



BOARD AGENDA
BOARD OF WRIGHT COUNTY
COMMISSIONERS
Tuesday, October 17, 2023

Tina Diedrick, District 1
Darek Vetsch, District 2
Jeanne Holland, District 3
Nadine Schoen, District 4
Michael Kaczmarek, District 5

- I. PLEDGE OF ALLEGIANCE
- II. MINUTES - DISPENSE WITH READING, APPROVE AS WRITTEN/REVISED
 - A. Approve Minutes from the County Board Meeting (10-03-2023)
 - B. Approve Minutes from the County Board Workshop (10-10-2023)
- III. REVIEW & APPROVAL OF AGENDA
- IV. CONSENT AGENDA
 - A. ADMINISTRATION
 1. Authorize Signatures on School Resource Officer Contracts with Meeker and Wright Special Education Cooperative (MAWSECO) and Delano School District IDS #879.
 2. Approval of Charitable Gambling Application, Form LG220, DC Music Boosters, Gambling Premises: Dassel Cokato High School, 4852 Reardon Ave SW, Cokato MN 55321, Date of Activity 4/5/2023.
 - B. FINANCE & TAXPAYER SERVICES
 1. Approval of an Additional Change Fund for Health and Human Service Front Desk from \$0 to \$100.00
 2. Approve New of 2023 Precious Metal License for:
Keith Berge Coins N Collectibles

3. Approve Renewal of 2024 Tobacco Licenses For:

FlippinBill's
South Haven Sports
Delano Tobacco
Dollar General Store # 10460
Dollar General Store # 15392a
Dollar General Store # 16105
Dollar General Store # 18158
Kwik Trip # 1188
Kwik Trip # 1031
Kwik Trip # 1020
Kwik Trip # 681
Kwik Trip # 345
Kwik Trip # 177
Kwik Trip # 162
Kwik Trip # 104
Clearwater Travel Plaza
Clearwater Travel Plaza- Fuel Center

4. Approve Seasonal On- & Off-Sale 3.2 Malt Liquor License And Consumption & Display (Set Up) Permit For Olson's Campground on Limestone Lake, LLC For The Period May 1, 2024 Through October 31, 2024.

5. Motion to Approve the Reimbursement of the American Rescue Plan (ARP) Act Funds as Follows:
County ARP Funds:
Approval of County Reimbursement of \$685.54 from 01-099-493.6910 Transfer Out into 01-100-493.5910 Transfer In as Follows:
\$685.54 for Administrative Expenses-Staff Costs

Approval of use of ARP Funds From 01-099-493-8467
\$26,289.00 5.19 Last Mile Projects-Broadband- Meeker Cooperative-French Lake Township
\$115,238.00 5.19 Last Mile Projects-Broadband- Meeker Cooperative-Stockholm Township

6. Motion to Approve the Reimbursement of the American Rescue Plan (ARP) Act Funds as Follows:
Approval of Use of ARP Funds From 01-099-493
\$642.00 Aid to Nonprofit Organizations- 4-H
\$139.80 1.7 Capital Investment-Customer Flow Management System

7. Acknowledge Warrants Issued Between September 27, 2023 and October 10, 2023.

C. HUMAN RESOURCES

1. Request Approval of the 2024 Wright County Non-Union Benefit Contributions
2. Request Approval and Authorization of Signature of a Memorandum of Agreement (MOA) for the County Contributions for the 2024 Health Insurance Plans with the Teamsters, Local No. 320 (Sheriff Essential Supervisory Unit).

D. PARKS & RECREATION

1. Approve The Low Bid From Ashwill Companies of \$239,993.31 for the Joint Ditch #15 WASCOB Project.

E. PROJECT ADMINISTRATION

1. Approve the Following Programs, Pending Confirmation of Eligibility from Consultant:

Economic Assistance for Wright County Fair (\$40,000)
Access Improvements at County Parks (\$150,000)

The Next Step will be Submittal of Detailed Grant Applications for Approval.

Approve the Following Grant Applications, Pending Confirmation of Eligibility from Consultant:

JD 15 Side Inlet and Bank Stabilization (\$9,000)
County Ditch 31 Side Inlets (\$15,000)

The Next Step Will be Execution of the Grant Agreements.

Approve an Increase to the Allocation for Water Quality Improvement Projects from \$147,763.55 to \$171,763.55 to Include the Additional Grants Identified Above.

Approve the Changes to the Following Grants:

Cancel Grant SHIP-001 Drive Safely Work Week (\$10,000) - Grantee Requests Cancellation of Grant Due to Inability to Launch Program. Funds will be Released for Use on New ARP Programs.

Approve \$139.80 Increase to WC-007 Customer Flow Management System Program and Grant Due to Actual Costs Paid Higher Than

Originally Estimated. ARP Funds are Available to Cover this Increase and is Recommended by the ARP Committee. This Brings the Total Grant Amount to \$132,151.41.

V. TIMED AGENDA ITEMS

A. ADMINISTRATION

1. Request to Set Date and Time for A Public Hearing Related to Changes in the Fees for Service Schedule Suggested date November 21, 2023 at ~9:30 a.m.
2. Acknowledge Invite To County Board Attend U of M Extension Media Breakfast

B. PROJECT ADMINISTRATION

1. Approve the ARP Program Request for the Township Surface Transportation Grant Program (\$1,100,000).

VI. ITEMS FOR CONSIDERATION

A. COMMITTEE RECOMMENDATIONS

1. Approve and Adopt Recommendations from the October 10, 2023 County Board Workshop

VII. ADJOURNMENT

VIII. WARRANTS ISSUED

A. Warrants Issued

Agenda Item



Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Lee Kelly

Requestor Title

County Administrator

Department (please use dropdown to select department) *

ADMINISTRATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County

Commissioners

Agenda Item Type
☐ RFBA ☒ Minutes Submission ☐ Warrants Submission

Target Section
☐ Consent Agenda ☐ Timed Agenda

☐ Item for Consideration

Originator

CEC4226

Item Details

Board Action Requested *

Approve Minutes from the County Board Meeting (10-03-2023)

Short Title (what will appear on Agenda outline – 250 character max.) *

Approve Minutes from the County Board Meeting (10-03-2023)

Value Stream the request primarily aligns with:

Briefly describe how the request aligns with the selected value stream.

Describe the impact on staffing resources.

Fiscal Impact:

Background/Justification:

Route for Review and Approval

☐ County
Administrator

☐ Assistant
County
Administrator

☐ Finance
Review

☐ Legal Review

☐ Risk Mgmt
Review

☐ Skip Workflow

Agenda Item Attachments (1)

Document Name
[10-03-2023 Wright County Board Meeting Minutes DRAFT.docx](#)
Attachment Type

Attachment

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Notes



BOARD MINUTES
BOARD OF WRIGHT COUNTY COMMISSIONERS

Tuesday, October 3, 2023

DATE APPROVED: []

Tina Diedrick, District 1
 Darek Vetsch, District 2
 Jeanne Holland, District 3
 Nadine Schoen, District 4
 Michael Kaczmarek, District 5

THESE MINUTES ARE IN DRAFT FORMAT AND REQUIRE APPROVAL BY THE COUNTY BOARD

The Wright County Board met in regular session at 9:00 A.M. with Diedrick, Vetsch, Holland, Schoen, and Kaczmarek present.

Present and responding to roll call were the following:

Board of Commissioners:	Tina Diedrick
	Jeanne Holland
	Michael Kaczmarek
	Darek Vetsch
	Nadine Schoen

I. PLEDGE OF ALLEGIANCE

II. MINUTES - DISPENSE WITH READING, APPROVE AS WRITTEN/REVISED

A. Approve Minutes from the Committee of the Whole- American Rescue Plan (ARP) (09-18-2023)

B. Approve Minutes from the County Board Meeting (09-19-2023)

C. Approve Minutes from the Drainage Authority Public Hearing (09-20-2023)

D. Approve Minutes from the County Board Meeting (09-26-2023)

Commissioner Tina Diedrick moved to collectively approve the County Board, Public Hearing, and Committee meeting minutes. The motion was seconded by Commissioner Jeanne Holland. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

III. REVIEW & APPROVAL OF AGENDA

Commissioner Mike Kaczmarek moved to approve the agenda. The motion was seconded by Commissioner Nadine Schoen. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

IV. CONSENT AGENDA

Kaczmarek requested to remove Item A2 for additional discussion.

Kaczmarek moved to approve the consent agenda with the listed revision. The motion was seconded by Diedrick. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

A. ADMINISTRATION

1. Authorize Signatures on City Law Enforcement Contracts with Delano, South Haven, and Waverly
2. Authorize Signatures on School Resource Officer Contracts with Elk River (Otsego) ISD #728, Buffalo-Hanover-Montrose ISD #877, Maple Lake ISD #881, Monticello ISD #882, Rockford ISD #883, and St. Michael-Albertville ISD #885.

B. COURT SERVICES

1. Approval of MOU Agreement Between State of Minnesota and Wright County Court Services. MOU States Court Services Will Provide a Position to Act as Treatment Coordinator for the Wright County Drug Court Program. The State of MN will Provide Payment of \$100,000 for Services 7/1/23 to 6/30/24.

C. FINANCE & TAXPAYER SERVICES

1. Motion to Approve the Reimbursement of the American Rescue Plan (ARP) Act Funds as Follows:
County ARP Funds:
Approval of County Reimbursement of \$807.03 from 01-099-493.6910 Transfer Out into 01-100-493.5910 Transfer In as Follows:
\$807.03 for Administrative Expenses-Staff Costs
Approval of Use of ARP Funds From 01-099-493-8467
\$239,000.00 5.19 Last Mile Projects-Broadband- Midco
2. Acknowledge Warrants Issued Between September 12, 2023 and September 26, 2023.

D. HIGHWAY

1. Sign a Letter of Support for a Met Council Transportation Policy Plan Amendment for the I-94 Gap Project That Was Awarded Corridors of Commerce Funds
2. Approve Agreement No. 23-55 Between Wright County and Stearns County for the Replacement of the Timber Bridge (Bridge No. 7244) over the Clearwater River Located on the Wright/Stearns County Line.

E. INFORMATION TECHNOLOGY

1. Approve Contract for OnBase Professional Services.

V. TIMED AGENDA ITEMS**A. 9:05 AM- KELLY STREI, EXTENSION****1. Declare October 1-7, 2023 as National 4-H Week In Wright County**

Wright County 4-H volunteer Renee Neumann introduced herself to the board as a mother of three who has been involved with 4-H for the last 24 years. Neumann said that all of her children have had opportunities and success at local, state, and national levels, traveled across the country, and met others who share their passions because of 4-H. 4-H offers club meetings that teach leadership, community service, summer camps, winter activities, project meetings, and the opportunity to compete at the county fair. Neumann thanked the board for the time to highlight National 4-H Week and to promote youth in the county.

Hanover Honeybees 4-H member Tyler Louwagie introduced himself to the board. Louwagie said the Wright County 4-H Youth Development program is an organization for young people, kindergarten through one year past high school graduation. Minnesota 4-H offers age-appropriate, hands-on learning through projects and activities including 4-H clubs, special interest groups, after-school programs, volunteering, civic engagement, community service, and much more. Wright County 4-H program has 18 4-H Clubs, more than 700 members, and 180-plus adult volunteers.

Louwagie said the first week of October is the annual celebration of National 4-H Week nationwide. This week is a time to celebrate the many great things about being a 4-H member. This week is also a time to showcase the organization in the community and recruit new members. Clubs and members will be working hard to get the word out about 4-H. To assist with promotion efforts, Wright County 4-H would like to ask the Wright County Board of Commissioners to declare October 1-7, 2023 as National 4-H Week in Wright County.

Diedrick moved to approve declaring October 1-7, 2023 as National 4-H Week in Wright County. The motion was seconded by Holland. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

B. 9:20 AM- CHAD HAUSMANN, HIGHWAY**1. Approve Resolution of Sponsorship as Fiscal Agent for the City of Clearwater's MnDOT Highway Freight Program Grant Application.**

Assistant Highway Engineer Chad Hausmann said that the City of Clearwater is applying for Minnesota Department of Transportation (MnDOT) funds and the county will be fiscal agent as in previous projects.

Diedrick moved to approve a resolution of sponsorship as fiscal agent for the City of Clearwater's MnDOT Highway Freight Program grant application. The motion was seconded by Holland. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

C. 9:25 AM- MATT DETJEN, PARKS & RECREATION

1. Schedule a Public Hearing on the Redetermination of Benefits for County Ditch #16 (CD 16) and County Ditch #19 (CD 19)

Agriculture and Drainage Coordinator Matt Detjen said that the earliest available date to schedule a public hearing on the redetermination of benefits for CD 16 and CD 19 would be the week of December 18, 2023. Kaczmarek said that he would like to have another evening meeting.

The public hearing is scheduled for 5:00 p.m. Monday, December 18.

Kaczmarek moved to approve scheduling the public hearing on the redetermination of benefits for CD 16 and CD 19 for 5:00 p.m. Monday, December 18, 2023. The motion was seconded by Holland. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

D. 9:30 AM- PUBLIC HEARING, LOST FUNDS

1. Public Hearing Regarding Local Option Sales Tax (LOST) for Transportation - Project Updates

Commissioner Darek Vetsch opened the public hearing at 9:48 a.m. There were no members of the public in attendance who made comment. Vetsch closed the public hearing at 9:48 a.m.

E. 9:40 AM- VIRGIL HAWKINS, HIGHWAY

1. Adopt Local Option Sales Tax Resolution

Hausmann said that the recommendation from the Transportation Committee of the Whole (COTW) was to update LOST to include all outlying highway locations.

Schoen moved to adopt the Local Option Sales Tax resolution. The motion was seconded by Commissioner Holland. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

F. 9:45 AM- HEALTH & HUMAN SERVICES**1. HEALTH & HUMAN SERVICES CONSENT AGENDA**

Diedrick moved to approve the consent agenda. The motion was seconded by Holland. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

- i. Approve 10-26-2023 Mental & Chemical Health Services Team Retreat, Newport Academy, Buffalo.
- ii. Approve 10-27-2023 Child Support Team Retreat, Ney Park, Maple Lake.
- iii. Approve Public Health Task Force Member Two-Year Term Reappointment:
 - 1. Bonita Bryant, District 1 – First Term Ends 12/13/23
 - 2. Melissa Pribyl, District 5 – Fourth Term Ends 12/28/23
- iv. Approve Child and Teen Checkup Grant (\$217,618) For Period 01-01-2024 through 12-31-2024.
Signatures Via Electronic (DocuSign) Copy.

2. HEALTH & HUMAN SERVICES TIMED AGENDA

- i. Recognize the HHS Employee of the Month for October.

Public Health Nurse Paige Sangren was recognized as the Health & Human Services (HHS) Employee of the Month for October.

- ii. Informational Update on Public Health Plans Regarding Release of New COVID Vaccine (Sarah Grosshuesch).

Director of Public Health Sarah Grosshuesch said that the Food and Drug Administration (FDA) has authorized a new COVID-19 vaccine that was released for the 2023-2024 respiratory season. There has not been a public health emergency declared, so Wright County is not the primary provider for the community. Members of the public should see their primary provider for the vaccine.

- iii. HHS Director Comments

HHS Director Jami Goodrum said that HHS is waiting on the proclamation, but she is asking for the board to approve a resolution proclaiming October as County and Tribal Financial Worker and Case Aide Month.

Diedrick moved to proclaim October as County and Tribal Financial Worker and Case Aide Month. The motion was seconded by Holland. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

Goodrum recognized Grosshuesch for her reappointment to the Opioid Epidemic Response Advisory Council. Grosshuesch is the only county representative on this board set up by the Governor of Minnesota. Goodrum also recognized Social Worker Tamara Chiglo as a child welfare worker who has been with Wright County for almost 30 years. Chiglo is being recognized for her work on a statewide level.

Goodrum said that Trailblazer Transit has approached HHS to provide free Trailblazer rides for HHS clients when they do not have other means of transportation. Currently, HHS purchases tokens to give to clients in need of rides. Trailblazer is now looking to connect directly those clients, which will remove some of the administrative coordination from HHS. This is a promotion that Trailblazer is looking to run possibly through the end of the year.

Goodrum said that the Department of Human Services (DHS) provided an opportunity for an adult mental health initiative to apply for Mental Health Federal Block Grant dollars. Minnesota received funds and was planning to use them towards outreach efforts. The funding was split between 19 groups and three phases. DHS has yet to execute the contracts necessary to use the first phase of funding, and it is unlikely that the first phase funds will be distributed.

Goodrum confirmed that \$70,000 was awarded from Medica to support the co-responder program.

G. Item A2 Pulled from Consent

1. Authorize Signatures on School Resource Officer (SRO) Contracts with Elk River (Otsego) ISD #728, Buffalo-Hanover-Montrose ISD #877, Maple Lake ISD #881, Monticello ISD #882, Rockford ISD #883, and St. Michael-Albertville ISD #885.

Kaczmarek said that the contracted rate per hour is \$39, which is now the starting wage for a deputy. With all the conversations about the city contracted rates, he is looking for reasoning why the SRO rate is so much lower. Vetsch said that the rate was set by the county board. There were a number of superintendents that said if the rate was raised, they would forgo the contract. The county board made the decision to keep the officers in the schools without a rate increase. Schools are not mandated to have an SRO, and if the contracts were not in place, the Sheriff's Office would continue to do the same amount of work within the schools, without getting any compensation for it. Kaczmarek said that for future consideration, he would like to look at the actual rate that the deputies in the school are making, versus the flat rate of \$39. Holland agreed that conversations should be had with schools for due diligence since rates have not been raised since pre-COVID. Vetsch said that this meeting will be scheduled for early 2024 as part of an annual review.

Kaczmarek moved to approve the SRO contract with the listed school districts. The motion was seconded by Holland. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

VI. ITEMS FOR CONSIDERATION

A. ADMINISTRATION

1. Refer Items to the October 10 County Board Workshop

County Administrator Lee Kelly said that there are several topics for the workshop that he has included in a memo in the board packet.

Kaczmarek said that he would like to add the Baker Tilly reclassification study to a workshop in the future. He has been reviewing the report compared to job descriptions and has questions related to classifications and some potential errors and omissions. Holland agreed that she would like to better understand the process. Chief of Civil Greg Kryzer said that the consensus of the board is to schedule a labor negotiation strategy session, pursuant to Minnesota Statute 13d.03.

Kaczmarek asked about the county auction process and how an auction company is chosen. Assistant County Administrator Marc Mattice suggested this item be added to the Commissioner Project list to be reviewed by the Project Administration team and produce a best practice guide for review.

B. COMMITTEE RECOMMENDATIONS

1. Approve and Adopt Recommendations from the September 18, 2023 Committee of the Whole - ARP Meeting.

Diedrick moved to approve and adopt recommendations from the September 18, 2023 Committee of the Whole – ARP meeting. The motion was seconded by Holland. The motion passed 5-0.

Aye: 5; Nay: 0; Abstain: 0; Absent: 0; Recused: 0

VII. ADVISORY COMMITTEE / ADVISORY BOARD UPDATES

Lee Kelly

Kelly said that he had a great meeting with the Wright County Cities Administrative staff. He welcomed Kelly Kosloski to the Wright County Administration team. Wright County is hosting its first Careers in Government Day on Wednesday, November 8. The pork chop lunch had another successful year.

Mike Kaczmarek

Kaczmarek attended an Emergency Services Board meeting, a fair appreciation get-together, a fair board meeting, and a mayors meeting.

Nadine Schoen

Schoen said that she had a great experience in Washington D.C. and will share more when time allows.

Darek Vetsch

Vetsch asked if the board update should be moved to the workshop to allow for more time. He attended a Trailblazer Transit meeting, where it was stated that ridership is up with a high demand for rides and shortages of buses and drivers. The Economic Development Partnership met and had a good discussion on Economic Development Authority goals.

Jeanne Holland

Holland attended the Xcel breakfast and spent two days in Willmar at the State Community Health Services Advisory Committee (SCHSAC) retreat.

Tina Diedrick

Diedrick attended the Xcel breakfast and learned about advance nuclear technology being developed and regulations established for future use. She attended the Central Minnesota Emergency Medical Services meeting and discussed with lawmakers the need for consistent funding. Attended the Strip Till Field Day event in Waverly put on by the Wright County Soil and Water Conservation District, Centra Sota and The U of M extension advocating conservation, erosion control, and water quality. The Great River Regional Library met and its next meeting on Tuesday, October 10, which will be a workshop to discuss the proposed changes to the Collection Development Policy. The public may attend. Diedrick attended a strategic planning meeting for Wright County Community Action. The Midwest Regional Foreign Crime Lab received the Project Foresight Maximus Award for the fourth consecutive year, making it one of the top 15 forensic labs in the world.

VIII. ADJOURNMENT

The meeting adjourned at 10:24 a.m.

IX. WARRANTS ISSUED**A. Warrants Issued**

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Lee Kelly

Requestor Title

County Administrator

Department (please use dropdown to select department) *

ADMINISTRATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☐ RFBA ☒ Minutes Submission ☐ Warrants Submission

Target Section

☐ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

JAE4296

Item Details

Board Action Requested *

Approve Minutes from the County Board Workshop (10-10-2023)

Short Title (what will appear on Agenda outline – 250 character max.) *

Approve Minutes from the County Board Workshop (10-10-2023)

Value Stream the request primarily aligns with:

Briefly describe how the request aligns with the selected value stream.

Describe the impact on staffing resources.

Fiscal Impact:

Background/Justification:

Route for Review and Approval

☐ County Administrator ☐ Assistant County Administrator ☐ Finance Review ☐ Legal Review ☐ Risk Mgmt Review ☐ Skip Workflow

Agenda Item Attachments (1)

Document Name

[10-10-2023 Wright County Board Workshop Minutes DRAFT.docx](#)

Attachment Type

Attachment

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Notes



BOARD WORKSHOP MINUTES
BOARD OF WRIGHT COUNTY COMMISSIONERS

October 10, 2023

DATE APPROVED:

Tina Diedrick
Darek Vetsch
Jeanne Holland
Nadine Schoen
Michael Kaczmarek

District 1
District 2
District 3
District 4
District 5

Members Present: Darek Vetsch, Jeanne Holland, Nadine Schoen, Michael Kaczmarek, Tina Diedrick
Others Present: Alan Wilczek, Heather Lemieux, Jolene Foss, Clay Wilfahrt, Jim O'Dell, Sara Buermann, Lindsey Meyer, Elizabeth Karels, Virgil Hawkins, Greg Kryzer, Matt Fomby, Lee Kelly, Marc Mattice, Caitlin Chovan, Jami Goodrum, Sarah Grosshuesch, Schawn Johnson

THESE MINUTES ARE IN DRAFT FORMAT AND REQUIRE APPROVAL BY THE COUNTY BOARD

Commissioner Darek Vetsch opened the meeting at 9:01 a.m.

I. Schedule Meetings as Needed

A. Committee of the Whole – Legislative Review

Scheduled for 1:00 p.m. Tuesday, November 7, 2023

B. Committee of the Whole – Commissioner Mileage

Scheduled for 10:00 a.m. Monday, October 16, 2023

C. Committee of the Whole – Labor Negotiations, Closed Session

Scheduled for 10:30 a.m. Tuesday, November 21, 2023

Commissioner Darek Vetsch petitioned two additional meeting topics onto the agenda. Cokato has requested to discuss the Sheriff's contract in further detail. The board collectively decided that that is not interested in further discussing the Sheriff's contract with Cokato.

Restore Minnesota Group has requested to make a presentation to the board. The board would be open to receiving an invitation to attend a presentation by the group but is not interested in hosting them at a formal meeting.

RECOMMENDATION: Informational only.

II. Advisory Committee/Advisory Board Updates

There were no advisory committee or advisory board updates given.

RECOMMENDATION: Informational only

III. Initiative Foundation Presentation

Don Hickman, interim president Initiative Foundation, gave a brief introduction and history of the Initiative Foundation and presented the Region 7W Federal Designation. During the pandemic the Initiative Foundation has distributed more than \$12 million in aid and federal dollars for COVID relief annually, administering \$4 million in main street economic revitalization as well as money to help school districts. The Initiative Foundation gave an opportunity to Wright County Community Action (WCCA) giving it \$5,000 dollars to support strategic planning and then when completed, \$15,000 dollars to implement their strategic plan.

Hickman referenced Community Development Financial Institution (CDFI) giving out free money and Commissioner Tina Diedrick asked what that meant. Hickman said that the U.S. Treasury gives the Initiative Foundation money at no interest in which it lends. Commissioner Mike Kaczmarek said that there is a lot of good information and said that it would be helpful if they had city-specific information. Hickman said that he will pass that along to the development team. Vetsch asked Hickman if they are looking to get the interest of the board in wanting to participate in the 7W in the possible formation of Economic Development Districts (EDD) with the four counties Wright, Benton, Sherburne, and Stearns. This was tried back in 2016 and had several challenges. Hickman said there is potential to miss a lot of federal funding opportunities due to lack of EDD. Sherburne County has said that it is interested if Wright County is interested.

Commissioner Nadine Schoen asked if this would be something that Wright County would have to do with the four suggested counties, or can this be something that can be in line with Wright County and Sherburne County. Vetsch said that it is possible in any capacity ultimately, there is a footprint in place with the 7W and template in place for assets. There is a lot of differences in the 7W group and there has not been success, largely the greater St. Cloud Area Planning Organization (APO) and Wright County not being a good match to the organization and Vetsch is very cautious to participate and is declining.

The group discussed the potential if Sherburne County would like to partner with Wright County. They have similar assets and a similar population. Trying to take on St. Cloud APO will not be successful. Vetsch said that he would rather start a whole new process in creating assets locally between Sherburne and Wright counties then to try and use the template. Diedrick disagreed with the partnership stating that she represents Wright County businesses and residents, which would be in direct competition recruiting businesses with Sherburne County. Wright County Economic Development Partnership Executive Director Jolene Foss encouraged commissioners that a conversation should still be considered regarding an EDD.

RECOMMENDATION: Informational Only. There is no interest from the board to pursue anything further at this time.

IV. Fee Schedule Review

Assistant County Administrator Marc Mattice presented the revised fee schedule. In the spring of 2023, conversation was had about fee schedules and having every department review its fees. The revised fee schedule is color-coded to indicate changes made. Mattice said that he is looking to schedule a public hearing for Tuesday, November 21, 2023.

Vetsch said that this is the most robust analysis that he has seen on the fee schedule, and it is very justifiable. Finance Director Lindsey Meyer pointed out one revision to be made within the Finance and Taxpayer Services fee schedule. Kaczmarek asked about a Sheriff's fee for staffing the Training Center and discussion was had about Training Center usage by police departments within Wright County. Assistant County Administrator Clay Wilfahrt is going to work with local offices to submit a formal request for usage. Health and Human Services (HHS) Director Jami Goodrum mentioned they have the ability to waive fees in HHS, based on partnerships. Schoen agreed with Goodrum about working on policy with the ability to waive the fee.

RECOMMENDATION: Informational Only

V. Process for Appointment to Great River Regional Library (GRRL) Board and Other Committees

Currently, the process used to appoint board and/or committee positions has been for the member of the county board who sits on the specific board and their alternate to meet with staff to review applications and interview candidates. There is a request to post the available positions publicly, and the board agreed that it would be in favor of publicly posting open board and committee positions. The recommendation would then come to a county board meeting to be approved. Diedrick requested sending notification to the cities as well.

RECOMMENDATION: Continue to use the same application and interview process. Post all open board and committee seats publicly.

