

**CITY COMMISSION MEETING
VALLEY CITY, NORTH DAKOTA**

Tuesday, May 19, 2026
5:00 PM

The City Commission Meeting will begin on Tuesday, May 19, 2026 at 5:00 PM CT, at the City Commission Chambers, 220 3rd St. NE, Valley City, ND.

The meeting is also available to view online <https://us06web.zoom.us/j/84862267537> or listen by calling (1 346 248 7799) Webinar ID: 848 6226 7537

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

NEXT RESOLUTION NO. 2526

NEXT ORDINANCE NO. 1189

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE (PLEASE STAND) LEAD BY BIO GIRLS OF VALLEY CITY

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

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

APPROVAL OF CONSENT AGENDA

- A. Approve Minutes from the May 04, 2026 Commission Meeting.
- B. Approve Monthly Reports from the Fire Chief, Electrical Superintendent, Building Inspector Finance Director and Municipal Judge.
- C. Approve Contractors license Renewals
 - a. A & J Builders LLC
 - b. A-P Concrete LLC
 - c. Advanced Garage Door INC
 - d. All States Flooring INC
 - e. Api HVAC Service dba Metropolitan Mechanical Contractors
 - f. Badger Loader Services LLC
 - g. Balancing Professionals INC
 - h. BDT Mechanical LLC
 - i. Boarder Construction
 - j. Brandon Heinle
 - k. Breland Enterprises DBA American Waterworks
 - l. Construction Engineers INC
 - m. CR Larson Concrete
 - n. Dakota Electric Construction CO. INC
 - o. Dakota Plains Mechanical
 - p. David Singleton
 - q. Differding Electric LLC
 - r. Earthworks Services INC
 - s. Eckert & Sons LLC
 - t. Enterprise Electric INC
 - u. Enterprise Sales Co.
 - v. FreeMan Enterprises
 - w. Grafstorm Construction
 - x. Grotberg Electric INC
 - y. Grotberg Electric INC DBA Triton Mechanical
 - z. Herzog Roofing INC
 - aa. Hope Electric
 - bb. Horsley Specialties INC
 - cc. J & K Seamless INC
 - dd. Johnny B's Trees & Service
 - ee. Karma Enterprises LLC DBA Asset Roofing
 - ff. Keith's Air Conditioning, Refrigeration, & Heating INC
 - gg. Keith's Heating & Cooling LLC
 - hh. Kenpat Central Florida LLC
 - ii. Legacy Building Solutions LLC
 - jj. Manning Mechanical INC
 - kk. Meridian Commercial Construction LLC
 - ll. Mid-Continental Restoration Co. INC
 - mm. Miller & Sons Drywall INC
 - nn. Northland Glass & Glazing LLC
 - oo. Northland Sheds INC
 - pp. Northland Window & Door
 - qq. NOVA Fire Protection INC
 - rr. PEC Solutions of the Dakotas LLC
 - ss. Peterson Mechanical INC
 - tt. Pierce Lee Roofing
 - uu. Precision Concrete Cutters INC
 - vv. Quality Coatings & Tile LLC
 - ww. Rich Berg Construction
 - xx. RJ's Plumbing & Heating INC
 - yy. Solutions
 - zz. Sprinturf LLC
 - aaa. Tim's Plumbing
 - bbb. Valley Flooring
 - ccc. Valley Lawn & Landscaping LLC
 - ddd. Wrigley Mechanical INC

- D. Approve Gaming Site Authorization
 - a. Valley City Eagles Club – My Bar
 - b. Valley City Eagles Club - Jimmy’s Pizza
 - c. Valley City Eagles Club - Eagles Club
- E. Approve Renewal of Alcohol License
 - a. Bridges Bar and Grill
 - b. Dakota Silver
 - c. The Liquor Locker
- F. Approve renewal of Tobacco License
 - a. Dakota Silver

Roll Call: Bishop Magnuson Erickson Gulmon 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 tpcity@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

NEW BUSINESS

NB1. Approve Monthly Bills for the City and Public Works in the Amount of \$3,165,812. (*Finance Director Klein*)

Roll Call: Magnuson Erickson Gulmon Bishop Carlsrud

NB2. Discuss Northwest Area Water System Improvements – New Water Tower and Pressure Zone Modifications – Hi-Line Electric insurance. (*City Engineer*)

Roll Call: Erickson Gulmon Bishop Magnuson Carlsrud

NB3. Approve Fund Balance Policy. (*Finance Director Klein*)

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

CITY ADMINISTRATOR’S REPORT

CITY UPDATES & COMMISSION REPORTS

ADJOURN

**CITY COMMISSION MEETING
VALLEY CITY, NORTH DAKOTA**

Monday, May 04, 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

ARBOR DAY PROCLAMATION

Proclaim April 24, 2026 as Arbor Day in Valley City

APPROVAL OF AGENDA

No changes

APPROVAL OF CONSENT AGENDA

A. Approve Minutes from the 04.14.2026 Board of Equalization Meeting and 04.21.2026 Finance and Commission Meetings

B. Approve Contractors license

- a. Valley Realty INC. – renewal
- b. FreeMan Enterprise
- c. Platinum Plumbing Service LLC
- d. Peterson Sheet Metal – Renewal
- e. Bridgetown Builders – Renewal
- f. Gast Construction Company Inc. – Renewal
- g. Advanced Striping Inc. – Renewal
- h. CC Steel - Renewal

C. Approve Gaming Site Authorization

- a. Thundering Saints – The Labor Club
- b. Thundering Saints – Bridges Bar and Grill
- c. Thundering Saints – Boomers Corner Keg

D. Approve Local Permits

- a. Bridge City Cruisers
- b. Red Knights Motorcycle Club
- c. VCSU Foundation/Viking Booster
- d. Barnes County Soil Conservation

Motion to approve with updated information for insurance information on B. b. by Commissioner Bishop, seconded Commissioner Gulmon.

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

ORDINANCE

Second and Final Reading of Ordinance 1187, An ordinance to amend and reenact section 4-01-04 of the Valley City Municipal Code related to license fees for retail sale of alcoholic beverages.

Motion to approve by Commissioner Bishop, seconded Commissioner Gulmon.

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

Second and Final Reading of Ordinance 1188, An Ordinance to amend and reenact sections 08-04-05 and 7-04-20 of the Valley City Municipal Code related to the sale and use of tobacco.

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

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

RESOLUTION

Resolution Establishing Electrical Utility Rates.

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

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

NEW BUSINESS

Consider purchase of 804 Chautauqua Blvd, Parcel 63-5691060) as PFP buyout.

Motion to deny request to purchase of 804 Chautauqua Blvd, Parcel 63-5691060 as PFP buyout at this time by Commissioner Bishop, seconded Commissioner Erickson.

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

Approve Task Order for Construction Engineering for 2026 Pavement Improvements – Paving Improvement District No. 133.

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

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

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

Moved to May 19, 2026 Finance and Commission Meeting.

CITY ADMINISTRATOR’S REPORT

City Administrator Crawford provided an update on the progress of the Service Center project. Residents were reminded to follow the city’s social media pages for updates regarding hydrant flushing, road closures, and upcoming city projects.

CITY UPDATES & COMMISSION REPORTS

City Engineer Petersen provided an update on the CC Steel Project.

Commissioner Gulmon reported on meeting the reserve policy requirements and reviewed sales tax information.

City Commissioner Erickson reminded residents that Clean Up Week will take place May 11–16, 2026.

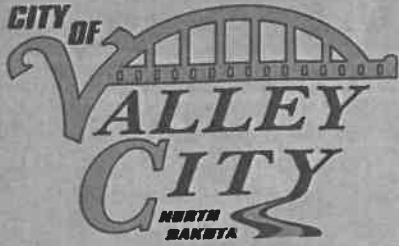
ADJOURN

Meeting was adjourned at 5:32pm

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
Contractor, Electrician, Plumber and/or
Mechanical Contractor License(s)

FOR PERIOD: June 1, 2025 - May 31, 2026
2026 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: A&J Builders LLC
Owner: Amy Mogg
Mailing Address: 5361 Fishing Site Rd
City, State Zip Code: Harrison, MI 48625
Phone Number: (989)621-8235
Email Address: completeamogg@gmail.com
Today's Date: March 4, 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:

Amy Mogg

LICENSE FEE: \$100 if initial application, make checks payable to City of Valley City ✓
 \$50 if renewal application Pd 05.04.2026 CC

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/27/2026

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 Ieuter Insurance Group 414 Townsend Midland MI 48640	CONTACT NAME: PHONE (A/C No, Ext): 989-835-6701 FAX (A/C No): 989-835-2964 E-MAIL ADDRESS: certs@ieuter.com														
INSURED A&J Builders, LLC 5361 Fishing Site Road Harrison MI 48625	A&JBUIL-01 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Donegal Mutual Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B : Michigan Insurance Company</td> <td style="text-align: center;">10857</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Donegal Mutual Insurance Company		INSURER B : Michigan Insurance Company	10857	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER B : Michigan Insurance Company	10857														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES CERTIFICATE NUMBER: 2048046212 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:			1000505339	5/1/2026	5/1/2027	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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/>			1000505340	5/1/2026	5/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			1000505342	5/1/2026	5/1/2027	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	1000505341	5/1/2026	5/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

CERTIFICATE HOLDER

CANCELLATION

City of Valley City 220 3rd Street 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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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000054588

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **A&J Builders LLC** whose address is in HARRISON, MI, 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.

A&J Builders 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: May 4, 2026

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

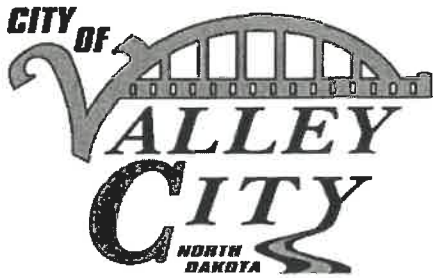
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

A&J Builders LLC

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 # 000054588



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: Advance Garage Door Inc
 Owner: Eugene Sweeney
 Mailing Address: Po Box 3011
 City, State Zip Code: Fargo ND 58108
 Phone Number: (701) 237-5147
 Email Address: info@advgaragefargo.com
 Today's Date: 4-29-2026

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
 \$50 if renewal application PD 05.04.2026 ✓

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)
4/29/2026

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 LLC 505 Broadway North, Suite 100 Fargo ND 58102	CONTACT NAME: Heidi Stalboerger PHONE (A/C, No, Ext): 701-237-3311 E-MAIL ADDRESS: Heidi.Stalboerger@MarshMMA.com	FAX (A/C, No): 701-232-4442
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : SECURA INSURANCE COMPANY	NAIC # 22543
INSURED Advance Garage Door, Inc. PO Box 3011 Fargo ND 58108	INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1057746128 **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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CP3230074	11/15/2025	11/15/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
							ND StopGap Emp Liab	\$ \$1M/\$1M/\$1M
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			A3230075	11/15/2025	11/15/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU3230076	11/15/2025	11/15/2026	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	Equipment Floater			CP3230074	11/15/2025	11/15/2026	Leased/Rented Equip Deductible	50,000 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured status on a primary and non-contributory basis including ongoing and completed operations and waiver of subrogation on the general liability apply per form GCE1037 when required by written contract. Additional Insured status on a primary and non-contributory basis and waiver of subrogation on the auto liability policy per form CAE0131 when required by written contract. Per project limit applies to general aggregate limit and does not extend to products-completed operations hazard.

CERTIFICATE HOLDER City of Valley City 220 3rd St 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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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 30258

CLASS: A

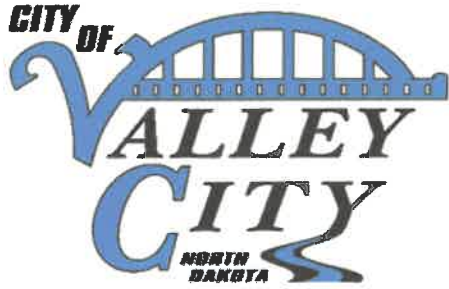
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **ADVANCE GARAGE DOOR, INC.** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

ADVANCE GARAGE DOOR, 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

Handwritten signature of Michael Howe in cursive script.

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: All States Flooring, Inc.
Owner: Steve Collins
Mailing Address: 1700 Main Ave W, Suite E
City, State Zip Code: West Fargo, ND 58078
Phone Number: 701-371-2345
Email Address: allstates.sc@gmail.com
Today's Date: 04/29/2026

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

X 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:

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: \$100 if initial application, make checks payable to City of Valley City
X \$50 if renewal application 65.04.2026

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

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



ALLSTAT-01

JBERTSCH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/11/2026

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 Heritage Insurance Services 5650 34th Ave S, Suite200 Fargo, ND 58104	CONTACT NAME: Tyler Bjerke PHONE (A/C, No, Ext): (701) 532-3131 E-MAIL ADDRESS: tyler@valleycropins.com		FAX (A/C, No): (701) 845-2804
	INSURER(S) AFFORDING COVERAGE		
INSURED All States Flooring, Inc 1700 Main Ave W, Suite E West Fargo, ND 58078	INSURER A: Owners Insurance Co		NAIC # 32700
	INSURER B: Auto Owners Insurance Company		NAIC # 18988
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate		77119013	10/14/2025	10/14/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		5411901300	10/14/2025	10/14/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		5411901301	10/14/2025	10/14/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 5,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		77119013	10/14/2025	10/14/2026	PER STATUTE <input checked="" type="checkbox"/> OTH-ER <input type="checkbox"/> 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 City of Valley City 220 3rd St. 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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State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 44908

CLASS: A

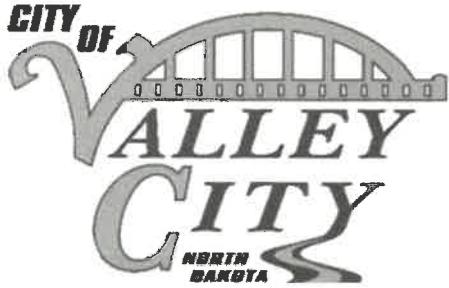
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **ALL STATES FLOORING, INC.** whose address is in WEST FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

ALL STATES FLOORING, 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 20, 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: A-P CONCRETE, LLC
Owner: NICK AGNEW JASON PAUL
Mailing Address: 4125 32ND AVE S
City, State Zip Code: MOORHEAD, MN 56560
Phone Number: 701-361-5241
Email Address: A-PCONCRETELLC@HOTMAIL.COM
Today's Date: 4/29/2026

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
 \$50 if renewal application *pd 05.04.2026*

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: 49823

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **A-P CONCRETE, LLC** whose address is in MOORHEAD, 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.

A-P CONCRETE, 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 20, 2026

A handwritten signature in black ink that reads "Michael Howe". The signature is written in a cursive style with a long horizontal stroke at the end.

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/29/2026

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: Andrea Gemelli PHONE (A/C, No, Ext): 701-237-3311 FAX (A/C, No): 701-232-4442 E-MAIL ADDRESS: Andrea.Gemelli@MarshMMA.com												
INSURER(S) AFFORDING COVERAGE													
INSURED A-P Concrete, LLC 4125 32nd Ave S Moorhead MN 56560	APCONCR1 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A : Travelers Property Casualty Co of Amer</td> <td style="width: 20%; text-align: right;">NAIC #</td> </tr> <tr> <td>INSURER B : Union Insurance Company</td> <td style="text-align: right;">25674</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 A : Travelers Property Casualty Co of Amer	NAIC #	INSURER B : Union Insurance Company	25674	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER A : Travelers Property Casualty Co of Amer	NAIC #												
INSURER B : Union Insurance Company	25674												
INSURER C :													
INSURER D :													
INSURER E :													
INSURER F :													

COVERAGES **CERTIFICATE NUMBER:** 570189123 **REVISION NUMBER:**

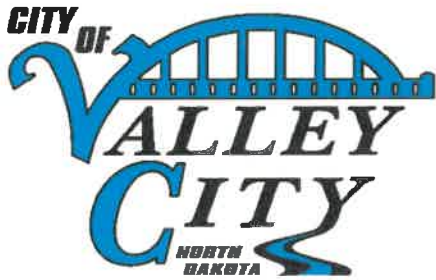
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 500 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPA333032920	6/10/2025	6/10/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
B	<input type="checkbox"/> 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			CPA333032920	6/10/2025	6/10/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CPA333032920	6/10/2025	6/10/2026	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
B	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	WCA3330338-20	6/10/2025	6/10/2026	PER STATUTE	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Scheduled Equipment			6604Y236121	6/10/2025	6/10/2026	See Schedule Below Actual Cash Valuation \$2,500 Deductible	

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

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, 2025 - May 31, 2026~~

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: Api HVAC Services Inc dba Metropolitan Mechanical Contractors

Owner: _____

Mailing Address: 7450 Flying Cloud Drive

City, State Zip Code: Eden Prairie, MN 55344

Phone Number: 952-941-7010

Email Address: bethany.bauernfeind@metromech.us

Today's Date: 5/5/26

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

____ Contractor ____ Electrician X Plumber X Mechanical

State License Numbers (provide all that apply):

____ Electrician PC150105 Plumber 000050725 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 05.11.2026*

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

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

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Midwest, Inc.		NAMED INSURED APi HVAC Services, Inc. DBA Metropolitan Mechanical Contractors 7450 Flying Cloud Drive Eden Prairie, MN 55344	
POLICY NUMBER See Page 1		EFFECTIVE DATE: See Page 1	
CARRIER See Page 1	NAIC CODE See Page 1		


ADDITIONAL REMARKS

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

Waiver of Subrogation applies in favor of Additional Insureds with respects to General Liability, Auto Liability and Workers Compensation when required by written contract, executed prior to the loss. and as permitted by law.

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
443 Lafayette Road N
Saint Paul, MN 55155

Licensing and Certification Services
Phone: 651-284-5034
Email: dli.license@state.mn.us
Website: www.dli.mn.gov

Api Hvac Services Inc
DBA Nac Mechanical and Electrical Services
 Metropolitan Mechanical Contractors
1100 W Anderson Ct
Oak Creek, WI 53154

NOTICES

NOT TRANSFERABLE

**IF YOU CHANGE YOUR BUSINESS STRUCTURE,
YOU MUST OBTAIN A LICENSE FOR NEW ENTITY**

**WHEN YOU RENEW OR REPLACE INSURANCE POLICY,
PLEASE SUBMIT NEW CERTIFICATE OF INSURANCE**

NOTIFY US OF THESE CHANGES TO YOUR BUSINESS.

Failure to do so may result in fines.

15-day notice requirement - Forms available at dli.mn.gov.

- Change in business' physical address, mailing address, phone number or email address.
- Change in control, owners, officers, directors, members or partners.
- Change in business' legal name and/or assumed name.
- Loss of or change in Responsible person, if applicable.
- Change in general liability insurance or workers' compensation insurance coverage.

YOUR CERTIFICATE IS BELOW THE PERFORATION.

SHOW CERTIFICATE WHEN OBTAINING PERMITS.

 **DEPARTMENT OF
LABOR AND INDUSTRY**

PLUMBING CONTRACTOR

Construction Codes and Licensing Division
Website: www.dli.mn.gov

Licensing and Certification Services
Email: dli.license@state.mn.us

443 Lafayette Road N St. Paul, MN 55155
Phone: 651-284-5034

This is to certify that the certificate holder is licensed as a **PLUMBING CONTRACTOR** in the state of Minnesota and is in compliance with Minnesota Statutes 326B.46, and may perform or offer to perform plumbing work in all areas of the state during the license period, provided the responsible individual is at all times a **MASTER PLUMBER** and the certificate holder maintains compliance with the required bond, general liability insurance, and workers' compensation laws.

License: **PLUMBING CONTRACTOR**

Number: **PC150105**
Effective date: **01/01/2026**
Expiration date: **12/31/2027**

Api Hvac Services Inc
DBA Nac Mechanical and Electrical Services Metropolitan Mechanical
Contractors
1100 W Anderson Ct
Oak Creek, WI 53154

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000050725

CLASS: A

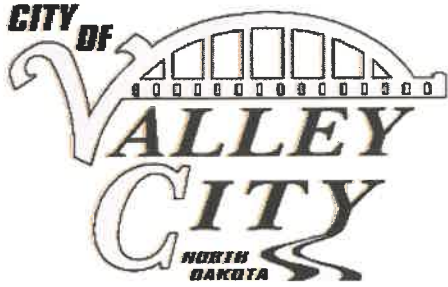
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **API HVAC SERVICES, INC.** whose address is in EDEN PRAIRIE, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

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

Dated: March 3, 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)

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: Badger Loader Services LLC

Owner: Mike Gille Darren Klinges

Mailing Address: 3135 134th Ave SE

City, State Zip Code: Tower City, ND 58071

Phone Number: 701 840 3012 701 840 3543

Email Address: m.gille@hotmail.com darren.klinges@gmail.com

Today's Date: 4-30-26

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

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

State License Numbers (provide all that apply):

[] Electrician [] Plumber 0600 50711 [] 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:

[Signature line]

LICENSE FEE: \$100 if initial application, make checks payable to City of Valley City
\$50 if renewal application Pd 05.01.2026 CK

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: 000050711

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Badger Loader Services LLC** whose address is in TOWER 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.

Badger Loader Services 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 10, 2026

A handwritten signature in black ink that reads "Michael Howe". The signature is written in a cursive style with a long, sweeping underline.

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

Badger Loader Services 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 # 000050711



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/27/2026

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.

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.

PRODUCER: Heritage Insurance Services, 202 Central Avenue South Suite 5, Valley City, ND 58072. CONTACT NAME: Trent Moritz, PHONE: (701) 845-4186, FAX: (701) 552-7837, E-MAIL ADDRESS: tmoritz@heritageinsservices.com. INSURER(S) AFFORDING COVERAGE: Secura Insurance Company, NAIC #: 22543.

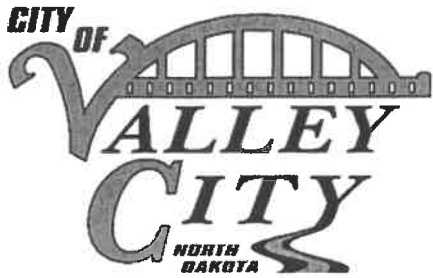
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

Table with 8 columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liab, and Workers Compensation.

