

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

Tuesday, June 06, 2026
5:00 PM

The City Commission Meeting will begin on Tuesday, June 06, 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/83525407365> or listen by calling (1 346 248 7799) Webinar ID: 835 2540 7365.

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. 2527

NEXT ORDINANCE NO. 1189

CALL TO ORDER

ROLL CALL

PLEDGE OF ALLEGIANCE (PLEASE STAND)

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

Roll Call: Bishop Magnuson Erickson Gulmon Carlsrud

APPROVAL OF CONSENT AGENDA

- A. Approve Minutes from the 05.21.2026 Finance and Commission Meeting
- B. Approve Contractors License
 - a. Indigo Signworks INC
 - b. Escape Fire Protection
 - c. Home Heating, Plumbing, & AC INC
 - d. Legacy Plumbing
 - e. Six D Construction & development LLC
 - f. ACB Construction
 - g. Comstock Construction INC
 - h. Travis Kunze Construction
 - i. Kepler Services
 - j. TCS Electric LLC
 - k. LaValle Flooring INC
 - l. Western Products INC
 - m. Northern Plains Window LLC
 - n. All New Gutter Service INC
 - o. ASAP Electric
 - p. H. Anderson Concrete
 - q. MJ Dalsin Co of ND INC
 - r. Montana Dakota Utility
 - s. Nelson Construction
 - t. TNT Plumbing
 - u. Hi-Line Electric INC
 - v. Singh Contracting INC
 - w. South Peak Holding LLC DBA Skinner Roofing
 - x. Vanterra Foundation Solutions LLC DBA SafeBasements
- C. Approve Gaming Site Authorizations
 - a. Valley City Baseball Association
 - b. North Dakota Horse Park Foundation
- D. Approve Local Permit
 - a. Dakota State Fraternal Order of Eagles Aux.
 - b. Sheyenne Valley Scenic Byway Foundation
 - c. VC Parks and Rec
 - d. VC Town and Country Club Ladies Association
- E. Approve Retail Tobacco License Renewals
 - a. County Bottle Shop INC
 - b. Leevers Foods INC
 - c. Farmers Union Oil Company of Moorhead
 - i. Petro Serve #71
 - ii. Petro Serve #72
 - iii. Petro Serve #73
 - d. Casey's Retail Company
 - e. Dolgencorp LLC
- F. Approve Application for sale of Alcohol License Renewal
 - a. Brockopp Brewing LLC

Roll Call: Magnuson Erickson Gulmon Bishop 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.

RESOLUTION

RES 2526. Resolution Approving Employee Work Week Adjustment and Payroll Transition. (City Attorney Martineck)

Roll Call: Erickson Gulmon Bishop Magnuson Carlsrud

NEW BUSINESS

NB1. Approve Renaissance Zone Authority Board recommendation to approve application for Mark & Judy Svenningsen for a 5-year income tax exemption and 5-year property tax exemption capped at \$500,000 located at 1211 4th Ave NW and designated as VC- 145 (City Assessor Drabus)

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

NB2. Consider request for funds of \$50,000 per year for 2 years to contract with Mr James Leiman for economic development efforts. (VCBC Development, Jennifer Feist)

Roll Call: Bishop Magnuson Erickson Gulmon Carlsrud

NB3. Discuss Northwest Area Water System Improvements – New Water Tower and Pressure Zone Modifications – Hi-Line Electric insurance. (City Engineer)

Roll Call: Magnuson Erickson Gulmon Bishop Carlsrud

NB4. Approve the remodel exemption application for the North 9 Bar and Grill – parcel number 63-3020851 –(City Assessor Drabus)

Roll Call: Erickson Gulmon Bishop Magnuson Carlsrud

NB5. Consider Tourism Grant application for \$10,000 for Bridges Art Council.

Roll Call: Gulmon Bishop Magnuson Erickson Carlsrud

NB6. Consider Image Enhancement Grant application for \$363.40 for Brighter Days Therapy

Roll Call: Bishop Magnuson Erickson Gulmon Carlsrud

NB7. Approve adding Jennifer South and removing Joy Kiefert as an Authorized Signer on the City of Valley City's Accounts at Dacotah Bank Effective June 8, 2026. (Finance Director Klein)

Roll Call: Magnuson Erickson Gulmon Bishop Carlsrud

CITY ADMINISTRATOR'S REPORT

CITY UPDATES & COMMISSION REPORTS

ADJOURN

City Commission Finance Meeting

Valley City, North Dakota

Tuesday May 19, 2026

Called to Order

President Carlsrud called the meeting to order at 2:30 PM.

Roll Call

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

AGENDA ITEMS

Discuss request for City to adopt streets in Legacy Townhomes Planned Unit Development.

Ann Ripplinger representing the Home Owners Association in Legacy Development addressed the concerns of homeowners regarding the road conditions within the PUD. There was discussion if the City could take ownership of the streets, repair the streets, and then assess to the property owners. The HOA had a meeting coming up and would discuss further the costs to this project if it was done through the City.

Review monthly bills/reports.

Subdivision Paving – Waterfront Meadows.

The Commission reviewed estimated costs and potential special assessments in this area.

Discussion about future and sustainability of Beautification Committee.

City Administrator Crawford informed commissioners the beautification committee is looking for a chair and volunteers.

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

Discussion moved to June 2 Commission meeting.

Discuss adjustments to employee work week and payroll.

City Attorney Martineck discussed the current pay schedule and plan to move to new schedule.

Review Fund Balance Policy.

Finance Director Klein gave update on changes to policy.

Viking Trailer Court Update.

David Wick updated commissioners with plan for trailer court improvements scheduled for completion this summer.

DEPARTMENT REPORTS

Sanitation Department: Supervisor Swart reported that Electronic Clean-Up Week has been scheduled for June 8–12. Residents are reminded that the grass site is open 24/7/365 for grass and branches only. Disposal of garbage at the grass site is prohibited, and unauthorized dumping continues to be an issue.

Electric Department: Electrical Superintendent Senf reported that there were two outages last month. Several summer projects are currently underway, with some nearing completion.

Fire Department: Fire Chief Magnuson reported on the implementation of a new radio system. More than 46 nuisance letters were sent to property owners.

Police Department: Police Chief Horner reviewed calls for service and reported that preparations are underway for upcoming active shooter training.

Street Department: Street Superintendent Klemisch reported that crews are digging a new cell at the landfill. There is currently an opening in the Street Department. Devils Lake is flowing at 450 CFS, and river levels continue to be monitored. Crews are also catching up on mowing after a busy week of projects and Clean-Up Week activities. Samples were taken from the lagoon discharge, and the Department of Environmental Quality approved the closure of the cell on 4 Bottle Drive.

ADJOURN

Meeting adjourned at 4:42 P.M.

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

Tuesday, May 19, 2026

5:00 PM

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

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

Pledge of Allegiance (please stand) Lead by Bio Girls of Valley City

Approval of Agenda

Add to consent agenda, approve local permit for raffle for Valley City Junior Golf Association.

Add New business No. 4 Approve tourism grant application for Valley City Tourism for \$1,000 towards new banners.

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

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

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

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

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

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

New Business

Approve Monthly Bills for the City and Public Works in the Amount of \$3,165,812.

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

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

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

Item moved to June 2, 2026 Commission Meeting

Approve Fund Balance Policy.

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

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

Approve Tourism Grant application for VC Tourism for \$1000 towards new banners.

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

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

CITY ADMINISTRATOR’S REPORT

City Administrator Crawford provided an update on the progress of the Service Center project.

CITY UPDATES & COMMISSION REPORTS

City Attorney Martineck gave update on municipal judge position.

City Assessor Drabus provided information on city tax distribution and comparison to surrounding areas.

City Engineer Petersen provided update for current projects. Provided information on bid opening for May 27.

City Engineer Eslinger gave information on quote received for designer logo of \$150,000.00 for NW water tower.

City Commissioner Erickson informed residents electronic clean up week is June 8-12. Cost is \$1 per pound, this is an increase from last year due to the increase in prices for us to haul. Branch pick up is this Thursday May 21.

ADJOURN

Meeting was adjourned at 5:19pm

Attested to by:

Brenda Klein, Finance Director
City of Valley City

Dave Carlsrud, President of the
City of Valley City Commission



**MASTER LICENSE
RECIPROCAL/MN**

Number: M 2900 **Expires:** April 30, 2026

Issued To: DEAN MEYER
ALEXANDRIA, MN 58103

President: Rod Mayer

Secretary: Jon Hoffman

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 28477

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **INDIGO SIGNWORKS, INC.** whose address is in ALEXANDRIA, 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.

INDIGO SIGNWORKS, 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 13, 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/18/2025

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 Brown & Brown Insurance Services, Inc. 901 Marquette Ave Suite 1800 Minneapolis MN 55402	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Lily Chau or Nicole Borstner</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (612)333-3323</td> <td>FAX (A/C, No): (612) 373-7270</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Nicole.Borstner@bbrown.com</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : The Continental Insurance Company</td> <td style="text-align: center;">35289</td> </tr> <tr> <td>INSURER B : National Fire Insurance Company of Hartford</td> <td style="text-align: center;">20478</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>	CONTACT NAME: Lily Chau or Nicole Borstner		PHONE (A/C, No, Ext): (612)333-3323	FAX (A/C, No): (612) 373-7270	E-MAIL ADDRESS: Nicole.Borstner@bbrown.com		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : The Continental Insurance Company	35289	INSURER B : National Fire Insurance Company of Hartford	20478	INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :																					
INSURER F :																					
INSURED Indigo Signs, Inc. 1622 Main Avenue Fargo, ND 58103																					

COVERAGES **CERTIFICATE NUMBER: 302334** **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.

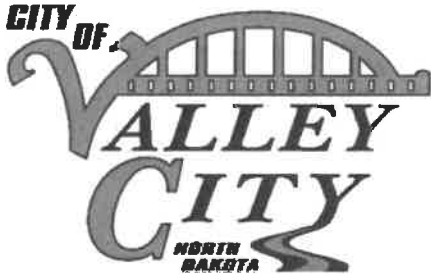
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			7094854213	11-18-2025	11-18-2026	EACH OCCURRENCE	\$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
							MED EXP (Any one person)	\$ 15,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC							GENERAL AGGREGATE	\$ 2,000,000
	OTHER:					PRODUCTS - COMP/OP AGG	\$ 2,000,000		
							\$		
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			7094854180	11-18-2025	11-18-2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
									\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			7094854194	11-18-2025	11-18-2026	EACH OCCURRENCE	\$ 10,000,000	
	<input checked="" type="checkbox"/> EXCESS LIAB						AGGREGATE	\$ 10,000,000	
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	<input type="checkbox"/> CLAIMS-MADE							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			7094854227	11-18-2025	11-18-2026	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	Property			7094854213	11-18-2025	11-18-2026	Business Pers. Prop.	6,806,081	
							Business Income/EE	6,665,300	
							Building	6,266,251	

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

Evidence of Insurance

CERTIFICATE HOLDER **CANCELLATION**

Valley City Auditor 254 2nd Avenue NE Valley City, ND 58072	<p style="text-align: center;">SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p style="text-align: center;"><small>AUTHORIZED REPRESENTATIVE</small></p> <div style="text-align: right;"> </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: Escape Fire Protection, Inc.

Owner: _____

Mailing Address: 3500 Willow Lake Blvd, Suite 200

City, State Zip Code: Vadnais Heights, MN 55110

Phone Number: 651-771-8874

Email Address: SteveS@escapefire.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 000047274 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 05.27.26 CC*

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

065



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2026

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.

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PRODUCER Holmes Murphy & Associates 2727 Grand Prairie Parkway Waukee IA 50263	CONTACT NAME: Amanda Kaehler PHONE (A/C, No, Ext): 612-349-2486 E-MAIL ADDRESS: akaehler@holmesmurphy.com	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE	
INSURED Escape Fire Protection, Inc. 3500 Willow Lake Blvd, Suite 200 Vadnais Heights, MN 55110	INSURER A: Travelers Property Casualty Co. America INSURER B: Phoenix Insurance Company INSURER C: Travelers Casualty Insurance Co of Amer INSURER D: St Paul Surplus Lines Insurance Company INSURER E: INSURER F:	
	NAIC #	
	INSURER A: 25674 INSURER B: 25623 INSURER C: 19046 INSURER D: 30481	

COVERAGES **CERTIFICATE NUMBER:** 455021476 **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 INSP	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contr Liab Per <input checked="" type="checkbox"/> Policy Form/XCU GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			CO4F779192	1/20/2026	1/20/2027	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 \$
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 <input checked="" type="checkbox"/> Comp: \$1,000 <input checked="" type="checkbox"/> Coll: \$1,000			8103L186433	1/20/2026	1/20/2027	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			CUP3R944777	1/20/2026	1/20/2027	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	UB6P448835	1/20/2026	1/20/2027	<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
D	Professional/Pollution Claim Made Leased/Rented Equip-ACV Property-Replacement Cost			ZCE16R25943 CO4F779192	1/20/2026 1/20/2026	1/20/2027 1/20/2027	Ea Claim: \$5,000,000 Ded: \$1,000 Ded: \$1,000 Aggr: \$5,000,000 Per Item: \$100,000 Contents: \$250,000

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

CERTIFICATE HOLDER City of Valley City c/o 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 
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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000047274

CLASS: A

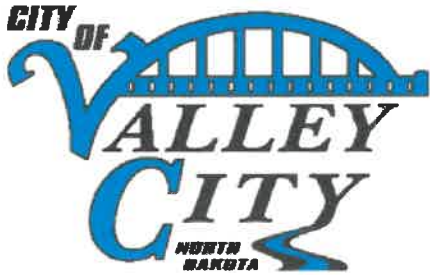
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Escape Fire Protection Inc.** whose address is in VADNAIS HEIGHTS, MN, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with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

Escape 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 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: Home Heating, Plumbing + AC Inc.
 Owner: Denelle Berg
 Mailing Address: 701 28th St S
 City, State Zip Code: FARGO, ND 58103
 Phone Number: 701-280-3400
 Email Address: ap@homehtg.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 1004 Plumber 25810 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 05.15.2026*

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)

12/29/2025

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: Carrie Patterson, CIC
	PHONE (A/C No. Ext): 605-339-3874 FAX (A/C, No): E-MAIL ADDRESS: Carrie.Patterson@MarshMMA.com
INSURED SKL Inc., dba Home Heating, Plumbing & A/C, Inc. and Home & Hearth PO Box 9587 Fargo ND 58106	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: UNITED FIRE AND CASUALTY COMPA 13021
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

CERTIFICATE NUMBER: 1431085062

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 <input checked="" type="checkbox"/> 5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		10050517408	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 ND Stop Gap \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		10044875307	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 checked="" type="checkbox"/> RETENTION \$ 10,000		10116880957	1/1/2026	1/1/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<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	10017493209	1/1/2026	1/1/2027	<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)
 Workers Compensation applies to Minnesota.

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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NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Adam Petersen

License Type: Plumber

License Level: Master

License No.: 1004

Issue Date: 12/14/2009

Valid Until: 12/31/2026



State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 25810

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **HOME HEATING, PLUMBING & AIR CONDITIONING, 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.

HOME HEATING, PLUMBING & AIR CONDITIONING, INC. is entitled to bid on and accept contracts as authorized by law under this license without limit as to the value of any single contract project.

Dated: February 27, 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:

HOME HEATING, PLUMBING & AIR CONDITIONING, 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 # 25810



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 Plumbing LLC
Owner: Robert Mesteth, Brad Kosidowski
Mailing Address: 3522 4th AVE S
City, State Zip Code: Fargo, ND 58103
Phone Number: 701-306-3375
Email Address: Service@legacyplumbingfm.com
Today's Date: 5-12-26

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 05.15.26*

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: 57054

CLASS: C

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

LEGACY 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 \$300,000 in value.

Dated: March 11, 2026

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

Michael Howe
Secretary of State

NORTH DAKOTA STATE PLUMBING BOARD

License Holder: Robert Mesteth
License Type: Plumber
License Level: Master
License No.: 2114
Issue Date: 04/20/2021
Valid Until: 12/31/2026





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/12/2026

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

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

PRODUCER Bell Insurance PO Box 1470 Fargo ND 58107	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Amy Johnston</td> </tr> <tr> <td>PHONE (A/C, No, Ext): 701-237-6414</td> <td>FAX (A/C, No): 701-239-0009</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2" style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td>INSURER A: Secura Insurance Companies</td> <td>NAIC # 22543</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	CONTACT NAME: Amy Johnston		PHONE (A/C, No, Ext): 701-237-6414	FAX (A/C, No): 701-239-0009	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: Secura Insurance Companies	NAIC # 22543	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
CONTACT NAME: Amy Johnston																					
PHONE (A/C, No, Ext): 701-237-6414	FAX (A/C, No): 701-239-0009																				
E-MAIL ADDRESS:																					
INSURER(S) AFFORDING COVERAGE																					
INSURER A: Secura Insurance Companies	NAIC # 22543																				
INSURER B:																					
INSURER C:																					
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Legacy Plumbing, LLC 3522 4th Ave S Fargo ND 58103	LEGAPLU-01																				

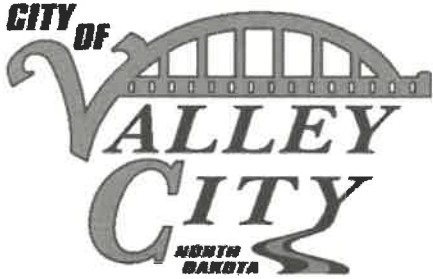
COVERAGES CERTIFICATE NUMBER: 1909542609 REVISION NUMBER:

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:		TC3405459	2/10/2026	2/10/2027	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 checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY		A3405460	2/10/2026	2/10/2027	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 CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		CU3405461	2/10/2026	2/10/2027	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	Y/N <input type="checkbox"/> N/A	TC3405459	2/10/2026	2/10/2027	<input type="checkbox"/> 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	Errors & Omissions		TC3405459	2/10/2026	2/10/2027	Limit Deductible 1,000,000 2,500

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
---	--



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: Six D Construction and Development, LLC
Owner: Paul
Mailing Address: 1053 East Main #109
City, State Zip Code: Valley City ND
Phone Number: 701 840-8073
Email Address: paul.diegel@gmail.com
Today's Date: 4

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 05.18.26

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: 36024

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **SIX D CONSTRUCTION AND DEVELOPMENT, 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.

SIX D CONSTRUCTION AND DEVELOPMENT, 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 6, 2026

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

Michael Howe
Secretary of State



SIXDCON-01

JHARE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/6/2026

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 Dacotah Insurance PO Box 997 240 3rd St NW Valley City, ND 58072	CONTACT NAME: PHONE (A/C, No, Ext): (701) 845-6870 E-MAIL ADDRESS: insurance@dacotahbank.com		FAX (A/C, No): (701) 845-0781
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Auto Owners Insurance		18988
INSURED Six D Construction & Development LLC 1053 E Main St Apt 104 Valley City, ND 58072	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

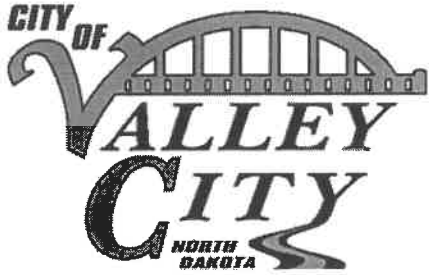
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			77097911	3/1/2026	3/1/2027	EACH OCCURRENCE \$ 1,000,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
							MED EXP (Any one person) \$ 10,000	
							PERSONAL & ADV INJURY \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000,000	
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000,000	
	OTHER:						HIRED NONOWNED \$ 1,000,000	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY			5109791102	3/1/2026	3/1/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY						SCHEDULED AUTOS \$	
	<input type="checkbox"/> HIRED AUTOS ONLY						NON-OWNED AUTOS ONLY \$	
							BODILY INJURY (Per person) \$	
							BODILY INJURY (Per accident) \$	
							PROPERTY DAMAGE (Per accident) \$	
							\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			5109791103	3/1/2026	3/1/2027	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$	
	<input type="checkbox"/> DED						RETENTION \$	
	<input checked="" type="checkbox"/> OCCUR						CLAIMS-MADE \$	
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			77097911	3/1/2026	3/1/2027	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				N/A	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
								E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

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: ACB Construction
 Owner: Aaron Bulow, Bryan Edwards, Will Hansen
 Mailing Address: 11088 33rd St SE
 City, State Zip Code: Valley City, ND 58072
 Phone Number: 701-840-4192
 Email Address: acbvalley@gmail.com
 Today's Date: 5/13/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 50828 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 *I'm pretty sure Melissa at Insure Forward keeps this up-to-date for us! Let me know otherwise!*
 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 05.18.26*

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: 50828

CLASS: A

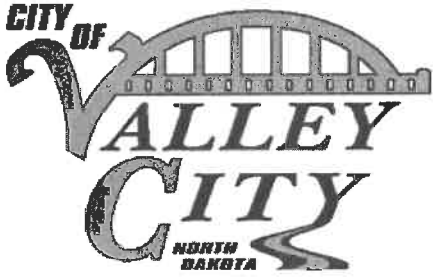
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **ACB CONSTRUCTION, INC.** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

ACB CONSTRUCTION, 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 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: Comstock Construction, Inc.
Owner: Michael Comstock
Mailing Address: 280 S. 11th St.
City, State Zip Code: Wahpeton, ND 58075
Phone Number: (701) 642-3207
Email Address: kfalk@comstockconst.com
Today's Date: April 28, 2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 1805 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 05.18.26*

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 Holmes Murphy & Associates 2727 Grand Prairie Parkway Waukee IA 50263	CONTACT NAME: Elizabeth Gass	FAX (A/C. No.):	
	PHONE (A/C. No. Ext.): 612-349-2415	E-MAIL ADDRESS: egass@holmesmurphy.com	
INSURED Comstock Construction, Inc. 280 11th St S Wahpeton ND 58075	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Zurich American Insurance Company		16535
	INSURER B: American Guarantee & Liability Ins. Co.		26247
	INSURER C: Zurich Acct Current		
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 1641027063 **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 checked="" type="checkbox"/> LOC OTHER:	Y	Y	GLO430789500	10/1/2025	10/1/2026	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 \$
B	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	Y	Y	BAP481806300	10/1/2025	10/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	SXS430790200	10/1/2025	10/1/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N N / A	Y	Y	WC430789600	10/1/2025	10/1/2026	<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

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

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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State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 1805
CLASS: A

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

COMSTOCK CONSTRUCTION, 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".