VI. 3rd Floor Government Center

Mattice said that Administration has been looking at different configurations with the increase of staff numbers. Facilities Director Alan Wilczek presented a floor plan option that is the most cost-effective. Wilfahrt said that centralization of Finance has put more people on the 3rd floor than what was initially planned. Commissioner Jeanne Holland suggested an option of shared cubicles/space for those who do work from home. Kaczmarek said that he would like to see a study done for those who are working from home and looking for another floor plan option that should include shared workspace. Schoen was in favor of utilizing space already available on the 1st floor.

Wilfahrt said that Wright County's population is growing 3 to 5 percent per year and the spacing situation will need to be addressed eventually. He is looking for direction from the board on how it would like to address the space issue. Vetsch would like to know roughly the cost to build out the shelled space on 3rd floor. Diedrick is in favor of using the bond funds to finish out the shelled space as it was intended to be built out. Vetsch said the other alternative is to use the remaining bond funds towards debt service.

RECOMMENDATION: There is no consensus from the board to move forward with any remodel or construction projects at this time.

VII. Phone System Analysis

Information Technology Director Matt Fomby said that Spy Glass, which professionally audits phone systems, is willing to an audit of the county's phone system again. Fomby recommended having the Project Administration team do an inside analysis of the phone needs instead of using Spy Glass. Vetsch said that there is more potential savings by keeping it in-house. Wilfahrt said that there is no major rush. He expects it can get done within the next three months.

RECOMMENDATION: The Phone System Analysis will be reviewed by the Project Administration team.

The meeting adjourned at 11:41 a.m.

County Board Workshop Minutes submitted by Jenn Eggersgluss, Administrative Specialist

Agenda Item



Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Lee Kelly

Requestor Title

County Administrator

Department (please use dropdown to select department) *

ADMINISTRATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County

Commissioners

Agenda Item Type

☒ RFBA
 ☐ Minutes Submission
 ☐ Warrants Submission

Target Section

☒ Consent Agenda
 ☐ Timed Agenda
 ☐ Item for Consideration

Originator

CEC4226

Item Details

Board Action Requested *

Authorize Signatures on School Resource Officer Contracts with Meeker and Wright Special Education Cooperative (MAWSECO) and Delano School District IDS #879.

Short Title (what will appear on Agenda outline – 250 character max.) *

Authorize Signatures on School Resource Officer Contracts with Meeker and Wright Special Education Cooperative (MAWSECO) and Delano School District IDS #879.

Value Stream the request primarily aligns with:

Promote Safe and Healthy Communities

Briefly describe how the request aligns with the selected value stream.

Describe the impact on staffing resources.

Fiscal Impact:

Background/Justification:

Route for Review and Approval

☐ County
Administrator

☐ Assistant
County
Administrator

☐ Finance
Review

☐ Legal Review

☐ Risk Mgmt
Review

☐ Skip Workflow

Agenda Item Attachments (1)

Document Name	Attachment Type
SRO.pdf	Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Notes

SCHOOL RESOURCE OFFICER CONTRACT

THIS AGREEMENT made and entered on this 26 day of September, 2023, by and between the COUNTY OF WRIGHT and the WRIGHT COUNTY SHERIFF, hereinafter referred to as "County" and the **Meeker and Wright Special Education Cooperative (MAWSECO)** hereinafter referred to as the "School District".

WITNESSETH:

WHEREAS, the COUNTY has a statutory obligation to provide law enforcement services within Wright County; and

WHEREAS, the School District is desirous of entering into a contract with the County for the provision of a School Resource Officer (SRO), with said SRO to be provided by the Wright County Sheriff's Office; and,

WHEREAS, the SCHOOL DISTRICT has determined that it is in the best interests of the SCHOOL DISTRICT to continue to contract with the COUNTY for SRO services; and

WHEREAS, said contracts are authorized and provided for pursuant to Minnesota Statutes 471.59, as well as statutory authority relating to schools and law enforcement;

WHEREAS, the COUNTY is agreeable to rendering such services on the terms and conditions hereinafter set forth; and

NOW THEREFORE, pursuant to the terms of the aforesaid statutes, and in consideration of the mutual covenants herein contained, it is agreed as follows:

1. That the County by way of the Sheriff agrees to provide SRO services within the District's Wright County school facilities to the extent and in the manner as hereinafter set forth:
 - a. Except as otherwise hereinafter specifically set forth, such services shall encompass only duties and functions of the type coming within the jurisdiction of the Wright County Sheriff pursuant to Minnesota Laws and Statutes and as stated in the attached job description which is attached hereto and incorporated herein by reference as Exhibit A.
 - b. That the County by way of the Wright County Sheriff's Office agrees to provide **ONE** School Resource Officers to the School District to attend to matters at the District's Wright County schools, with said SRO to provide services as set out in the job description attached hereto and incorporated herein by reference.
 - c. Services purchased pursuant to this contract shall include enforcement of Minnesota State Statutes, including but not limited to the Traffic Code and the Criminal Code, as well as all local ordinances enacted in conformance therewith.
2. The manner and standards of performance, the discipline of peace officers and employees, and other matters incident to the provision of services under this Agreement, and the control of personnel so employed, shall be subject solely to the control of the COUNTY. In the event of a dispute between the parties as to the extent of the duties and functions to be rendered hereunder,

or the level or manner of performance of such service, the determination thereof made by the Sheriff of the COUNTY shall be final and conclusive as between the parties hereto.

3. The COUNTY shall have full cooperation and assistance from the SCHOOL DISTRICT, its officers, agents, and employees so as to facilitate the performance of this agreement. In order to facilitate a local presence of Sheriff's Deputies, the SCHOOL DISTRICT shall, if requested by the COUNTY, provide a secure office for the Sheriff's Office Employees by having adequate space for a desk with chairs, limited public visibility, a local telephone line and an adequate internet connection with support as requested by the COUNTY.
4. That the COUNTY shall furnish and supply all necessary labor, supervision, equipment, and all supplies necessary to maintain the level of service to be rendered herein.
5. All deputy sheriffs, clerks, and all other COUNTY personnel performing duties pursuant to this Agreement shall at all times be considered employees of the COUNTY for all purposes.
6. TERM
 - a. Any prior contracts between the parties for the allocation of a School Resource Officer(s) is hereby void and terminated effective immediately and superseded by this agreement.
 - b. The COUNTY shall commence the provision of SRO Services on September 1, 2023, and this Agreement shall remain in effect for a period of two (2) years, unless earlier terminated by operation of law or pursuant to the terms of this Agreement.
 - c. This Agreement shall automatically renew for a period of one (1) year following the expiration of the initial two (2) year term and/or any renewal term.
 - d. Any Party may terminate this Agreement during or prior to the renewal term by providing notice by June 1st of each year. Notice of termination that is timely delivered shall be effective at the end of the initial or renewal term on September 1st. The Parties may voluntarily terminate this Agreement at any time by mutual agreement.
7. CONTRACTED HOURS AND COMPENSATION.
 - a. The COUNTY will delegate the number of SROs as stated in paragraph one. SROs will be permitted to take time off from work (personnel or medical) as permitted under COUNTY policy or COUNTY labor agreements (hereinafter referred to as "leave"). The parties agree that the COUNTY will not backfill an SRO on leave unless the leave exceeds two weeks. The SCHOOL DISTRICT agrees that while an SRO is on leave the SCHOOL DISTRICT will receive law enforcement services by calling Wright County Dispatch and having a Deputy respond to any matters on School District Property. The level of service in this instance is the same as enjoyed by all citizens and businesses in the COUNTY.
 - b. The SCHOOL DISTRICT agrees to pay to the COUNTY 9/12th, or the equivalent of .75 FTE, of the annual wages paid by the COUNTY to a starting deputy hired at \$39.00 per hour (new employee), for each SRO provided, with said amount to be adjusted as labor agreements and wages are modified. For the 2023/2024 school year, this equates to \$60,840 per SRO. Billing and payment of said fee shall be on an annual basis. Any

increase in the minimum hourly rate must be provided to the SCHOOL DISTRICT no later than August 15 of each year.

8. LIABILITY

- A. During the initial and any renewal terms of this Agreement the COUNTY shall maintain general, automotive, and workers compensation coverage through the Minnesota Counties Intergovernmental Trust at the coverage limits provided.
- B. The SCHOOL DISTRICT shall not assume any liability for the direct payment of any salaries, wages, or other compensation to any of the COUNTY'S employees providing SRO Services to the SCHOOL DISTRICT under this Agreement and the COUNTY hereby assumes said liabilities.
- C. The SCHOOL DISTRICT shall not be liable for compensation or indemnity to any of the COUNTY'S employees for injury or sickness arising out of their employment with the COUNTY and/or provision of the SRO Services to the SCHOOL DISTRICT, and the COUNTY agrees to defend, indemnify and hold the SCHOOL DISTRICT harmless against any such claims.
- D. The COUNTY agrees to defend, indemnify and hold harmless the SCHOOL DISTRICT, and its employees, officials and agents from and against all claims, actions, damages, losses and expenses, including reasonable attorney fees, arising out of the COUNTY'S performance or failure to perform its obligations under this Agreement, except as set forth below. The parties agree this indemnity obligation shall survive the completion or termination of this Agreement.
- E. The SCHOOL DISTRICT agrees to defend, indemnify and hold harmless the COUNTY, and its employees, officials and agents from and against all claims, actions, damages, losses and expenses, including reasonable attorney fees, arising out of the SCHOOL DISTRICT'S negligence or the SCHOOL DISTRICT'S performance or failure to perform its obligations under this Agreement. The parties agree this indemnity obligation shall survive the completion or termination of this Agreement.
- F. The SCHOOL DISTRICT agrees to defend, indemnify and hold harmless the COUNTY, and its employees, officials and agents, for any claims related to the interpretation of or challenges to the validity of the SCHOOL DISTRICT'S ordinances and building code enforcement.
- G. The failure to furnish SRO services because of weather, road conditions, or the unavailability of personnel or equipment, shall not be a breach of this Agreement.
- H. Nothing in this Agreement shall constitute a waiver of the statutory limits on liability set forth in Minnesota Statutes, Chapter 466 or a waiver of any available immunities or defenses. Nothing herein shall be construed to provide insurance coverage or indemnification to an employee, official or agent of any Party for any act or omission for which the employee, official or agent is guilty of malfeasance in office, willful neglect of

duty or bad faith. It is further understood that Minnesota Statutes, section 471.59, subd. 1a applies to this Agreement. To the full extent permitted by law, actions by the parties pursuant to this Agreement are intended to be and shall be construed as a "cooperative activity" and it is the intent of the parties that they shall be deemed a "single governmental unit" for the purposes of liability, all as set forth in Minnesota Statutes, section 471.59, subd. 1a(a); provided further that for purposes of that statute, each party to this Agreement expressly declines responsibility for the acts or omissions of the other party. For purposes of determining total liability damages, the parties are considered a single governmental unit and the total liability shall not exceed the limits on governmental liability for a single governmental unit as specified in Minnesota Statutes, section 3.736 or section 466.04.

9. GENERAL PROVISIONS.

- A. Entire Agreement. This Agreement supersedes any prior or contemporaneous representations or agreements, whether written or oral, between the Parties and contains the entire agreement.
- B. Assignment. The COUNTY may not assign this Agreement to any other person unless written consent is obtained from the SCHOOL DISTRICT.
- C. Amendments. Except as to the provisions for contracted hours and compensation under paragraph 7, any modification or amendment to this Agreement shall require a written agreement signed by both Parties.
- D. Nondiscrimination. In the hiring of employees to perform work under this Agreement, the COUNTY shall not discriminate against any person by reason of any characteristic or classification protected by state or federal law.
- E. Governing Law. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Minnesota. All proceedings related to this Agreement shall be venued in Wright County, Minnesota.
- F. Waiver. The waiver by either party of any breach or failure to comply with any provision of this Agreement by the other Party shall not be construed as, or constitute a continuing waiver of such provision or a waiver of any other breach of or failure to comply with any other provision of this Agreement.
- G. Notices. All notices and other communications pursuant to this Agreement must be in writing and must be given by registered or certified mail, postage prepaid, or delivered by hand at the addresses set forth below:

Notice to County: Wright County Sheriff
 Wright County Law Enforcement Center
 3800 Braddock Avenue N.E.
 Buffalo, MN 55313

and

Wright County Administrator
 Wright County Government Center

3650 Braddock Avenue N.E.
Buffalo, MN 55313

Notice to School
District:

MAWSECO Executive Director
720 9th Ave. PO Box 1010
Howard Lake, MN 55349

- H. Savings Clause. If a court finds any portion of this Agreement to be contrary to law, invalid, or unenforceable, the remainder of the Agreement will remain in full force and effect.
- I. Counterparts. This Agreement may be signed in counterparts, each of which shall be deemed an original, and which taken together shall be deemed to be one and the same document.

IN WITNESS WHEREOF, The SCHOOL DISTRICT, by resolution duly adopted by its governing body, caused this agreement to be signed by its Board Chair and attested by its Superintendent; and the County of Wright, by the County Board of Commissioners, has caused this agreement to be signed by the Chairman, County Administrator, and by the Wright County Sheriff, effective on the day and year first above written.

[THIS SPACE WAS INTENTIONALLY LEFT BLANK – SIGNATURE PAGE TO FOLLOW]

Dated: _____

COUNTY OF _____, MINNESOTA

By: _____
Its Board Chair

By: _____
Its County Administrator

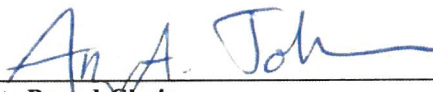
and

By: _____
Its County Sheriff

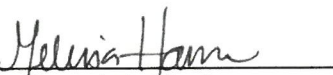
IN WITNESS WHEREOF, the SCHOOL DISTRICT has caused this Agreement to be signed by its Board Chair and Superintendent.

Dated: 9-26-23

ISD# 0938-52

By: 
Its Board Chair

and

By: 
Its Superintendent

SCHOOL RESOURCE OFFICER CONTRACT

THIS AGREEMENT made and entered on this _____ day of _____, 2023, by and between the COUNTY OF WRIGHT and the WRIGHT COUNTY SHERIFF, hereinafter referred to as "County" and the **Delano School District ISD #879** hereinafter referred to as the "School District".

WITNESSETH:

WHEREAS, the COUNTY has a statutory obligation to provide law enforcement services within Wright County; and

WHEREAS, the School District is desirous of entering into a contract with the County for the provision of a School Resource Officer (SRO), with said SRO to be provided by the Wright County Sheriff's Office; and,

WHEREAS, the SCHOOL DISTRICT has determined that it is in the best interests of the SCHOOL DISTRICT to continue to contract with the COUNTY for SRO services; and

WHEREAS, said contracts are authorized and provided for pursuant to Minnesota Statutes 471.59, as well as statutory authority relating to schools and law enforcement;

WHEREAS, the COUNTY is agreeable to rendering such services on the terms and conditions hereinafter set forth; and

NOW THEREFORE, pursuant to the terms of the aforesaid statutes, and in consideration of the mutual covenants herein contained, it is agreed as follows:

1. That the County by way of the Sheriff agrees to provide SRO services within the District's Wright County school facilities to the extent and in the manner as hereinafter set forth:
 - a. Except as otherwise hereinafter specifically set forth, such services shall encompass only duties and functions of the type coming within the jurisdiction of the Wright County Sheriff pursuant to Minnesota Laws and Statutes and as stated in the attached job description which is attached hereto and incorporated herein by reference as Exhibit A.
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2. The manner and standards of performance, the discipline of peace officers and employees, and other matters incident to the provision of services under this Agreement, and the control of personnel so employed, shall be subject solely to the control of the COUNTY. In the event of a dispute between the parties as to the extent of the duties and functions to be rendered hereunder, or the level or manner of performance of such service, the determination

thereof made by the Sheriff of the COUNTY shall be final and conclusive as between the parties hereto.

3. The COUNTY shall have full cooperation and assistance from the SCHOOL DISTRICT, its officers, agents, and employees so as to facilitate the performance of this agreement. In order to facilitate a local presence of Sheriff's Deputies, the SCHOOL DISTRICT shall, if requested by the COUNTY, provide a secure office for the Sheriff's Office Employees by having adequate space for a desk with chairs, limited public visibility, a local telephone line and an adequate internet connection with support as requested by the COUNTY.
4. That the COUNTY shall furnish and supply all necessary labor, supervision, equipment, and all supplies necessary to maintain the level of service to be rendered herein.
5. All deputy sheriffs, clerks, and all other COUNTY personnel performing duties pursuant to this Agreement shall at all times be considered employees of the COUNTY for all purposes.

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- a. Any prior contracts between the parties for the allocation of a School Resource Officer(s) is hereby void and terminated effective immediately and superseded by this agreement.
- b. The COUNTY shall commence the provision of SRO Services on September 1, 2023, and this Agreement shall remain in effect for a period of two (2) years, unless earlier terminated by operation of law or pursuant to the terms of this Agreement.
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increase in the minimum hourly rate must be provided to the SCHOOL DISTRICT no later than August 15 of each year.

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- A. During the initial and any renewal terms of this Agreement the COUNTY shall maintain general, automotive, and workers compensation coverage through the Minnesota Counties Intergovernmental Trust at the coverage limits provided.
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- C. The SCHOOL DISTRICT shall not be liable for compensation or indemnity to any of the COUNTY'S employees for injury or sickness arising out of their employment with the COUNTY and/or provision of the SRO Services to the SCHOOL DISTRICT, and the COUNTY agrees to defend, indemnify and hold the SCHOOL DISTRICT harmless against any such claims.
- D. The COUNTY agrees to defend, indemnify and hold harmless the SCHOOL DISTRICT, and its employees, officials and agents from and against all claims, actions, damages, losses and expenses, including reasonable attorney fees, arising out of the COUNTY'S performance or failure to perform its obligations under this Agreement, except as set forth below. The parties agree this indemnity obligation shall survive the completion or termination of this Agreement.
- E. The SCHOOL DISTRICT agrees to defend, indemnify and hold harmless the COUNTY, and its employees, officials and agents from and against all claims, actions, damages, losses and expenses, including reasonable attorney fees, arising out of the SCHOOL DISTRICT'S negligence or the SCHOOL DISTRICT'S performance or failure to perform its obligations under this Agreement. The parties agree this indemnity obligation shall survive the completion or termination of this Agreement.
- F. The SCHOOL DISTRICT agrees to defend, indemnify and hold harmless the COUNTY, and its employees, officials and agents, for any claims related to the interpretation of or challenges to the validity of the SCHOOL DISTRICT'S ordinances and building code enforcement.
- G. The failure to furnish SRO services because of weather, road conditions, or the unavailability of personnel or equipment, shall not be a breach of this Agreement.
- H. Nothing in this Agreement shall constitute a waiver of the statutory limits on liability set forth in Minnesota Statutes, Chapter 466 or a waiver of any available immunities or defenses. Nothing herein shall be construed to provide insurance coverage or indemnification to an employee, official or agent of any Party for any act or omission for which the employee, official or agent is guilty of malfeasance in office, willful neglect of

duty or bad faith. It is further understood that Minnesota Statutes, section 471.59, subd. 1a applies to this Agreement. To the full extent permitted by law, actions by the parties pursuant to this Agreement are intended to be and shall be construed as a "cooperative activity" and it is the intent of the parties that they shall be deemed a "single governmental unit" for the purposes of liability, all as set forth in Minnesota Statutes, section 471.59, subd. 1a(a); provided further that for purposes of that statute, each party to this Agreement expressly declines responsibility for the acts or omissions of the other party. For purposes of determining total liability damages, the parties are considered a single governmental unit and the total liability shall not exceed the limits on governmental liability for a single governmental unit as specified in Minnesota Statutes, section 3.736 or section 466.04.

9. GENERAL PROVISIONS.

- A. Entire Agreement. This Agreement supersedes any prior or contemporaneous representations or agreements, whether written or oral, between the Parties and contains the entire agreement.
- B. Assignment. The COUNTY may not assign this Agreement to any other person unless written consent is obtained from the SCHOOL DISTRICT.
- C. Amendments. Except as to the provisions for contracted hours and compensation under paragraph 7, any modification or amendment to this Agreement shall require a written agreement signed by both Parties.
- D. Nondiscrimination. In the hiring of employees to perform work under this Agreement, the COUNTY shall not discriminate against any person by reason of any characteristic or classification protected by state or federal law.
- E. Governing Law. This Agreement shall be governed by and interpreted in accordance with the laws of the State of Minnesota. All proceedings related to this Agreement shall be venued in Wright County, Minnesota.
- F. Waiver. The waiver by either party of any breach or failure to comply with any provision of this Agreement by the other Party shall not be construed as, or constitute a continuing waiver of such provision or a waiver of any other breach of or failure to comply with any other provision of this Agreement.
- G. Notices. All notices and other communications pursuant to this Agreement must be in writing and must be given by registered or certified mail, postage prepaid, or delivered by hand at the addresses set forth below:

Notice to County: Wright County Sheriff
 Wright County Law Enforcement Center
 3800 Braddock Avenue N.E.
 Buffalo, MN 55313

and

Wright County Administrator
 Wright County Government Center

3650 Braddock Avenue N.E.
Buffalo, MN 55313

Notice to School
District:

- H. Savings Clause. If a court finds any portion of this Agreement to be contrary to law, invalid, or unenforceable, the remainder of the Agreement will remain in full force and effect.
- I. Counterparts. This Agreement may be signed in counterparts, each of which shall be deemed an original, and which taken together shall be deemed to be one and the same document.

IN WITNESS WHEREOF, The SCHOOL DISTRICT, by resolution duly adopted by its governing body, caused this agreement to be signed by its Board Chair and attested by its Superintendent; and the County of Wright, by the County Board of Commissioners, has caused this agreement to be signed by the Chairman, County Administrator, and by the Wright County Sheriff, effective on the day and year first above written.

[THIS SPACE WAS INTENTIONALLY LEFT BLANK – SIGNATURE PAGE TO FOLLOW]

Dated: _____

COUNTY OF _____, MINNESOTA

By: _____
Its Board Chair

By: _____
Its County Administrator

and

By: _____
Its County Sheriff

IN WITNESS WHEREOF, the SCHOOL DISTRICT has caused this Agreement to be signed by its Board Chair and Superintendent.

Dated: 9-25-23

ISD# 879

By: Randy Deper
Its Board Chair

and

By: Matthew W. Sch
Its Superintendent

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Lee Kelly

Requestor Title

County Administrator

Department (please use dropdown to select department) *

ADMINISTRATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

CEC4226

Item Details

Board Action Requested *

Approval of Charitable Gambling Application, Form LG220, DC Music Producers, Gambling Premises: Dassel Cokato High School, 4852 Reardon Ave SW, Cokato MN 55321, Date of Activity 4/5/2023.

Short Title (what will appear on Agenda outline – 250 character max.) *

Approval of Charitable Gambling Application, Form LG220, DC Music Producers, Gambling Premises: Dassel Cokato High School, 4852 Reardon Ave SW, Cokato MN 55321, Date of Activity 4/5/2023.

Value Stream the request primarily aligns with:

Optimize Civic Engagement

Briefly describe how the request aligns with the selected value stream.

Allows charitable organizations to have an event where gambling for charity is prohibited.

Describe the impact on staffing resources.

No Impact

Fiscal Impact:

No Impact

Background/Justification:

Approval of LG220 is on a case by case basis for charitable organizations who are hosting events within the county.

Route for Review and Approval

☐ County
Administrator☒ Assistant
County
Administrator☐ Finance
Review☐ Legal Review☐ Risk Mgmt
Review☐ Skip Workflow

Agenda Item Attachments (1)

Document Name	Attachment Type
scan_cec4226_2023-10-10-13-54-17.pdf	Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision
Approved

Notes

MINNESOTA LAWFUL GAMBLING

LG220 Application for Exempt Permit4/23
Page 1 of 3

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

Organization Name: DC Music Boosters Previous Gambling Permit Number: X-

Minnesota Tax ID Federal Employer ID Number (FEIN), if any:

Mailing Address: PO Box 242

City: Dassel State: MN Zip: 55325 County: Meeker

Name of Chief Executive Officer (CEO): Katy McKee

CEO Daytime Phone: 612-209-6653 CEO Email: dasselcokatomusicboosters@gmail.com
(permit will be emailed to this email address unless otherwise indicated below)

Email permit to (if other than the CEO):

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

☐ Fraternal ☐ Religious ☐ Veterans ☒ Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

- ☐ **A current calendar year Certificate of Good Standing**
Don't have a copy? Obtain this certificate from:
MN Secretary of State, Business Services Division
60 Empire Drive, Suite 100
St. Paul, MN 55103
Secretary of State website, phone numbers:
www.sos.state.mn.us
651-296-2803, or toll free 1-877-551-6767
- ☐ **IRS income tax exemption (501(c)) letter in your organization's name**
Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.
- ☐ **IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**
If your organization falls under a parent organization, attach copies of both of the following:
1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted
(for raffles, list the site where the drawing will take place): Dassel Cokato High School

Physical Address (do not use P.O. box): 4852 Reardon Ave SW

Check one:
☐ City: Zip: County:
☒ Township: Cokato Zip: MN County: Wright

Date(s) of activity (for raffles, indicate the date of the drawing): April 5, 2024

Check each type of gambling activity that your organization will conduct:

☐ Bingo ☐ Paddlewheels ☐ Pull-Tabs ☐ Tipboards ☒ Raffle

Gambling equipment for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to www.mn.gov/gcb and click on **Distributors** under the **List of Licensees** tab, or call 651-539-1900.

LG220 Application for Exempt Permit**LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)****CITY APPROVAL
for a gambling premises
located within city limits**

- ☐ The application is acknowledged with no waiting period.
- ☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).
- ☐ The application is denied.

Print City Name: _____

Signature of City Personnel: _____

Title: _____ Date: _____

**The city or county must sign before
submitting application to the
Gambling Control Board.**

**COUNTY APPROVAL
for a gambling premises
located in a township**

- ☐ The application is acknowledged with no waiting period.
- ☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.
- ☐ The application is denied.

Print County Name: _____

Signature of County Personnel: _____

Title: _____ Date: _____

TOWNSHIP (if required by the county)

On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature: Katy McKee Date: 10/3/23
(Signature must be CEO's signature; designee may not sign)

Print Name: Katy McKee**REQUIREMENTS****Complete a separate application for:**

- all gambling conducted on two or more consecutive days; or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

Financial report to be completed within 30 days after the gambling activity is done:

A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

MAIL APPLICATION AND ATTACHMENTS**Mail application with:**

- _____ a copy of your proof of nonprofit status; and
- _____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**. Make check payable to **State of Minnesota**.

To: Minnesota Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113

Questions?

Call the Licensing Section of the Gambling Control Board at 651-539-1900.

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the

application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Depart-

ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

This form will be made available in alternative format (i.e. large print, braille) upon request.

An equal opportunity employer

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Heather Lemieux

Requestor Title

Assistant Finance Director

Department (please use dropdown to select department) *

FINANCE & TAXPAYER SERVICES

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

KMD7520

Item Details

Board Action Requested *

Approval of an additional change fund for Health and Human Service front desk from \$0 to \$100.00

Short Title (what will appear on Agenda outline – 250 character max.) *

Approval of an additional change fund for Health and Human Service front desk from \$0 to \$100.00

Value Stream the request primarily aligns with:

Develop County Infrastructure

Briefly describe how the request aligns with the selected value stream.

This is to establish a change fund for the Health and Human Services front desk when accepting client payments. This request will see an increase in efficiency in the department.

Describe the impact on staffing resources.

N/A

Fiscal Impact:

N/A

Background/Justification:

This is to establish a change fund for the Health and Human Services front desk when accepting client payments. This request will see an increase in efficiency in the department.

