
| 6. Jacob Schnase | 10/3/24 | 11/17/24 | 11/17/27 | x | | |
| 7. Denise Wrench | | 5/18/25 | 5/18/28 | x | | |
| 8. Ethon Marchow | | 5/18/25 | 5/18/28 | x | | |
| 9. Kerry Mitchell | 5/1/25 | | | | | |
| 10. | | | | | | |

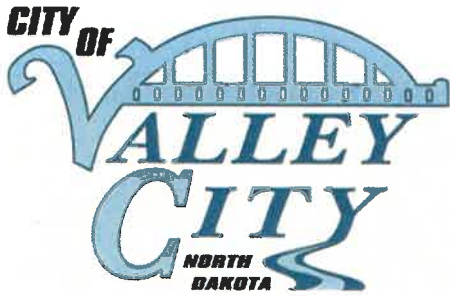
If more lines are needed, please attach a second sheet. New hires have 60 days to complete Beverage Server Training but should still be listed above.

The above information is true and correct to the best of my knowledge.

Owner or Manager
Signature: Ty V. B. Date: 5/27/25

Return Completed Form to:
City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:
Judi Hintz – Admin Assistant
701-845-1700



City of Valley City, North Dakota
Application for
Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2025 – June 30, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: FOE Aenc 2192

Owner of Premises: _____

Ownership Contact: _____

Mailing Address: PO Box 1055

City, State, Zip Code: Valley City, ND 58072

Phone Number: 701-845-2192

Email Address: office manager 2192@gmail.com

Names and state of residence of all partners, officers, directors, and owners holding a five percent or greater interest in the business:

None

Resident Manager: Emerson Meidinger

May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).

Mailing Address: PO Box 1055

City, State, Zip Code: Valley City, ND 58072

Phone Number: 701-845-2192

Email Address: _____

Type of License Applying For (check all that apply):
Cabaret Licenses sold separately.

| <input type="checkbox"/> | License Class | License Description | Annual Fee ¹ |
|-------------------------------------|---------------|---|-------------------------|
| <input checked="" type="checkbox"/> | Class A | Club/Lodge -- On-sale and off-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class B | Beer -- On-sale and off-sale beer | \$250 |
| <input type="checkbox"/> | Class C | Liquor -- On-sale and off-sale wine, sparkling wine, liquor | \$2,000 |
| <input type="checkbox"/> | Class D(1) | Restaurant -- Liquor On-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class D(2) | Restaurant -- Beer/Wine On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class D(3) | Restaurant -- Beer On-sale beer | \$250 |
| <input type="checkbox"/> | Class E | Retail Business On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class G | Microbrew Pub, Must hold Class B License | \$500 |
| <input type="checkbox"/> | Class H | Brewer Taproom | \$500 |
| <input type="checkbox"/> | Class I | Private Event/Entertainment Center | \$2,250 |
| <input type="checkbox"/> | Class J | Private Golf Course | \$2,250 |

¹Renewal Applications. An application for renewal of an existing license, and the applicable fee, are due no later than **5:00 PM on the first Monday in June.**

A licensee applying for renewal of a license (except a Class B license) may elect to submit one half of the annual fee with the application, and the second half of the annual fee no later than **5:00 PM on the first Monday in December.**

Late fees apply as follows:

\$250 first day

\$100 every day thereafter, until license fee and/or complete application received by City

LICENSE APPLICATION QUESTIONNAIRE

The following questions are required to ensure the type of license(s) requested are appropriate for your business, and that the business will be in compliance with local law.

All Applicants:

| | |
|--|--|
| 1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will you sell alcoholic beverages for consumption on the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |
| 4. Are any of the individuals named in this application under the age of 21? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Have any of the individuals named in this application been convicted of a misdemeanor or felony offense in the last five years? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |

Business Opening Date (new applicants): _____

Proposed Operating Hours: _____

All applicants:

| | |
|---|--|
| 1. Will you allow individuals under the age of 21 to enter the premises? If no, skip to next section. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please submit a statement from your financial representative certifying that the gross revenue ratio of goods and/or services to alcoholic beverages is in compliance with VCMC Title 4. |
| a. Will individuals under 21 years of age be permitted in the room where alcoholic beverages are being opened and mixed? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *If yes, attach separate sheet with explanation. |
| b. Will individuals under 21 years of age be permitted in any part of the establishment which is separated from the designated area in which alcoholic beverages are opened or mixed? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *If yes, attach separate sheet with explanation. |

Class A License Applicants Only:

| | |
|---|---|
| 1. Is the club/lodge a subsidiary of national organization? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Name of national organization: | Fraternal Order of Eagles |
| b. Years in existence: | 1975 |
| 2. Number of local members: | 1,000 |
| 3. Years local club/lodge in existence: | 1975 |

Class D License Applicants Only:

| | |
|--|--|
| 1. Number of seats exclusive of counter seating: | |
| 2. Number of days the restaurant will be open each week: | |
| 3. Number of parking spaces available to restaurant: | |
| 4. Will you provide a food and meals intended for individual consumption, fully prepared and cooked on the premises, that are not primarily pre-packaged, pre-processed, or pre-prepared foods reheated for fast service, and in which the sale of alcoholic beverages is incidental to the service of food? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class E License Applicants Only

| | |
|---|--|
| 1. Zoning District: | |
| 2. Square footage of retail establishment: | |
| 3. Square footage of licensed area: | |
| 4. Is the are to be licensed separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will Purchases of alcoholic beverages be made only in the area licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will 70% of the annual gross sales be from goods and services other than alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the business have regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will alcohol be sold only during regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Will the licensed portion of the premises have 25 or fewer seats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class I License Applicants Only

| | |
|---|---|
| 1. Square footage of licensed premises: | |
| 2. Occupancy load: | |
| 3. Will annual gross receipts from ticket sales and facility rental total at least \$50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will 60% or more of annual gross receipts of the establishment be derived from tickets, food and rent of the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 5. Will food be made available at every event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the licensee ensure that there is no permanent bar with seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class J License Applicants Only

| | |
|--|--|
| 1. Will licensee operate a restaurant on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will 50% or more of annual gross receipts of the restaurant be derived from food? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 3. Will licensee sell alcoholic beverages on the golf course? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a letter of approval from an authorized agent of the golf course operator, if different from licensee.</i> |