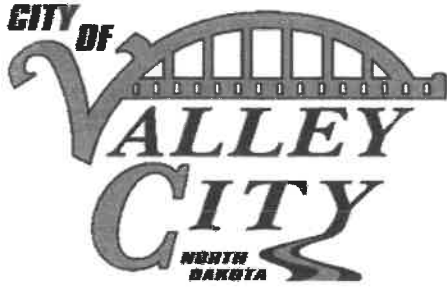
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

COMSTOCK CONSTRUCTION, 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 # 1805



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: Travis Kunze Construction
Owner: Travis Kunze
Mailing Address: 1652 116 Ave SE
City, State Zip Code: Dazey ND 58429
Phone Number: 701-840-1774
Email Address: Kunze Travis@yahoo.com
Today's Date: 5/13/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 34944 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 05.18.26 ck

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

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

should have on file through June then Nodak should send new certificate

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 34944

CLASS: C

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **TRAVIS KUNZE CONSTRUCTION** whose address is in DAZEY, 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.

TRAVIS KUNZE CONSTRUCTION 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 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)

05/21/2026

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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):	701-845-2912	FAX (A/C No.):
		E-MAIL ADDRESS:	ckoffice@nodakins.com	
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	Nodak Insurance Company	34592
INSURED	Travis Kunze construction 1652 116TH AVE SE DAZEY, ND 58429	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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			BPND000001469	06/30/2025	06/30/2026	EACH OCCURRENCE	\$1 Million
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$5000
GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$1 Million
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$2 Million
							PRODUCTS-COMP/OP AGG	\$2 Million
A	AUTOMOBILE LIABILITY			CAND000000409	03/30/2026	03/30/2027	COMBINED SINGLE LIMIT (Ea accident)	\$1 Million
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident)
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident)	
A	UMBRELLA LIAB						EACH OCCURRENCE	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION	<input type="checkbox"/> CLAIMS-MADE						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		Y/N				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE-EA EMPLOYEE	\$
							E.L. DISEASE-POLICY LIMIT	\$

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

Carpentry Construction

CERTIFICATE HOLDER

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

CANCELLATION

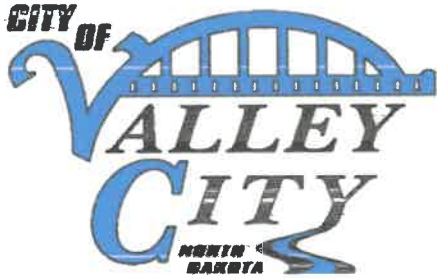
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Chris Kvilvang 0211

#211

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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: Kepler Services
Owner: Rod Kepler
Mailing Address: 1615 16th Ave S.
City, State Zip Code: Fargo ND. 58103
Phone Number: 701-799-8639
Email Address: Kepler services inc @ gmail . com
Today's Date: _____

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

_____ Electrician _____ Plumber _____ 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 05.15.26*

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: 32530

CLASS: D

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

KEPLER SERVICES, 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: 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)
07/02/2025

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 North Risk Partners - Moorhead Insurance Agency 1516 Main Ave Moorhead MN 56580		CONTACT NAME: CL Select Service -ACO PHONE (AC, Ho, Ext): (218) 233-3422 F-MAIL ADDRESS: clselectacq@northriskpartners.com	
INSURED Kepler Services Inc 1615 16Th Ave S Fargo ND 58103		INSURER(S) AFFORDING COVERAGE INSURER A: Midwest Family Mutual NAIC # 23574 INSURER B: Auto-Owners INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 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 GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			CPND0560139298	06/26/2025	06/26/2026	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS COMPO AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/> 19			4960779900	09/19/2024	09/19/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist BI \$ 300,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE DEC <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR, PARTNER, EXECUTIVE OFFICER, MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	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)

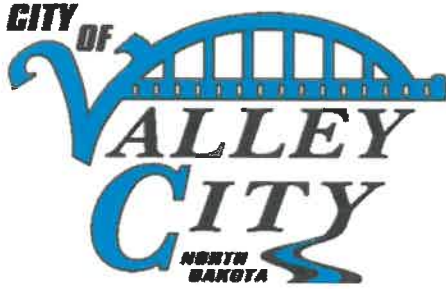
CERTIFICATE HOLDER

ND Secretary of State
600 E Blvd Ave Dept 108
Bismarck ND 58505-0500

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
John Egan



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: TCS Electric LLC
Owner: Tyler Swanson
Mailing Address: 2211 117th Ave SE
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-929-1743
Email Address: tcselectricllc@gmail.com
Today's Date: 5/4/2024

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

State License Numbers (provide all that apply):
M 4095 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.

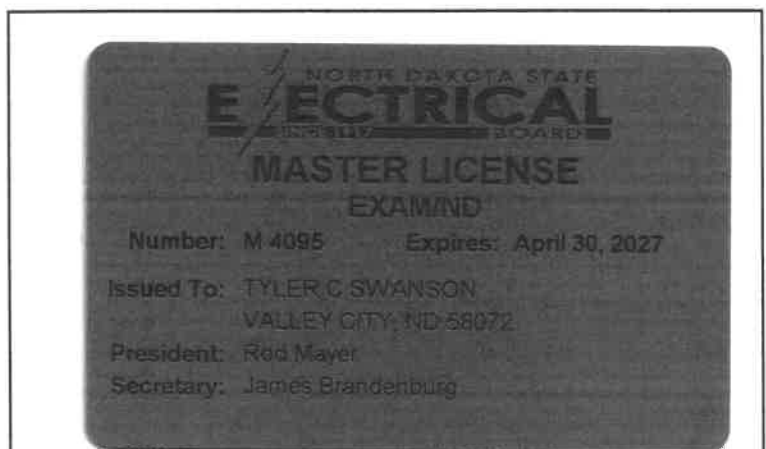
If applicant does not provide state contractor license and states that it is not required please sign here:

LICENSE FEE: X \$100 if initial application, make checks payable to City of Valley City
 _____ \$50 if renewal application *pd 05.21.2024*

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

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

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/13/2026

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: Farmers Union Agency, 1130 28th Ave S, Suite B, Moorhead, MN 56560. CONTACT NAME: Erin Huber, PHONE: (218)612-3003, E-MAIL ADDRESS: erinh@fuinsurance.com. INSURER A: Owners Ins Co, INSURER B: Auto-Owners Insurance Company.

COVERAGES CERTIFICATE NUMBER: 01142605-260613121918 REVISION NUMBER: 1

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 INSD, SUBR WVD, POLICY NUMBER, POLICY EFF (MM/DD/YYYY), POLICY EXP (MM/DD/YYYY), LIMITS. Includes Commercial General Liability, Automobile Liability, Umbrella Liab, Excess Liab, Workers Compensation and Employers' Liability.

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

CERTIFICATE HOLDER: City of Valley City, ND. 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: Jenna Crabtree (EBH)

TCS Electric LLC
Class C - 000045600



**Request
Certificate**

<i>Class Type</i>	Class C
<i>License Num</i>	000045600
<i>Status</i>	Active
<i>Renewal Date</i>	3/1/2027
<i>Inactive Date</i>	N/A
<i>Mailing Address</i>	2211 117TH AVE SE VALLEY CITY, ND 58072-9621
<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) 929-1743
<i>Registration Date</i>	08/23/2021
<i>Certification of Liability Insurance Expiration Date</i>	10/25/2026



View History

State of North Dakota SECRETARY OF STATE



Certificate of Good Standing of TCS Electric LLC

SOS Control ID#: 0005592080

Certificate #: 029105521-1

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

TCS Electric LLC

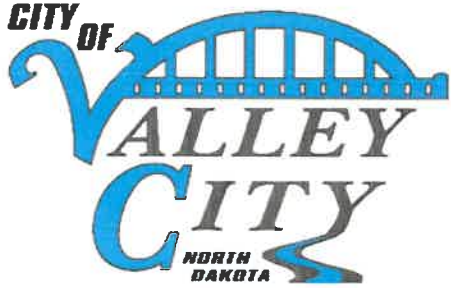
a Contractor - Limited Liability Company was formed under the laws of North Dakota and filed with this office effective August 23, 2021. This contractor has, as of the date set forth below, complied with all applicable North Dakota laws.

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: May 15, 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: LaValle Flooring Inc
Owner: Adriana Rivera, Norberto Rivera & Norberto A Rivera Vazquez
Mailing Address: 2517 W Main St. Suite B
City, State Zip Code: Valley City, ND 58072
Phone Number: 701-845-9380
Email Address: adriana@lavalleflooringinc.com
Today's Date: 05/21/2026

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 05.21.2026*

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: 52347

CLASS: A

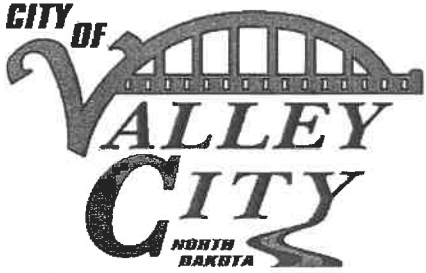
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **LAVALLE FLOORING INC** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

LAVALLE 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: February 11, 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: Western Products Inc
Owner: Michael J Bullinger
Mailing Address: PO Box 2426
City, State Zip Code: Fargo ND 58108
Phone Number: 701-293-5310
Email Address: accounting@westernproducts.com
Today's Date: 5/8/26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber ND 22733 ^{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 05.21.2026

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: 22733

CLASS: A

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

WESTERN PRODUCTS, 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 17, 2026

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

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

WESTERN PRODUCTS, 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 # 22733



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2026

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

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

PRODUCER Vaaler Insurance, A Marsh & McLennan Agency LLC Company 4803 38th St S Suite 101 Fargo ND 58104	CONTACT NAME: Sam Storlie PHONE (A/C No., Ext): 701-298-8200 E-MAIL ADDRESS: Sam.Storlie@MarshMMA.com	FAX (A/C No.): 701-235-9405
	INSURER(S) AFFORDING COVERAGE	
INSURED Western Products Inc. PO Box 2426 Fargo ND 58108	INSURER A : SECURA INSURANCE COMPANY NAIC # 22543	
	INSURER B : Midwest Family Advantage Insur 16262	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 735639465

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 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <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"/> RETENTIONS		3315773	1/1/2026	1/1/2027	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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	CPMN1060144628	1/1/2026	1/1/2027	<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
A	Leased/Rented Equip Pollution Liability		3315771	1/1/2026	1/1/2027	Limit (Ded-\$1,000) 200,000 Limit 1,000,000 Pollution Aggregate 1,000,000

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**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: 000053903

CLASS: B

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

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

Dated: January 7, 2026

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

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

Northern Plains Window, LLC

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

License # 000053903



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2026

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

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

PRODUCER Marsh & McLennan Agency, LLC 6160 Golden Hills Dr Minneapolis MN 55416-1020	CONTACT NAME: PHONE (A/C, No., Ext): E-MAIL: ADDRESS:	FAX (A/C, No.):
	INSURER(S) AFFORDING COVERAGE	
INSURED Western Products Inc. Northern Plains Window, LLC PO Box 2426 Fargo ND 58108	INSURER A: SECURA INSURANCE COMPANY NAIC # 22543	
	INSURER B: SFM Mutual Insurance Company 11347	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1261028144 **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 GENL 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 - COM/OP AGG \$ 2,000,000 S
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			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) \$ S
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION S			3315773	1/1/2026	1/1/2027	EACH OCCURRENCE \$ 7,000,000 AGGREGATE \$ 7,000,000 S
B	<input 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	187801.202	1/1/2026	1/1/2027	<input 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"/> Leased/Rented Equip <input type="checkbox"/> Pollution			3315771	1/1/2026	1/1/2027	Equip Limit 200,000 Pollution Limit 1,000,000 Pollution Aggregate 1,000,000

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.

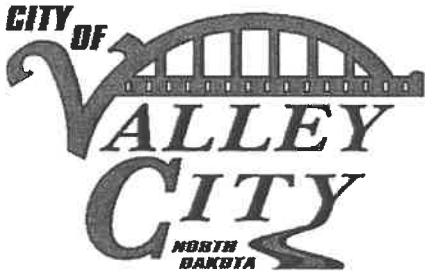
CERTIFICATE HOLDER**CANCELLATION**

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: All New Gutter Service Inc
Owner: Michael J Bullinger
Mailing Address: PO Box 2424
City, State Zip Code: Fargo, ND 58108
Phone Number: 701-280-9261
Email Address: accounting@allnewgutter.com
Today's Date: 5/8/24

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

_____ Electrician _____ Plumber ND21228 Class-D 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 \$1 05,21,2626

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: 21228

CLASS: D

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **ALL NEW GUTTER SERVICE, 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.

ALL NEW GUTTER SERVICE, 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: February 11, 2026

A handwritten signature in cursive script that reads "Michael Howe". The signature is written in black ink and is positioned above the printed name and title.

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

ALL NEW GUTTER SERVICE, INC.

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 # 21228



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/8/2026

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

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

PRODUCER 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 E-MAIL ADDRESS: trudnick@vaaler.com		FAX (A/C, No): 701-235-9405
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Western Products Inc. All New Gutter Service Inc PO Box 2426 Fargo ND 58108	INSURER A: SECURA INSURANCE COMPANY		22543
	INSURER B: Midwest Family Advantage Insur		16262
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES

CERTIFICATE NUMBER: 347657317

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 type="checkbox"/> 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 NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED 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"/> RETENTIONS		3315773	1/1/2026	1/1/2027	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	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	CPMN1060144628	1/1/2026	1/1/2027	<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
A	Leased/Rented Eqmt Pollution		3315771	1/1/2026	1/1/2027	\$200,000 Pollution \$1,000 Ded \$1,000,000

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

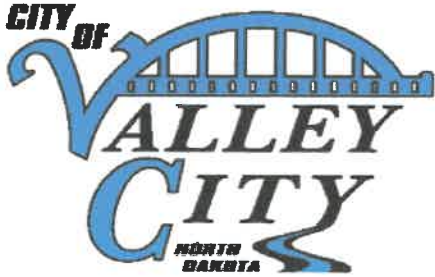
CERTIFICATE HOLDER**CANCELLATION**

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

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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: ASAP Electric
Owner: Allan Pittenger & Shawn Pittenger
Mailing Address: PO Box 402
City, State Zip Code: Valley City, ND 58072
Phone Number: (701)309-0038 Allan (701)789-1055 Shawn
Email Address: asap.electric2@outlook.com
Today's Date: May 19, 2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

2711M 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 05.21.26

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

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

CERTIFICATE OF INSURANCE



This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder ASAP Electric

Address of policyholder PO Box 402 Valley City, ND 58072

Location of operations _____

Description of operations _____

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		
94-BQ-F650-3 F	Comprehensive Business Liability	09/11/25	09/11/26	BODILY INJURY AND PROPERTY DAMAGE	
This insurance includes:		<input checked="" type="checkbox"/> Products - Completed Operations <input checked="" type="checkbox"/> Contractual Liability <input checked="" type="checkbox"/> Personal Injury <input checked="" type="checkbox"/> Advertising Injury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence	\$ 1,000,000
				General Aggregate	\$ 2,000,000
				Products - Completed Operations Aggregate	\$ 2,000,000
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)	
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	Each Occurrence	\$
	<input type="checkbox"/> Other			Aggregate	\$
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory	
		Effective Date	Expiration Date	Part II - Employers Liability	
				Each Accident	\$
				Disease - Each Employee	\$
				Disease - Policy Limit	\$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)	
		Effective Date	Expiration Date		

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

Name and Address of Certificate Holder

City of Valley City

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder _____ days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Tammy Kline

Signature of Authorized Representative

LSA-5 5/4/2026

Title Date

Lance Jenison

Agent Name

Telephone Number 701-845-1517

Agent's Code Stamp
 Agent Code 6127
 AFO Code F188



MASTER LICENSE EXAM/ND

Number: M 2711 **Expires:** April 30, 2027

Issued To: ALLAN PITTENGER
VALLEY CITY, ND 58072

President: Rod Mayer

Secretary: James Brandenburg

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 45959

CLASS: D

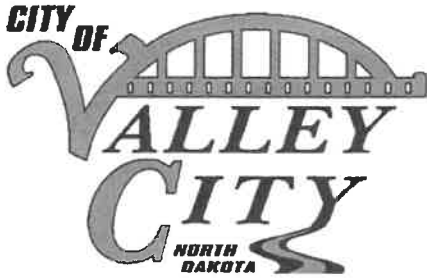
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **ASAP Electric** whose address is in VALLEY CITY, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements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

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

Dated: January 27, 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: H. Anderson Concrete
Owner: Hjalmer O. Anderson III
Mailing Address: Po Box 82
City, State Zip Code: Fingal, ND 58031
Phone Number: (701) 924-8601
Email Address: amanda@handersonconcrete.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 32412 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 05.21.2026

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: 32412

CLASS: B

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **H. ANDERSON CONCRETE, LLC** whose address is in FINGAL, 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.

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

Dated: January 23, 2026

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

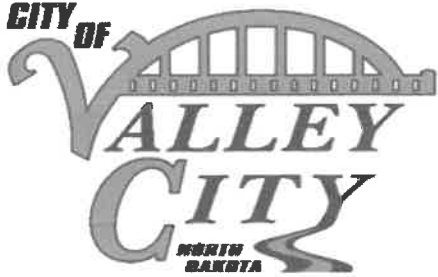
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

H. ANDERSON CONCRETE, LLC

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

License # 32412



**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: MJ DALSIN CO OF ND INC
Owner: MATTHEW POMEY
Mailing Address: P.O. BOX 5055
City, State Zip Code: WEST FARGO ND 58078
Phone Number: 701-282-0509
Email Address: MICHELLEK@DAL SINROOFING.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):

Electrician Plumber 29619 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 05.20.2026

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: 29619

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **M.J. DAL SIN CO. OF N.D., 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.

M.J. DAL SIN CO. OF N.D., 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".

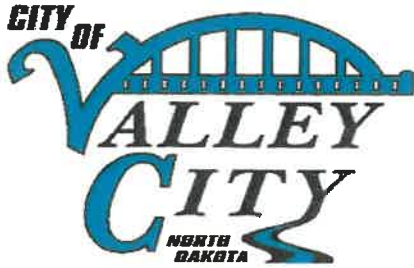
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

M.J. DALVIN CO. OF N.D., 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 # 29619



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: Monatana Dakota Utilities Co.
Owner: MDU Resources
Mailing Address: Box 2216
City, State Zip Code: Jamestown, ND 58402-2216
Phone Number: 701-320-0846
Email Address: eric.nihill@mdu.com
Today's Date: May 11th, 2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 32325 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 *pd 05.10.2026 cc*

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

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

MONTANA-DAKOTA UTILITIES CO.

