

SPECIAL CITY COMMISSION MEETING VALLEY CITY, NORTH DAKOTA

Thursday, June 25, 2026
11:00 AM

The City Commission Meeting will begin on Thursday, June 25, 2026 at 11:00 AM CT, at City Commission Chambers, 220 3rd St. NE, Valley City, ND.

The meeting is also available to view online <https://us06web.zoom.us/j/89238316364> or listen by calling (1 346 248 7799) Webinar ID: 892 3831 6364.

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

Call To Order

Roll Call

Pledge of Allegiance (please stand)

Approval of Agenda

Approval of Consent Agenda

Approve Tobacco Retail License for Brothers III

Approve Alcohol Retail License for

- North 9 Bar and Grill
- Casa Mexico

Approve Gaming Site Authorization for Valley Twisters Gymnastic

Roll Call: Erickson Gulmon Magnuson Bishop

Resolution

Resolution 2529, A resolution Amending the Master Fee Schedule

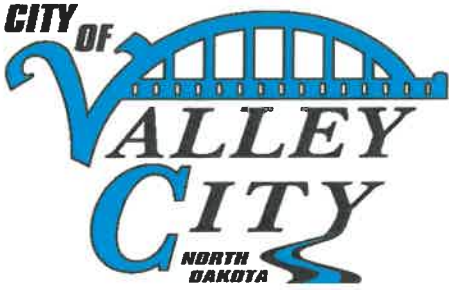
Roll Call: Gulmon Magnuson Erickson Bishop

New Business

Approve adding elected President Mike Bishop and removing President Dave Carlsrud as an authorized signer on the City of Valley City's accounts at Dacotah Bank effective July 1, 2026.

Roll Call: Magnuson Erickson Gulmon Bishop

Adjourn



**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): Gary and Ronald Peterson
Name of Business: Brothers III Sports
Address of Applicant: 245 Secarse Dr. and 527 Legacy Lane
City, State Zip Code: Valley City, ND 58072
Address of Premise to be Licensed: 507 Main St. Valley City, ND 58072
Phone Number: (701) 845-2051 **Email Address:** brothersiii sports@outlook.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) _____

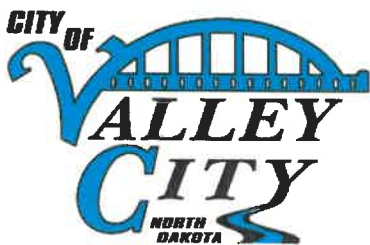
The applicant accepts such license when issued subject to all the conditions of the Valley City Municipal Code, and, in particular, chapter 8-04, The applicant acknowledges that the city retail tobacco license remains valid only for the duration of a valid state license. The applicant agrees that the 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: [Signature] **Date:** 6/17/26
Submitted by: Ben Kjelland **Title:** General Manager

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
Pd 06.17.26 + \$25 for special comm. meeting
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 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: CASA VALLEY INC
 Owner of Premises: SERGIO AGUIRRE
 Ownership Contact: SERGIO AGUIRRE
 Mailing Address: 2369 ELM ST
 City, State, Zip Code: VALLEY CITY ND 58072
 Phone Number: 701 490 3394
 Email Address: CASAVALLEY4@gmail.com

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

SERGIO AGUIRRE NORTH DAKOTA
JUAN SUZMAN NORTH DAKOTA

Resident Manager: SERGIO AGUIRRE
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-05(2)(a).
 Mailing Address: 6765 VISTA ST
 City, State, Zip Code: ADIRAC ND 58047
 Phone Number: 605 228 6028
 Email Address: CASAVALLEY4@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
05.26.2026
+ \$25
for Sp. Comm
meeting

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

Class D License Applicants Only:

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

Class E License Applicants Only

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

Class I License Applicants Only

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

Class J License Applicants Only

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

New Applicant or Relocation Only:

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

TERMS & CONDITIONS**All Applicants:**

1. I have reviewed Title 4 of the Valley City Municipal Code, and I am familiar with the rules and regulations therein. If granted an alcoholic beverage license, I will obey, abide by, and comply with said rules and regulations, along with the laws of the State of North Dakota, as well as any amendments to state or municipal code which may be made in the future.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. I agree not to sell, serve or dispense, or permit the furnishing of any alcoholic beverage on the licensed premises to a habitual drunkard, an obviously intoxicated person, an individual under 21 years of age, or a person under guardianship after written notice of such guardianship by the legal guardian and during the continuance of such guardianship.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. I agree that an individual under 21 years of age is not permitted to enter or remain on the licensed premises unless specifically authorized under V.C.M.C. Title 4 and state law.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
4. I understand that an alcoholic beverage license is not a property right; the city may decline to issue said license in its discretion; and said license is not transferable except by specific authority of the Board of City Commissioners.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
5. I understand that an alcoholic beverage license authorizes the sale of alcoholic beverages only by the license holder and only upon the specific premises designated in the application and thereafter approved by the Board of City Commissioners.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6. I certify that the Resident Manager and all owners and employees who sell, monitor the sale of, mix, serve, or dispense alcoholic beverages, or who are involved in checking identification or providing admission/security services upon the licensed premises during the course of their regular work requirements and have been employed at least 60 days have attended a responsible server training course approved by the Valley City Police Department.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. I agree to ensure all persons requiring server training receive server training at all times during the license year.	<input 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

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 # 03-0430013 Paid \$4524.71
- Server training list owe- DUE \$393.44
- 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 Tare Perdy 06.23.2026
 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 _____

Tana Plecity

From: cindi@fmaccountability.com
Sent: Thursday, June 18, 2026 2:48 PM
To: Tana Plecity
Cc: 'Sergio Aguirre'
Subject: [EXTERNAL] RE: Alcohol Notice

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello –

The Casa Valley Inc (DBA Casa Mexico) gross revenue for food & beverage sales meets the compliance requirement with VCMC Title 4.

Please let me know if I may be of further assistance.

Thanks,

Cindi Mesenbrink

accountability
LLC

Mailing Address:

PO Box 6518 | Fargo, ND 58109

p: 701-318-3618

cindi@fmaccountability.com | www.fmaccountability.com

550 Oak Ridge Way E | West Fargo, ND 58078 ***Physical Address***

From: Sergio Aguirre <casavalley4@gmail.com>
Sent: Wednesday, June 17, 2026 5:49 PM
To: cindi@fmaccountability.com
Subject: Fwd: Alcohol Notice

----- Mensaje reenviado -----

De: Tana Plecity <tplecity@valleycity.us>

Fecha: El mié, jun 17, 2026 a la(s) 4:31 p.m.

Asunto: Alcohol Notice

Para: casavalley4@gmail.com <casavalley4@gmail.com>

See attached notice that was delivered today – corrected

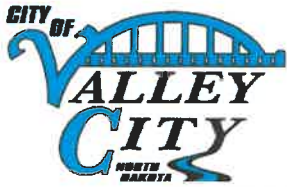
I just need the statements we talked about and I can set up a special meeting to get license approved

06-18-26

A) THE STATEMENT OF EXPLANATION FOR THE PERSONS IN THE ROOM WHERE ALCOHOLIC BEVERAGES ARE BEING OPEN AND MIXED IS THE DISHWASHERS AND ~~CLEAN~~ PERSONAL

B) INDIVIDUALS UNDER 21 YEARS OF AGE ~~WILL~~ BE PERMITTED BUT NOT IN THE AREA OF THE BAR AND THE AREA WHERE ALCOHOLIC BEVERAGES ARE BEING OPEN AND MIXED