New Applicant or Relocation Only:

| | |
|---|--|
| 1. Are the premises listed in this application within 150 feet of a church or synagogue? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If yes, submit a letter of support. (Class A lic. excluded)</i> |
| 2. Are the premises listed in this application within 150 feet of public or parochial school grounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are all off-street parking areas for the business lighted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Can the licensed premises be accessed by customers through an interior connection from another business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TERMS & CONDITIONS

All Applicants:

| | |
|--|---|
| 1. I have reviewed Title 4 of the Valley City Municipal Code, and I am familiar with the rules and regulations therein. If granted an alcoholic beverage license, I will obey, abide by, and comply with said rules and regulations, along with the laws of the State of North Dakota, as well as any amendments to state or municipal code which may be made in the future. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I agree not to sell, serve or dispense, or permit the furnishing of any alcoholic beverage on the licensed premises to a habitual drunkard, an obviously intoxicated person, an individual under 21 years of age, or a person under guardianship after written notice of such guardianship by the legal guardian and during the continuance of such guardianship. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I agree that an individual under 21 years of age is not permitted to enter or remain on the licensed premises unless specifically authorized under V.C.M.C. Title 4 and state law. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I understand that an alcoholic beverage license is not a property right; the city may decline to issue said license in its discretion; and said license is not transferable except by specific authority of the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|-----------------------------|
| 5. I understand that an alcoholic beverage license authorizes the sale of alcoholic beverages only by the license holder and only upon the specific premises designated in the application and thereafter approved by the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I certify that the Resident Manager and all owners and employees who sell, monitor the sale of, mix, serve, or dispense alcoholic beverages, or who are involved in checking identification or providing admission/security services upon the licensed premises during the course of their regular work requirements and have been employed at least 60 days have attended a responsible server training course approved by the Valley City Police Department. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I agree to ensure all persons requiring server training receive server training at all times during the license year. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I agree to keep copies of the server training certificates and produce them for city officials upon request. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I agree to inform the City Finance Director in writing within 30 days of any changes in the facts supplied to the City in my initial application and any renewal application. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I understand that violations of V.C.M.C. Title 4 may result in fines, suspension or revocation of the license, criminal penalties, or all of the above. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

**IN ADDITION TO ANY STATEMENT, EXPLANATION OR OTHER DOCUMENTATION REQUIRED ABOVE,
SUBMIT THE FOLLOWING WITH YOUR APPLICATION**
(incomplete applications will not be processed)

N/A Alcoholic Beverage Floor Plan form *(not applicable to renewals unless there are modifications to existing floor plans)*

N/A Transfer Application form, if applicable

☒ List of employees who attended server training and/or who need to attend server training, and the date of training.

N/A Owner's Statement *(not applicable to renewal)*

* Owner must attach a statement in support of application which explains how the proposed establishment will be a definite asset to the city, and addresses other factors that may be relevant to the decision to approve this application, including but not limited to: (i) proximity of other businesses licensed to sell alcoholic beverages, (ii) effect on neighboring property owners or occupants, (iii) suitability of premises for sale of alcoholic beverages, (iv) zoning regulations, (v) proximity of schools, churches, funeral homes, public buildings, or buildings used by and for minors.

LICENSE FEE: ☒ *(application for new or transfer license prorated based on no. of months remaining in lic year)*

TRANSFER FEE: NA *(full annual fee x .5; not assessed if transferor and transferee file a joint application at time of renewal and transfer is executed no later than August 30)*

APPLICATION FEE: NA *(license fee x .25; applies to new, transfer and relocation applications)*

PUBLICATION FEE: NA *(applies to new or relocation applications)*

LATE FEE: NA

Please confirm amounts with Auditor's Office and make checks payable to City of Valley City.

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: jhintz@valleycity.us

CERTIFICATION

Quentin C. McEnany HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2025 to June 30, 2026.

I certify that all information, statements, and affirmations contained in this application and all accompanying documents are true and correct.

Dated this 8-28 day of May, 2025.

Pres
Title:

For City Use Only**Reviewed by Auditor's Office:**

- ☒ Property tax not delinquent. Parcel # 63-3020689
☒ Server training list
☒ Transfer Application, if applicable
☒ Owner's statement, if applicable
☒ CPA statement or copy of sales tax returns, if applicable
☒ Explanation of lease or contract for deed, if applicable
☒ Explanation of criminal convictions, if applicable
☒ Letter of support from church or synagogue, if applicable
☒ Floor plan form, if applicable
☒ Fees paid
☒ Public hearing scheduled
☒ Notice published at least 10 days prior to hearing (new license or relocation)

☒ Application deemed complete Judi Hintz 6-10-25
 Signature Date

Reviewed by Police Department:

- ☒ Server training in good order
☒ Application in good order

Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

[Signature] 06/11/25
 Signature Date

Reviewed by Fire Department:

[Signature] Safety inspection complete

Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

[Signature] 30 May 2025
 Signature Date

Reviewed by Commission

_____ Approved _____ Denied Date of Final Action _____

Alcoholic Beverage Floor Plan

Name of Business: _____

Name of Person submitting Floor Plan: _____

Submit one time unless you make changes.

Using the space below, draw a clear and understandable floor plan of the premises to be/is licensed. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. **Use a different color to outline the area(s) used for the sale and/or dispensing of alcoholic beverages.** This diagram should include outside patio areas, smoking shelters etc. (please use additional sheets of paper as needed).