Class A - 32325



Request Certificate

<i>Class Type</i>	Class A
<i>License Num</i>	32325
<i>Status</i>	Active
<i>Renewal Date</i>	3/1/2027
<i>Inactive Date</i>	N/A
<i>Mailing Address</i>	PO BOX 5650 BISMARCK, ND 58506-5650
<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) 530-1066
<i>Registration Date</i>	03/23/1955
<i>Certification of Liability Insurance Expiration Date</i>	01/01/2027



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/19/2026

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 USA LLC 333 South 7th Street, Suite 1400 Minneapolis, MN 55402-2400 Attn: MDU.CertRequest@marsh.com CN102299309-MDUSI-WXP-26-27	CONTACT NAME: Marsh U.S. Operations PHONE (A/C, No, Ext): 866-966-4664 E-MAIL ADDRESS: MDU.CertRequest@marsh.com FAX (A/C, No): 212-948-5382													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A :</td> <td></td> </tr> <tr> <td>INSURER B : Associated Electric & Gas Ins Services Ltd</td> <td>3190004</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D : Liberty Insurance Corporation</td> <td>42404</td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :		INSURER B : Associated Electric & Gas Ins Services Ltd	3190004	INSURER C :		INSURER D : Liberty Insurance Corporation	42404	INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A :														
INSURER B : Associated Electric & Gas Ins Services Ltd	3190004													
INSURER C :														
INSURER D : Liberty Insurance Corporation	42404													
INSURER E :														
INSURER F :														

COVERAGES	CERTIFICATE NUMBER: CHI-010775999-08	REVISION NUMBER:
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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
B	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			XL5063415P Excess General Liability \$1,000,000 Self-Insured Retention	01/01/2026	01/01/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
B	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			XL5063415P Excess Auto Liability \$1,000,000 Self-Insured Retention	01/01/2026	01/01/2027	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 type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			XL5063415P	01/01/2026	01/01/2027	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC7-641-005097-036 (MN) WA7-64D-005097-016 (AOS) "INCLUDES *STOP GAP*"	01/01/2026 01/01/2026	01/01/2027 01/01/2027	<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)
Re: Excavation for installation of gas service.

Excess liability applies to general liability, products and completed operations, automobile liability, and employers liability.

CERTIFICATE HOLDERThe 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

Marsh USA LLC

© 1988-2016 ACORD CORPORATION. All rights reserved.

ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Endorsement No. 24

Effective date of Endorsement January 1, 2026

Attached to and forming part of POLICY No. XL5063415P

NAMED INSURED: MDU Resources Group, Inc.

It is understood and agreed that this POLICY is hereby amended as indicated. All other terms and conditions of this POLICY remain unchanged.

CONDITION (Q) CANCELLATION ENDORSEMENT (Blanket Basis)

With respect to those persons or organizations entitled by contract or written agreement with the NAMED INSURED to receive a notice of cancellation, Condition (Q) *Cancellation* is replaced by the following:

(Q) *Cancellation*

This POLICY may be cancelled:

- (1) at any time by the NAMED INSURED by mailing written notice to the COMPANY stating when thereafter cancellation will be effective; or
- (2) at any time by the COMPANY by mailing written notice to:
 - a. the NAMED INSURED stating when, not less than ninety (90) days from the date notice was mailed, cancellation will be effective; except, in the event of cancellation for non-payment of premiums, when cancellation will become effective ten (10) days after the notice was mailed, or
 - b. any person or organization entitled by contract or written agreement with the NAMED INSURED to receive a notice of cancellation stating when, not less than thirty (30) days from the date notice was mailed, cancellation will be effective with respect to such person or organization; except, in the event of cancellation for non-payment of premiums, when cancellation will become effective ten (10) days after the notice was mailed. The NAMED INSURED shall provide to the COMPANY, on a quarterly basis or at any time requested by the COMPANY, a list of the names and addresses of each such person or organization entitled to receive a notice of cancellation.

Notwithstanding the above, the COMPANY'S failure to provide notice to any person or organization other than the NAMED INSURED will not impose any obligation or liability upon the COMPANY nor will it extend the effective date and hour of cancellation of this POLICY or otherwise negate such cancellation. Such notice is a matter of information and courtesy only.

Proof of mailing of notice to the respective addresses in Items 7 and 8 of the Declarations will be sufficient proof of notice and the POLICY PERIOD will end on the effective date and hour of cancellation stated in the notice. Delivery of such notice either by the NAMED INSURED or the COMPANY will be equivalent to mailing.

**CONDITION (Q) CANCELLATION ENDORSEMENT
(Blanket Basis)**

In the event of cancellation by the INSURED, the premium retained by the COMPANY will be calculated in accordance with the COMPANY'S short rate table which will be made available to the INSURED upon request. In the event of cancellation by the COMPANY, the premium retained by the COMPANY will be calculated on a pro-rata basis.

The offer by the COMPANY of renewal on terms or premiums different from those in effect during the POLICY PERIOD will not constitute cancellation or refusal to renew this POLICY.



Signature of Authorized Representative

NOTICE OF CANCELLATION TO THIRD PARTIES

- A. If we cancel this policy for any reason other than nonpayment of premium, we will notify the persons or organizations shown in the Schedule below. We will send notice to the email or mailing address listed below at least 10 days, or the number of days listed below, if any, before cancellation becomes effective. In no event does the notice to the third party exceed the notice to the first named insured.
- B. This advance notification of a pending cancellation of coverage is intended as a courtesy only. Our failure to provide such advance notification will not extend the policy cancellation date nor negate cancellation of the policy.

Schedule

Name of Other Person(s) / Organization(s):	Email Address or mailing address:	Number Days Notice:
Per Schedule on file with the Company	Per Schedule on file with the Company	90

All other terms and conditions of this policy remain unchanged.

Issued by Liberty Insurance Corporation 21814

For attachment to Policy No. WA7-64D-005097-016

Effective Date

Premium \$

Issued to MDU Resources Group, Inc.

Endorsement No.

NOTICE OF CANCELLATION TO THIRD PARTIES

- A. If we cancel this policy for any reason other than nonpayment of premium, we will notify the persons or organizations shown in the Schedule below. We will send notice to the email or mailing address listed below at least 10 days, or the number of days listed below, if any, before cancellation becomes effective. In no event does the notice to the third party exceed the notice to the first named insured.
- B. This advance notification of a pending cancellation of coverage is intended as a courtesy only. Our failure to provide such advance notification will not extend the policy cancellation date nor negate cancellation of the policy.

Schedule

Name of Other Person(s) / Organization(s):	Email Address or mailing address:	Number Days Notice:
Per schedule on file with the Company	Per schedule on file with the Company	90

All other terms and conditions of this policy remain unchanged.

Issued by Liberty Insurance Corporation 21814

For attachment to Policy No. WC7-641-005097-036

Effective Date

Premium \$

Issued to MDU Resources Group, Inc.

Endorsement No.



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: Nelson Construction
 Owner: Aaron Nelson
 Mailing Address: 12493 37th St SE
 City, State Zip Code: Oriska ND 58063
 Phone Number: 320-288-6177
 Email Address: Nelsonconstruction18@gmail.com
 Today's Date: 05-19-2026

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 52785 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 05.19.2026 cash

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

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

NELSON CONSTRUCTION LLC

Class D - 000052785

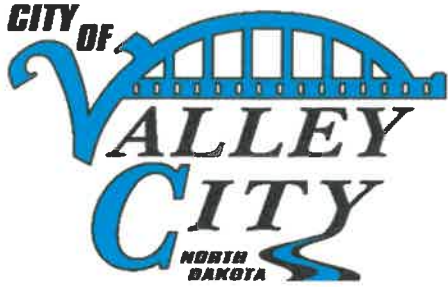


**Request
Certificate**

<i>Class Type</i>	Class D
<i>License Num</i>	000052785
<i>Status</i>	Active
<i>Renewal Date</i>	3/1/2027
<i>Inactive Date</i>	N/A
<i>Mailing Address</i>	12493 37TH ST SE ORISKA, ND 58063-9600
<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>	(320) 288-6177
<i>Registration Date</i>	06/06/2025
<i>Certification of Liability Insurance Expiration Date</i>	11/16/2026



View History



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: TNT Plumbing
Owner: Terry L. Bitz
Mailing Address: 3315 126th ave S.E.
City, State Zip Code: Oriskany N.D. 58063
Phone Number: 701-306-7201
Email Address: tntplumbingbitz@hotmail.com
Today's Date: 5-18-24

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

State License Numbers (provide all that apply): Bus 53865 N.D.
 Electrician 1563 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 05.19.2026 18100 ct

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: 000044077

CLASS: D

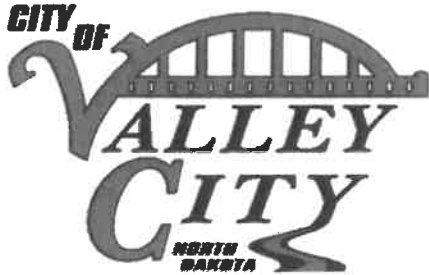
The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **TNT Plumbing** whose address is in ORISKA, ND, has filed in this office proper documents for a Contractor License valid until March 1, 2027, and has complied with all requirements of North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

TNT Plumbing 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 13, 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: Hi-Line Electric, Inc.
Owner: Chad Zann
Mailing Address: 143 10th St. SW
City, State Zip Code: Valley City, ND 58072
Phone Number: (701) 845-0731
Email Address: info@hi-lineelectric.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):

23468 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 5.22.26*

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: 23468

CLASS: A

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

HI-LINE 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 16, 2026

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

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

HI-LINE ELECTRIC, 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 # 23468



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 Tyler Van Bruggen 457 W Main Valley City ND 58072	CONTACT NAME: Tyler Van Bruggen PHONE (A/C, No, Ext): (701) 845-2314 E-MAIL ADDRESS: Tyler.VanBruggen@fumic.com	FAX (A/C, No): (701) 845-2318
	INSURER(S) AFFORDING COVERAGE	
INSURED Hi-Line Electric Inc PO Box 87 Valley City ND 58072	INSURER A: Agraria Ins Co	
	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 INSP 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:		33-170985-25-1001-02	12/01/2025	12/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input 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		33-170985-25-1001-02	12/01/2025	12/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		33-170985-26-1001-02	12/01/2025	12/01/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
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	33-170985-25-1001-02	12/01/2025	12/01/2026	<input type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
						\$
						\$

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
 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

2017-2018 BOARD OF DIRECTORS
ELECTRICAL
SOCIETY OF NORTH DAKOTA

**MASTER LICENSE
EXAM/ND**

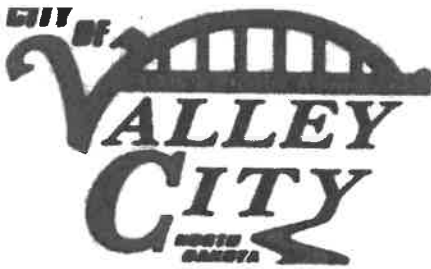
Number: M2572

Expires: April 30, 2027

Issued To: CHAD LEAUN
VALLEY CITY, ND 58072

President: Rod Meyer

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: Singh Contracting Inc.
Owner: Harvey Singh
Mailing Address: PO Box 1577
City, State Zip Code: Bismarck ND 58502
Phone Number: 701-258-7663
Email Address: harvey@singhcontracting.com

Today's Date: 5/26/2026
Type of License Applying For (check all that apply):

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):
Electrician Plumber Contractor

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

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

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

Current copy of State Electrician and/or Plumber License

Current copy of State Contractor License,

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

If applicant does not provide state contractor license and states that it is not required |

LICENSE FEE:

\$100 if initial

application, make checks payable to City of Valley (\$50 if renewal application

pd 05.26.26 1700

RETURN TO:

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

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

Handwritten signature

SINGH CONTRACTING, INC.

Class A - 000051444

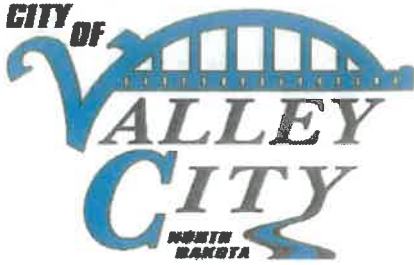


**Request
Certificate**

<i>Class Type</i>	Class A
<i>License Num</i>	000051444
<i>Status</i>	Active
<i>Renewal Date</i>	3/1/2027
<i>Inactive Date</i>	N/A
<i>Mailing Address</i>	PO BOX 1577 BISMARCK, ND 58502-1577
<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) 258-7663
<i>Registration Date</i>	09/23/2024
<i>Certification of Liability Insurance Expiration Date</i>	05/09/2027



View History



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: (dba Skinner Roofing) South Peak Holdings LLC
Owner: Todd Krueger
Mailing Address: PO Box 13091
City, State Zip Code: Grand Forks, ND 58208-3091
Phone Number: 701.772.3636
Email Address: todd.k@skinnerroofing.com
Today's Date: 5.1.26

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

Contractor Electrician Plumber Mechanical

State License Numbers (provide all that apply):

Electrician Plumber 55019 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

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 55019

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **SOUTH PEAK HOLDINGS, LLC** 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.

SOUTH PEAK HOLDINGS, 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".

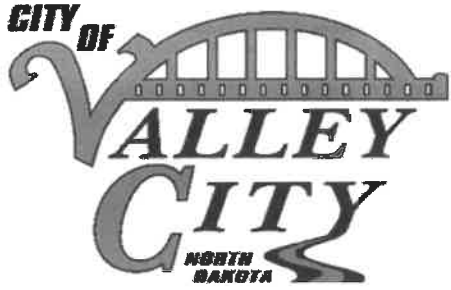
Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

SOUTH PEAK HOLDINGS, 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 # 55019



**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: Vanterra Foundation Solutions, LLC dba SafeBasements

Owner: Vanterra Holdings, LLC

Mailing Address: 60335 US Hwy 12

City, State Zip Code: Litchfield, MN 55305

Phone Number: 888-698-1958

Email Address: compliance@vanterrafoundations.com

Today's Date: 05/06/2026

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

State License Numbers *(provide all that apply):*
 _____ Electrician _____ Plumber 53437 (exp.3/1/27) 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 05.28.2026 ck*

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)
05/13/2026

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 Aon Risk Services Central, Inc. Minneapolis MN Office 5600 West 83rd Street 8200 Tower, Suite 1100 Minneapolis MN 55437 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (800) 363-0105		
	E-MAIL ADDRESS:		
INSURED Vanterra Foundation Solutions, LLC d/b/a SafeBasements 11100 Wayzata Blvd. Suite 300 Minnetonka MN 55305 USA	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Upland Specialty Insurance Comp		16988
	INSURER B: Homesite Insurance Company of FL		11156
	INSURER C: Ascot Insurance Company		23752
	INSURER D:		
	INSURER E:		

COVERAGES **CERTIFICATE NUMBER:** 570119949011 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			USPCL0275525 SIR applies per policy terms & conditions	07/13/2025	07/13/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) Excluded PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	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)
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 type="checkbox"/> RETENTION			CXP00563303	07/16/2025	07/16/2026	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	WC1269001396	05/17/2026	05/17/2027	<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 Valley City Auditor 254 2nd Avenue 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 <i>Aon Risk Services Central, Inc.</i>
---	--

State of North Dakota

SECRETARY OF STATE



CONTRACTOR LICENSE

NO: 000053437

CLASS: A

The undersigned, as Secretary of State of the state of North Dakota and Registrar of Contractors, certifies that **Vanterra Foundation Solutions, LLC** whose address is in KNOXVILLE, TN, 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.

Vanterra Foundation 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: February 24, 2026

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

Michael Howe
Secretary of State

The North Dakota Secretary of State verifies that:

Vanterra Foundation Solutions, 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 # 000053437



May 26, 2026

VIA FedEx

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

Vanterra Foundation Solutions, LLC

To Whom it May Concern:

I am writing on behalf of Vanterra Foundation Solutions, LLC dba SafeBasements to submit documentation in support of 2026 Business License Renewal.

- Business License Renewal Form
- Certificate of Insurance
- North Dakota Contractor License #53437 (exp. 03/01/2027)
- along with a check made out to the CITY OF VALLEY CITY for FIFTY DOLLARS AND ZERO CENTS (\$50.00).

If you have any questions, please feel free to contact me by phone at (844) 554-2367 (ext. 709) or email at lgasca@licensesure.biz. Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Luis Gasca", written over a horizontal line.

Luis Gasca
Paralegal | LicenseSure, LLC
801 Second Avenue, Floor 15
New York, NY 10017

Enclosures: (4)



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 Baseball Association

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

Clubhouse Lounge

Street

322 E Main St

City

Valley City

ZIP Code

58072

County

Barnes

Beginning Date(s) Authorized

07/01/2026

Ending Date(s) Authorized

06/30/2027

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)

North portion of building's main level

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

RESTRICTIONS FOR CITY/COUNTY USE ONLY

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

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

Bingo

Club Special

Sports Pools

ELECTRONIC Quick Shot Bingo

Tip Board

Twenty-One

Raffles

Seal Board

Poker

ELECTRONIC 50/50 Raffle

Punchboard

Calcuttas

Pull Tab Jar

Prize Board

Paddlewheel with Tickets

Pull Tab Dispensing Device

Prize Board Dispensing Device

Paddlewheel Table

ELECTRONIC Pull Tab Device

Days of week of gaming operations (if restricted)

Hours of gaming (if restricted)

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

APPROVALS

Attorney General

Date

Signature of City/County Official

Date

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

INSTRUCTIONS:

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

RETURN ALL DOCUMENTS TO:

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



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

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

Full, Legal Name of Gaming Organization
North Dakota Horse Park Foundation

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

Name of Location
Casa Mexico

Street 2369 Elm Street	City Valley City	ZIP Code 58072	County Barnes
----------------------------------	----------------------------	--------------------------	-------------------------

Beginning Date(s) Authorized 07/01/26	Ending Date(s) Authorized 06/30/27	Number of Twenty-One tables, if zero, enter "0" 0
---	--	---

Specific location where games of chance will be conducted and played at the site (required)
Games may be conducted & played in all public areas excluding restrooms

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

RESTRICTIONS FOR CITY/COUNTY USE ONLY

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

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

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

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

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

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

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

INSTRUCTIONS:

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

RETURN ALL DOCUMENTS TO:

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



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

License Number (Office Use Only)

Site Owner (Lessor) Casa Valley Inc		Site Name Casa Mexico		Site Phone Number 701-490-3394
Site Address 2369 Elm Street		City Valley City	State ND	Zip Code 58072
County Barnes		Rental Period July 1, 2026 to June 30, 2027		Monthly Rent Amount
Organization North Dakota Horse Park Foundation				
1. Is Bingo going to be conducted at the site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
Number of Tables with wagers over \$5 _____ X Rent per Table \$ _____				\$
3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices <u>4</u>		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$ 700
Total Monthly Rent				\$ 700
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance. The LESSOR agrees that no game will be directly operated as part of the lessor's business.

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

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

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

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

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

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

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

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

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



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

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

Full, Legal Name of Gaming Organization
North Dakota Horse Park Foundation

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

Name of Location
Sky Lanes

Street 2379 Elm Street	City Valley City	ZIP Code 58072	County Barnes
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Beginning Date(s) Authorized 07/01/26	Ending Date(s) Authorized 06/30/27	Number of Twenty-One tables, if zero, enter "0" 0
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Specific location where games of chance will be conducted and played at the site (required)
Games may be conducted and played in all public areas, excluding bathrooms

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

RESTRICTIONS FOR CITY/COUNTY USE ONLY

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

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

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

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

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

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

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

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
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RETURN ALL DOCUMENTS TO:

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



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

License Number (Office Use Only)

Site Owner (Lessor) Sky Lanes TBD Inc		Site Name Sky Lanes		Site Phone Number 701-840-0333
Site Address 2379 Elm Street	City Valley City	State ND	Zip Code 58072	County Barnes
Organization North Dakota Horse Park Foundation		Rental Period July 1, 2026 to June 30, 2027		Monthly Rent Amount
1. Is Bingo going to be conducted at the site?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
Number of Tables with wagers over \$5 _____ X Rent per Table \$ _____				\$
3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices <u>4</u>		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 700
Total Monthly Rent				\$ 700
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance. The LESSOR agrees that no game will be directly operated as part of the lessor's business.