Route for Review and Approval

☐ County
Administrator

☐ Assistant
☒ County
Administrator

☒ Finance
Review

☐ Legal Review

☐ Risk Mgmt
Review

☐ Skip Workflow

Agenda Item Attachments (0)

Document Name	Attachment Type
---------------	-----------------

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Approved

Notes

Finance Review

Finance Decision

Approved

Notes

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Lindsey Meyer

Requestor Title

Finance Director

Department (please use dropdown to select department) *

FINANCE & TAXPAYER SERVICES

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County

Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

TGW2392

Item Details

Board Action Requested *

Approve New of 2023 Precious Metal License for:

Keith Berge Coins N Collectibles

Short Title (what will appear on Agenda outline – 250 character max.) *

Approve new of 2023 Precious Metal License for:

Keith Berge Coins N Collectibles

Value Stream the request primarily aligns with:

Shepherd Economic Growth

Briefly describe how the request aligns with the selected value stream.

This allows the stated business to legally transact within Wright County.

Describe the impact on staffing resources.

n/a

Fiscal Impact:

Collection of \$20.00 for License renewal

Background/Justification:

n/a

Route for Review and Approval

☐ County
Administrator

☐ Assistant
County
Administrator

☐ Finance
Review

☐ Legal Review

☐ Risk Mgmt
Review

☒ Skip Workflow

Agenda Item Attachments (1)

Document Name	Attachment Type
As of 9-1-2023.pdf	Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision
Approved

Notes



WRIGHT COUNTY
MINNESOTA

Application for Precious Metal Dealer License

Applicant Information			
Name:	<u>Keith Berge</u>	Date of Birth:	[REDACTED]
Residential Address:	[REDACTED]		
Business Information			
Name:	<u>KB Coins Computers Collectables</u>		
Principal Business Address:	<u>108 3rd St NE St Michael, MN 55376</u>		
Tax ID # or SSN:			
Principal Business Owner Information			
Name:	<u>Keith Berge</u>	Date of Birth:	[REDACTED]
Residential Address:	[REDACTED]		
Manager/Proprietor Information			
Name:		Date of Birth:	
Residential Address:			
I, <u>Keith Berge</u> (full name) as (owner, partner or officer) for and on behalf of <u>KB Coins Computers Collectables</u> (if individual, give full name; if partnership give name of all partners; if corporation, give true corporation name) hereby make application pursuant to the provisions of Minnesota Statutes, Chapter 325F, for a license to engage in or transact business as a Precious Metal Dealer in Wright County.			
Applicant Signature:	<u>Keith Berge</u>	Date:	<u>8/29/23</u>
Subscribed and sworn to before me this <u>29</u> day of <u>August</u> <u>2023</u> Signature of Notary Public or other official: <u>Karen Lynn Held-Harrison</u> Notary Stamp Seal or Other Title or Rank:			

AUD-6005-0121



WRIGHT COUNTY
MINNESOTA

Application for Precious Metal Dealer License

Other Business locations within Wright County (each branch office shall be operated under the same name as the principal office):			
Branch Office Address:			
Name of Manager:			
Branch Office Address:			
Name of Manager:			
A Precious Metal Dealer license is valid for a period of one year from the date of issuance. Annual Fee: \$20.00. Make check payable to: Wright County Return completed application, work comp form and \$20.00 license fee to: Wright County Attn: Licensing 10 2nd St NW, Rm 230 Buffalo, MN 55313			
FOR WRIGHT COUNTY USE ONLY			
Date received:	Check#:	Application & W/C form: ☐	Fee: ☐

AUD-6005-0121

CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of M.S. Chapter 176. The information required includes the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

Information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company: _____
(Name of the insurance agent)

Policy Number: _____

Effective Date of Coverage: _____ to _____

- or -

I have no employees

I am self-insured (include permit to self-insure)

I have no employees who are covered by the workers' compensation law (these include: spouse, parent, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Berge Keith William

Last, First Middle - Please type or print.

Business As (dba): KB coins N collectables
Business name if different than your name - please type or print.

Business Address: 108 3rd St NE
Street Address
St Michael, MN 55376
City, State, ZIP

952-238 651-302-4429

Please include area code.

Signature: Keith Berge Date: 8/30/23

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: KEITH BERGE
Address:

09/01/2023
Transaction Number: 89604
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
AT COUNTER 01-041-000-0000-5118	AT COUNTER MISCELLANEOUS PERMITS	Rec#:15187 \$20.00	\$20.00
Tax Included			
			\$20.00
187	PRECIOUS METAL PERMI		\$20.00
Check Total:			\$20.00
E-Check:			
Cash:			
ACH Payment:			
Credit Card:			
No Fee:			\$20.00
Change:			\$0.00
			\$20.00

KEITH W BERGE 75-1637/919 187

DATE _____ PMP

PAY TO THE ORDER OF Wright County \$ 20.-

twenty dollars DOLLARS ← Heat Reactive Ink

 **Highland Bank**
www.highlandbanks.com
952.858.4888

MEMO License KB-se MP

87

SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Lindsey Meyer

Requestor Title

Finance Director

Department (please use dropdown to select department) *

FINANCE & TAXPAYER SERVICES

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County

Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda

☐ Item for Consideration

Originator

TGW2392

Item Details

Board Action Requested *

Approve Renewal of 2024 Tobacco Licenses For:

FlippinBill's
 South Haven Sports
 Delano Tobacco
 Dollar General Store # 10460
 Dollar General Store # 15392a
 Dollar General Store # 16105
 Dollar General Store # 18158
 Kwik Trip # 1188
 Kwik Trip # 1031
 Kwik Trip # 1020
 Kwik Trip # 681
 Kwik Trip # 345
 Kwik Trip # 177
 Kwik Trip # 162
 Kwik Trip # 104
 Clearwater Travel Plaza
 Clearwater Travel Plaza– Fuel Center

Short Title (what will appear on Agenda outline – 250 character max.) *

Approve Renewal of 2024 Tobacco Licenses For:

FlippinBill's
 South Haven Sports
 Delano Tobacco
 Dollar General Store # 10460
 Dollar General Store # 15392a
 Dollar General Store # 16105
 Dollar General Store # 18158
 Kwik Trip # 1188
 Kwik Trip # 103

Value Stream the request primarily aligns with:

Shepherd Economic Growth

Briefly describe how the request aligns with the selected value stream.

This allows the stated business to legally transact within Wright County.

Describe the impact on staffing resources.

Collection of \$200.00 for each Tobacco License renewal application. Renewal of current licenses

Fiscal Impact:

N/A

Background/Justification:

VIOLATIONS IN LAST 5 YEARS

8/15/2023, 07/13/2021, 03/23/2021 – DELANO TOBACCO

7/16/2021 – SOUTH HAVEN SPORTS

08/20/2018– DOLLAR GENERAL STORE # 15392

07/13/2020– CLEARWATER TRAVEL PLAZA

07/13/2020– CLEARWATER TRAVEL PLAZA– FUEL CENTER

Route for Review and Approval

☐ County
Administrator

☐ Assistant
County
Administrator

☐ Finance
Review

☐ Legal Review

☐ Risk Mgmt
Review

☒ Skip Workflow

Agenda Item Attachments (1)

Document Name

[10-17-23 Tobacco Renewals_Redacted_Ready.pdf](#)

Attachment Type

Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Denied

Notes

Still contains data that needs to be redacted



REQUEST FOR BOARD ACTION

Board Meeting Date:	10/17/2023	☐	Consent Agenda
Requester's Name:	Lindsey Meyer	☐	Timed
Title:	Finance Director		Time Required:
Department:	Finance	☐	Item for Consideration
Board Action Requested: Approve Renewal of 2024 Tobacco Licenses For: FlippinBill's South Haven Sports Delano Tobacco Dollar General Store # 10460 Dollar General Store # 15392 Dollar General Store # 16105 Dollar General Store # 18158 Kwik Trip # 1188			
Select which Value Stream the request primarily aligns with: Optimize Civic Engagement			
Briefly describe how the request aligns with the selected value stream. This allows the stated business to legally transact within Wright County.			
Describe the impact on staffing resources. Collection of \$200.00 for each Tobacco License renewal application			
Describe the impact on financial resources. N/A			
Background/Justification: VIOLATIONS IN LAST 5 YEARS 8/15/2023, 07/13/2021, 03/23/2021 - DELANO TOBACCO 7/16/2021 - SOUTH HAVEN SPORTS 08/20/2018- DOLLAR GENERAL STORE # 15392 07/13/2020- CLEARWATER TRAVEL PLAZA 07/13/2020- CLEARWATER TRAVEL PLAZA- FUEL CENTER			
Has the request been reviewed by the Attorney's Office?		No	
Risk Management?		No	
Number of original documents requiring signature		0	

Store #104


WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

 Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: Kwik Trip, Inc.			
Business Legal Name: Kwik Trip, Inc.			
Business DBA Name: Kwik Trip #104			
Business Address: 8191 179th St. NW		City: Clearwater	State: MN Zip Code: 53320
Business Mailing Address: P.O. Box 2107		City: La Crosse	State: WI Zip Code: 54602
Residential Address: [REDACTED]		City: La Crosse	State: WI Zip Code: 54603
Business Phone: 320-558-2111	Residential Phone: 608-791-7385 (Office)	Email Address: LicensingDept@kwiktrip.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Kwik Trip, Inc.			
Number of months per year establishment will be open: 12		Name of Manager: Joseph M. Bauer	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: -----%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>18</u> %			
Corporate Contact Name: Jay Christianson		Corporate Contact Phone #: 608-791-7385	
Corporate Mailing Address: P.O. Box 2107, La Crosse, WI 54602-2107			
License Certificate	Send original to: ☒ store ☐ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☒ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			



WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

holds a license with the Minnesota Department of Revenue.

2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Applicant's Full Name (print): Scott P. Zietlow	Applicant's Signature: <i>Scott P. Zietlow</i>	Date: 9-28-2023
---	---	--------------------

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
Wright County Finance & Taxpayer Services
Attn: Licensing
3650 Braddock Ave NE, Suite 1400
Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

[Redacted]

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

License Authority

License Number

Period Covered

Date of Issuance

Licensee's Legal Name

Kwik Trip, Inc.

Federal Employer ID Number (FEIN)

[Redacted]

Business Trade Name (doing business as)

Kwik Trip 104

Daytime Phone

320-558-2111

Complete Address of Business Location (permit location)

8191 179th St NW

County

Wright

Other Phone Number

608-791-7385

City

Clearwater

State

MN

ZIP Code

55320

Fax Number

608-793-6120

Mailing Address (if different than business address)

P.O. Box 2107

City

La Crosse

State

WI

ZIP Code

54602

Email Address

LicensingDept@kwiktrip.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☒ Out-of-state corporation: State of Incorporation

Wisconsin – 10/7/1964

☐ Other (describe) _____

Are you registered to do business in Minnesota?

☒ Yes

☐ No

Corporate officers or partners (attach a list if necessary)

Name

Scott P. Zietlow

Title

President

Address

[Redacted]

City

Rochester

State

MN

ZIP Code

55902

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Scott P. Zietlow

Title

President

Print Name

Scott P. Zietlow

Date

9-28-2023

Daytime Phone

608-791-7385

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email, or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 320-558-2111	Alternate telephone number (608) 791-7385
---	---	--

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

Kwik Trip, Inc.

DBA ("doing business as" or "also known as" an assumed name), if applicable

Kwik Trip 104

Business address (must be physical street address, no P.O. boxes) 8191 179th St NW	City Clearwater	State MN	ZIP code 55320
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County
Wright

Email address
LicensingDept@kwiktrip.com

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Indemnity Insurance Company of NA

Policy number
WLR C52071689

Effective date
1/1/2024

Expiration date
12/31/2024

☐ I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Scott P. Zietlow

Applicant signature (required)

Scott P. Zietlow

Title
President

Date

9-28-2023

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Kwik Trip, Inc.
PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

Page 1

Vendor # 500000519	Check Date 09/28/2023	Check Number 1332849		
Invoice	Date	Amount	Discount	Paid
M20230928BJC	09/28/2023	1,400.00	0.00	1,400.00
Total		1,400.00	0.00	1,400.00

Vendor Number 500000519

Check Number 1332849

DO NOT CASH THIS CHECK WITHOUT A GREEN BACKGROUND

Kwik Trip, Inc.

PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

FIFTH THIRD BANK
NORTHERN KENTUCKY

73-27
421

NO. 1332849

DATE 09/28/2023
Void After 180 Days

PAY ONE THOUSAND FOUR HUNDRED AND 00 /100 DOLLARS

AMOUNT\$*****1,400.00*

TO WRIGHT COUNTY TREASURER
THE 10 2ND ST NW RM 232
ORDER BUFFALO MN 55313-2159
OF

Scott P. Feltner

Jeffrey A. Winkler
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

Store #162


WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

 Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: Kwik Trip, Inc.			
Business Legal Name: Kwik Trip, Inc.			
Business DBA Name: Kwik Trip #162			
Business Address: 16401 72nd St. NE		City: Otsego	State: MN Zip Code: 55330
Business Mailing Address: P.O. Box 2107		City: La Crosse	State: WI Zip Code: 54602
Residential Address: [REDACTED]		City: La Crosse	State: WI Zip Code: 54603
Business Phone: 763-441-9952	Residential Phone: 608-791-7385 (Office)	Email Address: LicensingDept@kwiktrip.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Convenience store with fuel sales.			
Number of months per year establishment will be open: 12		Name of Manager: Terri Weis	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: -----%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>22</u> %			
Corporate Contact Name: Jay Christianson		Corporate Contact Phone #: 608-791-7385	
Corporate Mailing Address: P.O. Box 2107, La Crosse, WI 54602-2107			
License Certificate	Send original to: ☒ store ☐ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☒ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			



WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products & Tobacco-Related Devices License Application

holds a license with the Minnesota Department of Revenue.		
2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.		
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.		
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.		
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.		
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.		
7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products.		
I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.		
Applicant's Full Name (print): Scott P. Zietlow	Applicant's Signature: <i>Scott P. Zietlow</i>	Date: 9-28-2023

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
Wright County Finance & Taxpayer Services
Attn: Licensing
3650 Braddock Ave NE, Suite 1400
Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number



The Minnesota Tax ID must be issued in the same legal name of the licensee below.

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

License Authority

License Number

Period Covered

Date of Issuance

Licensee's Legal Name

Kwik Trip, Inc.

Federal Employer ID Number (FEIN)



Business Trade Name (doing business as)

Kwik Trip 162

Daytime Phone

763-441-9952

Complete Address of Business Location (permit location)

16401 72nd St NE

County

Wright

Other Phone Number

608-791-7385

City

Otsego

State

MN

ZIP Code

55330

Fax Number

608-793-6120

Mailing Address (if different than business address)

P.O. Box 2107

City

La Crosse

State

WI

ZIP Code

54602

Email Address

LicensingDept@kwiktrip.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☒ Out-of-state corporation: State of incorporation Wisconsin – 10/7/1964

☐ Other (describe) _____

Are you registered to do business in Minnesota? ☒ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

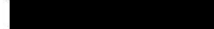
Name

Scott P. Zietlow

Title

President

Address



City

Rochester

State

MN

ZIP Code

55902

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Scott P. Zietlow

Title

President

Print Name

Scott P. Zietlow

Date

9-28-2023

Daytime Phone

608-791-7385

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email, or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 763-441-9952	Alternate telephone number (608) 791-7385
---	---	--

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

Kwik Trip, Inc.

DBA ("doing business as" or "also known as" an assumed name), if applicable

Kwik Trip 162

Business address (must be physical street address, no P.O. boxes) 16401 72nd St NE	City Otsego	State MN	ZIP code 55330
---	----------------	-------------	-------------------

County Wright	Email address LicensingDept@kwiktrip.com
------------------	---

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Indemnity Insurance Company of NA

Policy number WLR C52071689	Effective date 1/1/2024	Expiration date 12/31/2024
--------------------------------	----------------------------	-------------------------------

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Scott P. Zietlow

Applicant signature (required) <i>Scott P. Zietlow</i>	Title President	Date 9-28-2023
--	--------------------	-------------------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Kwik Trip, Inc.
PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

Page 1

Vendor # 500000519		Check Date 09/28/2023	Check Number 1332849	
Invoice	Date	Amount	Discount	Paid
M20230928BJC	09/28/2023	1,400.00	0.00	1,400.00
Total		1,400.00	0.00	1,400.00

Vendor Number 500000519

Check Number 1332849

DO NOT CASH THIS CHECK WITHOUT A GREEN BACKGROUND

Kwik Trip, Inc.

PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

FIFTH THIRD BANK
NORTHERN KENTUCKY

73-27
421

NO. 1332849

DATE 09/28/2023
Void After 180 Days

PAY ONE THOUSAND FOUR HUNDRED AND 00 /100 DOLLARS

AMOUNT\$*****1,400.00*

TO WRIGHT COUNTY TREASURER
THE 10 2ND ST NW RM 232
ORDER BUFFALO MN 55313-2159
OF

Scott P. Feltner

Jeffrey J. W. W. W.
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

Store #177


WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

 Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: Kwik Trip, Inc.			
Business Legal Name: Kwik Trip, Inc.			
Business DBA Name: Kwik Trip #177			
Business Address: 9855 Hart Blvd		City: Monticello	State: MN Zip Code: 55362
Business Mailing Address: P.O. Box 2107		City: La Crosse	State: WI Zip Code: 54602
Residential Address: [REDACTED]		City: La Crosse	State: WI Zip Code: 54603
Business Phone: 763-295-0689	Residential Phone: 608-791-7385 (Office)	Email Address: LicensingDept@kwiktrip.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Kwik Trip, Inc.			
Number of months per year establishment will be open: 12		Name of Manager: Jessica Dupont	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>28</u> %			
Corporate Contact Name: Jay Christianson		Corporate Contact Phone #: 608-791-7385	
Corporate Mailing Address: P.O. Box 2107, La Crosse, WI 54602-2107			
License Certificate	Send original to: ☒ store ☐ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☒ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			



WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

holds a license with the Minnesota Department of Revenue.		
2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.		
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.		
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.		
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.		
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.		
7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products.		
I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.		
Applicant's Full Name (print): Scott P. Zietlow	Applicant's Signature: <i>Scott P. Zietlow</i>	Date: 9-28-2023

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
Wright County Finance & Taxpayer Services
Attn: Licensing
3650 Braddock Ave NE, Suite 1400
Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

[Redacted]

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority

License Number

Period Covered

Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

Licensee's Legal Name

Kwik Trip, Inc.

Federal Employer ID Number (FEIN)

[Redacted]

Business Trade Name (doing business as)

Kwik Trip 177

Daytime Phone

763-295-0689

Complete Address of Business Location (permit location)

9855 Hart Blvd

County

Wright

Other Phone Number

608-791-7385

City

Monticello

State

MN

ZIP Code

55362

Fax Number

608-793-6120

Mailing Address (if different than business address)

P.O. Box 2107

City

La Crosse

State

WI

ZIP Code

54602

Email Address

LicensingDept@kwiktrip.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☒ Out-of-state corporation: State of incorporation _____

Wisconsin – 10/7/1964

☐ Other (describe) _____

Are you registered to do business in Minnesota?

☒ Yes

☐ No

Corporate officers or partners (attach a list if necessary)

Name

Scott P. Zietlow

Title

President

Address

[Redacted]

City

Rochester

State

MN

ZIP Code

55902

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Scott P. Zietlow

Title

President

Print Name

Scott P. Zietlow

Date

9-28-2023

Daytime Phone

608-791-7385

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email, or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 763-295-0689	Alternate telephone number (608) 791-7385
---	---	--

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

Kwik Trip, Inc.

DBA ("doing business as" or "also known as" an assumed name), if applicable

Kwik Trip 177

Business address (must be physical street address, no P.O. boxes) 9855 Hart Blvd	City Monticello	State MN	ZIP code 55362
---	--------------------	-------------	-------------------

County
Wright

Email address
LicensingDept@kwiktrip.com

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Indemnity Insurance Company of NA

Policy number
WLR C52071689

Effective date
1/1/2024

Expiration date
12/31/2024

☐ I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Scott P. Zietlow

Applicant signature (required)

Scott P. Zietlow

Title
President

Date 9-28-2023

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Kwik Trip, Inc.
PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

Page 1

Vendor # 500000519		Check Date 09/28/2023	Check Number 1332849	
Invoice	Date	Amount	Discount	Paid
M20230928BJC	09/28/2023	1,400.00	0.00	1,400.00
Total		1,400.00	0.00	1,400.00

Vendor Number 500000519

Check Number 1332849

DO NOT CASH THIS CHECK WITHOUT A GREEN BACKGROUND

Kwik Trip, Inc.

PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

FIFTH THIRD BANK
NORTHERN KENTUCKY

73-27
421

NO. 1332849

DATE 09/28/2023
Void After 180 Days

PAY ONE THOUSAND FOUR HUNDRED AND 00 /100 DOLLARS

AMOUNT \$*****1,400.00*

TO WRIGHT COUNTY TREASURER
THE 10 2ND ST NW RM 232
ORDER BUFFALO MN 55313-2159
OF

Scott P. Feltner

Jeffrey A. W. W. W.
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

Store #345


WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

 Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: Kwik Trip, Inc.			
Business Legal Name: Kwik Trip, Inc.			
Business DBA Name: Kwik Trip #345			
Business Address: 9440 State Hwy 25 NE		City: Monticello	State: MN Zip Code: 55362
Business Mailing Address: P.O. Box 2107		City: La Crosse	State: WI Zip Code: 54602
Residential Address: [REDACTED]		City: La Crosse	State: WI Zip Code: 54603
Business Phone: 763-295-8857	Residential Phone: 608-791-7385 (Office)	Email Address: LicensingDept@kwiktrip.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Kwik Trip, Inc.			
Number of months per year establishment will be open: 12		Name of Manager: Chris Moe	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____ %			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>30</u> %			
Corporate Contact Name: Jay Christianson		Corporate Contact Phone #: 608-791-7385	
Corporate Mailing Address: P.O. Box 2107, La Crosse, WI 54602-2107			
License Certificate	Send original to: ☒ store ☐ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☒ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			

AUD-6001-0422

Page 1 of 2



WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

holds a license with the Minnesota Department of Revenue.		
2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.		
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.		
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.		
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.		
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.		
7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products.		
I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.		
Applicant's Full Name (print): Scott P. Zietlow	Applicant's Signature: <i>Scott P. Zietlow</i>	Date: 9-28-2023

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
Wright County Finance & Taxpayer Services
Attn: Licensing
3650 Braddock Ave NE, Suite 1400
Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

[Redacted]

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

License Authority

License Number

Period Covered

Date of Issuance

Licensee's Legal Name

Kwik Trip, Inc.

Federal Employer ID Number (FEIN)

[Redacted]

Business Trade Name (doing business as)

Kwik Trip 345

Daytime Phone

763-295-8857

Complete Address of Business Location (permit location)

9440 State Hwy 25 NE

County

Wright

Other Phone Number

608-791-7385

City

Monticello

State

MN

ZIP Code

55362

Fax Number

608-793-6120

Mailing Address (if different than business address)

P.O. Box 2107

City

La Crosse

State

WI

ZIP Code

54602

Email Address

LicensingDept@kwiktrip.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Partnership

☐ Other (describe) _____

☐ Minnesota corporation: Enter date of incorporation _____

☒ Out-of-state corporation: State of incorporation _____

Wisconsin – 10/7/1964

Are you registered to do business in Minnesota?

☒ Yes

☐ No

Corporate officers or partners (attach a list if necessary)

Name

Scott P. Zietlow

Title

President

Address

[Redacted]

City

Rochester

State

MN

ZIP Code

55902

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Scott P. Zietlow

Title

President

Print Name

Scott P. Zietlow

Date

9-28-2023

Daytime Phone

608-791-7385

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email, or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 763-295-8857	Alternate telephone number (608) 791-7385
---	---	--

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

Kwik Trip, Inc.

DBA ("doing business as" or "also known as" an assumed name), if applicable

Kwik Trip 345

Business address (must be physical street address, no P.O. boxes) 9440 State Hwy 25 NE	City Monticello	State MN	ZIP code 55362
---	--------------------	-------------	-------------------

County
Wright

Email address
LicensingDept@kwiktrip.com

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Indemnity Insurance Company of NA

Policy number
WLR C52071689

Effective date
10/1/2024

Expiration date
12/31/2024

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Scott P. Zietlow

Applicant signature (required)

Scott P. Zietlow

Title
President

Date 9-28-2023

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Kwik Trip, Inc.
PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

Page 1

Vendor # 500000519		Check Date 09/28/2023	Check Number 1332849	
Invoice	Date	Amount	Discount	Paid
M20230928BJC	09/28/2023	1,400.00	0.00	1,400.00
Total		1,400.00	0.00	1,400.00

Vendor Number 500000519

Check Number 1332849

DO NOT CASH THIS CHECK WITHOUT A GREEN BACKGROUND

Kwik Trip, Inc.

PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

FIFTH THIRD BANK
NORTHERN KENTUCKY

73-27
421

NO. 1332849

DATE 09/28/2023
Void After 180 Days

PAY ONE THOUSAND FOUR HUNDRED AND 00 /100 DOLLARS

AMOUNT\$*****1,400.00*

TO WRIGHT COUNTY TREASURER
THE 10 2ND ST NW RM 232
ORDER BUFFALO MN 55313-2159
OF

Scott P Feltner

Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

Store #681


WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

 Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: Kwik Trip, Inc.			
Business Legal Name: Kwik Trip, Inc.			
Business DBA Name: Kwik Trip #681			
Business Address: 4400 O'Day Ave NE		City: Saint Michael	State: MN Zip Code: 55376
Business Mailing Address: P.O. Box 2107		City: La Crosse	State: WI Zip Code: 54602
Residential Address: [REDACTED]		City: La Crosse	State: WI Zip Code: 54603
Business Phone: 763-497-2447	Residential Phone: 608-791-7385 (Office)	Email Address: LicensingDept@kwiktrip.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Kwik Trip, Inc.			
Number of months per year establishment will be open: 12		Name of Manager: Christine Jaroscak	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>17</u> %			
Corporate Contact Name: Jay Christianson		Corporate Contact Phone #: 608-791-7385	
Corporate Mailing Address: P.O. Box 2107, La Crosse, WI 54602-2107			
License Certificate	Send original to: ☒ store ☐ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☒ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			

AUD-6001-0422

Page 1 of 2



WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

holds a license with the Minnesota Department of Revenue.		
2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.		
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.		
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.		
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.		
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.		
7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products.		
I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.		
Applicant's Full Name (print): Scott P. Zietlow	Applicant's Signature: <i>Scott P. Zietlow</i>	Date: 9-28-2023

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
Wright County Finance & Taxpayer Services
Attn: Licensing
3650 Braddock Ave NE, Suite 1400
Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number



The Minnesota Tax ID must be issued in the same legal name of the licensee below.

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

License Authority
License Number
Period Covered
Date of Issuance

Licensee's Legal Name

Kwik Trip, Inc.

Federal Employer ID Number (FEIN)



Business Trade Name (doing business as)

Kwik Trip 681

Daytime Phone

763-497-2447

Complete Address of Business Location (permit location)

4400 O'Day Ave NE

County

Wright

Other Phone Number

608-791-7385

City

Saint Michael

State

MN

ZIP Code

55376

Fax Number

608-793-6120

Mailing Address (if different than business address)

P.O. Box 2107

City

La Crosse

State

WI

ZIP Code

54602

Email Address

LicensingDept@kwiktrip.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☒ Out-of-state corporation: State of incorporation Wisconsin – 10/7/1964

☐ Other (describe) _____

Are you registered to do business in Minnesota? ☒ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

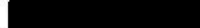
Name

Scott P. Zietlow

Title

President

Address



City

Rochester

State

MN

ZIP Code

55902

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Scott P. Zietlow

Title

President

Print Name

Scott P. Zietlow

Date

9-28-2023

Daytime Phone

608-791-7385

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email, or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 763-497-2447	Alternate telephone number (608) 791-7385
---	---	--

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

Kwik Trip, Inc.