BREWER TAPROOM - Initial & Date

Qm
5-28-25

At the discretion of the holder of a Class H license issued under this chapter, an individual under 21 years of age may be permitted to enter and remain in such licensed premises if:

- a. The licensed premises is connected to or contracts with an establishment, including a mobile food unit (as defined by N.D.C.C. § 5-02-06), at which food is prepared and available for purchase to be consumed in the licensed premises and which is connected to or located at the licensed premises and receives the majority of its gross sales from the sale of food; and
- b. The individual:
 - i. Is accompanied by the individual's parent or guardian;
 - ii. Is not seated at or within three feet [0.91 meters] of the bar counter; and
 - iii. Does not enter or remain in the licensed premises after 10:00 p.m. or during any time that food is not available for consumption as provided in subdivision a. of subsection 4.

PRIVATE EVENT OR ENTERTAINMENT CENTER - Initial & Date

Qm
5-28-25

1. If any person engages the venue for a public event to which admission is open to the general public and may be gained with or without payment of a fee or an event which is advertised to the general public:

- a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
- b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
- c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.

2. If any person engages the venue for a private event which is not open to the general public to which access is granted to invited guests only, for which no admission fee is paid, and for which no advertising was conducted to the general public:

- a. The licensee maintains the responsibility to comply with section 4-01-15(1).
- b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
- c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.

RETAIL BUSINESS - Initial & Date

Qm
5-28-25

An individual under 21 years of age may be permitted to enter and remain in a retail business where alcoholic beverages are sold if the licensed must be separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion.

Other provisions related to gross revenue ratio of goods and/or services to alcoholic beverages. - Initial & Date

Qm
5-28-25

At the time of a new application and renewal, a **Class I** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 60 percent or more of its revenue from the sale of tickets, food, and/or rent.

Qm
5-28-25

At the time of a new application and renewal, a **Class E** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 70 percent or more of its revenue from the sale of goods and/or services other than alcoholic beverages.

Provisions for licensed premises that allow individuals under 21 years
of age to enter and remain in establishment.

ALL LICENSES - Initial & Date

QM.
5-28-25

Any person under 21 years of age may enter and remain in a licensed premises for a **designated alcohol-free event** in any licensed premises or in a separate room within the licensed premises where the licensee has determined not to sell or permit consumption or possession of alcoholic beverages on that licensed premises or within the designated separate room within the licensed premises during a specified time period provided the licensee complies with the requirements of this subdivision.

- a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
- b. When required by the Chief of Police, security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
- c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted during the event and individuals under the age of 21 are not permitted into any area where of the licensed premises where alcoholic beverages are sold, consumed or possessed.
- d. During the alcohol-free event, the licensee shall remove from public view and secure all containers of alcoholic beverages as well as de-activate any device used to dispense alcohol.
- e. The licensee shall have all patrons regardless of age removed from the event following the completion of the event and not reopen the licensed premise or the separate room thereof for the sale, possession or consumption of alcohol until one hour after the completion of the alcohol-free event.

RESTAURANTS - Initial & Date

QM.
5-28-25

I. At the discretion of the owner of the licensed premises, an individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are being sold and in the area of the restaurant designated for the opening or mixing of alcohol if the individual:

- a. Is accompanied by a parent or guardian;
- b. Is not seated at or within three feet [0.91 meters] of the bar counter; and
- c. Does not enter or remain in the designated area after 10:00 p.m.

QM.
5-28-25

II. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the individual is employed by the restaurant as a food waiter, food waitress, busboy, busgirl, musician, disc jockey, or entertainer, or performing duties related thereto, under the direct supervision of an individual 21 years of age or older and is not engaged in the sale, dispensing, delivery, or consumption of alcoholic beverages.

QM.
5-28-25

III. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the restaurant is separated from the designated area in which alcoholic beverages are opened or mixed and gross sales of food are at least equal to gross sales of alcoholic beverages which are consumed in the dining area. **If this section applies you must submit a certification by the individual that records the financial transactions for the restaurant that the restaurant derives 50 percent or more of its revenue from the sale of food.**

City Hall
254 2nd Ave NE
Valley City, ND 58072



Phone: 701-845-1700
www.valleycity.us

Responsible Beverage Seller/Server Yearly Report

Business Name: Eagles Club Due Date: June 2, 2025

Please complete the below table for all Beverage Seller/Servers:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Person | On-Line | Online Student ID# |
|------------------------|-----------|---------------|-----------------|-----------|---------|--------------------|
| 1. <u>See attached</u> | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

If more lines are needed, please attach a second sheet. New hires have 60 days to complete Beverage Server Training but should still be listed above.

The above information is true and correct to the best of my knowledge.

Owner or Manager
Signature: [Signature] Date: 5-28-25

Return Completed Form to:
City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:
Judi Hintz – Admin Assistant
701-845-1700