Sergio Aguirre
SERGIO AGUIRRE 06-18-26



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: North 9 Bar & Grille
Owner of Premises: Brian Gullickson
Ownership Contact: Brian Gullickson
Mailing Address: 409 13th St. So
City, State, Zip Code: Moorhead MN 56560
Phone Number: 218-443-2169
Email Address: briangullickson@gmail.com

Names and state of residence of all partners, officers, directors, and owners holding a five percent or greater interest in the business:
Brian Gullickson - 100%

Resident Manager: Brian Gullickson
May be the licensee/owner if permitted under VCMC 4-01-01(20) and 4-01-03(2)(a).
Mailing Address: 409 13th St. So
City, State, Zip Code: Moorhead MN 56560
Phone Number: 218 443 2169
Email Address: briangullickson@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 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 checked="" type="checkbox"/>	Class J	Private Golf Course	\$2,250

pd 06.18.2024
 + \$25
 for Sp.
 Comm.
 meeting

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 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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Will 50% or more of annual gross receipts of the restaurant be derived from food?	<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>
3. Will licensee sell alcoholic beverages on the golf course?	<input checked="" 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



Forward: Acknowledgement

message

Brian Gullickson <briangullickson@gmail.com>
To: Catrina Gullickson <tranquilityplace409@gmail.com>

Wed, Jun 17, 2026 at 1:35 PM

Brian Gullickson
USA: 218-443-2169

—— Forwarded message ——

From: **Valley City Country Club** <vctccmanager@gmail.com>
Date: Wed, Jun 17, 2026, 1:34 PM
Subject: Acknowledgement
To: Brian Gullickson <briangullickson@gmail.com>

We acknowledge that the North 9 Bar and Grille will be selling alcohol on our course during tournaments and other select events.

Tom Glandt
Board President

—



VALLEY CITY
TOWN & COUNTRY CLUB
[500 12th Ave NE](#)
[Valley City, ND 58072](#)
P. 701-845-4626
[Like us on Facebook](#)

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, Brian Gullickson 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 17 day of June, 2026.