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

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: Jessica J. Bertsch.



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: Balancing Professionals Inc.
Owner: _____
Mailing Address: 4909 N Lewis Ave
City, State Zip Code: Sioux Falls, SD 57104
Phone Number: 605-336-1823
Email Address: operations@oconnorco.com
Today's Date: 05/05/2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

_____ Electrician _____ Plumber 53901 A Contractor

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

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

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

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. 05.11.2026*

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)

06/25/2025

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 Boen & Associates, Inc. 7119 S Lyncrest Place PO Box 89010 Sioux Falls SD 57109-9010		CONTACT NAME: Linda Evans PHONE (A/C, No, Ext): (605) 336-0425 FAX (A/C, No): (605) 336-8187 E-MAIL ADDRESS: lindae@boenassociates.com	
INSURED Balancing Professionals, Inc. PO Box 86636 Sioux Falls SD 57118		INSURER(S) AFFORDING COVERAGE INSURER A: United Fire & Casualty Company INSURER B: Addison Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 13021 10324	

COVERAGES**CERTIFICATE NUMBER:** 25-26 BPI Master**REVISION NUMBER:**


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			60463680	06/30/2025	06/30/2026	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 checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			60463680	06/30/2025	06/30/2026	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			60463680	06/30/2025	06/30/2026	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$
B	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	30304986	06/30/2025	06/30/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Mechanical License

CERTIFICATE HOLDER**CANCELLATION**

City of Valley City 254 2nd Ave NE Valley City ND 58072	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 53901

CLASS: A

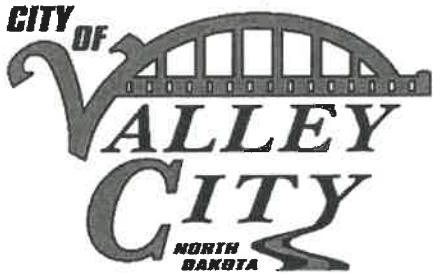
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **BALANCING PROFESSIONALS, INC.** whose address is in SIOUX FALLS, SD, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all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

BALANCING PROFESSIONALS, 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 20, 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: BOT Mechanical LLC
Owner: Blake H Wrigley
Mailing Address: PO Box 2964
City, State Zip Code: Fargo ND 58108-2964
Phone Number: 701-232-8891
Email Address: bwrigley@wrigleymechanical.com
Today's Date: 5-1-2026

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

Contractor [checked] Electrician Plumber [checked] Mechanical [checked]

State License Numbers (provide all that apply):

Electrician 1583 Plumber 57899 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 [checked] 05.04.2026

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: 57899

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **BDT 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.

BDT 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 30, 2026

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

Michael Howe
Secretary of State

NORTH DAKOTA

State Plumbing Board

BISMARCK, NORTH DAKOTA

License No. 1583

This is to Certify that BLAKE WRIGLEY

has fulfilled the requirements of the law relating to the licensing of Plumbers in the State of North Dakota, Chapter 43-18, Revised Code of 1943, and is hereby granted this certificate as a licensed and registered

Master Plumber

Jon E. Shwanberg

President

Burt Beerlie

Secretary





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/2025

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.

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.

PRODUCER: Marsh McLennan Agency LLC
INSURED: BDT Mechanical, LLC
CONTACT NAME: Jennifer Gates, CISR, CRIS
PHONE: 701-237-3311
E-MAIL ADDRESS: Jennifer.Gates@MarshMMA.com

COVERAGES CERTIFICATE NUMBER: 415972062 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.

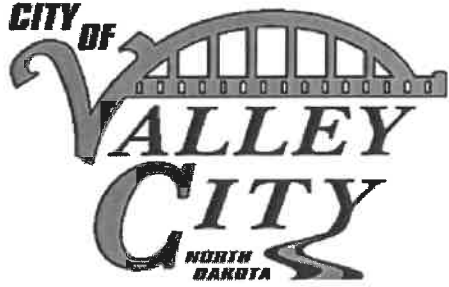
Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liab, Workers Compensation and Employers' Liability, and Installation Floater.

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

CERTIFICATE HOLDER

CANCELLATION

City of Valley City
254 2nd Ave NE
Valley City ND 58072
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE



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: Border Construction
Owner: Dave Bartell, Tom Jarvis, Andy Kelly
Mailing Address: 4321 14th Ave N
City, State Zip Code: Fargo, ND 58102
Phone Number: 701-478-3113
Email Address: tom@borderconstruction.net
Today's Date: 4/26/26

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

XXX Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 57847 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: \$100 if initial application, make checks payable to City of Valley City
X \$50 if renewal application

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: 57847

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **BORDER CONSTRUCTION, 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.

BORDER CONSTRUCTION, 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 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)
8/18/2025

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

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

PRODUCER Marsh McLennan Agency 505 Broadway North, Suite 100 Fargo ND 58102	CONTACT NAME: Taylor Schafer PHONE (A/C, No, Ext): 701-237-3311 E-MAIL ADDRESS: taylor.schafer@marshmma.com	FAX (A/C, No): 701-232-4442
	INSURER(S) AFFORDING COVERAGE	
INSURED Border Construction LLC 4321 14th Ave N Fargo ND 58102	BORDCON-01 INSURER A: SECURA INSURANCE MUTUAL HOLDIN INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #

COVERAGES **CERTIFICATE NUMBER:** 1858241873 **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 CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CP3291671	8/15/2025	8/15/2026	EACH OCCURRENCE	\$ 1,000,000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	
						MED EXP (Any one person)	\$ 10,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
						GENERAL AGGREGATE	\$ 2,000,000	
						PRODUCTS - COM/PROP AGG	\$ 2,000,000	
						ND Stop Gap	\$ 1M/\$ 1M/\$ 1M	
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		A3291672	8/15/2025	8/15/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	CU3291673	8/15/2025	8/15/2026	EACH OCCURRENCE	\$ 5,000,000	
						AGGREGATE	\$	
							\$	
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	WC3310143	8/15/2025	8/15/2026	<input checked="" 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	Builders Risk		CP3291671	8/15/2025	8/15/2026	Any one location Temporary Storage Transit	\$750,000 \$100,000 \$100,000	

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

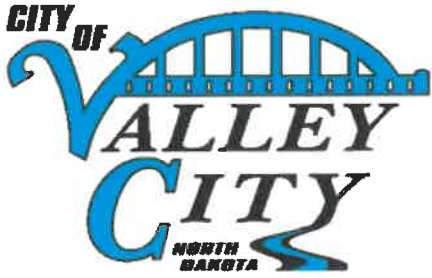
CERTIFICATE HOLDER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE



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: Brandon Heinle
Owner: Brandon Heinle
Mailing Address: 101 Northland Est
City, State Zip Code: Jamestown ND 58401
Phone Number: 701-368-8173
Email Address: brandon.heinle@yahoo.com
Today's Date: 4-30-26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 44936 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 05.01.2026 eh*

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)
04/30/2026

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 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 CHELSEY GEIER 219 1ST AVE S #8 JAMESTOWN, ND 58401 701-252-1940	CONTACT NAME: Chelsey Geier	PHONE (A/C, No, Ext): 701-252-1940	FAX (A/C, No):
	E-MAIL ADDRESS: Cgeier@nodakins.com	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Nodak Insurance Company	NAIC # 34592	
INSURED Brandon Heinle 101 NORTHLAND ESTATE JAMESTOWN, ND 58401	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		BPND000004868	04/27/2026	04/27/2027	EACH OCCURRENCE	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1 Million
	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$300,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$5000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT	<input type="checkbox"/> LOC			GENERAL AGGREGATE	\$2 Million
	AUTOMOBILE LIABILITY					PRODUCTS-COMP/OP AGG	\$2 Million
A	<input type="checkbox"/> ANY AUTO					COMBINED SINGLE LIMIT (Ea accident)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person)	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
A	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A			OTHER	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. EACH ACCIDENT	\$
						E.L. DISEASE-EA EMPLOYEE	\$
						E.L. DISEASE-POLICY LIMIT	\$
A							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Construction

CERTIFICATE HOLDER City Of Valley City 220 3rd St 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 Karlee Myron #4732

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000044936

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Brandon Heinle** 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.

Brandon Heinle 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 26, 2026

A handwritten signature in black ink that reads "Michael Howe". The signature is written in a cursive style with a long horizontal stroke at the end.

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

Brandon Heinle

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 # 000044936



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: Breland Enterprises OBA American Waterworks
 Owner: Steve Breland
 Mailing Address: 1307 valley high Dr NW
 City, State Zip Code: Rochester, MN 55901
 Phone Number: 1-800-795-1204
 Email Address: logistics@american-waterworks.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 42491 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 05.07.2026*

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)
4/28/2026

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).

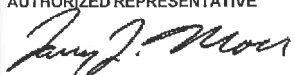
PRODUCER Arthur J. Gallagher Risk Management Services, LLC 4280 Sergeant Road Suite 200 Sioux City IA 51106	CONTACT NAME: Ellen Hansen PHONE (A/C, No, Ext): 402-829-1070 E-MAIL ADDRESS: Ellen_Hansen@ajg.com	FAX (A/C, No):	
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Breland Enterprises, Inc. dba American Waterworks 1307 Valleyhigh Drive NW Rochester MN 55901	INSURER A: Western National Mutual Insurance Co		15377
	INSURER B: Accident Fund Insurance Company of America		10166
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 1677938053 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP 0016759	4/10/2026	4/10/2027	EACH OCCURRENCE \$ 2,000,000 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 \$
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 NON-OWNED AUTOS ONLY			CPP 0016713	4/10/2026	4/10/2027	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UMB001092317	4/10/2026	4/10/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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	100071755	11/15/2025	11/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Equipment Leased or Rented			CPP 0016808	4/10/2026	4/10/2027	Limit \$100,000
A	Installation Floater			CPP 0016759	4/10/2026	4/10/2027	Limit \$25,000

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

CERTIFICATE HOLDER City of Valley City 220 3rd St 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 

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000042491

CLASS: A

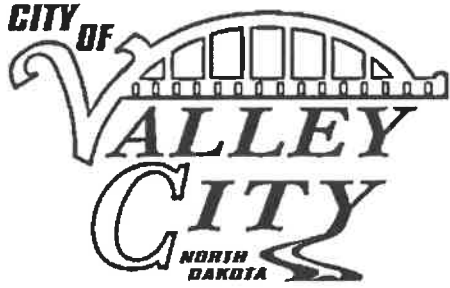
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Breland Enterprises, Inc.** whose address is in ROCHESTER, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

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

Dated: February 26, 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: Construction Engineers, Inc.

Owner: Scott Kringstad and Jeffrey Melgaard

Mailing Address: PO Box 13378

City, State Zip Code: Grand Forks, ND 58208

Phone Number: 701-792-3200

Email Address: stephaniem@constructionengineers.com

Today's Date: 4/28/2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 34207 A Contractor

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

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

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

Current copy of State Electrician and/or Plumber License

Current copy of State Contractor License,

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

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

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

pd 05.11.2026

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: 34207

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **CONSTRUCTION ENGINEERS, INC.** whose address is in GRAND FORKS, 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.

CONSTRUCTION ENGINEERS, 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 cursive script that reads "Michael Howe".

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/9/2026

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 World Insurance Associates, LLC 4554 38th Ave S Fargo ND 58104-8515	CONTACT NAME: PHONE (A/C, No, Ext): 701-293-5910 FAX (A/C, No): 218-394-9644 E-MAIL ADDRESS: FIICLCSR@worldinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURED Construction Engineers Inc PO Box 13378 200 N 69th St Grand Forks ND 58208	INSURER A: BITCO General Insurance Corporation NAIC # 20095 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

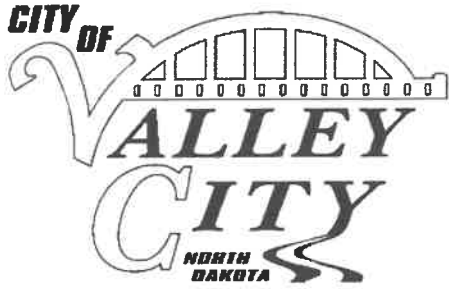
COVERAGES **CERTIFICATE NUMBER: 607087468** **REVISION NUMBER:**

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 WVQ	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CLP3767232	1/1/2026	1/1/2027	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CUP3767229	1/1/2026	1/1/2027	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) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	CLP3767232	1/1/2026	1/1/2027	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER ND 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)
 RE: Valley City Contractor License

CERTIFICATE HOLDER City of Valley City 220 3rd St NE Valley City ND 58072 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--



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

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: CR Larsen Concrete
Owner: Chris Larsen
Mailing Address: 620 9th St NW
City, State Zip Code: Valley City ND 58072
Phone Number: 701-840-8015
Email Address: CR Larsen Concrete@gmail.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 05.04.2024*

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

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

CR LARSON CONCRETE LLC

Class B - 40951



**Request
Certificate**

<i>Class Type</i>	Class B
<i>License Num</i>	40951
<i>Status</i>	Active
<i>Renewal Date</i>	3/1/2027
<i>Inactive Date</i>	N/A
<i>Mailing Address</i>	620 9TH ST NW VALLEY CITY, ND 58072-2049
<i>Standing - Other</i>	Good
<i>Standing - WSI</i>	Good
<i>Standing - Job Service</i>	Good
<i>Standing - Business</i>	Good
<i>Business Phone</i>	(701) 840-8015
<i>Registration Date</i>	04/12/2011
<i>Certification of Liability Insurance Expiration Date</i>	05/14/2027



View History

State of North Dakota

SECRETARY OF STATE



Certificate of Good Standing of CR LARSON CONCRETE LLC

SOS Control ID#: 0002170457

Certificate #: 029002825-1

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

CR LARSON CONCRETE LLC

a Contractor - Limited Liability Company was formed under the laws of North Dakota and filed with this office effective April 12, 2011. This contractor 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: 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)
04/10/2026

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	FAX (A/C, No): (701) 845-1749
	E-MAIL ADDRESS: melissa.schroeder@insureforward.com		
INSURED Cr Larson Concrete Llc 620 9Th St Nw Valley City ND 58072-2049	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Owners Insurance Company		32700
	INSURER B: Auto Owners Insurance Co.		18988
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** master 26/27 **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			77859323	05/14/2026	05/14/2027	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
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			4985932300	04/29/2026	04/29/2027	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE					
	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 \$

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	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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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/2026

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 Bell Insurance PO Box 1470 Fargo ND 58107	CONTACT NAME: Amy Johnston PHONE (A/C, No, Ext): 701-237-6414 E-MAIL ADDRESS: ajohnston@bell.insurance FAX (A/C, No): 701-239-0009
INSURER(S) AFFORDING COVERAGE	
INSURER A : Secura Insurance Companies	NAIC # 22543
INSURED DAKOELE-04 Dakota Electric Construction Co., Inc 1550 1st Ave N Fargo ND 58107-1006	
INSURER B : Westchester Surplus Lines Ins	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 491832529** **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 checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			TC3350587	9/4/2025	9/4/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 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 OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> OTHER:			A3350588	9/4/2025	9/4/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTIONS \$ 10,000			CU3350590	9/4/2025	9/4/2026	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) If yes, describe under DESCRIPTION OF OPERATIONS below		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	WC3350589	9/4/2025	9/4/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER Minnesota E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A A B	Contractor's E&O Installation Floater Pollution			TC3350587 TC3350587 G73534859 005	9/4/2025 9/4/2025 9/4/2025	9/4/2026 9/4/2026 9/4/2026	Limit Limit Limit 500,000 675,000 1,000,000

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

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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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 74
CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **DAKOTA ELECTRIC CONSTRUCTION CO., INC.** 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.

DAKOTA ELECTRIC CONSTRUCTION CO., 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 16, 2026

Handwritten signature of Michael Howe in cursive.

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:
DAKOTA ELECTRIC CONSTRUCTION CO., 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 # 74



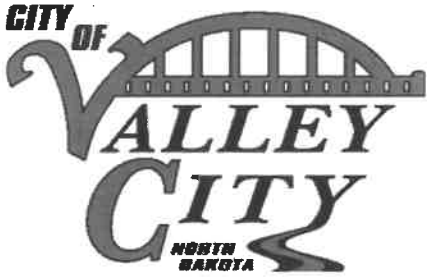
**MASTER LICENSE
EXAM/ND**

Number: M 3877 **Expires:** April 30, 2027

Issued To: MAC DUNCAN
FARGO, ND 58102

President: Rod Mayer

Secretary: James Brandenburg



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: Dakota Plains mechanical
Owner: _____
Mailing Address: 315 27th Circle south
City, State Zip Code: Fargo, ND 58103
Phone Number: 701-205-4840
Email Address: Ryle@dakotaplainsmech.com
Today's Date: 4-26-26

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

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

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

05.04.2026

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 47384

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **DAKOTA PLAINS MECHANICAL CORPORATION** 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.

DAKOTA PLAINS MECHANICAL CORPORATION 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 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)
4/29/2026

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 Bell Insurance PO Box 1470 Fargo ND 58107	CONTACT NAME: PHONE (A/C, No, Ext): 701-237-6414 FAX (A/C, No): 701-239-0009 E-MAIL ADDRESS: info@bell.insurance	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Dakota Plains Mechanical Corporation 315 27th Cir S Fargo ND 58103	DAKOPLA-01 INSURER A : Middlesex	1122000
	INSURER B : Lloyds of London	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 1625512488 **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.

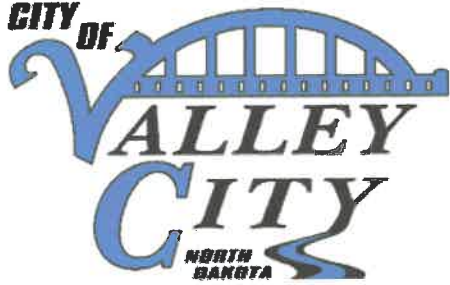
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			A0230947004	9/28/2025	9/28/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1,000,000
A	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			A0230947001	9/28/2025	9/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			A0230947007	9/28/2025	9/28/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ \$
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			A0230947005	9/28/2025	9/28/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Pollution Liability			CPL01442001	4/15/2025	4/15/2027	Limit - Occurrence Deductible 2,000,000 2,500

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: David Singleton
Owner: David Singleton
Mailing Address: 234 E Main St
City, State Zip Code: Valley City, ND. 58072
Phone Number: 701-845-2787
Email Address: valleycity dave@cornerstone rentalsmgf.com
Today's Date:

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

[checked] Contractor _____ Electrician _____ Plumber _____ Mechanical

State License Numbers (provide all that apply):

_____ Electrician _____ Plumber 36880 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 \$50 05.02.2026 CC

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: 36880

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **DAVID SINGLETON** 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.

DAVID SINGLETON 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/05/2026

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 Tyler Van Bruggen 457 W Main Valley City ND 58072	CONTACT NAME: Tyler Van Bruggen
	PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: Tyler.VanBruggen@fumic.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Farmers Union Insurance	NAIC #
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES **SB** **CERTIFICATE NUMBER:** Cert ID 7063 (3) **REVISION NUMBER:**

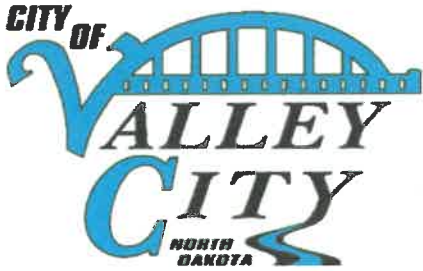
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	<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:			33-022935-25-1003-09	11/30/2025	11/30/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ Excluded 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			33-022935-25-1003-09	11/30/2025	11/30/2026	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 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 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)
 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: Diffarding Electric LLC.
Owner: Jamie Diffarding
Mailing Address: 109 Prairie View Drive
City, State Zip Code: Lisbon, ND 58054
Phone Number: 701-490-0897
Email Address: DiffElectric@outlook.com
Today's Date: 5/3/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

M 3408 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:

Email from Insure Forward
 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 05.07.2026

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

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

**MASTER LICENSE
EXAM/ND**

Number: M 3408 Expires: April 30, 2027

Issued To: JAMIE DIFFERDING
LISBON, ND 58054

President: Rod Mayer

Secretary: James Brandenburg

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 55800

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **DIFFERDING ELECTRIC, LLC** whose address is in LISBON, 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.

DIFFERDING 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 15, 2026

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

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2026

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 5650 37th Ave S Fargo ND 58104	CONTACT NAME: Makell Sahlberg PHONE (A/C, No., Ext): (701) 293-9540 FAX (A/C, No.): (701) 293-3338 E-MAIL ADDRESS: makell.sahlberg@insureforward.com														
INSURED Differding Electric LLC 109 Prairie View Dr Lisbon ND 58054	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Acuity Insurance</td> <td>14184</td> </tr> <tr> <td>INSURER B:</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Acuity Insurance	14184	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: Acuity Insurance	14184														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

COVERAGES **CERTIFICATE NUMBER:** 25/26 Master **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Contractor's E&O			Z51925	08/10/2025	08/10/2026	<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>Ded \$1000</td><td style="text-align: right;">\$ 1,000,000</td></tr> </table>	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	Ded \$1000	\$ 1,000,000
EACH OCCURRENCE	\$ 1,000,000																				
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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																				
Ded \$1000	\$ 1,000,000																				
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			Z51925	08/10/2025	08/10/2026	<table style="width: 100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align: right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
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	\$																				
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						<table style="width: 100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$</td></tr> <tr><td>AGGREGATE</td><td style="text-align: right;">\$</td></tr> <tr><td></td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$	AGGREGATE	\$		\$								
EACH OCCURRENCE	\$																				
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	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				<table style="width: 100%; border-collapse: collapse;"> <tr><td>PER STATUTE</td><td style="text-align: right;">\$</td></tr> <tr><td>OTH-ER</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. EACH ACCIDENT</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td style="text-align: right;">\$</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td style="text-align: right;">\$</td></tr> </table>	PER STATUTE	\$	OTH-ER	\$	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$				
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 <div style="text-align: center;"><i>Makell Sahlberg</i></div>
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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: EARTHWORK SERVICES INC
Owner: TRENT DUDA
Mailing Address: 345 12TH AVE NE
City, State Zip Code: WEST FARGO, ND 58078
Phone Number: 701-282-8551
Email Address: JOLENE.HARTY@ESI-ND.COM
Today's Date: 05/01/2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 46948 Contractor

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

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

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

Current copy of State Electrician and/or Plumber License

Current copy of State Contractor License,

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

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

_____.

LICENSE FEE: \$100 if initial application, make checks payable to City of Valley City
 \$50 if renewal application *PD 65.04.2024*

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: 46948

CLASS: A

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

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

Dated: January 29, 2026

Handwritten signature of Michael Howe in cursive script.