Add →

Add →

| Name: | Hire Date | Training Date | Expiration Date | In-person | Online | Online Student ID |
|-------------------------|------------|---------------|-----------------|-----------|--------|-------------------|
| ✓ Andrus, Joseph* Joe | 10/01/2018 | 11/17/2024 | 11/17/2027 | X | | |
| ✓ Coleman, Kayla | 04/2024 | 7/6/2023 | 7/6/2025 | | X | 1905di-jea06e7 |
| ✓ Elton, Alexis* | 05/2010 | 5/19/2024 | 5/19/2027 | X | | |
| ✓ Elton, Cody* | 8/2008 | 7/22/2024 | 7/22/2027 | | X | 350274 |
| ✓ Elton, Jen* | 05/2010 | 5/19/2024 | 5/19/2027 | X | | |
| ✓ Fiker-Anderson, Kara | 10/2022 | 8/19/2024 | 8/19/2027 | | X | 351377 |
| ✓ Griffith, Riley* | 4/18/24 | 6/14/2024 | 6/14/2027 | | X | 348486 |
| ✓ Hafele, Jessa* | 03/2024 | 5/19/2024 | 5/19/2027 | X | | |
| ✓ Helland, Machayla | 6/26/24 | 9/30/2024 | 9/30/2027 | | X | 221325 |
| ✓ Hendrickson, Jennifer | 10/2023 | 4/16/2024 | 4/16/2027 | | X | 344704 |
| ✓ Hildebrandt, Darla | 1/2006 | 11/5/2023 | 11/5/2026 | X | | |
| ✓ Kaber, Jessica* | 11/2016 | 2/18/2024 | 2/18/2027 | X | | |
| ✓ Lokken, Hannah* | 04/2018 | 4/15/2024 | 4/15/2027 | | X | 344600 |
| ✓ Lura, Mark | 08/2020 | 8/11/2024 | 8/11/2027 | X | | |
| ✓ Marker, Jacob* | 07/2020 | 5/19/2024 | 5/19/2027 | X | | |
| ✓ Meidinger, Emerson | 11/2012 | 2/18/2024 | 2/18/2027 | X | | |
| ✓ Meidinger, Sloan* | 01/2016 | 5/19/2024 | 5/19/2027 | X | | |
| ✓ Nelson, Trinity | 09/2021 | 4/16/2024 | 4/16/2027 | | X | 344702 |
| ✓ Nielsen, Amanda | 8/15/24 | 9/18/2024 | 9/18/2027 | | X | 351597 |
| ✓ Pfaff, Pam* | 03/2018 | 5/19/2024 | 5/19/2027 | X | | |
| ✓ Scherr, Grace | 01/2024 | 5/23/2024 | 5/23/2027 | | X | 347200 |
| ✓ Schultz, Emerson* | 11/8/24 | 12/2/2024 | 12/1/2027 | | X | PSCC100000765613 |
| ✓ Vetter, Kathleen* | 7/8/24 | 11/17/2024 | 11/17/2027 | X | | |
| * is kitchen staff | | | | | | |



Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Jun-2024
Date Printed: 20-May-2025
TAP Confirmation Number: 1-955-321-088



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$24,836.00 | \$50,267.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$24,836.00 | \$50,267.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$24,836.00 | \$50,267.00 |
| State Tax: | \$1,738.52 | \$2,513.35 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$63.78 |
| Total State Tax: | | <u>\$4,188.09</u> |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$1,877.57 | \$0.00 | \$0.00 | \$0.00 | \$1,877.57 |
| | | \$1,877.57 | | | \$0.00 | \$1,877.57 |

Total Tax: \$6,065.66

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|-----------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 7/26/2024 12:23:45 PM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Jul-2024
Date Printed: 20-May-2025
TAP Confirmation Number: 2-028-418-304



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$26,623.00 | \$52,845.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$26,623.00 | \$52,845.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$26,623.00 | \$52,845.00 |
| State Tax: | \$1,863.61 | \$2,642.25 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$67.59 |
| Total State Tax: | | <u>\$4,438.27</u> |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$1,986.70 | \$0.00 | \$0.00 | \$0.00 | \$1,986.70 |
| | | \$1,986.70 | | | \$0.00 | \$1,986.70 |

Total Tax: \$6,424.97

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: 450136274
Submitted Date: 8/28/2024 11:59:19 AM

Contact Name: Alicia Tulp
Contact Phone: (701) 845-2192
Contact Email: officemanager2192@gmail.com



Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Aug-2024
Date Printed: 20-May-2025
TAP Confirmation Number: 1-884-124-416



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$25,200.00 | \$42,305.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$25,200.00 | \$42,305.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$25,200.00 | \$42,305.00 |
| State Tax: | \$1,764.00 | \$2,115.25 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$58.19 |
| Total State Tax: | | \$3,821.06 |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$1,687.62 | \$0.00 | \$0.00 | \$0.00 | \$1,687.62 |
| | | \$1,687.62 | | | \$0.00 | \$1,687.62 |

Total Tax: \$5,508.68

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|----------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 9/19/2024 2:41:14 PM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Sep-2024
Date Printed: 20-May-2025
TAP Confirmation Number: 0-040-602-880



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$30,041.00 | \$43,710.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$30,041.00 | \$43,710.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$30,041.00 | \$43,710.00 |
| State Tax: | \$2,102.87 | \$2,185.50 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$64.33 |
| Total State Tax: | | \$4,224.04 |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$1,843.79 | \$0.00 | \$0.00 | \$0.00 | \$1,843.79 |
| | | \$1,843.79 | | | \$0.00 | \$1,843.79 |

Total Tax: \$6,067.83

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|------------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 10/29/2024 10:34:42 AM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Oct-2024
Date Printed: 20-May-2025
TAP Confirmation Number: 0-340-610-304



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$35,588.00 | \$68,825.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$35,588.00 | \$68,825.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$35,588.00 | \$68,825.00 |
| State Tax: | \$2,491.16 | \$3,441.25 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$88.99 |
| Total State Tax: | | <u>\$5,843.42</u> |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$2,610.32 | \$0.00 | \$0.00 | \$0.00 | \$2,610.32 |
| | | \$2,610.32 | | | \$0.00 | \$2,610.32 |

Total Tax: \$8,453.74

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|------------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 11/26/2024 11:49:17 AM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Nov-2024
Date Printed: 20-May-2025
TAP Confirmation Number: 1-932-700-928



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$28,932.00 | \$60,762.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$28,932.00 | \$60,762.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$28,932.00 | \$60,762.00 |
| State Tax: | \$2,025.24 | \$3,038.10 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$75.95 |
| Total State Tax: | | <u>\$4,987.39</u> |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$2,242.33 | \$0.00 | \$0.00 | \$0.00 | \$2,242.33 |
| | | \$2,242.33 | | | \$0.00 | \$2,242.33 |