owner

Title

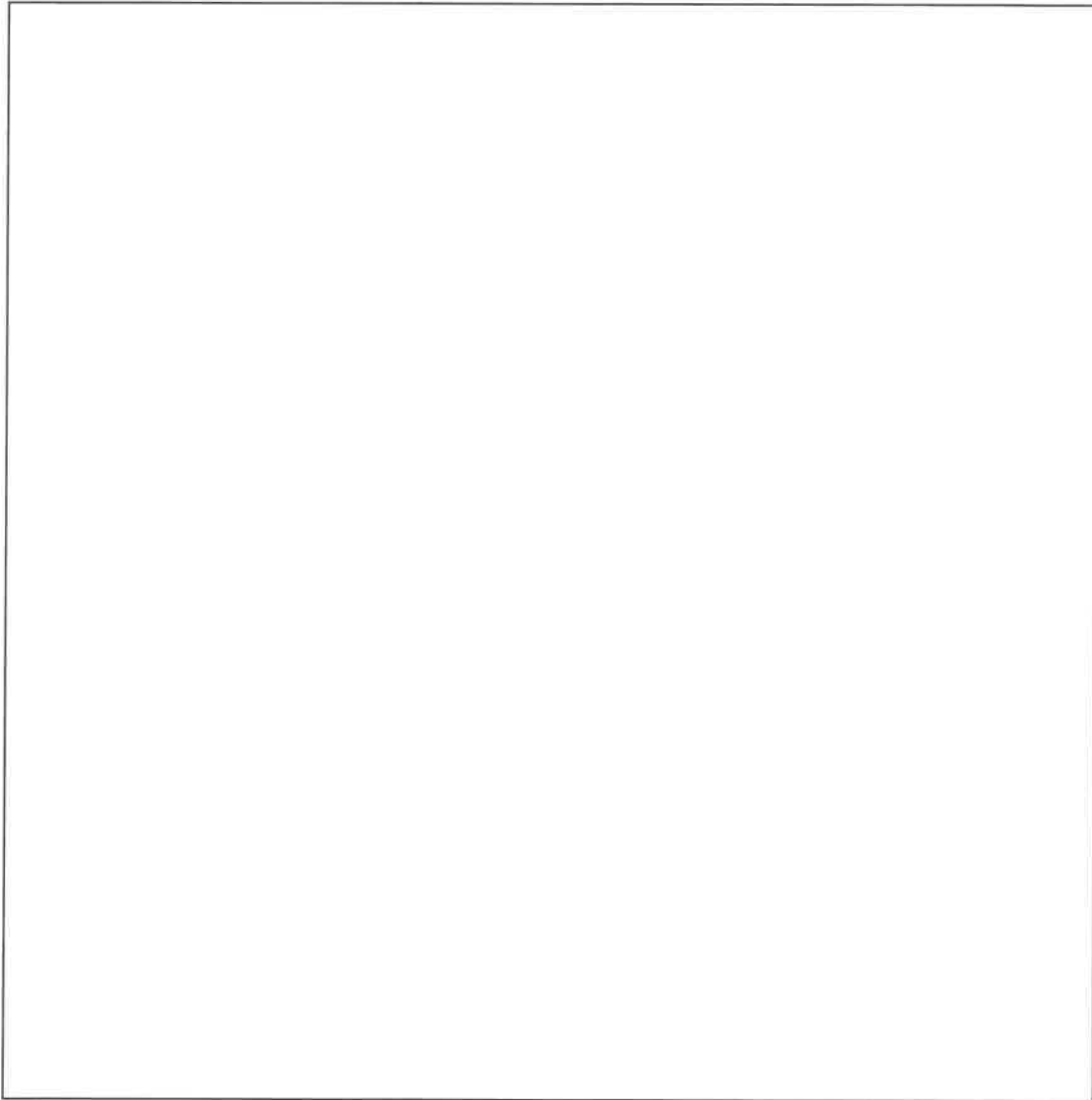
Alcoholic Beverage Floor Plan

Name of Business: North 9 Bar & Grille

Name of Person submitting Floor Plan: Brian Gulliksson

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

63-3020833 ✓ Pd

63-3020824 ✓ Pd

63-3020851 - Not paid

Reviewed by Auditor's Office:

- Property tax not delinquent. Parcel # _____
- 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 _____

BARNES COUNTY
REAL ESTATE TAX RECEIPT 2025

BARNES COUNTY TREASURER
BARNES COUNTY TREASURER
230 4TH ST NW RM 203
VALLEY CITY ND 58072
701-845-8505

DATE: 6/22/2026

BARMUDA MAFIA NORTH 9 BAR & GRILL
500 12TH AVE NE
VALLEY CITY ND 58072

VALLEY CITY	496 12TH AVE NE	TOWN & COUNTRY CLUB INC	*****HALF				
PCL# 63-3020851	METES & BOUNDS IN VALLEY CITY 22--41-2	2.07 A OF NE1/4	BAL DUE				
TRUE & FULL VALUE...	293,300	TAXABLE VALUE... 14,665	MILL LEVY... .327440	2,400.95			
POST# YEAR	NET TAX	TAX PEN+INT	SPEC ASMT	SA PEN+INT	ADV EXP	DISCOUNT	TOTAL PAID
13461 2025	2,400.96	144.06	30.56	1.83			2,577.41

GRAND TOTAL 2025 TAXES PAID..... 2,577.41

PAID BY:
BARMUDA MAFIA NORTH 9 BAR & GRILL PAID WITH CHECK 1217 6/22/2026 1 2,577.41
TOTAL RECEIVED 2,577.41
VALIDATION# 2 CHANGE .00
GRAND TOTAL PAID..... 2,577.41