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

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

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

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

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

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

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

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

Signature of Lessor 	Title <i>Owner</i>	Date <i>5-6-26</i>
Signature of Lessee	Title Gaming Manager	Date

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

(Ord. No. 1177, § 1, 9-16-2025)

Gaming Site Permit Renewal Support Letter

To the Honorable Members of the Valley City Commission:

Please accept the following information in support of the gaming site permit renewal applications for our two Valley City locations operated by the North Dakota Horse Park Foundation.

Charitable Purpose

The North Dakota Horse Park Foundation exists to develop, operate, and oversee an equine and educational center while raising and distributing funds that support those activities and related programming.

Local Nexus

Erin Drake, a Valley City resident located at 477 3rd Street Southeast, has been employed by the North Dakota Horse Park Foundation since February 2025. Through this employment, our organization actively fulfills the Local Nexus requirement under Local Nexus 7(c) while carrying out charitable operations within Valley City.

Community Impact

Since beginning operations in Valley City, the North Dakota Horse Park Foundation has contributed to the local community in several measurable ways:

- Payroll paid to our local Valley City employee: \$6,951.98
- Rent paid to our Valley City partner locations; including seasonal operations at Sky Lanes and Casa Mexico: \$20,400
- Charitable donations made to the Valley City Fire Department: three donations totaling \$1,250

In addition to these direct financial contributions, our organization brings visitors, horse enthusiasts, spectators, and supporters from across North Dakota to the Fargo Horse Park during live racing season. While we are unable to specifically quantify attendance from Valley City and Barnes County residents, these activities provide regional economic and recreational benefits tied to equine-related events and programming.

When we first began charitable gaming operations in Valley City, no charitable organization had recently partnered with Sky Lanes for gaming operations, and Casa Mexico was in the process of opening its new location in the former City Lights Supper Club building. We are proud to have helped establish and support charitable gaming partnerships at both locations.

We appreciate your consideration of our gaming site permit renewal applications and thank you for your continued support of charitable organizations operating within Valley City.

Sincerely,
North Dakota Horse Park Foundation



APPLICATION FOR A LOCAL PERMIT OR RESTRICTED EVENT PERMIT

PA 05.22.24

NORTH DAKOTA OFFICE OF ATTORNEY GENERAL

GAMING DIVISION

SFN 9338 (8-2025)

810 CV

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>Dakota State Fraternal Order of Eagles Auxiliary</i>		Dates of Activity (Does not include dates for the sales of tickets) <i>6-12-27</i>	
Organization or Group Contact Person <i>Marilyn Quart</i>	E-mail <i>quartoffice@gmail.com</i>	Telephone Number <i>701-388-5888</i>	
Business Address <i>—</i>	City <i>—</i>	State <i>—</i>	ZIP Code <i>—</i>
Mailing Address (if different) <i>90 Prairiewood Dr So</i>	City <i>Fargo</i>	State <i>ND</i>	ZIP Code <i>58103</i>

SITE INFO

Site Name <i>Valley City Eagles Club</i>	County <i>Barnes</i>		
Site Physical Address <i>345 12 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.) <i>Sat June 12th 2027</i>			

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

Game Type	Description of Prize	Exact Retail Value of Prize
<i>Raffle</i>	<i>Handmade throw quilt + Kingsize quilt</i>	<i>215 -</i>
<i>✓</i>	<i>Handmade crocheted throw, purse</i>	<i>100 -</i>
<i>✓</i>	<i>Diamond Art, Park Lane jewelry</i>	<i>150 -</i>
Total (limit \$50,000 per year)		\$ 615 -

ADDITIONAL REQUIRED INFORMATION

Intended Uses of Gaming Proceeds
Donation to Charity - Hi-Soaring Eagles Ranch

Does the organization presently have a state gaming license? (If yes, the organization is not eligible for a local permit or restricted event permit and should call the Office of Attorney General at 1-800-326-9240)

Yes No

Has the organization or group received a restricted event permit from any city or county for the fiscal year July 1 - June 30 (If yes, the organization or group does not qualify for a local permit or restricted event permit)

Yes No

Has the organization or group received a local permit from an city or county for the fiscal year July 1 - June 30 (If yes, indicate the total retail value of all prizes previously awarded)

No Yes - Total Retail Value: (This amount is part of the total prize limit for \$50,000 per fiscal year)

Is the organization or group a state political party or legislative district party? (If yes, the organization or group may only conduct a raffle and must complete SFN 52880 "Report on a Restricted Event Permit" within 30 days of the event. Net proceeds may be for political purposes.)

Yes No

Printed Name of Organization Group's Permit Organizer <i>Dakota State Madam President</i>	Telephone Number <i>701-388-5888</i>	E-mail Address <i>quartoffice@gmail.com</i>
Signature of Organization Group's Permit Organizer <i>Marilyn Quart</i>	Title <i>President</i>	Date <i>5/20/26</i>

Pd 05.27.2026
CASH



APPLICATION FOR A LOCAL PERMIT OR RESTRICTED EVENT PERMIT
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
 GAMING DIVISION
 SFN 9338 (4-2023)

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

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

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

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

ORGANIZATION INFO

Name of Organization or Group Sheyenne River Valley Scenic Byway Foundation		Dates of Activity (Does not include dates for the sales of tickets) August 1, 2026	
Organization or Group Contact Person Bobby Koeplin	E-mail bkoeplin@msn.com	Telephone Number 701-840-1580	
Business Address 250 Main St. W	City Valley City	State ND	ZIP Code 58072
Mailing Address (if different)	City	State	ZIP Code

SITE INFO

Site Name Chautauqua Park	County Barnes
Site Physical Address 933 12th St. NE	City Valley City
	State ND
	ZIP Code 58072

Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.)
8-1-2026 one time

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

Game Type	Description of Prize	Exact Retail Value of Prize
Raffle	Charbroil Grill	386.99
	Sit on Top Kayak	338.61
	Sit on Top Kayak	376.23
Total (limit \$40,000 per year)		\$ 2011.¹³ 1207.83

Intended Uses of Gaming Proceeds
Maintain Water Trail

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

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

Has the organization or group received a local permit from an city or county for the fiscal year July 1 - June 30 (If yes, indicate the total retail value of all prizes previously awarded)
 No Yes - Total Retail Value: _____ (This amount is part of the total prize limit for \$40,000 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

Name Bobby Koeplin	Title Chairperson	Telephone Number 701-840-0250	E-mail Address bkoeplin@msn.com
Signature of Organization or Group's Top Official Bobby Koeplin		Title Chairperson	Date 5-26-26

Additional Raffle Prizes for RiverFest 2026

Handcrafted Canoe Paddle \$200

Camping furniture (sofa and chairs) \$311.12

Camping Cooler \$125

Pull Behind Cooler \$203.18

Holy Ground Gift Cards \$100



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

Pd 05.26.26
 cr 810

Applying for (check one)

Local Permit Restricted Event Permit*

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

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

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

ORGANIZATION INFO

Name of Organization or Group Valley City Parks and Recreation Foundation		Dates of Activity (Does not include dates for the sales of tickets) June 19th, 2026	
Organization or Group Contact Person Hilary Flatt	E-mail hilaryk@vcparcs.com	Telephone Number 701-845-3294	
Business Address 733 8th Ave SW	City Valley City	State ND	ZIP Code 58072
Mailing Address (if different)	City	State	ZIP Code

SITE INFO

Site Name Bjornson Golf Course	County Barnes
Site Physical Address 3473 Woodland Park	City Valley City
	State ND
	ZIP Code 58072

Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.)
50/50 Raffle on June 19th, plan to do this annually if it is successful.

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

Game Type	Description of Prize	Exact Retail Value of Prize
Raffle	Monitary Prize	
Total (limit \$50,000 per year)		\$

ADDITIONAL REQUIRED INFORMATION

Intended Uses of Gaming Proceeds
To help the VCPR Foundation

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

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

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

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

Printed Name of Organization Group's Permit Organizer Hilary Flatt	Telephone Number 701-845-3294	E-mail Address hilaryk@vcparcs.com
Signature of Organization Group's Permit Organizer 	Title Facilities Manager	Date 5/19/2026



APPLICATION FOR A LOCAL PERMIT OR RESTRICTED EVENT PERMIT
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
 GAMING DIVISION
 SFN 9338 (4-2023)

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 Valley City Town & Country Club - Ladies Association		Dates of Activity (Does not include dates for the sales of tickets) 06/17/2026	
Organization or Group Contact Person Jenna Beilke	E-mail jenna.beilke@gmail.com	Telephone Number 701-373-5729	
Business Address 500 12th Ave NE	City Valley City	State ND	ZIP Code 58072
Mailing Address (if different) 1222 5th Ave NW	City Valley City	State ND	ZIP Code 58072

SITE INFO

Site Name Valley City Town and Country Club	County Barnes
Site Physical Address 500 12th Ave NE	City Valley City
	State ND
	ZIP Code 58072

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

50/50 Raffle - one time for Ladies Golf Tournament on 6/17/2026

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

Game Type	Description of Prize	Exact Retail Value of Prize
Raffle - 50/50	Winner will receive 50% of total funds raised in raffle	
Total (limit \$40,000 per year)		\$

Intended Uses of Gaming Proceeds

Betterment of Jr Golf Program - equipment/coaches

Does the organization presently have a state gaming license? (If yes, the organization is not eligible for a local permit or restricted event permit and should call the Office of Attorney General at 1-800-326-9240)

Yes No

Has the organization or group received a restricted event permit from any city or county for the fiscal year July 1 - June 30 (If yes, the organization or group does not qualify for a local permit or restricted event permit)

Yes No

Has the organization or group received a local permit from an city or county for the fiscal year July 1 - June 30 (If yes, indicate the total retail value of all prizes previously awarded)

No Yes - Total Retail Value: (This amount is part of the total prize limit for \$40,000 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

Name Jenna Beilke	Title President	Telephone Number 701-373-5729	E-mail Address jenna.beilke@gmail.com
Signature of Organization or Group's Top Official <i>Jenna Beilke</i>		Title President	Date 5/27/2026



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): County Bottle Shop, Inc.
Name of Business: The Liquor Locker
Address of Applicant: Po Box 957
City, State Zip Code: Devils Lake ND 58301
Address of Premise to be Licensed: 124 Central Ave S Valley City, ND 58072
Phone Number: (701) 845-1980 Email Address: Carol.leibfried@leaversfoods.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 [checked] 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: James R. Leavers Date: 5/11/26
Submitted by: James R. Leavers Title: Owner

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

LICENSE FEE: \$100 if initial application RETURN TO: Valley City Auditor
\$50 if renewal application 220 3rd St. NE
Pd 05.15.2024 Valley City, ND 58072
Email: tplecity@valleycity.us

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



City of Valley City, North Dakota
Application for
Retail Tobacco License

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

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

Name of Applicant(s): Farmers Union Oil Company of Moorhead, MN
Name of Business: Petro Serve USA #071
Address of Applicant: 1772 W. Main Ave West Fargo, ND 58078
City, State Zip Code: West Fargo, ND 58078
Address of Premise to be Licensed: 1020 8th Ave SW Valley City, ND 58072
Phone Number: (701) 845-5808 Email Address: store071@petroserviceusa.com

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

No Yes X (if yes, provide details, incl. date, location, authority that determined violation, and reason for conviction or cancellation; attach separate sheet if necessary) 2016- FDA sale to minor - paid the fine, no suspended licenses, May 2025 - city of VC sting failed I don't believe the license was suspended - paid fine

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: 5/12/2026
Submitted by: Clark Erickson Title: CEO/COO

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

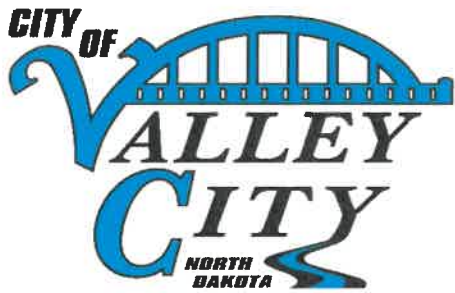
LICENSE FEE: \$100 if initial application RETURN TO: Valley City Auditor
\$50 if renewal application 220 3rd St. NE
Pd 05.18.26 Valley City, ND 58072
Email: tplecity@valleycity.us

For City Use:

Auditor's Office: State License for 2026-2027

Police Department: Recommend Approval
Recommend Denial Police Chief Signature

City Commission: Approved Denied



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

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

Name of Applicant(s): Farmers Union Oil Company of Moorhead, MN
Name of Business: PetroServe USA # 072
Address of Applicant: 1772 W. Main Ave
City, State Zip Code: West Fargo, ND 58078
Address of Premise to be Licensed: 151 9th Ave NW Valley City, ND 58072
Phone Number: (701) 845-0812 **Email Address:** store072@petroserviceusa.com

Has the applicant ever been convicted of a criminal offense related to the sale or distribution of tobacco, or had a tobacco dealer or distributor license revoked or canceled by any municipal, state, or federal authority?
No _____ Yes (if yes, provide details, incl. date, location, authority that determined violation, and reason for conviction or cancellation; attach separate sheet if necessary) Store 071 violations

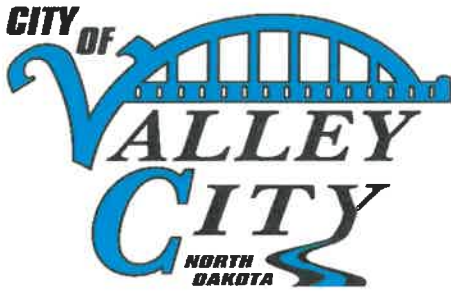
The applicant accepts such license when issued subject to all the conditions of the Valley City Municipal Code, and, in particular, chapter 8-04, The applicant acknowledges that the city retail tobacco license remains valid only for the duration of a valid state license. The applicant agrees that the 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:** 5/12/2026
Submitted by: Clark Erickson **Title:** CEO / COO

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

LICENSE FEE: _____ \$100 if initial application
 \$50 if renewal application
RETURN TO: Valley City Auditor
220 3rd St. NE
Valley City, ND 58072
Email: tpccity@valleycity.us
pd 05.18.26

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



**City of Valley City, North Dakota
Application for
Retail Tobacco License**

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

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

Name of Applicant(s): Farmers Union Oil Company of Moorhead, MN
Name of Business: Petro Serve USA #073
Address of Applicant: 1772 W. Main Ave
City, State Zip Code: West Fargo, ND 58078
Address of Premise to be Licensed: 807 W. Main St Valley City, ND 58072
Phone Number: (701) 845-0107 **Email Address:** Store073@petroserviceusa.com

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

No _____ Yes X (if yes, provide details, incl. date, location, authority that determined violation, and reason for conviction or cancellation; attach separate sheet if necessary) Store 073 violations

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]
Submitted by: Clark Erickson

Date: 5/12/2026
Title: CEO / COO

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
PD 05.19.26

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

For City Use:

Auditor's Office: _____ State License for 2026-2027

Police Department: _____ Recommend Approval
_____ Recommend Denial _____ Police Chief Signature

City Commission: _____ Approved _____ Denied



City of Valley City, North Dakota
Application for
Retail Tobacco License

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

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

Name of Applicant(s): Casey's Retail Company
Name of Business: Casey's General Store #3363
Address of Applicant: 1 SE Convenience Blvd
City, State Zip Code: Ankeny, IA 50021
Address of Premise to be Licensed: 640 15th Ave SW Valley City, ND 58072
Phone Number: (515) 446-6711 (CORP) Email Address: licensingteam@caseys.com
(701) 845-1284 (STORE)

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)

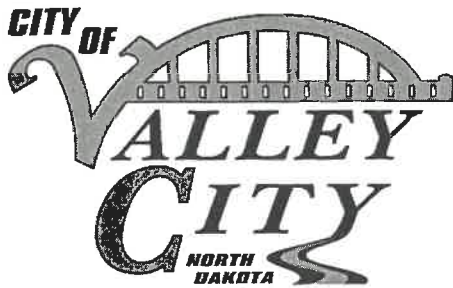
The applicant accepts such license when issued subject to all the conditions of the Valley City Municipal Code, and, in particular, chapter 8-04, The applicant acknowledges that the city retail tobacco license remains valid only for the duration of a valid state license. The applicant agrees that the 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: 05/13/2026
Submitted by: Scott Faber Title: Secretary

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

LICENSE FEE: \$100 if initial application RETURN TO: Valley City Auditor
[X] \$50 if renewal application 220 3rd St. NE
Valley City, ND 58072
Email: tplecity@valleycity.us
Pd 05.18.26

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



City of Valley City, North Dakota Application for Retail Tobacco License

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

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

Name of Applicant(s): Dolgencorp, LLC

Name of Business: Dollar General Store #17856 **Please Return Checks To:** Abby Batey

Address of Applicant: 100 Mission Ridge Ridge

City, State Zip Code: Goodlettsville, TN 37072

Address of Premise to be Licensed: 130 5th Ave NE Valley City, ND 58072

Phone Number: (615) 855-4000 **Email Address:** tax-beerandwinelicense@dollargeneral.com

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

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

Signature: _____ **Date:** 5/11/2026
Submitted by: Edwin Lagos **Title:** Licensing Specialist

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

LICENSE FEE: \$100 if initial application
 (\$50) if renewal application
Pd 05.22.2026

RETURN TO: Valley City Auditor
Valley City Auditor
254 2nd St NE
Valley City, ND 58072 **Valley City Auditor**
220 3rd St. NE
Valley City, ND 58072 **220 3rd St. NE**
Email: tplecity@valleycity.us

For City Use:

Auditor's Office: _____ State License for 2026-2027

Police Department: _____ Recommend Approval
 _____ Recommend Denial _____ Police Chief Signature

City Commission: _____ Approved _____ Denied

17856 Tobcity 2027 V-35326

Vendor #353267
 Invoice #202717856TOBCITY1
 Batch #35007 \$50.00



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: BROCKOPP BREWING LLC

Owner of Premises: SCOTT & NICHOLE BROCKOPP

Ownership Contact: SCOTT BROCKOPP

Mailing Address: 114 E MAIN ST

City, State, Zip Code: VALLEY CITY, ND 58072

Phone Number: (701) 840-9866

Email Address: BROCKBREW@LIVE.COM

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

SCOTT & NICHOLE BROCKOPP - BOTH ND.

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

Mailing Address: 423 9TH ST NW

City, State, Zip Code: VALLEY CITY, ND 58072

Phone Number: (701) 840-9866

Email Address: BROCKBREW@LIVE.COM

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

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

pd 05.19.26

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

Business Opening Date (new applicants): _____

Proposed Operating Hours: _____

All applicants:

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

Class A License Applicants Only:

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

Class D License Applicants Only:

1. Number of seats exclusive of counter seating:	
2. Number of days the restaurant will be open each week:	
3. Number of parking spaces available to restaurant:	
4. Will you provide a food and meals intended for individual consumption, fully prepared and cooked on the premises, that are not primarily pre-packaged, 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:	

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	<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: \$500 *(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, SCOTT BROCKOFF 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 18 day of MAY, 2026.