Total Tax: \$7,229.72

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|-----------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 12/30/2024 2:44:04 PM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Dec-2024
Date Printed: 20-May-2025
TAP Confirmation Number: 1-700-945-152



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$33,522.00 | \$55,716.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$33,522.00 | \$55,716.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$33,522.00 | \$55,716.00 |
| State Tax: | \$2,346.54 | \$2,785.80 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$76.99 |
| Total State Tax: | | \$5,055.35 |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$2,230.96 | \$0.00 | \$0.00 | \$0.00 | \$2,230.96 |
| | | \$2,230.96 | | | \$0.00 | \$2,230.96 |

Total Tax: **\$7,286.31**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|----------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 1/30/2025 3:52:46 PM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Jan-2025
Date Printed: 20-May-2025
TAP Confirmation Number: 0-762-625-280



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$35,006.00 | \$62,550.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$35,006.00 | \$62,550.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$35,006.00 | \$62,550.00 |
| State Tax: | \$2,450.42 | \$3,127.50 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$83.67 |
| Total State Tax: | | <u>\$5,494.25</u> |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$2,438.88 | \$0.00 | \$0.00 | \$0.00 | \$2,438.88 |
| | | \$2,438.88 | | | \$0.00 | \$2,438.88 |

Total Tax: \$7,933.13

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|-----------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 2/28/2025 10:17:39 AM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 28-Feb-2025
Date Printed: 20-May-2025
TAP Confirmation Number: 0-180-583-680



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$27,019.00 | \$49,449.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$27,019.00 | \$49,449.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$27,019.00 | \$49,449.00 |
| State Tax: | \$1,891.33 | \$2,472.45 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$65.46 |
| Total State Tax: | | \$4,298.32 |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$1,911.69 | \$0.00 | \$0.00 | \$0.00 | \$1,911.69 |
| | | \$1,911.69 | | | \$0.00 | \$1,911.69 |

Total Tax: \$6,210.01

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|-----------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 3/26/2025 12:38:06 PM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Mar-2025
Date Printed: 20-May-2025
TAP Confirmation Number: 1-628-717-824



Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$46,677.00 | \$52,541.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$46,677.00 | \$52,541.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$46,677.00 | \$52,541.00 |
| State Tax: | \$3,267.39 | \$2,627.05 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$88.42 |
| Total State Tax: | | <u>\$5,806.02</u> |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$2,480.45 | \$0.00 | \$0.00 | \$0.00 | \$2,480.45 |
| | | \$2,480.45 | | | \$0.00 | \$2,480.45 |

Total Tax: \$8,286.47

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|-----------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 4/25/2025 11:47:57 AM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





Name: FRATERNAL ORDER OF EAGLES
Account Number: 010156 00
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Apr-2025
Date Printed: 28-May-2025
TAP Confirmation Number: 0-300-204-800

Return Summary

| | Column A (Non-General Sales) | Column B (General Sales-5%) |
|---------------------------|---------------------------------|--------------------------------|
| Total Sales: | \$35,541.00 | \$65,030.00 |
| Nontaxable Sales: | \$0.00 | \$0.00 |
| Net Taxable Sales: | \$35,541.00 | \$65,030.00 |
| Items Subject to Use Tax: | \$0.00 | \$0.00 |
| Taxable Balance: | \$35,541.00 | \$65,030.00 |
| State Tax: | \$2,487.87 | \$3,251.50 |
| Penalty*: | \$0.00 | \$0.00 |
| Interest*: | \$0.00 | \$0.00 |
| Comp Discount*: | | \$86.09 |
| Total State Tax: | | <u>\$5,653.28</u> |

Local Option Sales, Use and Gross Receipts Taxes

| City/County | Local Code | Tax | Penalty* | Interest* | Cmp Discount* | Net Tax |
|-------------|------------|------------|----------|-----------|---------------|------------|
| Valley City | 113 | \$2,514.27 | \$0.00 | \$0.00 | \$0.00 | \$2,514.27 |
| | | \$2,514.27 | | | \$0.00 | \$2,514.27 |

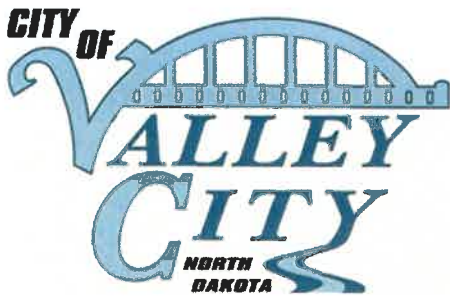
Total Tax: \$8,167.55

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

| | | | |
|-----------------|----------------------|----------------|-----------------------------|
| Submitted By: | 450136274 | Contact Name: | Alicia Tulp |
| Submitted Date: | 5/28/2025 2:39:54 PM | Contact Phone: | (701) 845-2192 |
| | | Contact Email: | officemanager2192@gmail.com |





City of Valley City, North Dakota Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2025 – June 30, 2026

The undersigned hereby makes application for a license to the City of Valley City, North Dakota, and agrees to comply with the requirements of City Ordinances pertaining thereto.