PROCESSED BY NOR _____
THIS RECEIPT NOT VALID UNTIL REMITTANCE HAS CLEARED THE BANK

BALANCE DUE DOES NOT REFLECT DISCOUNT OR INCLUDE PENALTY AND INTEREST

***CALL FOR EXACT AMOUNT.

Tom Murch, CPA, PSC

**Certified Public Accountants
Professional Service Corporation**

PO Box 418
Eagle Bend, MN 56446
(218) 738-1040
Fax (218) 738-6892

June 22, 2026

To whom it may concern,

Brian Gullickson operates the restaurant, named North 9 Bar & Grille,
More than 50% of the gross receipts are from food sales.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tom Murch", with a long horizontal flourish extending to the right.

Tom Murch, CPA

Tana Plecity

From: Brian Gullickson <briangullickson@gmail.com>
Sent: Tuesday, June 23, 2026 7:39 AM
To: Tana Plecity
Subject: Re: [EXTERNAL] Fwd: North 9

Please my answers in **RED** below: Sara will stop at City Hall this morning with the \$25.00 as I forgot. Thank you.

On Mon, Jun 22, 2026 at 3:53 PM Tana Plecity <tplicity@valleycity.us> wrote:

I received your receipt from 2025 tax statement,

I just need to the following

- \$25 to be placed on the special meeting to have license approved before the 1st – I will need this before Wednesday June 24 – 5pm to get on the agenda
- A section on page 2 was missed – you can answer this email if that is easier and I will attached to license – these explanations can be as simple as “restaurant allows persons under 21 in establishment”
 - Will you allow individuals under 21 to enter the premises – YES/NO **YES**
 - Will individuals under 21 be permitted in the room where alcohol is being opened and/or mixed – YES/NO
 - If YES please provide an explanation: **YES, individuals under 21 will be allowed to sit in both dining areas; bar/dining areas, but not allowed to sit at the bar rail per state of ND law.**
 - Will individuals under 21 be permitted in any part of establishment which is separated from designated area where alcohol is opened and/or mixed
 - If YES please provide an explanation: **YES, as we have multiple areas where food/alcohol would be served.**

Tana Plecity

Administrative Assistant II

City of Valley City

220 3rd St NE

Valley City ND 58072

(701) 845-8121





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
Valley Twisters Gymnastics Club, Inc.

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 Sho - 3 LLC			
Street 455 Winter Show Rd. SW	City Valley City	ZIP Code 58072	County Barnes
Beginning Date(s) Authorized 7/1/2026	Ending Date(s) Authorized 6/30/2027	Number of Twenty-One tables, if zero, enter "0" 0	
Specific location where games of chance will be conducted <u>and</u> played at the site (required) (10) E-tab machines will be in an adjoined room south of the bar. (1) dispensing pull tab machine will be in the bar			
If conducting Raffle or Poker activity provide date(s) or month(s) of the event(s) if known N/A			

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 checked="" 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

RESOLUTION NO. 2529

RESOLUTION AMENDING THE MASTER FEE SCHEDULE

WHEREAS, the City of Valley City created a Master Fee Schedule with Resolution No. 2096; and

WHEREAS, pursuant to section 7-02-08 of the Valley City Municipal Code, fees for review and processing of sign permit applications shall be imposed in accordance with the fee schedule established by resolution of the Board of City Commissioners; and

WHEREAS, the City of Valley City desires to update the Master Fee Schedule as follows:

Sign Permit Fees	
Permanent Signs	\$30 or \$.30 per square foot of display area ("face" area), whichever is greater. Double-sided signs are charged as only one face.
Portable Signs	\$50 license (per calendar year) to place portable sign + \$1 5 each time a sign is placed.

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

1. That the Master Fee Schedule is amended to include the above-described fees pursuant to V.C.M.C. § 7-02-08 .

Approved and adopted this 25th day of June, 2026.

Mike Bishop, Vice President
Board of City Commissioners

ATTEST:

Brenda Klein, Finance Director