

City Commission Meeting Valley City, North Dakota

Tuesday, June 16, 2026

5:00 PM

The City Commission Meeting will begin on Tuesday June 16, 2026 at 5:00PM in the City Hall Commissioners Chambers located at 220 3rd St NE in Valley City ND.

The meeting is also available to view online <https://us06web.zoom.us/j/83425220687> or listen by calling (1 346 248 7799) Webinar ID: 834 2522 0687.

Board 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 Drabus	City Assessor
		Scott Magnuson	Fire Chief
		Nicholas Horner	Police Chief
		KJL/Moore	City Engineers

Next Resolution: 2529 Next Ordinance: 1190

Call to Order

Roll Call

Pledge of Allegiance (Please Stand)

Approval of Agenda (Roll call vote needed only when changes are made to agenda)

Roll Call: Magnuson Erickson Gulmon Bishop Carlsrud

Approval of Consent Agenda

- A. Approve minutes from 06.02.2026 Commission Meeting
- B. Approve Renewal of Alcohol License
 - a. 845 Events Center DBA The Reserve at Woodland
 - b. Boomers Corner Keg
 - c. Captain's Pub
 - d. The Clubhouse
 - e. Dakota Silver
 - f. FOE Aerie 2192
 - g. Jimmy's Pizza
 - h. Labor Club
 - i. My Bar – Contingent upon payment of 2025 Taxes
 - j. Sabir's
- C. Approve Contractors License
 - a. Bentson Electric
 - b. East & West Excavating
 - c. Floor to Ceiling Carpentry and Repair
 - d. FMJ Electric LLC
 - e. Huesman Schreiber Masonry LLC
 - f. John's Refrigeration & Electric INC
 - g. Johnson's Construction-
 - h. Kjelland Excavating
 - i. Mission Mechanical INC
 - j. Moritz Excavating LLC
 - k. Northern Plains Mechanical LLC
 - l. Platinum Service LLC
 - m. Roers Construction Joint Venture LLC
 - n. Scherbenske INC
 - o. Sheyenne Concrete LLC
 - p. Sheyenne River Concrete
 - q. Spain Excavating
 - r. Wir3d Electric INC
- D. Approve Tobacco License
 - a. The Labor Club
 - b. FOE Aerie 2192
 - c. Loves Travel Stops & Country Store

- E. Approve ND Gaming Site Authorizations
 - a. ND Horse Park
- F. Approve Local Gaming Application
 - a. TLChildcare
 - b. VCBC Public Library
- G. Approve Cabaret License
 - a. FOE Aerie 2192
- H. Approve Application for Firework Display
 - a. Memory Fireworks

Roll Call: Erickson Gulmon Bishop Magnuson Carlsrud

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 tplecity@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.

Resolution

RES 2528 A Resolution Setting Bond of City Auditor (*Finance Director Klein*)

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

New Business

NB1. Approve monthly expenditures in the amount of \$3,055,603. (*Finance Director Klein*)

Roll Call: Bishop Magnuson Erickson Gulmon Carlsrud

NB2. Approve amendment to custodial contract. (*City Administrator Crawford*)

Roll Call: Magnuson Erickson Gulmon Bishop Carlsrud

NB3. Approve Change Order for Sanitary Sewer Improvement District 72 - Reline Project. (*City Engineer*)

Roll Call: Erickson Gulmon Bishop Magnuson Carlsrud

NB4. Accept Commissioner Bishops letter of resignation.

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 02, 2026

5:00 PM

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

Members present: President Carlsrud, Commissioner Gulmon, Commissioner Bishop, Commissioner Erickson, Commissioner Magnuson, City Administrator Crawford, City Attorney Martineck, Finance Director Klein

Pledge of Allegiance (please stand)

Approval of Agenda (Roll Call Vote needed when changes made to the Agenda)

Add to Consent Agenda two local raffle permits

- a. Fraternal order of Police James Valley Lodge #4
- b. South Central Select Volleyball Club

Add Ordinance 1189, an ordinance to amend and reenact chapter 8-12 of Valley City municipal code related to commercial pedal cabs.

Add Resolution 2527, A resolution to sell city property.

Remove New Business 3, Discuss Northwest Area Water System Improvements – New Water Tower and Pressure Zone Modifications – Hi-Line Electric insurance.

Motion to approve by Commissioner Bishop, seconded by Commissioner Magnuson.

Roll Call: Bishop-Yes; Magnuson-Yes; Erickson-Yes; Gulmon-Yes; Carlsrud-Yes

Motion passed

APPROVAL OF CONSENT AGENDA

A. Approve Minutes from the 05.21.2026 Finance and Commission Meeting

B. Approve Contractors License

- | | | |
|--|----------------------------------|--|
| a. Indigo Signworks
INC | i. TCS Electric LLC | q. Montana Dakota
Utility |
| b. Escape Fire
Protection | j. LaValle Flooring
INC | r. Nelson Construction |
| c. Home Heating,
Plumbing, & AC
INC | k. Western Products
INC | s. TNT Plumbing |
| d. Legacy Plumbing | l. Northern Plains
Window LLC | t. Hi-Line Electric INC |
| e. Six D Construction &
development LLC | m. All New Gutter
Service INC | u. Singh Contracting
INC |
| f. ACB Construction | n. ASAP Electric | v. South Peak Holding
LLC DBA Skinner
Roofing |
| g. Comstock
Construction INC | o. H. Anderson
Concrete | w. Vanterra Foundation
Solutions LLC DBA
SafeBasements |
| h. Travis Kunze
Construction | p. MJ Dalsin Co of ND
INC | |

C. Approve Gaming Site Authorizations

- a. Valley City Baseball Association
- b. North Dakota Horse Park Foundation

D. Approve Local Permit

- | | | |
|---|---|---|
| a. Dakota State Fraternal
Order of Eagles Aux. | b. Sheyenne Valley Scenic
Byway Foundation | d. VC Town and Country
Club Ladies Association |
| | c. VC Parks and Rec | |

E. Approve Retail Tobacco License Renewals

- | | | |
|--|------------------------|-------------------------|
| a. County Bottle Shop INC | | |
| b. Leever's Foods INC | | |
| c. Farmers Union Oil Company of Moorhead | | |
| i. Petro Serve
#71 | ii. Petro Serve
#72 | iii. Petro Serve
#73 |
| d. Casey's Retail Company | | |
| e. Dolgencorp LLC | | |

F. Approve Application for sale of Alcohol License Renewal

- a. Brockopp Brewing LLC

Motion to approve with the exception of Keplar Services by Commissioner Bishop and seconded by Commissioner Erickson.

Further discussion was held regarding the ND Horse Park Foundation Gaming Site Application.

Commissioner Bishop then moved to amend the original motion to approve with the exception of Keplar Services from the Contractor's License Renewal approvals and table the ND Horse Park Foundation Gaming Site Application until the next meeting, seconded by Commissioner Gulmon.

Roll Call: Magnuson-Yes; Erickson-Yes; Gulmon-Yes; Bishop-Yes; Carlsrud-Yes

Motion as amended passed

Ordinance

First reading of Ordinance 1189, an ordinance to amend and reenact chapter 8-02 of the valley city municipal code related to commercial pedal cabs.

Motion to approve by Commissioner Gulmon seconded by Commissioner Magnuson.

Roll Call: Erickson-Yes; Gulmon-Yes; Bishop-Yes; Magnuson-Yes; Carlsrud-Yes

Motion Passed

RESOLUTION

Resolution Approving Employee Work Week Adjustment and Payroll Transition.

Motion to approve by Commissioner Magnuson, seconded by Commissioner Bishop.

Roll Call: Erickson-Yes; Gulmon-Yes; Bishop-Yes; Magnuson-Yes; Carlsrud-Yes Motion Passed

RES 2527 Resolution to sell city property.

Motion to approve by Commissioner Bishop, seconded by Commissioner Gulmon.

Roll Call: Bishop-Yes; Magnuson-Yes; Erickson-Yes; Gulmon-Yes; Carlsrud-Yes Motion passed

New Business

Approve Renaissance Zone Authority Board recommendation to approve application for Mark & Judy Svenningsen for a 5-year income tax exemption and 5-year property tax exemption capped at \$500,000 located at 1211 4th Ave NW and designated as VC- 145.

Motion to approve by Commissioner Magnuson, seconded by Commissioner Gulmon.

Roll Call: Gulmon-Yes; Bishop-Yes; Magnuson-Yes; Erickson-Yes; Carlsrud-Yes Motion Passed

Consider request for funds of \$50,000 per year for 2 years to contract with Mr James Lieman for economic development efforts.

Motion to approve by Commissioner Gulmon, seconded by Commissioner Bishop.

Roll Call: Bishop-Yes; Magnuson-Yes; Erickson-No; Gulmon-Yes; Carlsrud-Yes Motion passed

Approve the remodel exemption application for the North 9 Bar and Grill – parcel number 63-3020851.

Motion to approve by Commissioner Gulmon, seconded by Commissioner Magnuson.

Roll Call: Erickson-Yes; Gulmon-Yes; Bishop-Yes; Magnuson-Yes; Carlsrud-Yes Motion Passed

Consider Tourism Grant application for \$10,000 for Bridges Art Council.

Motion to approve by Commissioner Gulmon, seconded by Commissioner Magnuson.

Roll Call: Gulmon-Yes; Bishop-Yes; Magnuson-Yes; Erickson-Yes; Carlsrud-Yes Motion Passed

Consider Image Enhancement Grant application for \$363.40 for Brighter Days Therapy.

Motion to approve by Commissioner Gulmon, seconded by Commissioner Magnuson.

Roll Call: Bishop-Yes; Magnuson-Yes; Erickson-Yes; Gulmon-Yes; Carlsrud-Yes Motion passed

Approve adding Jennifer South and removing Joy Kiefert as an Authorized Signer on the City of Valley City’s Accounts at Dacotah Bank Effective June 8, 2026.

Motion to approve by Commissioner Bishop, seconded by Commissioner Magnuson.

Roll Call: Magnuson-Yes; Erickson-Yes; Gulmon-Yes; Bishop-Yes; Carlsrud-Yes Motion passed

City Administrator’s Report

City Administrator Crawford gave update on progress of service center which remains on schedule and in budget.

City Updates & Commission Reports

Finance Director Klein reported on voting for June 09 election will take place at the courthouse.

Police Chief Horner reminded residents of Central Ave N closing on Saturday June 06 for Soap Box Derby

City Commissioner Gulmon reported sales tax, occupancy tax, and food/beverage tax.

City Commissioner Erickson reminded residents of electronic clean up week running June 8-12.

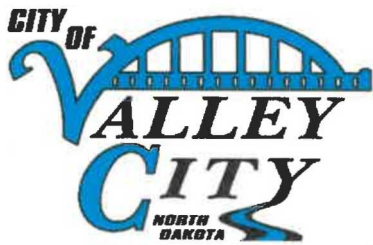
Adjourn

Meeting was adjourned at 5:50pm

Attested to by:

Brenda Klein, Finance Director
City of Valley City

Dave Carlsrud, President of the
City of Valley City Commission



City of Valley City, North Dakota

Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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: 845 Events Center, DBA: The Reserve at Woodland

Owner of Premises: Kayla Cash, Jon Rustrang, Jade Nielson

Ownership Contact: Kayla Cash

Mailing Address: PO Box 203

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

Phone Number: 701-490-0174

Email Address: ~~log@thereserveatwoodland.com~~
kayla@thereserveatwoodland.com

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

Kayla Cash - ND

Jon Rustrang - ND

Jade Nielson - ND

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

Mailing Address: 3503 50th St S

City, State, Zip Code: Fargo, ND 58104

Phone Number: 701-490-0174

Email Address: Kayla@thereserveatwoodland.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 type="checkbox"/>	Class H	Brewer Taproom	\$500
<input checked="" type="checkbox"/>	Class I	Private Event/Entertainment Center	\$2,250
<input type="checkbox"/>	Class J	Private Golf Course	\$2,250

¹**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 <i>with permits</i>
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: per event basis

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, attach separate sheet with explanation. event center - open ballroom</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 type="checkbox"/> No <i>*If yes, attach separate sheet with explanation. event center - open ballroom</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:	
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:	10,600
2. Occupancy load:	493
3. Will annual gross receipts from ticket sales and facility rental total at least \$50,000?	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. Will the licensee ensure that there is no permanent bar with seating?	<input checked="" 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)

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

_____ 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.

_____ 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 license year)*

TRANSFER FEE: _____ *(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
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 - 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Kayla Cash HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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

Dated this 29th day of May, 2026.

owner / partner
Title

Employee List:

- Kayla Cash - ID# 349531
- McKenzie Schweitzer - ID# 299210 + 2364248
- Denise Ahmann - ID# 348072
- Jon Juy - ID# 356749
- Cassie Nelson - ID# 352610
- Jake Lent - ID# 1792800
- Jessica Reid - ID# 355711

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).

- already submitted -

Owner Financial Statement:

I certify that 60% or more of our annual gross receipts are derived from food + Rental sales income -

Kofald, Partner
6/5/26

For City Use Only

Reviewed by Auditor's Office:

- Property tax not delinquent. Parcel # 63-5980320
- 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 Taren Reutz _____
Signature *Date*

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Fire Department:

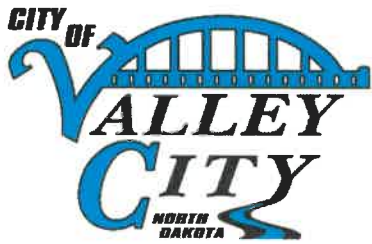
- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Commission

Approved Denied Date of Final Action _____



City of Valley City, North Dakota

Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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: Boomers Bar and Keg

Owner of Premises: Shawn Mosby

Ownership Contact: 701 840 8747

Mailing Address: 204 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: 855 12 St NW #210

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

Phone Number: _____

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 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

pd
06.04.
2026

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 <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? <i>5-27-03 DUI 7.26.2021 DUI</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <i>* If yes, attach separate sheet with explanation.</i>

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 <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 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 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)

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

_____ 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.

_____ 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 license year)*

TRANSFER FEE: _____ *(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
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 - 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Shawn Mosby HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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, 2026

Owner
Title

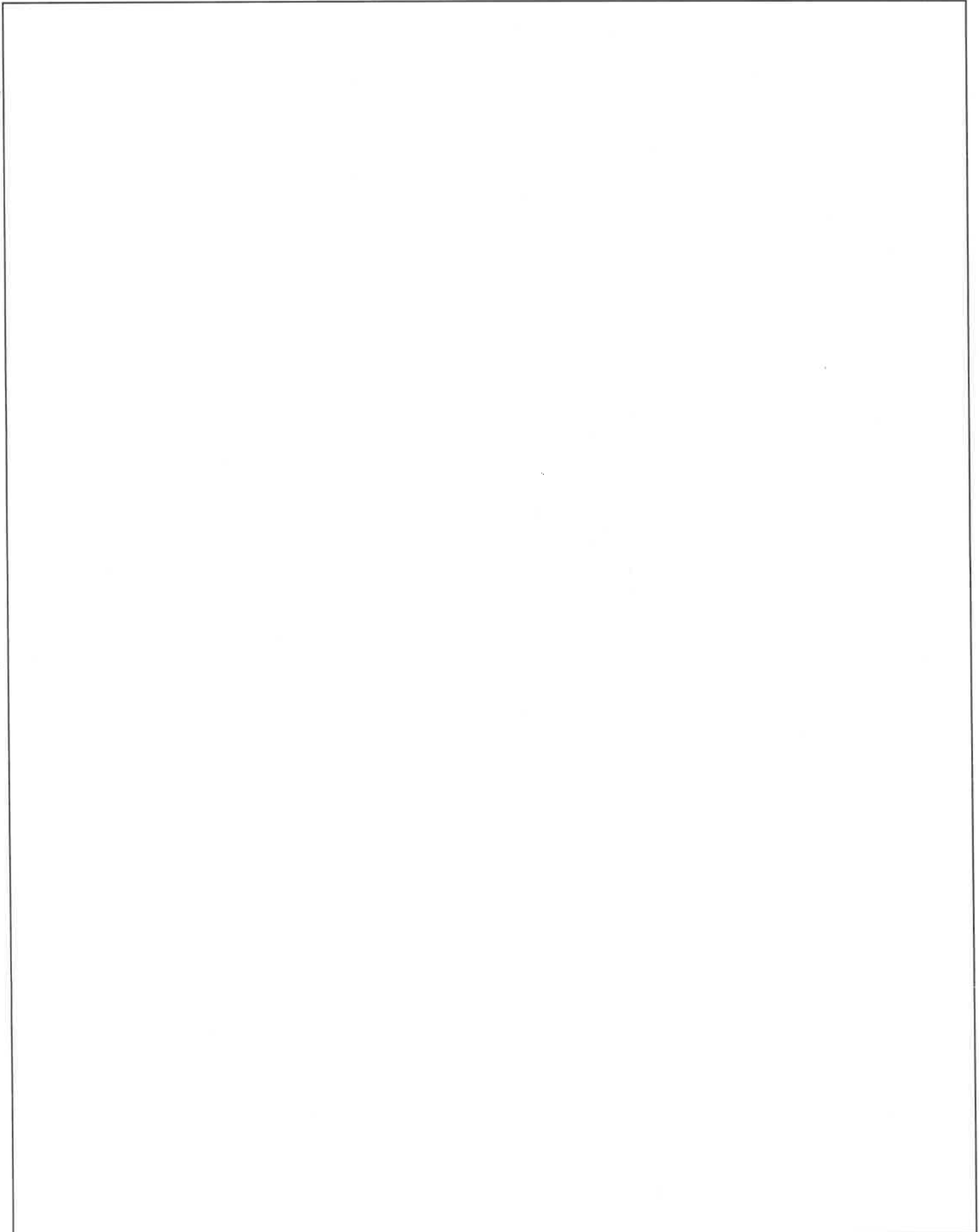
Alcoholic Beverage Floor Plan

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).