OWNER
Title

For City Use Only

Reviewed by Auditor's Office:

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

Application deemed complete Tara Perry 05/28/2026
 Signature Date

Reviewed by Police Department:

- Server training in good order
- Application in good order

Recommendation: Approve// Deny// Administrative Hearing

[Signature] 05/27/26
 Signature Date

Reviewed by Fire Department:

- Safety inspection complete

Recommendation: Approve// Deny// Administrative Hearing

[Signature] 05/27/2026
 Signature Date

Reviewed by Commission

___ Approved ___ Denied ___ Date of Final Action ___

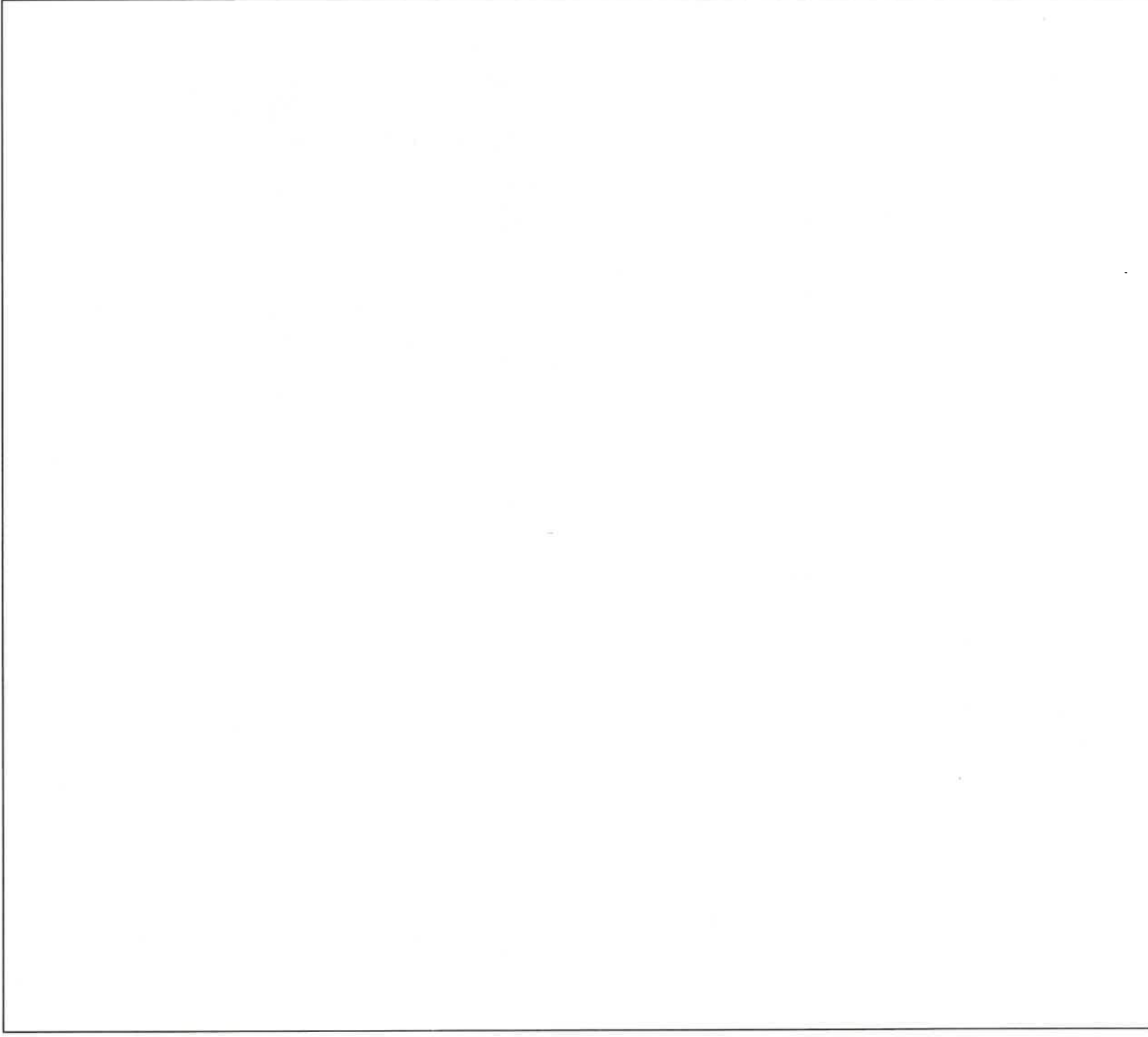
Alcoholic Beverage Floor Plan

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).





Responsible Beverage Seller/Server ANNUAL Report

Due Date: **June 01, 2026**

Business Name: Brockopp Brewing LLC

Date: 5/28/2026

Please complete the below table for ALL beverage Seller/Servers:

	Beverage Server Name	Hire Date	Training Date	Expiration Date	In-Person	On-Line	Online Student ID#
1.	Scott Brockopp	1/20/2020	1/27/2026	1/27/2029		X	308740
2.	Nicki Brockopp	1/20/2020	12/30/2025	12/30/2028		X	? no # on certificate
3.	Terri Stevens	1/20/2020	12/2/2025	12/2/2028		X	? no # on certificate
4.	John Sorensen	4/12/2021	6/22/2024	6/22/2027		X	348901
5.	Eric Holub	7/21/2021	8/23/2024	8/23/2027		X	351574
6.	Matt Nielson	10/15/2021	6/24/2024	6/24/2027		X	347675
7.	Steven Thomas	6/13/2024	6/8/2024	6/8/2027		X	348206
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

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

By signing below the above information is true and correct to the best of my knowledge.

Scott Brockopp
Owner/Manager

Signature:

Printed Name:

SCOTT BROCKOPP

Please return completed form to:

City Hall
220 3rd St NE
Valley City, ND 58072

Questions:

Tana Plecity – Administrative Assistant
tplecity@valleycity.us

IN DISTRICT COURT, BARNES COUNTY, NORTH DAKOTA

State of North Dakota)

Plaintiff.)

vs.)

Scott David Brockopp)

423 9th St Nw)

Valley City, ND 58072)

Defendant.)

SUMMONS

Case No.

02-2025-CR-00316

TO THE ABOVE-NAMED DEFENDANT:

[1] YOU ARE HEREBY SUMMONED to appear before the Barnes County District Court. Barnes County Courthouse, 230 4th Street NW, Valley City, North Dakota, on the 27th day of January, 2026 at 9:00 a.m., to make an Initial Appearance on a Criminal Information

charging the following offense: **Dispensing Alcohol to a Minor, Class A Misdemeanor.**

[2] **If you fail to appear, a warrant will be issued for your arrest.**

By the Court:

12/19/2025 10:15:28 AM



Judge of the District Court

COPY FOR SERVICE

CST # C05972

IN DISTRICT COURT, COUNTY OF BARNES, NORTH DAKOTA

State of North Dakota,)
)
 Plaintiff,)
)
 vs.)
)
 Scott David Brockopp,)
)
 Defendant,)

AFFIDAVIT IN SUPPORT
OF PROBABLE CAUSE

File No.
02-2025-CR-00316

County of Barnes)
) :ss
State of North Dakota)

[¶1] Comes now, Wade Hennel, being first duly sworn, deposes and states:

[¶2] That your affiant is with the Valley City Police Department.

[¶3] Your affiant has attached a true and accurate copy of a report made by Officer Chaise E. Johnson, Valley City Police Department, which is hereby incorporated by reference, in support of probable cause. To the best of your affiant's knowledge, there is sufficient evidence to believe a criminal offense has been committed by the defendant.

[¶4] Subscribed and sworn to before me this 18th day of December, 2025.



Wade Hennel
Kimberly Jorissen
Notary Public, Barnes County

Case Report

Valley City PD

Complexion	Resident	DL State
Height	POB	DL Country
Weight	DLN	SSN
Attire	Employer CSZ	
Employer/School	NDSUPD	Occupation/Grade
Employer Address		Notes
		Plainclothes Officer

Properties

Narrative

12/18/2025 3:15:51 AM 1604 - Johnson, Chaise E

Valley City Police Department

Date: 12-05-2025

Case #: VC-25-00594

Officer(s): Chaise Johnson #1604

Suspect(s): Brockopp, Scott

Arrestee(s):

Victim(s):

Subject: Compliance Check

Initial Narrative of Officer Johnson #1604

1. On Friday December 5th, 2025, the Valley City Police Department (VCPD) conducted compliance checks at retail establishments in Valley City overseen by myself, Officer Chaise Johnson.
2. At approximately 22:09 hours, I arrived at Brockopp Brewing Llc (114 Main St E), accompanied by plainclothes off-duty NDSU Police Officer, Monica Tangen, and a 19-year-old female underage buyer, Nyah Edinger (DOB: 10/17/2006), who were assisting with the compliance check operation.
3. The plainclothes Officer, along with the underage buyer, entered Brockopp's where they approached the bar. The bartender, later identified as Scott Brockopp (DOB: 06/17/1971), asked them what they wanted. The underage buyer requested a "hard seltzer", which is an age restricted product. The bartender did not request any identification or payment, but placed the alcoholic beverage on the bar counter in front of the buyer. They made some casual conversation about a dog that was present.
4. The underage buyer and plainclothes Officer left the alcoholic beverage on the bar counter and exited the establishment, where they provided me with a description of the employee who served the beverage. They informed me money was never requested or given for the drink. The underage buyer completed a buyer report while I contacted the employee.
5. I gathered identifying information for Brockopp and explained the female he had served the alcoholic beverage to was an underage buyer, to which Brockopp responded with "oh shit".
6. I explained to Brockopp a report would be completed on the incident and sent in for review. Brockopp said he understood the process.
7. The underage buyer completed a buyers report which is attached to this case file.

STATE OF NORTH DAKOTA
COUNTY OF BARNES

IN DISTRICT COURT
SOUTHEAST JUDICIAL DISTRICT

NOTIFICATION OF ASSIGNMENT AND CASE NUMBER

STATE OF NORTH DAKOTA

)
)
)
)
)
)
)

vs.

CASE NO. 02-2025-CR-00316

SCOTT DAVID BROCKOPP
VALLEY CITY, ND

INTERESTED PARTIES:

Defendant
Plaintiff
Defendant Attorney:
Plaintiff Attorney:

Scott David Brockopp
State of North Dakota
Scott David Brockopp
Trent Dean Jackson

Re: Dispensing alcohol to a minor


Misdemeanor A

This case has been assigned to the Hon. Nicholas Thornton on December 18, 2025. All future proceedings will be before this judge.

Pursuant to Rule 3.1 of the North Dakota Rules of Court, it is incumbent upon you to place the assigned file number on the front or title page in the upper right-hand corner of the instrument to be filed.

Dated this 18th day of December, 2025

Wanda Auka
CLERK OF DISTRICT COURT

By: 
Deputy Clerk of District Court

IT IS ORDERED that imposition of sentence of the defendant be deferred under N.D.C.C. 12.1-32-02 until Monday, April 27, 2026, effective immediately.

IT IS FURTHER ORDERED, 61 days after expiration or termination of probation, the guilty plea is withdrawn or the guilty verdict set aside, the case dismissed, and the file sealed under N.D.C.C. 12.1-32-07.1 and 12.1-32-07.2, unless otherwise ordered.

Assessed	Waived	Total
\$325.00	\$0.00	\$325.00

The Defendant will pay the amount assessed by the court in a one time payment of \$325.00 beginning Tuesday, January 27, 2026.

1/27/2026 11:05:26 AM



Def.: Scott David Brockopp

Hon. Nicholas Thornton

Disposition on January 27, 2026 by District Court Judge in case number 02-2025-CR-00316

Date

Clerk of Court: Wanda Auka 701-845-8880

If you have questions regarding the terms of your disposition, please contact your attorney, your probation agent or Clerk of Court's Office. All payments to be made to the Clerk of Court at: Barnes County District Court, 230 4TH ST NW, VALLEY CITY, ND 58072.

The Clerk of District Court's Office accepts Visa, MasterCard, or Discover Cards in person or via telephone. Payments can also be made online at <http://www.ndcourts.gov/publicsearch>

NOTIFICATION OF RIGHTS AND ACKNOWLEDGMENT

You have the following rights:

1. To be informed of the charge against you and any accompanying affidavit. You have the right to have a copy of the information or complaint and have it read to you.
2. To remain silent because any statement made by you may later be used against you. Thus, you cannot be compelled to testify against yourself.
3. To the assistance of counsel before making any statement or answering any questions and to be represented by counsel at each and every stage of the proceedings. If necessary, counsel will be appointed at public expense. If counsel is appointed, you may be required to reimburse the state for any fees or expenses paid on your behalf.
4. To be informed of the mandatory minimum punishment, if any, and the maximum possible punishment provided by statute.
5. To be released pending trial on conditions of release that will reasonably assure your appearance in court.
6. If the offense is a felony, you have the right to a preliminary examination. At the preliminary examination, the State must produce evidence that there is probable cause to believe that an offense has been committed and that you committed it. If you are assisted by counsel, you may waive the right to a preliminary examination at the initial appearance.
7. If the offense is a misdemeanor, you have the right to appear and defend in person or by counsel.
8. To trial by jury and any verdict of guilty must be unanimous.
9. To a speedy, public trial.
10. To confront and cross-examine the witnesses against you.
11. To the subpoena power of the State for the purpose of summoning witnesses on your own behalf.
12. You are presumed innocent. The burden is on the State to establish your guilt by proof beyond a reasonable doubt.
13. To plead not guilty, or to persist in that plea if it has already been made, or plead guilty. If you plead guilty, there will not be a further trial of any kind, so that by pleading guilty you waive the right to a trial by jury or otherwise, the right to be confronted with the adverse witnesses, and the right to remain silent.
14. If you are currently on probation or parole, a plea of guilty on this charge could result in revocation of your probation or parole.
15. To appeal the decision of the court or jury.
16. If you are convicted of certain crimes involving violence it may be unlawful under federal law for you to possess or purchase a firearm. This includes a rifle, pistol, or revolver, and ammunition. This applies if you are or were a spouse, intimate partner, parent, or guardian of the victim or were involved in another similar relationship with the victim.

I STATE THAT I AM THE DEFENDANT; I HAVE READ THIS NOTIFICATION AND HAVE BEEN INFORMED OF THESE RIGHTS BY THE COURT; AND I UNDERSTAND EACH OF THEM.

Defendant's Signature

Date

Case Report

Valley City PD

8. This report will be forwarded to the Bames County States Attorney's Office for review and possible prosecution against Brockopp and to the City Attorney's Office for review and administrative sanctions against Brockopp Brewing Lic.

9. End of Report

Officer Chaise Johnson #1604
Valley City Police Department

Evidence Checklist

Additional Evidence Items?

Video Recording

In-Car Video

Surveillance

Interview Room

Other Recording

What other recordings are there?

Audio Recording

911 Call

Other Audio

Other Dispatch Call

Photographs

Uploaded to P1

Entered into Evidence

Written Statement

Victim

Witness

Suspect

Medical Forms

Emergency Detention Worksheet

Domestic Violence Investigation

Use of Force Report

Waiver of Rights

Photo Log

Search Warrant / Return

Bolawrap

Affidavit

Evidence Inventory

Consent to Search

Affidavit of Forgery Form

Copy of Checks

960 Form

Handle With Care Email

Printed 12/18/2025 9:53 AM

Page 5 of 6

RESOLUTION NO. 2526

A RESOLUTION APPROVING EMPLOYEE WORK WEEK ADJUSTMENT AND PAYROLL TRANSITION.

WHEREAS, pursuant to the Valley City Employee Policy and Procedure Manual, the workweek for all departments will normally be forty hours and begin at 12:00 a.m. Thursday and end at 11:59 p.m. on Wednesday; except the workweek for the Water Treatment Plant Operations and Auditor's Office will normally be forty hours and begin at 12:00 a.m. Saturday and end at 11:59 p.m. on the following Friday; and exempt employees and uniformed police personnel shall work based on an eighty (80) hour pay period beginning on Thursday and ending on a Wednesday 14 days later; and

WHEREAS, the City operates a biweekly payroll system in which employee payroll is processed on the Thursday immediately following the last day of the regular pay period (Thursday to Wednesday); and

WHEREAS, the Board of City Commissioners desires to (a) correct structural payroll vulnerabilities that result from limited time to process payroll, (b) realign the work week for all departments to Saturday through Friday to ensure clear timekeeping boundaries and audit transparency, and (c) provide narrowly tailored consideration to employees in exchange for acceptance of the revised payroll cadence and associated payment delay, all for the predominant public purpose of safeguarding fiscal integrity and reducing legal exposure; and

WHEREAS, City staff has reviewed multiple options for implementing said corrections, taking into consideration the administrative burdens to staff and the financial hardship to employees, and recommends an "overlap method" with a "transition advance"; and

WHEREAS, City staff desires to begin the payroll transition with paychecks processed on June 25, 2026; and

WHEREAS, the transition to the new standard work week will result in employees receiving duplicative wage payments associated with overlapping work periods (the "Duplicate Payments") for hours worked from June 6 to June 10, 2026 (see EXHIBIT A); and

WHEREAS, City staff intends to reconcile payroll records due to this irregularity which arises solely from the mechanical effects of the transition timing and not from any fraud, misrepresentation, or overpayment attributable to employee fault; and

WHEREAS, recoupment of the Duplicate Payments through offsets or collection actions would impose disproportionate administrative costs, risk further payroll inaccuracies, and adversely affect workforce stability and service continuity, thereby undermining the City's operational and fiscal interests; and

WHEREAS, the City of Valley City operates under a home rule charter that confers upon the City the powers to control its finances and fiscal affairs, to appropriate money for its purposes, and make payment of its debts and expenses; and to provide for city officers, agencies, and employees, their selection, terms, powers, duties, qualifications, and compensation; and

WHEREAS, the Board seeks to ensure compliance with applicable state constitutional gifting provisions by making express findings that any benefits conferred on employees are incidental to, and reasonably necessary for, advancing legitimate public purposes, and are supported by adequate consideration to the City.

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

1. Findings of Fact.

1.1. The Board finds that the City's current one-day payroll processing window between the close of the work period and payroll finalization creates a significant and ongoing risk of payroll errors, overtime miscalculations, and related wage-and-hour liabilities, and contributes to internal control weaknesses that can impair audit findings and financial reporting accuracy.

1.2. The Board finds that the administrative cost, employee relations impact, and heightened risk of additional payroll inaccuracies associated with recoupment of the Duplicate Payments would likely exceed any net recovery to the City and would not advance the City's long-term fiscal control objectives.

2. Public Purpose.

2.1. The Board determines it is in the public interest to adopt a six-day processing cushion by realigning the standard City work week to Saturday through Friday, thereby providing sufficient time for supervisory review, payroll audit checks, and error correction prior to payroll finalization.

2.2. Establishing a Saturday–Friday work week, together with a six-day cushion, is reasonably calculated to improve fiscal accuracy, enhance compliance with audit standards, reduce overtime liability exposure, and strengthen internal controls, all of which serve a legitimate and primary public purpose.

3. Consideration; Payroll Transition Stipend.

3.1. As specific, bargained-for consideration to the City, all employees covered by this Resolution shall agree to: (a) adopt the Saturday–Friday standard work week effective June 6, 2026, and (b) accept the associated one-time payment timing adjustment and delay necessary to implement the six-day cushion.

3.2. In exchange for the commitments in Section 3.1, the City approves a one-time "Payroll Transition Advance" to eligible employees in an amount equivalent to the number of hours worked from June 6-10 at the employee's base pay, subject to applicable withholdings, eligibility parameters, FLSA overtime provisions, and tax reporting.

3.3. The Board finds that the Payroll Transition Advance is (a) narrowly tailored to facilitate implementation of the revised payroll structure; (b) supported by adequate consideration to the City in the form of employee agreement to the new work week and payment timing; and (c) incidental to, and reasonably necessary for, achieving the City's predominant public purposes described in Section 2.

4. Repayment Cancellation; Compliance with Gifting Provisions.

4.1. The Board approves the cancellation of repayment of the Duplicate Payments as an accounting adjustment to correct transition-related irregularities, and authorizes the Finance Director to make all necessary entries to the City's books and records to effectuate the cancellation.

4.2. The Board finds that approving the cancellation is in the City's best interests because: (a) pursuing repayment would likely cost more than any recovery achieved and would risk additional payroll inaccuracies; (b) the cancellation is part of a comprehensive remedial framework that materially strengthens internal controls and reduces future liabilities; and (c) the action primarily advances public purposes related to fiscal stewardship and audit compliance.

4.3. The Board determines that, in light of the findings herein, neither the cancellation nor the Payroll Transition Advance constitutes an unconstitutional gift of public funds because the City receives adequate, direct, and quantifiable benefits and consideration, and any employee benefit is incidental to the City's predominant public purposes.

5. Implementation; Administrative Direction.

5.1. The City Administrator, or designee, is authorized and directed to implement the Saturday–Friday work week effective June 6, 2026, establish the six-day processing cushion, and take all actions necessary to administer the Payroll Transition Advance consistent with this Resolution and Exhibit A.

5.2. The Director of Finance is authorized to: (a) finalize the reconciliation of the Duplicate Payments; (b) complete the approved cancellation; (c) update payroll calendars; (d) issue guidance to departments to ensure compliance and accurate timekeeping; and (e) report payroll taxes as required by state and federal law.

Passed, adopted and approved this 2nd day of June, 2026.

Dave Carlsrud, President
Board of City Commissioners

ATTEST:

Brenda Klein, Finance Director

June

2026

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

PAYROLL (May 28 – June 10)

PAYROLL
Old (June 11 – June 24)
New (June 6 – June 19)
Overlap with last pay period (June 6 – June 10)



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
BRIAN KROSHUS, COMMISSIONER

April 21, 2026

Ref: L0462254720

MARK SVENNINGSEN
1421 122ND AVE SE
LUVERNE ND 58056-9604

RE: Renaissance Zone Certificate Of Good Standing, State Income And Sales Taxes Only

This letter is evidence of good standing as required by the North Dakota Division of Community Services for purposes of obtaining final approval of a renaissance zone project.