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2026

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

COVERAGES

CERTIFICATE NUMBER: 616857216

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			7095008811	1/23/2026	1/23/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 3,000,000
							PRODUCTS - COMP/OP AGG	\$ 3,000,000
								\$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			7095008792	1/23/2026	1/23/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			7095008808	1/23/2026	1/23/2027	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) if yes, describe under DESCRIPTION OF OPERATIONS below			7095008825	1/23/2026	1/23/2027	PER STATUTE	OTHER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Rented Equipment			8018513672	1/23/2026	1/23/2027	Limit - Per Item	500,000
B	Builders Risk			8018513672	1/23/2026	1/23/2027	Aggregate Limit	2,000,000
D	Pollution			PCE F294274 00	1/23/2026	1/23/2027	Pollution-each condit	2,000,000

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

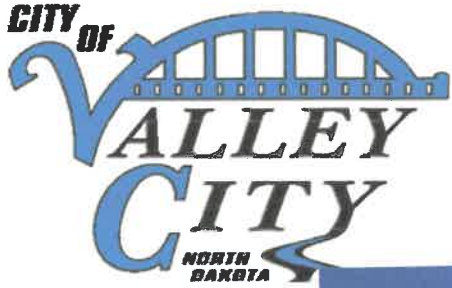
CERTIFICATE HOLDER**CANCELLATION**

City of Valley City

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 agrees to comply with the



P.O. Box 948
Fargo, ND 58107-0948

of Valley City, North Dakota, and
thereto.

Name of Business:

Owner:

Roger C Eckert & Scott A. Eckert

Mailing Address:

City, State Zip Code:

Phone Number:

701-282-9225

Email Address:

barb@eckertandsonsllc.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 Contractor

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

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

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

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

Current copy of State Contractor License,

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

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

LICENSE FEE:

\$100 if initial application, make checks payable to City of Valley City
\$50 if renewal application Pd 05.06.2024 ck

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: 000049868

CLASS: A

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

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

Dated: January 12, 2026

A handwritten signature in black ink that reads "Michael Howe". The signature is written in a cursive style with a long horizontal stroke at the end.

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/30/2026

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).

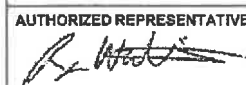
PRODUCER Marsh & McLennan Agency, LLC 6160 Golden Hills Dr Minneapolis MN 55416-1020	CONTACT NAME: Melissa Morford PHONE (A/C No, Ext): (701) 237-3311 E-MAIL ADDRESS: Melissa.Morford@MarshMMA	FAX (A/C No):
	INSURER(S) AFFORDING COVERAGE	
INSURED ECKERT & SONS LLC PO Box 948 Fargo ND 58107	INSURER A: SECURA INSURANCE COMPANY	NAIC# 22543
	INSURER B: SFM Mutual Insurance Company	NAIC# 11347
	INSURER C:	
	INSURER D:	
	INSURER E:	

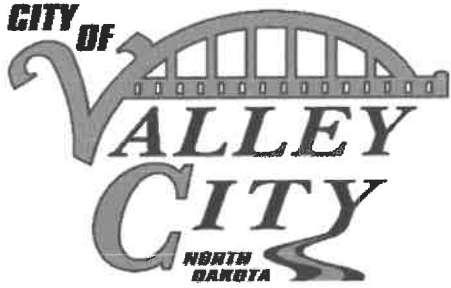
COVERAGES **CERTIFICATE NUMBER:** 694846219 **REVISION NUMBER:**

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		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSR	WVD					
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:			CP3268301	5/4/2026	5/4/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
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 <input checked="" type="checkbox"/> Hired PD			A3268302	5/4/2026	5/4/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
							Hired PD Limit	\$ \$50,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU3268303	5/4/2026	5/4/2027	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	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	86109.211	5/4/2026	5/4/2027	<input checked="" 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	Leased and Rented Equipment			CP3268301	5/4/2026	5/4/2027	Limit	\$50,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation coverage applies in Minnesota, Nebraska, South Dakota, and Iowa.

CERTIFICATE HOLDER City of Valley City Valley City Auditor 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 
---	--



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: Enterprise Electric, Inc.
Owner: Kory Grise Ryan Hammond
Mailing Address: 1234 E. Main St.
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-845-2442
Email Address: enterprise-electric@hotmail.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):

M3254 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

A 05.04.2026

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

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

ND KOTA STATE
ELECTRICAL
BOARD

**MASTER LICENSE
EXAM/ND**

Number: M 3254 Expires: April 30, 2027

Issued To: KORY GRISE
FARGO, ND 58104

President: Rod Mayer

Secretary: James Brandenburg

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 32407

CLASS: A

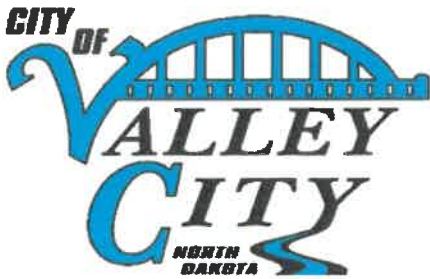
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **ENTERPRISE ELECTRIC, INC.** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

ENTERPRISE 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 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: Enterprise Sales Co.
Owner: Greg Burchill
Mailing Address: PO Box 787 : 1213 E Main St.
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-845-1272
Email Address: derek@enterprisesalesco.com
Today's Date: 5/6/26

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:

on file Certificate of Liability Insurance, City of Valley City as certificate holder

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

Current copy of State Contractor License,

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

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

LICENSE FEE: \$100 if initial application, make checks payable to City of Valley City
 \$50 if renewal application Pd 05.08.2026

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: 51105

CLASS: A

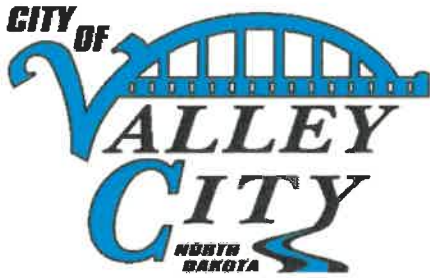
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **ENTERPRISE SALES COMPANY** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

ENTERPRISE SALES COMPANY 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 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: FreeMan Enterprise
 Owner: Khulub Smith
 Mailing Address: 6600 2nd ST NW
 City, State Zip Code: Valley City, ND, 58072
 Phone Number: 701-890-4790
 Email Address: khulub_smith@outlook.com
 Today's Date: 05-13-2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 06453520 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** *fj 05.14.2026*

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: 000053520

CLASS: D

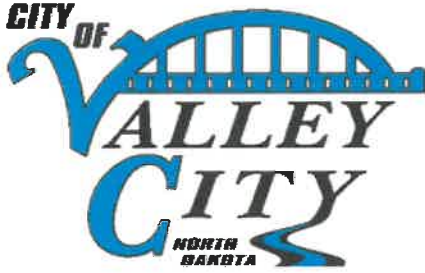
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **FreeMan Enterprise** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

FreeMan Enterprise 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 5, 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: Grafstrom Construction
Owner: Hans Grafstrom
Mailing Address: 1809 43rd St. N. STE A
City, State Zip Code: Fargo, ND 58102
Phone Number: 701-433-1539
Email Address: office@grafstrom.co
Today's Date: April 30, 2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 52478 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 05.04.2026*

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

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 52478

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **GRAFSTROM CONSTRUCTION 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.

GRAFSTROM CONSTRUCTION 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 black ink that reads "Michael Howe". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

GRAFSTROM CONSTRUCTION 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 # 52478



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/30/2026

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 Bell Insurance PO Box 1470 Fargo ND 58107	CONTACT NAME: Caeleigh Myrvik PHONE (A/C, No, Ext): 701-765-6512 E-MAIL ADDRESS: cmyrvik@bell.insurance	FAX (A/C, No): 701-239-0009													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Emcasco</td> <td>21407</td> </tr> <tr> <td>INSURER B : Employers Mutual Casualty Comp</td> <td>21415</td> </tr> <tr> <td>INSURER C : Lloyds of London</td> <td>1122000</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> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Emcasco	21407	INSURER B : Employers Mutual Casualty Comp	21415	INSURER C : Lloyds of London	1122000	INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : Emcasco	21407														
INSURER B : Employers Mutual Casualty Comp	21415														
INSURER C : Lloyds of London	1122000														
INSURER D :															
INSURER E :															
INSURER F :															
INSURED Grafstrom Construction, LLC 1809 43rd St N - Unit A Fargo ND 58102	GRAFCON-01														

COVERAGES

CERTIFICATE NUMBER: 2123559196


REVISION NUMBER:

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

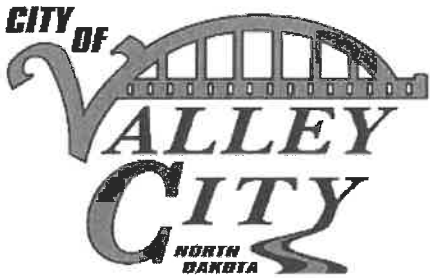
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Employers Liabil		6D20252	4/30/2026	4/30/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap Liabilit \$ 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		6E20252	4/30/2026	4/30/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		6J20252	4/30/2026	4/30/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ 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? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
A	Contractors E&O		6D20252	4/30/2026	4/30/2027	Occurrence/Aggregate 1000000/2,000,000
B	Builders Risk/Installation		6C20252	4/30/2026	4/30/2027	Per Site/Per Disaster 500,000/1,000,000
C	Pollution Liability		CPL00231001	6/10/2024	6/10/2026	Occurrence/Aggregate 2000000/3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Pollution Liability: \$2,000,000 per occurrence/\$3,000,000 aggregate limit

CERTIFICATE HOLDER**CANCELLATION**

City of Valley City, North Dakota 254 2nd Ave NE Valley City ND 58072	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	---

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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: Grotberg Electric, Inc. dba: Triton Mechanical
Owner: _____
Mailing Address: PO Box 426
City, State Zip Code: Valley City, ND 58072
Phone Number: 701.845.3010
Email Address: gei@grotbergelectric.com
Today's Date: 04-30-2026

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

_____ Contractor _____ Electrician _____ Plumber X Mechanical

State License Numbers (provide all that apply):

_____ Electrician _____ Plumber 784 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: _____ \$100 if initial application, make checks payable to City of Valley City
 X \$50 if renewal application *PS 05.04.2024*

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
CONTRACTORS BOARD

MASTER LICENSE
EXAM/ND

Number: M 2358 Expires: April 30, 2027

Issued To: KYLER SORBY
FORT RANSOM, ND 58033

President: Rod Mayer

Secretary: James Brandenburg

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 784

CLASS: A

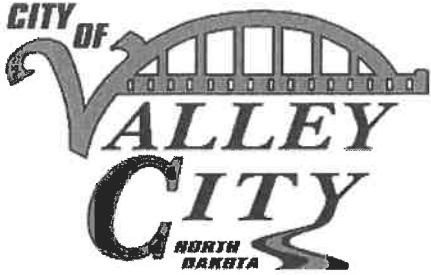
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **GROTBERG ELECTRIC INC.** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

GROTBERG 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 26, 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: Grotberg Electric, Inc.
Owner: _____
Mailing Address: PO Box 426
City, State Zip Code: Valley City, ND 58072
Phone Number: 701.845.3010
Email Address: gei@grotbergelectric.com
Today's Date: 04-30-2026

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

_____ Contractor Electrician _____ Plumber _____ Mechanical

State License Numbers (provide all that apply):

M2358 Electrician _____ Plumber 784 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** 65.04.2024

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

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



MASTER LICENSE

EXAM/ND

Number: M 2358 **Expires:** April 30, 2027

Issued To: KYLE R SORBY
FORT RANSOM, ND 58033

President: Rod Mayer

Secretary: James Brandenburg

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 784
CLASS: A

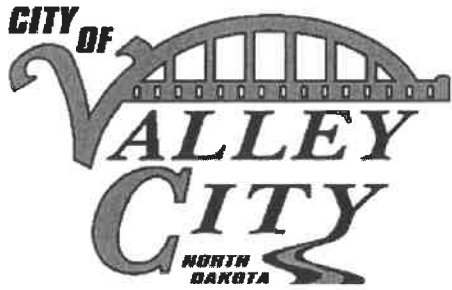
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **GROTBERG ELECTRIC INC.** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

GROTBERG 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 26, 2026

A handwritten signature in black ink that reads "Michael Howe". The signature is written in a cursive style with a long, sweeping underline.

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: Herzog Roofing, Inc.
Owner: Mike Herzog
Mailing Address: PO Box 245
City, State Zip Code: Detroit Lakes, MN 56502
Phone Number: (218)847-1121
Email Address: Sally@HerzogRoofing.com
Today's Date: 04/29/2026

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

X Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 3686, 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

N/A 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 05.04.2026

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)
04/29/2026

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
McGriff, a Marsh & McLennan Agency LLC Company
2000 International Park Drive
Suite 600
Birmingham, AL 35243

CONTACT NAME: Brooke Dawson
PHONE (A/C, No, Ext): 1-800-476-2211 **FAX (A/C, No):**
E-MAIL ADDRESS: brooke.dawson@marshmma.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :Arch Insurance Company	11150
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Herzog Roofing, Inc.
PO BOX 245
Detroit Lakes, MN 56502

COVERAGES

CERTIFICATE NUMBER:XA6NF7L6

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU Coverage GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			ZAGLB1021607	05/01/2026	05/01/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							MED EXP (Any one person)	\$ 15,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> AUTOS ONLY			ZACAT1041107	05/01/2026	05/01/2027	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 <input checked="" type="checkbox"/> RETENTION \$			ZAULP1061207	05/01/2026	05/01/2027	EACH OCCURRENCE	\$ 2,000,000
							AGGREGATE	\$ 2,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			ZAWCI1001207	05/01/2026	05/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
								\$
								\$
								\$
								\$

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

CERTIFICATE HOLDERCity of Valley City
254 2nd Avenue 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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 3686

CLASS: A

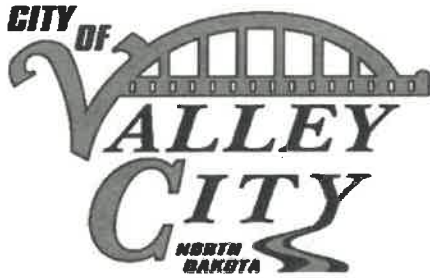
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **HERZOG ROOFING, INC.** whose address is in DETROIT LAKES, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

HERZOG ROOFING, 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 12, 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: Hope Electric
Owner: Joe McCullough
Mailing Address: PO BOX 220
City, State Zip Code: Hope, ND 58046
Phone Number: 701-945-2460
Email Address: amandas@hopeelectric.com
Today's Date: 4/30/2026

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

Contractor Electrician _____ Plumber _____ Mechanical

State License Numbers (provide all that apply):

MA1287 Electrician _____ Plumber 25484 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 *pf 65.01.2026*

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

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

HOPE ELECTRIC, INC.

Class A - 25484



Request Certificate

<i>Class Type</i>	Class A
<i>License Num</i>	25484
<i>Status</i>	Active
<i>Renewal Date</i>	3/1/2027
<i>Inactive Date</i>	N/A
<i>Mailing Address</i>	PO BOX 220 HOPE, ND 58046-0220
<i>Standing - Other</i>	Good
<i>Standing - WSI</i>	Good
<i>Standing - Job Service</i>	Good
<i>Standing - Business</i>	Good
<i>Business Phone</i>	(701) 945-2460
<i>Registration Date</i>	03/28/1993
<i>Certification of Liability Insurance Expiration Date</i>	11/29/2026



View History

ATTACHED IS YOUR NEW IDENTIFICATION CARD. PLEASE REPLACE YOUR CURRENT CARD WITH THIS NEW CARD.

THIS IDENTIFICATION CARD SHALL BE YOUR POSSESSION WHEN DOING ELECTRICAL WORK PER N.D. ADMIN. RULES. YOU SHOULD ALSO HAVE IN YOUR POSSESSION CURRENT GOVERNMENT-ISSUED PICTURE IDENTIFICATION CARD.



Number m 1287

exp 4.30.27

State of North Dakota

SECRETARY OF STATE



Certificate of Good Standing of HOPE ELECTRIC, INC.

SOS Control ID#: 0000037091

Certificate #: 028477133-1

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

HOPE ELECTRIC, INC.

a Corporation - Business - Domestic was formed under the laws of NORTH DAKOTA and filed with this office effective October 28, 1991. 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: February 12, 2026

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

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/28/2026

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 Ihry Insurance Agency, Inc. 1291 13th Ave E West Fargo ND 58078	CONTACT NAME: Ihry CL Service PHONE (A/C No., Ext): 701-492-2228 E-MAIL ADDRESS: IhryCLService@ihryins.com	FAX (A/C No.): 701-532-0570
	INSURER(S) AFFORDING COVERAGE	
INSURED Hope Electric, Inc. 801 Steele Ave PO Box 220 Hope ND 58046	License#: 16098953 HOPEELE-01	INSURER A : State Auto Mutual Insurance Company NAIC # 25135 INSURER B : Auto Owners Insurance Company 18988 INSURER C : State Auto Meridian Security Insurance Company 23353 INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER: 177850412** **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:			10049968CP	11/29/2025	11/29/2026	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 \$
B	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 NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/>			5482641400	11/29/2025	11/29/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A			WCP2299756	11/29/2025	11/29/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Leased/Rented Equipment			10049968CP	11/29/2025	11/29/2026	\$500,000
A	Employers Liab/ND Stop Gap			10049968CP	11/29/2025	11/29/2026	\$1M / \$1M / \$1M

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

CERTIFICATE HOLDER Valley City 220 3rd St 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 



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: Horsley Specialties, Inc.
Owner: Zack Horsley
Mailing Address: 2610 20 Avenue South, Suite B
City, State Zip Code: Moorhead, MN 56560
Phone Number: 218-236-5081
Email Address: pnelson@horsleyspecialties or jordanw@horsleyspecialties.com
Today's Date: 04-29-2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 4552 Class A Contractor

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

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

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

Current copy of State Electrician and/or Plumber License

Current copy of State Contractor License,

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

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

LICENSE FEE: \$100 if **initial application**, make checks payable to City of Valley City
 \$50 if **renewal application** *11 05.01.2024*

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)
12/23/2025

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.

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.

PRODUCER: Holmes Murphy & Associates, 2727 Grand Prairie Parkway, Waukee IA 50263
CONTACT NAME: Carson Boyle, PHONE: 605-333-2441, FAX: (A/C, No.):
E-MAIL ADDRESS: Cboyle@holmesmurphy.com
INSURER(S) AFFORDING COVERAGE: NAIC #
INSURER A: Nautilus Insurance Company, 17370
INSURER B: Great Divide Insurance Company, 25224
INSURER C: United Fire & Casualty Company, 13021
INSURER D:
INSURER E:
INSURER F:

COVERAGES CERTIFICATE NUMBER: 1460448236 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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL SUBR INSD | WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Rows include Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation and Employers' Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: License to do work in the City of Valley City, ND
City of Valley City is an Additional insured as respects General Liability, Auto Liability, and Excess Liability when required by written contract with the insured, per policy terms and conditions.

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: Kari Coolidge

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 4552
CLASS: A

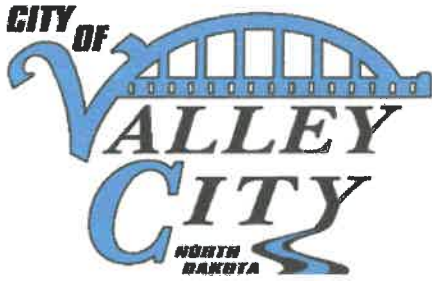
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **HORSLEY SPECIALTIES, INC.** whose address is in RAPID CITY, SD, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

HORSLEY SPECIALTIES, 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". The signature is written in a cursive style with a long horizontal flourish extending to the right.

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: J & K Seamless, Inc
Owner: Jeff Underem / Kent Underem
Mailing Address: 1122 E Main St
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-845-2819
Email Address: underem7@outlook.com
Today's Date: 5-4-2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 40456 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 65.4.2026

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: 40456

CLASS: C

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **J & K SEAMLESS, 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.

J & K SEAMLESS, INC. 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: February 11, 2026

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

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/04/2026

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 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	CHRIS KVILVANG 348 Main St E PO Box 493 Valley City, ND 58072 701-845-2912	CONTACT NAME: Chris Kvilvang PHONE (A/C No./Ext): 7018452912 FAX (A/C.No.): E-MAIL ADDRESS: ckoffice@nodakins.com
		INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: Nodak Insurance Company 34592 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED	J&K SEAMLESS INC 1122 E MAIN ST VALLEY CITY,ND 58072	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input type="checkbox"/> <input type="checkbox"/>	BPND000001595	11/01/2025	11/01/2026	EACH OCCURRENCE \$1 Million DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5000 PERSONAL & ADV INJURY \$1 Million GENERAL AGGREGATE \$2 Million PRODUCTS-COMP/OP AGG \$2 Million				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC									
	A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				<input type="checkbox"/> <input type="checkbox"/>	CAND000001271	11/01/2025	11/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$1 Million BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE				<input type="checkbox"/> <input type="checkbox"/>				EACH OCCURRENCE AGGREGATE
DED <input type="checkbox"/> RETENTION										
A	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				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE-EA EMPLOYEE \$ E.L. DISEASE-POLICY LIMIT \$				
A		<input type="checkbox"/> <input type="checkbox"/>								

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

Carpentry Construction

CERTIFICATE HOLDER

City of Valley City
230 3rd St 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

Chris Kvilvang Agency

#211



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: Johnny Bs Trees and service
Owner: John Borg
Mailing Address: 1162 33rd ST SE
City, State Zip Code: Valley City ND 58072
Phone Number: 701-490-2042
Email Address: bobcatman61@gmail.com
Today's Date: 5/6/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 000653613 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 emailed

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 05.14.2026 ck

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

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000053613

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **JOHNNY B'S TREES AND SERVICE** 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.