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 Tame Reedy _____
Signature *Date*

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Fire Department:

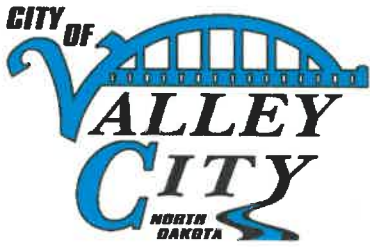
- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Commission

Approved Denied Date of Final Action _____



City of Valley City, North Dakota

Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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: Captain's Pub

Owner of Premises: Captain's Pub, LLC (bar), Benwick Properties LLC (building)

Ownership Contact: Cory Benwick

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:

Cory Benwick - 1008

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	\$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

pd
06.11.2026

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 <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): N/A

Proposed Operating Hours: Mon- Thurs 2pm-12am, Friday & Saturday 2pm-2am, Sunday 12pm-12am

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 <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 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 type="checkbox"/> Yes	<input 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:		
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: \$2,250.⁰⁰ *(application for new or transfer license prorated based on no. of months remaining in license year)*

TRANSFER FEE: N/A *(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: N/A *(license fee x .25; applies to new, transfer and relocation applications)*

PUBLICATION FEE: N/A *(applies to new or relocation applications)*

LATE FEE: N/A

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

RETURN TO: Valley City Auditor
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Cory Berwick HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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

Dated this 28th day of May, 20 26.

Title President

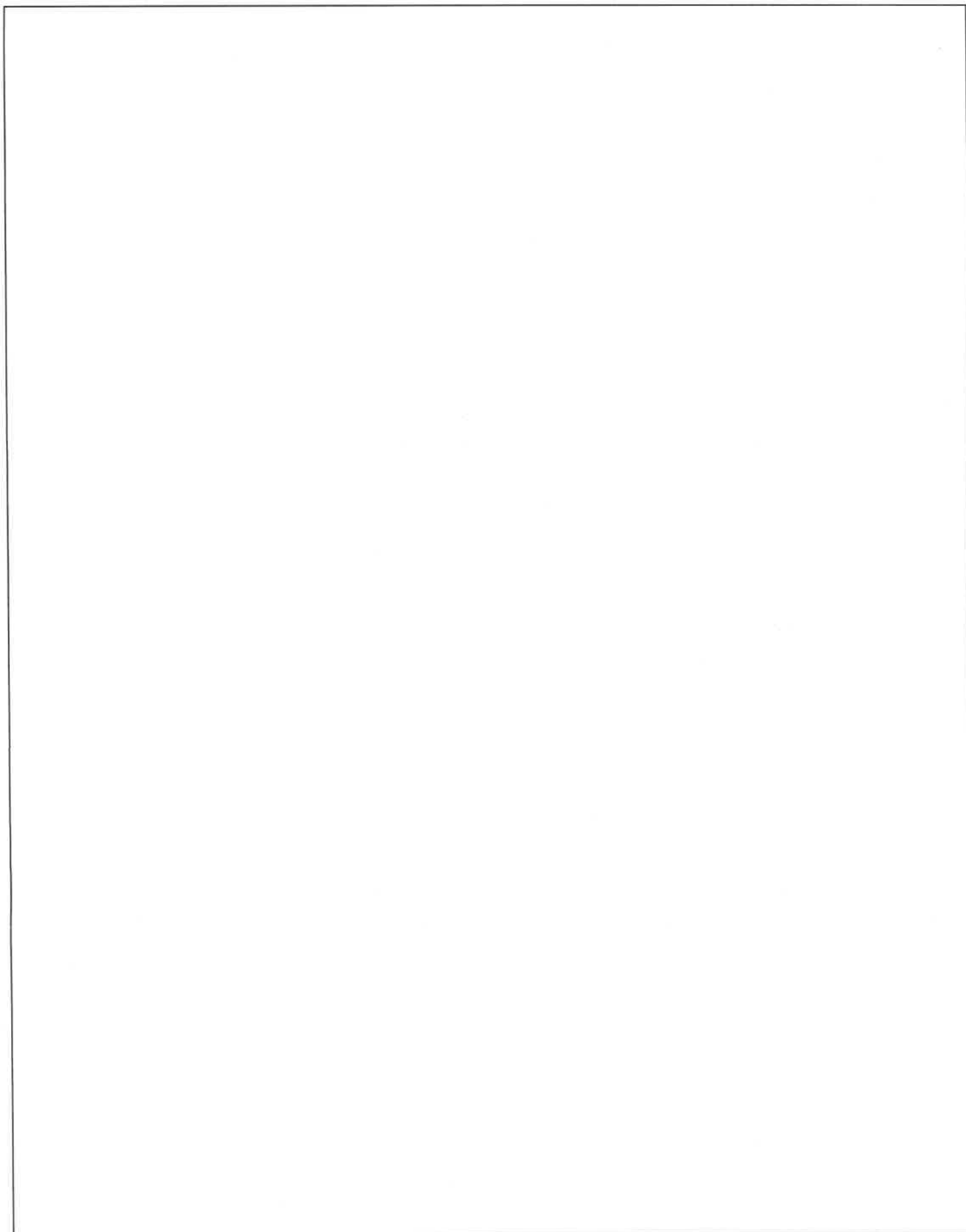
Alcoholic Beverage Floor Plan

Name of Business: N/A (renewal)

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).



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 Tama Peety _____
Signature *Date*

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Fire Department:

- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Commission

Approved Denied Date of Final Action _____



City of Valley City, North Dakota

Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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: The Clubhouse ARP14 LLC
 Owner of Premises: ARP6 LLC
 Ownership Contact: ~~Christopher~~ Autumn Torbenson
 Mailing Address: 322 E Main St
 City, State, Zip Code: Valley City, ND 58072
 Phone Number: 619 990 6888
 Email Address: clubhousevalleycity@gmail.com

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

Autumn Torbenson 100%

Resident Manager: Autumn Torbenson
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
 Mailing Address: 4263 Ponderosa Pl S
 City, State, Zip Code: Fargo, ND 58104
 Phone Number: 619 990 6888
 Email Address: clubhousevalleycity@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	\$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

Pa 65.20.26

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 <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: _____

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 <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 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 type="checkbox"/> Yes	<input 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:		
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)

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

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.

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 license year)*

TRANSFER FEE: *(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
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Autumn Torbenson HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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, 2026.

Owner
Title

For City Use Only

Reviewed by Auditor's Office:

- Property tax not delinquent. Parcel # 63-3472481 63-3472508
- 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)

owes
 -#941.39
 -#61.40
 Due Oct. 2026

Application deemed complete

Tana Purity
 Signature

05.29.2026
 Date

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

[Signature]
 Signature

05/27/26
 Date

Reviewed by Fire Department:

- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

[Signature]
 Signature

05/27/2026
 Date

Reviewed by Commission

_____ Approved _____ Denied Date of Final Action _____

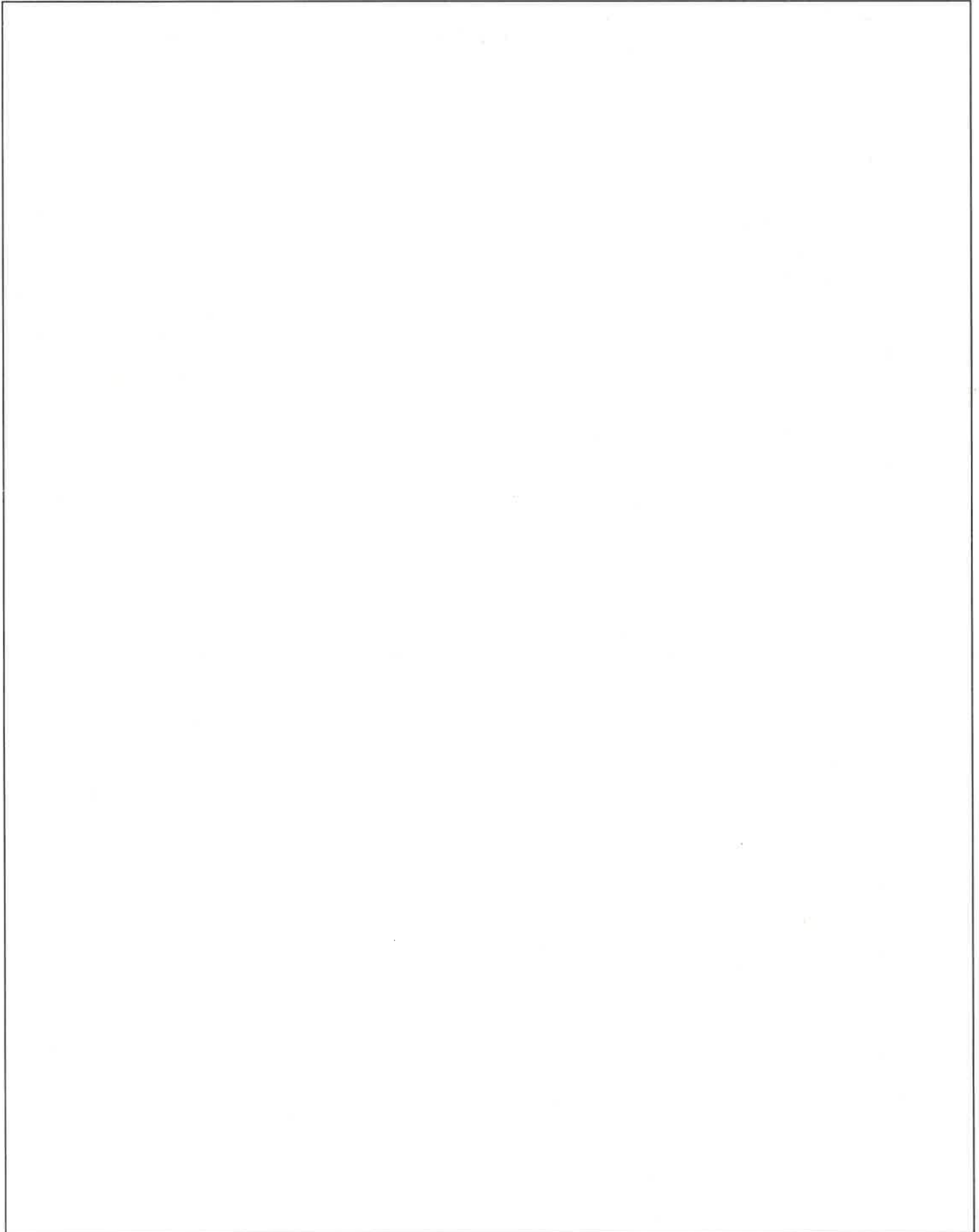
Alcoholic Beverage Floor Plan

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).



2025 BARNES COUNTY REAL ESTATE TAX STATEMENT

Statement No: 511

Parcel Number: 63-3472481
Jurisdiction: VALLEY CITY
Physical Location: 322 MAIN ST E
Legal Description: ORIGINAL VALLEY CITY LOTS 4, 5 & 6 BLOCK 25
ARP 6 LLC

2025 TAX BREAKDOWN

Net consolidated tax	1,882.79
Plus: Special Assessments	6.11
Total tax due	1,888.90
Less: 5% discount	94.13
if paid by Feb. 17th	
Amount due by Feb. 17th	1,794.77
Or pay in two installments(with no discount)	
Payment 1: Pay by Mar. 2nd	947.51
Payment 2: Pay by Oct. 15th	941.39

Legislative tax relief (3-year comparison):

	2023	2024	2025
Legislative tax relief	741.45	800.41	835.82

Tax distribution(3-year comparison):

	2023	2024	2025
True And Full Value	101,800	111,400	115,000
Taxable Value	5,090	5,570	5,750
Less: Homestead credit			
Disabled Veterans' credit			
Net Taxable Value	5,090	5,570	5,750
Mill Levy	335.200	332.720	327.440

Penalty on 1st Installment & Specials
 March 3..... 3%
 May 1..... 6%
 July 1..... 9%
 October 15..... 12%
 Penalty on 2nd Installment
 October 16..... 6%

Taxes By District(in dollars):

State	5.09	5.57	5.75
County	496.07	560.79	565.00
City/Twp VALLEY CITY	391.68	416.25	414.86
School VALLEY CITY SCHOOL DIST	490.27	519.96	562.70
Voter Approved School Bonds	N/A	N/A	N/A
COUNTY WIDE	99.46	110.06	95.22
VALLEY CITY PARK DIST 35	223.60	240.62	239.26

FOR ASSISTANCE:
 Office: Barnes County Treasurer
 230 4th St. NW RM 203
 Valley City, ND 58072
 Phone: 701-845-8505
 Website: www.barnescounty.us

Consolidated Tax	1,706.17	1,853.25	1,882.79
Primary Residence Credit	.00	.00	.00
Net consolidated tax	1,706.17	1,853.25	1,882.79
Net effective tax rate	1.68%	1.66%	1.64%

***100% of this year's Primary Residence Credit funding was generated from the North Dakota Legacy Fund.**

2025 Barnes County Real Estate Tax Statement

Detach here and mail with your payment

Phone No./Email: _____
 Best method of contact for questions.

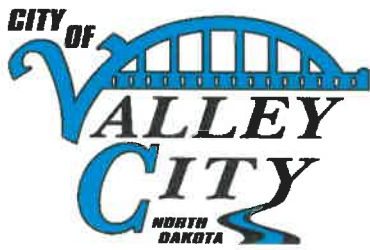
Parcel Number: 63-3472481 **MP #** 30312
Statement Number: 511 **Taxpayer #** 30312

Total tax due	1,888.90
Less 5% discount	94.13
Amount due by Feb. 17th	1,794.77
Or pay in two installments (with no discount):	
Payment 1: Pay by Mar. 2nd	947.51
Payment 2: Pay by Oct. 15th	941.39

ARP 6 LLC
 802 11TH ST NW
 VALLEY CITY ND 58072

MAKE CHECK PAYABLE TO:
 BARNES COUNTY TREASURER
 230 4th St. NW RM 203
 Valley City, ND 58072

Your canceled check is your receipt for your payment.
 No receipt will be issued.



City of Valley City, North Dakota

Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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: Ron & Gary Paterson
 Ownership Contact: Sally Hannig
 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, Luke Trapp - ND, Matt Klabo - ND
Chad Zann - ND, Tyler Van Bruggen - ND
Cosy 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: Po Box 1001
 City, State, Zip Code: Valley City, ND 58072
 Phone Number: 701-845-5302
 Email Address: info@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

*Pd
05/14/2026
cu*

¹**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 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 <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: Sun - 11a - 7p, M - Sa - 9a - 12a

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 <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 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 type="checkbox"/> Yes	<input 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:		
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>

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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:**

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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
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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
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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)

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

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.