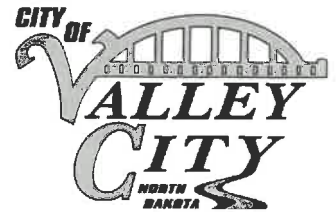
As of the date of this letter, the records in the North Dakota Office of State Tax Commissioner do not show probable cause to believe that any income taxes (including income tax withheld from wages) or sales and use taxes are due and owing to the State of North Dakota by the following taxpayer:

Taxpayer's Name: MARK SVENNINGSEN
SSN or FEIN: 501828281

This letter must be submitted (as part of the zone project application) to the local zone authority for the renaissance zone in which the proposed zone project will be located. Please keep a copy of this letter for your records.

Ashlee Schwark
Supervisor, Individual Income Tax and Passthrough Entities
Phone: 701-328-1296
Email: aschwark@nd.gov

Renaissance Zone Project Application



To receive Division of Community Services' (DCS) approval on zone projects, the following information must be submitted to DCS.

1. Type of project		
Business <input type="checkbox"/>	Residential <input checked="" type="checkbox"/>	
3. Applicant Information		
Name of applicant(s) or business name <i>MARK & Jody Sverningsen</i>		
If business, type of entity (Provide a copy of the Certificate of Good Standing from Tax Department)		
Address and renaissance zone block number as it appears in the development plan property listings.		
Address <i>1211 4th AVE. NW</i>	City <i>Valley City</i>	Renaissance Zone Block <i>15</i>
4. For residential projects provide evidence that the home purchased is the taxpayer's primary residence.		
5. Project Type		
a. Purchase (to include new construction) <input checked="" type="checkbox"/>		
b. Purchase with major improvements <input type="checkbox"/>		
c. Lease <input type="checkbox"/>		
i. What type of lease?		
New <input type="checkbox"/> Expansion <input type="checkbox"/> Continuation of a Lease <input type="checkbox"/> Leasehold Improvement <input type="checkbox"/>		
If this an expansion, what is the additional square feet of the expansion? _____		
ii. If it is a lease project, does it involve the relocation of a business from one location in the city to the Renaissance Zone or from one zone property to another zone property? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. Rehabilitation		
i. Commercial 50% or more of the true and full value <input type="checkbox"/>		
Or		
ii. Residential 20% of the true and full value <input type="checkbox"/>		
iii. Current true and full value \$ _____		

v. For rehabilitation projects, provide a description of the work and the estimated costs.

	Work to be done	Estimated Cost

vi. What is the term (in months) sought for benefits related to this project? 100

6. Does this project involve historical preservation or renovation? Yes No

a. For projects that involve historical preservation or renovation, but are not part of a rehabilitation project, provide a description of the work and the estimated costs. **A letter of approval from the Historical Society is required to claim any historical tax credits either on a rehabilitation project or renovation.**

b. Information for historical properties may be obtained by contacting the Historical Society at (701) 328-2666.

7. For projects other than the purchase (includes new construction) or rehabilitation of a single-family home and historical preservation and renovation, describe how the overall benefit(s) of the project to the community meets or exceeds the financial and tax benefit to the businesses or investor.

8. Provide the estimated state and local tax benefit to the taxpayer for five years (applies to all projects).

Total State tax benefit for five years \$ _____

Total Property tax benefit for five years \$ 27,625

Total Non-participating ownertax credit \$ _____

9. Zone Authority and City Documentation:

Date of approval or conditional approval _____

Provide a copy of minutes or other supporting documentation that indicates the formal approval by the approving entity.

10. Identify from the Development Plan the specific criteria used to approve the project

11. Evidence that the taxpayer is current on state taxes. (Taxpayers can contact the Office of State Tax Commissioner to receive a Certificate of Good Standing. This request must indicate that it is for a Renaissance Zone Project.) See Appendix E.

Letter of Good Standing Attached? Yes No

12. Expected date of occupancy or project completion NOV - 2027

NOTE: The DCS reserves the right to reject a zone-approved project or to continue negotiating its approval. When a project is approved by the DCS, the local zone authority will be notified in writing.

If after a project is approved and the property changes hands or a replacement project is approved during the five-year exemption period, the DCS does not need to approve the transfer or the replacement project. The zone authority, however, must notify the DCS of the change and provide the applicable information about the new homeowners, business, and/or investor. The zone authority must also notify the DCS if any other change occurs in the status of the business or investor tax would affect the exemption approved.

Once the project is completed, DCS must be informed by email, Fax or letter of the exact date of completion, and project number before the final letter of approval can be issued.

On historical Renovations/rehabilitations documentation from the Historical Society approving the final restorations must be submitted to DCS prior a final letter of approval can be issued.

Printed Name MARK Suenningson

Title owner

Signature Mark Suenningson

Date 4-19-26

Project # _____
Block # 15
Parcel # 63-3780240

Guidelines & Additional Information

The Renaissance Zone Board requires application and approval **before you begin a new project** (including new construction, rehabilitation or closing) by both the Renaissance Zone Board and the City Commission. **Approval may take up to 4 weeks.** Your attendance at the Renaissance Zone Board meeting and the City Commission meeting is expected.

Renaissance Zone exemptions begin the year following project completion. There is no exemption on partially completed construction. Property will be taxed on the percentage of construction completed by the 1st of February for the year(s) prior to completion. Property tax exemption begins after the certified construction costs are approved.

For more information about the Renaissance Zone Program, see Goals of the Valley City Renaissance Zone (Form B) and Guidelines for Project Approval (Form C).

Submit the application and the following paperwork to City Hall:

- Certificate of Good Standing from ND Tax Department
- Signed letter from Building/Fire Inspector (enclosed)
- Property Tax Worksheet (enclosed)

Current use and zoning of property R2

Will the property need to be rezoned? Yes No

Attach Plans.

Provide documentation that the project costs meets the city's minimum guidelines for project approval (see Form C).

Applicant Contact Information:

Name Mark & Jody Svenningsen

Contact Number 701-840-1000

Email _____

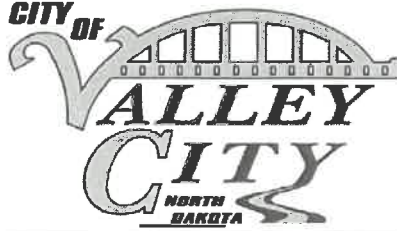
Mailing Address 1421 122nd Ave SE Luverne, ND 58056

Property Tax Worksheet

Dwelling Value only - exclude Land Value

	Residential	Commercial
True and full value of property (exclude land value) (see City Assessor or property tax statement)	375,000	
Multiply by 50%	50%	50%
Assessed Value:.....	\$ 187,500 -	\$ -
For commercial property multiply by 10% For residential property multiply by 9%	9%	10%
Taxable Value:.....	\$ 16,875 -	\$ -
Multiply taxable value times the mill levy/1000	0.32744	0.32744
Property Tax:.....	\$ 5,525 -	\$ -

City Hall
220 3rd St NE
Valley City, ND 58072-0390



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

Date: 5-4-26
TO: Valley City Renaissance Zone Authority Board
PROJECT: New Home 1211 4th AVE NW

The Renaissance Zone applicant agrees to provide this form and preliminary construction document information to the Building Inspector for review as a prior requirement to presenting your project before the Renaissance Zone Authority Board and receiving a building permit. This necessary construction document information may include site plan(s) or supporting site information, floor plans, exterior elevation, interior elevations, building sections, construction details and specifications, and any engineering or industry certifications. The Renaissance Zone applicant also agrees to contact the Building Inspector for all required inspections, which will be listed on the back of the building permit, and to make any necessary changes to the project's construction if the building official finds building code infraction(s) during said inspections. The Renaissance Zone applicant understands that the City of Valley City does not certify, warranty or guarantee the code compliance of any construction, building design, acceptable occupancy or any consequences that may arise due to the interaction of any materials, products, construction processes and/or project design.

I have read, understand and agree to the above,

Signature of Renaissance Zone Applicant

Mark Svellingen

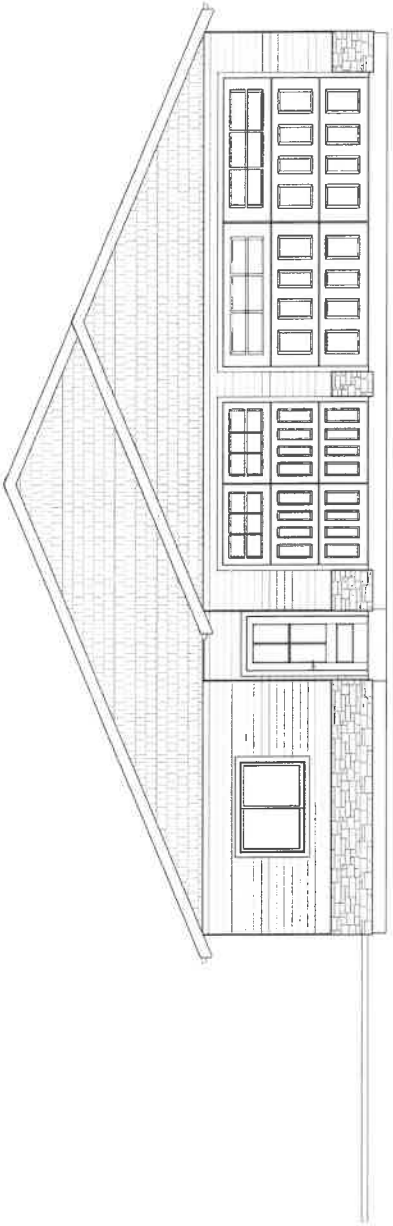
Printed Name of Renaissance Zone Applicant

Signature of Building/Fire Inspector

Building/Fire Inspector Information

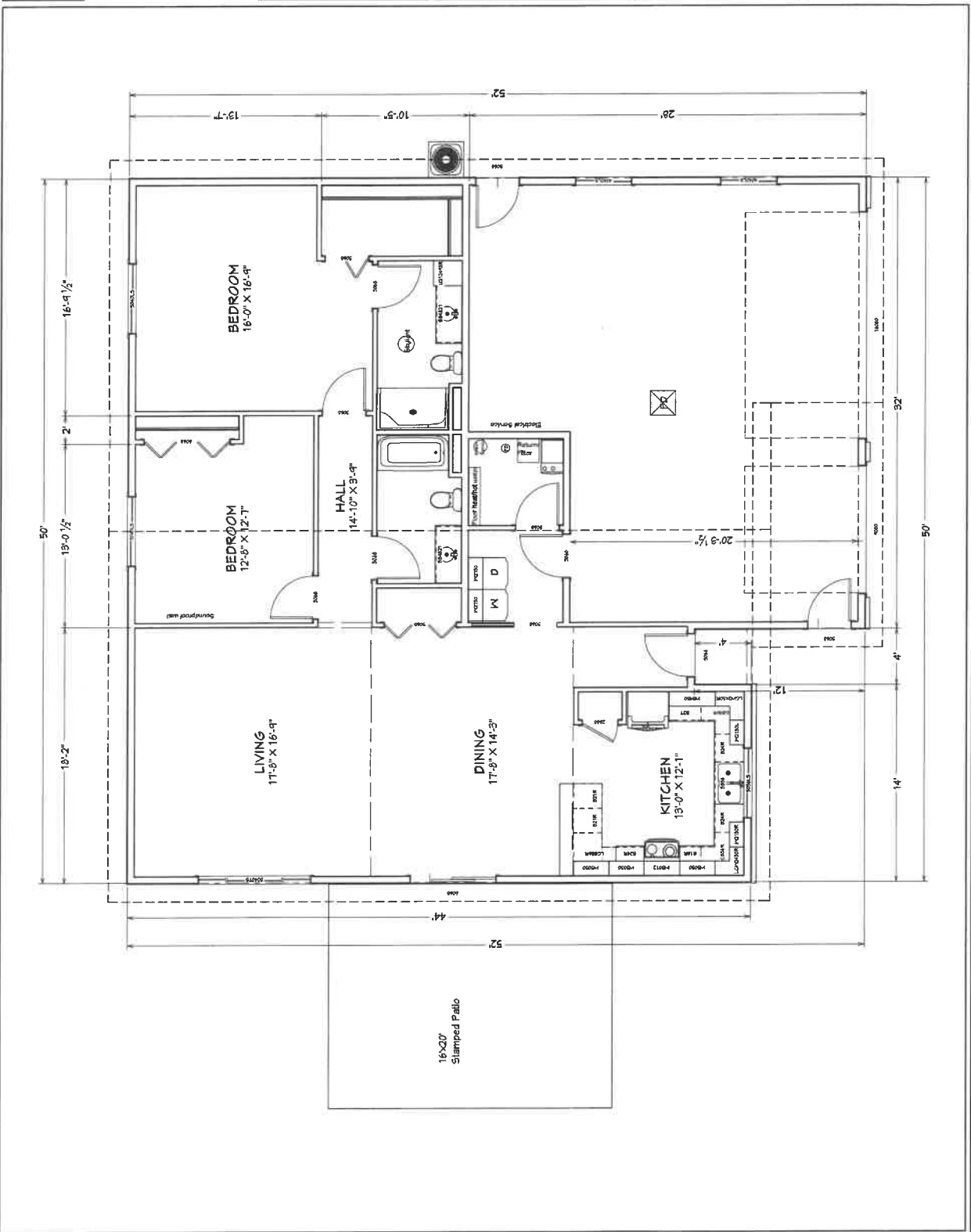
Building/Fire Inspector
220 3rd St NE, Valley City, ND 58072
(701) 845-1700

DRAWINGS PROVIDED BY: Bridgetown Builders Inc. 701-840-2712	DATE:	SCALE:	SHEET: A-1																																
	PROJECT DESCRIPTION: Mark and Jody Svenningsen 1211 4th Ave NW Valley City, ND 58072																																		
SHEET TITLE: Front Elevation																																			
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NO.	DESCRIPTION	BY	DATE																																



CAMERA 1

	Floorplan SHEET TITLE:	PROJECT DESCRIPTION: Mark and Jody Svenningsen 1211 4th Ave NW Valley City, ND 58072	DRAWINGS PROVIDED BY: Bridgetown Builders Inc. 701-840-2712	DATE: 3/26/26	SCALE:	A-1 SHEET:
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1ST FLOOR

Foundation:

Frost Protected Shallow Foundation w/ floor heat
Broomed driveway and sidewalks, Stamped Patio

Framing:

9' sidewalls
5/12 pitch roof, w/ 16" overhangs.
LP sheathing on walls, standard 5/8" OSB on the roof.

Exterior Details:

Weathered wood shingles roofing, vented peak.
White fascia
White soffit
Terra Bronze LP siding with white trim and corners, Coffee straight shakes in
the front gable. 24" tall Sterling Versetta stone on front. (details similar as
townhomes)

Interior Details:

Mission 3" base trim, Mission 3" casing trim stained poplar.
Stained doors in 2 panel. SS door handles.

Garage finish:

Sheetrock hung

Garage doors:

9x8, 16x8 Thermosteel white short carriage panel garage doors/Stockbridge
windows and standard operators.

Windows:

Pella 250 series white vinyl exterior-white painted interior jambed 6 9/16".

Exterior Doors:

FGP Steel white doors-per print. .

HVAC:

Natural Gas furnace w/ AC. Combo floor heat/ water heater. Electric range.
broan fan/light combos with soffit venting.

dryer venting

Any other related venting.

Plumbing:

SS handle bath fixtures

SS tub/shower fixtures

SS kitchen faucet

Tall Elongated toilets

Sewer line (digging assistance from BTB)

Water line to house (digging assistance from BTB)

Garage floor drain

Garage sink

Electrical:

Per code, disk lighting. Standard switches/outlets.
(decorative fixtures provided)

200A panel with trenching. (same as townhomes)

Insulation:

Per code. Please separate garage insulation quote.

Gutters:

White with downspouts

Drywall:

9' ceilings. Separate price for garage finish.
white paint with square corner bead.

Flooring:

LVP baseline in main area and baths, all carpet bedrooms.

Countertops:

Quartz 2cm Group A countertops with 3" backsplashes. Lotus bath sinks,
PU51 kitchen sink.

NO.	DESCRIPTION	BY	DATE

SHEET TITLE: Details Page

PROJECT DESCRIPTION:
Mark and Jody Svenningsen
1211 4th Ave NW
Valley City, ND 58072

DRAWINGS PROVIDED BY:
Bridgetown Builders
Inc.
701-840-2712

DATE: 3/28/26

SCALE:

SHEET:
A-1



May 22, 2026

Mayor Dave Carlsrud
City of Valley City
254 – 2nd Avenue NE
Valley City, ND 58072

RE: Request for Funds – Lead Generation & Business Expansion Strategy

Dear Dave,

The Valley City-Barnes County Development Corporation is requesting approval of \$50,000 per year for two years to contract with Mr. James Leiman, former ND State Commerce Commissioner, to assist, support and enhance our economic development efforts. Services will be strategic, highly focused industrial development that complement and leverage existing efforts and the important work being done to drive long-term growth. Funds would be secured from the City Sales Tax dedicated to economic development – the total investment of up to \$100,000.

The Corporation supports this investment for several reasons:

1. This is a collaborative effort with Mr. Leiman, who has a broad network and is well-connected. Our priority is targeted industry recruitment that is data driven and highly focused to locate one or more primary sector companies here. This collaboration would help us by expanding our reach, accelerating opportunities, and bringing additional expertise and industry connections to the table, which we would not otherwise have immediate access to. His network would help open doors, create introductions, identify opportunities, and help us compete more effectively.
2. We know our strengths. The challenge becomes fine-tuning our message in such a way so that “companies will listen” and we capture the “differentiators” for our community, with messages that will be impactful and customized for each specific company.
3. The contract will include language that allows us to end services with a 30-day written notice. James is results driven; the 30-day notice was part of his proposal. This is a month-by-month contract with payments of about \$4,200 per month and Board review in 90 days and every 90 days thereafter.
4. This investment would also bring resources to the table, which we have had to pay for previously. For example, we contracted with Lightcast to utilize their database as part of our Valley City Good Life campaign. The cost was \$26,000 for one year paid through outside grant funds. James has access to data that could be utilized. We will receive greater benefit than the contracted amount.
5. Considering AI and the incredible pace at which this new tool is changing how businesses function, it is important that businesses and the community position ourselves so that we can participate. AI combined with advanced data infrastructure, automation, and other technologies represent growth opportunities that we feel our partnership with James can help us develop for long-term growth. There is a strong sense of urgency to move forward and position us so that our businesses can

effectively utilize these technology tools to drive profitability and success. If not now, it will be very difficult for us play catch up and be competitive.

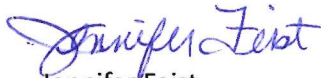
6. We firmly believe in and have executed a strong retention and expansion program. It is critical we grow from within. We are well aware of the challenges that existing businesses face; however, this collaboration can help bring opportunities to them so that their competitiveness and margins can improve. I consistently ask existing companies, "If the Corporation were to recruit a business, what type of company would be beneficial to your business". Connections will be critical here. This retention and expansion effort can include primary and secondary sector (retail/service) business development.
7. As part of our due diligence, the Development Corporation Board listened and questioned James during an hour-long conference call and presentation. In addition, we connected with another community that has been working with James. Since October 2025, the community has seen results that include working with 50+ companies on growth and expansion and delivering over \$50 Million in growth for companies.

The requested \$100,000 is a strategic economic development investment with the potential to generate substantial long-term returns through job creation, expanded tax base, private capital investment, workforce growth, and increased regional visibility.

Economic development today is highly competitive. Communities that are proactive, strategic, and willing to invest in preparation are the communities that win future opportunities. This initiative would help ensure our community is positioned to participate in a rapidly changing economy.

Please approve \$50,000 per year for two years as requested, \$100,000 total. Thank you for your consideration and continued commitment to the long-term success of our community.

Respectfully,



Jennifer Feist

Director of Development

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 E-MAIL ADDRESS: Tyler.VanBruggen@fumic.com	FAX (A/C, No): (701) 845-2318
	INSURER(S) AFFORDING COVERAGE	
INSURED Hi-Line Electric Inc PO Box 87 Valley City ND 58072	INSURER A: Farmers Union Insurance	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES SB **CERTIFICATE NUMBER:** Cert ID 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

North 9 Remodel Exemption Request

The owner of North 9 has started both a interior and exterior renovations to the building formerly known as the Country Club. The owner stated that the facility is no longer intended to operate as a private members-only club and will instead be open to the public for community use.