DBA ("doing business as" or "also known as" an assumed name), if applicable

Kwik Trip 681

Business address (must be physical street address, no P.O. boxes) 4400 O'Day Ave NE	City Saint Michael	State MN	ZIP code 55376
--	-----------------------	-------------	-------------------

County Wright	Email address LicensingDept@kwiktrip.com
------------------	---

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Indemnity Insurance Company of NA

Policy number WLR C52071689	Effective date 1/1/2024	Expiration date 12/31/2024
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☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Scott P. Zietlow

Applicant signature (required) <i>Scott P. Zietlow</i>	Title President	Date 9-28-2023
---	--------------------	-------------------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Kwik Trip, Inc.
PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

Vendor # 500000519		Check Date 09/28/2023	Check Number 1332849	
Invoice	Date	Amount	Discount	Paid
M20230928BJC	09/28/2023	1,400.00	0.00	1,400.00
Total		1,400.00	0.00	1,400.00

Vendor Number 500000519

Check Number 1332849

DO NOT CASH THIS CHECK WITHOUT A GREEN BACKGROUND

Kwik Trip, Inc.

PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

FIFTH THIRD BANK
NORTHERN KENTUCKY

73-27
421

NO. 1332849

DATE 09/28/2023
Void After 180 Days

PAY ONE THOUSAND FOUR HUNDRED AND 00 /100 DOLLARS

AMOUNT\$*****1,400.00*

TO WRIGHT COUNTY TREASURER
THE 10 2ND ST NW RM 232
ORDER BUFFALO MN 55313-2159
OF

Scott P. Feltner

Jeffrey J. W. [Signature]
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRESSING

Store #1020


WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

 Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: Kwik Trip, Inc.			
Business Legal Name: Kwik Trip, Inc.			
Business DBA Name: Kwik Trip #1020			
Business Address: 6300 Labeaux Ave NE		City: Albertville	State: MN Zip Code: 55601
Business Mailing Address: P.O. Box 2107		City: La Crosse	State: WI Zip Code: 54602
Residential Address: 1626 Oak St.		City: La Crosse	State: WI Zip Code: 54603
Business Phone: 763-497-3701	Residential Phone: 608-791-7385 (Office)	Email Address: LicensingDept@kwiktrip.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Kwik Trip, Inc.			
Number of months per year establishment will be open: 12		Name of Manager: Russell Polum	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: -----%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>20</u> %			
Corporate Contact Name: Jay Christianson		Corporate Contact Phone #: 608-791-7385	
Corporate Mailing Address: P.O. Box 2107, La Crosse, WI 54602-2107			
License Certificate	Send original to: ☒ store ☐ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☒ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			



WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products & Tobacco-Related Devices License Application

holds a license with the Minnesota Department of Revenue.

2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Applicant's Full Name (print): Scott P. Zietlow	Applicant's Signature: <i>Scott P. Zietlow</i>	Date: 9-28-2023
---	---	--------------------

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
Wright County Finance & Taxpayer Services
Attn: Licensing
3650 Braddock Ave NE, Suite 1400
Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

[Redacted]

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

License Authority
License Number
Period Covered
Date of Issuance

Licensee's Legal Name Kwik Trip, Inc.			Federal Employer ID Number (FEIN) [Redacted]
Business Trade Name (doing business as) Kwik Trip 1020			Daytime Phone 763-497-3701
Complete Address of Business Location (permit location) 6300 Labeaux Ave NE		County Wright	Other Phone Number 608-791-7385
City Albertville	State MN	ZIP Code 55601	Fax Number 608-793-6120
Mailing Address (if different than business address) P.O. Box 2107	City La Crosse	State WI	Email Address LicensingDept@kwiktrip.com

Type of legal organization (check one):

☐ Sole proprietor ☐ Partnership ☐ Other (describe) _____

☐ Minnesota corporation: Enter date of incorporation _____

☒ Out-of-state corporation: State of incorporation **Wisconsin – 10/7/1964**

Are you registered to do business in Minnesota? ☒ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name Scott P. Zietlow	Title President		
Address [Redacted]	City Rochester	State MN	ZIP Code 55902
Name	Title		
Address	City	State	ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature <i>Scott P. Zietlow</i>	Title President	Print Name Scott P. Zietlow	Date 9-28-2023	Daytime Phone 608-791-7385
Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email, or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 763-497-3701	Alternate telephone number (608) 791-7385	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) Kwik Trip, Inc.			
DBA ("doing business as" or "also known as" an assumed name), if applicable Kwik Trip 1020			
Business address (must be physical street address, no P.O. boxes) 6300 Labeaux Ave NE	City Albertville	State MN	ZIP code 55601
County Wright	Email address LicensingDept@kwiktrip.com		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)
Indemnity Insurance Company of NA

Policy number
WLR C52071689

Effective date
1/1/2024

Expiration date
12/31/2024

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- ☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- ☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Scott P. Zietlow

Applicant signature (required)

Scott P. Zietlow

Title
President

Date

9-28-2023

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Kwik Trip, Inc.
PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

Page 1

Vendor # 500000519	Check Date 09/28/2023	Check Number 1332849		
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Total		1,400.00	0.00	1,400.00

Vendor Number 500000519

Check Number 1332849

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Kwik Trip, Inc.

PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

FIFTH THIRD BANK
NORTHERN KENTUCKY

73-27
421

NO. 1332849

DATE 09/28/2023
Void After 180 Days

PAY ONE THOUSAND FOUR HUNDRED AND 00 /100 DOLLARS

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TO WRIGHT COUNTY TREASURER
THE 10 2ND ST NW RM 232
ORDER BUFFALO MN 55313-2159
OF

Scott P. Feltner

Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

Store #1031


WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

 Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: Kwik Trip, Inc.			
Business Legal Name: Kwik Trip, Inc.			
Business DBA Name: Kwik Trip #1031			
Business Address: 1305 Babcock Blvd E		City: Delano	State: MN Zip Code: 55328
Business Mailing Address: P.O. Box 2107		City: La Crosse	State: WI Zip Code: 54602
Residential Address: [REDACTED]		City: La Crosse	State: WI Zip Code: 54603
Business Phone: 763-972-6778	Residential Phone: 608-791-7385 (Office)	Email Address: LicensingDept@kwiktrip.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Kwik Trip, Inc.			
Number of months per year establishment will be open: 12		Name of Manager: Kareen Armstrong	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: ----- %			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>12</u> %			
Corporate Contact Name: Jay Christianson		Corporate Contact Phone #: 608-791-7385	
Corporate Mailing Address: P.O. Box 2107, La Crosse, WI 54602-2107			
License Certificate	Send original to: ☒ store ☐ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☒ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that:			
1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			



WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

holds a license with the Minnesota Department of Revenue. 2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company. 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota. 4. I may not purchase from or exchange cigarettes or tobacco products with another retailer. 5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase. 6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license. 7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products. I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.		
Applicant's Full Name (print): Scott P. Zietlow	Applicant's Signature: <i>Scott P. Zietlow</i>	Date: 9-28-2023

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
Wright County Finance & Taxpayer Services
Attn: Licensing
3650 Braddock Ave NE, Suite 1400
Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

[Redacted]

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

License Authority
License Number
Period Covered
Date of Issuance

Licensee's Legal Name

Kwik Trip, Inc.

Federal Employer ID Number (FEIN)

[Redacted]

Business Trade Name (doing business as)

Kwik Trip 1031

Daytime Phone

763-972-6778

Complete Address of Business Location (permit location)

1305 Babcock Blvd E

County

Wright

Other Phone Number

608-791-7385

City

Delano

State

MN

ZIP Code

55328

Fax Number

608-793-6120

Mailing Address (if different than business address)

P.O. Box 2107

City

La Crosse

State

WI

ZIP Code

54602

Email Address

LicensingDept@kwiktrip.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☒ Out-of-state corporation: State of incorporation _____

Wisconsin – 10/7/1964

☐ Other (describe) _____

Are you registered to do business in Minnesota?

☒ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name	Title		
Scott P. Zietlow	President		
Address	City	State	ZIP Code
[Redacted]	Rochester	MN	55902
Name	Title		
Address	City	State	ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
- I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature	Title	Print Name	Date	Daytime Phone
Scott P. Zietlow	President	Scott P. Zietlow	9-28-2023	608-791-7385
Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email, or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 763-972-6778	Alternate telephone number (608) 791-7385
---	---	--

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

Kwik Trip, Inc.

DBA ("doing business as" or "also known as" an assumed name), if applicable

Kwik Trip 1031

Business address (must be physical street address, no P.O. boxes) 1305 Babcock Blvd E	City Delano	State MN	ZIP code 55328
--	----------------	-------------	-------------------

County
Wright

Email address
LicensingDept@kwiktrip.com

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Indemnity Insurance Company of NA

Policy number
WLR C52071689

Effective date
1/1/2024

Expiration date
12/31/2024

☐ I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Scott P. Zietlow

Applicant signature (required)

Scott P. Zietlow

Title
President

Date

9-28-2023

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Kwik Trip, Inc.
PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

Vendor # 500000519		Check Date 09/28/2023	Check Number 1332849	
Invoice	Date	Amount	Discount	Paid
M20230928BJC	09/28/2023	1,400.00	0.00	1,400.00
Total		1,400.00	0.00	1,400.00

Vendor Number 500000519

Check Number 1332849

DO NOT CASH THIS CHECK WITHOUT A GREEN BACKGROUND

Kwik Trip, Inc.

PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

FIFTH THIRD BANK
NORTHERN KENTUCKY

73-27
421

NO. 1332849

DATE 09/28/2023
Void After 180 Days

PAY ONE THOUSAND FOUR HUNDRED AND 00 /100 DOLLARS

AMOUNT\$*****1,400.00*

TO WRIGHT COUNTY TREASURER
THE 10 2ND ST NW RM 232
ORDER BUFFALO MN 55313-2159
OF

Scott P. Feltner

Jeffrey A. W. [Signature]
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING

Store # 1188


WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

 Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: Kwik Trip, Inc.			
Business Legal Name: Kwik Trip, Inc.			
Business DBA Name: Kwik Trip #1188			
Business Address: 145 Broadway Ave N		City: Cokato	State: MN Zip Code: 55321
Business Mailing Address: P.O. Box 2107		City: La Crosse	State: WI Zip Code: 54602
Residential Address: [REDACTED]		City: La Crosse	State: WI Zip Code: 54603
Business Phone: 320-299-7051	Residential Phone: 608-791-7385 (Office)	Email Address: LicensingDept@kwiktrip.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Kwik Trip, Inc.			
Number of months per year establishment will be open: 12		Name of Manager: Darrell Knowles	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____ %			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>25</u> %			
Corporate Contact Name: Jay Christianson		Corporate Contact Phone #: 608-791-7385	
Corporate Mailing Address: P.O. Box 2107, La Crosse, WI 54602-2107			
License Certificate	Send original to: ☒ store ☐ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☒ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			

AUD-6001-0422

Page 1 of 2



WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

holds a license with the Minnesota Department of Revenue. 2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company. 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota. 4. I may not purchase from or exchange cigarettes or tobacco products with another retailer. 5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase. 6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license. 7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products. I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.		
Applicant's Full Name (print): Scott P. Zietlow	Applicant's Signature: <i>Scott P. Zietlow</i>	Date: 9-28-2023

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
Wright County Finance & Taxpayer Services
Attn: Licensing
3650 Braddock Ave NE, Suite 1400
Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number

[REDACTED]

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter ☐ Through Vending Machine ☐ Both

License Authority
License Number
Period Covered
Date of Issuance

Licensee's Legal Name

Kwik Trip, Inc.

Federal Employer ID Number (FEIN)

[REDACTED]

Business Trade Name (doing business as)

Kwik Trip 1188

Daytime Phone

320-299-7051

Complete Address of Business Location (permit location)

145 Broadway Ave N

County

Wright

Other Phone Number

608-791-7385

City

Cokato

State

MN

ZIP Code

55321

Fax Number

608-793-6120

Mailing Address (if different than business address)

P.O. Box 2107

City

La Crosse

State

WI

ZIP Code

54602

Email Address

LicensingDept@kwiktrip.com

Type of legal organization (check one):

☐ Sole proprietor☐ Partnership☐ Other (describe) _____☐ Minnesota corporation: Enter date of incorporation _____☒ Out-of-state corporation: State of incorporation Wisconsin – 10/7/1964Are you registered to do business in Minnesota? ☒ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

Scott P. Zietlow

Title

President

Address

[REDACTED]

City

Rochester

State

MN

ZIP Code

55902

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Scott P. Zietlow

Title

President

Print Name

Scott P. Zietlow

Date

9-28-2023

Daytime Phone

608-791-7385

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email, or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number 320-299-7051	Alternate telephone number (608) 791-7385
---	---	--

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

Kwik Trip, Inc.

DBA ("doing business as" or "also known as" an assumed name), if applicable

Kwik Trip 1188

Business address (must be physical street address, no P.O. boxes) 145 Broadway Ave N	City Cokato	State MN	ZIP code 55321
---	----------------	-------------	-------------------

County Wright	Email address LicensingDept@kwiktrip.com
------------------	---

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☒ I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Indemnity Insurance Company of NA

Policy number WLR C52071689	Effective date 1/1/2024	Expiration date 12/31/2024
--------------------------------	----------------------------	-------------------------------

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Scott P. Zietlow

Applicant signature (required) <i>Scott P. Zietlow</i>	Title President	Date 9-28-2023
---	--------------------	-------------------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Kwik Trip, Inc.
PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

Vendor # 500000519		Check Date 10/03/2023	Check Number 1333419	
Invoice	Date	Amount	Discount	Paid
M20230928EJC	09/28/2023	200.00	0.00	200.00
Total		200.00	0.00	200.00

Vendor Number 500000519

Check Number 1333419

DO NOT CASH THIS CHECK WITHOUT A GREEN BACKGROUND

Kwik Trip, Inc.

PO Box 2107
1626 OAK ST
LA CROSSE, WI 54603

FIFTH THIRD BANK
NORTHERN KENTUCKY

73-27
421

NO. 1333419

DATE 10/03/2023
Void After 180 Days

PAY TWO HUNDRED AND 00 /100 DOLLARS

AMOUNT \$*****200.00*

TO WRIGHT COUNTY TREASURER
THE 10 2ND ST NW RM 232
ORDER BUFFALO MN 55313-2159
OF

Scott P. Feltlow

Jeffrey J. W. Label
Authorized Signature

SIGNATURE HAS A COLORED BACKGROUND • BORDER CONTAINS MICROPRINTING



WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

Application Type (select one): ☐ New

☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number:	
Applicant's Full Name: <u>Monir A.M Amro.</u>			
Business Legal Name: <u>Super Tobacco 2 LLC</u>			
Business DBA Name: <u>Delano Tobacco</u>			
Business Address: <u>451 Babcock Cir</u>	City: <u>Delano</u>	State: <u>MN</u>	Zip Code: <u>55328</u>
Business Mailing Address: <u>451 Babcock Cir</u>	City: <u>Delano</u>	State: <u>MN</u>	Zip Code: <u>55328</u>
Residential Address: <u>1142 Mornie Ct S</u>	City: <u>Maplewood</u>	State: <u>MN</u>	Zip Code: <u>55119</u>
Business Phone: <u>763 276 1982</u>	Residential Phone: <u>651-335-9318</u>	Email Address: <u>MoeAmro199@gmail.com</u>	
Type of business to be licensed (convenience store, bar, grocery store, etc.): <u>Tobacco Store</u>			
Number of months per year establishment will be open: <u>12</u>		Name of Manager: <u>Moe Amro</u>	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: _____%			
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or sub jobber who holds a license with the Minnesota Department of Revenue. 2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company. 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax			



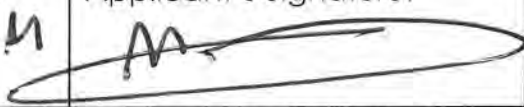
WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

agreement with the State of Minnesota.

4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal and/or civil penalties, including fines or loss of cigarettes and tobacco products
8. I have reviewed and understand the requirements set forth in the Wright County Tobacco Ordinance and affirm that my application meets those requirements.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Applicant's Full Name (print): Monir A. M Amro	Applicant's Signature: 	Date: 10/02/2013
--	--	----------------------------

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:

Wright County Finance & Taxpayer Services

Attn: Licensing

3650 Braddock Ave NE, Suite 1400

Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Print or Type	Applicant's Minnesota Tax ID Number [REDACTED]		The Minnesota Tax ID must be issued in the same legal name of the licensee below.		<table border="1"> <tr><td>License Authority</td></tr> <tr><td>License Number</td></tr> <tr><td>Period Covered</td></tr> <tr><td>Date of Issuance</td></tr> </table>		License Authority	License Number	Period Covered	Date of Issuance					
	License Authority														
	License Number														
	Period Covered														
Date of Issuance															
☒ Over Counter ☐ Through Vending Machine ☐ Both															
Licensee's Legal Name Super Tobacco 2 LLC				Daytime Phone 651-335-9378											
Business Trade Name (doing business as) [REDACTED]				Other Phone Number [REDACTED]											
Business Information	Complete Address of Business Location (permit location) 451 Babcock Cir		County Wright		Fax Number [REDACTED]										
	City Delano		State MN		ZIP Code 55328										
	Mailing Address (if different than business address) [REDACTED]		City [REDACTED]		State [REDACTED]										
	ZIP Code [REDACTED]		Email Address moerAmro199@gmail.com												
Statement of Understanding	Type of legal organization (check one): ☐ Sole proprietor ☒ Minnesota corporation: Enter date of incorporation _____ ☐ Partnership ☐ Out-of-state corporation: State of incorporation _____ ☐ Other (describe) _____														
	Are you registered to do business in Minnesota? ☒ Yes ☐ No														
	Corporate officers or partners (attach a list if necessary)														
	<table border="1"> <tr> <td>Name</td> <td>Title</td> </tr> <tr> <td>Monir A-M Amro</td> <td>owner</td> </tr> <tr> <td>[REDACTED]</td> <td>[REDACTED]</td> </tr> </table>						Name	Title	Monir A-M Amro	owner	[REDACTED]	[REDACTED]			
Name	Title														
Monir A-M Amro	owner														
[REDACTED]	[REDACTED]														
Sign Here	Name Title Address City State ZIP Code														
	As a licensed tobacco products or cigarette retailer, I understand that:														
	1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box. 2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company. 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota. 4. I may not purchase from or exchange cigarettes or tobacco products with another retailer. 5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase. 6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license. 7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.														
	<table border="1"> <tr> <td>Licensee Signature [Signature]</td> <td>Title owner</td> <td>Print Name Monir Amro</td> <td>Date 10/02/23</td> <td>Daytime Phone 651-335-9378</td> </tr> <tr> <td>Licensing Agent's Signature</td> <td>Title</td> <td>Print Name</td> <td>Date</td> <td>Daytime Phone</td> </tr> </table>						Licensee Signature [Signature]	Title owner	Print Name Monir Amro	Date 10/02/23	Daytime Phone 651-335-9378	Licensing Agent's Signature	Title	Print Name	Date
Licensee Signature [Signature]	Title owner	Print Name Monir Amro	Date 10/02/23	Daytime Phone 651-335-9378											
Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone											

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of M.S. Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company: The Hartford
(NOT the insurance agent)

Policy Number: 41 wec AN8V8V

Dates of Coverage: 11/02/2012 to 11/02/2023

-- or --

- ☐ I have no employees
- ☐ I am self-insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include: spouse, parent, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: Amro Monir A.M
Last, First Middle -- Please type or print.

Doing Business As (dba): Delano Tobacco
Business name if different than your name – please type or print.

Business Address: 451 Babcock Cir
Street Address
Delano, MN 55328
City, State, ZIP

Phone: 651-335-9378
Please include area code.

Signature: [Signature] Date: 10/02/2023

REQUIRED DOCUMENTS FOR TOBACCO RENEWALS AND NEW APPLICANTS

Two - Page Application



CT102 Form



Workers Comp



Payment - \$200.00



Wright County Finance and Taxpayer Services

Wright County Government Center

3650 Braddock Ave NE Suite 1400

Buffalo, MN 55313-3666

Phone: (763) 682-7578

FAX: (763) 682-7873

September 25th, 2023

Dear Tobacco Retailer,

Your current tobacco license is valid through December 31, 2023.

Please follow the instructions below to renew for 2024:

- Complete the enclosed Wright County License Application
- Complete the enclosed License Application to Make Retail sales of Cigarette & Other Tobacco Products from the MN Department of Revenue (CT102)
- Complete the enclosed Worker's Compensation form
- Return all three completed documents to our office with the license fee of \$200.00
 - Check made payable to Wright County Finance Attn: Valarie
- For the renewal to be valid as of January 1, 2024, the completed documents and fee must be received by our office prior to December 1, 2023.

If you have any questions, please contact me at (763) 684-2392 or tyler.webster@co.wright.mn.us.

Sincerely,

Tyler Webster

Office Manager

Wright County Finance & Taxpayer Services

Enclosures

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: SUPER TOBACCO LLC
Address:

10/02/2023
Transaction Number: 90146
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
TOBACCO			
01-041-000-0000-5117	TOBACCO LICENSE	Rec#:15495	\$200.00
01-201-000-0000-5117	TOBACCO LICENSE	\$66.70	
11-450-482-0000-5117	TOBACCO LICENSE	\$66.70	
		\$66.60	
		Tax Included	
			\$200.00
	1736		\$200.00
		Check Total:	\$200.00
		E-Check:	
		Cash:	
		ACH Payment:	
		Credit Card:	
		No Fee:	
			\$200.00
		Change:	\$0.00
			\$200.00

SUPER TOBACCO LLC 1045 CROSSING DR STE 200 DELANO, MN 55328-4620		1736 17-1/910 122
PAY TO THE ORDER OF <u>Wright County Finance</u>		DATE <u>10/02/2023</u>
<u>Two hundred dollars⁰⁰</u>		<u>\$ 200.⁰⁰</u>
DOLLARS		 Photo Safe Deposit® Details on back
FOR _____		
110000000173611		


WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: WILLIAM HARRY HANSON			
Business Legal Name: HANSOLINE INC			
Business DBA Name: Flippin Bill's			
Business Address: 8045 County line RD SE	City: DeLano	State: MN	Zip Code: 55328
Business Mailing Address: Same	City:	State:	Zip Code:
Residential Address: [REDACTED]	City: DeLano	State: MN	Zip Code: 55328
Business Phone: 763-972-2868	Residential Phone: 763-226-0001	Email Address: bill@flippinbills.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Convenience store			
Number of months per year establishment will be open: 12		Name of Manager: Josh HANSON	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: <u>18</u> %			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: _____ %			
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or sub jobber who holds a license with the Minnesota Department of Revenue. 2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company. 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax			



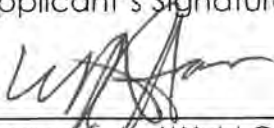
WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

agreement with the State of Minnesota.

4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal and/or civil penalties, including fines or loss of cigarettes and tobacco products
8. I have reviewed and understand the requirements set forth in the Wright County Tobacco Ordinance and affirm that my application meets those requirements.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Applicant's Full Name (print): WILLIAM HARRY HANSON	Applicant's Signature: 	Date: 9/29/23
--	---	-------------------------

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:

Wright County Finance & Taxpayer Services

Attn: Licensing

3650 Braddock Ave NE, Suite 1400

Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number



The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority

License Number

Period Covered

Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

Licensee's Legal Name

HANSON INC

Business Trade Name (doing business as)

Flippin bills

Complete Address of Business Location (permit location)

8045 County line RD SE

County

USA

City

Deano

State

MN

ZIP Code

55328

Mailing Address (if different than business address)

City

State

ZIP Code

Federal Employer ID Number (FEIN)

Daytime Phone

Other Phone Number

Fax Number

Email Address

Type of legal organization (check one):

☒ Sole proprietor

☐ Partnership

☐ Other (describe) _____

☒ Minnesota corporation: Enter date of incorporation

1998

☐ Out-of-state corporation: State of incorporation _____

Are you registered to do business in Minnesota?

☐ Yes

☐ No

Corporate officers or partners (attach a list if necessary)

Name

William HANSON

Title

President

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

[Signature]

Title

President

Print Name

William HANSON

Date

9/29/23

Daytime Phone

763-972-2868

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of M.S. Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company: WEST BEND
(NOT the insurance agent)

Policy Number: B295362 00

Dates of Coverage: JAN 1 / 23 to Dec 31 / 23

-- or --

- ☐ I have no employees
- ☒ I am self-insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include: spouse, parent, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: HANSON William HARRY
Last, First Middle Please type or print.

Doing Business As (dba): Flippinbills
Business name if different than your name – please type or print.

Business Address: 8045 County Line RD SE
Street Address
DeLANO MN 55328
City, State, ZIP

Phone: 763-972-2868
Please include area code.

Signature: [Signature] Date: 9/29/23

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: FLIPPIN BILLS
Address:

10/02/2023
Transaction Number: 90145
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
TOBACCO			
01-041-000-0000-5117	TOBACCO LICENSE	Rec#:15494	\$200.00
01-201-000-0000-5117	TOBACCO LICENSE	\$66.70	
11-450-482-0000-5117	TOBACCO LICENSE	\$66.70	
	TOBACCO LICENSE	\$66.60	
		Tax Included	
			\$200.00
	29160		\$200.00
		Check Total:	\$200.00
		E-Check:	
		Cash:	
		ACH Payment:	
		Credit Card:	
		No Fee:	
			\$200.00
		Change:	\$0.00
			\$200.00



HANSOLINE, INC.
FLIPPIN BILL'S
8045 COUNTY LINE ROAD, SE
DELANO, MINNESOTA 55328
(763) 972-2868

Check Number

BANKWEST
OFFICES IN ROCKFORD • HANOVER • BUFFALO
763-972-8831 MEMBER F.D.I.C.
www.bankwestmn.com

75-1654/919

29160

DATE
Sep 28, 2023

Memo:

AMOUNT

\$200.00

PAY Two Hundred and 00/100 Dollars

TO THE
ORDER
OF:

Wright county finance
3650 Braddock ave ne
suite 1400
BUFFALO, MN 55313-3666



[Signature]
AUTHORIZED SIGNATURE

⑈029160⑈



Wright County Finance and Taxpayer Services

Wright County Government Center

3650 Braddock Ave NE Suite 1400

Buffalo, MN 55313-3666

Phone: (763) 682-7578

FAX: (763) 682-7873

September 25th, 2023

Dear Tobacco Retailer,

Your current tobacco license is valid through December 31, 2023.

Please follow the instructions below to renew for 2024:

- Complete the enclosed Wright County License Application
- Complete the enclosed License Application to Make Retail sales of Cigarette & Other Tobacco Products from the MN Department of Revenue (CT102)
- Complete the enclosed Worker's Compensation form
- Return all three completed documents to our office with the license fee of \$200.00
 - Check made payable to Wright County Finance Attn: Valarie
- For the renewal to be valid as of January 1, 2024, the completed documents and fee must be received by our office prior to December 1, 2023.

If you have any questions, please contact me at (763) 684-2392 or tyler.webster@co.wright.mn.us.

Sincerely,

Tyler Webster

Office Manager
Wright County Finance & Taxpayer Services
Enclosures



WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: ASHVIN PATEL			
Business Legal Name: AMBEMA RETAILS LLC			
Business DBA Name: <u>South Haven Sports</u>			
Business Address: 441 CLUSTER ST		City: SOUTH HAVEN	State: MN Zip Code: 55382
Business Mailing Address: 3500 VICKSBURG LN N STE 400-353		City: PLYMOUTH	State: MN Zip Code: 55447
Residential Address:		City:	State: Zip Code:
Business Phone: 507-200-0230	Residential Phone: 952-999-3230	Email Address: FILLMEUPLLC@GMAIL.COM	
Type of business to be licensed (convenience store, bar, grocery store, etc.): 3 YEARS			
Number of months per year establishment will be open:		Name of Manager: BHARAT PATEL	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____ %			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>10</u> %			
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or sub jobber who holds a license with the Minnesota Department of Revenue. 2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company. 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax			



WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

agreement with the State of Minnesota.