 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 license year)*

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LATE FEE:

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

RETURN TO: Valley City Auditor
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 - 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Tyler Van Bruggen HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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

Dated this 13th day of May, 2026.

Partner
Title

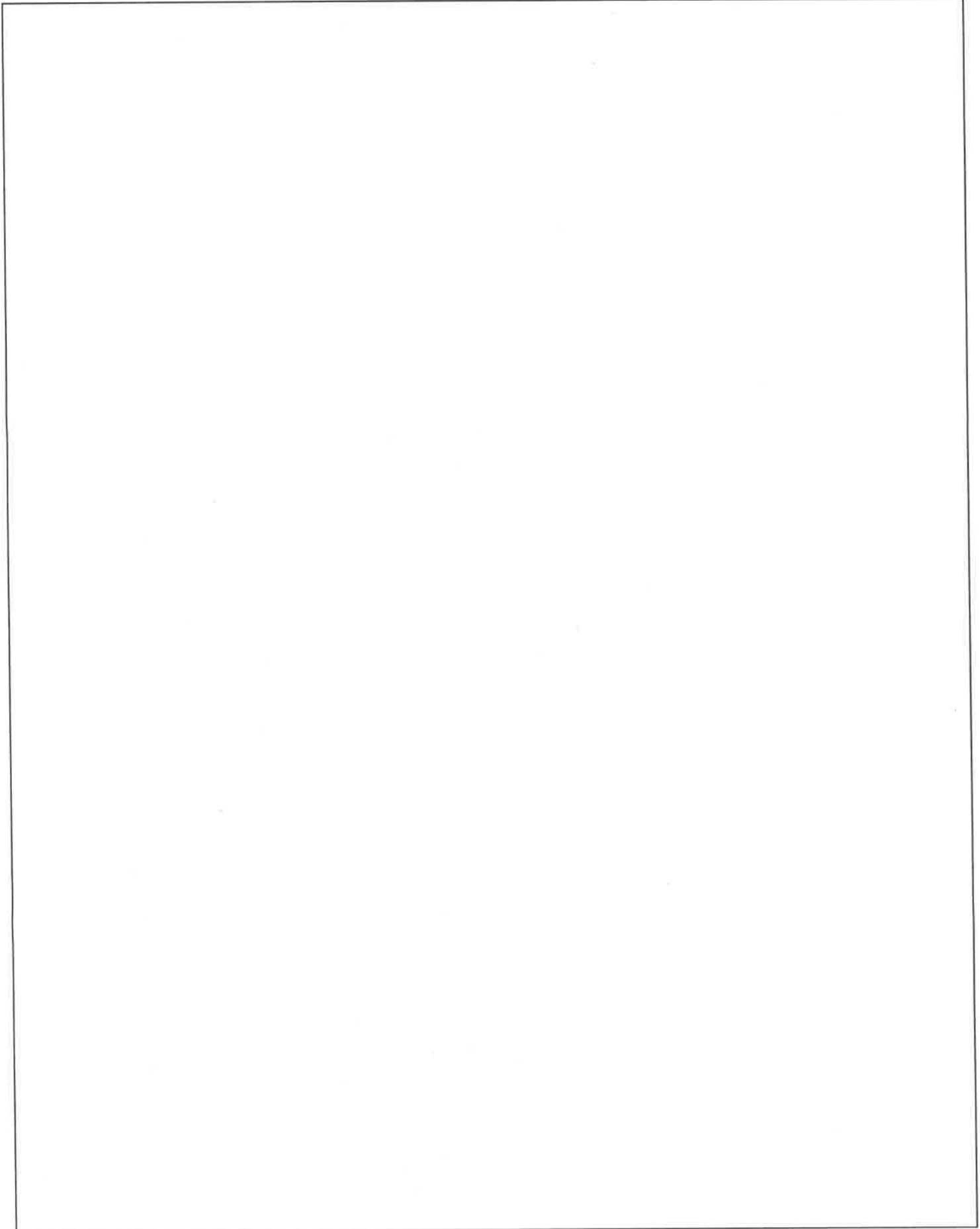
Alcoholic Beverage Floor Plan

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).



For City Use Only

Reviewed by Auditor's Office:

- Property tax not delinquent. Parcel # 63-3110054
- Server training list 512 main St E
- 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 Tara Penny 05.29.2026
 Signature Date

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

[Signature] 5/26/26
 Signature Date

Reviewed by Fire Department:

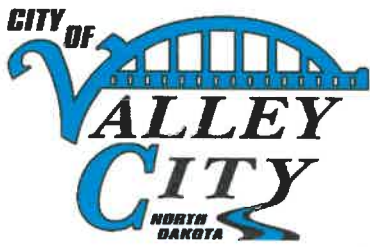
- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

[Signature] 05/27/2026
 Signature Date

Reviewed by Commission

Approved Denied Date of Final Action _____



City of Valley City, North Dakota

Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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 Aerie 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: officemanager2192@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: Jen Eitan
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

Pd
05.29.2026

¹**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: _____

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 checked="" type="checkbox"/> Yes	<input 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 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 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 license year)*

TRANSFER FEE: _____ *(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
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Chad Joachim HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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, 2026.

President
Title

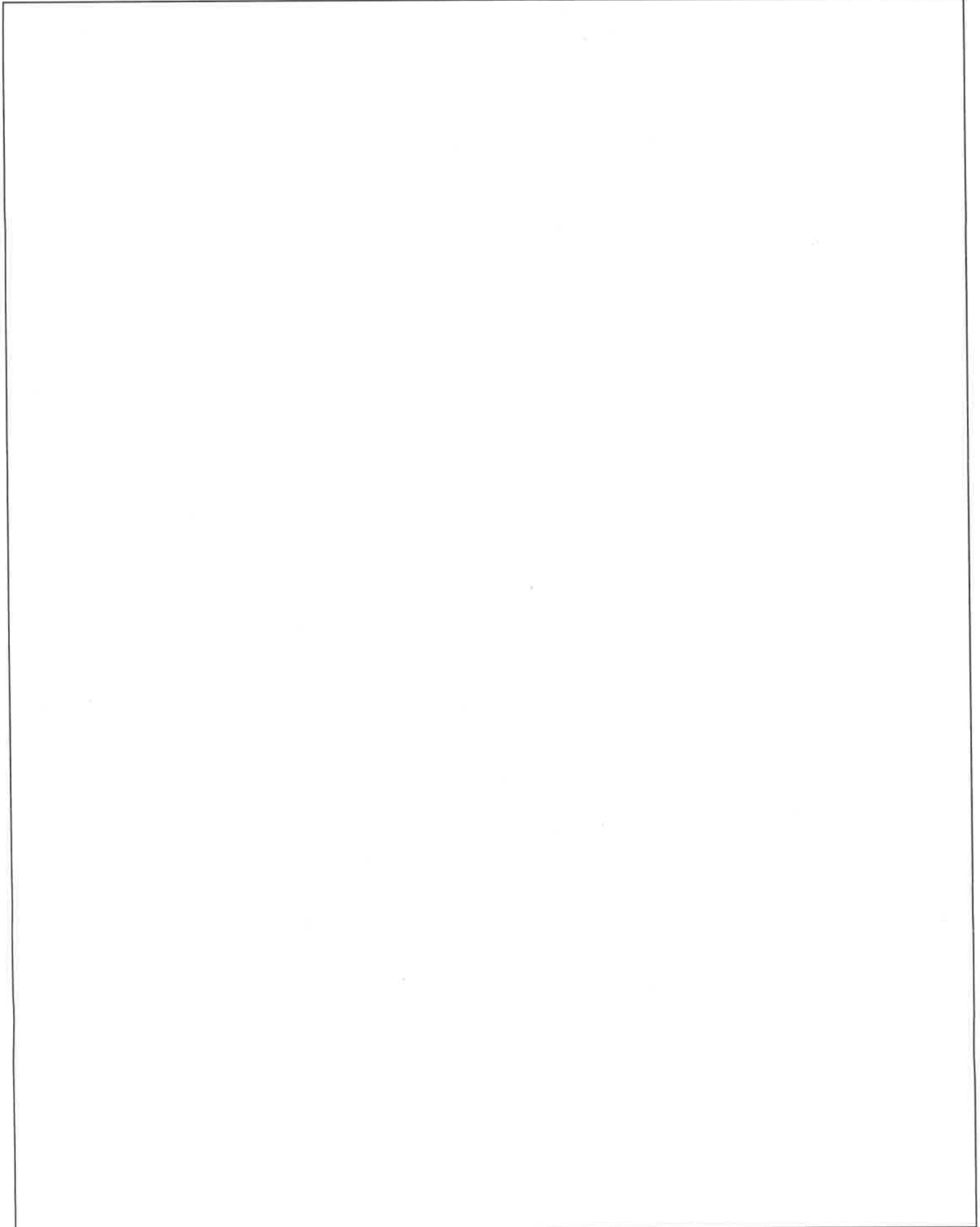
Alcoholic Beverage Floor Plan

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).



For City Use Only

Reviewed by Auditor's Office:

- Property tax not delinquent. Parcel # 63-302 6689
- 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]* _____
Signature *Date*

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Fire Department:

- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Commission

Approved Denied Date of Final Action _____

The sales tax statements I've included show our liquor/beer sales in column A – 7%, and our retail sales in column B – 5%.



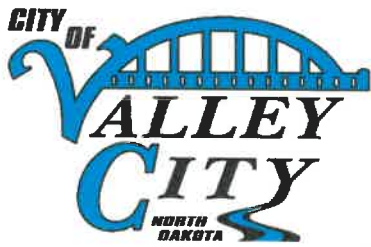
Alicia Tulp
Office Manager/Bookkeeper

Will individuals under 21 years of age be permitted in the room where alcoholic beverages are being opened and mixed?

- We have a restaurant which has a bar in it, and event rooms which may serve alcoholic beverages for private events.

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?

- We have event rooms for private events, some of which do not serve alcohol.



City of Valley City, North Dakota

Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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 and Julie Martin

Ownership Contact: Julie Martin

Mailing Address: ~~XXXXXX~~ 340 East Main St.

City, State, Zip Code: Valley City ND

Phone Number: 701-845-1234

Email Address: jam58072@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: 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 <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: _____

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 checked="" type="checkbox"/> Yes	<input 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 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:	40	
2. Number of days the restaurant will be open each week:	7	
3. Number of parking spaces available to restaurant:	10	
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)

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

_____ 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.

_____ 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 license year)*

TRANSFER FEE: _____ *(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
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Julie Martin _____ HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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

Dated this 2 day of June, 2026

owner

Title

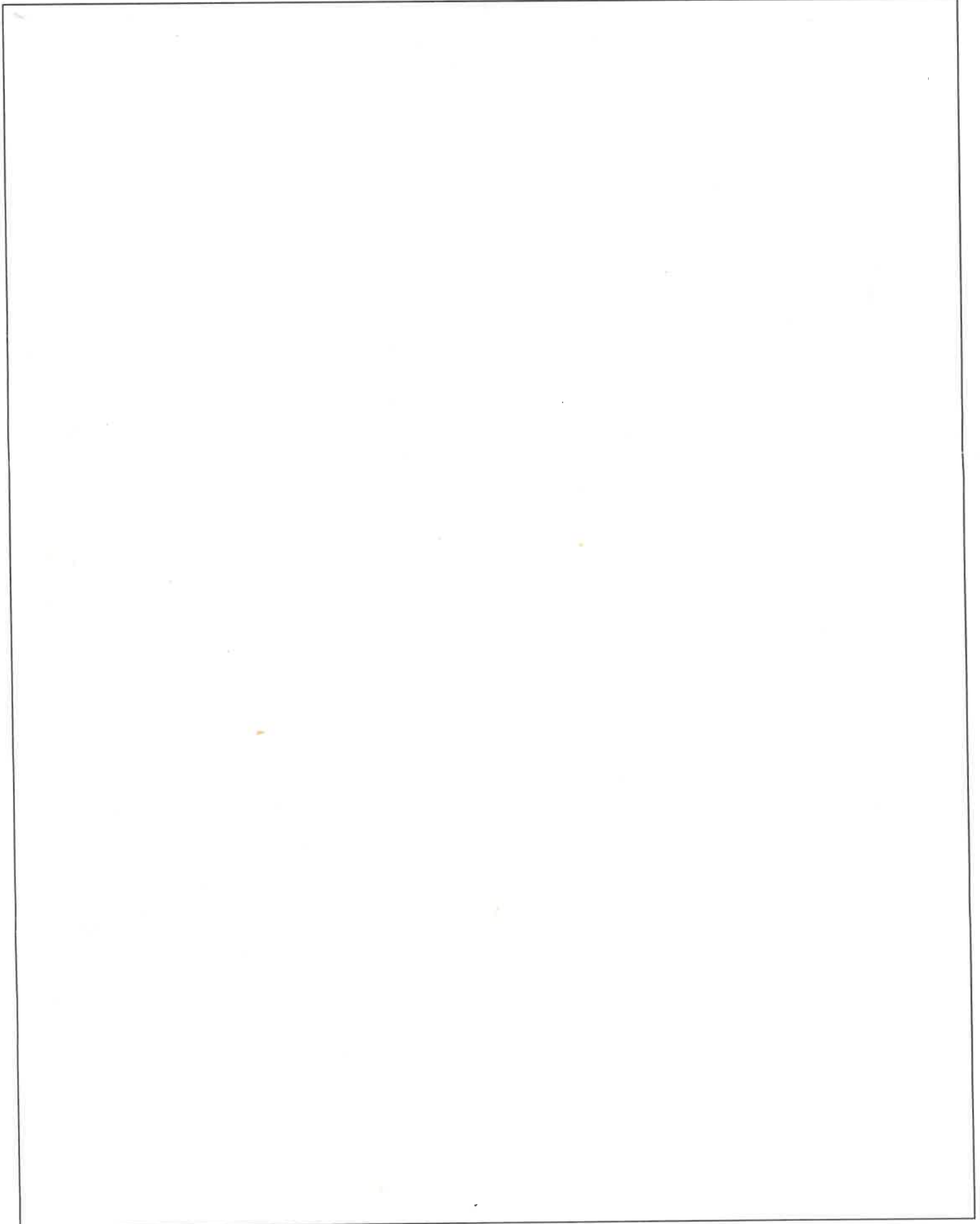
Alcoholic Beverage Floor Plan

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).