The golf simulator is currently out of service and in need of updated equipment. The owner plans to replace and upgrade the equipment in order to return the simulator to operation. The racquetball courts are also open to the public. The Pro Shop will continue to serve Country Club members, and the space is being leased to them for \$1.00.

In addition, the basement area will be remodeled to include a lounge and conference/community meeting space. The owner stated that the room will be available at no charge provided that food and beverages are purchased through North 9.

I thanked the owner for investing in Valley City and informed him that the application would need to be presented to the City Commission for consideration.

Based on the proposed improvements and investment into the property, my recommendation is to approve the remodel exemption request.

Estimated Project Costs

- New windows with lower-level installation: \$6,500
- New basement walkout door: \$3,500
- New metal siding with labor: \$45,000
- New walls to separate the men's locker room from the new lounge/community meeting space: \$7,000
- New Pro Shop window: \$3,500
- New front and bar flooring: \$15,000
- New updated furnace: \$7,500
- New metal ceiling tiles: \$9,000
- New lighting: \$6,500
- Updating portions of existing electrical and plumbing systems: \$7,500
- New metal gutters and downspouts: \$4,800

Estimated Total Project Cost: \$115,800



City of Valley City, North Dakota
Application for Property Tax Exemption
Improvements to Commercial & Residential Buildings

N.D.C.C. ch. 57-02.2
 File with City Assessor

Property Identification

1. Legal description of property for which exemption is claimed SW 1/4 NE 1/4, Section 22, Twp 140 N Range 58 West.

2. Address of Property 500 12 Ave NE Valley City 3. Parcel Number 63-3020851

4. Name of Property Owner Bermuda Mafia LLC Phone No. 218-443-2169

5. Mailing Address of Property Owner 500 12th Ave NE Valley City ND

Description of Improvements for Exemption

6. Describe type of remodel, renovation, alteration or addition made to the building for which exemption is claimed (attach additional sheets if necessary) NEW WINDOWS, NEW PATIO DOOR, NEW FRONT PORCH BAR, NEW SIDING, UPDATE ELECTRIC, PLUMBING

7. Building Permit No. 26-020 8. Year Built 1975

9. Date of commencement of making the improvements APRIL, 2026

Applicant's Certification & Signature

10. I certify the information contained in this application is correct to the best of my knowledge.

Applicant [Signature] Date 5/15/2026

Assessor's Determination & Signature

11. Estimated market value of property before the improvements \$ 265,000

12. Cost of making the improvement (all labor, material and overhead) \$ 115,000

13. Estimated market value of property after the improvements \$ 410,000

14. The assessor finds the improvements described in this application DOES DOES NOT meet the qualifications for the exemptions for the following reason(s) _____

Assessor [Signature] Date 5-22-26

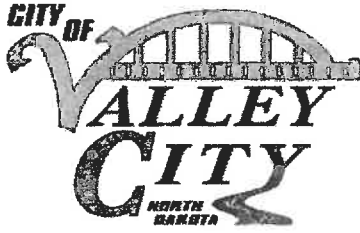
Action of Governing Body

15. Action taken on this application by the governing board of the City: **APPROVED** **DENIED**

Approval is subject to the following conditions: _____

Exemption is allowed for the years 20____, 20____, 20____, 20____, 20____

City Auditor _____ Date _____



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

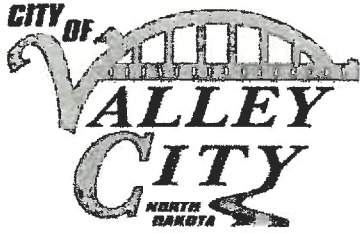
1. Grant funds are intended to organizations support adding, expanding or developing tourist-focused projects to increase the number of visitors to Valley City.
2. Projects that preserve the historical integrity and characteristic details of a building are highly encouraged. Please note, projects cannot 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



Tourism Development Grant & Loan Application

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

PROJECT INFORMATION AND HOW FUNDS WILL BE USED

Please describe the project in detail. Additional documents should be submitted with the application including photos, drawings, quotes, sketches and other materials that help describe the project.

Typed on a seperate sheet

Estimated Project Timeline 6/15/26 Start Date 10/31/26 Completion Date

Is the building owned by the same business requesting the grant? Yes No**
**Written permission for the project from the building owner must be submitted with application

Have you requested, or will you request for other grant funding? Yes No***
***Applicants are highly encouraged to work with the Valley City EDC to understand all grant or funding programs that may assist to ensure project success.

I acknowledge that it is the responsibility of a grantee to use and report all funds appropriately.

I acknowledge no funds will be used for any purpose that violates federal, state, or local laws.

Signature *[Signature]* Stilde van Gyssel Date 5/18/26
Treasurer Bridges Arts Council

Applicant information:

Bridges Arts Council

Hilde van Gijssel, Treasurer and Grants Manager

PO Box 238

Valley City, ND 58072

Email: treasurer@bridgesarts.org

Website: www.bridgesarts.org

Phone: 240-462-8785

Tax exempt form and W9 attached (incorporation paper available upon request)

Project information and how funds will be used:

The Bridges Arts Council (BAC) is submitting a request for \$10,000 to paint a mural on the north side of the building on 239 2 Ave NE in Valley City, just south of the Time Record building. The owner, Caleb Johnson, has given permission (letter attached) and is excited about the opportunity.

Mr Johnson has requested that local artist Bill Cochran paint the mural. Bill Cochran is a well-known and respected artist who has the knowledge and skill to paint a mural of this size. He has previously painted the City Park mural on the VC Parks and Rec building in City Park and the Peggy Lee mural on the Rudolf Hotel building. A mockup for the design of the mural is attached.

The grant will be used to pay for the mural design preparation and layout, surface preparation, the artist fee and material and the cost of renting the proper equipment to complete the mural (Detailed budget and Quote from Bill Cochran are attached). As the BAC is already receiving support through the North Dakota Council on the Arts (NDCA) the BAC cannot apply for the NDCA Special Project funds or Community Access funds, which have been a logical funding source. However, this project fits very well with the current activities of Valley City Tourism to increase the attraction of Valley City for tourists and is therefore appropriate for the Tourism Development Grant.

Valley City Tourism has proposed creating a Valley City Mural and Public Art Tour to support Valley City as a tourist destination and bringing tourists off the beaten path of downtown Valley City. Creating a mural tour is has been a goal of the BAC for a long time. Therefore, the BAC, wholeheartedly supports the initiative of a Mural and Public Art tour by Valley City Tourism. Being able to create this mural will be a valuable addition to the existing murals. Especially as the location as a tour will highlight business such as Alley Beans that are

away from Central Ave in the east part of town. This project is supported by the Valley City Tourism Visitors committee (letter attached).

A strength of the project is the collaboration between Valley City Tourism, the BAC and a local artist, all supporting the Mural and Public Art tour.

The BAC has commissioned and raised funds for several murals in Valley City and therefore has experience running project like this mural. The BAC has selected additional sites for future murals in Valley City and is collaborating with interested parties to expand the number of murals. Future murals will be included in the Valley City Mural and Public Art Tour making the tour something tourists can participate in multiple times and discover the new areas in Valley City.

May 18, 2026

Valley City Tourism
Rosebud Visitor Center
250 Main St. W
Valley City, ND, 58072

Re: Tourism Development Grant & Loan Application

To whom it may concern

This letter is to inform you that I, Caleb Johnson, am the owner of the building on 239 2nd Ave NW in Valley City. I give permission to paint a mural on the north Side of this building by Valley City Artist Bill Cochran in summer of 2026. I have approved the design as included in the application. I also discussed the project with Hilde van Gijssel, Treasurer & grant Manager of the Bridges Arts council who is leading the fundraising for this project.

Please contact me with any questions. I wholeheartedly support this project.

Sincerely
Caleb Johnson
949.436.1086

Valley City, MD
Est. 1874



398

NEWSPAPER
CARDBOARD
ONLY
848-0331

BridgeTown Imprints

145 Central Ave N, Ste H Valley City, ND 58072 701-845-3143

Mural Project Quote

Date	May 18, 2026
Project	Valley City Historic Exterior Mural
Quote Amount	\$10,000.00

Quote includes mural design preparation, layout, materials, equipment, surface preparation as needed, and labor for installation/painting of the large-scale exterior mural shown below.



Notes: Final layout and production details may be adjusted in coordination with the client. Any significant design or wall condition changes may affect final pricing. Quote valid for 30 days.

Thank you for the opportunity to help create a landmark mural for Valley City.

2nd Ave NE “trolley” mural Budget

<i>Item</i>	<i>Cost</i>	<i>Description</i>
Design	\$ 500	
Labor	\$ 6400	8 weeks, 4 hr/day at \$40 per hour This is the rate BAC pays for artists
Scissor Lift rental	\$ 1500	This number includes the purchase of a OSHA safety harness (\$150-200) and use of electrical
Materials	\$ 1000	Paint and 4 paint gun nozzles of different sizes
Anti-graffiti coat	\$ 300	This will protect the mural from graffiti
Miscellaneous	\$ 300	
Total	\$ 10,000	



701-845-3294
macys@vcparks.com
250 West Main Street
Valley City, ND 58072

Visitor Committee
220 3rd Street NE
Valley City, ND 58072

To Whom It May Concern,

On behalf of Valley City Tourism, I am writing in support of the Bridges Art Council's application for \$10,000 for the proposed mural project on the building located south of the Times-Record.

Murals and public art play a major role in creating vibrant, welcoming communities, and that vibrancy directly shapes the visitor experience. Across the country, public art has become an important driver of tourism, encouraging people to explore downtowns, spend more time in communities, and engage with local businesses and attractions. As Valley City continues expanding its collection of murals and public art installations, projects like this help strengthen our identity as a creative and inviting destination.

This mural would also be a valuable addition to the proposed Valley City mural and public art tour, which would highlight many of the community's existing installations, including the WWII Heritage mural, Peggy Lee mural, City Park mural, Community Mural, floral murals, the VCPS Administration Building artwork, and others throughout the city. Together, these projects create a unique sense of place that enhances both community pride and tourism experiences.

This project represents a wonderful opportunity to enhance our downtown buildings through art while continuing to build momentum around public art in Valley City. We fully support the Bridges Arts Council's application and believe this mural would have a lasting positive impact on both residents and visitors alike.

Sincerely,

A handwritten signature in black ink that reads "Macy Schlaht". The signature is fluid and cursive, with a long horizontal stroke at the end.

Macy Schlaht, Marketing Coordinator
Valley City Tourism

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: October 25, 2001

Person to Contact:

Jackie Johnson 31-07453
Customer Service Specialist

Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

45-0341199

Bridges Arts Council
P. O. Box 238
Valley City, ND 58072-0238

Dear Sir or Madam:

This letter is in response to your organization's Articles of Amendment filed with the state on July 5, 2001. We have updated our records to reflect the name change as indicated above.

Our records indicate that a determination letter issued in July 1977 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

Date: October 25, 2001

Person to Contact:
Jackie Johnson 31-07453
Customer Service Specialist

Bridges Arts Council
P. O. Box 238
Valley City, ND 58072-0238

Toll Free Telephone Number:

8:00 a.m. to 9:30 p.m. EST
877-829-5500

Fax Number:
513-263-3756

Dear Sir or Madam:

Enclosed is the information you requested in your letter dated September 6, 2001.

Please accept our apology for the delay in responding to your request and for any inconvenience this may have caused you or your organization.

Sincerely,



Jackie Johnson
Customer Service Specialist

Enclosure: Letter affirming exempt status

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Bridges Art Council

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
PO Box 238

6 City, state, and ZIP code
Valley City, ND 58072

7 List account number(s) here (optional)

Requester's name and address (optional)
Hilde van Gijssel, Treasurer
467 4th st NW
Valley City, ND 58072

See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-						
--	--	--	---	--	--	--	--	--	--

or

Employer identification number

4	5	-	0	3	4	1	1	9	9
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ *Hilde van Gijssel* Date ▶ **10/31/23**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding, later*.

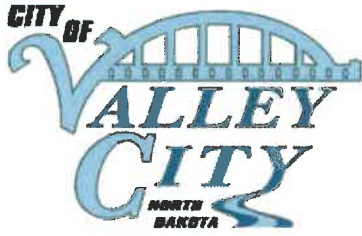


Image Enhancement Grant Guidelines & Documentation To Include With Application

FUNDED BY THE IMAGE ENHANCEMENT SALES TAX AND IMPLEMENTED BY VALLEY CITY MUNICIPAL CODE CHAPTER 20-01.1

PROJECT REQUIREMENTS

1. Project must be visible from Main Street or Central Avenue in locations outlined on the Image Enhancement Grant Location Map (*Map Attached*). In addition, other buildings that meet the criteria of the Image Enhancement purpose as determined by the committee.
2. Ineligible Applicants: a. Government/Quasi-Government Agencies*, b. Churches, c. Non-Profit Healthcare Organizations, d. Housing Entities, e. VC Public Schools or f. VC Park District.
3. Projects can NOT be for landscaping.
4. Project executed within one year.

**Exclusion, up to 25% of annual grant fund revenue may be used by the City annually in 2024, 2025 & 2026 for streetscape projects.*

GENERAL GUIDELINES

1. Grant funds are intended to help service or retail businesses improve their store front, interior or exterior, to positively enhance the image of Valley City or bring new services to the Valley City Community.
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.
3. Application approved by City Hall prior to start of project.
4. Receipts & photos submitted to City for reimbursement.

EXISTING BUSINESS APPLICATION DOCUMENTATION

- Application submitted via email or hard copy to the City of Valley City
- Drawings, mockup or photos of project
- Quotes and project estimates

NEW BUSINESS APPLICATION DOCUMENTATION

- Application submitted via email or hard copy to the City of Valley City
- Market Analysis provided by the Small Business Administration, SBDC, SCDRC or SCORE
- Drawings, mockup or photos of project
- Quotes and project estimates

HISTORICAL BUILDING APPLICATION DOCUMENTATION

- Application submitted via email or hard copy to the City of Valley City
- Drawings, mockup or photos of project
- Quotes and project estimates
- Documentation that the Barnes County Historical Society has been contacted regarding the project. BC Historical Society (701) 845-0966



Brighter Days Therapy

Approximate size and price for exterior sign:

Size: unsure due to building codes for sign

Business door approximate size and price (will look a little different, picture attached):

Size: approx. 24inch x 24 inches

Price for both = \$455

Market Analysis: Valley City / Barnes County Service Area

Office-based and telehealth-based mental health private practice focused on serving Valley City and surrounding eastern North Dakota communities.

POPULATION 10,785 residents	TAM (AGE 12+) Approx. 9,502 people
SERVICEABLE NEED Approx. 2,409 people	LOCAL UNMET NEED 60% say services are inadequate

Executive Summary

Barnes County is a small but clearly underserved outpatient mental health market. ESRI estimates 10,785 residents, 4,776 households, a median age of 44.4, and an adult-heavy population profile, which fits a practice that prefers adults but can also serve clients age 12 and older. Using North Dakota behavioral-health prevalence benchmarks, the county contains an estimated total addressable market of roughly 9,502 residents age 12+ and a conservative serviceable-need segment of about 2,409 people per year. Local demand is not merely theoretical: the 2025 CHI Mercy Health Valley City community health needs assessment reported that 60% of respondents disagreed that Barnes County has adequate mental health services, and the county mental-health-provider ratio was 1,190:1 versus 420:1 statewide. For a startup targeting 20-28 recurring weekly clients, the practice does not need a large market share to reach sustainable early volume. In-person care anchored in Valley City, combined with telehealth for nearby eastern North Dakota communities, is a defensible and grant-worthy market position.

1. Service Area Snapshot

Indicator	Value	Why it matters
Population	10,785	Local resident base is modest in size, but large enough to support a solo specialty practice when unmet need is documented.
Households	4,776	Household scale supports ongoing family, caregiver, and adult individual therapy demand.
Median age	44.4	Older-than-average population supports adult-focused care, grief/loss, trauma, stress, and life-transition work.
Age 18+	81.7%	Most residents are already within the practice's preferred age band.
Median household income	\$69,930	Income is adequate for insurance-based care and selective self-pay when needed.
Businesses / employees	625 / 5,519	Local employers and working adults create referral and telehealth demand, especially for convenient scheduling.

4. Demand Drivers and Access Gaps

Local demand is strongly supported by third-party community health data. In the 2025 CHI Mercy Health Valley City community health needs assessment, 58% of respondents said they were very concerned about mental health in the community and another 25% were somewhat concerned. The same assessment reported that 60% disagreed that Barnes County has adequate mental health services, while 53% cited the availability of local health services as a barrier and 51% cited the time required to see a provider.

Supply constraints are visible in both workforce and geography. The Valley City CHNA reported a Barnes County mental-health-provider ratio of 1,190:1 versus 420:1 statewide, and Barnes County is designated as a Health Professional Shortage Area. In practice, that means even modest new private-practice capacity can matter, particularly for insured adults who want outpatient therapy rather than crisis-oriented or institutional care.

The service area also extends beyond county lines. The Valley City hospital identifies Barnes County as its primary service area while also serving parts of Griggs, Cass, Ransom, LaMoure, and Stutsman Counties. That pattern supports a Valley City office as an in-person anchor with adjacent-county telehealth follow-up.

5. Positioning and Value Proposition

- Differentiate on clinical depth, not mass volume: prior community-health experience in Valley City, corrections experience at Jamestown State Prison, and certification in shame-based therapy create a specialized profile that generalist competitors may not match.
- Use the clinician's role on the North Dakota critical incident debriefing team to build credibility with EMS, law enforcement, firefighters, and other high-stress professions that often need trauma-informed care but may be hesitant to seek it.
- Position the practice as a convenient hybrid model: locally rooted and relationship-based for Valley City, but flexible enough to serve rural clients through telehealth after the initial connection is made.
- Current credentialing with BCBS ND, United, Sanford, and Aetna lowers access friction and broadens referral potential from primary care and community partners.

6. Market Access and Commercial Considerations

ESRI estimates Barnes County households spend about \$20.6 million annually on health insurance, including roughly \$5.57 million on Blue Cross/Blue Shield coverage, and about \$32.5 million annually on health care overall. Those figures indicate that health-care purchasing is already embedded in household budgets and that an insurance-accepting practice can align with existing spending patterns.

The larger startup risk is operational cash flow, not lack of demand. Insurance reimbursement can lag by weeks, so the business model should continue to emphasize strong billing workflows, card-on-file policies, and clear payment expectations. A modest upfront client payment, where contractually and legally appropriate, may improve cash stability without changing the underlying market opportunity.

Signage and market-visibility support are justifiable because awareness is especially important in a small town market where trust, recognition, and referral familiarity directly affect how quickly a new private practice fills its initial caseload.



Please pay from this **INVOICE**

2220 2nd Avenue East | West Fargo, ND 58078
Phone: **701-461-7309** Email: **info@signprofargo.com**

Sold To:
Tyler Bjerke

Ship To:

Invoice No.
94506

Date
5/21/2026

P.O. Number	Payment Terms	Payment Due Date
Trent	Net 15 Days	6/5/2026

Qty.	Item No.	Description	Price Each	Total
2	DIBOND	42" x 9" Custom Sign on Dibond Material - Brighter Days Therapy	50.00	100.00T
	ROUTER	Router Fee	75.00	75.00
1	PLEXI	47" x 11.75" Custom Sign on Plexiglass or Acrylic - Brighter Days Therapy	95.00	95.00T
	ROUTER	Router Fee	75.00	75.00
1	VINYL DESIGN	22" x 12" Door Logo Graphics Design Services - Logo Redraw	35.00	35.00T
			75.00	75.00

Sales Tax (8.0%) \$18.40

Thank You! Ask Us How Vehicle Wraps Can Help Promote Your Business!

TOTAL \$473.40

Thank you for your email requesting additional information regarding Ms. Erin Drake's employment with the North Dakota Horse Park Foundation.

Ms. Drake works in Valley City and is responsible for overseeing our charitable gaming operations at our Valley City locations. The work she performs is conducted in Valley City and Barnes County. Her schedule varies based on operational needs, but she generally works between 5 and 15 hours per week, which equates to approximately 500 hours annually. In addition to her operational responsibilities, Ms. Drake assists the Foundation in identifying local organizations and causes that may benefit from charitable contributions generated through our activities. As a longtime Valley City resident, her knowledge of the community has been valuable in helping us determine where charitable funds can have the greatest local impact. To date, our charitable contributions in Valley City have been directed to the Valley City Fire Department, as we have not received gaming fund applications from other local organizations.