JOHNNY B'S TREES AND SERVICE 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 20, 2026

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

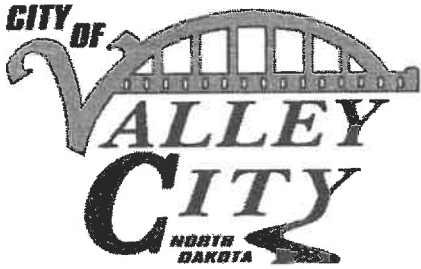
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

JOHNNY B'S TREES AND SERVICE

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 # 000053613



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: Karma Enterprises LLC DBA Asset Roofing
Owner: Jonathan Dahlgren
Mailing Address: 657 2nd Ave N Unit 2366
City, State Zip Code: Fargo, ND ~~58108~~ ⁵⁰ 58108
Phone Number: 855-527-6211
Email Address: karmaenterprisesllc@yahoo.com
Today's Date: April 28th, 2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 40839 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 05.01.2026 ck*

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

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



KARMENT-01

BLILLY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/10/2026

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 East Suite 201 West Fargo, ND 58708	CONTACT NAME: Brittan Lilly PHONE (A/C, No, Ext): (402) 964-5465 E-MAIL ADDRESS: brittan.lilly@hubinternational.com FAX (A/C, No):		
	INSURER(S) AFFORDING COVERAGE		
INSURED Karma Enterprises, LLC DBA Asset Roofing 3523 45th Street S. Ste. 100 Fargo, ND 58104	INSURER A : Atlantic Casualty Insurance Company		NAIC # 42846
	INSURER B : Hanover American Insurance		36064
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			AC194000031-0	4/1/2026	4/1/2027	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 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			AHXM316502	4/1/2026	4/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

CANCELLATION

City of Valley City 254 2nd Ave NE Valley City, ND 58072	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 40839

CLASS: C

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **KARMA ENTERPRISES 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.

KARMA ENTERPRISES 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 \$300,000 in value.

Dated: January 7, 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: Keith's Air Conditioning, Refrigeration & Heating, Inc.
Owner: Keith Muldenhauer
Mailing Address: 1160 West main St.
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-845-3786
Email Address: heatandcoolwithus@gmail.com
Today's Date: 4-28-26

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** ps 05.01.2026

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/14/2026

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 World Insurance Associates, LLC 4554 38th Ave S Fargo ND 58104-8515	CONTACT NAME: PHONE (A/C, No, Ext): 701-293-5910	FAX (A/C, No): 218-394-9644
	E-MAIL ADDRESS: FIICLSR@worldinsurance.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Western National Assurance Company		24465
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		


INSURED KEITAIR-01
 KEITH'S AIR CONDITIONING REFRIGERATION & HEATING INC
 1160 WEST MAIN STREET
 VALLEY CITY ND 58072

COVERAGES **CERTIFICATE NUMBER:** 621579792 **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:			CPP 1367518	4/18/2026	4/18/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
							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	<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			CPP 1366581	4/18/2026	4/18/2027	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			UMB 1060744	4/18/2026	4/18/2027	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	CPP 1367518	4/18/2026	4/18/2027	PER STATUTE <input checked="" type="checkbox"/> OTH-ER	ND 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
A	Installation Floater			CPP 1367520	4/18/2026	4/18/2027	Equipment Floater	100,000

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

CERTIFICATE HOLDER City of Valley City 254 2nd Ave NE PO Box 390 Valley City ND 58072 USA	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 40185

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **KEITH'S AIR CONDITIONING, REFRIGERATION & HEATING, 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.

KEITH'S AIR CONDITIONING, REFRIGERATION & HEATING, 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 26, 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: Keith's Heating & Cooling, LLC
Owner: Alex Moldenhauer
Mailing Address: 1160 West Main St.
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-840-8528
Email Address: Keithsinc@hotmail.com
Today's Date: 4-28-26

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 05.01.2026*

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: 000048431

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Keith's Heating & Cooling LLC** 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.

Keith's Heating & Cooling LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 15, 2026

A handwritten signature in black ink that reads "Michael Howe". The signature is written in a cursive style with a long, sweeping underline.

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: Kenpat Central Florida, LLC
Owner: Paul Wolmarans
Mailing Address: 90 S. Bradshaw Rd
City, State Zip Code: Apopka, FL 32703
Phone Number: 407-464-7070
Email Address: mvenancio@kenpat.net
Today's Date: 04/29/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 000047724 Contractor

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

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

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

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

Current copy of State Contractor License,

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

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

LICENSE FEE: \$100 if initial application, make checks payable to City of Valley City
 \$50 if renewal application *pd 05.05.2026 cc*

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: 000047724

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Kenpat (Central Florida), LLC** whose address is in APOPKA, FL, 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.

Kenpat (Central Florida), LLC is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: March 9, 2026

Handwritten signature of Michael Howe in black ink.

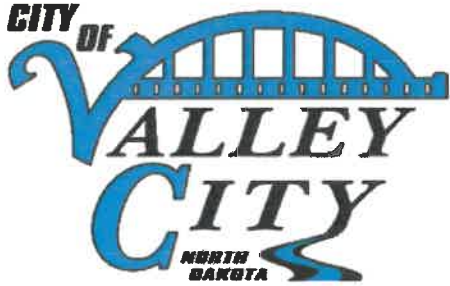
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

Kenpat (Central Florida), 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 # 000047724



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: Legacy Building Solutions, LLC
Owner: _____
Mailing Address: 19500 County Road 142
City, State Zip Code: South Haven MN 55382
Phone Number: 320-258-0500
Email Address: accounting@legacybuildingsolutions.com
Today's Date: April 30, 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** *pd 05.06.2026 ck*

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

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



**CUSTOM
TENSION
FABRIC
BUILDINGS**

Date: April 30, 2026
To: City of Valley City, North Dakota
From: Mike Lenzmeier, Manager
Re: Contractor License Application

Delivery Via: USPS Delivery

Dear Sir or Madam,

I am writing to you regarding our Company's (Legacy Building Solutions, LLC) renewal application for a Contractor's License with the City of Valley City.

Accompanying this letter, please find the following for your consideration:

- Completed Renewal Application for Contractor's License
- Certificate of Insurance, with the City of Valley City as certificate holder
- A copy of Legacy's current State Contractors License
- Application Fee of \$50

Thank you for your consideration of our request. Should you have any questions, please contact me at 320-258-0521 or via email at mlenzmeier@legacybuildingsolutions.com.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mike Lenzmeier", with a horizontal line extending to the right.

Mike Lenzmeier
Risk & Compliance Manager

North American Corporate Headquarters 19500 County Road 142, South Haven, MN 55382

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 40030

CLASS: A

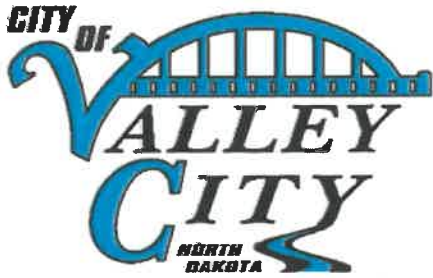
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Legacy Building Solutions, LLC** whose address is in SAINT AUGUSTA, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with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

Legacy Building Solutions, 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 26, 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: MANNING MECHANICAL, INC.
Owner: TIM HAGLIN
Mailing Address: 4210 19th AVENUE NORTH
City, State Zip Code: FARGO, ND. 58102
Phone Number: 701.293.9774
Email Address: THAGLIN@MANNINGMECHANICAL.COM
Today's Date: 4.29.26

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

Contractor NA Electrician Plumber Mechanical

State License Numbers (provide all that apply):

NA Electrician 2003 Plumber 37375 A Contractor

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

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

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

Current copy of State ~~Electrician and/or~~ Plumber License

Current copy of State Contractor License,

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

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

LICENSE FEE: _____ \$100 if initial application, make checks payable to City of Valley City
 \$50 if renewal application PJ 05.08.2024

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)
03/25/2026

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 North Risk Partners 622 Roosevelt Road Suite 240 St Cloud MN 56301-6363	CONTACT NAME: Seth Wymore, CIC
	PHONE (A/C, No, Ext): (218) 454-7117 FAX (A/C, No): (855) 927-6655 E-MAIL ADDRESS: seth.wymore@northriskpartners.com
INSURED Manning Mechanical, Inc. 4210 19th Ave North Fargo ND 58102	INSURER(S) AFFORDING COVERAGE INSURER A : United Fire & Casualty Group NAIC # 13021
	INSURER B : SFM Mutual Insurance Company 11347
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: 26-27 Master REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL 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		1022565186	03/31/2026	03/31/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 OTHER: \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		10047082612	03/31/2026	03/31/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ OTHER: \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		10008750377	03/31/2026	03/31/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 OTHER: \$
B	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 Y N/A	34748.218	04/01/2026	04/01/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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

Plumber

Name	Allan Hemstad
License No.	2003
Level	Master
Issued	12/09/2019
Valid Until	12/31/2026
Status	Valid - Exam

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 37375

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **MANNING MECHANICAL, INC.** 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.

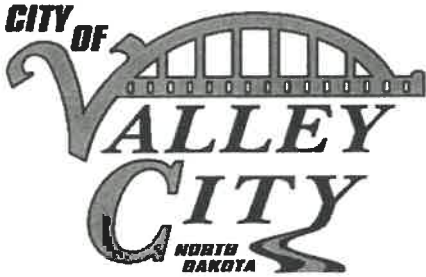
MANNING MECHANICAL, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: January 22, 2026

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

Michael Howe
Secretary of State

COPY



**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: Meridian Commercial Construction LLC

Owner: _____

Mailing Address: 6218 53rd Ave S

City, State Zip Code: Fargo, ND 58104

Phone Number: 701 356 0397

Email Address: accounting@mccfargo.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 34415 Class A Contractor

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

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

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

_____ Current copy of State Electrician and/or Plumber License

Current copy of State Contractor License,

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

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

LICENSE FEE: _____ \$100 if initial application, make checks payable to City of Valley City
 \$50 if renewal application *PJ 05.11.2026*

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

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



MERICOM-01

JSATROM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2025

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

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

PRODUCER Choice Insurance 4501 23rd Ave S Fargo, ND 58104	CONTACT NAME: Satrom / Muir	
	PHONE (A/C, No, Ext): (701) 356-9895	FAX (A/C, No): (701) 356-6461
E-MAIL ADDRESS: Insurance@insurewithchoice.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : The Cincinnati Insurance Companies		10677
INSURER B : The Cincinnati Casualty Company		28665
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Meridian Commercial Construction, LLC
6218 53rd Ave. S.
Fargo, ND 58104


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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Employers Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			EPP0766637	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ 2,000,000
							ND STOP GAP	\$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			EPP0766637	1/1/2026	1/1/2027	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"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			EPP0766637	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	EWC0766639	1/1/2026	1/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

City of Valley City 254 2nd Ave NE Valley City, ND 58072	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 34415

CLASS: A

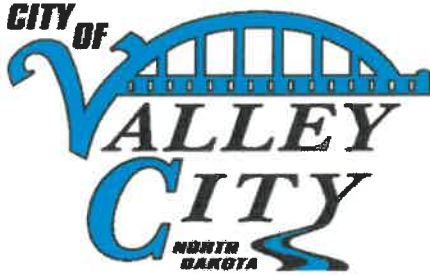
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **MERIDIAN COMMERCIAL CONSTRUCTION, LLC** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with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

MERIDIAN COMMERCIAL CONSTRUCTION, 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 23, 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: Mid-Continental Restoration Co. Inc
Owner: ESOP 100% Employee Owned
Mailing Address: Corporate: 401 E. Hudson St
City, State Zip Code: Fort Scott, KS 66701
Phone Number: 620-223-3700
Email Address: jenni_lackrone@midcontinental.com
Today's Date: 4/30/26

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:
n/a

LICENSE FEE: \$100 if **initial application**, make checks payable to City of Valley City
 \$50 if **renewal application** *Pd 05.05.2026 CC*

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: 2548

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **MID-CONTINENTAL RESTORATION COMPANY, INC.** whose address is in FORT SCOTT, KS, 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.

MID-CONTINENTAL RESTORATION COMPANY, 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 20, 2026

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

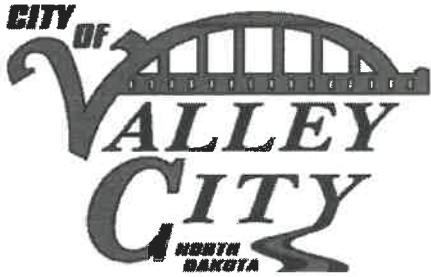
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

MID-CONTINENTAL RESTORATION COMPANY, 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 # 2548



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: Miller + Sons Drywall, Inc
Owner: corp.
Mailing Address: 2007 Main Ave E.
City, State Zip Code: West Fargo ND 58078
Phone Number: 701 282 4365
Email Address: Travis@mc.millerandsonsdrywall.com
Today's Date: 5-11-26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 3249 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 05.14.2026

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/11/2026

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 Choice Insurance, a Viance Company 4501 23rd Ave S Fargo ND 58104	CONTACT NAME: PHONE (A/C, No, Ext): 701-356-9895		FAX (A/C, No): 701-356-6461
	E-MAIL ADDRESS: Insurance@insurewithchoice.com		
INSURED MILL&SO-01 Miller & Sons Drywall, Inc. 2007 Main Ave East West Fargo ND 58078	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Western National Mutual Ins Co		15377
	INSURER B : Acuity		14184
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES

CERTIFICATE NUMBER: 109958513


REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CPP 1370567	4/1/2026	4/1/2027	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 - COMPI/OP AGG	\$ 2,000,000
								\$
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			CPP 1370281	4/1/2026	4/1/2027	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			UMB 1061195	4/1/2026	4/1/2027	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	ZZ3434	4/1/2026	4/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER MN	
							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 220 3rd St 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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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 3249

CLASS: A

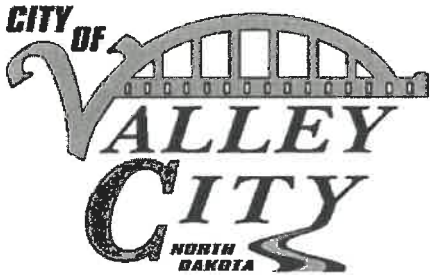
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **MILLER & SONS DRYWALL, INC.** whose address is in WEST FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all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

MILLER & SONS DRYWALL, 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 2, 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: Northland Glass: Glazing LLC
Owner: Nolen Bertsch
Mailing Address: 3311 39th Street South
City, State Zip Code: Fargo ND 58104
Phone Number: 701-277-8700
Email Address: aceountrig@nggnd.com
Today's Date: 5/6/26

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

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

State License Numbers (provide all that apply):

[] Electrician [] Plumber 38837 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] \$50 if renewal application 6.11.2026

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

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 38837

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **NORTHLAND GLASS AND GLAZING, 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.

NORTHLAND GLASS AND GLAZING, 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 23, 2026

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

Michael Howe
Secretary of State



NORTGLA-01

AGLANZER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/9/2026

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 Choice Insurance, a Viance Company 4501 23rd Ave S Fargo, ND 58104	CONTACT NAME: Amy Glanzer	
	PHONE (A/C, No, Ext): (701) 551-3280	FAX (A/C, No):
E-MAIL ADDRESS: a.glanzer@insurewithchoice.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Acuity		14184
INSURER B : SFM Mutual Insurance Company		11347
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
Northland Glass and Glazing, LLC
3311 39th St S
Fargo, ND 58104

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			ZM0828	2/15/2026	2/15/2027	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 \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 ND STOP GAP \$ 1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			ZM0828	2/15/2026	2/15/2027	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 <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			ZM0828	2/15/2026	2/15/2027	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ Aggregate \$ 6,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			144794.204	2/15/2026	2/15/2027	<input checked="" 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

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

CERTIFICATE HOLDER

CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE



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: Northland Sheds Inc
Owner: Derek Wipf
Mailing Address: 1102 Industrial Drive, Ste 1
City, State Zip Code: Milbank SD 57252
Phone Number: 866-568-7174
Email Address: leon@northlandsheds.com
Today's Date: 4-28-2026

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 85.04.2026

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: 57789

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **NORTHLAND SHEDS, INC.** whose address is in MILBANK, SD, 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.

NORTHLAND SHEDS, INC. 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 29, 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: Northland Window & Door
Owner: Curt West & Evan West
Mailing Address: PO Box 2032
City, State Zip Code: Jamestown, ND 58402
Phone Number: 701-320-9918
Email Address: curtnorthlandwindow@hotmail.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 000049830 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 Pl 05.04.2024

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: 000049830

CLASS: C

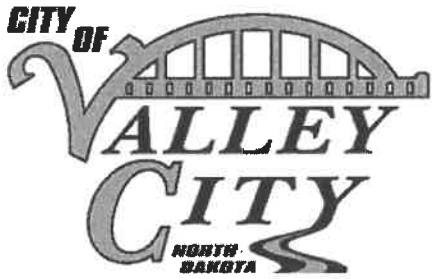
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **NORTHLAND WINDOW AND DOOR LLC** whose address is in JAMESTOWN, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all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

NORTHLAND WINDOW AND DOOR 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 \$300,000 in value.

Dated: March 5, 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: NOVA Fire Protection, Inc.
Owner: Nick Evans
Mailing Address: 1424 44th St N
City, State Zip Code: Fargo, ND 58102
Phone Number: 701-282-0268
Email Address: ap@novafire.com
Today's Date: 4/28/2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 33456 Class A Contractor

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

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

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

Current copy of State Electrician and/or Plumber License

Current copy of State Contractor License,

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

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

LICENSE FEE: \$100 if initial application, make checks payable to City of Valley City
 \$50 if renewal application *Pd 05.11.2026*

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)

4/29/2026

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: Brandon Hickcox PHONE (A/C, No, Ext): 701-237-3311 E-MAIL ADDRESS: brandon.hickcox@marshmma.com	FAX (A/C, No): 701-232-4442
	INSURER(S) AFFORDING COVERAGE	
INSURED Nova Fire Protection, Inc. 1424 44th St N. Fargo ND 58102	INSURER A: Phoenix Insurance Company	NAIC # 25623
	INSURER B: Travelers Property Casualty Co	25674
	INSURER C: Travelers Indemnity Company of	25682
	INSURER D: Charter Oak Fire Insurance Com	25615
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 550974438

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CO8M677741	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
							\$
C	<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		8108M667262	1/1/2026	1/1/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CUP8M725386	1/1/2026	1/1/2027	EACH OCCURRENCE	\$ 10,000,000
						AGGREGATE	\$ 10,000,000
							\$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> N/A	UB8M667194	1/1/2026	1/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER ND StopGap E.L.	
						E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Installation Floater Equipment Floater		6603N802471	1/1/2026	1/1/2027	Limit at Location Leased/Rented Limit Equipment Deductible	\$100,000 \$100,000 \$1,000

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

Workers Compensation policy applies in AZ, CO, IA, MN, MT, NE, OR, and SD. Workers Compensation policy includes North Dakota StopGap Employer's Liability coverage. Workers Compensation Coverage excludes Mike Evans and Nick Evans as relates to AZ, CO, OR, and MN. Certificate holder and others required by written contract are included as additional insured on the General Liability policy per form CGD604 (coverage applies to ongoing and completed operations if required in written contract, and is primary/noncontributory per form CGT1000) and on the Automobile policy per form CAT353 when required by written contract. Coverage is primary and non-contributory. Waivers of subrogation apply on the General Liability policy per form CGD316, on the Automobile policy per form CAT353 and on the Workers Compensation policy when required by written contract. Additional Insured status on a primary and non-contributory basis and waiver of subrogation on the umbrella policy follow form of underlying policies when required by written contract.

Re: Contractor License(s)

CERTIFICATE HOLDER**CANCELLATION**

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

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

AUTHORIZED REPRESENTATIVE

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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 33456

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **NOVA FIRE PROTECTION, INC.** 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.

NOVA FIRE PROTECTION, 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 20, 2026

A handwritten signature in black ink that reads "Michael Howe". The signature is written in a cursive style with a long horizontal flourish extending to the right.

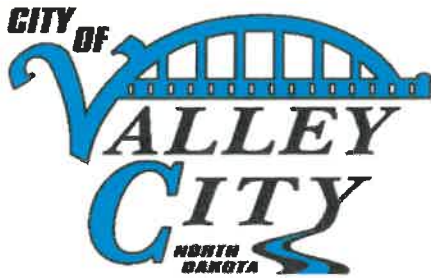
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

NOVA FIRE PROTECTION, 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 # 33456



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: PEC Solutions of the Dakotas LLC
Owner: PEC Solutions LLC
Mailing Address: 3451 University Drive South
City, State Zip Code: Fargo, ND 58104
Phone Number: 701-364-5678
Email Address: licensing@archkey.com
Today's Date: April 29, 2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

M2795 Electrician _____ Plumber 853 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 05.05.2026 ll*

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

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



ADDITIONAL REMARKS SCHEDULE

AGENCY Bowen, Miclette & Britt Insurance Agency, LLC		NAMED INSURED See Page 1	
POLICY NUMBER See Page 1			
CARRIER See Page 1	NAIC CODE See Page 1	EFFECTIVE DATE: See Page 1	

ADDITIONAL REMARKS

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

Contractors Professional / Contractors Pollution
 Carrier: Pacific Insurance Company, Ltd NAICS #10046
 Policy # 34CPIAE6735
 Effective date: 6/1/2025 Expiration date: 6/1/2026
 Contractors Professional: \$5,000,000 each claim / \$5,000,000 aggregate
 Contractors Pollution: \$5,000,000 each claim / \$10,000,000 aggregate

Contractors Equipment / Installation Floater
 Carrier: TransGuard Insurance Co of America NAICS #28886
 Policy # IMP400370300
 Effective date: 6/1/2025 Expiration date: 6/1/2026
 Installation any one job site: \$5,000,000
 Installation all job sites: \$5,000,000
 At your Fabrication or assembly location: \$5,000,000
 Temporary Storage or Unscheduled locations: \$5,000,000
 While in Transit: \$5,000,000
 Riggers Liability: \$1,000,000

Leased/Rented equipment any one item: \$1,000,000
 Leased/Rented equipment any one occurrence: \$1,500,000

Crime / Client Property
 Carrier: XL Specialty Insurance Company NAICS #37885
 Policy # ELU20393825
 Effective date: 6/1/2025 Expiration date: 6/1/2026
 Limit: \$5,000,000

Cyber Liability
 Carrier: Beazley Excess and Surplus Lines Insurance Co NAICS #17520
 Policy # D375A4250201
 Effective date: 6/1/2025 Expiration Date: 6/1/2026
 Each occurrence: \$5,000,000
 Aggregate: \$5,000,000

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 853
CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **PEC Solutions of the Dakotas 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.