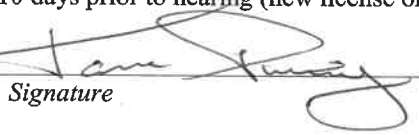
For City Use Only

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

Signature



Date

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

Signature

Date

Reviewed by Fire Department:

- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

Signature

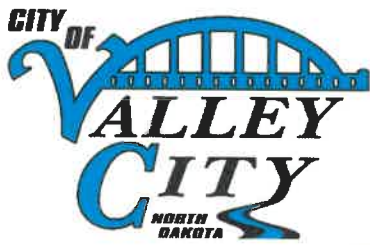
Date

Reviewed by Commission

Approved

Denied

Date of Final Action _____



City of Valley City, North Dakota

Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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: The Labor Club
 Owner of Premises: Donald & Bonnie Larson
 Ownership Contact: Bonnie 701-793-8279
 Mailing Address: 214 - 2nd St. NE
 City, State, Zip Code: Valley City, ND 58072
 Phone Number: 701-845-1912
 Email Address: laborclubvalley@hotmail.com

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

Donald P. Larson ND
Bonnie L. Larson ND

Resident Manager: Donald & Bonnie Larson
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
 Mailing Address: 3293-106th Ave SE
 City, State, Zip Code: Sanborn, ND 58480
 Phone Number: 701-793-8279
 Email Address: laborclubvalley@hotmail.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 <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: Noon to 2am

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 <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 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 type="checkbox"/> Yes	<input 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:		
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)

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

_____ 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.

_____ 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 license year)*

TRANSFER FEE: _____ *(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
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Bonnie Larson HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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

Dated this 2 day of June, 2026

Owner
Title

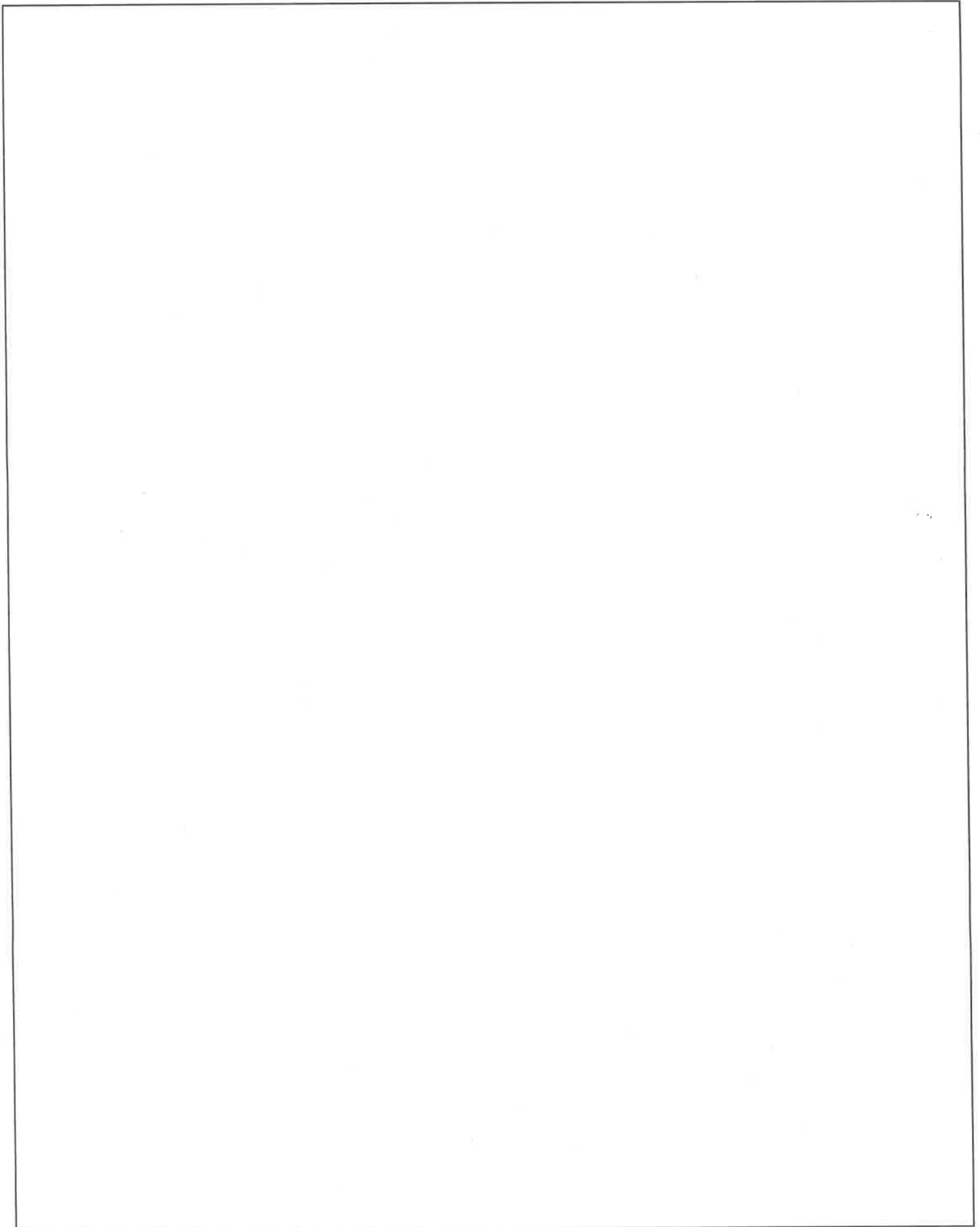
Alcoholic Beverage Floor Plan

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).



For City Use Only

Reviewed by Auditor's Office:

- Property tax not delinquent. Parcel # 63-3310035
- 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 Tamer Hany _____
Signature *Date*

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Fire Department:

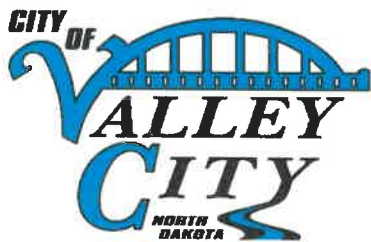
- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Commission

Approved Denied Date of Final Action _____



City of Valley City, North Dakota

Application for Alcoholic Beverage License

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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: My Bar LLC.
 Owner of Premises: Jerry Jarvis.
 Ownership Contact: Jerry Jarvis
 Mailing Address: 240 E Main St.
 City, State, Zip Code: Valley City, ND. 58072.
 Phone Number: 1-480-268-1933
 Email Address: jerryjarvis39@yahoo.com

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

Resident Manager: Brenda Bjork
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
 Mailing Address: 240 E. Main St
 City, State, Zip Code: Valley City ND. 58072.
 Phone Number: 701-840-9433
 Email Address: bbjork3@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	\$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

Ad #1250-
06.01.2026

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 checked="" type="checkbox"/> Yes	<input 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: Mon. 12pm-2am Tues. 12pm-2am Weds 12pm-2am Thurs. 12pm-2am
Friday 12pm-2am Sat 12pm-2am Sunday 12pm-2am

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)

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

_____ 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.

_____ 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 license year)*

TRANSFER FEE: _____ *(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
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 – 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Brenda M Bjork HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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

Dated this 1 day of June, 2026.

Manager.
Title

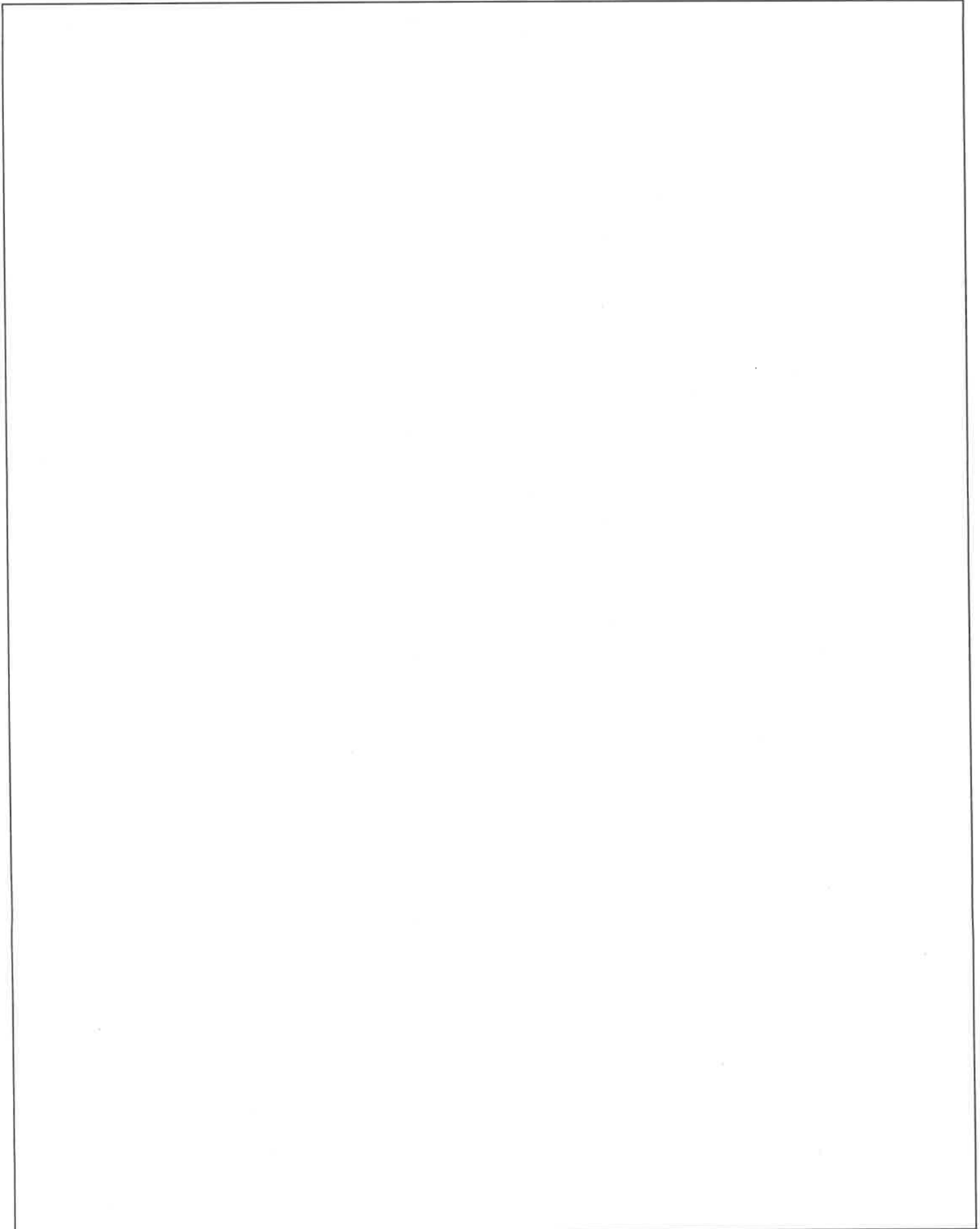
Alcoholic Beverage Floor Plan

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).



For City Use Only

Reviewed by Auditor's Office:

- Property tax not delinquent. Parcel # 63-3472400 - See Attached
- 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*

Reviewed by Fire Department:

- _____ Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

Signature *Date*

Reviewed by Commission

_____ Approved _____ Denied Date of Final Action _____

2025 BARNES COUNTY REAL ESTATE TAX STATEMENT

Statement No: 9168

Parcel Number: 63-3472400
 Jurisdiction: VALLEY CITY

MY BAR VALLEY CITY LLC
 Physical Location: 240 MAIN ST E

Legal Description
 LOT- 8 BLK-024
 ORIGINAL VALLEY CITY

2025 TAX BREAKDOWN

Net consolidated tax	1,098.56
Plus: Special Assessments	439.64
Total tax due	1,538.20
Less: 5% discount	54.92
if paid by Feb. 17th	
Amount due by Feb. 17th	1,483.28
Or pay in two installments(with no discount)	
Payment 1: Pay by Mar. 2nd	988.92
Payment 2: Pay by Oct. 15th	549.28

JERRY L JARVIS CD

Legislative tax relief (3-year comparison):

	2023	2024	2025
Legislative tax relief	429.72	462.71	487.68

Tax distribution(3-year comparison):

	2023	2024	2025
True And Full Value	59,000	64,400	67,100
Taxable Value	2,950	3,220	3,355
Less: Homestead credit			
Disabled Veterans' credit			
Net Taxable Value	2,950	3,220	3,355
Mill Levy	335.200	332.720	327.440

Penalty on 1st Installment & Specials
 March 3..... 3%
 May 1..... 6%
 July 1..... 9%
 October 15..... 12%
 Penalty on 2nd Installment
 October 16..... 6%

Taxes By District(in dollars):

State	2.95	3.22	3.36
County	287.51	324.19	329.66
City/Twp VALLEY CITY	227.00	240.63	242.06
School VALLEY CITY SCHOOL DIST	284.14	300.59	328.32
Voter Approved School Bonds	N/A	N/A	N/A
COUNTY WIDE	57.64	63.63	55.56
VALLEY CITY PARK DIST 35	129.59	139.10	139.60

FOR ASSISTANCE:
 Office: Barnes County Treasurer
 230 4th St. NW RM 203
 Valley City, ND 58072
 Phone: 701-845-8505
 Website: www.barnescounty.us

Consolidated Tax	988.83	1,071.36	1,098.56
Primary Residence Credit	.00	.00	.00
Net consolidated tax	988.83	1,071.36	1,098.56
Net effective tax rate	1.68%	1.66%	1.64%

***100% of this year's Primary Residence Credit funding was generated from the North Dakota Legacy Fund.**

2025 Barnes County Real Estate Tax Statement

Detach here and mail with your payment

Phone No./Email: _____
 Best method of contact for questions.

Parcel Number: 63-3472400 MP # 25939
 Statement Number: 9168 Taxpayer # 25939

Total tax due	1,538.20
Less 5% discount	54.92
Amount due by Feb. 17th	1,483.28
Or pay in two installments (with no discount):	
Payment 1: Pay by Mar. 2nd	988.92
Payment 2: Pay by Oct. 15th	549.28

MY BAR VALLEY CITY LLC
 C/O JERRY JARVIS
 5109 E ENID AVE
 MEZA AZ 85206

MAKE CHECK PAYABLE TO:
 BARNES COUNTY TREASURER
 230 4th St. NW RM 203
 Valley City, ND 58072

Your canceled check is your receipt for your payment.
 No receipt will be issued.

As of : 6/8/2026

Parcel Number: 63-3472400

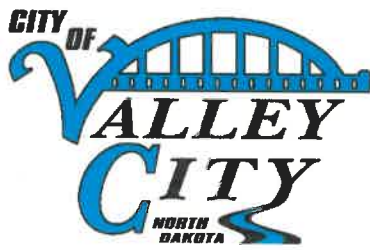
Payable Year: 2025

General Info | Tax Info | Current Receipts | Special Asmts | Unpaid Tax | History Electronic Payment

Unpaid Taxes						
Year	Net Tax	DIS/PN/IN	Special Asmt	Special Asmt Penalty	Advertising	Total Due
2025	1,098.56	32.96	439.64	26.38	0.00	1,597.54
						Total Due 1,597.54
2025	1,098.56	49.44	439.64	39.57	0.00	1,627.21
						Total Due 1,627.21

As of
6/06/2026

As of
7/2026



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

FOR PERIOD: Beginning July 1st, 2026 – June 30, 2027

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: Sabir's Dining & Lounge
 Owner of Premises: Nam Sabir
 Ownership Contact: Nam Sabir
 Mailing Address: 338 Wintershow Rd
 City, State, Zip Code: Valley City ND 58072
 Phone Number: 845-0274 C. 701 490-0274
 Email Address: namesabir@hotmail.com

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

Nam Sabir

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

Mailing Address: Same as above
 City, State, Zip Code: _____
 Phone Number: _____
 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 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 checked="" 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

Pd
05.26.2024

¹**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 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 <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: _____

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 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:	200	
2. Number of days the restaurant will be open each week:	5	
3. Number of parking spaces available to restaurant:	75	
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 checked="" 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)

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

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.

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 license year)*

TRANSFER FEE: *(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
220 3rd St. NE
Valley City, ND 58072
Phone: (701) 845 - 8121
Email: tplecity@valleycity.us

CERTIFICATION

I, Nam Sabir HEREBY request approval of an alcoholic beverage license, as indicated above, from July 1st, 2026 to June 30, 2027.

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, 2026.

Owner
Title

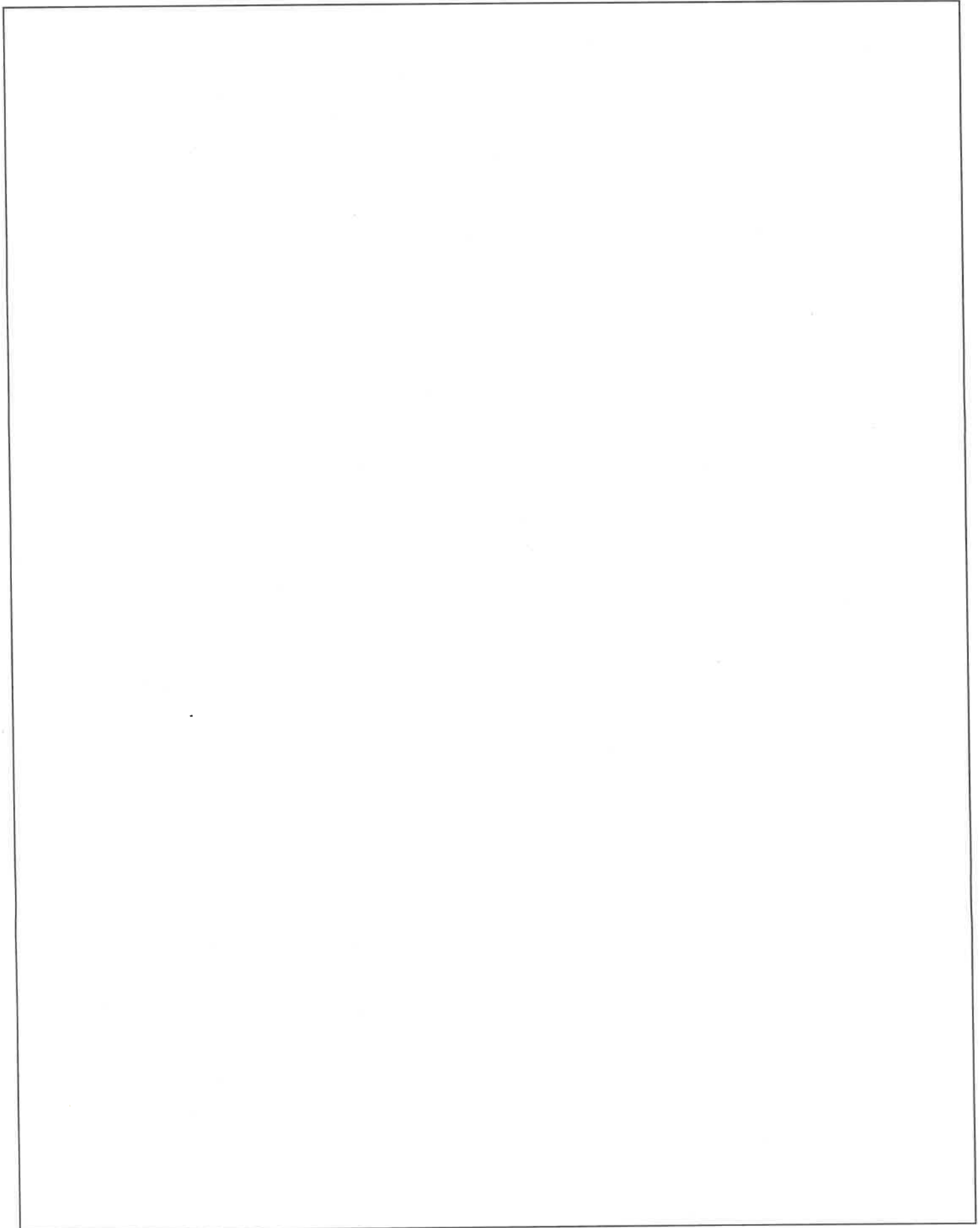
Alcoholic Beverage Floor Plan

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).