4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal and/or civil penalties, including fines or loss of cigarettes and tobacco products
8. I have reviewed and understand the requirements set forth in the Wright County Tobacco Ordinance and affirm that my application meets those requirements.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Applicant's Full Name (print): ASHVIN PATEL	Applicant's Signature: 	Date: 9/29/2023
---	---	------------------------

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:

Wright County Finance & Taxpayer Services

Attn: Licensing

3650 Braddock Ave NE, Suite 1400

Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

Print or Type	Applicant's Minnesota Tax ID Number 	The Minnesota Tax ID must be issued in the same legal name of the licensee below.	FOR MUNICIPAL USE ONLY	
			License Authority	
			License Number	
			Period Covered	
	Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine): ☐ Over Counter ☐ Through Vending Machine ☐ Both		Date of Issuance	
Business Information	Licensee's Legal Name AMBEMA RETAILS LLC		Federal Employer ID Number (FEIN) 	
	Business Trade Name (doing business as)		Daytime Phone 507-200-0230	
	Complete Address of Business Location (permit location) 441 Custer St		County Wright	
	City South Haven	State MN	ZIP Code 55382	Other Phone Number 952-999-3230
	Mailing Address (if different than business address) 3500 Vicksburg LN N STE 400-353		City Plymouth	State MN
			ZIP Code 55447	Fax Number 952-999-3230
Email Address FILLMEUPLLC@GMAIL.COM				
Statement of Understanding	Type of legal organization (check one): ☐ Sole proprietor ☒ Minnesota corporation: Enter date of incorporation 11/1/2020 ☒ Partnership ☐ Out-of-state corporation: State of incorporation _____ ☐ Other (describe) _____ Are you registered to do business in Minnesota? ☐ Yes ☐ No			
	Corporate officers or partners (attach a list if necessary)			
	Name Ashvin K Patel		Title President	
			City Plymouth	State MN
			ZIP Code 55446	
	Name Bharat Patel		Title VP	
		City Eden Prairie	State MN	
		ZIP Code 55346		
Sign Here	As a licensed tobacco products or cigarette retailer, I understand that:			
	1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.			
	2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.			
	3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.			
	4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.			
	5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.			
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.				
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.				
Licensee Signature		Title PRESIDENT	Print Name ASHVIN PATEL	Date 09/29/2023
Daytime Phone 507-200-0230				
Licensing Agent's Signature		Title	Print Name	Date
				Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
 Fax: 651-556-5236. Email: cigarette_tobacco@state.mn.us

REQUIRED DOCUMENTS FOR TOBACCO RENEWALS AND NEW APPLICANTS

☒ Two - Page Application

☒ CT102 Form

☒ Workers Comp

☒ Payment - \$200.00

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: AMBEMA RETAILS LLC
Address:

10/02/2023
Transaction Number: 90144
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
TOBACCO			
01-041-000-0000-5117	TOBACCO LICENSE	Rec#:15493	\$200.00
01-201-000-0000-5117	TOBACCO LICENSE	\$66.70	
11-450-482-0000-5117	TOBACCO LICENSE	\$66.70	
	TOBACCO LICENSE	\$66.60	
Tax Included			
			\$200.00
1905 SOUTH HAVEN SPORTS			\$200.00
Check Total:			\$200.00
E-Check:			
Cash:			
ACH Payment:			
Credit Card:			
No Fee:			
			\$200.00
Change:			\$0.00
			\$200.00

AMBEMA RETAILS LLC
3500 VICKSBURG LN N STE 400-353
PLYMOUTH, MN 55447
507-200-0230

MINNWEST BANK
14820 MN-7, Minnetonka, MN 55345
75-1584/919

1905

9/29/2023

PAY TO THE
ORDER OF

Wright County Finance & Taxpayer Services

\$

200.00

Two hundred and 00/100

DOLLARS

MEMO

AUTHORIZED SIGNATURE

⑈001905⑈


WRIGHT COUNTY
 MINNESOTA

 Tobacco, Tobacco Products
 & Tobacco-Related Devices
 License Application

 Application Type (select one): ☐ New

☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: <i>CTP, Inc. - Derrick Olson</i>			
Business Legal Name: <i>CTP, Inc.</i>			
Business DBA Name: <i>Clearwater Travel Plaza - Fuel Center</i>			
Business Address: <i>950 State Hwy 24</i>	City: <i>Clearwater</i>	State: <i>MN</i>	Zip Code: <i>55320</i>
Business Mailing Address: <i>PO Box 8</i>	City: <i>Clearwater</i>	State: <i>MN</i>	Zip Code: <i>55320</i>
Residential Address: [REDACTED]	City: <i>Otsego</i>	State: <i>MN</i>	Zip Code: <i>55301</i>
Business Phone: <i>320-558-2261</i>	Residential Phone: <i>763-670-0351</i>	Email Address: <i>dolson@707@comcast.net</i>	
Type of business to be licensed (convenience store, bar, grocery store, etc.): <i>Convenience Store</i>			
Number of months per year establishment will be open: <i>12</i>		Name of Manager: <i>Derrick Olson</i>	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____ %			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <i>.5 % (1/2%)</i>			
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or sub jobber who holds a license with the Minnesota Department of Revenue. 2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company. 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax			



WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

agreement with the State of Minnesota.

4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal and/or civil penalties, including fines or loss of cigarettes and tobacco products
8. I have reviewed and understand the requirements set forth in the Wright County Tobacco Ordinance and affirm that my application meets those requirements.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Applicant's Full Name (print): <i>Derrick Olson</i>	Applicant's Signature: <i>Derrick Olson</i>	Date: <i>10/4/23</i>
---	--	-------------------------

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:

Wright County Finance & Taxpayer Services

Attn: Licensing

3650 Braddock Ave NE, Suite 1400

Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			

AUD-6002-0422

Page 2 of 2



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number



The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority

License Number

Period Covered

Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

Licensee's Legal Name

CIP, Inc.

Business Trade Name (doing business as)

Clearwater Travel Plaza - Fuel Center

Complete Address of Business Location (permit location)

950 State Hwy. 24

County

Wright

City

Clearwater

State

MN

ZIP Code

55320

Daytime Phone

320-558-2261

Other Phone Number

763-670-0351

Fax Number

320-558-2092

Mailing Address (if different than business address)

PO Box 8

City

Clearwater

State

MN

ZIP Code

55320

Email Address

dolson@76.comcast.net

Type of legal organization (check one):

☐ Sole proprietor

☐ Partnership

☐ Other (describe)

☒ Minnesota corporation: Enter date of incorporation

7/10/2019

☐ Out-of-state corporation: State of incorporation

Are you registered to do business in Minnesota?

☒ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

- info continued on back

Name

David Olson

Title

President

City

Clear Lake

State

MN

ZIP Code

55319

Name

Derrick Olson

Title

VP-Treasurer

City

Osago

State

MN

ZIP Code

55301

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

[Signature]

Title

V.P.

Print Name

Derrick Olson

Date

10/4/23

Daytime Phone

320-558-2261

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of M.S. Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company: Secura Insurance
(NOT the insurance agent)

Policy Number: WC 3379600

Dates of Coverage: 1/1/2023 to 1/1/2024

-- or --

- ☐ I have no employees
☐ I am self-insured (include permit to self-insure)
☐ I have no employees who are covered by the workers' compensation law (these include: spouse, parent, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: Olson, Derrick D
 Last, First Middle -- Please type or print.

Doing Business As (dba): Clearwater Travel Plaza - Fieel Center
 Business name if different than your name – please type or print.

Business Address: 950 State Hwy 24
 Street Address
 Clearwater MN 55320
 City, State, ZIP

Phone: 320-558-2261
 Please include area code

Signature: Derrick Olson Date: 10/4/23

REQUIRED DOCUMENTS FOR TOBACCO RENEWALS AND NEW APPLICANTS

☒ Two - Page Application

☒ CT102 Form

☒ Workers Comp

☒ Payment - \$200.00

CLEARWATER TRAVEL PLAZA

34688

VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE				
WRIC	Wright County Finance &	0000000000000000	10/2/2023	34688			
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
000000000002479	2024 FUELCTR 1	10/2/2023	\$200.00	\$200.00	\$0.00	\$0.00	\$200.00
</							

COMMENT

CLEARWATER

travel & plaza

PO BOX 8

CLEARWATER, MN 55320

(320) 558-2261

**PB Premier Bank
Minnesota**

4134 DEEGAN CT • 763/271-7670

MONTICELLO, MINNESOTA 55362

75-568/919



DATE

10/2/2023

AMOUNT

\$200.00

PAY Two Hundred Dollars and 00 Cents

TO THE
ORDER
OF

Wright County Finance & Taxpayer Services
 Attn: Valarie
 3650 Braddock Ave. NE, Suite 1400
 Buffalo MN 55313-3666



AUTHORIZED SIGNATURE

Security features. Details on back.



WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name: CTP Inc. - Derrick Olson			
Business Legal Name: CTP, Inc.			
Business DBA Name: Clearwater Travel Plaza			
Business Address: 950 State Hwy. 24	City: Clearwater	State: MN	Zip Code: 55320
Business Mailing Address: PO Box 8	City: Clearwater	State: MN	Zip Code: 55320
Residential Address: [REDACTED]	City: Otsego	State: MN	Zip Code: 55301
Business Phone: 320-558-2261	Residential Phone: 763-670-0351	Email Address: dolson0707@comcast.net	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Convenience Store			
Number of months per year establishment will be open: 12		Name of Manager: Derrick Olson	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: <u>.5</u> % (1/2%)			
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or sub jobber who holds a license with the Minnesota Department of Revenue. 2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company. 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax			



WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

agreement with the State of Minnesota.

4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal and/or civil penalties, including fines or loss of cigarettes and tobacco products
8. I have reviewed and understand the requirements set forth in the Wright County Tobacco Ordinance and affirm that my application meets those requirements.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Applicant's Full Name (print): <i>Derrick Olson</i>	Applicant's Signature: <i>Derrick Olson</i>	Date: <i>10/4/23</i>
---	--	-------------------------

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:

Wright County Finance & Taxpayer Services

Attn: Licensing

3650 Braddock Ave NE, Suite 1400

Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			



CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number



The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority

License Number

Period Covered

Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

Licensee's Legal Name

COP, Inc.

Federal Employer ID Number (FEIN)



Business Trade Name (doing business as)

Clearwater Travel Plaza

Daytime Phone

320-558-2261

Complete Address of Business Location (permit location)

950 State Hwy 24

County

Wright

Other Phone Number

763-670-0351

City

Clearwater

State

MN

ZIP Code

55320

Fax Number

320-558-2092

Mailing Address (if different than business address)

PO Box 8

City

Clearwater

State

MN

ZIP Code

55320

Email Address

dolson@747cincast.net

Type of legal organization (check one):

☐ Sole proprietor

☒ Minnesota corporation: Enter date of incorporation 7/10/2019
☐ Partnership

☐ Out-of-state corporation: State of incorporation _____

☐ Other (describe) _____

Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

- info continued on back

Name

David Olson

Title

Pres.

City



State

MN

ZIP Code

55319

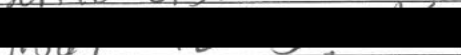
Name

Derrick Olson

Title

VP-Treasurer

City



State

MN

ZIP Code

55301

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Title

V.P.

Print Name

Derrick Olson

Date

10/19/23

Daytime Phone

320-558-2261

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

Print or Type

Business Information

Statement of Understanding

Sign Here

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of M.S. Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company: Secura Insurance
(NOT the insurance agent)

Policy Number: WC 3379600

Dates of Coverage: 1/1/2023 to 1/1/2024

-- OR --

- ☐ I have no employees
☐ I am self-insured (include permit to self-insure)
☐ I have no employees who are covered by the workers' compensation law (these include: spouse, parent, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: Olson, Derrick R.
 Last, First Middle -- Please type or print.

Doing Business As (dba): Clearwater Travel Plaza
 Business name if different than your name – please type or print.

Business Address: 950 State Hwy. 24
 Street Address
Clearwater MN 55370
 City, State, ZIP

Phone: 320-558-2261
 Please include area code.

Signature: Derrick Olson Date: 10/4/23

REQUIRED DOCUMENTS FOR TOBACCO RENEWALS AND NEW APPLICANTS

Two - Page Application



CT102 Form



Workers Comp



Payment - \$200.00

CLEARWATER TRAVEL PLAZA

34689

VENDOR ID	NAME	PAYMENT NUMBER	CHECK DATE				
WRIC	Wright County Finance &	0000000000000000	10/2/2023	34689			
OUR VOUCHER NUMBER	YOUR VOUCHER NUMBER	DATE	AMOUNT	AMOUNT PAID	DISCOUNT	WRITE-OFF	NET
000000000002479	2024 STORE TO	10/2/2023	\$200.00	\$200.00	\$0.00	\$0.00	\$200.00
			\$200.00	\$200.00	\$0.00	\$0.00	\$200.00

COMMENT

CLEARWATER

travel & plaza
PO BOX 8
CLEARWATER, MN 55320
(320) 558-2261

**PB Premier Bank
Minnesota**

4134 DEEGAN CT • 763/271-7670
MONTICELLO, MINNESOTA 55362
75-568/919

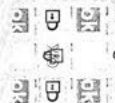


DATE
10/2/2023

AMOUNT
\$200.00

PAY TO THE ORDER OF
Two Hundred Dollars and 00 Cents

Wright County Finance & Taxpayer Services
Attn: Valarie
3650 Braddock Ave. NE, Suite 1400
Buffalo MN 55313-3666



Valarie

AUTHORIZED SIGNATURE

Security features. Details on back.


WRIGHT COUNTY
 MINNESOTA

Store #10460

 Tobacco, Tobacco Products
 & Tobacco-Related Devices
 License Application

 Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name:			
Business Legal Name: DG Retail, LLC			
Business DBA Name: Dollar General Store #10460			
Business Address: 200 Cokato St. W		City: Cokato	State: MN Zip Code: 55321
Business Mailing Address: 100 Mission Ridge		City: Goodlettsville	State: TN Zip Code: 37072
Residential Address:		City:	State: Zip Code:
Business Phone: 612-552-4493	Residential Phone: 615-855-4000	Email Address: tax-beerandwine@license@dollar-general.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Retail-General Merch			
Number of months per year establishment will be open: 12		Name of Manager:	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: _____%			
Corporate Contact Name: Tax-Licensing Dept.		Corporate Contact Phone #: 615-855-4000	
Corporate Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072			
License Certificate	Send original to: ☐ store ☒ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☐ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that:			
1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			

 RECEIVED OCT 03 2023
 AUD-6001-0422
 Page 1 of 2



WRIGHT COUNTY
MINNESOTA

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

holds a license with the Minnesota Department of Revenue.

2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Applicant's Full Name (print): <i>Jasmine Campbell</i>	Applicant's Signature: <i>Jasmine Campbell</i>	Date: <i>10/4/23</i>
--	---	-------------------------

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
Wright County Finance & Taxpayer Services
Attn: Licensing
3650 Braddock Ave NE, Suite 1400
Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			

REQUIRED DOCUMENTS FOR TOBACCO RENEWALS AND NEW APPLICANTS

☒ Two - Page Application

☒ CT102 Form

☒ Workers Comp

☒ Payment - \$200.00



WRIGHT COUNTY OF
FINANCE AND TAXPAYER SERVICES 3650
BRADDOCK AVE NE STE 1400
BUFFALO MN 55313

CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number



The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority

License Number

Period Covered

12/31/2024 12:00:00AM

Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

Licensee's Legal Name

DG Retail, LLC

Federal Employer ID Number (FEIN)

6125524493

Business Trade Name (doing business as)

Dollar General Store # 10460

Daytime Phone

615-855-4000

Complete Address of Business Location (permit location)

200 COKATO ST W

County

WRIGHT

Other Phone Number

615-855-4000

City

COKATO

MN

State

ZIP Code

55321-4654

Fax Number

877-364-4130

Mailing Address (if different than business address)

100 Mission Ridge

City

Goodlettsville

State

TN

ZIP Code

37072

Email Address

Tax-beerandwinelicense@dollargeneral.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☐ Out-of-state corporation: State of incorporation _____

☒ Other (describe) _____

Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

PLEASE SEE ATTACHED

Title

Address

City

State

ZIP Code

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Emily Taylor

Title

CEO

Print Name

Emily Taylor

Date

10/4/23

Daytime Phone

615-855-4000

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)		LICENSE OR PERMIT NO (if applicable)	
DG RETAIL, LLC		*See Attached Certificate of Liability	
DBA (doing business as name) (if applicable)			
*SEE ATTACHED STORE APPLICATION			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

ACE AMERICAN INSURANCE COMPANY 877-945-7378

WORKERS' COMPENSATION INSURANCE POLICY NO.

*SEE ATTACHED CERTIFICATE OF LIABILITY

EFFECTIVE DATE

2/10/2023

EXPIRATION DATE

2/10/2024

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

☐ I have no employees.

☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other:

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)

TITLE

DATE

CEO

10/4/23

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

**ACTION BY WRITTEN CONSENT
OF THE SOLE MEMBER OF
DG RETAIL, LLC**

APRIL 24, 2023

The undersigned, Dolgencorp of Texas, Inc., a Kentucky corporation, the parent and the sole member (hereinafter referred to as "Sole Member") of DG Retail, LLC (the "Company"), a Tennessee limited liability company, acting by written consent in lieu of a formal meeting, pursuant to the Tennessee Revised Limited Liability Company Act, hereby consents to, approves and ratifies the following actions permitted to be taken on behalf of the Company:

WHEREAS, pursuant to the Operating Agreement, the Sole Member shall manage the affairs of the Company;

WHEREAS, the Sole Member believes that it is in the best interest of the Company to appoint certain officers of the Company to delegate the management of particular aspects of the Company's day-to-day operations for the 2023 fiscal year.

NOW, THEREFORE, BE IT RESOLVED that the following named person hereby is elected to the office listed below to serve for the 2023 fiscal year or until her earlier resignation or removal:

Emily C. Taylor
Steven R. Deckard

Chief Executive Officer
Senior Vice President

IN WITNESS WHEREOF, the undersigned has executed this Written Consent of the Sole Member of Company as of this 24th day of April, 2023.

DOLGENCORP OF TEXAS, INC.
Sole Member


Emily C. Taylor, Executive Vice President and
Secretary



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
02/02/2023

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

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

PRODUCER McGriff Insurance Services, LLC 3400 Overton Park Drive SE Suite 300 Atlanta, GA 30339	CONTACT NAME: FOR DG LIABILITY CERTS ONLY (2/10): Keri Devine	
	PHONE (A/C, No, Ext): 404 497-7500 E-MAIL ADDRESS: kdevine@mcgriff.com	FAX (A/C, No):
INSURED Dollar General Corporation & Its Subsidiaries and Affiliates 100 Mission Ridge Drive Goodlettsville, TN 37072	INSURER(S) AFFORDING COVERAGE	
	INSURER A: ACE American Insurance Company	
	INSURER B: ACE Fire Underwriters Insurance Company	
	INSURER C: Berkshire Hathaway Specialty Insurance Company	
	INSURER D:	
INSURER E:		
INSURER F:		
		NAIC #
		22667
		20702
		22276

COVERAGES
CERTIFICATE NUMBER: EB7JH36H

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ SIR \$750,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		XSL G47301348	02/10/2023	02/10/2024	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS NON-OWNED AUTOS ONLY		ISA H10693305 - Light Non-Trucking ISA H10693354 - Heavy Trucking	02/10/2023	02/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		47-UMO-303309-07	02/10/2023	02/10/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N N/A	WLR C5066742A (AOS) SCF C50667510 (WI)	02/10/2023	02/10/2024	☒ PER STATUTE ☐ 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	EXCESS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Per Statute)		WCU C50667583	02/10/2023	02/10/2024	EL - Each Accident \$ 1,000,000 EL Disease - Each Empl \$ 1,000,000 EL Disease - Policy Limit \$ 1,000,000 \$

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

DOLGENCORP of TX, Inc. is a non-subscriber to the Workers' Compensation System in the State of Texas and as such is not afforded benefits by the Workers' Compensation policies referenced herein in Texas only.

Covers all cities/counties within the following states:

AZ, CO, ID, IL, KS, MA, MN, NH, UT, VT, ME, ND and OR

CERTIFICATE HOLDER
CANCELLATION

DG Retail LLC 100 Mission Ridge Goodlettsville, TN 37072	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

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: DOLLER GENERAL # 10460
Address:

10/05/2023
Transaction Number: 90219
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
TOBACCO			
01-041-000-0000-5117	TOBACCO LICENSE	Rec#:15533	\$200.00
01-201-000-0000-5117	TOBACCO LICENSE	\$66.70	
11-450-482-0000-5117	TOBACCO LICENSE	\$66.70	
		\$66.60	
		Tax Included	
			\$200.00
	7708087	2024 RENEWAL	\$200.00
		Check Total:	\$200.00
		E-Check:	
		Cash:	
		ACH Payment:	
		Credit Card:	
		No Fee:	
			\$200.00
		Change:	\$0.00
			\$200.00

THIS DOCUMENT HAS A PRISMATIC VOID PANTOGRAPH, MICROPRINTING, A COIN REACTIVE ARTIFICIAL WATERMARK AND THERMOCHROMATIC INK.

DOLLAR GENERAL

Save time. Save money. Every day!

100 Mission Ridge
Goodlettsville, TN 37072-2171

64-1278
611 GA
Bank of America

Check No. 7708087

Date 9/28/2023

PAY *Two Hundred and 00/100 Dollars*

TO THE
ORDER
OF

**WRIGHT COUNTY OF
FINANCE AND TAXPAYER SERVICES**
3650 BRADDOCK AVE NE STE 1400
BUFFALO MN 55313
(310246)

Check Amount

\$ ****200.00

Void After 90 Days

Barb Jon

⑈0007708087⑈


WRIGHT COUNTY
MINNESOTA

Store #15392

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name:			
Business Legal Name: Deli Retail, LLC			
Business DBA Name: Dollar General Store #15392			
Business Address: 8000 State HWY 55 W.	City: Maple Lake	State: MN	Zip Code: 55358
Business Mailing Address: 100 Mission Ridge	City: Goodlettsville	State: TN	Zip Code: 37072
Residential Address:	City:	State:	Zip Code:
Business Phone: 612-213-1337	Residential Phone: 615-855-4000	Email Address: tax-beerandwine@license@dollar-general.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Retail - General Merch			
Number of months per year establishment will be open: 12		Name of Manager:	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____ %			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: _____ %			
Corporate Contact Name: TAX LICENSING Department		Corporate Contact Phone #: 615-855-4000	
Corporate Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072			
License Certificate	Send original to: ☐ store ☒ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☐ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			

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AUD-6001-0422
Page 1 of 2



Tobacco, Tobacco Products & Tobacco-Related Devices License Application

holds a license with the Minnesota Department of Revenue.		
2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.		
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.		
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.		
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.		
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.		
7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products.		
I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.		
Applicant's Full Name (print): <i>Jasmine Campbell</i>	Applicant's Signature: <i>Jasmine Campbell</i>	Date: <i>10/4/23</i>

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
 Wright County Finance & Taxpayer Services
 Attn: Licensing
 3650 Braddock Ave NE, Suite 1400
 Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			

REQUIRED DOCUMENTS FOR TOBACCO RENEWALS AND NEW APPLICANTS

☒ Two - Page Application

☒ CT102 Form

☒ Workers Comp

☒ Payment - \$200.00



WRIGHT COUNTY OF
FINANCE AND TAXPAYER SERVICES 3650
BRADDOCK AVE NE STE 1400
BUFFALO MN 55212

CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number



The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority

License Number

Period Covered

12/31/2024 12:00:00AM

Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

☐ Through Vending Machine

☐ Both

Licensee's Legal Name

DG Retail, LLC

Federal Employer ID Number (FEIN)



Business Trade Name (doing business as)

Dollar General Store # 15392

Daytime Phone

6122131337

Complete Address of Business Location (permit location)

800 STATE HWY 55 W

County

WRIGHT

Other Phone Number

615-855-4000

City

MAPLE LAKE

State

MN

ZIP Code

55358

Fax Number

877-364-4130

Mailing Address (if different than business address)

100 Mission Ridge

City

Goodlettsville

State

TN

ZIP Code

37072

Email Address

Tax-beerandwinelicense@dollargeneral.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☐ Out-of-state corporation: State of incorporation _____

☒ Other (describe) _____

Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

PLEASE SEE ATTACHED

Title

Address

City

State

ZIP Code

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Title

CEO

Print Name

Emily Taylor

Date

10/4/23

Daytime Phone

615-855-4000

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DG RETAIL, LLC	*See Attached Certificate of Liability
DBA (doing business as name) (if applicable)	
*SEE ATTACHED STORE APPLICATION	
BUSINESS ADDRESS (PO Box must include street address)	CITY STATE ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
ACE AMERICAN INSURANCE COMPANY 877-945-7378		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
*SEE ATTACHED CERTIFICATE OF LIABILITY	2/10/2023	2/10/2024

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- ☐ I have no employees.
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- ☐ Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
	CEO	10/4/23

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
 02/02/2023

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

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

PRODUCER McGriff Insurance Services, LLC 3400 Overton Park Drive SE Suite 300 Atlanta, GA 30339	CONTACT NAME: FOR DG LIABILITY CERTS ONLY (2/10): Keri Devine PHONE (A/C, No, Ext): 404 497-7500 FAX (A/C, No): E-MAIL ADDRESS: kdevine@mcgriff.com														
INSURED Dollar General Corporation & Its Subsidiaries and Affiliates 100 Mission Ridge Drive Goodlettsville, TN 37072	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : ACE American Insurance Company</td> <td>22667</td> </tr> <tr> <td>INSURER B : ACE Fire Underwriters Insurance Company</td> <td>20702</td> </tr> <tr> <td>INSURER C : Berkshire Hathaway Specialty Insurance Company</td> <td>22276</td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : ACE American Insurance Company	22667	INSURER B : ACE Fire Underwriters Insurance Company	20702	INSURER C : Berkshire Hathaway Specialty Insurance Company	22276	INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
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INSURER D :															
INSURER E :															
INSURER F :															

COVERAGES
CERTIFICATE NUMBER: EB7JH36H

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ SIR \$750,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			XSL G47301348	02/10/2023	02/10/2024	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐ AUTOS ONLY			ISA H10693305 - Light Non-Trucking ISA H10693354 - Heavy Trucking	02/10/2023	02/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED \$ RETENTION \$			47-UMO-303309-07	02/10/2023	02/10/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLR C5066742A (AOS) SCF C50667510 (WI)	02/10/2023	02/10/2024	☒ PER STATUTE ☐ 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	EXCESS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Per Statute)			WCU C50667583	02/10/2023	02/10/2024	EL - Each Accident \$ 1,000,000 EL Disease - Each Empl \$ 1,000,000 EL Disease - Policy Limit \$ 1,000,000 \$

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

DOLGENCORP of TX, Inc. is a non-subscriber to the Workers' Compensation System in the State of Texas and as such is not afforded benefits by the Workers' Compensation policies referenced herein in Texas only.