Name of Business: Jimmy's Pizza
 Owner of Premises: Mike & Julie Martin
 Ownership Contact: Julie Martin
 Mailing Address: 340 East Main St.
 City, State, Zip Code: Valley City ND 58072
 Phone Number: 701-845-1234
 Email Address: _____

Names and state of residence of all partners, officers, directors, and owners holding a five percent or greater interest in the business:

Resident Manager: Julie Martin
 May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
 Mailing Address: 439 - 8th Ave SW
 City, State, Zip Code: Valley City ND 58072
 Phone Number: 701-840-1700
 Email Address: jam58072@live.com

Type of License Applying For (check all that apply):

Cabaret Licenses sold separately.

| <input type="checkbox"/> | License Class | License Description | Annual Fee ¹ |
|-------------------------------------|---------------|---|-------------------------|
| <input type="checkbox"/> | Class A | Club/Lodge -- On-sale and off-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class B | Beer -- On-sale and off-sale beer | \$250 |
| <input type="checkbox"/> | Class C | Liquor -- On-sale and off-sale wine, sparkling wine, liquor | \$2,000 |
| <input type="checkbox"/> | Class D(1) | Restaurant – Liquor On-sale beer, wine, sparkling wine, liquor | \$2,250 |
| <input type="checkbox"/> | Class D(2) | Restaurant – Beer/Wine On-sale beer, wine, sparkling wine | \$500 |
| <input checked="" type="checkbox"/> | Class D(3) | Restaurant – Beer On-sale beer | \$250 |
| <input type="checkbox"/> | Class E | Retail Business On-sale beer, wine, sparkling wine | \$500 |
| <input type="checkbox"/> | Class G | Microbrew Pub, Must hold Class B License | \$500 |
| <input type="checkbox"/> | Class H | Brewer Taproom | \$500 |
| <input type="checkbox"/> | Class I | Private Event/Entertainment Center | \$2,250 |
| <input type="checkbox"/> | Class J | Private Golf Course | \$2,250 |

¹Renewal Applications. An application for renewal of an existing license, and the applicable fee, are due no later than **5:00 PM on the first Monday in June.**

A licensee applying for renewal of a license (except a Class B license) may elect to submit one half of the annual fee with the application, and the second half of the annual fee no later than **5:00 PM on the first Monday in December.**

Late fees apply as follows:
\$250 first day
\$100 every day thereafter, until license fee and/or complete application received by City

LICENSE APPLICATION QUESTIONNAIRE
The following questions are required to ensure the type of license(s) requested are appropriate for your business, and that the business will be in compliance with local law.

All Applicants:

| | |
|--|--|
| 1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 2. Will you sell alcoholic beverages for consumption on the licensed premises? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |
| 4. Are any of the individuals named in this application under the age of 21? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 5. Have any of the individuals named in this application been convicted of a misdemeanor or felony offense in the last five years? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No * If yes, attach separate sheet with explanation. |

Business Opening Date (new applicants): _____

Proposed Operating Hours: _____

All applicants:

| | |
|---|--|
| 1. Will you allow individuals under the age of 21 to enter the premises? If no, skip to next section. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *If yes, please submit a statement from your financial representative certifying that the gross revenue ratio of goods and/or services to alcoholic beverages is in compliance with VCMC Title 4. |
| a. Will individuals under 21 years of age be permitted in the room where alcoholic beverages are being opened and mixed? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No *If yes, attach separate sheet with explanation. |
| b. Will individuals under 21 years of age be permitted in any part of the establishment which is separated from the designated area in which alcoholic beverages are opened or mixed? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No *If yes, attach separate sheet with explanation. |

Class A License Applicants Only:

| | |
|---|--|
| 1. Is the club/lodge a subsidiary of national organization? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. Name of national organization: | |
| b. Years in existence: | |
| 2. Number of local members: | |
| 3. Years local club/lodge in existence: | |

Class D License Applicants Only:

| | |
|--|---|
| 1. Number of seats exclusive of counter seating: | 40 |
| 2. Number of days the restaurant will be open each week: | 7 |
| 3. Number of parking spaces available to restaurant: | 15 |
| 4. Will you provide a food and meals intended for individual consumption, fully prepared and cooked on the premises, that are not primarily pre-packaged, pre-processed, or pre-prepared foods reheated for fast service, and in which the sale of alcoholic beverages is incidental to the service of food? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Class E License Applicants Only

| | |
|---|--|
| 1. Zoning District: | |
| 2. Square footage of retail establishment: | |
| 3. Square footage of licensed area: | |
| 4. Is the are to be licensed separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Will Purchases of alcoholic beverages be made only in the area licensed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will 70% of the annual gross sales be from goods and services other than alcohol? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Will the business have regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Will alcohol be sold only during regular operating hours? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Will the licensed portion of the premises have 25 or fewer seats? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class I License Applicants Only

| | |
|---|---|
| 1. Square footage of licensed premises: | |
| 2. Occupancy load: | |
| 3. Will annual gross receipts from ticket sales and facility rental total at least \$50,000? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Will 60% or more of annual gross receipts of the establishment be derived from tickets, food and rent of the facility? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 5. Will food be made available at every event? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Will the licensee ensure that there is no permanent bar with seating? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Class J License Applicants Only

| | |
|--|--|
| 1. Will licensee operate a restaurant on the premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Will 50% or more of annual gross receipts of the restaurant be derived from food? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a statement from your financial representative certifying that you are in compliance.</i> |
| 3. Will licensee sell alcoholic beverages on the golf course? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please submit a letter of approval from an authorized agent of the golf course operator, if different from licensee.</i> |

New Applicant or Relocation Only:

| | |
|---|--|
| 1. Are the premises listed in this application within 150 feet of a church or synagogue? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If yes, submit a letter of support. (Class A lic. excluded)</i> |
| 2. Are the premises listed in this application within 150 feet of public or parochial school grounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are all off-street parking areas for the business lighted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Can the licensed premises be accessed by customers through an interior connection from another business? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