For City Use Only

Reviewed by Auditor's Office:

- Property tax not delinquent. Parcel # 63-1210103
- 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 Tanya King _____
Signature *Date*

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

[Signature] _____ 05/27/26
Signature *Date*

Reviewed by Fire Department:

- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

[Signature] _____ 05/27/2026
Signature *Date*

Reviewed by Commission

_____ Approved _____ Denied Date of Final Action _____



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2026 – May 31, 2027

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: Bentson Electric
Owner: Jeremy Bentson
Mailing Address: 608 Central Ave. N.
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-730-4378
Email Address: bentson.electric@gmail.com
Today's Date: 6-11-2026

please mail renewal next year

Type of License Applying For (check all that apply):
 Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):
M 3721 Electrician _____ Plumber 57147 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 pd 6.11.2026

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

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 57147

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **BENTSON ELECTRIC** whose address is in **VALLEY CITY, ND**, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

BENTSON ELECTRIC is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$100,000 in value.

Dated: February 23, 2026

NORTH DAKOTA STATE
ELECTRICAL
REGULATORY BOARD
MASTER LICENSE
EXAM/ND

Number: M 3721 Expires: April 30, 2027

Issued To: JEREMY BENTSON
VALLEY CITY, ND 58072

President: Rod Mayer
Secretary: James Brandenburg

Handwritten signature of Michael Howe.

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/13/2025

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 Brian Yanish 457 W Main Valley City ND 58072	CONTACT NAME: Brian Yanish PHONE (A/C, No, Ext): E-MAIL ADDRESS: brian.yanish@fumic.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Jeremy A Bentson DBA Bentson Electric 328 6th St NW Valley City ND 58072	INSURER A: Farmers Union Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES SB **CERTIFICATE NUMBER:** Cert ID 6250 (3) **REVISION NUMBER:**

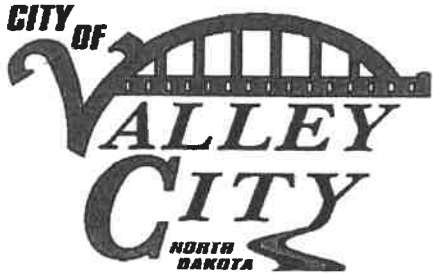
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			33-143016-25-1001	06/21/2025	06/21/2026	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input 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			33-143016-25-1001	06/21/2025	06/21/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)
Per Claim - Property Damage Liability \$250 Deductible

CERTIFICATE HOLDER City of Valley City 254 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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City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2026 – May 31, 2027

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: East + West Excavating
Owner: Jeff Jordheim
Mailing Address: 268 Main Ave E
City, State Zip Code: West Fargo, ND 58078
Phone Number: 701-213-7341
Email Address: Jordheim.jeff@gmail.com and EW@jssmwood.com
Today's Date: 4/29/26

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 pd No. 04.2026

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

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

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 45693

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **EAST & WEST EXCAVATING, LLC** whose address is in WEST FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

EAST & WEST EXCAVATING, 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 22, 2026

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

Michael Howe
Secretary of State



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

FOR PERIOD: June 1, 2026 – May 31, 2027

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: Floor to Ceiling Carpentry + Repair
Owner: Brandon Schwab
Mailing Address: 3688 117th Ave SE
City, State Zip Code: Valley City ND 58072
Phone Number: 701 840 5338
Email Address: F2ccar@gmail.com
Today's Date: _____

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

Contractor _____ Electrician _____ Plumber _____ Mechanical

State License Numbers (provide all that apply):

_____ Electrician _____ Plumber 43457 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 pd 06.05.2026

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

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

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000043457

CLASS: D

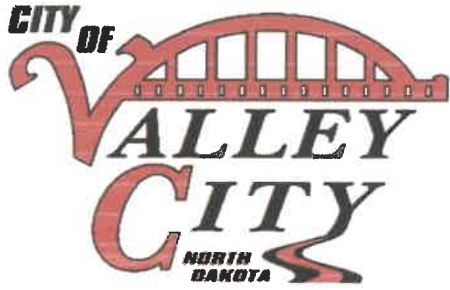
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Floor to ceiling carpentry and repair** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Floor to ceiling carpentry and repair is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$100,000 in value.

Dated: March 11, 2026

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

Michael Howe
Secretary of State



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

FOR PERIOD: June 1, 2026 – May 31, 2027

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: FMS Electr. LLC
Owner: Aaron Haselen
Mailing Address: 302 Wilcox Ave.
City, State Zip Code: Buffalo, ND 58011
Phone Number: 701-840-0617
Email Address: a_haselen@hotmail.com
Today's Date: 05/26/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

M3406 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 pd 05.29.2026

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

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

NORTH DAKOTA STATE
ELECTRICAL
EXAMINERS BOARD

MASTER LICENSE
EXAM/ND

Number: M 3406 Expires: April 30, 2027

Issued To: AARON HASELEU
BUFFALO, ND 58011

President: Rod Mayer

Secretary: James Brandenburg

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000044811

CLASS: D

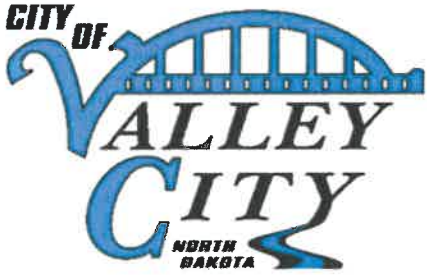
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **FMJ Electric LLC** whose address is in BUFFALO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

FMJ Electric LLC is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$100,000 in value.

Dated: January 22, 2026

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

Michael Howe
Secretary of State



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2026 – May 31, 2027

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: Joe Schreiber, Mike Huesman
 Mailing Address: 1100 Southcreek Ave
 City, State Zip Code: Glyndon, MN 56547
 Phone Number: 701-219-1728
 Email Address: huesman.schreiber@gmail.com
 Today's Date: 05-26-2026

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

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

Pd. 05.01.2026

Phone: (701) 845 – 1700
 Email: tplecity@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, 2027, 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: February 2, 2026

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, 2027 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 43382

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

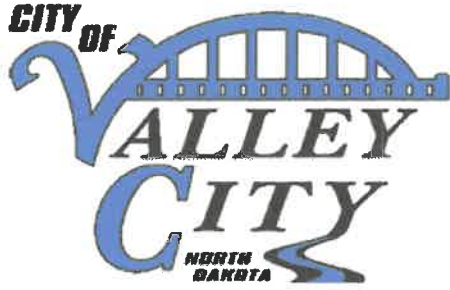
Page 2 of _____

AGENCY Strand & Marcy Insurance Agency, Inc.		NAMED INSURED HUESMAN/SCHREIBER MASONRY LLC	
POLICY NUMBER N/A			
CARRIER Multiple Carriers	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

(continued from Description of Operations)
 be Primary and Non-contributory
 with any other insurance available to the Additional Insured's. Waiver of Subrogation in favor of McGough Entity , Valley City Public Works & EAPC
 Architects Engineers
 and each of their agents and employees are included in above referenced General Liability, Automobile Liability, Workers' Compensation/Employers Liability,
 Umbrella/Excess Liability, Pollution/Mold Liability [and Professional Liability if required]. The Umbrella/Excess Liability policy sits over General Liability,
 Automobile Liability and Employers Liability.



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

FOR PERIOD: June 1, 2026 – May 31, 2027

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: John's Refrigeration & Electric, Inc.
Owner: John Lonski
Mailing Address: Po Box 251
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-845-5712 - 701-845-5713-cell
Email Address: jill_lonski@hotmail.com
Today's Date: June 1 - 2026

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

Contractor [] Electrician [X] Plumber [] Mechanical []

State License Numbers (provide all that apply):

M-1418 Electrician [] Plumber [] 23174- 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:

- [X] Certificate of Liability Insurance, City of Valley City as certificate holder - sent to you from Insure Forward Valley City ND
[X] Current copy of State Electrician and/or Plumber License
[X] 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
[X] \$50 if renewal application pd 06.05.26

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

Phone: (701) 845 - 1700
Email: tplecity@valleycity.us

North Dakota State Electrical Board - Renewal Information Payment

Renewal Information Payment:

Successful License Renewal

*** ACKNOWLEDGEMENTS ***

I have verified that any individual working under my supervision doing electrical or power limited work in North Dakota maintains a current/renewed registration or license. All future individuals hired and working under my supervision will also maintain a current registration or license.

I understand that I shall maintain records of all individuals who are or will be performing electrical or power limited work under my supervision and shall permit the electrical board to examine such records.

I understand that if I fail or refuse to comply or demonstrate compliance at the request of the Board or its representative shall subject my license to non-renewal, suspension, or revocation by the Board.

Electrician Information

License Number M 1418

Name JOHN LONSKI

Address PO BOX 251 PO BOX 251

City, State, Zip VALLEY CITY ND 58072

Billing Information

Name (Billing) JOHN LONSKI

Address PO BOX 251 PO BOX 251

City, State, Zip VALLEY CITY ND 58072

Amount \$50.00

Authorization Code 067566

Transaction ID AZ0P1BF24E7D

Judiciary Information

Have you ever been convicted of a felony under the laws of this state or any other No

jurisdiction (not previously disclosed in an application or prior renewal)?

If yes, please indicate date and explain:

Thank you for renewing your license online. Please print this page to serve as your payment receipt.

Renew Big John's
for 2026

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 23174

CLASS: A

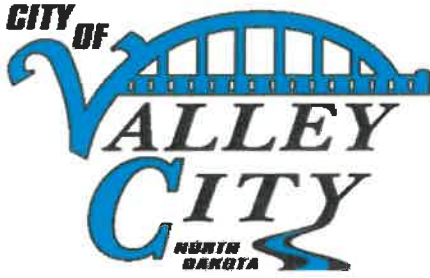
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **JOHN'S REFRIGERATION & ELECTRIC, INC.** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

JOHN'S REFRIGERATION & 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: January 27, 2026

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

Michael Howe
Secretary of State



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2026 – May 31, 2027

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: Johnson's Construction LLC
Owner: Jacob Johnson
Mailing Address: 496 6th Ave NW
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-840-0285
Email Address: Jacoby1522@gmail.com
Today's Date: 5-29-26

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 Pd 06.04.2026

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

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000054770

CLASS: C

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Johnson's Construction L.L.C.** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Johnson's Construction L.L.C. is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$300,000 in value.

Dated: April 29, 2026

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

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/28/2026

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 INSURE FORWARD 430 West Main Street Valley City ND 58072	CONTACT NAME: Melissa Schroeder PHONE (A/C, No, Ext): (701) 845-1185 E-MAIL ADDRESS: melissa.schroeder@insureforward.com	FAX (A/C, No): (701) 845-1749
	INSURER(S) AFFORDING COVERAGE	
INSURED Jacob Johnson DBA: Johnson's Construction L.L.C. 496 6th Ave NW Valley City ND 58072	INSURER A: North Star Mutual Insurance Co NAIC #: 14850	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** CL2642826103 **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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CM67578	04/13/2026	04/13/2027	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
							\$
	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) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	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"/> PER STATUTE <input type="checkbox"/> 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 Secretary of State State of North Dakota 600 East Boulevard Avenue #108 Bismarck ND 58505-0500	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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State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 42463

CLASS: B

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Kjelland Excavation** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Kjelland Excavation is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$500,000 in value.

Dated: March 4, 2026

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

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2026

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 Ihry Insurance Agency, Inc. 1291 13th Ave E West Fargo ND 58078 License#: 16098953	CONTACT NAME: Ihry CL Service PHONE (A/C, No, Ext): 701-492-2228 FAX (A/C, No): 701-532-0570 E-MAIL ADDRESS: IhryCLService@ihryins.com													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : United Fire & Casualty Company</td> <td>13021</td> </tr> <tr> <td>INSURER B : United Fire Group</td> <td></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 : United Fire & Casualty Company	13021	INSURER B : United Fire Group		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : United Fire & Casualty Company	13021													
INSURER B : United Fire Group														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED Chad Kjelland dba Kjelland Excavation 3432 114th Ave Se Valley City ND 58072 License#: 16098953 KJELLACH01														

COVERAGES

CERTIFICATE NUMBER: 597955509

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		10003901844	4/28/2026	4/28/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input 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			10069040082	4/28/2026	4/28/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			10002179283	4/28/2026	4/28/2027	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Empl Liab/ND Stop Gap	Y		10003901844	4/28/2026	4/28/2027	\$1M / \$1M / \$1M

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

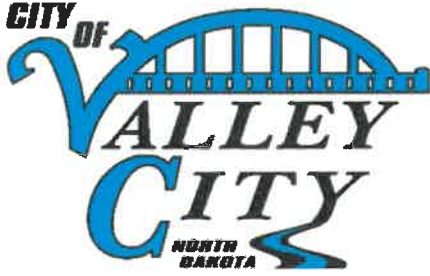
CERTIFICATE HOLDER**CANCELLATION**

City of Valley City
 220 3rd St 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

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City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2026 – May 31, 2027

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: Mission Mechanical Inc
Owner: Brady Opheim
Mailing Address: 1816 4th Ave NW, Unit A
City, State Zip Code: West Fargo, ND 58078
Phone Number: 701-478-3820
Email Address: accounting@mission-mechanical.com
Today's Date: 5/18/2026

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

 Contractor Electrician X Plumber X Mechanical

State License Numbers (provide all that apply):

 Electrician 1547 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:

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

 X Current copy of State Electrician and/or Plumber License

 X 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
 X \$50 if **renewal application** Pd 06.01.2026

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/12/2026

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: Jenaah Nyhof PHONE (A/C, No, Ext): 701-237-3311 E-MAIL ADDRESS: Jenaah.Nyhof@MarshMMA.com	FAX (A/C, No): 701-232-4442	
	INSURER(S) AFFORDING COVERAGE		
INSURED Mission Mechanical Inc 1816 4th Ave NW, Unit A West Fargo ND 58078	INSURER A: UNITED FIRE AND CASUALTY COMPA		NAIC # 13021
	INSURER B: EVANSTON INSURANCE COMPANY		35378
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 491587770


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"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:		60496867	10/1/2025	10/1/2026	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
						ND StopGap Emp Liab	\$ 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		60496867	10/1/2025	10/1/2026	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 \$ 0		60496867	10/1/2025	10/1/2026	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	<input type="checkbox"/> Y / <input type="checkbox"/> N N/A				PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
B A	Professional/Pollution Installation Floater Equipment Floater		MMAENV004544 60496867	10/1/2024 10/1/2025	10/1/2026 10/1/2026	\$2,000,000 Pollution Limit Leased/Rented Equip	1,000,000 Prof 350,000 265,000