Covers all cities/counties within the following states:

AZ, CO, ID, IL, KS, MA, MN, NH, UT, VT, ME, ND and OR

CERTIFICATE HOLDER
CANCELLATION

DG Retail LLC 100 Mission Ridge Goodlettsville, TN 37072	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
--	--

**ACTION BY WRITTEN CONSENT
OF THE SOLE MEMBER OF
DG RETAIL, LLC**

APRIL 24, 2023

The undersigned, Dolgencorp of Texas, Inc., a Kentucky corporation, the parent and the sole member (hereinafter referred to as "Sole Member") of DG Retail, LLC (the "Company"), a Tennessee limited liability company, acting by written consent in lieu of a formal meeting, pursuant to the Tennessee Revised Limited Liability Company Act, hereby consents to, approves and ratifies the following actions permitted to be taken on behalf of the Company:

WHEREAS, pursuant to the Operating Agreement, the Sole Member shall manage the affairs of the Company;

WHEREAS, the Sole Member believes that it is in the best interest of the Company to appoint certain officers of the Company to delegate the management of particular aspects of the Company's day-to-day operations for the 2023 fiscal year.

NOW, THEREFORE, BE IT RESOLVED that the following named person hereby is elected to the office listed below to serve for the 2023 fiscal year or until her earlier resignation or removal:

Emily C. Taylor
Steven R. Deckard

Chief Executive Officer
Senior Vice President

IN WITNESS WHEREOF, the undersigned has executed this Written Consent of the Sole Member of Company as of this 24th day of April, 2023.

DOLGENCORP OF TEXAS, INC.
Sole Member


Emily C. Taylor, Executive Vice President and
Secretary

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: DOLLAR GENERAL # 15392
Address:

10/05/2023
Transaction Number: 90218
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
TOBACCO	TOBACCO LICENSE	Rec#:15532	\$200.00
01-041-000-0000-5117	TOBACCO LICENSE	\$66.70	
01-201-000-0000-5117	TOBACCO LICENSE	\$66.70	
11-450-482-0000-5117	TOBACCO LICENSE	\$66.60	
Tax Included			\$200.00
7708088			2024 RENEWAL \$200.00
			Check Total: \$200.00
			E-Check:
			Cash:
			ACH Payment:
			Credit Card:
			No Fee:
			\$200.00
			Change: \$0.00
			\$200.00

THIS DOCUMENT HAS A PRISMATIC VOID PANTOGRAPH, MICROPRINTING, A COIN REACTIVE ARTIFICIAL WATERMARK AND THERMOCHROMATIC INK.

DOLLAR GENERAL

Save time. Save money. Every day!

100 Mission Ridge
Goodlettsville, TN 37072-2171

64-1278
611 GA
Bank of America

Check No. 7708088

Date 9/28/2023

Check Amount

\$ ****200.00

Void After 90 Days

PAY *Two Hundred and 00/100 Dollars*

TO THE
ORDER
OF

**WRIGHT COUNTY OF
FINANCE AND TAXPAYER SERVICES**
3650 BRADDOCK AVE NE STE 1400
BUFFALO MN 55313
(310246)

Barb Jon

⑈0007708088⑈


WRIGHT COUNTY
MINNESOTA

Store #16105

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name:			
Business Legal Name: DG Retail, LLC			
Business DBA Name: Dollar General Store # 16105			
Business Address: 631 Nelson Blvd.	City: Montrose	State: MN	Zip Code: 55363
Business Mailing Address: 100 Mission Ridge	City: Goodlettsville	State: TN	Zip Code: 37072
Residential Address:	City:	State:	Zip Code:
Business Phone: 612-284-4620	Residential Phone: 615-855-4000	Email Address: tax-beerandwine@license@dollar-general.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Retail - General Merch			
Number of months per year establishment will be open: 12		Name of Manager:	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: _____%			
Corporate Contact Name: Tax Licensing Dept.		Corporate Contact Phone #: 615-855-4000	
Corporate Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072			
License Certificate	Send original to: ☐ store ☒ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☐ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			

AUD-6001-0422

Page 1 of 2

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WRIGHT COUNTY
MINNESOTA

**Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application**

holds a license with the Minnesota Department of Revenue. 2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company. 3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota. 4. I may not purchase from or exchange cigarettes or tobacco products with another retailer. 5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase. 6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license. 7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products. I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.		
Applicant's Full Name (print): <i>Jasmine Campbell</i>	Applicant's Signature: <i>Jasmine Campbell</i>	Date: <i>10/4/23</i>

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
 Wright County Finance & Taxpayer Services
 Attn: Licensing
 3650 Braddock Ave NE, Suite 1400
 Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			

REQUIRED DOCUMENTS FOR TOBACCO RENEWALS AND NEW APPLICANTS

☒ Two - Page Application

☒ CT102 Form

☒ Workers Comp

☒ Payment - \$200.00



WRIGHT COUNTY OF
FINANCE AND TAXPAYER SERVICES 3650
BRADDOCK AVE NE STE 1400
BUFFALO MN 55313

CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number



The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority

License Number

Period Covered

12/31/2024 12:00:00AM

Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

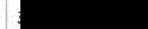
☐ Through Vending Machine

☐ Both

Licensee's Legal Name

DG Retail, LLC

Federal Employer ID Number (FEIN)



Business Trade Name (doing business as)

Dollar General Store # 16105

Daytime Phone

612284620

Complete Address of Business Location (permit location)

631 NELSON BLVD

County

WRIGHT

Other Phone Number

615-855-4000

City

MONTROSE

State

MN

ZIP Code

55363-8553

Fax Number

877-364-4130

Mailing Address (if different than business address)

100 Mission Ridge

City

Goodlettsville

State

TN

ZIP Code

37072

Email Address

Tax-beerandwinelicense@dollargeneral.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☐ Out-of-state corporation: State of incorporation _____

☒ Other (describe) _____

Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

PLEASE SEE ATTACHED

Title

Address

City

State

ZIP Code

Name

Title

Address

City

State

ZIP Code

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Licensee Signature

Title

CEO

Print Name

Emily Taylor

Date

10/4/23

Daytime Phone

615-855-4000

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

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A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DG RETAIL, LLC	*See Attached Certificate of Liability
DBA (doing business as name) (if applicable)	
*SEE ATTACHED STORE APPLICATION	
BUSINESS ADDRESS (PO Box must include street address)	CITY STATE ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

ACE AMERICAN INSURANCE COMPANY 877-945-7378

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
*SEE ATTACHED CERTIFICATE OF LIABILITY	2/10/2023	2/10/2024

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- ☐ I have no employees.
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- ☐ Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
	CEO	10/4/23

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
02/02/2023

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

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

PRODUCER McGriff Insurance Services, LLC 3400 Overton Park Drive SE Suite 300 Atlanta, GA 30339	CONTACT NAME: FOR DG LIABILITY CERTS ONLY (2/10); Keri Devine	
	PHONE (A/C, No, Ext): 404 497-7500	FAX (A/C, No):
E-MAIL ADDRESS: kdevine@mcgriff.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: ACE American Insurance Company		22667
INSURER B: ACE Fire Underwriters Insurance Company		20702
INSURER C: Berkshire Hathaway Specialty Insurance Company		22276
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 Dollar General Corporation & Its Subsidiaries and Affiliates
 100 Mission Ridge Drive
 Goodlettsville, TN 37072

COVERAGES

CERTIFICATE NUMBER: EB7JH36H

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ SIR \$750,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:			XSL G47301348	02/10/2023	02/10/2024	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY ☐ AUTOS ONLY			ISA H10693305 - Light Non-Trucking ISA H10693354 - Heavy Trucking	02/10/2023	02/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			47-UMO-303309-07	02/10/2023	02/10/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☒ N ☐ N/A			WLR C5066742A (AOS) SCF C50667510 (WI)	02/10/2023	02/10/2024	☒ PER STATUTE ☐ 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	EXCESS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Per Statute)			WCU C50667583	02/10/2023	02/10/2024	EL - Each Accident \$ 1,000,000 EL Disease - Each Empl \$ 1,000,000 EL Disease - Policy Limit \$ 1,000,000 \$ \$

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

DOLGENCORP of TX, Inc. is a non-subscriber to the Workers' Compensation System in the State of Texas and as such is not afforded benefits by the Workers' Compensation policies referenced herein in Texas only.

Covers all cities/counties within the following states:

AZ, CO, ID, IL, KS, MA, MN, NH, UT, VT, ME, ND and OR

CERTIFICATE HOLDER

DG Retail LLC
 100 Mission Ridge
 Goodlettsville, TN 37072

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

**ACTION BY WRITTEN CONSENT
OF THE SOLE MEMBER OF
DG RETAIL, LLC**

APRIL 24, 2023

The undersigned, Dolgencorp of Texas, Inc., a Kentucky corporation, the parent and the sole member (hereinafter referred to as "Sole Member") of DG Retail, LLC (the "Company"), a Tennessee limited liability company, acting by written consent in lieu of a formal meeting, pursuant to the Tennessee Revised Limited Liability Company Act, hereby consents to, approves and ratifies the following actions permitted to be taken on behalf of the Company:

WHEREAS, pursuant to the Operating Agreement, the Sole Member shall manage the affairs of the Company;

WHEREAS, the Sole Member believes that it is in the best interest of the Company to appoint certain officers of the Company to delegate the management of particular aspects of the Company's day-to-day operations for the 2023 fiscal year.

NOW, THEREFORE, BE IT RESOLVED that the following named person hereby is elected to the office listed below to serve for the 2023 fiscal year or until her earlier resignation or removal:

Emily C. Taylor
Steven R. Deckard

Chief Executive Officer
Senior Vice President

IN WITNESS WHEREOF, the undersigned has executed this Written Consent of the Sole Member of Company as of this 24th day of April, 2023.

DOLGENCORP OF TEXAS, INC.
Sole Member



Emily C. Taylor, Executive Vice President and
Secretary

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: DOLLAR GENERAL # 16105
Address:

10/05/2023
Transaction Number: 90217
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
TOBACCO			
01-041-000-0000-5117	TOBACCO LICENSE	Rec#:15531	\$200.00
01-201-000-0000-5117	TOBACCO LICENSE	\$66.70	
11-450-482-0000-5117	TOBACCO LICENSE	\$66.70	
	TOBACCO LICENSE	\$66.60	
		Tax Included	
			\$200.00
	7708089	2024 RENEWAL	\$200.00
		Check Total:	\$200.00
		E-Check:	
		Cash:	
		ACH Payment:	
		Credit Card:	
		No Fee:	
			\$200.00
		Change:	\$0.00
			\$200.00

THIS DOCUMENT HAS A PRISMATIC VOID PANTOGRAPH, MICROPRINTING, A COIN REACTIVE ARTIFICIAL WATERMARK AND THERMOCHROMATIC INK. 

DOLLAR GENERAL

Save time. Save money. Every day!®

100 Mission Ridge
Goodlettsville, TN 37072-2171

64-1278
611 GA
Bank of America

Check No. 7708089

Date 9/28/2023

Check Amount

\$ ****200.00

Void After 90 Days

PAY *Two Hundred and 00/100 Dollars*

TO THE
ORDER
OF

WRIGHT COUNTY OF
FINANCE AND TAXPAYER SERVICES
3650 BRADDOCK AVE NE STE 1400
BUFFALO MN 55313
(310246)

Barb Jon

⑈0007708089⑈



WRIGHT COUNTY
MINNESOTA

Store #18158

Tobacco, Tobacco Products
& Tobacco-Related Devices
License Application

Application Type (select one): ☐ New ☒ Renewal

MN Tax ID Number: [REDACTED]		Federal Tax ID Number: [REDACTED]	
Applicant's Full Name:			
Business Legal Name: DG Retail, LLC			
Business DBA Name: Dollar General Store #18158			
Business Address: 9990 Walnut St.	City: Rockford	State: MN	Zip Code: 55373
Business Mailing Address: 100 Mission Ridge	City: Goodlettsville	State: TN	Zip Code: 37072
Residential Address:	City:	State:	Zip Code:
Business Phone: 612-299-1351	Residential Phone: 615-855-4000	Email Address: tax-beerandwine@dollargeneral.com	
Type of business to be licensed (convenience store, bar, grocery store, etc.): Retail- General Munch			
Number of months per year establishment will be open: 12		Name of Manager:	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____%			
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: _____%			
Corporate Contact Name: Tax-Licensing Dept.		Corporate Contact Phone #: 615-855-4000	
Corporate Mailing Address: 100 Mission Ridge Goodlettsville, TN 37072			
License Certificate	Send original to: ☐ store ☒ corporate office Send copy to: ☐ store ☒ corporate office (☐ mail ☐ e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that: 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who			

RECEIVED OCT 03 2023

AUD-6001-0422
Page 1 of 2



Tobacco, Tobacco Products & Tobacco-Related Devices License Application

holds a license with the Minnesota Department of Revenue.		
2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.		
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.		
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.		
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of purchase.		
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.		
7. I know that failure to comply with all requirements can result in criminal penalties, including loss of cigarettes and tobacco products.		
I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.		
Applicant's Full Name (print): <i>Jasmine Campbell</i>	Applicant's Signature: <i>Jasmine Campbell</i>	Date: <i>10/4/23</i>

Annual Fee: \$200.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:
 Wright County Finance & Taxpayer Services
 Attn: Licensing
 3650 Braddock Ave NE, Suite 1400
 Buffalo, MN 55313

FOR WRIGHT COUNTY USE ONLY			
Date received:		Check#:	
Application: ☐	CT102: ☐	WC form: ☐	Fee: ☐
Number of compliance check violations in the past five years:			

REQUIRED DOCUMENTS FOR TOBACCO RENEWALS AND NEW APPLICANTS

☒ Two - Page Application

☒ CT102 Form

☒ Workers Comp

☒ Payment - \$200.00



WRIGHT COUNTY OF
FINANCE AND TAXPAYER SERVICES 3650
BRADDOCK AVE NE STE 1400
BUFFALO MN 55212

CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota Tax ID Number



The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority

License Number

Period Covered

12/31/2024 12:00:00AM

Date of Issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

☒ Over Counter

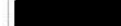
☐ Through Vending Machine

☐ Both

Licensee's Legal Name

DG Retail, LLC

Federal Employer ID Number (FEIN)



Business Trade Name (doing business as)

Dollar General Store # 18158

Daytime Phone

6122991351

Complete Address of Business Location (permit location)

8990 WALNUT ST

County

WRIGHT

Other Phone Number

615-855-4000

City

ROCKFORD

MN

State

ZIP Code

55373-4514

Fax Number

877-364-4130

Mailing Address (if different than business address)

100 Mission Ridge

City

Goodlettsville

State

TN

ZIP Code

37072

Email Address

Tax-beerandwinelicense@dollargeneral.com

Type of legal organization (check one):

☐ Sole proprietor

☐ Minnesota corporation: Enter date of incorporation _____

☐ Partnership

☐ Out-of-state corporation: State of incorporation _____

☒ Other (describe) _____

Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners (attach a list if necessary)

Name

PLEASE SEE ATTACHED

Title

Address

City

State

ZIP Code

Name

Title

Address

City

State

ZIP Code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Licensee Signature

Title

CEO

Print Name

Emily Taylor

Date

10/4/23

Daytime Phone

615-855-4000

Licensing Agent's Signature

Title

Print Name

Date

Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
DG RETAIL, LLC	*See Attached Certificate of Liability
DBA (doing business as name) (if applicable)	
*SEE ATTACHED STORE APPLICATION	
BUSINESS ADDRESS (PO Box must include street address)	CITY STATE ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

ACE AMERICAN INSURANCE COMPANY 877-945-7378

WORKERS' COMPENSATION INSURANCE POLICY NO.

EFFECTIVE DATE

EXPIRATION DATE

*SEE ATTACHED CERTIFICATE OF LIABILITY

2/10/2023

2/10/2024

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

☐ I have no employees.

☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

☐ Other:

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)

TITLE

DATE

CEO

10/4/23

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CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
02/02/2023

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PRODUCER McGriff Insurance Services, LLC 3400 Overton Park Drive SE Suite 300 Atlanta, GA 30339	CONTACT NAME: FOR DG LIABILITY CERTS ONLY (2/10): Keri Devine	
	PHONE (A/C, No, Ext): 404 497-7500	FAX (A/C, No):
E-MAIL ADDRESS: kdevine@mcgriff.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : ACE American Insurance Company		22667
INSURER B : ACE Fire Underwriters Insurance Company		20702
INSURER C : Berkshire Hathaway Specialty Insurance Company		22276
INSURER D :		
INSURER E :		
INSURER F :		

INSURED
 Dollar General Corporation & Its Subsidiaries and Affiliates
 100 Mission Ridge Drive
 Goodlettsville, TN 37072

COVERAGES

CERTIFICATE NUMBER: EB7JH36H

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ SIR \$750,000 GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:		XSL G47301348	02/10/2023	02/10/2024	EACH OCCURRENCE \$ 500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 0 PERSONAL & ADV INJURY \$ 500,000 GENERAL AGGREGATE \$ 20,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	☒ AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY		ISA H10693305 - Light Non-Trucking ISA H10693354 - Heavy Trucking	02/10/2023	02/10/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$		47-UMO-303309-07	02/10/2023	02/10/2024	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☒ N ☐ N/A		WLR C5066742A (AOS) SCF C50667510 (WI)	02/10/2023	02/10/2024	☒ PER STATUTE ☐ 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	EXCESS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY (Per Statute)		WCU C50667583	02/10/2023	02/10/2024	EL - Each Accident \$ 1,000,000 EL Disease - Each Empl \$ 1,000,000 EL Disease - Policy Limit \$ 1,000,000 \$ \$

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

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CERTIFICATE HOLDER

DG Retail LLC
 100 Mission Ridge
 Goodlettsville, TN 37072

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

**ACTION BY WRITTEN CONSENT
OF THE SOLE MEMBER OF
DG RETAIL, LLC**

APRIL 24, 2023

The undersigned, Dolgencorp of Texas, Inc., a Kentucky corporation, the parent and the sole member (hereinafter referred to as "Sole Member") of DG Retail, LLC (the "Company"), a Tennessee limited liability company, acting by written consent in lieu of a formal meeting, pursuant to the Tennessee Revised Limited Liability Company Act, hereby consents to, approves and ratifies the following actions permitted to be taken on behalf of the Company:

WHEREAS, pursuant to the Operating Agreement, the Sole Member shall manage the affairs of the Company;

WHEREAS, the Sole Member believes that it is in the best interest of the Company to appoint certain officers of the Company to delegate the management of particular aspects of the Company's day-to-day operations for the 2023 fiscal year.

NOW, THEREFORE, BE IT RESOLVED that the following named person hereby is elected to the office listed below to serve for the 2023 fiscal year or until her earlier resignation or removal:

Emily C. Taylor
Steven R. Deckard

Chief Executive Officer
Senior Vice President

IN WITNESS WHEREOF, the undersigned has executed this Written Consent of the Sole Member of Company as of this 24th day of April, 2023.

DOLGENCORP OF TEXAS, INC.
Sole Member


Emily C. Taylor, Executive Vice President and
Secretary

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: DOLLAR GENERAL # 18158
Address:

10/05/2023
Transaction Number: 90216
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
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01-201-000-0000-5117	TOBACCO LICENSE	\$66.70	
11-450-482-0000-5117	TOBACCO LICENSE	\$66.60	
Tax Included			
			\$200.00
7708090			2024 RENEWAL
			Check Total:
			\$200.00
			E-Check:
			Cash:
			ACH Payment:
			Credit Card:
			No Fee:
			\$200.00
			Change:
			\$0.00
			\$200.00

Deposit at Financial Institution Before Depositing Check

THIS DOCUMENT HAS A PRISMATIC VOID PANTOGRAPH, MICROPRINTING, A COIN REACTIVE ARTIFICIAL WATERMARK AND THERMOCHROMATIC INK. 

DOLLAR GENERAL

Save time. Save money. Every day!®

100 Mission Ridge
Goodlettsville, TN 37072-2171

64-1278
611 GA
Bank of America

Check No. 7708090

Date 9/28/2023

Check Amount

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Two Hundred and 00/100 Dollars

TO THE
ORDER
OF

WRIGHT COUNTY OF
FINANCE AND TAXPAYER SERVICES
3650 BRADDOCK AVE NE STE 1400
BUFFALO MN 55313
(310246)

Barb J...

⑈0007708090⑈

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Lindsey Meyer

Requestor Title

Finance Director

Department (please use dropdown to select department) *

FINANCE & TAXPAYER SERVICES

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County

Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda☐ Item for Consideration

Originator

TGW2392

Item Details

Board Action Requested *

Approve Seasonal On- & Off-Sale 3.2 Malt Liquor License And Consumption & Display (Set Up) Permit For Olson's Campground

on Limestone Lake, LLC For The Period May 1, 2024 Through October 31, 2024.

Short Title (what will appear on Agenda outline – 250 character max.) *

Approve Seasonal On- & Off-Sale 3.2 Malt Liquor License And Consumption & Display (Set Up) Permit For Olson's Campground

on Limestone Lake, LLC For The Period May 1, 2024 Through October 31, 2024.

Value Stream the request primarily aligns with:

Shepherd Economic Growth

Briefly describe how the request aligns with the selected value stream.

This allows the stated business to legally transact within Wright County.

Describe the impact on staffing resources.

n/a

Fiscal Impact:

Collection of \$175.00 for 3.2 Liquor License & background check.

Background/Justification:

No Violations within the last 5 years

Route for Review and Approval

☐ County
Administrator☒ Assistant
County
Administrator☐ Finance
Review☐ Legal Review☐ Risk Mgmt
Review☐ Skip Workflow

Agenda Item Attachments (1)

Document Name	Attachment Type
Agenda 10-17-2023 Consent – RFBA Olson's Campground_Redacted.pdf	Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision
Approved

Notes



REQUEST FOR BOARD ACTION

Board Meeting Date:	10/17/2023	☐	Consent Agenda
Requester's Name:	Lindsey Meyer	☐	Timed
Title:	Finance Director		Time Required:
Department:	Finance	☐	Item for Consideration
Board Action Requested: Approve Seasonal On- & Off-Sale 3.2 Malt Liquor License And Consumption & Display (Set Up) Permit For Olson's Campground on Limestone Lake, LLC For The Period May 1, 2024 Through October 31, 2024.			
Select which Value Stream the request primarily aligns with: Optimize Civic Engagement			
Briefly describe how the request aligns with the selected value stream. This allows the stated business to legally transact within Wright County.			
Describe the impact on staffing resources. N/A			
Describe the impact on financial resources. Collection of \$175.00 for 3.2 Liquor License & background check.			
Background/Justification: No Violations within the last 5 years			
Has the request been reviewed by the Attorney's Office?		No	
Risk Management?		N/A	
Number of original documents requiring signature		0	



Minnesota Department of Public Safety
Alcohol & Gambling Enforcement Division
445 Minnesota Street, 1600
St Paul, Minnesota 55101
651-201-7507

RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES

No license will be approve or released until the \$20 Retailer ID Card fee is received by Alcohol and Gambling Enforcement

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code CT3.2 CMBN License Period Ending 10/31/2023 Iden: 20967
Issuing Authority Wright Co
Licensee Name Olson's Campground on Limestone Lake LLC
Trade Name Olson's Campground on Limestone Lake
Address 5669 123rd St NW
Maple Lake, MN 55358
Business Phone 320-963-5175
License Fees: Off Sale \$25.00 On Sale \$50.00 Sunday \$0.00

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

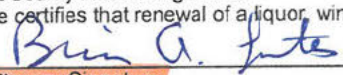
Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

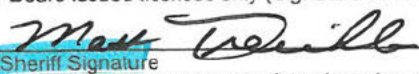
1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$310,000 surety bond may be submitted in lieu of liquor liability. (3.2 & liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).


 Licensee Signature _____ DOB _____ SSN _____ Date 9/21/23
 (Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature _____ Date 9/21/23
 (Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)


 County Attorney Signature _____ Date _____
 County Board issued licenses only (Signature certifies licensee is eligible for license.)


 Police/Sheriff Signature _____ Date 09/13/2023
 Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, then sign here.

CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of M.S. Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

-- or --

- ☒ I have no employees
☐ I am self-insured (include permit to self-insure)
☐ I have no employees who are covered by the workers' compensation law (these include: spouse, parent, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: Olson Jeffrey Allen
 Last First Middle -- Please type or print.

Doing Business As (dba): Olson's Campground on Limestone Lake
 Business name if different than your name – please type or print.

Business Address: 5669 128th St NW
 Street Address
Maple Lake, MN 55358
 City, State, ZIP

Phone: 320-963-5175
 Please include area code.

Signature: Jeff Olson Date: 8/21/23

Per requirements from the Wright County Sheriff's Office, please list Business Owners, Corporate Officers, Licensees, and/or associates. Please use back of form for additional names.

Jeffrey Olson
Name (please print)

Jeffrey A Olson
Signature

[REDACTED]
Date of birth

KAREN OLSON
Name (please print)

[Signature]
Signature

[REDACTED]
Date of birth

Name (please print)

Signature

Date of birth

State of Minnesota,)
County of Wright)

The undersigned, County Attorney and Sheriff of said County, hereby recommend the within application, it appearing that the applicant is eligible for the license and that in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business.

Dated at Buffalo, Minnesota this 13th day of September, Year 2023.

[Signature]
County Sheriff or Designee

Dated at Buffalo, Minnesota this 21st day of September, Year 2023.

[Signature]
County Attorney or Designee

It is hereby certified that the Town Board of the Town of _____, in said County and State, on the _____ day of _____, Year _____, did consent to the issuance of the license applied for in the within application.

THE TOWN BOARD OF THE TOWN OF _____

Dated _____

Attest: _____
Town Clerk

By: _____
Chairperson

Per requirements from the Wright County Sheriff's Office, please list Business Owners, Corporate Officers, Licensees, and/or associates. Please use back of form for additional names.

Jeffrey Olson
Name (please print)

Jeffrey A Olson
Signature

[REDACTED]
Date of birth

KAREN OLSON
Name (please print)

[Signature]
Signature

[REDACTED]
Date of birth

Name (please print)

Signature

Date of birth

State of Minnesota,)
County of Wright)

The undersigned, County Attorney and Sheriff of said County, hereby recommend the within application, it appearing that the applicant is eligible for the license and that in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business.

Dated at Buffalo, Minnesota this _____ day of _____, Year _____.

County Sheriff or Designee

Dated at Buffalo, Minnesota this _____ day of _____, Year _____.

County Attorney or Designee

It is hereby certified that the Town Board of the Town of Silver Creek
in said County and State, on the 3 day of October, Year 2023, did consent to
the issuance of the license applied for in the within application.

Dated 10-3-2023

Attest: Heidi Echum
Town Clerk

THE TOWN BOARD OF THE TOWN OF

Silver Creek Township

By: Chris Nelson
Chairperson

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: OLSON'S CAMPGROUND ON LIMESTONE LK
Address:

09/11/2023
Transaction Number: 89748
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
LIQUOR 01-201-000-0000-5501	LIQUOR LICENSE FULL BACKGROUND CHECK 100.00	Rec#:15268 \$100.00	\$100.00
Tax Included			\$100.00
8632 BACKGROUND CHECK			\$100.00
Check Total:			\$100.00
E-Check:			
Cash:			
ACH Payment:			
Credit Card:			
No Fee:			
			\$100.00
Change:			\$0.00
			\$100.00

Olson's Campground on Limestone Lk
Jeffrey Olson or Karen Olson
5669 123rd St NW
Maple Lake, MN 55358
320-963-5175

8632
75-461/919

8/29 2023

PAY to the order of Wright County \$ 100.00

One hundred and no/100 Dollars

WINDSOR

Lake Central Bank
Annandale, MN

For _____

K Olson AP

8632

YOU

WRIGHT COUNTY
3650 BRADDOCK AVE NE
BUFFALO, MN 55313

WRIGHT COUNTY

Payer Number:
Name: OLSON'S CAMPGROUND ON LIMESTONE LK
Address:

08/29/2023
Transaction Number: 89485
Cashier: AT COUNTER
Department: AT COUNTER
Drawer Number: 75

Receipt Types	Amount	Tax	Total
LIQUOR 01-041-000-0000-5109	LIQUOR LICENSE LIQUOR LICENSE	Rec#:15121 \$75.00	\$75.00
Tax Included			\$75.00
8629 LIQUOR LICENSE			\$75.00
Check Total:			\$75.00
E-Check:			
Cash:			
ACH Payment:			
Credit Card:			
No Fee:			
			\$75.00
Change:			\$0.00
			\$75.00

Olson's Campground on Limestone Lk
Jeffrey Olson or Karen Olson
5669 123rd St NW
Maple Lake, MN 55358
320-963-5175

8629
75-461/919

PAY Wright County \$75.00
to the order of seventy-five and 00/100

WINDSOR

Lake Central Bank
Annandale, MN

Dollars

Security features
are indicated
Circle on back.