We appreciate the Commission's consideration of our Site Authorization renewals and hope this information adequately addresses the questions that were raised. Please feel free to contact me if any additional information is needed. I will also be available at tonight's meeting should the Commission have any further questions.

Respectfully,

Pete Bushey

North Dakota Horse Park Foundation

RESOLUTION NO. 2527

A RESOLUTION TO SELL CITY PROPERTY

WHEREAS, the City of Valley City owns the following vehicle, for use by the Valley City Police Department:

2022 Ford Explorer, VIN 1FM5K8AC7NGB46655

("Property"); and

WHEREAS, the City desires to sell the Property at public sale to the highest bidder; and

WHEREAS, pursuant to section 1-01-14 of the Valley City Municipal Code, real and personal property of the City of Valley City, regardless of value, may be sold at public or private sale in accordance with procedures established by resolutions adopted by the governing body with reference thereto; and

WHEREAS, the Board of City Commissioners finds that it is in the best interests of the city to use a commercial auction company to generate favorable bids; and

WHEREAS, the Police Department has selected America's Auto Auction, 310 Bach Avenue, New York Mills, MN, 56567, to facilitate the sale.

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

That the Property shall be sold at a public sale.

That the City Administrator, Finance Director, and/or Chief of Police are authorized to contract with America's Auto Auction to sell the Property and return the proceeds of said sale to the City.

Passed, adopted and approved this 2nd day of June, 2026.

Dave Carlsrud, President
Board of City Commissioners
Valley City, North Dakota

ATTEST:

Brenda Klein, Finance Director

ORDINANCE NO. 1189

An ordinance to amend and reenact chapter 8-02 of the Valley City Municipal Code related to commercial pedal cabs

BE IT ORDAINED BY THE BOARD OF CITY COMMISSIONERS OF THE CITY OF VALLEY CITY, BARNES COUNTY, NORTH DAKOTA, PURSUANT TO THE HOME RULE CHARTER OF THE CITY OF VALLEY CITY, NORTH DAKOTA:

Section 1. Chapter 8-02 of the Valley City Municipal Code is amended and reenacted as follows:

CHAPTER 8-02. VEHICLES FOR HIRE

Section 8-02-01. License—Required; ~~exception.~~

No person engaged in carrying passengers for pay, wages, hire, or reward in the city shall use or cause to be used, upon the streets of the city, any ~~automobile or other~~ motor vehicle or multipassenger bicycle (as those terms are defined in section 14-01-01), or a pedal cab, using gasoline, or any other substance as motive power for the carrying of passengers for hire or pay in the city without such vehicle being licensed and operated according to the provisions of this chapter. Pedal cab means a human-powered or primarily human-powered vehicle, whether or not assisted by an electric motor, designed to carry passengers for hire, typically having three or more wheels, operated by a seated driver, and traveling on public streets. Pedal cab includes vehicles commonly known as pedicabs or cycle rickshaws

Section 8-02-02. License—Application.

Any person who desires a license required by section 8-02-01 may make application, in writing to the City Commission, which application shall specify the name of the ~~automobile or~~ vehicle for which a license is desired, the name of the manufacturer of the ~~automobile or~~ vehicle, the year when made and the number of its state license or registration (if applicable), and the number of passengers such ~~automobile or~~ vehicle will accommodate.

Section 8-02-03. License—Fees.

~~If Upon submission of~~ the application required by section 8-02-02 ~~shall be granted by a majority vote of the City Commission,~~ such applicant shall pay ~~into the city treasury, for the use of the city as a license taxi fee according to the City Auditor's Office~~ the fee ~~schedule~~ adopted by the City Commission by resolution, ~~license for each such automobile or~~ vehicle carrying not to exceed five passengers, and for each ~~automobile or~~ vehicle carrying more than five passengers, ~~and shall receive therefore the City Auditor's receipt, specifying the amount and the purpose for which the same was paid.~~ Fees shall be prorated on a monthly basis for any license term of less than one year.

~~All licenses issued under the provisions of this article shall expire within one year from the date of issuance unless sooner revoked as herein provided. A renewal license shall be obtained before the date of January 1 of the year to which the license shall be applicable, and terminates on December 31.~~

Section 8-02-04. License—~~Commercial liability insurance; operator licensing.~~

No license required by section 8-02-01 shall be issued for the operation of any ~~automobile or motor~~ vehicle on any public street or highway in the city until the applicant shall obtain a policy of liability insurance ~~from~~ an insurance company authorized to do business under the laws of the state. The liability or indemnity insurance shall be at least the amount stated by law. Such policy shall be in such form that it shall provide for the payment of any judgment obtained against the insured therein, to the extent of the liability therein provided, by any person injured in person or property by reason of any act of the owner, driver, chauffeur, manager or other person in the operation of such vehicle, and for the payment of any judgment obtained against the insured therein by the representative of any person killed or injured by such act. Such policy shall have a condition that it cannot be canceled after loss, or without written notice to the city, and in case of any cancellation, the license provided for, issued to the person whose policy is so canceled, shall become by virtue of such cancellation inoperative and void, unless another policy is forthwith issued, approved and filed in lieu of the canceled policy. The City Commissioners may require the licensee to replace such policy of insurance if the board shall deem such policy unsatisfactory or insufficient for any reason, and the default or refusal of such licensee to comply with any such order of the Board shall be ground for the revocation of the license of the person so offending. Such policy, approved as to form by the City Attorney, shall be filed with the City Auditor.

Each operator shall possess and carry a valid license for the operation of motor vehicles within the State of North Dakota.

Section 8-02-05. License—Duration.

Every license granted and issued under this chapter shall expire ~~at the expiration of one year next following the granting and issuing of the same on December 31 of the year issued~~ unless sooner revoked as provided in section 8-02-06. ~~All licenses issued under the provisions of this article shall expire within one year from the date of issuance unless sooner revoked as herein provided.~~ A renewal license shall be obtained before the date of January 1 of the year to which the license shall be applicable, ~~and terminates on December 31.~~

Section 8-02-06. License—Revocation.

Every license issued under the provisions of this chapter shall be issued upon the distinct understanding that such license may be revoked by the City Commission at any time ~~he-it~~ may deem it necessary, ~~without following~~ notice to and an opportunity to be heard to by such licensee.

Section 8-02-07. Identification of vehicle.

Every licensee or other person operating a licensed vehicle under this chapter shall immediately after the issuance of the license for such vehicle, cause the number of the license for such vehicle to be plainly fixed and kept on the outside of such vehicle and shall keep the same plain and distinct at all times when used during the continuance of such license. But upon the expiration of such license, unless renewed, such person shall immediately cause the number to be erased from such vehicle, and shall not thereafter allow such vehicle to be used with the number thereon.

Section 8-02-08. Rate of fare.

All parties operating ~~automobiles and every motor vehicle using gasoline, or any other substance as a motor power,~~ vehicles for hire, shall keep posted in some conspicuous place, either inside or outside of

such vehicle, the charge for such vehicle for the purpose of carrying passengers, including: (a) The basis of charges (e.g., per ride, per minute, per distance, minimum fare); (b) Any additional fees (e.g., group size, special events); (c) Accepted payment methods.

The owner, driver or licensee, or other person in charge of such ~~automobile or~~ vehicle ~~for the conveyance~~ shall not demand or be entitled to recover any greater sum than the amount so posted, and shall not be entitled to receive any pay for the conveyance of any passengers unless the number of the ~~automobile or~~ vehicle and rate of prices are conspicuously fixed in or on the ~~automobile or~~ vehicle as prescribed by this chapter.

The applicable City sales tax must be collected along with other required taxes and may be included in the posted fare or collected in addition to the fare.

Section 8-02-09. Technology based transportation alternatives—Licensing.

1. All entities which offer or make available its technology or service to dispatch or in any way directly connect potential passengers and limousines or taxicabs must register their service or technology with the City Auditor and in exchange the City Auditor may issue an annual dispatch license to such entity, provided the entity meets the basic requirements.

2. The following basic requirements need to be met before the City Auditor can issue a dispatch license:

- a) Full legal name of the entity and where the entity is established, incorporated or otherwise does business.
- b) Contact information, including physical address, mailing address, phone number and email address for the business, primary person and any designee if applicable.
- c) Documentation of general business liability insurance in the amount of \$250,000.00 for the injury or death of one person in any one accident; and in the minimum amount of \$500,000.00 for the injury or death of more than one person in any one accident; and in the amount of \$50,000.00 for damage to property of others for any one accident, due to the negligent operation of such vehicle.
- d) The policy of insurance shall contain a provision that the same may not be canceled before the expiration of its termination except upon 15 days' written notice to the City of Valley City and shall include a provision stating that the coverage of said policy shall extend to and include all vehicles temporarily substituted for those listed in said policy and shall automatically include all new vehicles added by the licensee.
- e) Documentation that the business has at least three vehicles available to dispatch, with at least one vehicle available to be dispatched at any given time, and a 24-hour seven day a week dispatch service.
- f) All licensed dispatch businesses shall be subject to inspection by the city of their facility, equipment, and records to assure compliance with this article.
- g) No dispatch business may discriminate in the dispatch of service against any member of the public on the basis of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any characteristic protected under applicable federal or state law.
- h) The fee for annual technology based transportation alternatives licenses shall be set by resolution of the Board of City Commissioners.
- i) Technology based transportation alternatives licenses shall be franchised and subject to such terms and conditions as the Board of the City Commissioners may impose within the terms of said franchise.

Section 8-02-10. Multipassenger Bicycle and Pedal Cab Operation and Safety.

1. Generally, the provisions of Title 14 – Motor Vehicles shall apply to all vehicles for hire. The specific provisions of this section shall apply only to multipassenger bicycles, pedal cabs, and similar vehicles for hire that may be propelled by human power.
2. Operational rules.
 - a. Companies and operators shall comply with all applicable federal, state, and local laws, including traffic and parking regulations.
 - b. Passenger Limits. No vehicle shall carry more passengers than the number of manufacturer-rated and City-approved seating positions.
 - c. Routes; Restricted Areas. The City may designate permitted routes, corridors, staging areas, and restricted areas where vehicles may not operate or may operate only under specified conditions. Companies and operators shall comply with all such designations and with any event-specific traffic control plans.
 - d. Use of Right-of-Way; Stopping and Standing. (a) Stopping or standing for passenger loading or unloading shall occur only in a loading zone or at the curb where stopping is lawfully permitted and shall not impede the normal and reasonable movement of traffic. (b) No vehicle shall stop, stand, or load in a travel lane, crosswalk, intersection, bike lane, fire lane, bus stop, taxi stand, or driveway, except as directed by a peace officer or traffic control device; (c) Vehicles shall travel as near to the right-hand curb or edge of the roadway as practicable, except when overtaking, preparing for a left turn, or when reasonably necessary for safety.
 - e. Yielding and Right-of-Way. Operators shall yield the right-of-way to pedestrians in crosswalks and to emergency vehicles and shall obey all traffic control devices and lawful orders of peace officers.
 - f. Speed. Vehicles shall not exceed the lower of the posted speed limit or 25 miles per hour.
 - g. Sidewalks Prohibited. Vehicles shall not be operated on sidewalks, trails, or pedestrian-only paths unless expressly permitted and signed by the City or as necessary to enter or leave a driveway or loading zone.
3. Equipment and safety requirements.
 - a. General. Each vehicle shall be in safe operating condition and equipped as follows:
 - b. Brakes. It shall be unlawful to operate, or cause to be operated, a vehicle for hire that is not equipped with front and rear braking systems capable of being manipulated by the driver from the driver's normal position of operation and capable of causing a vehicle with a loaded passenger compartment to come to a complete stop in a linear path of motion when each wheel of the commercial pedal car is in contact with the ground on dry, level, clean pavement. The braking system controlling the rear wheels shall be hydraulic or mechanical disc or drum brakes, unaffected by rain or wet conditions.
 - c. Steering. A safe, responsive steering mechanism free of excessive play and that gives the driver exclusive control of the direction of the vehicle.
 - d. Tires and Wheels. Tires in good condition, properly inflated, and appropriately sized per the manufacturer's recommendation; wheels true and free of damage.
 - e. Mirrors. At least one rear-view mirror providing a clear view to the rear; two mirrors are recommended for wider vehicles.
 - f. Restraints/Handholds. If required by the City, hip restraints as defined by the American National Standards Institute (ANSI)/National Golf Carts Manufacturers Association (NGCMA) shall be installed and maintained; if not required, sturdy handholds or grab bars must be accessible to each passenger.
 - g. Reflective Materials; Emblems. Each vehicle shall have reflectors on the frame and a red reflector mounted on each side of the rear of the vehicle, at least one inch from the outer edge and centered. In addition, the international slow-moving triangle must be displayed on the rear of the vehicle.
 - h. Audible Warning Device. Each vehicle shall be equipped with an operational horn or bell; use

limited per subsection 4.

- i. Required Lights.
 - i. At least one white front headlight visible from at least 200 feet;
 - ii. At least one red rear taillight and brake light visible from at least 300 feet;
 - iii. Electric turn signals that are visible to the front and rear.
 - iv. Mounting and Maintenance. All lighting shall be securely mounted, functional, and maintained in good working order at all times when required.
 - j. Maintenance. All vehicles shall be maintained in good repair. Defects affecting safety shall be corrected before the vehicle is returned to service.
4. Noise regulations.
- a. No amplified music or sound systems shall be used, nor any yelling or conversation conducted, in a manner that violates chapter 12-03 - Noises.
 - b. Horns and Bells. Horns, bells, or other audible warning devices shall be used only as reasonably necessary for safety and shall not be used for entertainment or advertising.
 - c. Quiet Hours. The City may designate hours during which vehicles shall minimize noise, including voices, and during which music of any kind shall not be played. Companies and operators shall comply with all such designations and with any event-specific noise control plans
5. Advertising, signage, and decorative lighting.
- a. Advertisements and signage shall comply with chapter 7-02. – Signs, to the extent applicable.
 - b. No banners, poles, flags, detached signs, or any other addition or object shall be permitted if it i) obstructs the operator’s view, ii) obstructs the clear view of any required lighting, reflective device, safety equipment, or other signage or display required by law, or iii) otherwise interferes with the safe travel of any vehicle, as determined by the Chief of Police.
 - c. No blinking, flashing, fluttering, strobe, or moving lights, or other illuminating devices that have a changing intensity, brightness, or color shall be used for advertising purposes; and from sunset to sunrise, no such lights, with the exception of lights required by subsection 3, shall be used within 100 feet of an area zoned for residential use.
6. Alcohol prohibition. It is unlawful for any operator or passenger to possess or consume alcoholic beverages, including open containers, in or upon any vehicle or while operating or riding in the vehicle.
7. Passenger conduct.
- a. It is the responsibility of the operator to manage the behavior of passengers at all times. Prohibited behavior includes, but is not limited to, indecent exposure, disorderly conduct, public urination, and littering.
 - b. The operator shall properly dispose of all trash.
 - c. Glassware is prohibited.

Section 2. Any ordinances of the City of Valley City which are in conflict with this ordinance are hereby repealed.

Section 3. Should any part of this ordinance be declared unconstitutional or invalid, the remaining portion thereof will remain in full force and effect.

Section 4. Effective Date. This ordinance shall be in full force and effect from and after its final passage, approval, and publication.

Dave Carlsrud, President
Board of City Commissioners

ATTEST:

Brenda Klein, Finance Director

Introduction and First Reading:
Second Reading, Final Passage and Effective Date:



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

Permit Number
1618

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

Games Authorized
 Bingo Raffle Raffle Board Calendar Raffle Sports Pool Poker* Twenty-One* Paddlewheels*
 Raffle by a Political or Legislative District Party

*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 Fraternal Order of Police James Valley Lodge #4		Dates Authorized (Read Instruction 2) September 19, 2026	
Organization or Group Contact Person Dana Rustebakke	E-mail dsrusty@msn.com	Telephone Number 701-302-0369	
Mailing Address PO Box 1851	City Jamestown	State ND	ZIP Code 58402

SITE INFO

Site Name Valley City Police Department		County Barnes	
Site Address 216 2nd 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.) September 19, 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 6-3-26	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 05.29.26
 \$10 cash

Applying for (check one)

Local Permit Restricted Event Permit*

Games to be conducted Raffle by a Political or Legislative District Party
 Bingo Raffle Raffle Board Calendar Raffle Sports Pool Poker* Twenty-One* Paddlewheels*

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

ORGANIZATION INFO

Name of Organization or Group <i>Fraternal Order of Police James Valley Lodge #4</i>		Dates of Activity (Does not include dates for the sales of tickets) <i>9/19/2026</i>	
Organization or Group Contact Person <i>Dana Rustebakke</i>	E-mail <i>dsrusty@msn.com</i>	Telephone Number <i>701-362-0369</i>	
Business Address <i>PO Box 1851</i>	City <i>Jamesstown</i>	State <i>ND</i>	ZIP Code <i>58402</i>
Mailing Address (if different)	City	State	ZIP Code

SITE INFO

Site Name <i>Valley City Police Dept.</i>	County <i>Bornes</i>
Site Physical Address <i>216 2nd 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.)
9/19/2026 Raffle

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

Game Type	Description of Prize	Exact Retail Value of Prize
	<i>See Attached List</i>	
Total (limit \$50,000 per year)		<i>\$3,249.00</i>

ADDITIONAL REQUIRED INFORMATION

Intended Uses of Gaming Proceeds
Education, Training and general costs

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

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

Has the organization or group received a local permit from any city or county for the fiscal year July 1 - June 30 (If yes, indicate the total retail value of all prizes previously awarded)
 No Yes - Total Retail Value: _____ (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>Dana Rustebakke</i>	Telephone Number <i>701-362-0369</i>	E-mail Address <i>dsrusty@msn.com</i>
Signature of Organization Group's Permit Organizer <i>Dana Rustebakke</i>	Title <i>President</i>	Date <i>5/29/2026</i>

Prizes

Anderson AR-15 Rifle - \$600.00

Taurus 856 .38 Special Revolver - \$599.99

Bridge City Ordinance Gift Card - \$500.00

Solostove - \$549.99

Traeger Tailgator - \$499.99

Blackstone Griddle - \$349.90

Valley Meat Gift Cards – (3)\$50.00/each

Total = \$3,249.87



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

Permit Number
1620

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 South Central Select Volleyball Club		Dates Authorized (Read Instruction 2) June 18, 2026	
Organization or Group Contact Person Tori Houdek	E-mail admin@scselect.org	Telephone Number 701-840-5221	
Mailing Address 1147 2nd Ave NW	City Valley City	State ND	ZIP Code 58072

SITE INFO

Site Name Summer Nights on Central - Central Ave in VC		County Barnes	
Site Address Central Ave N	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.)

June 18, 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 6-3-26	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)

Applying for (check one)
 Local Permit Restricted Event Permit*
 Games to be conducted Raffle by a Political or Legislative District Party
 Bingo Raffle Raffle Board Calendar Raffle Sports Pool Poker* Twenty-One* Paddlewheels*

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

ORGANIZATION INFO

Name of Organization or Group South Central Select Volleyball Club		Dates of Activity (Does not include dates for the sales of tickets) June 18	
Organization or Group Contact Person Tori Houdek	E-mail admin@scselect.org	Telephone Number 7018405221	
Business Address 1147 2nd Ave NW	City Valley City	State ND	ZIP Code 58072
Mailing Address (if different)	City	State	ZIP Code

SITE INFO

Site Name SummerNights on Central	County		
Site Physical Address downtown	City Valley City	State ND	ZIP Code 58072
Provide the exact date(s) & frequency of each event & type (Ex. Bingo every Friday 10/1-12/31, Raffle - 10/30, 11/30, 12/31, etc.) 1 event- approved by summer nights on central committee			

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

Game Type	Description of Prize	Exact Retail Value of Prize
50/50 tickets	50% to winning ticket, 50% to non profit, raffle by the hour	up to \$500/each hour
Total (limit \$50,000 per year)		\$

ADDITIONAL REQUIRED INFORMATION

Intended Uses of Gaming Proceeds
AAU National Volleyball Tournament fundraising.

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

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

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

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

Printed Name of Organization Group's Permit Organizer Tori Houdek	Telephone Number 7018405221	E-mail Address admin@sselect.org
Signature of Organization Group's Permit Organizer 	Title Club President	Date 06/01/26