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 220 3rd St 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 
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NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Brady Opheim

License Type: Plumber

License Level: Master

License No.: 1547

Issue Date: 02/09/2015

Valid Until: 12/31/2026



State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 53426

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **MISSION MECHANICAL, INC.** whose address is in WEST FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

MISSION MECHANICAL, 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: March 3, 2026

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

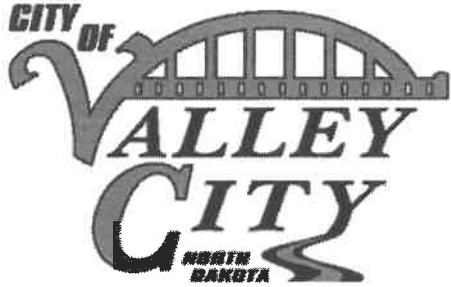
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

MISSION MECHANICAL, INC.

is the holder of a North Dakota Class A Contractor License
which is in force until March 1, 2027 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 53426



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

FOR PERIOD: June 1, 2026 – May 31, 2027

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: Montz Excavating LLC
Owner: Anthony Montz
Mailing Address: 1012 12TH AVE SE
City, State Zip Code: Valley City ND 58072
Phone Number: (701) 840-1644
Email Address: montzcxc2@outlook.com
Today's Date: 5-29-2026

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
 X \$50 if renewal application pd 06.01.2026

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/10/2025

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 INSURE FORWARD 430 West Main Street Valley City ND 58072	CONTACT NAME: Melissa Schroeder
	PHONE (A/C, No, Ext): (701) 845-1185 FAX (A/C, No): (701) 845-1749
	E-MAIL ADDRESS: melissa.schroeder@insureforward.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Western National Assurance Co
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: master 25/26 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 type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CPP 1329791	12/10/2025	12/10/2026	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 \$
A	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 type="checkbox"/> NON-OWNED AUTOS ONLY			CPP 1329786	12/10/2025	12/10/2026	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 RETENTION \$			UMB 1055003	12/10/2025	12/10/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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

City of Valley City
PO Box 390

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
Steve Ondraak

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State of North Dakota SECRETARY OF STATE



Certificate of Good Standing of MORITZ EXCAVATING, LLC

SOS Control ID#: 0000069467

Certificate #: 029195934-1

The undersigned, as Secretary of State of the state of North Dakota, hereby certifies that, according to the records of this office,

MORITZ EXCAVATING, LLC

a Limited Liability Company - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective February 12, 2002. This entity has, as of the date set forth below, complied with all applicable North Dakota laws.

ACCORDINGLY, the undersigned, as such Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Good Standing.

DATE: May 31, 2026

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

Michael Howe
Secretary of State

MORITZ EXCAVATING, LLC

Class A - 29238



File Contractor Renewal

<i>Class Type</i>	Class A
<i>License Num</i>	29238
<i>Status</i>	Active
<i>Renewal Date</i>	3/1/2026
<i>Inactive Date</i>	N/A
<i>Mailing Address</i>	1012 12TH AVE SE VALLEY CITY, ND 58072-4310
<i>Standing - Other</i>	Not Good
<i>Standing - WSI</i>	Good
<i>Standing - Job Service</i>	Good
<i>Standing - Business</i>	Good
<i>Business Phone</i>	(701) 840-1644
<i>Registration Date</i>	03/07/2002
<i>Certification of Liability Insurance Expiration Date</i>	12/10/2026



View History

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 27339

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **NORTHERN PLAINS MECHANICAL, LLC** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

NORTHERN PLAINS MECHANICAL, 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 29, 2026

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

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/21/2026

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: Donna Christlieb	
	PHONE (A/C, No, Ext): 701-237-3311	FAX (A/C, No): 701-232-4442
E-MAIL ADDRESS: Donna.Christlieb@MarshMMA.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: UNITED FIRE AND CASUALTY COMPA		13021
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1900179999 **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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		10075535268	12/21/2025	12/21/2026	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 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"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	10063626870	12/21/2025	12/21/2026	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 \$ 10,000		10072285786	12/21/2025	12/21/2026	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) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	10000378405	12/21/2025	12/21/2026	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Installation Floater		10075535268	12/21/2025	12/21/2026	Temporary Location 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers Compensation coverage applies in Minnesota.
 Re: License

CERTIFICATE HOLDER**CANCELLATION**

City of Valley City Valley City Auditor 220 3rd St. 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

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NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Cory Carlstrud

License Type: Plumber

License Level: Master

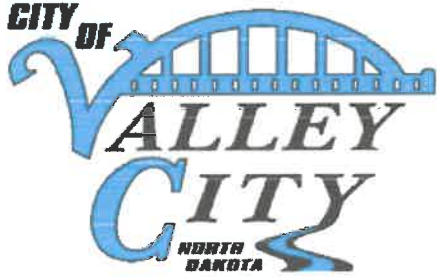
License No.: 1700

Issue Date: 10/12/2016

Valid Until: 12/31/2026

STATE





City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2026 – May 31, 2027

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: Platinum Plumbing Service LLC
 Owner: Christopher Froeh
 Mailing Address: 349 Knutson St Unit C
 City, State Zip Code: Mapleton ND 58059
 Phone Number: 701-840-5770
 Email Address: platinumplumbingnd@gmail.com
 Today's Date: 6/1/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician 2338 Plumber 49709 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 pd 06.05.2026

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/16/2026

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
FEDERATED MUTUAL INSURANCE COMPANY
HOME OFFICE: P.O. BOX 328
OWATONNA, MN 55060

CONTACT NAME: CLIENT CONTACT CENTER
PHONE (A/C, No, Ext): 888-333-4949 FAX (A/C, No): 507-446-4664

E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	FEDERATED MUTUAL INSURANCE COMPANY	13935
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
PLATINUM PLUMBING SERVICE LLC
349 KNUTSON ST UNIT C
MAPLETON, ND 58059-4065

COVERAGES CERTIFICATE NUMBER: 7 REVISION NUMBER: 0

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY	N	N	1870639	08/31/2025	08/31/2026	EACH OCCURRENCE	\$1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$100,000	
	MED EXP (Any one person)							
	PERSONAL & ADV INJURY						\$1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS & COMP/OP ACC	\$2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	1870640	08/31/2025	08/31/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	BODILY INJURY (Per Person)							
	BODILY INJURY (Per Accident)							
	PROPERTY DAMAGE (Per Accident)							
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION						EACH OCCURRENCE	
							AGGREGATE	
	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	OTHER
							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

CITY OF VALLEY CITY
220 3RD ST NE
VALLEY CITY, ND 58072-3014

CANCELLATION

7 0
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

Nicholas R. Lower

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000049709

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **PLATINUM PLUMBING SERVICE LLC** whose address is in MAPLETON, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

PLATINUM PLUMBING SERVICE LLC is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$100,000 in value.

Dated: January 15, 2026

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

Michael Howe
Secretary of State

NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Christopher Frueh

License Type: Plumber

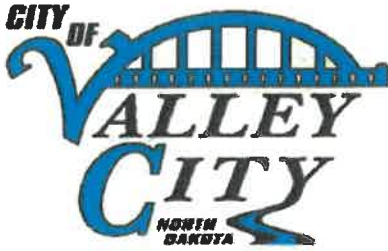
License Level: Master

License No.: 2338

Issue Date: 08/14/2023

Valid Until: 12/31/2026





City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2026 – May 31, 2027

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: Roers Construction Joint Venture LLC
Owner: _____
Mailing Address: 350 45th Street South
City, State Zip Code: Fargo ND 58103
Phone Number: 701-356-6050
Email Address: accounts.payable@roers.com
Today's Date: 5-28-26

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

Contractor _____ Electrician _____ Plumber _____ Mechanical

State License Numbers (provide all that apply):

_____ Electrician _____ Plumber 000042385 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 pd 06.01.2026

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

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000042385

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Roers Construction Joint Venture LLC** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Roers Construction Joint Venture 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: February 18, 2026

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

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

Roers Construction Joint Venture LLC

is the holder of a North Dakota Class A Contractor License
which is in force until March 1, 2027 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 000042385



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2026 – May 31, 2027

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: Scherbenske Inc.
Owner: contact: Steve Atkinson, V.P.
Mailing Address: 2511 17th St. SE
City, State Zip Code: Jamestown, ND 58401
Phone Number: 701-252-2652
Email Address: steve@scherbenskeinc.com
Today's Date: 05/15/2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 50216 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 *pd 05.29.2026*

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

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 50216

CLASS: A

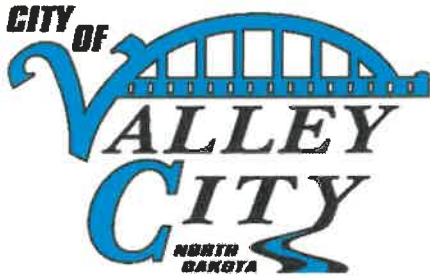
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **SCHERBENSKE INC.** whose address is in JAMESTOWN, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

SCHERBENSKE 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 23, 2026

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

Michael Howe
Secretary of State



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2026 – May 31, 2027

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: Sheyenne Concrete LLC
Owner: Brian Kleugaard
Mailing Address: 3725 114th Ave SE
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-799-4733
Email Address: brian.k@sheyennemfg.com
Today's Date: 5-18-26

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

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 pd 06.01.2026

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

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000050438

CLASS: B

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Sheyenne Concrete LLC** whose address is in COOPERSTOWN, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Sheyenne Concrete LLC is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$500,000 in value.

Dated: February 26, 2026

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

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

Sheyenne Concrete LLC

is the holder of a North Dakota Class B Contractor License which is in force until March 1, 2027 unless sooner suspended or revoked as provided by NDCC 43-07.

License # 000050438



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

FOR PERIOD: June 1, 2026 – May 31, 2027

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: Sheyenne River Repair
Owner: Corey Kappenman
Mailing Address: 2212 118th Ave SE
City, State Zip Code: Valley City ND 58072
Phone Number: 701-261-9991
Email Address: sheyenneriverrepair@gmail.com
Today's Date: 05/09/24

Type of License Applying For (check all that apply):
 Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):
 Electrician Plumber 55885 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 Pd 05.29.2024

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 55885

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **SHEYENNE RIVER REPAIR** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

SHEYENNE RIVER REPAIR is entitled to bid on and accept contracts as authorized by law under this license provided that any single contract project may not exceed \$100,000 in value.

Dated: February 25, 2026

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

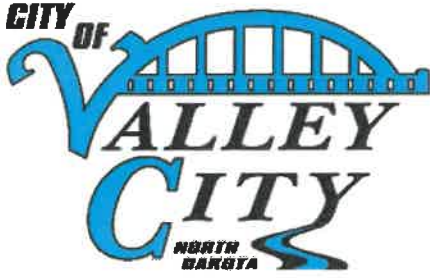
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

SHEYENNE RIVER REPAIR

is the holder of a North Dakota Class D Contractor License which is in force until March 1, 2027 unless sooner suspended or revoked as provided by NDCC 43-07.

License # 55885



City of Valley City, North Dakota
Application for
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)
FOR PERIOD: June 1, 2026 – May 31, 2027

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: Spain Excavating
Owner: Austin Spain
Mailing Address: 207 2nd St.
City, State Zip Code: Alice, ND 58031
Phone Number: 701-541-3511
Email Address: austin.j.spain@gmail.com
Today's Date: 08 June 2026

Type of License Applying For (check all that apply):
[X] Contractor _____ Electrician _____ Plumber _____ Mechanical

State License Numbers (provide all that apply):
_____ Electrician _____ Plumber # 090952303 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:

[X] Certificate of Liability Insurance, City of Valley City as certificate holder
_____ Current copy of State Electrician and/or Plumber License

[X] 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: [X] \$100 if initial application, make checks payable to City of Valley City
\$50 if renewal application pd 06.09.2026

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

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000052303

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Spain Excavating** whose address is in ALICE, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

Spain Excavating 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 13, 2026

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

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/8/2026

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 HUB International Great Plains, LLC 3220 4Th Street E Suite Ste 201 West Fargo ND 58078 License#: 100187254 SPAIEXC-01	CONTACT NAME: PHONE (A/C, No, Ext): 701-239-4647	FAX (A/C, No):
	E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACUITY, A Mutual Insurance Company		14184
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Spain Excavating
 207 2nd St
 Alice ND 58031

COVERAGES

CERTIFICATE NUMBER: 1188061984

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ZT2192	1/15/2026	1/15/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 250,000
							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
								\$
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 <input type="checkbox"/> OTHER:			ZT2192	1/15/2026	1/15/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ZT2192	1/15/2026	1/15/2027	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
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/A	ZT2192	1/15/2026	1/15/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER STOP GAP	
							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)

CERTIFICATE HOLDER**CANCELLATION**

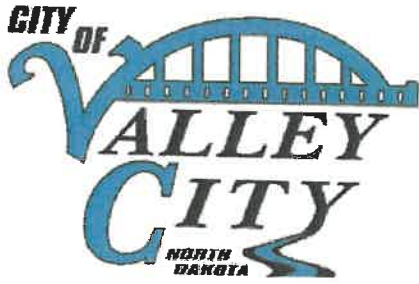
City of Valley City
 254 2nd Ave NE
 Valley City ND 58072
 United States

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

FOR PERIOD: June 1, 2026 – May 31, 2027

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: Wir3d Electric Inc.
Owner: Joshua Holte
Mailing Address: P.O. Box 9054
City, State Zip Code: Fargo, ND 58106
Phone Number: 701-347-1972
Email Address: josh@wir3d-electric.com
Today's Date: 6/1/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

113204 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
 X \$50 if renewal application Pd 06.10.2026 CC

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

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

NORTH CAROLINA STATE
ELECTRICAL

MASTER LICENSE
EXAM/ND

Number: M 3204 Expires: April 30, 2022

Issued To: JOSHUA HOLTE
MAPLETON, NC 28059

President: Rod Mee

Secretary: James Brandenburg

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 49765

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **WIR3D ELECTRIC INCORPORATED** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North Dakota Century Code, chapter 43-07.

WIR3D ELECTRIC INCORPORATED 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, 2026

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

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

WIR3D ELECTRIC INCORPORATED

is the holder of a North Dakota Class A Contractor License
which is in force until March 1, 2027 unless sooner
suspended or revoked as provided by NDCC 43-07.

License # 49765



AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY FEDERATED MUTUAL INSURANCE COMPANY		NAMED INSURED WIR3D ELECTRIC INCORPORATED PO BOX 9054 FARGO, ND 58106-9054	
POLICY NUMBER SEE CERTIFICATE # 26.0			
CARRIER SEE CERTIFICATE # 26.0	NAIC CODE	EFFECTIVE DATE: SEE CERTIFICATE # 26.0	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

SECONDARY POLICY(S) Workers Compensation	N/A N 1915139 01/07/2026 01/07/2027	WC STATUTORY LIMITS	YES
		E.L. EACH ACCIDENT	\$1,000,000
		E.L. DISEASE-EA EMPL	\$1,000,000
		E.L. DISEASE-POL LIMIT	\$1,000,000

STOP-GAP (EMPLOYER'S LIABILITY) COVERED STATE(S) ND

THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED SUBJECT TO THE CONDITIONS OF THE ADDITIONAL INSURED BY CONTRACT ENDORSEMENT FOR BUSINESSOWNERS LIABILITY.

FEDERATED INSURANCE COMPANIES

THIS ENDORSEMENT MODIFIES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED BY CONTRACT ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS LIABILITY COVERAGE FORM

- A.** Paragraph **C. Who Is An Insured** is amended to include as an additional insured any person or organization, other than a joint venture, for whom you are performing operations when you and such person or organization have agreed in writing in a contract or agreement that such person or organization be added as an additional insured on your policy. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
- in the performance of your ongoing operations for the additional insured.

A person's or organization's status as an additional insured under this endorsement ends when your operations for that additional insured are completed.