For

License

8629

YOU

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Heather Lemieux

Requestor Title

Assistant Finance Director

Department (please use dropdown to select department) *

FINANCE & TAXPAYER SERVICES

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

HML7582

Item Details

Board Action Requested *

Motion to Approve the Reimbursement of the American Rescue Plan (ARP) Act Funds as Follows:

County ARP Funds:

Approval of County Reimbursement of \$685.54 from 01-099-493.6910 Transfer Out into 01-100-493.5910 Transfer In as Follows:

\$685.54 for Administrative Expenses-Staff Costs

Approval of use of ARP Funds From 01-099-493-8467

\$26,289.00 5.19 Last Mile Projects-Broadband- Meeker Cooperative-French Lake Township

\$115,238.00 5.19 Last Mile Projects-Broadband- Meeker Cooperative-Stockholm Township

Short Title (what will appear on Agenda outline – 250 character max.) *

Motion to approve the reimbursement of the American Rescue Plan Act Funds (ARP) as follows:

County ARP Funds:

Approval of County Reimbursement of \$685.54 from 01-099-493.6910 Transfer Out into 01-100-493.5910 Transfer In as follows:

\$685.54 for Adminis

Value Stream the request primarily aligns with:

Promote Safe and Healthy Communities

Briefly describe how the request aligns with the selected value stream.

NA

Describe the impact on staffing resources.

NA

Fiscal Impact:

This is the distribution of Wright County's American Rescue Plan Act Funds.

Background/Justification:

The expenditures have been reviewed by the County's ARP Committee on October 4, 2023, for eligibility. The ARP Committee is recommending the request for reimbursement as listed above.

Route for Review and Approval

☐ County Administrator
 ☐ Assistant County Administrator
 ☐ Finance Review
 ☐ Legal Review
 ☐ Risk Mgmt Review
 ☒ Skip Workflow

Agenda Item Attachments (0)

Document Name

Attachment Type

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Approved

Notes

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Heather Lemieux

Requestor Title

Assistant Finance Director

Department (please use dropdown to select department) *

FINANCE & TAXPAYER SERVICES

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

HML7582

Item Details

Board Action Requested *

Motion to Approve the Reimbursement of the American Rescue Plan (ARP) Act Funds as Follows:

Approval of Use of ARP Funds From 01-099-493

\$642.00 Aid to Nonprofit Organizations- 4-H

\$139.80 1.7 Capital Investment-Customer Flow Management System

Short Title (what will appear on Agenda outline – 250 character max.) *

Motion to Approve the Reimbursement of the American Rescue Plan (ARP) Act Funds as Follows:

Approval of Use of ARP Funds From 01-099-493

\$642.00 Aid to Nonprofit Organizations- 4-H

\$139.80 1.7 Capital Investment-Customer Flow Management System

Value Stream the request primarily aligns with:

Promote Safe and Healthy Communities

Briefly describe how the request aligns with the selected value stream.

NA

Describe the impact on staffing resources.

NA

Fiscal Impact:

This is the distribution of Wright County's American Rescue Plan Act Funds.

Background/Justification:

The expenditures have been reviewed by the County's ARP Committee on October 11, 2023, for eligibility. The ARP Committee is recommending the request for reimbursement as listed above.

Route for Review and Approval

☐ County Administrator
 ☐ Assistant County Administrator
 ☐ Finance Review
 ☐ Legal Review
 ☐ Risk Mgmt Review
 ☒ Skip Workflow

Agenda Item Attachments (0)

Document Name

Attachment Type

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Approved

Notes

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Heather Lemieux

Requestor Title

Assistant Finance Director

Department (please use dropdown to select department) *

FINANCE & TAXPAYER SERVICES

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County

Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda☐ Item for Consideration

Originator

HML7582

Item Details

Board Action Requested *

Acknowledge Warrants Issued Between September 27, 2023 and October 10, 2023.

Short Title (what will appear on Agenda outline – 250 character max.) *

Acknowledge Warrants Issued Between September 27, 2023 and October 10, 2023.

Value Stream the request primarily aligns with:

Optimize Civic Engagement

Briefly describe how the request aligns with the selected value stream.

NA

Describe the impact on staffing resources.

NA

Fiscal Impact:

Acknowledgment of Wright County's invoices/bills for payment. The expenses are approved in the 2023 Budget.

Background/Justification:

Route for Review and Approval

☐ County
Administrator☐ Assistant
County
Administrator☐ Finance
Review☐ Legal Review☐ Risk Mgmt
Review☒ Skip Workflow

Agenda Item Attachments (0)

Document Name

Attachment Type

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Approved

Notes

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Schawn P. Johnson

Requestor Title

Human Resources Director

Department (please use dropdown to select department) *

HUMAN RESOURCES

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

SPJ8450

Item Details

Board Action Requested *

Request Approval of the 2024 Wright County Non-Union Benefit Contributions

Short Title (what will appear on Agenda outline – 250 character max.) *

Request approval of the 2024 Wright County Non-Union Benefit Contributions–

Value Stream the request primarily aligns with:

Develop County Infrastructure

Briefly describe how the request aligns with the selected value stream.

County Board has directed the Administration Department to implement insurance benefit contributions for non-union employees in 2024.

Describe the impact on staffing resources.

The proposed insurance benefit contributions have been included in the County's proposed 2024 budget.

Fiscal Impact:

The proposed insurance benefit contributions have been included in the County's proposed 2024 budget.

Background/Justification:

The following is an overview of the recommended non-union benefit contributions levels for the 2024 calendar year:

1. Plan 3-\$300 Deductible Plan & Preventive Dental: County contribution for single coverage is \$945.40 per month and family coverage is \$1,095.40 per month.
2. Plan 4-\$1,000 Deductible Plan & Preventive Dental: County contribution for Single Coverage will be \$1,045.00 per month; County contribution for Family Coverage will be \$1,938.00 per month.
3. Plan 5-\$3,000 Deductible Plan & Preventive Dental (with VEBA): County contribution for Single Coverage will be \$987.68 per month; County contribution for Family Coverage will be \$1,728.29 per month.
4. In 2024, the VEBA contribution for Plan 5 will be \$125.00 per month (\$1,500 per year) for single coverage; The County VEBA contribution for family coverage will be \$250.00 per month (\$3,000 per year).

Route for Review and Approval

☐ County Administrator
 ☒ Assistant County Administrator
 ☒ Finance Review
 ☒ Legal Review
 ☐ Risk Mgmt Review
 ☐ Skip Workflow

Agenda Item Attachments (1)

Document Name	Attachment Type
2023-2024 Health Insurance Renewal Information-October 2023.pdf	Attachment

☐ Hide RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision
Approved

Notes

Finance Review

Finance Decision
Approved

Notes

Legal Review

Legal Decision
Approved

Notes

Wright County Board 2024 County Contribution Recommendation

Benefit Plan-Monthly Cost Per Employee	Year	Premium Cost (Health and Dental)	County Contribution	VEBA Contribution	Employee Cost	Wright County Cost	% County	% Employee
Family Plan 3	2024	\$ 2,497.57	\$ 1,095.40	NA	\$ 1,402.17	\$ 1,095.40	44%	56%
Family Plan 3	2023	\$ 2,306.41	\$ 1,095.40	NA	\$ 1,211.01	\$ 1,095.40	47%	53%
2023-2024 Difference		\$ 191.16						
			Projected Cost Difference 2023-2024		\$ 191.16	\$ -		
Benefit Plan-Monthly Cost Per Employee	Year	Premium Cost (Health and Dental)	County Contribution	VEBA Contribution	Employee Cost	Wright County Cost	% County	% Employee
Family Plan 4	2024	\$ 2,268.63	\$ 1,938.00	NA	\$ 330.63	\$ 1,938.00	85%	15%
Family Plan 4	2023	\$ 2,088.11	\$ 1,785.00	NA	\$ 303.11	\$ 1,785.00	85%	15%
2023-2024 Difference		\$ 180.52						
			Projected Cost Difference 2023-2024		\$ 27.52	\$ 153.00		
Benefit Plan-Monthly Cost Per Employee	Year	Premium Cost (Health and Dental)	County Contribution	VEBA Contribution	Employee Cost	Wright County Cost	% County	% Employee
Family Plan 5	2024	\$ 2,021.42	\$ 1,728.29	\$ 250.00	\$ 293.13	\$ 1,978.29	85%	15%
Family Plan 5	2023	\$ 1,855.13	\$ 1,562.00	\$ 250.00	\$ 293.13	\$ 1,812.00	84%	16%
2023-2024 Difference		\$ 166.29						
			Projected Cost Difference 2023-2024		\$ -	\$ 166.29		

Wright County Board 2024 County Contribution Recommendation

Benefit Plan-Monthly Cost Per Employee	Year	Premium Cost (Health and Dental)	County Contribution	VEBA Contribution	Employee Cost	Wright County Cost	% County	% Employee
Single Plan 3	2024	\$ 1,223.04	\$ 945.40	NA	\$ 277.64	\$ 945.40	77%	23%
Single Plan 3	2023	\$ 1,128.89	\$ 945.40	NA	\$ 183.49	\$ 945.40	84%	16%
2023-2024 Difference		\$ 94.15						
			Projected Cost Difference 2023-2024		\$ 94.15	\$ -		
Benefit Plan-Monthly Cost Per Employee	Year	Premium Cost (Health and Dental)	County Contribution	VEBA Contribution	Employee Cost	Wright County Cost	% County	% Employee
Single Plan 4	2024	\$ 1,109.87	\$ 1,045.00	NA	\$ 64.87	\$ 1,045.00	94%	6%
Single Plan 4	2023	\$ 1,020.99	\$ 967.00	NA	\$ 53.99	\$ 967.00	95%	5%
2023-2024 Difference		\$ 88.88						
			Projected Cost Difference 2023-2024		\$ 10.88	\$ 78.00		
Benefit Plan-Monthly Cost Per Employee	Year	Premium Cost (Health and Dental)	County Contribution	VEBA Contribution	Employee Cost	Wright County Cost	% County	% Employee
Single Plan 5	2024	\$ 987.68	\$ 987.68	\$ 125.00	\$ -	\$ 1,112.68	100%	0%
Single Plan 5	2023	\$ 905.83	\$ 905.83	\$ 125.00	\$ -	\$ 1,030.83	100%	0%
2023-2024 Difference		\$ 81.85						
			Projected Cost Difference 2023-2024		\$ -	\$ 81.85		

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Schawn P. Johnson

Requestor Title

Human Resources Director

Department (please use dropdown to select department) *

HUMAN RESOURCES

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

SPJ8450

Item Details

Board Action Requested *

Request Approval and Authorization of Signature of a Memorandum of Agreement (MOA) for the County Contributions for the 2024 Health Insurance Plans with the Teamsters, Local No. 320 (Sheriff Essential Supervisory Unit).

Short Title (what will appear on Agenda outline – 250 character max.) *

Request approval and authorization of signature of a Memorandum of Agreement (MOA) for the County contributions for the 2024 Health Insurance Plans with the Teamsters, Local No. 320 (Sheriff Essential Supervisory Unit).

Value Stream the request primarily aligns with:

Develop County Infrastructure

Briefly describe how the request aligns with the selected value stream.

County Board has directed the Administration Department to implement insurance benefit contributions for union employees in 2024.

Describe the impact on staffing resources.

The proposed insurance benefit contributions have been included in the County's proposed 2024 budget.

Fiscal Impact:

The proposed insurance benefit contributions have been included in the County's proposed 2024 budget.

Background/Justification:

The attached MOA complies with Article 12.1 (Insurance) of the collective bargaining agreement that both parties agree to negotiate employer contribution rates for health insurance premiums in 2024.

Both parties met on October 9, 2023 and the Teamsters Local No. 320 (Sheriff Essential Supervisory Unit) recently accepted the County's proposal regarding employer contribution rates for health insurance premiums in 2024.

The following is an overview of the agreed upon benefit contributions levels for the 2024 calendar year:

1. Plan 3-\$300 Deductible Plan & Preventive Dental: County contribution for single coverage is \$945.40 per month and family coverage is \$1,095.40 per month.
2. Plan 4-\$1,000 Deductible Plan & Preventive Dental: County contribution for Single Coverage will be \$1,045.00 per month; County contribution for Family Coverage will be \$1,938.00 per month.
3. Plan 5-\$3,000 Deductible Plan & Preventive Dental (with VEBA): County contribution for Single Coverage will be \$987.68 per month; County contribution for Family Coverage will be \$1,728.29 per month.
4. In 2024, the VEBA contribution for Plan 5 will be \$125.00 per month (\$1,500 per year) for single coverage; The County VEBA contribution for family coverage will be \$250.00 per month (\$3,000 per year).

Route for Review and Approval

☐ County Administrator
 ☒ Assistant County Administrator
 ☒ Finance Review
 ☒ Legal Review
 ☐ Risk Mgmt Review
 ☐ Skip Workflow

Agenda Item Attachments (1)

Document Name	Attachment Type
Teamsters Sheriffs Essential Supervisory Group.pdf	Attachment

☐ Hide RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision
Approved

Notes

Finance Review

Finance Decision
Approved

Notes

Legal Review

Legal Decision
Approved

Notes

MEMORANDUM OF AGREEMENT

This Memorandum of Agreement is entered into between Wright County (hereinafter "County") and Teamsters, Local No. 320 (Sheriff Essential Supervisory Staff) (hereafter "Union").

WHEREAS, the County and the Union are parties to a collective bargaining agreement in effect from January 1, 2023 through December 31, 2025 (2023-2025 CBA); and

WHEREAS, the County and Union agreed in Article 12.1 to reopen the Agreement regarding the amount of Employer contribution for group health insurance premiums effective January 1, 2024; and

WHEREAS, upon the County receiving and accepting the proposals by Health Partners for group health insurance for 2024, this information has been shared during the reopener with the Union; and

WHEREAS, the County will be requesting proposals with group health and dental insurance carriers in 2024 for implementation in 2025; and

WHEREAS, due to ongoing cost concerns and to ensure compliance with the Affordable Care Act, the County and Union agree that the existing Group Health Insurance Plan 3 will no longer be offered as a single or family plan option to Wright County employees represented by the Union effective January 1, 2025.

1. The County's Group Health Insurance Plans for 2024 shall consist of Plan 3, Plan 4, and Plan 5.
2. Plan 3-\$300 Deductible Plan & Dental: No change in monthly County contribution for Single or Family coverage; The total monthly County contribution for single coverage is \$945.40 and family coverage is \$1,095.40.
3. Plan 4-\$1,000 Deductible Plan & Dental: County contribution for Single Coverage will increase by \$78.00 per month for a total monthly contribution of \$1,045.00; County contribution for Family Coverage will increase by \$153.00 per month for a total monthly contribution of \$1,938.00.
4. Plan 5-\$3,000 Deductible Plan & Dental (with VEBA): County contribution for Single Coverage will increase by \$81.85 per month for a total monthly contribution of \$987.68; County contribution for Family Coverage will increase by \$166.29 per month for a total monthly contribution of \$1,978.29.
5. The VEBA contribution for Plan 5 will be \$125.00 per month for single coverage and \$250.00 per month for Family coverage.
6. Pursuant to Minn. Stat. § 471.6161 Subd. 5 (2022), the Union agrees to the removal of the Wright County Group Health Insurance Plan 3 from the list of group health plans provided to employees represented by the Union effective January 1, 2025. The discontinuation of Plan 3 will apply to both single and family coverage.
7. Except as specifically set forth in this Memorandum of Agreement, the 2023-2025 CBA will remain in full force and effect.

IN WITNESS WHEREOF, the parties have caused Memorandum of Agreement to be executed this _____ day of _____, 2023.

Exhibit A

2024 Employer and Employee Contribution for Health Insurance Premiums

2024 Plan year: January 1-December 31, 2024

Health Partners Plans 3, 4, and 5

Employer Contributions and Employee Cost for Family Coverage***Includes preventive dental premium**

	Total Monthly Premium	Total Monthly County Contribution	Monthly Employee Cost	Total Monthly County VEBA Contribution
Family Plan 3	\$2,497.57	\$1,095.40	\$1,402.17	NA
Family Plan 4	\$2,268.63	\$1,938.00	\$330.63	NA
Family Plan 5	\$2,021.42	\$1,728.29	\$293.13	\$250.00

Employer Contributions and Employee Cost for Single Coverage***Includes preventive dental premium**

	Total Monthly Premium	Total Monthly County Contribution	Monthly Employee Cost	Total Monthly County VEBA Contribution
Single Plan 3	\$1,223.04	\$945.40	\$277.64	NA
Single Plan 4	\$1,109.87	\$1045.00	\$64.87	NA
Single Plan 5	\$987.68	\$987.68	\$0.00	\$125.00

WRIGHT COUNTY

Derek Vetsch
Commission Chair

Lee Kelly
County Administrator

TEAMSTERS LOCAL NO. 320
SHERIFF ESSENTIAL
SUPERVISORY STAFF



Bargaining Committee Member



Bargaining Committee Member



Bargaining Committee Member

Agenda Item



Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Matt Detjen

Requestor Title

Agriculture & Drainage Supervisor

Department (please use dropdown to select department) *

PARKS & RECREATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

MJD7571

Item Details

Board Action Requested *

Approve The Low Bid From Ashwill Companies of \$239,993.31 for the Joint Ditch #15 WASCOB Project.

Short Title (what will appear on Agenda outline – 250 character max.) *

Approve The Low Bid From Ashwill Companies of \$239,993.31 for the Joint Ditch #15 WASCOB Project.

Value Stream the request primarily aligns with:

Empower Use of Land, Property, and the Environment

Briefly describe how the request aligns with the selected value stream.

Describe the impact on staffing resources.

Staff time will be spent supervising construction. The grant used on this project does account for some staff time in engineering and construction supervision.

Fiscal Impact:

The project is fully grant funded, no assessment will be made to the benefited landowners on Joint Ditch #15.

Background/Justification:

On 9/19/2023 the board approved staff to seek solicited sealed bids for the Joint Ditch #15 WASCOB Best Management Practices project. Two bids were received, one from Ashwill Companies for \$239,993.31 and the other from Schneider Excavating for \$373,457.50. Ashwill Companies bid comes in below the engineers estimate for this project, so staff recommends accepting this bid and executing the contract for these services. This project will be funded the the Multipurpose Drainage Management Grant as well as local grant funds in cooperation with the Wright SWCD. No assessment will be made to Joint Ditch #15 for this project.

Route for Review and Approval

☐ County Administrator
 ☐ Assistant County Administrator
 ☐ Finance Review
 ☐ Legal Review
 ☐ Risk Mgmt Review
 ☒ Skip Workflow

Agenda Item Attachments (1)

Document Name

[JD 15 WASCOBs Contract Ashwill Comp 10 17 2023.pdf](#)

Attachment Type

Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Approved

Notes

Moved To Agenda

WRIGHT COUNTY, MINNESOTA
Wright County Joint Ditch #15 WASCOB, Underground Outlet, and Grade
Stabilization Structure Contract

THIS AGREEMENT, made by and between **Wright County, Minnesota**, hereinafter called the "County", and Ashwill Companies, hereinafter called the "Contractor".

WITNESSETH, that the County and the Contractor, for the consideration hereinafter stated, agree as follows:

- I. **Scope of Services** - The Contractor covenants and agrees to provide Wright County with all labor, equipment, materials and other items necessary to perform all operations of various services & projects as set forth in *Exhibit A*.
- II. **Term** - This agreement shall commence on **October 17th, 2023** and expire on **December 15th, 2023**.
- III. **Contractor/Vendor Compensation** - The Contractor/Vendor agrees to charge and the County agrees to pay the amounts as detailed on the attached pricing sheet (**Proposal Form**).
- IV. **General Considerations** – Contractor guarantees all workmanship and services furnished for a period of one (1) year after final acceptance of the Contractors standard guarantee (whichever is greater). If during the guarantee period any defects or faulty workmanship is found, Contractor will immediately, upon notification, replace or repair the same at its own expense, along with any damages to finishes, fixtures, equipment, and furnishings damaged as a result of the defective workmanship.
- V. **Invoicing, Discounts, Taxes** - All invoices and contract-related correspondence shall be sent to:

**Wright County Division of
Agriculture & Drainage
3500 Braddock Avenue NE
Buffalo, MN 55313**

The County agrees to pay the Contractor within 35 days of date of receipt per Minnesota State Statute #471.425 subd 2a. "Date of receipt" means the completed delivery of the goods or services or the satisfactory installation, assembly or specified portion thereof, or the receipt of the invoice for the delivery of goods or services, whichever is later. For purposes of any payment discount provided by Contractor, "days" shall constitute business days. The discount period shall commence on the date the invoice is received by the County. The date of the check shall determine if the County is entitled to the discount.

Per Minnesota State Statute 471.425 Subd. 4a., the Contractor shall make payment to any authorized Sub-Contractor or Contractor/Vendor within ten (10) days of the Contractor's receipt of payment from the County for undisputed services provided by the Sub-Contractor or Contractor/Vendor. The Contractor shall pay interest of 1-1/2 percent per month or any part of a month to the Sub- Contractor or Contractor/Vendor on any undisputed amount not paid on time to the Sub-Contractor or Contractor/Vendor.

Per Minnesota State Statute 297A.70, Wright County is exempt from the current State imposed sales tax rate. However, in certain circumstances, a purchase may be taxable, in which case the County will either notify the Contractor/Vendor to include sales tax or will pay the applicable tax as a use tax to the State.

VI. County Right of Setoff - If the Contractor is more than 30 days past due on any account due to the County, the County may apply payments due to the Contractor under this Agreement to the Contractor's overdue account in lieu of payment directly to the Contractor. The application of payments to the overdue account shall be deemed payments due under this Agreement.

VII. Conflict Of Interest - No employee, officer or agent of Wright County shall participate in the administration of this Agreement if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when one of the following has a financial or other interest in Contractor/Vendor:

- (1) The employee, or an officer or agent of the employee;
- (2) Any member of the employee's immediate family;
- (3) The employee's business partner; or
- (4) An organization which employs, or is about to employ, any of the above.

Wright County's officers, employees, or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from Contractors or Contractor/Vendors, potential Contractor/Vendors, Sub-Contractor/Vendors, or other parties to sub-agreements whereby the intent could reasonably be inferred as influencing the employee in the performance of his or her duties or was intended as a reward for any official act on his or her part.

VIII. Ownership of Instruments of Service - All reports, plans, specifications, field data and notes documents and other work product, including all electronic media, prepared by Contractor/Contractor/Vendor, as instruments of service for the County pursuant to this Agreement shall remain the property of the County.

IX. Independent Contractor – Contractor/Contractor/Vendor is an Independent Contractor. Nothing contained in this Agreement is intended or should be construed as creating the relationship of co-partners or joint ventures with the County. No tenure or any rights or benefits, including workers' compensation, unemployment insurance, medical care, sick leave, vacation leave, severance pay, or other

benefits available to the County employees, shall accrue to Contractor/Vendor or employees of Contractor/Vendor performing services under this Agreement.

- X. **Legal Compliance** - During the performance of its responsibilities under this Agreement, Contractor/Contractor/Vendor agrees to the following: No person shall, on the ground of race, color, religion, age, sex, disability, marital status, public assistance status, affectional preference, familial status, ancestry, creed, or national origin be excluded from full employment rights in, participation in, be denied the benefits of or be otherwise subjected to discrimination under any and all applicable Federal and State laws against discrimination.

Data Privacy. For purposes of this Agreement all data created, collected, received, stored, used, maintained, or disseminated by Contractor/Vendor in the performance of this Agreement is subject to the requirements of the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13 and the Minnesota Rules implementing the Act now in force or hereafter adopted as well as the Federal laws on data privacy. If Contractor/Vendor is performing a governmental function as defined in Minn. Stat. Section 13.05, Subd. 11 as part of its contract duties, it must comply with those requirements as if it were a governmental entity. The remedies in Minn. Stat. Section 13.08 apply to the Contractor/Vendor. Contractor/Vendor does not have a duty to provide access to public data to the public if the public data are available from the County, except as required by the terms of this Agreement. All subcontracts shall contain the same or similar data practices compliance requirements.

Business Records. Contractor/Contractor/Vendor shall keep such business records pursuant to this Agreement as would be kept by a reasonably prudent practitioner of Contractor/Contractor/Vendor's profession. Contractor/Contractor/Vendor shall maintain such records for at least 6 years from the date services or payment were last provided or made or longer if any audit in progress requires a longer retention period. All accounting records shall be kept in accordance with generally accepted accounting practices. County shall have the right to audit and review all such documents and records at any time during Contractor/Vendor's regular business hours or upon reasonable notice. These records are subject to examination, duplication, transcription and audit by County and either the Legislative or State Auditor of the State of Minnesota pursuant to Minnesota Statute § 16C.05, subd 5. Such evidences are also subject to review by the Comptroller General of the United States, or a duly authorized representative, if federal funds are used for any work under this Agreement.

- XI. **Indemnification** – Contractor/Contractor/Vendor agrees to protect, defend, indemnify and hold Wright County, its officers, employees and agents, free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, liens, demands, obligations, actions, proceedings or causes of action of every kind and character (hereinafter collectively "claims") in connection with or arising directly or indirectly out of the

Agreement or the performance hereof by the Contractor/Vendor or any subcontractor. Without limiting the generality of the foregoing, any and all such claims, relating to personal injury, infringement of any patent, trademark, copyright (or application for any thereof) or of any other tangible or intangible personal or property right, or actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

Contractor/Vendor further agrees to investigate, handle, respond to, provide defense for, and defend any such claims, at its sole expense and agrees to bear all other costs and expenses related thereto, whether or not it is alleged or determined that the Contractor/Vendor was negligent, and without regard to whether such claim is groundless, false, or fraudulent.

Contractor/Vendor agrees, to the fullest extent permitted by law, to indemnify and hold the County harmless from any damage, liability or cost (including reasonable attorneys' fees and costs of defense) to the extent caused by Contractor/Vendor's negligent acts, errors or omissions in the performance of professional services under this Agreement and those of its Sub-Contractor/Vendors or anyone for whom Contractor/Vendor is legally liable.

Wright County shall be liable for its own acts to the extent provided by law and hereby agrees to indemnify, hold harmless and defend the Contractor/Vendor, its officers, employees against any all liability, loss, costs, damages, expenses, claims and actions, including reasonable attorney's fees which the Contractor/Vendor, its officers and employees, may hereafter sustain, incur or be required to pay, arising out of or by reason of any act or omission of the County, its agents, obligations pursuant to this Agreement. It is understood and agreed that the County's liability shall be limited by the provisions of Minnesota Statutes Chapter 466 or other applicable law. In addition, the County does not waive its right to claim applicable defenses or immunities to which it may be entitled under state or federal law.