PEC Solutions of the Dakotas 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".

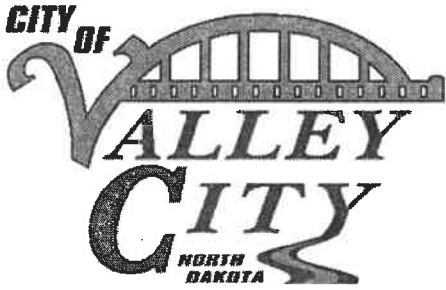
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

PEC Solutions of the Dakotas 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 # 853



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: Peterson Mechanical Inc.
Owner: David Peterson
Mailing Address: 3001 1st Ave N
City, State Zip Code: Fargo, ND 58102
Phone Number: 701-293-7206
Email Address: permits@petersonmech.com
Today's Date: 4/30/20

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician 9417 Plumber 2217A 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 pf 65.11.2024

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)
12/31/2025

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

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


PRODUCER Bell Insurance PO Box 1470 Fargo ND 58107	CONTACT NAME: Amy Johnston PHONE (A/C, No, Ext): 701-237-6414 E-MAIL ADDRESS: ajohnston@bell.insurance	FAX (A/C, No): 701-239-0009
	INSURER(S) AFFORDING COVERAGE	
INSURED Peterson Mechanical, Inc. 3001 1st Ave N Fargo ND 58102	NAIC #	
	INSURER A: Citizen Insurance Company of A 31534	
	INSURER B: The Hanover Insurance Company 22292	
	INSURER C: The Hanover American Insurance 36064	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 1593609260 **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:		ZBXJ267480	12/31/2025	12/31/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		AHXJ267539	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0		UHXJ26748100	12/31/2025	12/31/2026	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WZXJ267591	12/31/2025	12/31/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Installation Floater Leased / Rented Equipment		IHXJ271393	12/31/2025	12/31/2026	Jobsite Deductible Limit 650,000 2,500 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Contractor's License.;

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 

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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 2217

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **PETERSON MECHANICAL, INC.** 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.

PETERSON 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: February 18, 2026

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

Michael Howe
Secretary of State

NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Michael Peterson

License Type: Plumber

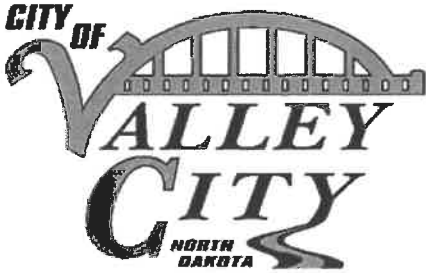
License Level: Master

License No.: 9417

Issue Date: 05/20/1994

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: Pierce Lee Roofing
 Owner: Michael Bullinger
 Mailing Address: 8219 23rd St N
 City, State Zip Code: Fargo, ND 58102
 Phone Number: 701-232-7023
 Email Address: Accounting@plroofing.com
 Today's Date: 5/5

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 44803 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 pl 05.07.2026 ck

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: 44803

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **PIERCE LEE ROOFING, 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.

PIERCE LEE ROOFING, 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 11, 2026

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

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/6/2026

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 Vaaler Insurance, A Marsh & McLennan Agency LLC Company 4803 38th St S Suite 101 Fargo ND 58104	CONTACT NAME: Tricia Rudnick PHONE (A/C, No, Ext): 701-298-8200 FAX (A/C, No): 701-235-9405 E-MAIL ADDRESS: trudnick@vaaler.com														
INSURED WESTPRO-01 Western Products Inc. Pierce Lee Roofing LLC PO Box 2426 Fargo ND 58108	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : SECURA INSURANCE COMPANY</td> <td style="text-align: center;">22543</td> </tr> <tr> <td>INSURER B : IRONSHORE SPECIALTY INSURANCE</td> <td style="text-align: center;">25445</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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : SECURA INSURANCE COMPANY	22543	INSURER B : IRONSHORE SPECIALTY INSURANCE	25445	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : SECURA INSURANCE COMPANY	22543														
INSURER B : IRONSHORE SPECIALTY INSURANCE	25445														
INSURER C :															
INSURER D :															
INSURER E :															
INSURER F :															

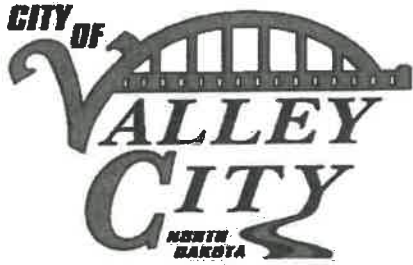
COVERAGES **CERTIFICATE NUMBER:** 226727054 **REVISION NUMBER:**

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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			3315771	1/1/2026	1/1/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1M/2M
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			3315772	1/1/2026	1/1/2027	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 type="checkbox"/> RETENTION \$			3315773	1/1/2026	1/1/2027	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 \$ PER STATUTE OTH-ER
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				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A B	Equipment Pollution			3315771 ICELLUW00166322	1/1/2026 10/28/2025	1/1/2027 10/28/2026	Leased Equipment Pollution 200,000 2M/2M

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability policy includes North Dakota Stop Gap Employers Liability endorsement with limits of \$1M Each Accident / \$1M Each Employee / \$1M Policy Limit.

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
--	--



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: Precision Concrete Cutters Ram Jack North
Owner: Terry Leabo
Mailing Address: 5002 19th St N
City, State Zip Code: Fargo, ND 58102
Phone Number: 701-280-7038
Email Address: lacie@pccnd.com
Today's Date: 4/29/2026

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
 \$50 if renewal application Pd 05.06.2026

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: 000041485

CLASS: A

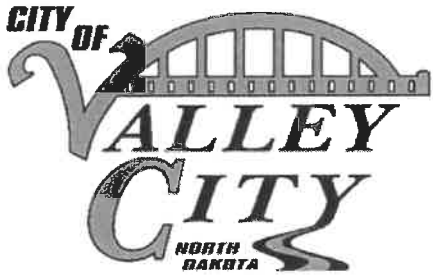
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **PRECISION CONCRETE CUTTERS, INC.** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all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

PRECISION CONCRETE CUTTERS, 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 30, 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: Quality Coatings & Tile, LLC
Owner: Quality Companies, Inc
Mailing Address: 3918 37th Ave. S
City, State Zip Code: Fargo, ND 58104
Phone Number: 701-232-2418
Email Address: AP@GCTFARGO.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 05.06.2026 ck

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

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



QUALCOA-01

BBALDONADO

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/9/2025

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

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

PRODUCER
Choice Insurance
4501 23rd Ave S
Fargo, ND 58104

CONTACT NAME: Amy Glanzer
PHONE (A/C, No, Ext): (701) 551-3280
E-MAIL ADDRESS: a.glanzer@insurewithchoice.com
FAX (A/C, No):

INSURER(S) AFFORDING COVERAGE NAIC #
INSURER A: Western National Mutual Ins Co 15377
INSURER B: Westchester Surplus Lines Insurance Company 10172
INSURER C:
INSURER D:
INSURER E:
INSURER F:

INSURED
Quality Coatings & Tile, LLC DBA Herzog Coatings
3918 37th Ave S
Fargo, ND 58104

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL 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		CPP 1265177	6/1/2025	6/1/2026	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 - COM/PROP AGG \$ 2,000,000 ND STOP GAP \$ 1,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CPP 1264150	6/1/2025	6/1/2026	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 CLAIMS-MADE DED. <input checked="" type="checkbox"/> RETENTION \$ 10,000		UMB 1044842	6/1/2025	6/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> N N/A If yes, describe under DESCRIPTION OF OPERATIONS below		WCV 1034519	6/1/2025	6/1/2026	<input checked="" type="checkbox"/> PER STATE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input checked="" type="checkbox"/> Installation Floater		CPP 1265178	6/1/2025	6/1/2026	Installation Floater \$ 50,000
B	<input checked="" type="checkbox"/> Pollution Liability		G73558608	6/1/2025	6/1/2026	\$2,000,000 Ea. Occur 2,000,000

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

Valley City Public Works Service Center
Job Number 101280
Project Address: 1416 Main St. E
Valley City, ND 58072

CERTIFICATE HOLDER

City of Valley City
1416 Main St. E
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

Carl Kee

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000045099

CLASS: A

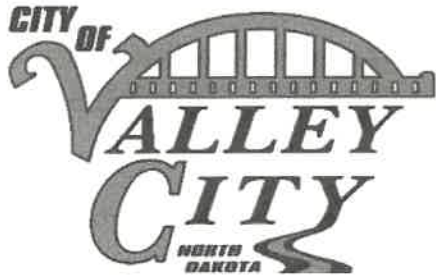
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Quality Coatings & Tile, LLC** whose address is in FARGO, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

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

Dated: March 2, 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: Rich Berg Construction
Owner: Rich Berg
Mailing Address: 1425 3rd AVE NE
City, State Zip Code: Valley City ND 58072
Phone Number: 701-845-4091
Email Address: lrberg1@gmail.com
Today's Date: 4-30-26

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

Contractor _____ Electrician _____ Plumber _____ Mechanical

State License Numbers (provide all that apply):

_____ Electrician _____ Plumber 32841 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 65.04.2026

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: 32841

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **RICHARD BERG CONSTRUCTION** 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.

RICHARD BERG CONSTRUCTION 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 10, 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: RJ'S Plumbing & Heating Inc
Owner: Ron Borenseh
Mailing Address: Po Box 664
City, State Zip Code: Valley City ND 58072
Phone Number: 701-845-5715
Email Address: rjsplumbing@live.com
Today's Date: 4-30-26

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: \$50 \$100 if initial application, make checks payable to City of Valley City
\$50 if renewal application pd 05.04.2026

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

Plumber

Name Ronald Sorensen

License No. 8619

Level Master

Issued 04/14/1986

Valid Until 12/31/2026

Status **Valid - Exam**

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 30974

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **R J'S PLUMBING & HEATING, 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.

R J'S PLUMBING & HEATING, 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 26, 2026

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

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

R J'S PLUMBING & HEATING, 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 # 30974



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/31/2025

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 E-MAIL ADDRESS: melissa.schroeder@insureforward.com FAX (A/C, No): (701) 845-1749																				
	<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>Acuity Insurance</td> <td>14184</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Acuity Insurance	14184	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:	
INSURER(S) AFFORDING COVERAGE		NAIC #																			
INSURER A:	Acuity Insurance	14184																			
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Rj's Plumbing & Heating Inc 460 Winter Show Rd SE Valley City ND 58072																					

COVERAGES **CERTIFICATE NUMBER:** master 26/27 **REVISION NUMBER:**

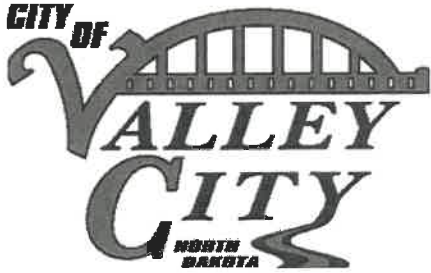
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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:			FC7385	01/06/2026	01/06/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			FC7385	01/06/2026	01/06/2027	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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			FC7385	01/06/2026	01/06/2027	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$ PER STATUTE OTH-ER
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	FC7385	01/06/2026	01/08/2027	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 City of Valley City 220 3rd St 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: Solutions
Owner: Lemars Deyke
Mailing Address: 713 9th Ave. W
City, State Zip Code: W. Fargo, ND 58078
Phone Number: 701-238-2301
Email Address: Lemars @ SolutionsWF.net
Today's Date: 4-28-26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 47059 Contractor

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

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

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

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

Current copy of State Contractor License,

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

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

LICENSE FEE: \$100 if initial application, make checks payable to City of Valley City
 \$50 if renewal application pd 05, 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: 47059

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **SOLUTIONS** 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.

SOLUTIONS 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 5, 2026

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

Michael Howe
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/29/2026

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 Ryan Kill 540 Oak Ridge Way E West Fargo ND 580788008	CONTACT NAME: Ryan Kill PHONE (A/C, No, Ext): 701-893-3000 E-MAIL ADDRESS: ryan.kill.d3xq@statefarm.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURER A: State Farm Fire and Casualty Company		25143
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED FIELDSTONE PROPERTIES LLC
713 9TH AVE W
WEST FARGO ND 580782529

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

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

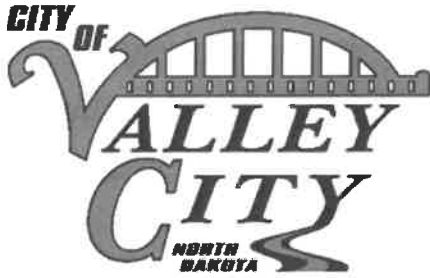
INSR LTR	TYPE OF INSURANCE	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	N	N	94-AP-1024-7	04/11/2026	04/11/2027	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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	N/A		94-BU-8177-2	05/23/2025	05/23/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<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 **CANCELLATION**

City of Valley City 220 3rd St NE VALLEY CIY 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 This form was system-generated on 04/29/2026
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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: Sprinturf LLC
Owner: Justin Reddy
Mailing Address: 146 Fairchild St. ste 150
City, State Zip Code: Daniel Island SC 29492
Phone Number: (843) 936-6023
Email Address: caleb.burchfield@sprinturf.com
Today's Date: 4/28/2026

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** *pd 05.11.2026 CC*

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: 000050191

CLASS: A

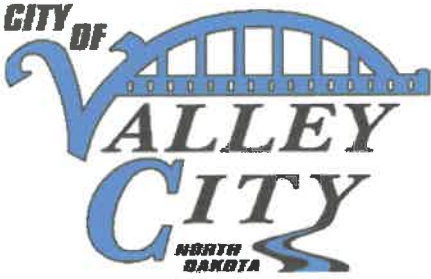
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **SPRINTURF, LLC** whose address is in DANIEL ISLAND, SC, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

SPRINTURF, 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 28, 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: Tim's Plumbing
Owner: Tim Frueh
Mailing Address: 14006 37th St SE
City, State Zip Code: Buffalo, ND 58011
Phone Number: 701-371-4830
Email Address: Timsplumbing15@gmail.com
Today's Date: April 30, 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 DD 05,04,2026

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: 56704

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **TIM'S PLUMBING 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.

TIM'S PLUMBING 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: February 25, 2026

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

Michael Howe
Secretary of State

NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Tim Frueh

License Type: Plumber

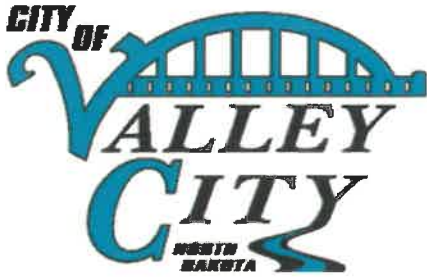
License Level: Master

License No.: 8706

Issue Date: 02/23/1987

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: Valley Flooring
Owner: Anders S Cole
Mailing Address: 209 1st Ave S
City, State Zip Code: Jamestown ND 58407
Phone Number: 701-253-8176
Email Address: ap@homedesignnd.com
Today's Date: 04/28/2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 40599 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
 xx _____ \$50 if renewal application

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

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

pd 05.01.2026

State of North Dakota SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 40559

CLASS: C

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **PARK STREET DEVELOPMENT, 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.

PARK STREET DEVELOPMENT, INC. 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: January 23, 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 Uinsurance Agency, LLC 1300 6th Ave NE, PO Box 270 Jamestown ND 58402		CONTACT NAME: Michelle Weatherly PHONE (A/C, No, Ext): (701) 252-0371 FAX (A/C, No): E-MAIL ADDRESS: mweatherly@uinsurance.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Owners Insurance Company	NAIC # 32700
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	


COVERAGES**CERTIFICATE NUMBER:** CL2591200299**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.

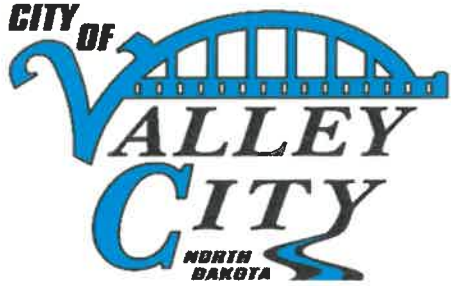
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			77348833	08/15/2025	08/15/2026	EACH OCCURRENCE	\$ 2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000
							MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 2,000,000
							GENERAL AGGREGATE	\$ 4,000,000
							PRODUCTS - COMP/OP AGG	\$ 4,000,000
							Voluntary Property	\$ 5,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5085910900	08/15/2025	08/15/2026	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 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			N/A			PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$

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

CERTIFICATE HOLDER**CANCELLATION**

City of Valley City 254 2nd Ave NE Valley City ND 58072	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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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: Valley Lawn & Landscaping LLC
Owner: Derek Shape
Mailing Address: 246 4th Ave NW ~~Valley City, ND, 58072~~
City, State Zip Code: Valley City ND, 58072
Phone Number: 701-840-2287
Email Address: Derek4095@icloud.com
Today's Date: 5/10/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 41-4431455 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 05.11.2026 dk

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

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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000054431

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **VALLEY LAWN & LANDSCAPING LLC** 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.

VALLEY LAWN & LANDSCAPING 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: March 19, 2026

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

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

VALLEY LAWN & LANDSCAPING LLC

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 # 000054431

EXCESS LIABILITY DECLARATIONS



Policy Number:	ELND000011926
Client Number:	000000019507
NEW BUSINESS	
Policy Period From:	03/03/2026
To:	03/03/2027
<small>12:01 A. M. Standard Time at the Address of the Named Insured</small>	

Named Insured:
VALLEY LAWN AND LANDSCAPING LLC
746 4TH AVE NW
VALLEY CITY ND 58072

Agent: CHRIS KVILVANG
 Phone # 701-845-2912 Agent # 331 330002 330000211
 Payment Plan: FULL-PAY

Insured Phone# (C)701-840-2287

Commercial Excess Liability

TOTAL ANNUAL POLICY PREMIUM: \$500.00

COVERAGES AND LIMITS OF LIABILITY

Policy Limit - Per Occurrence \$1,000,000
 Annual Aggregate Limit \$1,000,000
 Self-Insured Retention - Per Occurrence \$10,000

The Insured must keep policies described in the Schedule of Underlying Insurance in full effect during the policy period of this policy. Failure of the named insured to comply with the foregoing shall not invalidate this policy but in the event of such failure, the company shall be liable only to the extent that it would have been liable had the named insured complied with these obligations.

SCHEDULE A

UNDERLYING INSURANCE POLICIES

TYPE OF POLICY	INSURER	POLICY NUMBER	POLICY PERIOD From___ To___	LIMITS OF LIABILITY
BUSINESSOWNER	NODAK INSURANCE	BPND-6536	-see company files-	1,000,000 C.S.L.
AUTOMOBILE	NODAK INSURANCE	CAND-3287	-see company files-	500,000 C.S.L.

ADDITIONAL FORMS AND ENDORSEMENTS ATTACHED

- EL C 01 COMMERCIAL EXCESS LIABILITY
- CEL 8A ANNUAL AGGREGATE LIMIT ENDORSE
- CEL 13 AUTOMOBILE LIA FOLLOWING FORM
- CEL 21 EXCLUSION OF TERRORISM
- CEL 31 EMPLOYER'S LIABILITY EXCLUSION
- CEL 104 NON-STACKING
- CEL 200 APPLICATOR'S EXCLUSION
- CEL 301 PROFESSIONAL LIAB EXCLUSION
- CEL 302 EMPLOYMENT REL PRACTICES EXCL
- CEL 43 LIQUOR LAW LIABILITY EXCLUSION

Total Annual Policy Premium:

\$ 500.00

Nodak Insurance Company

VALLEY LAWN AND LANDSCAPING LLC

EFF. DATE: 03/03/2026 EXP. DATE: 03/03/2027

POLICY NUMBER: ELND000011926

CLIENT NUMBER: 000000019507

(Continued)

Forms Applicable:

EL C 01 22	CEL 8A	CEL 13	CEL 21 46 10	CEL 31	CEL 104	CEL 200
CEL 301	CEL 302	CEL 43				



To report a claim call 1-800-42-NODAK (1-800-426-6325) available 24 hours.

Named Insured:

VALLEY LAWN AND LANDSCAPING, LLC
746 4TH AVE NW
VALLEY CITY ND 58072

Insured Phone# 701-845-0402

Business Description
LAWN CARE

Policy Number:	BPND000006536
Client Number:	000000019507
NEW BUSINESS	
Policy Period From:	03/03/2026
To:	03/03/2027
12:01 A. M. Standard Time at the Address of the Named Insured	

Agent: CHRIS KVILVANG
Phone # 701-845-2912 Agent # 331 330002 330000211
Payment Plan: FULL-PAY
If there is an amount due a bill will be enclosed.

Designated Premise:


Loc # 001 1010 7TH ST SE VALLEY CITY ND 58072

In return for the payment of the premium, and subject to all terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. This premium may be subject to adjustment.

COVERAGE PART DESCRIPTION	ADVANCED PREMIUM
Businessowners	\$516.00

These Declarations together with the common policy conditions, coverage declarations, coverage form(s), and form(s) and endorsements, if any, issued, complete the above numbered policy.