This additional insurance does not apply to:

1. An employee, association of employees or labor union, except with respect to work performed by or for you for such employee, association of employees or labor union under direct contract between you as contractor and such employee, association of employees or labor union as owners;
 2. Any railroad company except with respect to work performed by or for you for such railroad company under direct contract or agreement between you and such railroad company;
 3. Any person or organization whose profession, business or occupation is that of an architect, surveyor or engineer with respect to liability arising out of the preparation or approval of or the failure in preparation or approval of maps, shop drawings, opinions, reports, surveys, field orders, change orders, designs, drawings, specifications or the performance of any other professional services by such person or organization; or
 4. Any of your Subcontractors, or any partner, officer, agent or employee of such Subcontractor.
- B.** The Coverage extended to any additional insured by this endorsement is limited to, and subject to, all terms, conditions, and exclusions of the coverage form to which this endorsement is attached.
- In addition, Coverage shall not exceed the terms and conditions that are required by the terms of the written agreement to add any insured, or to procure insurance.
- C.** In the event that the Limits of Insurance shown in the Declarations exceeds the limits of liability required in a written contract or written agreement for an additional insured, the insurance provided to the additional insured shall be limited to the limits of liability required by that written contract or written agreement.
- D. Additional Exclusions**

The insurance afforded to any person or organization as an insured under this endorsement does not apply:

1. To "bodily injury", "property damage" or "personal and advertising injury" which occurs prior to the date of your contract with such person or organization;
2. To "bodily injury" or "property damage" included within the "products - completed operations hazard"; or
3. To "bodily injury", "property damage" or "personal and advertising injury" arising out of the sole negligence of any person or organization that would not be an insured except for this endorsement.

Includes copyrighted material of Insurance Services Office, Inc. with its permission.



**City of Valley City, North Dakota
Application for
Retail Tobacco License
FOR PERIOD: July 1, 2026 – June 30, 2027**

The undersigned hereby makes application to the City of Valley City for a retail tobacco license.

Name of Applicant(s): Bonnie Larson
Name of Business: The Labor Club
Address of Applicant: 214 - 2nd St. NE
City, State Zip Code: Valley City, ND 58072
Address of Premise to be Licensed: 214 - 2nd St. NE Valley City, ND 58072
Phone Number: (701) 845-1912 Email Address: laborclubvalley@hotmail.com

Has the applicant ever been convicted of a criminal offense related to the sale or distribution of tobacco, or had a tobacco dealer or distributor license revoked or canceled by any municipal, state, or federal authority?

No Yes (if yes, provide details, incl. date, location, authority that determined violation, and reason for conviction or cancellation; attach separate sheet if necessary)

The applicant accepts such license when issued subject to all the conditions of the Valley City Municipal Code, and, in particular, chapter 8-04, The applicant acknowledges that the city retail tobacco license remains valid only for the duration of a valid state license. The applicant agrees that the Mayor or any officer of the Health Department or Police Department of such City may, at any time during normal business hours, enter upon the licensed premises for the purpose of police inspection or to determine whether the business is being conducted in compliance with Municipal Code, and hereby waives the issuance of a search warrant or other legal process as a condition to the entry upon and inspection or search of such premises. The applicant certifies that all information provided and statements made herein are true and complete. Applicant understands that any falsification or omission may result in nonrenewal of the license or disciplinary action by the City, up to and including revocation of the license.

Signature: Bonnie Larson Date: 6-1-26
Submitted by: Bonnie Larson Title: owner

File the following with the City Auditor as part of this application by June 08, 2026:

LICENSE FEE: \$100 if initial application
 \$50 if renewal application

RETURN TO: Valley City Auditor
220 3rd St. NE
Valley City, ND 58072
Email: tpcity@valleycity.us

For City Use:

Auditor's Office: State License for 2026-2027

Police Department: Recommend Approval
 Recommend Denial _____ Police Chief Signature

City Commission: Approved Denied



City of Valley City, North Dakota
Application for
Retail Tobacco License
FOR PERIOD: July 1, 2026 – June 30, 2027

The undersigned hereby makes application to the City of Valley City for a retail tobacco license.

Name of Applicant(s): FOC Acne 2192
Name of Business: Eagles Club
Address of Applicant: PO Box 1055
City, State Zip Code: Valley City, ND 58072
Address of Premise to be Licensed: 345 12th Ave NE, Valley City, Valley City, ND 58072
Phone Number: (701) 845-2192 Email Address: officemanager2192@gmail.com

Has the applicant ever been convicted of a criminal offense related to the sale or distribution of tobacco, or had a tobacco dealer or distributor license revoked or canceled by any municipal, state, or federal authority?
No [X] Yes (if yes, provide details, incl. date, location, authority that determined violation, and reason for conviction or cancellation; attach separate sheet if necessary)

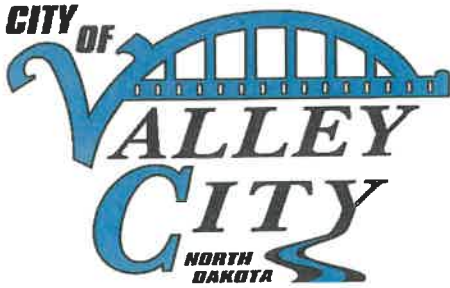
The applicant accepts such license when issued subject to all the conditions of the Valley City Municipal Code, and, in particular, chapter 8-04, The applicant acknowledges that the city retail tobacco license remains valid only for the duration of a valid state license. The applicant agrees that the Mayor or any officer of the Health Department or Police Department of such City may, at any time during normal business hours, enter upon the licensed premises for the purpose of police inspection or to determine whether the business is being conducted in compliance with Municipal Code, and hereby waives the issuance of a search warrant or other legal process as a condition to the entry upon and inspection or search of such premises. The applicant certifies that all information provided and statements made herein are true and complete. Applicant understands that any falsification or omission may result in nonrenewal of the license or disciplinary action by the City, up to and including revocation of the license.

Signature: Chad Jahim Date: 5-29-26
Submitted by: Chad Jahim Title: President

File the following with the City Auditor as part of this application by June 08, 2026:

LICENSE FEE: \$100 if initial application RETURN TO: Valley City Auditor
[X] \$50 if renewal application 220 3rd St. NE
Valley City, ND 58072
Email: tplecity@valleycity.us

For City Use:
Auditor's Office: State License for 2026-2027
Police Department: Recommend Approval
Recommend Denial Police Chief Signature
City Commission: Approved Denied



City of Valley City, North Dakota
Application for
Retail Tobacco License
FOR PERIOD: July 1, 2026 – June 30, 2027

The undersigned hereby makes application to the City of Valley City for a retail tobacco license.

Name of Applicant(s): Love's Travel Stops & Country Stores, Inc.
Name of Business: Love's Travel Stop #849
Address of Applicant: Attn: Licensing PO Box 26210
City, State Zip Code: Oklahoma City, OK 73126
Address of Premise to be Licensed: 1385 8th Ave SW Valley City, ND 58072
Phone Number: (405) 463-8891 Email Address: storelicensing@loves.com

Has the applicant ever been convicted of a criminal offense related to the sale or distribution of tobacco, or had a tobacco dealer or distributor license revoked or canceled by any municipal, state, or federal authority?
No X Yes (if yes, provide details, incl. date, location, authority that determined violation, and reason for conviction or cancellation; attach separate sheet if necessary)

The applicant accepts such license when issued subject to all the conditions of the Valley City Municipal Code, and, in particular, chapter 8-04, The applicant acknowledges that the city retail tobacco license remains valid only for the duration of a valid state license. The applicant agrees that the Mayor or any officer of the Health Department or Police Department of such City may, at any time during normal business hours, enter upon the licensed premises for the purpose of police inspection or to determine whether the business is being conducted in compliance with Municipal Code, and hereby waives the issuance of a search warrant or other legal process as a condition to the entry upon and inspection or search of such premises. The applicant certifies that all information provided and statements made herein are true and complete. Applicant understands that any falsification or omission may result in nonrenewal of the license or disciplinary action by the City, up to and including revocation of the license.

Signature: Amy Guzzy Date: 5/19/2026
Submitted by: Amy Guzzy Title: Secretary

File the following with the City Auditor as part of this application by June 08, 2026:

LICENSE FEE: \$100 if initial application
X \$50 if renewal application
RETURN TO: Valley City Auditor
220 3rd St. NE
Valley City, ND 58072
Email: tplecity@valleycity.us

For City Use:

Auditor's Office: State License for 2026-2027
Police Department: Recommend Approval
Recommend Denial Police Chief Signature
City Commission: Approved Denied



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
Sky Lanes

Street 2379 Elm Street	City Valley City	ZIP Code 58072	County Barnes
----------------------------------	----------------------------	--------------------------	-------------------------

Beginning Date(s) Authorized 07/01/26	Ending Date(s) Authorized 06/30/27	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 may be conducted and played in all public areas, excluding bathrooms

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)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Club Special | <input type="checkbox"/> Sports Pools |
| <input type="checkbox"/> ELECTRONIC Quick Shot Bingo | <input type="checkbox"/> Tip Board | <input type="checkbox"/> Twenty-One |
| <input type="checkbox"/> Raffles | <input type="checkbox"/> Seal Board | <input type="checkbox"/> Poker |
| <input type="checkbox"/> ELECTRONIC 50/50 Raffle | <input type="checkbox"/> Punchboard | <input type="checkbox"/> Calcuttas |
| <input type="checkbox"/> Pull Tab Jar | <input type="checkbox"/> Prize Board | <input type="checkbox"/> Paddlewheel with Tickets |
| <input type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table |
| <input checked="" type="checkbox"/> 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



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

License Number (Office Use Only)

Site Owner (Lessor) Sky Lanes TBD Inc		Site Name Sky Lanes		Site Phone Number 701-840-0333
Site Address 2379 Elm Street	City Valley City	State ND	Zip Code 58072	County Barnes
Organization North Dakota Horse Park Foundation		Rental Period July 1, 2026 to June 30, 2027		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 _____ 4		<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 <i>Owner</i>	Date <i>5-6-26</i>
Signature of Lessee	Title Gaming Manager	Date

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
 - a. If bingo is the primary game, the monthly rent must be reasonable
 - b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
 - a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
 - b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
 - c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
 - a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
 - b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
 - c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

Special considerations are:

 - (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and
 - (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
 - d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.
- *4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirements)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

-
6. **Local Nexus Application Requirements.** In addition to the requirements under subsection 2, an eligible organization must submit:
 - a. Documentation demonstrating eligible organization's charitable purpose;
 - b. Documentation demonstrating the eligible organization's local nexus; and
 - c. Impact statement outlining the impact the eligible organization has in the city.
 7. **Local Nexus Required.** Any eligible organization applying for a site authorization must have a local nexus to the city. A local nexus means:
 - a. The eligible organization's principal office for its charitable purpose is located in the city;
 - b. The eligible organization has an office serving its charitable purpose located in the city;
 - c. The eligible organization has at least one employee serving the charity's charitable purpose in the city;
or
 - d. At least one member(s) of the board that makes decisions on how the eligible entity's charitable gaming proceeds are spent live(s) in the city.
 8. **Regional Nexus.** If no charity applies for a site authorization that meets the requirements of local nexus above, charities that meet the same requirements as related to the city's region are eligible to meet the local nexus requirements for the application. The city defines its region as Barnes County.

(Ord. No. 1177, § 1, 9-16-2025)



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
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Beginning Date(s) Authorized 07/01/26	Ending Date(s) Authorized 06/30/27	Number of Twenty-One tables, if zero, enter "0" 0
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Specific location where games of chance will be conducted and played at the site (required)
Games may 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)

<input type="checkbox"/> Bingo	<input type="checkbox"/> Club Special	<input type="checkbox"/> Sports Pools
<input type="checkbox"/> ELECTRONIC Quick Shot Bingo	<input type="checkbox"/> Tip Board	<input type="checkbox"/> Twenty-One
<input type="checkbox"/> Raffles	<input type="checkbox"/> Seal Board	<input type="checkbox"/> Poker
<input type="checkbox"/> ELECTRONIC 50/50 Raffle	<input type="checkbox"/> Punchboard	<input type="checkbox"/> Calcuttas
<input type="checkbox"/> Pull Tab Jar	<input type="checkbox"/> Prize Board	<input type="checkbox"/> Paddlewheel with Tickets
<input type="checkbox"/> Pull Tab Dispensing Device	<input type="checkbox"/> Prize Board Dispensing Device	<input type="checkbox"/> Paddlewheel Table
<input checked="" type="checkbox"/> 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



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		Rental Period July 1, 2026 to June 30, 2027		Monthly Rent Amount
Organization North Dakota Horse Park Foundation				
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 _____ 4		<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.

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 04-10-26
Signature of Lessee 	Title Gaming Manager	Date 5-12-26

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
 - a. If bingo is the primary game, the monthly rent must be reasonable
 - b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
 - a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
 - b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
 - c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
 - a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
 - b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
 - c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

Special considerations are:

 - (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and
 - (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
 - d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.
- *4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirments)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.



APPLICATION FOR A LOCAL PERMIT OR RESTRICTED EVENT PERMIT

Pd 06.08.2025
cr

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
GAMING DIVISION
SFN 9338 (8-2025)

Applying for (check one)

Local Permit Restricted Event Permit*

Games to be conducted Raffle by a Political or Legislative District Party

Bingo Raffle Raffle Board Calendar Raffle Sports Pool Poker* Twenty-One* Paddlewheels*

*See Instruction 2 (f) on Page 2. Poker, Twenty-One, and Paddlewheels may be conducted Only with a Restricted Event Permit. Only one permit per year.

LOCAL PERMIT RAFFLES MAY NOT BE CONDUCTED ONLINE AND CREDIT CARDS MAY NOT BE USED FOR WAGERS

ORGANIZATION INFO

Name of Organization or Group TL Childcare		Dates of Activity (Does not include dates for the sales of tickets) July 1st - July 31st	
Organization or Group Contact Person Christina Norrie	E-mail tlchildcare2013@gmail.com	Telephone Number 7017600351	
Business Address 913 Riverview Drive	City Valley City	State ND	ZIP Code 58072
Mailing Address (if different)	City	State	ZIP Code

SITE INFO

Site Name TL Childcare		County	
Site Physical Address 913 Riverview Drive	City Valley City	State ND	ZIP Code 58072
Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.) Calendar Raffle with daily drawings July 1st through July 31st, except Sundays.			

PRIZE / AWARD INFO (If More Prizes, Attach An Additional Sheet)

Game Type	Description of Prize	Exact Retail Value of Prize
Calendar Raffle	Monday through Friday - win \$25	\$500
Calendar Raffle	Saturday July 4th - win \$250	\$250
Calendar Raffle	Saturday July 11th, 18th & 25th - win \$50	\$150
Total (limit \$50,000 per year)		\$ 900.00

ADDITIONAL REQUIRED INFORMATION

Intended Uses of Gaming Proceeds
Funds will be put towards our flooring.