TERMS & CONDITIONS**All Applicants:**

| | |
|--|---|
| 1. I have reviewed Title 4 of the Valley City Municipal Code, and I am familiar with the rules and regulations therein. If granted an alcoholic beverage license, I will obey, abide by, and comply with said rules and regulations, along with the laws of the State of North Dakota, as well as any amendments to state or municipal code which may be made in the future. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. I agree not to sell, serve or dispense, or permit the furnishing of any alcoholic beverage on the licensed premises to a habitual drunkard, an obviously intoxicated person, an individual under 21 years of age, or a person under guardianship after written notice of such guardianship by the legal guardian and during the continuance of such guardianship. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. I agree that an individual under 21 years of age is not permitted to enter or remain on the licensed premises unless specifically authorized under V.C.M.C. Title 4 and state law. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. I understand that an alcoholic beverage license is not a property right; the city may decline to issue said license in its discretion; and said license is not transferable except by specific authority of the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

| | | |
|---|---|-----------------------------|
| 5. I understand that an alcoholic beverage license authorizes the sale of alcoholic beverages only by the license holder and only upon the specific premises designated in the application and thereafter approved by the Board of City Commissioners. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. I certify that the Resident Manager and all owners and employees who sell, monitor the sale of, mix, serve, or dispense alcoholic beverages, or who are involved in checking identification or providing admission/security services upon the licensed premises during the course of their regular work requirements and have been employed at least 60 days have attended a responsible server training course approved by the Valley City Police Department. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. I agree to ensure all persons requiring server training receive server training at all times during the license year. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I agree to keep copies of the server training certificates and produce them for city officials upon request. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I agree to inform the City Finance Director in writing within 30 days of any changes in the facts supplied to the City in my initial application and any renewal application. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. I understand that violations of V.C.M.C. Title 4 may result in fines, suspension or revocation of the license, criminal penalties, or all of the above. | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

**IN ADDITION TO ANY STATEMENT, EXPLANATION OR OTHER DOCUMENTATION REQUIRED ABOVE,
SUBMIT THE FOLLOWING WITH YOUR APPLICATION**
(incomplete applications will not be processed)

NA Alcoholic Beverage Floor Plan form *(not applicable to renewals unless there are modifications to existing floor plans)*

NA Transfer Application form, if applicable

☒ List of employees who attended server training and/or who need to attend server training, and the date of training.

NA Owner's Statement *(not applicable to renewal)*

* Owner must attach a statement in support of application which explains how the proposed establishment will be a definite asset to the city, and addresses other factors that may be relevant to the decision to approve this application, including but not limited to: (i) proximity of other businesses licensed to sell alcoholic beverages, (ii) effect on neighboring property owners or occupants, (iii) suitability of premises for sale of alcoholic beverages, (iv) zoning regulations, (v) proximity of schools, churches, funeral homes, public buildings, or buildings used by and for minors.

LICENSE FEE: 250.7 *(application for new or transfer license prorated based on no. of months remaining in lic year)*

TRANSFER FEE: NA *(full annual fee x .5; not assessed if transferor and transferee file a joint application at time of renewal and transfer is executed no later than August 30)*

APPLICATION FEE: NA *(license fee x .25; applies to new, transfer and relocation applications)*

PUBLICATION FEE: NA *(applies to new or relocation applications)*

LATE FEE: NA

Paid CK# 7109 6.2.25

Please confirm amounts with Auditor's Office and make checks payable to City of Valley City.

RETURN TO: Valley City Auditor
254 2nd Ave NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: jhintz@valleycity.us

CERTIFICATION

I, Julie Martin HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2025 to June 30, 2026.

I certify that all information, statements, and affirmations contained in this application and all accompanying documents are true and correct.

Dated this 3 day of June, 2025.

OWNER
Title:

For City Use Only**Reviewed by Auditor's Office:**

- ☒ Property tax not delinquent. Parcel # 63-3472517
☒ Server training list
☒ Transfer Application, if applicable
☒ Owner's statement, if applicable
☒ CPA statement or copy of sales tax returns, if applicable
☒ Explanation of lease or contract for deed, if applicable
☒ Explanation of criminal convictions, if applicable
☒ Letter of support from church or synagogue, if applicable
☒ Floor plan form, if applicable
☒ Fees paid
☒ Public hearing scheduled
☒ Notice published at least 10 days prior to hearing (new license or relocation)

☒ Application deemed complete Judith Hints 6-10-25
 Signature Date

Reviewed by Police Department:

- ☒ Server training in good order
☒ Application in good order

Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

[Signature] 06/11/25
 Signature Date

Reviewed by Fire Department:

- ☒ Safety inspection complete

Recommendation: ☒ Approve//☐ Deny//☐ Administrative Hearing

[Signature] 06/10/2025
 Signature Date

Reviewed by Commission

_____ Approved _____ Denied Date of Final Action _____

Alcoholic Beverage Floor Plan

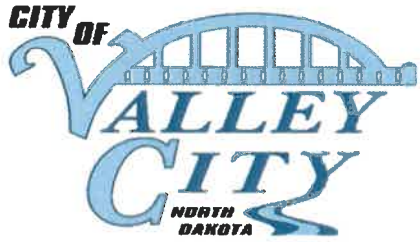
Name of Business: _____

Name of Person submitting Floor Plan: _____

Submit one time unless you make changes.

Using the space below, draw a clear and understandable floor plan of the premises to be/is licensed. Show all exits, bars, dining areas (if any), beverage coolers and beverage storage areas. Indicate which are solid walls, half walls, dividers, and movable partitions. Use a different color to outline the area(s) used for the sale and/or dispensing of alcoholic beverages. This diagram should include outside patio areas, smoking shelters etc. (please use additional sheets of paper as needed).

City Hall
254 2nd Ave NE
Valley City, ND 58072



Phone: 701-845-1700
www.valleycity.us

Responsible Beverage Seller/Server Yearly Report

Business Name: Jimmy's Pizza Due Date: June 2, 2025

Please complete the below table for all Beverage Seller/Servers:

| Beverage Server Name | Hire Date | Training Date | Expiration Date | In Person | On-Line | Online Student ID# |
|----------------------|-----------|---------------|-----------------|-----------|---------|---------------------|
| 1. Julie Martin | | 11/17/24 | 11/17/27 | X | | |
| 2. Mike Martin | | 11/17/24 | 11/16/27 | | X | PSCC10000 763060 |
| 3. Ross Odermann | | 11/17/24 | 11/17/27 | X | | |
| 4. Jacob Reitan | | 11/17/24 | 11/17/27 | X | | |
| 5. Ron Thompson | | 11/17/24 | 11/17/27 | X | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

If more lines are needed, please attach a second sheet. New hires have **60 days** to complete Beverage Server Training but should still be listed above.