Countersigned this 10th day of March, 2026

By 
Authorized Representative

VALLEY LAWN AND LANDSCAPING, LLC

EFF. DATE: 03/03/2026

EXP. DATE: 03/03/2027

POLICY NUMBER: BPND000006536

CLIENT NUMBER: 00000019507

(Continued)

PRO-PAK BUSINESSOWNERS POLICY FORMS AND ENDORSEMENT SCHEDULE

FORM #	ED. DATE	DESCRIPTION
BP 00 03	01 09	Businessowners Coverage Form
BP 01 17	11 15	NORTH DAKOTA CHANGES
BP 04 17	07 02	Employment Related Practices Exclusion
BP 04 39	07 02	Abuse or Molestation Exclusion
BP 04 40	07 02	Coverage for Injury to Leased Workers
BP 04 92	07 02	Total Pollution Exclusion
BP 05 17	01 06	Exclusion - Silica or Silica - Related Dust
BP 05 77	01 06	Fungi or Bacteria Exclusion (Liability)
BP 06 01	01 07	Exclusion of Loss Due to Virus or Bacteria
BP 05 01	07 02	Calculation of Premium
BP 05 26	01 08	Nuclear, Biological or Chemical Terrorism Exclusion
BP 05 15	01 08	Disclosure Pursuant to Terrorism Risk Insurance Act
BP ND 04	06 17	Equipment Breakdown Enhancement Endorsement
BP 07 01	09 19	Contractors' Installation, Tools and Equipment Coverage
BP 04 83	07 02	Removal of Insurance-To-Value Provision
BP 07 04	01 06	Business Liab Cov - Property Damage Liab Deductible
BP 14 19	01 10	Exclusion Damage To Work Performed By Subcontractors
BP ND 25	04 17	Data Breach Coverage
BP 14 86	07 13	Communicable Disease Exclusion
BP 15 05	05 14	EXCLUSION-ACCESS OR DISCLOSURE OF CONFIDENTIAL INFO
BP 15 30	09 19	CANNABIS PROPERTY EXCLUSION
BP 15 32	09 19	CANNABIS LIABILITY EXCLUSION

VALLEY LAWN AND LANDSCAPING, LLC

EFF. DATE: 03/03/2026

EXP. DATE: 03/03/2027

POLICY NUMBER: BPND000006536

CLIENT NUMBER: 000000019507

(Continued)

DESCRIPTION OF COVERAGES PROVIDED AND LIMITS OF LIABILITY

Policy Section I Coverage

DEDUCTIBLE: \$1000

Limit of Liability

Policy Coverage, Coverage Extensions or Additional Coverages

BUSINESS INCOME AND EXTRA EXPENSE	Actual Loss Sustained
EMPLOYEE DISHONESTY	\$10,000
FORGERY OR ALTERATION	\$10,000
MONEY AND SECURITIES INSIDE PREMISES	\$10,000
MONEY AND SECURITIES OUTSIDE PREMISES	\$10,000
FIRE DEPARTMENT SERVICE CHARGE	\$5,000

Policy Property Endorsements

CONTRACTORS COVERAGE	
BLANKET TOOLS & EQUIPMENT	\$8,000
SCHEDULED TOOLS & EQUIPMENT	
SNOW BLOWER: 2023 BERCOMAC 96043034000 S#23R011831	\$2,500
LAWN MOWER: 2023 HUSQVARNA TS 354XD S#A004186	\$4,500
LAWN MOWER: 2024 HUSQVARNA MZ54 S#B004851	\$5,000
MINI SKID STEER: 2025 LAND HONOR LDHT460 S#6060YM	\$3,800

Policy Section II Coverage

LIABILITY COVERAGE	\$1,000,000
PRODUCTS / COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
OTHER THAN PRODUCTS / COMPLETED OPERATIONS AGGREGATE LIMIT	\$2,000,000
MEDICAL EXPENSES LIMIT	\$5,000
DATA BREACH EXPENSE COVERAGE	\$10,000
PROPERTY DAMAGE LIABILITY DEDUCTIBLE(PER OCCURANCE BASIS)	\$500 Deductible

LOC 1 BLDG 1 1010 7TH ST SE VALLEY CITY ND 58072

DEDUCTIBLE: \$1000
 CONSTRUCTION: Non-combustible
 PROTECTION CLASS: 04
 CLASS DESCRIPTION: Landscape Gardening - No Tree Removal or Excavation - Office
 COVERAGE FORM: Special

LOC 1 BLDG 1 Section I Coverage

BUSINESS PERSONAL PROPERTY-BUSINESS PERSONAL PROPERTY	\$5,000
---	---------

LOC 1 BLDG 1 Section I Coverage, Coverage Extensions or Additional Coverages

OUTDOOR SIGNS	\$10,000
WATER BACKUP AND SUMP OVERFLOW	\$5,000
ACCOUNTS RECEIVABLE - At Described Premises	\$25,000
VALUABLE PAPERS AND RECORDS - At Described Premises	\$10,000
BUSINESS INCOME FOR DEPENDENT PROPERTIES	\$5,000
ELECTRONIC DATA	\$10,000
INTERRUPTION OF COMPUTER OPERATIONS	\$10,000

LOC 1 BLDG 1 Property Endorsements

EQUIPMENT BREAKDOWN	Limit of Insurance
SPOILAGE	\$250,000
REFRIGERANT CONTAMINATION	\$250,000
POLLUTANT CLEAN-UP AND REMOVAL	\$250,000

VALLEY LAWN AND LANDSCAPING, LLC

EFF. DATE: 03/03/2026

EXP. DATE: 03/03/2027

POLICY NUMBER: BPND000006536

CLIENT NUMBER: 00000019507

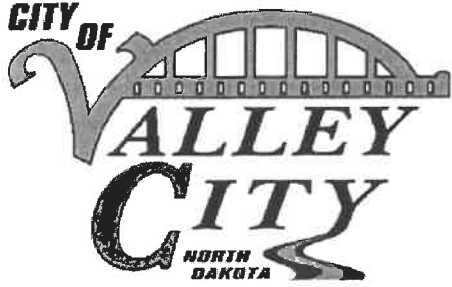
(Continued)

DESCRIPTION OF COVERAGES PROVIDED AND LIMITS OF LIABILITY

LOC 1 BLDG 1 Section II Coverage, Coverage Extensions or Additional Coverages

DAMAGE TO PREMISES RENTED TO YOU

\$300,000



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: Wrigley Mechanical, Inc.
Owner: Blake H. Wrigley
Mailing Address: P O Box 1516
City, State Zip Code: Fargo, ND 58107
Phone Number: 701-277-8570
Email Address: ljohnson@wrigleymechanical.com
Today's Date: 4-30-26

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 05.04.2024*

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)

6/30/2025

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

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


PRODUCER Marsh & McLennan Agency LLC 505 Broadway North, Suite 100 Fargo ND 58102	CONTACT NAME: Jennifer Gates, CISR, CRIS PHONE (A/C, No, Ext): 701-237-3311 E-MAIL ADDRESS: Jennifer.Gates@MarshMMA.com		FAX (A/C, No): 701-232-4442													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Western National Assurance Company</td> <td>24465</td> </tr> <tr> <td>INSURER B : Western National Mutual Insurance Co</td> <td>24465</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> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Western National Assurance Company	24465	INSURER B : Western National Mutual Insurance Co	24465	INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #															
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INSURER B : Western National Mutual Insurance Co	24465															
INSURER C :																
INSURER D :																
INSURER E :																
INSURER F :																
INSURED Wrigley Mechanical Inc 4102 15th Ave N PO Box 1516 Fargo ND 58107	WRIGLMECHA1															

COVERAGES **CERTIFICATE NUMBER:** 609949680 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> 5,000 <input checked="" type="checkbox"/> XCU & Contractual GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			CPP1265953	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 ND Stop Gap \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			CPP1265952	7/1/2025	7/1/2026	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 \$ 10,000			UMB1044969	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV1034613	7/1/2025	7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	<input type="checkbox"/> Installation Floater <input type="checkbox"/> Inland Marine			CPP1265954	7/1/2025	7/1/2026	Jobsite Limit \$1,000,000 Leased/Rented Equip: \$250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers Compensation coverage applies in Minnesota, South Dakota, Iowa and Montana.

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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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 2222
CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **WRIGLEY MECHANICAL, INC.** 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.

WRIGLEY 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: January 21, 2026

A handwritten signature in black ink that reads "Michael Howe". The signature is written in a cursive style with a long, sweeping underline.

Michael Howe
Secretary of State

NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Blake Wrigley

License Type: Plumber

License Level: Master

License No.: 1583

Issue Date: 10/12/2015

Valid Until: 12/31/2026





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 City Eagles Aerie 2192 Fraternal Order of Eagles

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 My Bar			
Street 240 Main St E	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) In the bar area only			
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 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



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 City Eagles Aerie 2192 Fraternal Order of Eagles

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
Jimmy's Pizza

Street 340 Main St E	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 and played at the site (required)
East corner dining area only

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)
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APPROVALS

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Signature of City/County Official	Date
PRINT Name and official position of person signing on behalf of city/county above	

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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 City Eagles Aerie 2192 Fraternal Order of Eagles

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
Valley City Eagles Aerie 2192

Street 345 12TH AVE NE	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" 1
---	---	---

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

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 throughly 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 checked="" 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 checked="" type="checkbox"/> Twenty-One |
| <input checked="" type="checkbox"/> Raffles | <input type="checkbox"/> Seal Board | <input checked="" type="checkbox"/> Poker |
| <input type="checkbox"/> ELECTRONIC 50/50 Raffle | <input type="checkbox"/> Punchboard | <input type="checkbox"/> Calcuttas |
| <input checked="" 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

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



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: Bridges Bar & Grill

Owner of Premises: VC Developers LLC

Ownership Contact: Marie Casper

Mailing Address: 264 Winter Show Road SW

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

Phone Number: 701-845-9899

Email Address: Manager@bridgesbargrill.com

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

Anderson Brothers, ND; Jeffrey Barr, ND; Scott Sorissen, ND

Matthew Sorissen, ND; Terry Justesen, ND; Rodney Latt, ND

LL & H LLC, ND; Timothy Logan, ND; Robin Moldenhauer, ND

Jeffrey Wether, ND; Monte Peterson, ND; SF Investments, LLC, ND

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

Mailing Address: 264 Winter Show Road SW

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

Phone Number: 701-845-9899

Email Address: Manager@bridgesbargrill.com

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

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

PA
05.14.2024
ck

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 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:	
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, Marie Casper 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 12 day of May, 2026.

Owner Representative
Title

For City Use Only

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 _____

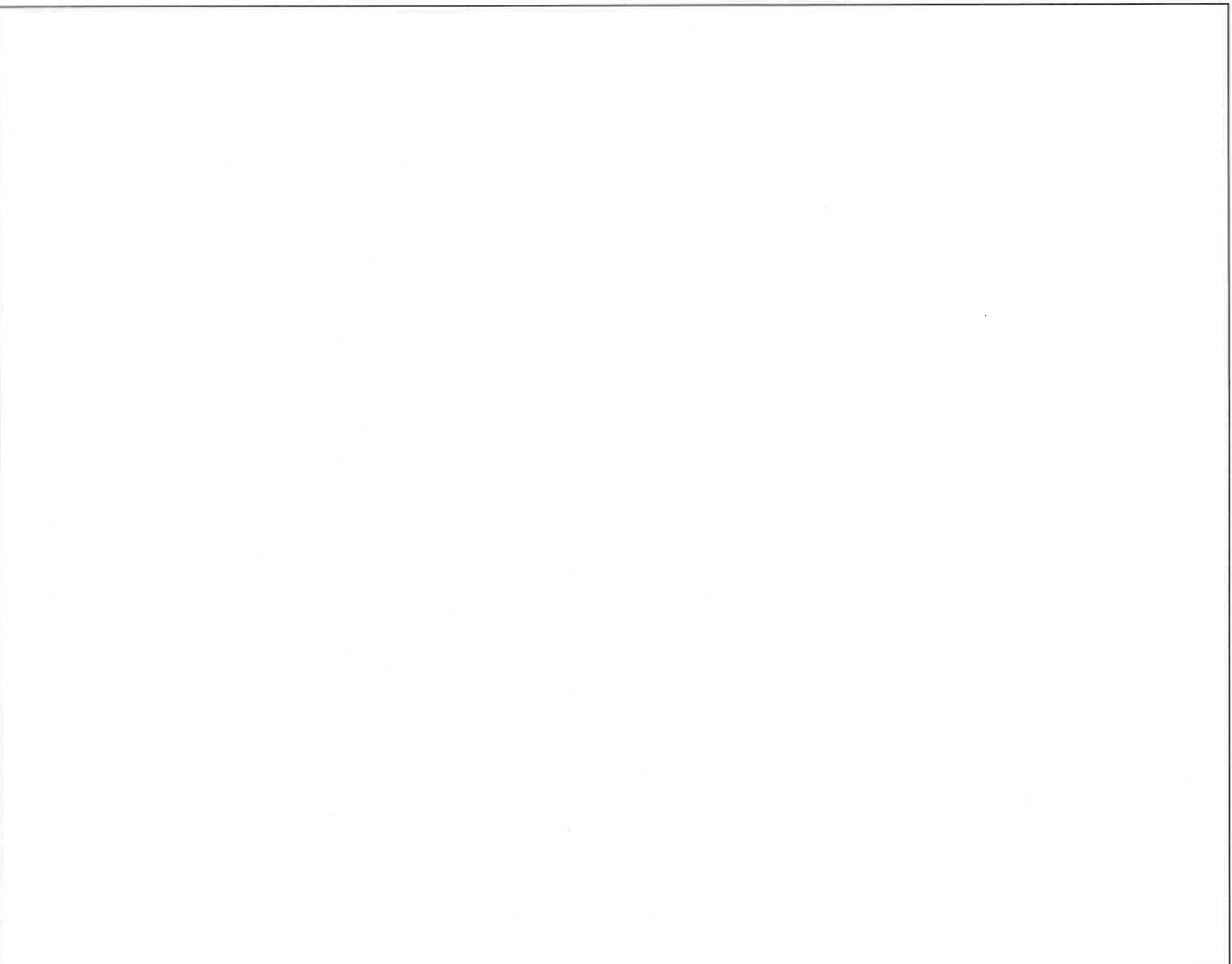
Alcoholic Beverage Floor Plan

Name of Business: _____

Name of Person submitting Floor Plan: _____

Submit one time unless you make changes.

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





City 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 Peterson

Ownership Contact: Sally Hennig

Mailing Address: P. 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 Glendt - ND, Luke Trapp - ND, Matt Klabo - ND

Chad Zam - ND, Tyler Van Bruggen - ND

Cosy Glendt - ND

Resident Manager: Sally Hennig

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

Pa
05.14.2026
ck

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

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

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

LICENSE APPLICATION QUESTIONNAIRE

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

All Applicants:

1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Will you sell alcoholic beverages for consumption on the licensed premises?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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: 2350 *(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: tpolecity@valleycity.us

CERTIFICATION

I, Tyler Van Bynnes _____ 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

For City Use Only

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 _____

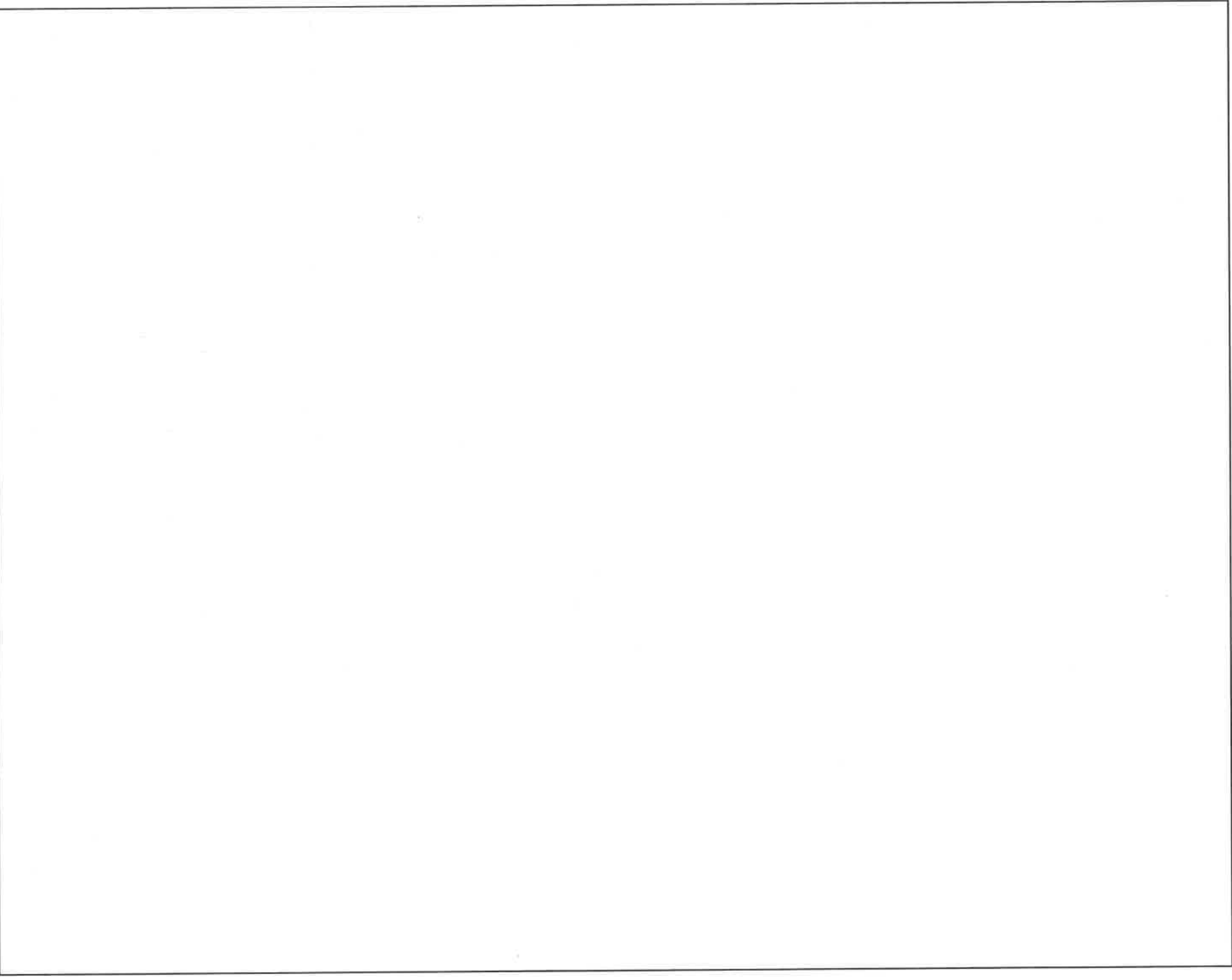
Alcoholic Beverage Floor Plan

Name of Business: _____

Name of Person Submitting Floor Plan: _____

Submit one time unless you make changes.

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





City 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 Liquor Locker

Owner of Premises: County Bottle Shop, Inc.

Ownership Contact: James Leever

Mailing Address: PO Box 957

City, State, Zip Code: Devils Lake ND 58301

Phone Number: 701-1162-8141

Email Address: jamesleever@leeverfoods.com

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

James Leever North Dakota

Robert Leever North Dakota

Beth Leever North Dakota

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

Mailing Address: 124 South Central Ave

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

Phone Number: 701-845-1980

Email Address: vc11manager@leeverfoods.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

RD 05.04.2027

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

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

Late fees apply as follows:

\$250 first day

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

LICENSE APPLICATION QUESTIONNAIRE

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

All Applicants:

1. Will you sell packaged alcoholic beverages for consumption off or away from the licensed premises?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Will you sell alcoholic beverages for consumption on the licensed premises?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
3. Will the premises be leased or under contract for deed to any other individual, partnership, or organization for the sale of alcoholic beverages?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <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 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 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: tplicity@valleycity.us

CERTIFICATION

I, *Tom R. Johnson* 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 *1st* day of *May*, 20*26*.

Resident Janner
Title

For City Use Only

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 _____

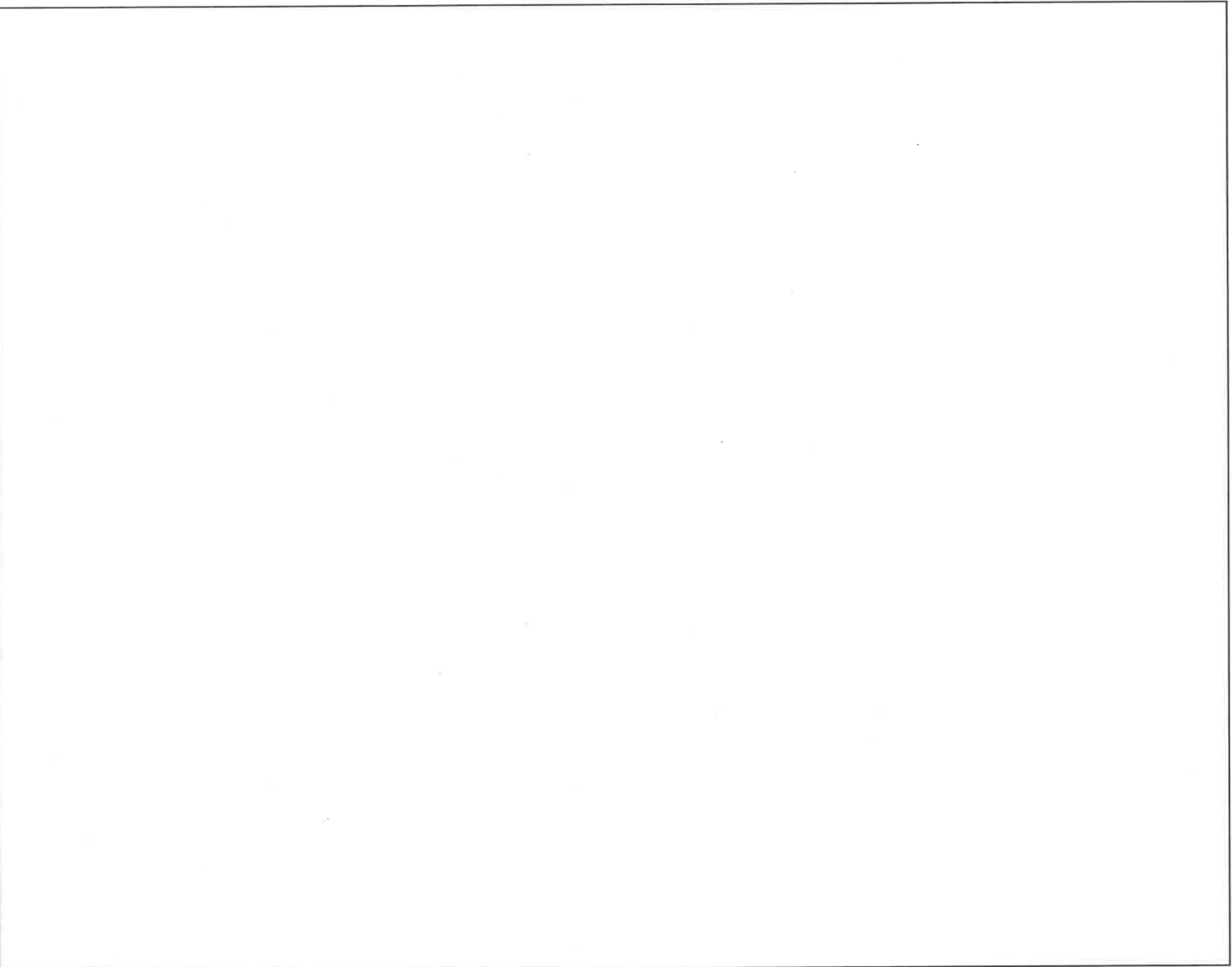
Alcoholic Beverage Floor Plan

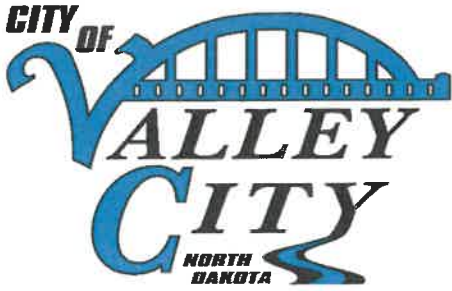
Name of Business: _____

Name of Person submitting Floor Plan: _____

Submit one time unless you make changes.