Does the organization presently have a state gaming license? (If yes, the organization is not eligible for a local permit or restricted event permit and should call the Office of Attorney General at 1-800-326-9240)
 Yes No

Has the organization or group received a restricted event permit from any city or county for the fiscal year July 1 - June 30 (If yes, the organization or group does not qualify for a local permit or restricted event permit)
 Yes No

Has the organization or group received a local permit from any city or county for the fiscal year July 1 - June 30 (If yes, indicate the total retail value of all prizes previously awarded)
 No Yes - Total Retail Value: **\$1800.00** (This amount is part of the total prize limit for \$50,000 per fiscal year)

Is the organization or group a state political party or legislative district party? (If yes, the organization or group may only conduct a raffle and must complete SFN 52880 "Report on a Restricted Event Permit" within 30 days of the event. Net proceeds may be for political purposes.)
 Yes No

Printed Name of Organization Group's Permit Organizer Christina Norrie	Telephone Number 7017600351	E-mail Address tlchildcare2013@gmail.com
Signature of Organization Group's Permit Organizer 	Title Director	Date 06/08/2025



APPLICATION FOR A LOCAL PERMIT OR RESTRICTED EVENT PERMIT
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
 GAMING DIVISION
 SFN 9338 (8-2025)

10/09/2026
 CASH & IO

Applying for (check one)
 Local Permit Restricted Event Permit*

Games to be conducted Raffle by a Political or Legislative District Party

Bingo Raffle Raffle Board Calendar Raffle Sports Pool Poker* Twenty-One* Paddlewheels*

*See Instruction 2 (f) on Page 2. Poker, Twenty-One, and Paddlewheels may be conducted Only with a Restricted Event Permit. Only one permit per year.
LOCAL PERMIT RAFFLES MAY NOT BE CONDUCTED ONLINE AND CREDIT CARDS MAY NOT BE USED FOR WAGERS

ORGANIZATION INFO

Name of Organization or Group <i>UCBC Public Library Foundation</i>		Dates of Activity (Does not include dates for the sales of tickets) <i>Oct. 5th 2026</i>	
Organization or Group Contact Person <i>Cindy Ross</i>	E-mail <i>crossingbridges@msn.com</i>	Telephone Number <i>701-490-0308</i>	
Business Address <i>410 Central Ave N</i>	City <i>Valley City</i>	State <i>ND</i>	ZIP Code <i>58072</i>
Mailing Address (if different)	City	State	ZIP Code

SITE INFO

Site Name <i>Barnes UCBC Public Library</i>	County <i>Barnes</i>
Site Physical Address <i>410 Central Ave N</i>	City <i>Valley City</i>
	State <i>ND</i>
	ZIP Code <i>58072</i>

Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.)
Oct. 5th 2026

PRIZE / AWARD INFO (If More Prizes, Attach An Additional Sheet)

Game Type	Description of Prize	Exact Retail Value of Prize
<i>Raffle</i>	<i>Quilts: Quilt-1 Quilt-2</i>	<i>300/Quilt</i>
	<i>Quilt-3 Quilt-4 Quilt-5</i>	
Total (limit \$50,000 per year)		<i>\$ 1500⁰⁰</i>

ADDITIONAL REQUIRED INFORMATION

Intended Uses of Gaming Proceeds
Renovation of Library Bookbarn

Does the organization presently have a state gaming license? (If yes, the organization is not eligible for a local permit or restricted event permit and should call the Office of Attorney General at 1-800-326-9240)
 Yes No

Has the organization or group received a restricted event permit from any city or county for the fiscal year July 1 - June 30 (If yes, the organization or group does not qualify for a local permit or restricted event permit)
 Yes No

Has the organization or group received a local permit from an city or county for the fiscal year July 1 - June 30 (If yes, indicate the total retail value of all prizes previously awarded)
 No Yes - Total Retail Value: _____ (This amount is part of the total prize limit for \$50,000 per fiscal year)

Is the organization or group a state political party or legislative district party? (If yes, the organization or group may only conduct a raffle and must complete SFN 52880 "Report on a Restricted Event Permit" within 30 days of the event. Net proceeds may be for political purposes.)
 Yes No

Printed Name of Organization Group's Permit Organizer <i>Cindy Ross</i>	Telephone Number <i>701-490-0308</i>	E-mail Address <i>crossingbridges@msn.com</i>
Signature of Organization Group's Permit Organizer <i>Cindy Ross</i>	Title <i>fundraiser coordinator</i>	Date <i>6-9-26</i>



City of Valley City, North Dakota Application for Cabaret License

FOR PERIOD: July 1, 2026 – June 30, 2027

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 Aerie 2192

Owner:

Mailing Address:

PO Box 1055

City, State Zip Code:

Valley City, ND 58072

Phone Number:

701-845-2192

Email Address:

officemanager2192@gmail.com

Resident Manager(s):

Jen Eitan

I, Chad Joachim, acting as President, HEREBY request application of said licensing from July 1, 2026 to June 30, 2025.

I certify that all information and authorizations contained in application filed with the City Auditor's office for said licenses are affirmed and remain correct and true.

Dated this 29 day of May, 2026.

Chad Joachim

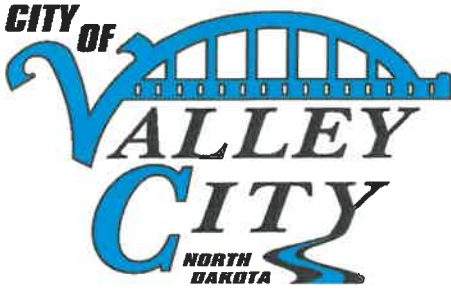
Owner/Corporate Officer

LICENSE FEE:

\$50.00, make checks payable to City of Valley City

RETURN TO:

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



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 Elhard

Contact's Mailing Address: 405 Broadway W APT 515

City, State Zip Code: Fargo ND 58102

Contact's Phone Number: 7013680637

Contact's Email Address: Max elhard 515@gmail.com

Address of Display: 1751 W Main St Valley City

Date of Display: July 1st Time of Display: 10:00 PM

Size of Mortars: Class C 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.
- Signed Release & Indemnity Agreement (see page 2)
- LICENSE FEE: \$100, make checks payable to City of Valley City

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

For City Use:

Reviewed by Fire Chief _____ Approved _____ Denied
 Signature _____

Reviewed by City Administrator _____ Approved _____ Denied
 Signature _____

Reviewed by City Commission _____ Date Approved _____



RESOLUTION NO. 2528

A RESOLUTION SETTING BOND OF CITY AUDITOR

WHEREAS, section 40-13-02 of the North Dakota Century Code (N.D.C.C.) provides that the bond of the city auditor must be set by resolution of the governing body of the city at a regular meeting in June of each year in an amount at least equal to twenty-five percent of the average amount of money that has been subject to the auditor's control during the preceding fiscal year, as determined by the total of the daily balances of the auditor for the calendar year divided by the figure three hundred or the sum of two hundred fifty thousand dollars whichever is least; and

WHEREAS, pursuant to N.D.C.C. ch. 26.1-21, the City has requested "blanket" coverage from the North Dakota Insurance Department State Bonding Fund in amount of two million dollars (the maximum) to cover all City officials and employees for the biennium ending January 1, 2028 (Bond No. 3398).

NOW, THEREFORE, IT IS RESOLVED BY THE BOARD OF CITY COMMISSIONERS OF THE CITY OF VALLEY CITY, BARNES COUNTY, NORTH DAKOTA,

Bond No. 3398 issued by the North Dakota State Bonding Fund described herein shall be continued in order to provide the necessary bonding for city officials as required by law.

Passed, adopted and approved this 16th day of June, 2026.

Dave Carlsrud, President
Board of City Commissioners

ATTEST:

Brenda Klein, Finance Director

**COMMERCIAL BLANKET BOND
PUBLIC EMPLOYEES AND/OR PUBLIC OFFICIALS**

North Dakota State Bonding Fund
PO Box 2258
Bismarck ND 58502-2258

Bond No: **3398**
Coverage Period: **1/1/2026**
to: **1/1/2028**

DECLARATIONS

Obligee: **VALLEY CITY, CITY OF**
220 3RD STREET NE
VALLEY CITY ND 58072

County: **BARNES**
Phone: **(701) 845-1700**

Contact: **BRENDA KLEIN**
Entity Type: **CITY**
Limits of Liability **\$2,000,000**

This Bond is issued in accordance with N.D. Cent. Code § 26.1-21-10. Each state agency and political subdivision shall apply to be bonded in the fund no less often than on a biennial basis or when a change in coverage is requested, whichever occurs first.

May 2026 Expenditures

Monthly Exp	\$3,055,603
<i>Includes:</i>	
Debt Service Payments	\$355,738
Construction Projects	\$268,610
Building Inspections	\$153,954
Tourism Grant	\$40,000
PW Capital Projects	\$1,127,971
MRES Purchased Power	\$324,479
Payroll & Benefits	\$320,690
Library Property Tax Pass Through	\$41,226
VCBCDC - Fund 240	\$34,000
VC Park District Pass Through	\$71,789
Subtotal:	\$2,738,457
<i>Balance for operations:</i>	<i>\$317,146</i>

CONTRACT FOR CUSTODIAL MAINTENANCE SERVICES

THIS AGREEMENT is entered into by and between the **CITY OF VALLEY CITY**, a municipal corporation of Barnes County, North Dakota, hereinafter called "City", and **BRANDI ANDERSON-JOHNSON d/b/a BBs BUSINESS CLEANING**, 839 4th Street NE, Valley City, North Dakota 58072, hereinafter called "Contractor".

The City, desiring to hire Contractor to perform designated custodial maintenance services, and the Contractor, desiring to provide said services, hereby agree as follows:

1. Contractor, as an independent contractor and not as an employee, agrees to perform custodial maintenance services in the City buildings identified on Exhibits A to E, attached hereto. Said Exhibits further sets forth the type and frequency of maintenance services to be performed in each building on a regular basis, except for holidays observed by the City. The work performed by Contractor is subject to inspection by City. Deficiencies in service will be determined solely by City and reported to Contractor.
2. This Agreement shall commence on March 30, 2026, and will continue for a period of three years, ending on March 30, 2029. This Agreement will automatically renew on an annual basis thereafter, subject to the same terms and conditions, unless (i) the Agreement is terminated or (ii) the parties negotiate and enter into a new agreement.
3. The City may terminate this Agreement for any reason with 30 days' prior written notice. In the event of non-performance, breach or default of the Agreement, the City may in its sole discretion terminate the Agreement immediately. Outstanding payments for services due to Contractor at the time of termination will be paid unless said services have been deemed by the City to constitute the basis for the non-performance, breach or default. Examples of non-performance, default or breach include but are not limited to:
 - a. Missing a scheduled cleaning date (unless Contractor notifies the City in advance and the work is performed the following business day).
 - b. Failure to fully comply with all the provisions, terms, specifications and requirements of this Agreement.

- c. Dishonesty, theft, criminal act(s) or other such action(s) by the Contractor and/or employees or agents of the Contractor.
 - d. Failure to provide an excellent level of service or high-quality supplies and materials after notification by the City.
4. Contractor shall be paid at an agreed upon rate of \$40.00 for each hour performing the prescribed services at the following facilities:
 - a. City Hall: Maximum of four hours per week.
 - b. Police Station: Maximum of six hours per week.
 - c. National Guard: Maximum of two hours per week.
 - d. Transfer Station: Maximum of two hours per week.
5. Contractor shall submit a monthly voucher to the City on or before the last day of each month, which shall be processed and paid with the regular City bills.
6. Cleaning of the National Guard must occur during regular business hours. No employee of the Contractor may work at any other City facility outside of normal business hours unless the employee has passed a background check conducted by the Valley City Police Department.
7. The City will supply all cleaning agents, garbage bags, vacuums, mop, mop bucket, and all other cleaning supplies and materials which are reasonably necessary to perform the prescribed custodial maintenance services. The quality of the cleaning agents, supplies and materials shall be determined solely by the City.
8. The City will maintain public liability and property insurance upon its premises. The Contractor assumes full liability and responsibility for all activities performed by Contractor, its agents and employees pursuant to this Agreement and agrees to indemnify and hold the City harmless from any claims, damages, suits, actions, liabilities and costs of any kind or nature brought against the City, its officers, agents, employees and volunteers arising or resulting from or in any way connected with the Agreement and the action, actions, or inaction of the Contractor, its agents and employees. The Contractor will maintain liability insurance coverage covering performance under this Agreement, the City shall be named as an additional insured, and the Contractor will provide a copy thereof to the City.

9. The Contractor agrees that it shall make no individual claims whatsoever against any elected official, appointed official, authorized representative, agent or employee of the City for, or on account of, anything done or omitted to be done in connection with this Agreement.
10. The City maintains a Drugfree Workplace. Sale, distribution, possession, use or being under the influence of alcohol and/or drugs at the workplace poses a serious threat to the health and safety of employees and to the City, and independent contractors performing work in city facilities are prohibited from engaging in these acts. The City will take appropriate action based on reasonable suspicion of a violation of this provision.
11. The City and Contractor shall comply with all provisions and requirements of Title VI of the Civil Rights Act of 1964, as amended; Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972 and the Civil Rights Act of 1991; and the Americans With Disabilities Act of 1990, as amended. During the performance of this Agreement, the parties shall not discriminate against any person or group of persons on the basis of age, race, color, religion, sex, mental or physical disability, national origin, or income status.
12. Smoking is not permitted on or within 20 feet of City property at any time.
13. Only authorized employees of Contractor are permitted to access City facilities. Guests are prohibited. Subcontractors are not permitted under this Agreement.
14. No employee of Contractor shall disturb, touch or move items on or in desks, cabinets, boxes, tables, etc, including papers, phones, office machines and computers, without consent of the City.

Dated this 30th day of March, 2026.

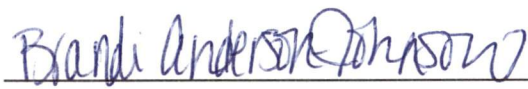
CITY OF VALLEY CITY



Gwen Crawford, City Administrator

Dated this 30th day of March, 2026.

BBs BUSINESS CLEANING



Brandi Anderson-Johnson

Exhibit A – City Hall	
Twice a Week	Monthly
Empty Garbage & Cardboard Recycling for entire building	Dust baseboards, tops of pictures, wash wall by doors and bases of chairs.
Bathrooms, <ul style="list-style-type: none"> - wash sinks - wash countertop - dust shelves - clean toilets (inside & out) - Refill Soap, Toilet Paper and Paper Towels (if needed) 	***Two times per month clean Mayor & City Administrators Office Including Dusting Furniture, window ledges, bookcases & filing cabinet. Wipe down chairs
Clean Entryways <ul style="list-style-type: none"> - Vacuum, dust window ledges - Mop (move rug) 	Clean Vacuum Filter
Vacuum all carpet areas and rugs in building. Clean mats under office chairs.	
Wash/mop all tiled-floors (including corners, move rugs, and entryways) with mop bucket and water.	
Breakroom <ul style="list-style-type: none"> - Wipe off countertops, sink, and tables 	
Chamber & Conference Room: <ul style="list-style-type: none"> - Dust window ledges, tops of cabinets, bookshelves, tables etc 	

EXHIBIT B - Police Station			
Monday	Wednesday	Friday	Monthly
Empty Garbage	Empty Garbage	Empty Garbage	Clean Vacuum Filter
Clean Bathrooms	Clean Bathrooms	Clean Bathrooms	Vacuum & Dust Courtroom 2 X's a month (Before Court)
Vacuum Hallways, Main Office & Traffic Areas	Vacuum Hallways, Main Office & Traffic Areas	Vacuum Hallways, Main Office & Traffic Areas	Vacuum & Dust Conference Room
Wash/mop all tiled-floors including corners, move rugs	Wash/mop all tiled-floors including corners, move rugs	Wash/mop all tiled-floors including corners, move rugs	Vacuum & Dust Interview Room
Wipe off counter, sink, tables, in break room	Wipe off counter, sink, tables, in break room	Wipe off counter, sink, tables, in break room	Vacuum & Dust Sgt/Officer Space
* No other office space needs cleaned as they clean their own		** Clean mats under office chairs as needed	

EXHIBIT C - NATIONAL GUARD CLEANING SCHEDULE	
1 Day a Week	Monthly
Clean Bathrooms (3)	
Empty Garbages	
Vacuum Runners/Rugs	
Wash/mop all tiled floors including corners, move rugs	

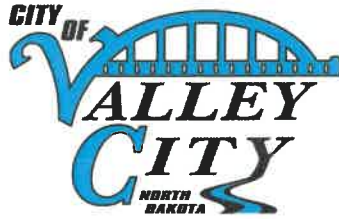
EXHIBIT D - SERVICE CENTER CLEANING SCHEDULE

Once A Week	Monthly
Empty Garbage & Recycling - Recycling to Include Paper & Cardboard	Dust window ledges, tops of cabinets & bookshelves
Clean Bathrooms	Clean Vacuum Filter
Vacuum hallways & traffic areas	Dust baseboards, tops of pictures, wash wall by doors
Vacuum all carpet areas in West portion of Building -Including conference room & copy room	Clean Window Sills
Wash/mop all tiled-floors including corners, move rugs	
Wipe off counter, sink, tables, in break room	
** Clean mats under office chairs as needed	

EXHIBIT E - TRANSFER STATION CLEANING SCHEDULE

Once A Week	Monthly
Clean transfer station office	Clean south windows, inside and outside
Clean Bathrooms and breakroom (downstairs) and empty the garbage cans	Dust pictures
Wipe down counters, window ledges and tables	Clean walls by doors
Sweep and mop the floors and mats-Move the rugs and mats	
Vacuum the rugs	

220 3rd St. NE
Valley City, ND 58072



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

June 12, 2026

Dear Board of City Commissioners,

Please accept my letter of resignation as City Commissioner, effective July 1, 2026, to accept my new role as Mayor of Valley City. I look forward to continuing to serve the community in this capacity.

Sincerely,

A handwritten signature in black ink that reads "Michael Bishop". The signature is written in a cursive style.

Michael Bishop