The above information is true and correct to the best of my knowledge.

Owner or Manager Signature: Julie Martin Date: 6/2/25

Return Completed Form to:
City Hall
254 2nd Ave SE
Valley City, ND 58072

Questions:
Judi Hintz – Admin Assistant
701-845-1700



JAMES M. LOCHOW, CPA PC

Certified Public Accountant Certified Financial Planner™

P.O. Box 725 ♦ 164 East Main Street ♦ Valley City, ND 58072-0725

Office: [701] 845-1660 ♦ Fax: [701] 845-1572

Email: jlochow@vctaxpros.com

June 3, 2025

City of Valley City

I hereby certify the following for May 1, 2024 through April 30, 2025 for M&J dba Jimmy's Pizza per Sales information provided to us by Mike and Julie Martin for preparation of their monthly sales tax Reports.

Food Sales \$318,103

Alcohol \$477

Dated this 3rd day of June, 2025

Signed _____

James M Lochow CPA

Provisions for licensed premises that allow individuals under 21 years
of age to enter and remain in establishment.

ALL LICENSES - Initial & Date



Any person under 21 years of age may enter and remain in a licensed premises for a **designated alcohol-free event** in any licensed premises or in a separate room within the licensed premises where the licensee has determined not to sell or permit consumption or possession of alcoholic beverages on that licensed premises or within the designated separate room within the licensed premises during a specified time period provided the licensee complies with the requirements of this subdivision.

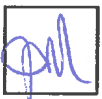
- a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
- b. When required by the Chief of Police, security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
- c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted during the event and individuals under the age of 21 are not permitted into any area where of the licensed premises where alcoholic beverages are sold, consumed or possessed.
- d. During the alcohol-free event, the licensee shall remove from public view and secure all containers of alcoholic beverages as well as de-activate any device used to dispense alcohol.
- e. The licensee shall have all patrons regardless of age removed from the event following the completion of the event and not reopen the licensed premise or the separate room thereof for the sale, possession or consumption of alcohol until one hour after the completion of the alcohol-free event.

RESTAURANTS - Initial & Date



I. At the discretion of the owner of the licensed premises, an individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are being sold and in the area of the restaurant designated for the opening or mixing of alcohol if the individual:

- a. Is accompanied by a parent or guardian;
- b. Is not seated at or within three feet [0.91 meters] of the bar counter; and
- c. Does not enter or remain in the designated area after 10:00 p.m.



II. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the individual is employed by the restaurant as a food waiter, food waitress, busboy, busgirl, musician, disc jockey, or entertainer, or performing duties related thereto, under the direct supervision of an individual 21 years of age or older and is not engaged in the sale, dispensing, delivery, or consumption of alcoholic beverages.



III. An individual under 21 years of age may be permitted to enter and remain in a restaurant where alcoholic beverages are sold if the restaurant is separated from the designated area in which alcoholic beverages are opened or mixed and gross sales of food are at least equal to gross sales of alcoholic beverages which are consumed in the dining area. **If this section applies you must submit a certification by the individual that records the financial transactions for the restaurant that the restaurant derives 50 percent or more of its revenue from the sale of food.**

BREWER TAPROOM - Initial & Date

- At the discretion of the holder of a Class H license issued under this chapter, an individual under 21 years of age may be permitted to enter and remain in such licensed premises if:
- a. The licensed premises is connected to or contracts with an establishment, including a mobile food unit (as defined by N.D.C.C. § 5-02-06), at which food is prepared and available for purchase to be consumed in the licensed premises and which is connected to or located at the licensed premises and receives the majority of its gross sales from the sale of food; and
 - b. The individual:
 - i. Is accompanied by the individual's parent or guardian;
 - ii. Is not seated at or within three feet [0.91 meters] of the bar counter; and
 - iii. Does not enter or remain in the licensed premises after 10:00 p.m. or during any time that food is not available for consumption as provided in subdivision a. of subsection 4.

PRIVATE EVENT OR ENTERTAINMENT CENTER - Initial & Date

- 1. If any person engages the venue for a public event to which admission is open to the general public and may be gained with or without payment of a fee or an event which is advertised to the general public:
 - a. The licensee shall give written notice of the event to the chief of police. The notice shall define what security measures within the licensed premises will be taken to prevent the consumption of alcoholic beverages by individuals under 21 years of age, and shall provide any additional information requested by the chief of police to ensure compliance.
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.
- 2. If any person engages the venue for a private event which is not open to the general public to which access is granted to invited guests only, for which no admission fee is paid, and for which no advertising was conducted to the general public:
 - a. The licensee maintains the responsibility to comply with section 4-01-15(1).
 - b. Security personnel shall be on the premises in such numbers as to ensure the safety of patrons and to maintain order.
 - c. The licensee shall post conspicuously at all entrances to the event a notice stating the sale, possession or consumption of alcoholic beverages will not be permitted by individuals under the age of 21.

RETAIL BUSINESS - Initial & Date

An individual under 21 years of age may be permitted to enter and remain in a retail business where alcoholic beverages are sold if the licensed must be separated from the non-licensed portion of the business by a wall designed to allow sales personnel to serve customers and make sales in the licensed and unlicensed portions of the premises, and that may allow customers in either portion of the premises access to the other portion.

Other provisions related to gross revenue ratio of goods and/or services to alcoholic beverages. - Initial & Date

At the time of a new application and renewal, a **Class I** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 60 percent or more of its revenue from the sale of tickets, food, and/or rent.

At the time of a new application and renewal, a **Class E** licensee must **submit a certification** by the individual that records the financial transactions for the business that the business derives 70 percent or more of its revenue from the sale of goods and/or services other than alcoholic beverages.