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





City 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): Dakota Silver LLC
Name of Business: Dakota Silver
Address of Applicant: 512 E Main St, PO Box 1001
City, State Zip Code: Valley City, ND 58072
Address of Premise to be Licensed: 512 E. Main Valley City, ND 58072
Phone Number: (701) 845-5302 Email Address: info@dakotasilver.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: [Signature] Date: 5/13/26
Submitted by: Tyler Van Bruggen Title: Partner

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
Pd 05.14.2026

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

April 2026 Expenditures

Monthly Exp	\$3,165,812
Includes:	
2026 Budget Disbursements to Organizations	\$28,500
Construction Projects	\$24,205
PW Capital Projects	\$810,179
Debt Service	\$846,162
MRES Purchased Power	\$336,198
Payroll & Benefits	\$451,424
VCBCDC - Fund 240	\$42,000
VCBC Library Property Tax	\$8,225
VC Park District	\$60,732
<i>Subtotal:</i>	<i>\$2,607,625</i>
Balance for operations	\$558,187

(3 Payrolls)

Memorandum

Date: May 5, 2026
Prepared By: Tracy D. Eslinger, P.E.
Project: Valley City, ND
Northwest Area Water System Improvements
New Water Tower and Pressure Zone Modifications
Contractor: Hi-Line Electric, Inc., Valley City, ND
Subject: Construction Contract Insurance Requirements

Narrative:

Moore Engineering and Hi-Line Electric reviewed the construction contract's insurance requirements, which require Hi-Line Electric to increase its coverage. The added insurance costs were unexpected and exceed what Hi-Line Electric will accept without a change order. Hi-Line Electric requests a \$15,343 change order to cover these costs.

Current Certificate of Liability Insurance is attached, areas noted with "red text" show insurance required and areas highlighted in yellow meets project requirements.

Options:

- 1) The city accepts lower insurance provided by Hi-Line Electric.
 - a. Hi-Line Electric completes the contract requirements.
- 2) The city approves the change order increase of \$15,343.
 - a. Hi-Line Electric completes the contract requirements.
- 3) The city adjusts the contract dates from August 20, 2026, to August 20, 2027.
 - a. Adjustment of contract date by change order or hold contracts until August 20, 2026.
 - b. Adjustment requires only one year of insurance coverage.
 - c. One year insurance coverage would be +/- \$7,672.
 - d. Hi-Line Electric would accept the added cost and complete the work.
 - e. Some work may be held up due to this change.
- 4) The city rejects the change order increase and does not accept lower insurance.
 - a. Hi-Line Electric could withdraw their bid.
 - i. The city collects bid bond amount of +/- \$8,845.
- 5) The city moves to second place bidder – Burlington Electric.

- a. Burlington Electric bid is +/- \$87,599 higher than Hi-Line Electric.
 - b. Accepting Burlington Electric's bid will increase the project cost by +/- \$78,753.
- 6) The city rejects both bids and rebids the project.
- a. Additional Engineering costs are estimated to be +/- \$5,000.
 - b. Rebidding construction could be higher or lower than current bids and are unknown.
- 7) The city rejects both bids and solicits quotes from other electrical contractors.
- a. Additional Engineering costs are estimated to be +/- \$5,000.
 - b. Quotes for construction could be higher or lower than current bids and are unknown.
 - c. ND Century Code 48-01.2-02.1: The threshold for bidding construction of a public improvement is two hundred fifty thousand dollars.
- 8) The city rejects both bids and uses the city electrical department for the electrical work.
- a. Availability of staff and knowledge of project may affect this option.
 - b. City may need to buy electrical equipment for the project from Hi-Line Electric.
- 9) Other options



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/23/2025

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 Tyler Van Bruggen 457 W Main Valley City ND 58072	CONTACT NAME: Tyler Van Bruggen
	PHONE (A/C, No, Ext): (701) 845-2314 FAX (A/C, No): (701) 845-2318 E-MAIL ADDRESS: Tyler.VanBruggen@fumic.com
INSURER(S) AFFORDING COVERAGE	
INSURER A: Farmers Union Insurance	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES SB **CERTIFICATE NUMBER:** Cert ID 8644 (9) **REVISION NUMBER:**

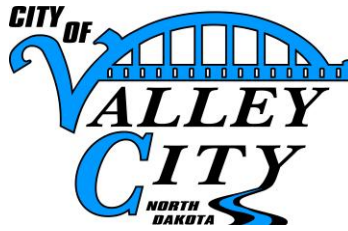
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		33-170985-25-1001-01	12/01/2025	12/01/2026	2,000,000 → EACH OCCURRENCE \$ 1,000,000 2,000,000 → DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 2,000,000 → 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		33-170985-25-1001-01	12/01/2025	12/01/2026	2,000,000 → COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 1,000,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		33-170985-26-1001-01	12/01/2025	12/01/2026	3,000,000 → EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> 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	33-170985-25-1001-01	12/01/2025	12/01/2026	Stop-gap Liability \$2,000,000 <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Pollution Liability Insurance: Each Occurrence/Claim \$1,000,000 and General Aggregate \$1,000,000					\$

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

Additionally insured: State of North Dakota, Moore Engineering, Inc., LKA Engineering, American Engineering Testing, Inc.

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



FUND BALANCE POLICY May 19, 2026

I. PURPOSE

The purpose of this policy is to ensure the financial stability of the City, to provide a sound basis to justify a strong financial rating, and to provide a reserve enabling the City to deal with unforeseen budget expenditures and revenue shortfalls.

II. GENERAL STATEMENT OF POLICY

The policy of the City is to classify its fund balances based on the nature of the particular net resources reported in the separate funds of the City. Fund Balance categories will be identified according to the guidelines in Governmental Accounting Standards Board (GASB) Statement No. 54. Fund Balance categories will include Nonspendable, Restricted, Committed, Assigned and Unassigned.

To ensure the financial strength and stability of the City, the Commission will endeavor to maintain at least 30% of the City's General Fund Operating Budget as well as the Enterprise Funds Operating Budget, excluding those accounts associated within the Restricted category. When the Unrestricted Fund balance is projected to drop below 25%, the City shall initiate measures to either generate additional revenue or to reduce expenditures through a budget reduction, or a combination of both.

III. CLASSIFICATION OF FUND BALANCE/PROCEDURES

1. **Nonspendable Fund Balance**

- Represents amounts that cannot be spent due to form such as inventories, prepaids, long-term loans and notes receivable, and property held for resale (unless the proceeds are restricted, committed or assigned).

2. **Restricted Fund Balance**

- Represents amounts that exist when constraints are placed on the use of resources that are either externally imposed by creditors (such as debt covenants), grantors, contributors, or laws or regulations of other governments (or) restrictions imposed by law through constitutional provisions or enabling legislation.

3. **Committed Fund Balance**

- Represents amounts that can only be used for specific purposes pursuant to the constraints imposed by formal action of the government's highest level of decision making authority. These committed amounts cannot be used for any other purpose unless the government removes or changes the specified use by taking the same type of action it previously employed to commit those amounts. (Example would be legislation, resolution, or ordinance). (ie sales tax ordinance, budget ordinance)

4. **Assigned Fund Balance**

- Represents amounts constrained by the City's intent to be used for a specific purpose, but are not restricted or committed. The Commission has delegated the authority to assign these amounts to the City Administrator and the City Auditor. Assigned amounts or changes to Assigned amounts will be presented to the Commission for review.

5. Unassigned Fund Balance

- Represents the remaining residual balances that have not been restricted, committed, or assigned to specific purposes within the General Fund.

IV. COMMITTING FUND BALANCE

A majority vote of the City Commission is required to commit a fund balance to a specific purpose and subsequently to remove or change any constraint so adopted by the Commission.

V. GUIDELINES

If resources from more than one fund balance classification could be spent, the City will strive to spend resources from fund balance classifications in the following order.

- Non-spendable fund balance
- Restricted fund balance
- Committed fund balance
- Assigned fund balance
- Unassigned fund balance.

Journal entries at the end of the fiscal year may be used to accomplish this.

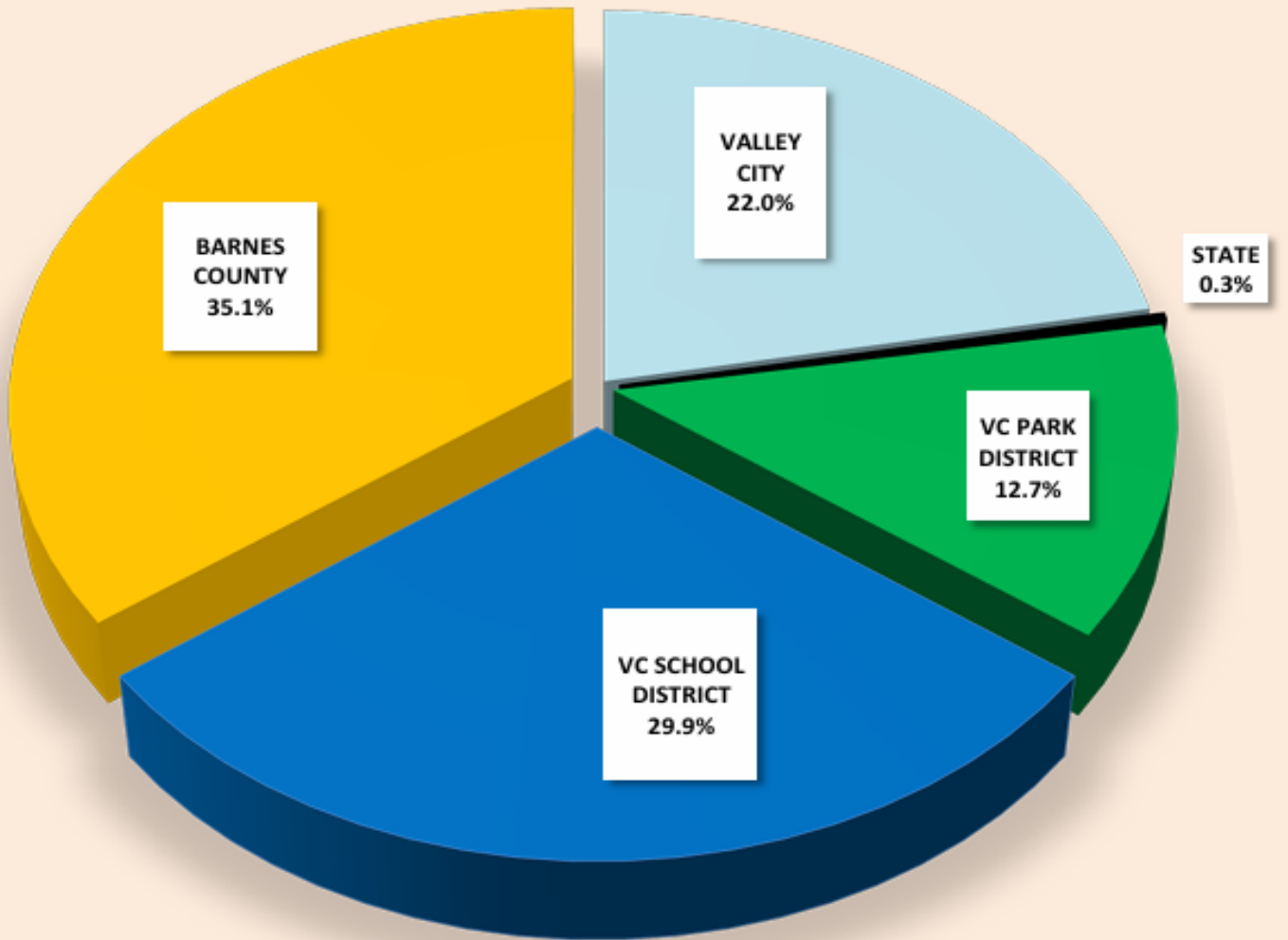
VI. MONITORING AND REPORTING

The City Auditor shall annually prepare the status of fund balances, the City Administrator will review the balances in relation to this policy. The Finance Committee will review the fund balances at year end and make a recommendation to the City Commission for year end transfers.

Property Tax Distribution Comparison

Valley City, ND – Barnes County – City 22%

WHERE YOUR 2025 TAX DOLLAR GOES

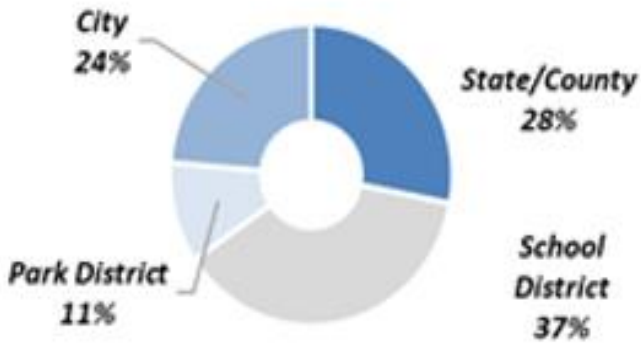


- VALLEY CITY
- STATE
- VC PARK DISTRICT
- VC SCHOOL DISTRICT
- BARNES COUNTY

Property Tax Distribution Comparison

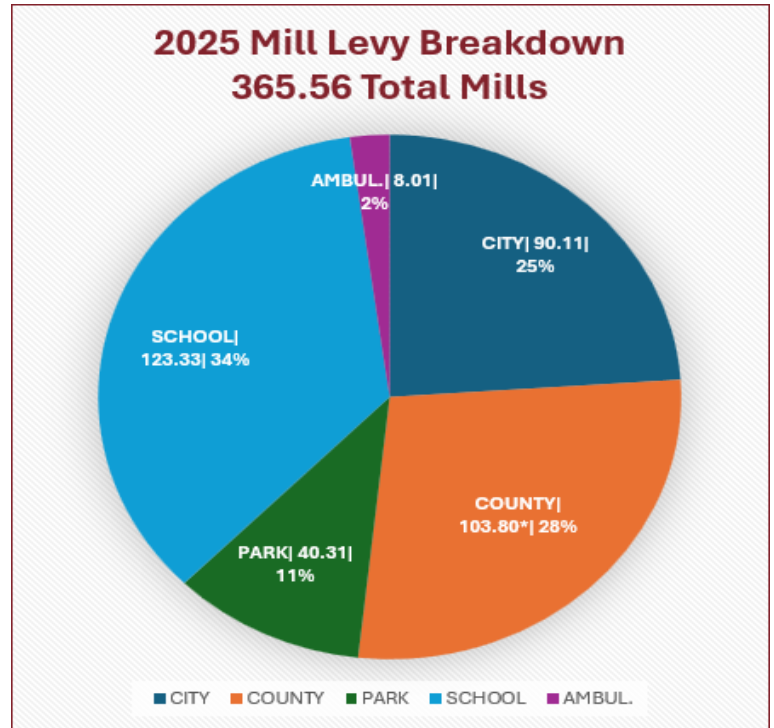
Wahpeton, ND – Richland County – City 24%

2025 Mills Levied in Wahpeton



Devils Lake, ND – Ramsey County – City 25%

2025 Mill Levy Breakdown 365.56 Total Mills



West Fargo – Cass County - City 26%

BREAKDOWN OF A DOLLAR

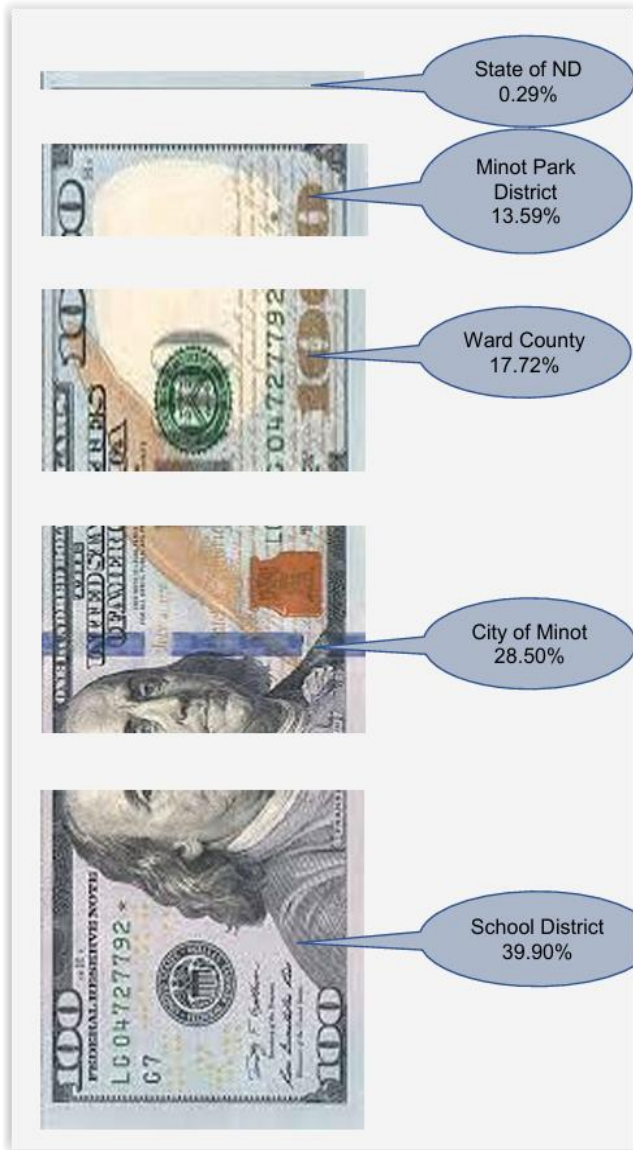
Taxes are distributed to different each taxing entity based on percentage of the total mill levy.

The chart shows how these percentages are broken down in 2026.

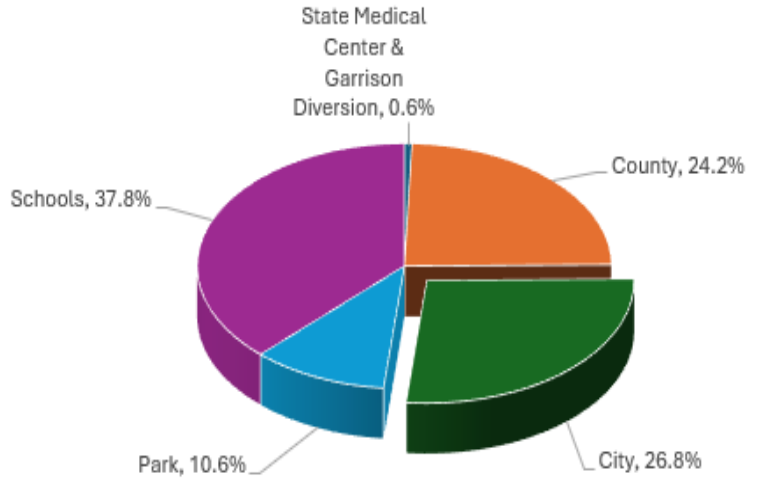


Property Tax Distribution Comparison

Minot, ND – Ward County – City 28.5%

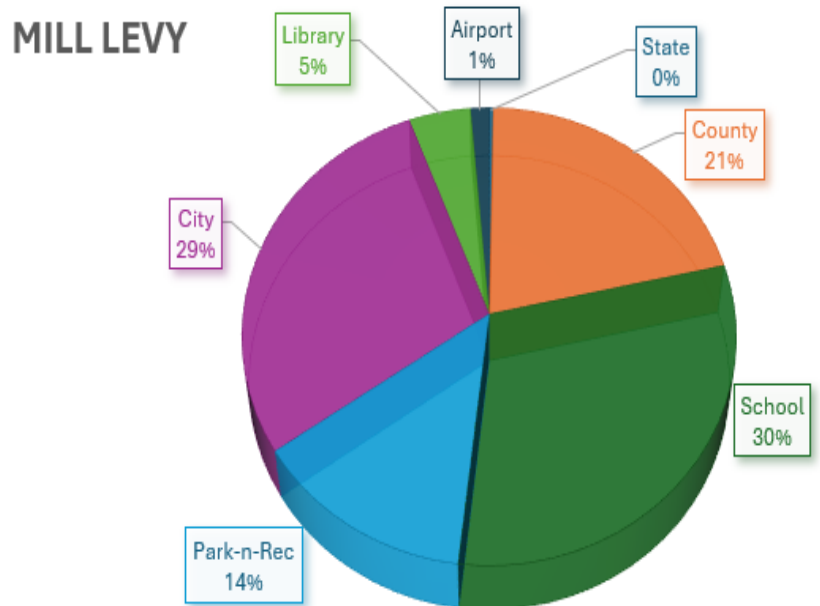


Grand Forks, ND – Grand Forks County – City 26.8%



ALLOCATION PERCENT OF MILL RATE

Jamestown – Stutsman County – City 29%





Tourism Development Grant & Loan Application

FUNDED BY THE RESTAURANT (FOOD & BEVERAGE) TAX AND IMPLEMENTED BY VALLEY CITY MUNICIPAL CODE CHAPTER 20-05.1

GRANT MISSION

To create grants/loans for tourism projects that support sustained, long-term visitor attraction and promotion.

GRANT & LOAN DETAILS

- Distributed as grants or 0% interest loans
- Committee can recommend grants as up to a 3:1 match. Documented in-kind services can be included in match
- Grants and loans paid as invoices showing completed work are submitted
- Projects should be self-supporting upon project completion.
- Projects can include developing, purchasing, equipping, improving, constructing, maintaining, repairing or acquiring buildings.

APPROVAL PROCESS

- Application must be submitted to the City* prior to the project starting.
- Checklists prepared for Visitors Committee review and meeting scheduled
- Visitors Committee convenes to review application, supporting documentation and checklists. Applicant shall attend meeting to offer information.
- Application recommended to Valley City Commission for final action.
- Project executed within one year.
- Receipts & photos and final report submitted to City.
- Grant money distributed via reimbursement

* Assistance: Valley City-Barnes County Development Corporation (701) 490-9010 or (701) 490-9012

APPLICATION CONTACT INFORMATION

Valley City Tourism	Macy Schlaht
Business Name	Contact Name
250 West Main Street Valley City, ND 58072	250 West Main Street Valley City, ND 58072
Business Address	Mailing Address
701-490-3590	
Business Phone Number	ND Sales & Use Tax Permit Number
macys@vcparks.com	Macy Schlaht
Email	Contact Name
Has this business applied for a Tourism Development Grant before: Yes _____ No <input checked="" type="checkbox"/>	

PROJECT INFORMATION

Project Start Date: 5/15/26 Project Length: 1 Month Grant or Loan: Grant

Total Project Cost \$1,500 Amount Requested \$1,000



Tourism Development Grant & Loan Guidelines & Documentation to Include with Application

FUNDED BY THE RESTAURANT (FOOD & BEVERAGE) TAX AND IMPLEMENTED BY VALLEY CITY MUNICIPAL CODE CHAPTER 20-05.1

PROJECT REQUIREMENTS

1. Projects must include a project that will draw NEW visitors to Valley City indefinitely.
2. Projects must be consistent with any existing city-endorsed tourism plan.
3. The completed project must demonstrate an economic tourism benefit to Valley City.
4. There must be recognized fiscal and legal structure for the requesting applicant or organization.
5. Organizations applying for a project must be current on taxes, utilities and obtain all required City permits.
6. Grant & loan funds must be spent within one year. A maximum six-month extension may be approved by the Visitors Committee. Projects not completed within 18 months must reapply.
7. For-profit entities must have adequate insurance and operate for a minimum of three years from the date final grant & loan funds are distributed or be subject to a pro rata payback.

GENERAL GUIDELINES

1. Grant funds are intended to organizations support adding, expanding or developing tourist-focused projects to increase the number of visitors to Valley City.
2. Projects that preserve the historical integrity and characteristic details of a building are highly encouraged. Please note, projects cannot be used to cause irreversible harm to a historic property. Preservation Design Guidelines are available on the City website.

APPLICATION DOCUMENTATION

- Application** submitted via email or hard copy to the City of Valley City prior to the start of the project.
- Detailed Project Budget**
- Business Plan and Documentation** that includes details and associated costs of the planned project.
- Letters of Public Support** include from applicable organizations
- Articles of Incorporation** or other documentation outlining structure and legal status of requesting organization
- Drawings, mockup or photos of project**
- Quotes** and project estimates

New Businesses shall also provide:

- Market Analysis** provided by the Small Business Administration, SBDC, SCDRC or SCORE



Valley City Tourism
250 West Main Street
Valley City, ND 58072
Macys@vcparcs.com

Dear Tourism Development Grant Committee,

On behalf of Valley City Tourism, we are pleased to submit this request for funding through the Tourism Development Grant Program to support the purchase of 50 new decorative flag pole (double-sided, pole holes on top and bottom, UV protected) banners to be displayed on City of Valley City light posts throughout Central Avenue, Main Street, and surrounding side streets.

This project is intended to enhance the visitor experience while creating a more vibrant and welcoming atmosphere throughout our downtown corridors. The new banners will showcase many of the qualities that make Valley City a unique destination and an exceptional place to live, including community events, recreation opportunities, local points of interest, and the character and charm found throughout the Sheyenne River Valley.

The banners will serve not only as a beautification effort, but also as a way to foster community pride and strengthen our sense of place. These banners will help tell the story of Valley City by highlighting the experiences, amenities, and quality of life that continue to attract visitors, support local businesses, and encourage people to spend time in our community.

We recognize the importance of first impressions and creating spaces that feel memorable and inviting. Downtown areas often serve as the heart of a visitor's experience, and projects like this contribute to a stronger community image while complementing the many attractions and recreational opportunities offered throughout the year.

Funding received through this grant program would be used specifically for the purchase and production of the banners.

Thank you for your consideration and for your continued support of projects that strengthen tourism and community development in Valley City.

Sincerely,

A handwritten signature in black ink that reads "Macy Schlaht". The signature is written in a cursive style with a long, sweeping underline.

Macy Schlaht, Marketing Coordinator
Valley City Tourism

Tourism Development Grant & Loan Application Budget

Valley City Tourism
Valley City Flag Poles

Total Project Cost **\$1,500.00**

SOURCES OF FUNDS		Funding Type	Type	Match %	Notes	Amount
Tourism Development Grant - Food & Beverage Tax	Valley City Tourism	Grant	Grant	67%		\$1,000.00
	Valley City Tourism	Cash	Match	10%		\$155.00
	Valley City Tourism	In-Kind Match	Match	23%	15 hrs @ \$23/hr	\$345.00
TOTAL						\$1,500.00

USES OF FUNDS		Item	Cost/Banner	Quantity	Notes	Amount
BannerBuzz		50 banners - Double sided, UV protection, with pole holes top and bottom	\$34.24	50		\$1,712.00
BannerBuzz Discount		Anticipated Discount	-\$250.00	1	Discounts may apply at checkout for a lower expense total	(\$212.00)
TOTAL						\$ 1,500.00

Free Express Shipping over \$99

Welcome to Privilege. More perks. Less waiting. All business.

Quick Links



NO

YES

\$9.99

Pantone + Color Bridge Coated (optional) ?

Empty text input field for optional coating selection.

Specific Instructions (Optional)

Empty text input field for specific instructions.

You can now use voice notes to add your comment

Add a Voice note

Save Big! Buy More. (Quantity Discount)

Min 2 for \$12 /unit Save 20%	10 + for \$11.7 /unit Save 22%	25 + for \$11.25 /unit Save 25%	50 + for \$10.8 /unit Save 28%	> 100 for \$10.5 /unit Save 30%
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Assurance Plus | End-to-end order protection. Available at checkout

\$57.07

1


\$34.24

Save 40%

Select Design Method

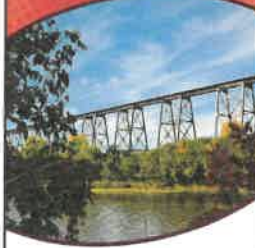
Mockups

WELCOME TO
VALLEY CITY



HIGH SCHOOL & COLLEGE SPORTS

WELCOME TO
VALLEY CITY



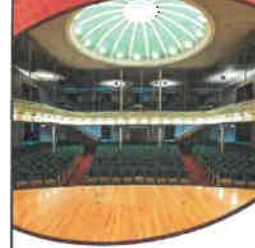
HI-LINE BRIDGE

WELCOME TO
VALLEY CITY




SUMMER NIGHTS ON CENTRAL

WELCOME TO
VALLEY CITY




VANGSTAD AUDITORIUM

WELCOME TO
VALLEY CITY




ICE FISHING

WELCOME TO
VALLEY CITY



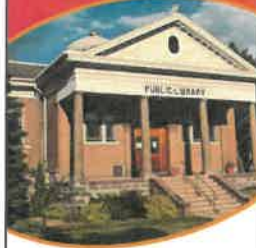
MEDICINE WHEEL PARK

WELCOME TO
VALLEY CITY



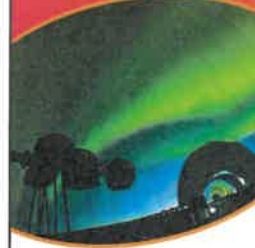
LOCAL SHOPPING

WELCOME TO
VALLEY CITY



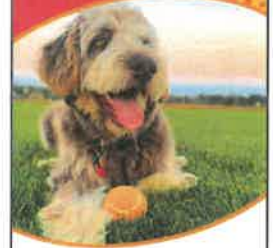
CARNEGIE LIBRARY

WELCOME TO
VALLEY CITY




VCSU PLANETARIUM

WELCOME TO
VALLEY CITY



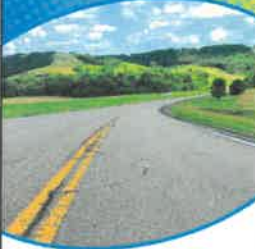
WAGGING TAILS

WELCOME TO
VALLEY CITY




COMMUNITY OUTDOOR POOL

WELCOME TO
VALLEY CITY




SHEYENNE VALLEY NATIONAL SCENIC BYWAY

WELCOME TO
VALLEY CITY




CLOSE-KNIT COMMUNITY

WELCOME TO
VALLEY CITY



ARTS & MURALS


WELCOME TO
VALLEY CITY



LARRY J. ROBINSON CENTER FOR THE ARTS


Mockups

WELCOME TO
VALLEY CITY




BARNES COUNTY MUSEUM

WELCOME TO
VALLEY CITY



MIDWEST FAMOUS PIZZA

WELCOME TO
VALLEY CITY



SHEYENNE RIVER WATER TRAIL

WELCOME TO
VALLEY CITY




LOCAL TALENTS

WELCOME TO
VALLEY CITY




YOUTH PROGRAMS & ACTIVITIES

WELCOME TO
VALLEY CITY




WWII HERITAGE CITY

WELCOME TO
VALLEY CITY




PUBLIC ART

WELCOME TO
VALLEY CITY




COMMUNITY EVENTS

WELCOME TO
VALLEY CITY




AWARD WINNING FIRST RESPONDERS

WELCOME TO
VALLEY CITY




NORTH COUNTRY TRAIL

WELCOME TO
VALLEY CITY




LAKE ASHTABULA

WELCOME TO
VALLEY CITY




BJORNSON GOLF COURSE

WELCOME TO
VALLEY CITY




LOCAL CUISINE

WELCOME TO
VALLEY CITY



VALLEY CITY TOWN & COUNTRY CLUB

WELCOME TO
VALLEY CITY



NORTH DAKOTA WINTER SHOW

Flag Pole Banner Business Plan

Project Overview

Valley City Tourism is proposing a downtown beautification and community pride initiative through the purchase and installation of 50 new decorative flag pole banners. These banners will be placed on City of Valley City light posts along Central Avenue, Main Street, and surrounding downtown corridors. The project is intended to enhance the visual appeal of downtown, strengthen community identity, and improve the overall experience for both residents and visitors.

Purpose and Need

The existing banner infrastructure has reached a point where replacement is needed to maintain a vibrant and cohesive downtown appearance. Updated banners will provide a refreshed visual identity that better reflects Valley City's current energy, community pride, and tourism assets. As a primary gateway for visitors and a central gathering space for residents, downtown plays a critical role in shaping first impressions. This project supports tourism development by creating a more welcoming environment, highlighting local events and attractions, and reinforcing the sense of place that makes Valley City unique.

Project Scope

This project includes the design, production, and installation of 50 new double-sided flag pole banners. The banners will feature themes aligned with Valley City's identity, including community events, recreation opportunities, local landmarks, and quality of life messaging. Installation will occur on existing City-owned light poles in designated downtown and adjacent corridor locations. Valley City Tourism will coordinate with the City of Valley City for installation logistics and placement approvals.

Budget / Associated Costs

- Banner printing and shipping (50 banners @ estimated \$34.24 each): **\$1,712.00**
- Less website discount on larger orders: **(\$212.00)**

Total Estimated Project Cost: **\$1,500.00**

Timeline

The project is expected to be completed within the next three months. Upon approval, we will order banners, and banners should be shipped within 3-10 business days. Banners will be turned over to the City to be placed on flag poles.

Partners & Responsibilities

Valley City Tourism will serve as the project lead, overseeing design and banner orders. The City of Valley City will assist with the installation and placement on the flag posts.



May 11, 2026

City of Valley City
Visitor Committee
220 3rd St NE
Valley City, ND 58072

RE: Letter of Support for Flagpole Banners

Dear Visitor Committee,

On behalf of the Valley City - Barnes County Development Corporation, I am writing to express our strong support for Valley City Tourism's application for new flagpole banners to be placed throughout the community. Many communities have banners – I'm not sure they are quite like ours. I recently viewed the draft designs, and they made me smile!

The proposed banners will not only add a vibrant and attractive visual element, but also highlight key destinations, amenities, and experiences that make our community unique. These banners will complement and strengthen existing marketing efforts while reinforcing community pride and showcasing the high quality of life Valley City has to offer.

We often find that new residents are visitors first. Creating a welcoming and visually engaging environment helps leave a positive impression on those exploring the community for the first time. These banners will serve as a reminder to current residents of the many benefits of living in Valley City while also introducing visitors to the opportunities, attractions, and sense of community that make Valley City a place that people are proud to call home.

Attracting new residents and visitors is directly connected to the workforce retention and recruitment efforts that remain a key focus of the Development Corporation. Investments that enhance community image, promote local assets, and strengthen quality of life play an important role in supporting long-term economic growth and community development.

Thank you for your consideration of this application and for your continued investment in projects that positively impact Valley City and Barnes County.

Sincerely,

A handwritten signature in blue ink that reads "Jennifer Feist".

Jennifer Feist

Director of Development

Valley City - Barnes County Development Corporation

250 West Main Street, Valley City, ND 58072 | Direct: 701-840-7820 | Email: jennifer@developvcbc.com



LOCAL PERMIT OR RESTRICTED EVENT PERMIT
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
 GAMING DIVISION
 SFN 17926 (8-2025)

Permit Number
1613

Permit Type (check one)
 Local Permit Restricted Event Permit*

Games Authorized
 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 Valley City Junior Golf Association		Dates Authorized (Read Instruction 2) 05.25.2026	
Organization or Group Contact Person Travis Ingstad	E-mail vcjrgolf@gmail.com	Telephone Number 701-840-2872	
Mailing Address 1312 6th Ave NE	City Valley City	State ND	ZIP Code 58072

SITE INFO

Site Name Valley City Town and Country Club		County Barnes	
Site Address 500 12th Ave NE	City Valley City	State ND	ZIP Code 58072
If the city or county is placing restrictions on the permit, please explain			
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.) 05.25.2026			

Permits must be issued prior to the 1st event date.

Local governing bodies please see the instructions on the backside of this form on how to complete the permit. Be certain to provide the organization or group with the "Information Required to be Preprinted on a Standard Raffle Ticket" found on the backside of this forms if a raffle is being conducted. If a "Restricted Event Permit" is being issued, either provide organization or group with SFN 52880 "Report on a Restricted Event Permit" or make them aware that the report must be filed with the city or county and the Office of Attorney General within 30 days after the event. Before approving a site location, ensure compliance with the gaming law below

Before approving a local permit or restricted event permit the local governing body should review North Dakota Century Code 53-06.1-03(3)(a) which states:

3. A licensed organization or organization that has a permit shall conduct games as follows:
- a. Only one licensed organization or organization that has a permit may conduct games at an authorized site on a day, except that a raffle may be conducted for a special occasion by another licensed organization or organization that has a permit when one of these conditions is met:
 - (1) When the area for the raffle is physically separated from the area where games are conducted by the regular organization.
 - (2) Upon request of the regular organization and with the approval of the alcoholic beverage establishment, the regular organization's license or permit is suspended for that specific time of day by the Attorney General.

Local governing bodies should also review North Dakota Administrative Code 99-01.3-01-05 (Permits) for the administrative rules governing permits. These rules may be viewed on the North Dakota Attorney General's website at <https://attorneygeneral.nd.gov/licensing-and-gaming/gaming/gaming-laws-rules-and-publications>

CITY OR COUNTY CONTACT PERSON

Printed Name of City or County Official Brenda Klein	Title of City or County Official Finance Director	Telephone Number 701-845-1700	E-mail Address bklein@valleycity.us
Signature of City or County Official <i>Brenda Klein</i>		Date 05.19.2026	Issuing Governing Body <input checked="" type="checkbox"/> City <input type="checkbox"/> County

City or County must submit a copy of the permit above to the Office of Attorney General within 14 days of issuance.



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

Pd 05.18.2026
 810 ca

Applying for (check one)

Local Permit Restricted Event Permit*

Games to be conducted

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>Valley City Junior Golf Association</i>		Dates of Activity (Does not include dates for the sales of tickets) <i>5-25-2026</i>	
Organization or Group Contact Person <i>Travis Ingstad</i>	E-mail <i>vcjrgolf@gmail.com</i>	Telephone Number <i>701-840-2872</i>	
Business Address <i>1312 6th Ave NE</i>	City <i>Valley City</i>	State <i>ND</i>	ZIP Code <i>58072</i>
Mailing Address (if different) <i>1312 6th Ave NE</i>	City <i>Valley City</i>	State <i>ND</i>	ZIP Code <i>58072</i>

SITE INFO

Site Name <i>Valley City Town and Country Club</i>	County <i>Burmes</i>
Site Physical Address <i>500 12th Ave NE</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.)

Raffle (50/50) on 5-25-2026

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

Game Type	Description of Prize	Exact Retail Value of Prize
<i>Raffle</i>	<i>50/50 Drawing</i>	
Total (limit \$50,000 per year)		\$

ADDITIONAL REQUIRED INFORMATION

Intended Uses of Gaming Proceeds
Junior Golf → Clubs, Fees, Instruction Equipment

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: *\$373* (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>Travis Ingstad</i>	Telephone Number <i>701-840-2872</i>	E-mail Address <i>travis.s.ingstad@gmail.com</i>
Signature of Organization Group's Permit Organizer <i>[Signature]</i>	Title <i>President</i>	Date <i>5-18-2026</i>

Information required to be preprinted on a standard raffle ticket:

1. Name of organization;
2. Ticket number;
3. Price of the ticket, including any discounted price;
4. Prize, description of an optional prize selectable by a winning player, or option to convert a merchandise prize to a cash prize that is limited to the lesser of the value of the merchandise prize or fifteen thousand dollars. However, if there is insufficient space on a ticket to list each minor prize that has a retail price not exceeding twenty-five dollars, an organization may state the total number of minor prizes and their total retail price;
5. For an organization that has a permit, print the authorizing city or county and permit number;
6. A statement that a person is or is not required to be present at a drawing to win;
7. Date and time for each drawing and, if the winning player is to be announced later, date and time of that announcement. For a calendar raffle, if the drawings are on the same day of the week or month, print the day and time of the drawing;
8. Location and physical street address of the drawing;
9. If a merchandise prize requires a title transfer involving the Department of Transportation, a statement that a winning player is or is not liable for sales or use tax;
10. If a purchase of a ticket or winning prize is restricted to a person of a minimum age, a statement that a person must be at least "-" years of age to buy a ticket or win a prize;
11. A statement that a purchase of the ticket is not a charitable donation;
12. If a secondary prize is an unguaranteed cash or merchandise prize, a statement that the prize is not guaranteed to be won and odds of winning the prize based on numbers of chances; and
13. If a prize is live beef or dairy cattle, horse, bison, sheep, or pig, a statement that the winning player may convert the prize to a cash prize that is limited to the lesser of the market value of the animal or fifteen thousand dollars.

PRIZE RESTRICTIONS:

A single cash prize cannot exceed \$15,000

The retail value of a merchandise prize cannot exceed \$15,000.

The total of all cash prizes and retail value of all merchandise prizes for all games cannot exceed \$50,000 per year.

If the value of the planned cash and merchandise prizes exceed \$50,000, the organization or group must reduce the prizes to this limit or a nonprofit corporation may apply for a state gaming license with the Office of Attorney General.

LOCAL PERMIT AND RESTRICTED EVENT PERMIT DIFFERENCES:

	<u>Local Permit</u>	<u>Restricted Event Permit</u>
Number of events per year	Limited by prizes	One
Must file an information report	Yes, if political party	Yes
May pay employees compensation	Yes	No
Must use chips as wagers	No	Yes
Use of net income	Unrestricted	Restricted
Games allowed	Bingo Raffles Sports Pools	Bingo Raffles Sports Pools Poker Twenty-One Paddlewheels

Compared to a "Local Permit," an organization or group with a "Restricted Event Permit" may conduct three more game types, but is restricted to one event per year, must file a "Report on a Restricted Event Permit" with the city or county and Office of Attorney General, and disburse net income to eligible uses. These uses are described by North Dakota Century Code 53-06.1-11.1(2) and North Dakota Administrative Code 99-01.3-14-02. Refer to the backside of the "Report on a Restricted Event Permit" form for a general list of eligible uses.

For a Restricted Event Permit, one method to ensure that the total of all cash prizes and retail value of all merchandise prizes do not exceed \$50,000 is to charge each player a standard amount at the start of the event for a certain number or value of chips. If a player loses all of the player's chips, the player may re-buy chips. The player would play games and, at the end of the event, the organization would auction merchandise prizes to the players. The player who bid the highest number or value of chips for a prize would win that prize. For those players who have chips but did not successfully bid on a prize, the organization may redeem the chips for a predetermined cash value per chip. For this method, the value of the players' chips redeemed for cash is no a prize.