- XII. Insurance** - The Contractor/Vendor shall purchase, provide and maintain, at its own expense, such insurance as will protect the Contractor/Vendor from claims set forth below. Proof of such insurance shall be furnished to the County prior to the commencement of any work and shall be maintained throughout the life of this Agreement and shall be evidenced by the carriers certificates, filed with the County. The Contractor/Vendor shall supply the County with a list of Sub-Contractor/Vendors and shall verify and take responsibility for the Sub-Contractor/Vendor's proof of insurance. Insurance shall be in force the first day of the Agreement. Insurance shall not be canceled, limited in scope of coverage or non-renewed until after Thirty (30) days written notice has been given to:

**Wright County Division of
Agriculture & Drainage
3500 Braddock Avenue NE
Buffalo, MN 55313**

It is agreed that any insurance maintained by the County will not contribute with insurance provided by this policy.

The Contractor/Vendor shall not commence work until the Contractor/Vendor has obtained required insurance and filed an acceptable certificate of insurance with the County. All insurance policies shall be open to inspection by the County, and copies of policies shall be submitted to the County upon written request. The insurance certificate shall note Wright County as the certificate holder and Wright County shall be named as Additional Insured: Wright County Attn: Risk Management, 3650 Braddock Ave NE, Buffalo, MN 55313.

COMMERCIAL GENERAL LIABILITY

A single or combined limit occurrence based general liability insurance policy which shall include a broad form comprehensive liability endorsement and a contractual endorsement, which shall include the following coverages at a minimum:

\$1,500,000 per occurrence

\$3,000,000 General Aggregate

\$3,000,000 Products and Completed Operations Aggregate

AUTOMOBILE LIABILITY

A single or combined limit auto liability insurance policy for all owned, non-owned and hired vehicles, if any, using the provision of services under this Agreement, which shall include the following coverage's at a minimum:

\$1,500,000 per occurrence

UMBRELLA

\$1,500,000 each occurrence/aggregate

*(may require higher limit for certain jobs)

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY INSURANCE

Contractor/Vendor shall procure and maintain a policy that at least meets Minnesota statutory minimum and is covered for work in Minnesota.

The above subparagraphs establish minimum insurance requirements, and it is the sole responsibility of the Contractor/Vendor to purchase and maintain additional insurance that may be necessary in connection with this Agreement.

- XIII. Contract Modifications** - Oral change orders will not be permitted. No change in the Agreement shall be made unless an authorized employee or representative of Wright County gives its prior written approval. Contractor/Vendor shall be liable for all costs resulting from, and/or for satisfactorily correcting, any change not properly

- ordered by written modification to the Agreement and signed by Wright County. Within seven (7) calendar days after receipt of the written change order to modify the Agreement, Contractor/Vendor shall submit to Wright County a detailed price and schedule proposal for the work to be performed. This proposal shall be subject to negotiations between Contractor/Vendor and Wright County. After the proposal is accepted by the County, detailed modifications shall be executed in writing by both parties. Disagreements that cannot be resolved with negotiations shall be resolved in accordance with the contract disputes clause, herein.
- XIV. Dispute Resolution** - In the event of a dispute between the Contractor/Vendor and the County, the parties shall engage in mediation of the dispute. The Contractor/Vendor and the County shall select an independent, mutually acceptable third party to mediate the matter. This independent third party shall mediate the dispute, and failing to reach an agreement, shall have exclusive and final jurisdiction to render a decision in a dispute with a monetary value not to exceed \$10,000. In a dispute in excess of this amount, the parties may agree to an arbitrator or submit the dispute to Wright County District Court or any applicable federal court with jurisdiction. The Contractor/Vendor and the County will split the cost of mediation or arbitration, with each party paying half the cost.
- XV. Waiver Of Terms And Conditions** - The failure of Wright County or Contractor/Vendor to enforce one or more of the terms or conditions of the Agreement or to exercise any of its rights or privileges, or the waiver by Wright County of any breach of such terms or conditions, shall not be construed as thereafter waiving any such terms, conditions, rights, or privileges, and the same shall continue and remain in force and effect as if no waiver had occurred.
- XVI. Assignment Of Contractual Rights** - It is agreed that the Contractor/Vendor will not assign, transfer, convey or otherwise dispose of the Agreement or its right, title or interest in or to the same, or any part thereof, without previous written consent of Wright County and any sureties, and subject to such conditions and provisions as the County may deem necessary. The Contractor/Vendor shall be responsible for the performance of all Sub-Contractor/Vendors.
- XVII. Interpretation, Jurisdiction, And Venue** - All contractual agreements shall be subject to, governed by, and construed and interpreted solely according to the laws of the State of Minnesota. The Contractor/Vendor hereby consents and submits to the jurisdiction of the appropriate courts of Minnesota or of the United States having jurisdiction in Minnesota for adjudication of any suit or cause of action arising under or in connection with the contract documents, or the performance of such Agreement, and agrees that any such suit or cause of action may be brought in any such court.
- XVIII. Severability** - To the extent that this Agreement may be executed and performance of the obligations of the parties may be accomplished within the intent of the Agreement, the terms of this Agreement are severable, and should any term or

provision hereof be declared invalid or become inoperative for any reason, such invalidity or failure shall not affect the validity of any other term or provision hereof.

- XIX. Termination** - The Agreement may be terminated by the mutual consent of both parties, or by either party upon 30 days notice, with or without cause, by notifying the authorized representative.

The County may terminate this Agreement effective upon delivery of written notice to the Contractor/Vendor, or at such later date as may be established by the County, under any of the following conditions:

- a. If County funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the indicated quantity of services. The Agreement may at the County's option or in the County's sole discretion be modified to accommodate a reduction in funds.
- b. If federal or state regulations or guidelines are modified, changed, or interpreted in such a way that the services are no longer allowable or appropriate for purchase under this Agreement or are no longer eligible for the funding proposed for payments authorized by this Agreement.
- c. If any license or certificate required by law or regulation to be held by the Contractor/Vendor to provide the services required by this Agreement is for any reason denied, revoked, or not renewed.

Any such termination of the Agreement shall be without prejudice to any obligations or liabilities of either party already accrued prior to such termination.

Time is of the essence in this agreement and failure by the Contractor/Vendor to perform its obligations in a timely manner may be considered by the County to be a material breach of this agreement. The County by written notice of default (including breach of contract) to the Contractor/Vendor may terminate the whole or any part of this agreement:

- a. If the Contractor/Vendor fails to provide services called for by this Agreement within the time specified herein or any extension thereof; or
- b. If the Contractor/Vendor fails to perform any of the other provisions of this Agreement, or so fails to pursue the work as to endanger performance of this Agreement in accordance with its terms, and after receipt of written notice from the County, fails to correct such failures within a period of 10 calendar days or such longer period as the County may authorize in writing after receipt of notice from the County specifying such failure. If the County grants Contractor/Vendor an extension of time to perform, any such extension of time shall not operate to release any surety from its obligations; or

- c. If Contractor/Vendor admits in writing it is bankrupt, or by a filing by the Contractor/Vendor of a voluntary petition under the Federal Bankruptcy Act; or the filing of an involuntary petition under the Federal Bankruptcy Act against the Contractor/Vendor, unless dismissed within ninety (90) days; or
- d. If the Contractor/Vendor makes any arrangement with or for the benefit of Contractor/Vendor's creditors involving an assignment to a trustee, receiver or similar beneficiary; or
- e. If the Contractor/Vendor makes any material misrepresentations in the documents provided and relied upon by the County in the making of this agreement; or
- f. If a court of competent jurisdiction finds that the Contractor/Vendor persistently disregards laws, ordinances, rules, regulations or orders of any public authority having jurisdiction.

In such event, the Contractor/Vendor shall be entitled to compensation for work performed in compliance with the contract specifications up to the date of termination based upon payment terms of this Agreement. Such payment will not exceed the maximum amount provided for by the terms of this Agreement.

The rights and remedies of the County provided in this clause related to defaults (including breach of contract) by the Contractor/Vendor shall not be exclusive and are in addition to any other rights and remedies provided by law or under this Agreement.

If said Agreement is terminated in whole or in part for default, the County may procure, upon such terms and in such manner, as the County may deem appropriate, an Agreement similar to that so terminated. The Contractor/Vendor shall be liable to the County for any excess costs for such similar procurement and shall continue the performance of said Agreement to the extent not terminated under the provisions of this clause.

XX. Force Majeure - Neither party shall be held responsible for delay or failure to perform caused by fire, flood, epidemic, strikes, riot, acts of God, unusually severe weather, terrorism, war, acts of public authorities other than Wright County or delays or defaults caused by public carriers which was beyond a party's reasonable control, provided the defaulting party gives notice as soon as possible to the other party of the inability to perform.

XXI. Confidential Information Exposure - While performing the Services identified in this agreement, Contractor/Vendor may be exposed to confidential information of Wright County. Contractor/Vendor agrees and will not, during or subsequent to the term of this Agreement, disclose the Confidential Information to any third party or use the Confidential Information for any purpose other than in performance of the services specified in this agreement. It is understood that Confidential

Information shall remain the sole property of Wright County. Contractor/Vendor further agrees to take all reasonable precautions to prevent any unauthorized disclosure of such Confidential Information and Contractor/Vendor bears sole responsibility of all employees (if any) and their exposure to Confidential Information.

XXII. List of Contract Documents - The contract documents shall consist of the following:

1. Signed Agreement & "Exhibit A"
2. Certificate of Insurance

This Agreement together with the contract documents form the entire Agreement between the parties, and all contract documents are as fully a part of this agreement as if attached hereto or herein repeated. The hierarchy of contract documents is listed in order of precedenc

Contract Agreement Execution

Wright County Joint Ditch #15 #15 WASCOB, Underground Outlet, and Grade Stabilization Structure Contract

IN WITNESS WHEREOF, the parties have caused this Agreement to be duly executed, intending to be bound thereby.

Ashwill Companies

Kyle Ashwill, President

Date

Wright County Board of Commissioners

Darek Vetsch, Board Chair

Date



**Division of
Agriculture &
Drainage**

3500 Braddock Ave NE
Buffalo, MN 55313

Ph: (763) 682-7571
(763) 406-6746

www.co.wright.mn.us

Wright County Joint Ditch #15 WASCOB, Underground Outlet, and Grade Stabilization Structure

Project Overview:

Wright County Division of Agriculture & Drainage is soliciting sealed proposals for the installation of water and sediment control basins (WASCOBs), underground outlets, and grade stabilization structure along Joint Ditch #15. We anticipate awarding this contract by October 17th, 2023 with the project being completed by December 15th, 2023. Interested contractors should submit sealed proposals on or before 10:00AM on October 4th, 2023. Submittal requirements shall consist of sealed (3) hard copies delivered or mailed to:

Wright County Division of Agriculture & Drainage
JD 15 WASCOBs
3500 Braddock Ave. NE
Buffalo, MN 55313
Phone: 763-682-7571
Email: Matthew.Detjen@co.wright.mn.us

Project Budget:

This project has **STATE PREVAILING WAGE PROVISIONS**. All proposals must be developed and submitted following the Minnesota Department of Labor and Industry Prevailing Wage Provisions.

Please direct any questions regarding the Request for JD 15 WASCOBs to Mike Candler, PE in writing via email at michael.candler@mn.nacdnet.net by 1PM on October 3rd, 2023. Answers or clarifications to this proposal will be issued and sent to all interested parties.

Construction Start Date: November 6th, 2023 or after corn is harvested.

Completion Date: December 15th, 2023

The Wright County Division of Agriculture & Drainage reserves the right to accept or reject any or all proposals and/or to waive any informalities or irregularities during the selection process.

Additional Instructions:**EXAMINATION OF DOCUMENTS AND SITE**

Before submitting, each proposer shall read all the proposed documents, and shall visit the site of the work. Each proposer shall fully inform themselves prior to submittal as to existing conditions and limitations under which the work is to be performed and shall include in the quote a sum to cover the costs of items necessary to perform the work as set forth in the Request for Proposals documents. No allowance will be made to a contract because of lack of such examination or knowledge. The submission of a proposal will be considered as conclusive evidence that the contractor has made such examination.

WITHDRAWAL OF PROPOSAL

A proposal may not be modified, withdrawn, or cancelled by the proposer for a period of 45 days following the time and date of the scheduled deadline for submittal.

AWARD OR REJECTION OF CONTRACT

The contract, if awarded, will be awarded to the responsible proposer who has shown the ability to complete the project in a timely, cost effective, and professional manner. The award is subject to the Owner's right to reject any or all proposals and to waive informality and irregularity in the proposal.

SUBCONTRACTORS LIST

It shall be the responsibility of the proposer to furnish the Wright County Division of Agriculture & Drainage with a complete list of the sub-contractors before a notice to proceed with construction is issued. No revisions shall be made to the list of sub-contractors without the prior written approval of the Owner.

TIME FRAME

1. The proposal is required to state in the 'Proposal Form' a commencement and completion date necessary to complete all the work.
2. Interpretation or correction of proposed contract documents will be made only by Addendum. The Owner will be responsible for any other explanation or interpretations of the proposed documents.
3. All equipment at the site will need to be secured when not in operation and any hazardous areas must be covered or fenced off during non-working hours.

ADDITIONAL CONTRACT REQUIREMENTS

All work must comply with all applicable codes.

PREVAILING WAGE

All bids must be developed and submitted following the Minnesota Department of Labor and Industry Prevailing Wage Provisions. The contractor is responsible to review this information throughout the contract term. The following link will provide the most recent and up to date information:
<http://www.doli.state.mn.us/LS/PrevWage.asp>

ORDINANCES AND REGULATIONS

1. The successful proposer shall comply with all Federal, State, and Local laws, together with all ordinances and regulations applicable to the work.
2. The successful team shall procure, at their sole expense, all, permits, inspections, licenses, and additional permits or other rights necessary for the fulfillment of their obligation under this document.

WORKER'S COMPENSATION

1. Prior to commencement of contract term, the successful team shall submit a signed statement evidencing compliance with the worker's compensation insurance coverage requirement of M.S. 176.182.

LIABILITY INSURANCE

The Contractor will be required to supply the Owners with a proof of insurance in the following amounts:

- a. \$1,500,000 Each Occurrence
- b. \$3,000,000 General Aggregate
- c. \$3,000,000 Products and Completed Operations Aggregate

PAYMENT AND PERFORMANCE BOND

Contractor shall, pursuant to Minnesota Statutes, Section 574.26, Subd. 2, provide a performance and payment bond in the full amount of the contract price.

Proposal Content and Bid Requirements

1. Letter of interest that includes a synopsis of qualifications, including the project manager and primary contact, the project principal representing the contractual authority of the firm.
2. Profiles of the contractor and all team members, including number of employees, location, number of years in business under its current name, and relevant experience. List of key staff and relevant experience.
3. Project understanding, approach, and coordination methods: describe understanding of the project and identify approach to fulfill the scope of services required.
4. Three project descriptions for recent projects of similar scope, complexity and duration. Include details regarding the ability to successfully achieve project goals and targets.
5. Three references including: Name, title, email, and phone number.
6. Schedule confirming key tasks, milestones, and critical path based upon County's proposed schedule.
 - a. Final schedule will be negotiated with successful bidder based on annual budget constraints.
 - b. Provide an explanation of benchmarks to be achieved for each plant community (example in Appendix VI).
7. A fee proposal as per Proposal Form.
 - a. Total itemized fees for all services/labor/materials/equipment as described in scope of work.
 - b. Total cost breakdown per year.

Note: All costs for project meetings and site visits necessary to facilitate completion of the project are to be included in the total fees and expenses listed above. Site access is at or about:

**820 Johnson Ave SW
Cokato, MN 55321**

An Equal Opportunity Employer

Scope of Work

1. The intent of this scope of work is to construct WASCOBs, underground outlets, and grade stabilization structure.
2. Contractor will follow the Construction and Materials Specification provided by the Wright Soil and Water Conservation District.

Estimated Project Schedule

RFP Solicitation Release	September 12 th , 2023
Deadline for questions	October 3rd, 2023 at 1:00PM
Bids due	October 4th, 2023 at 10:00AM
Contractor Selection/Contracts	By October 17 th , 2023
Construction Start Date	November 6th, 2023 <u>or after corn is harvested.</u>
Contract duration	October-December 15 th , 2023



Wright County Division of Agriculture and Drainage

JD 15 WASCOB

3500 Braddock Ave. NE

Buffalo, MN 55313

To whom it may concern:

Thank you for the opportunity to bid on the JD 15 WASCOB project near Cokato. Ashwill Companies looks forward to the opportunity to complete the project.

Ashwill Companies has been in business since 2018 and has successfully completed numerous projects of this type. The Ashwill Companies team currently consists of 20 members. Each with varying experience.

Our Project Manager & primary contact for this project will be Josh Gallus who can be contacted at 612-422-2422 or by email at josh@ashwillcomapnies.com

Relevant past projects:

- Joel Vinkemeier – Tiling/Pipe installation and berm construction.
- Dahlman Farms (various) – Tiling/Pipe installation and berm construction.
- Gene Alama - Tiling/Pipe installation and berm construction.

References:

Matthew Detjen - Agriculture & Drainage Coordinator, 763-406-6746,
Matthew.Detjen@co.wright.mn.us,

Dan Nadeau - Senior Resource Conservationist with Wright County Soil & Water Conservation District,
763-682-1933 ext.3, daniel.nadeau@mn.nacdnet.net

Ben Datres – Carver Soil and Water, Farm Bill Technician, 952 466 5230

Approach and Schedule

We anticipate the overall project schedule to be roughly 15 working days. Our approach would be to initiate the tile installation as the first task. Likely beginning the eastern inlet and spillway construction at or near the same time. Once tiling has progressed enough upstream, we would begin constructing the berms. Seed and mulch following.

Once again, we appreciate the opportunity and look forward to completing the project.

Ashwill Companies

PROPOSAL FORM

JD 15 WACOBs

Wright County Division of Agriculture & Drainage
 JD 15 WACOBs
 3500 Braddock Avenue NE
 Buffalo, MN 55313

The undersigned have familiarized themselves with the local conditions affecting the cost of the work and within the Request for Proposal documents as prepared, and hereby proposes and agrees to furnish all labor, materials, equipment, and services required to complete the project, for the amount(s) provided as follows:

COST FOR SERVICES FORM: MUST BE INCLUDED WITH PROPOSAL FORM

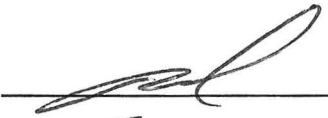
Use attached spreadsheet, for service cost submittal.

CONTRACTOR IS REQUIRED TO PAY PREVAILING WAGE UNDER HIGHWAY/HEAVY RATES

In submitting pricing, it is understood that the Owner reserves the right to reject any or all proposals.

If awarded the contract for work, the proposer agrees to commence the work on or after November 6th 2023 or once corn has been harvested. This is to be consistent with the weather and material supply, after receipt of executed copy of the contract, and to complete the work prior to December 15th, 2023.

Date: 10-4, 2023

Firm Name: ASHWILL COMPANIES Signature: 

Title: PROJECT MANAGER Printed Name: JOSEPH CALLUS

Phone: 612-422-2422 Email: JOSEPH@ASHWILLCOMPANIES.COM

Official Address: 15563 52ND ST. SW.
COVATO, MN 55321

Please Identify Your Bond Rating and Company: Granite Re, Inc. At rating

Table a: JD 15 WASCOBs

Item #	Work or Material	Quantity	Unit Price	Total Amount
1	Mobilization	1 Job	\$900.00	\$900.00
2	Salvage and Spread Topsoil	1,585 Cu. Yd.	\$5.00	\$7,925.00
3	Class C Compacted Earthfill	5,250 Cu. Yd	\$6.57	\$34,492.50
4	Tree Clearing , Grubbing and Disposal	1 LS	\$2,500.00	\$2,500.00
5	Grade and Shape Rock Plunge Pool	1 LS	\$500.00	\$500.00
6	Grade and Shape Auxiliary Spillway	1 LS	\$800.00	\$800.00
7	6" Perforated Channel Tile	1,005 Ln. Ft.	\$3.30	\$3,316.50
8	12" Dia. Non-Perforated Water Tight Dual Wall	290 Ln. Ft.	\$14.44	\$4,187.60
9	15" Dia. Non-Perforated Watertight Dual Wall	3,988 Ln. Ft.	\$24.42	\$97,386.96
10	15" Dia. Non Perforated Flexible Dual Wall	1,775 Ln. Ft.	\$24.42	\$43,345.50
11	18" Dia. Non-Perforated Watertight Dual Wall	55 Ln. Ft.	\$26.25	\$1,443.75
12	15" Dia. Y Fitting	2 Each	\$263.00	\$526.00
13	18" Dia. X 20LF Corrugated Metal Pipe with Rodent Guard	1 Each	\$945.00	\$945.00
14	18" Dia. Dual Wall Intake	1 Each	\$1,575.00	\$1,575.00
15	6" Hickenbottom Intake Assembly	1 Each	\$384.00	\$384.00
16	12" Hickenbottom Intake Assembly	5 Each	\$1,050.00	\$5,250.00
17	Class IV Angular Granite Rip-Rap	152 Cu. Yd.	\$70.00	\$10,640.00
18	Type 4 Non-Woven Geotextile	315 Sq. Yd.	\$1.50	\$472.50
19	Standard Flexamat	55 Sq. Yd.	\$77.30	\$4,251.50
20	<1" Crushed Stone Bedding	125 Cu. Yd.	\$73.50	\$9,187.50
21	Erosion Control Blanket (KEP-S2 Natural or Approved Alt.)	300 Sq. Yd	\$5.78	\$1,734.00
22	Seed	82,300 Sq. Ft.	\$0.05	\$4,115.00
23	Mulch	82,300 Sq. Ft.	\$0.05	\$4,115.00
			Total Cost:	\$239,993.31

MINNESOTA DEPARTMENT OF LABOR AND INDUSTRY PREVAILING WAGES FOR STATE FUNDED CONSTRUCTION PROJECTS



THIS NOTICE MUST BE POSTED ON THE JOBSITE IN A CONSPICUOUS PLACE

Construction Type: Commercial**County Number: 86**

County Name: WRIGHT

Effective: 2020-11-16

This project is covered by Minnesota prevailing wage statutes. Wage rates listed below are the minimum hourly rates to be paid on this project.

All hours worked in excess of eight (8) hours per day or forty (40) hours per week shall be paid at a rate of one and one half (1 1/2) times the basic hourly rate.

Note: Overtime pay after eight (8) hours on the project must be paid even if the worker does not exceed forty (40) hours in the work week.

Violations should be reported to:

Department of Labor and Industry
Prevailing Wage Section
443 Lafayette Road N
St Paul, MN 55155
(651) 284-5091
DLI.PrevWage@state.mn.us

* Indicates that adjacent county rates were used for the labor class listed.

County: WRIGHT (86)

LABOR CODE AND CLASS		EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
LABORERS (101 - 112) (SPECIAL CRAFTS 701 - 730)					
101	LABORER, COMMON (GENERAL LABOR WORK)	2020-11-16	36.66	21.24	57.90
		2021-05-01	38.06	21.84	59.90
102	LABORER, SKILLED (ASSISTING SKILLED CRAFT JOURNEYMAN)	2020-11-16	36.66	21.24	57.90
		2021-05-01	38.06	21.84	59.90
103*	LABORER, LANDSCAPING (GARDENER, SOD LAYER AND NURSERY OPERATOR)	2020-11-16	25.00	17.46	42.46
		2021-05-01	25.75	18.70	44.45
104	FLAG PERSON	2020-11-16	36.66	21.24	57.90
		2021-05-01	38.06	21.84	59.90
105*	WATCH PERSON	2020-11-16	33.03	20.89	53.92

11/16/2020

795

LABOR CODE AND CLASS		EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
		2021-05-01	34.43	21.49	55.92
106*	BLASTER	2020-11-16	34.26	18.54	52.80
107	PIPELAYER (WATER, SEWER AND GAS)	2020-11-16	37.05	21.24	58.29
		2021-05-01	39.00	21.84	60.84
108*	TUNNEL MINER	2020-11-16	33.50	20.44	53.94
109	UNDERGROUND AND OPEN DITCH LABORER (EIGHT FEET BELOW STARTING GRADE LEVEL)	2020-11-16	35.15	21.24	56.39
		2021-05-01	37.00	21.84	58.84
110*	SURVEY FIELD TECHNICIAN (OPERATE TOTAL STATION, GPS RECEIVER, LEVEL, ROD OR RANGE POLES, STEEL TAPE MEASUREMENT; MARK AND DRIVE STAKES; HAND OR POWER DIGGING FOR AND IDENTIFICATION OF MARKERS OR MONUMENTS; PERFORM AND CHECK CALCULATIONS; REVIEW AND UNDERSTAND CONSTRUCTION PLANS AND LAND SURVEY MATERIALS). THIS CLASSIFICATION DOES NOT APPLY TO THE WORK PERFORMED ON A PREVAILING WAGE PROJECT BY A LAND SURVEYOR WHO IS LICENSED PURSUANT TO MINNESOTA STATUTES, SECTIONS 326.02 TO 326.15.	2020-11-16	36.66	21.24	57.90
		2021-05-01	38.06	21.84	59.90
111*	TRAFFIC CONTROL PERSON (TEMPORARY SIGNAGE)	2020-11-16	36.66	21.24	57.90
		2021-05-01	38.06	21.84	59.90
SPECIAL EQUIPMENT (201 - 204)					
201*	ARTICULATED HAULER	2020-11-16	37.83	18.65	56.48
202*	BOOM TRUCK	2020-11-16	38.13	20.30	58.43
203*		2020-11-16	25.00	17.46	42.46

11/16/2020

796

LABOR CODE AND CLASS		EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
	LANDSCAPING EQUIPMENT, INCLUDES HYDRO SEEDER OR MULCHER, SOD ROLLER, FARM TRACTOR WITH ATTACHMENT SPECIFICALLY SEEDING, SODDING, OR PLANT, AND TWO-FRAMED FORKLIFT (EXCLUDING FRONT, POSIT-TRACK, AND SKID STEER LOADERS), NO EARTHWORK OR GRADING FOR ELEVATIONS	2021-05-01	25.75	18.70	44.45
204*	OFF-ROAD TRUCK	FOR RATE CALL 651-284-5091 OR EMAIL DLI.PREVIEW@STATE.MN.US			
205	PAVEMENT MARKING OR MARKING REMOVAL EQUIPMENT (ONE OR TWO PERSON OPERATORS); SELF-PROPELLED TRUCK OR TRAILER MOUNTED UNITS.	2020-11-16	22.50	0.00	22.50
HIGHWAY/HEAVY POWER EQUIPMENT OPERATOR					
GROUP 2 *		2020-11-16	39.84	18.91	58.75
306	GRADER OR MOTOR PATROL				
308	TUGBOAT 100 H.P. AND OVER WHEN LICENSE REQUIRED (HIGHWAY AND HEAVY ONLY)				
GROUP 3		2020-11-16	39.19	21.55	60.74
		2021-05-03	40.34	22.55	62.89
309	ASPHALT BITUMINOUS STABILIZER PLANT				
310	CABLEWAY				
312	DERRICK (GUY OR STIFFLEG)(POWER)(SKIDS OR STATIONARY) (HIGHWAY AND HEAVY ONLY)				
314	DREDGE OR ENGINEERS, DREDGE (POWER) AND ENGINEER				
316	LOCOMOTIVE CRANE OPERATOR				
320	TANDEM SCRAPER				
322	TUGBOAT 100 H.P AND OVER (HIGHWAY AND HEAVY ONLY)				
GROUP 4		2020-11-16	38.89	21.55	60.44
		2021-05-03	40.04	22.55	62.59
323	AIR TRACK ROCK DRILL				
324	AUTOMATIC ROAD MACHINE (CMI OR SIMILAR) (HIGHWAY AND HEAVY ONLY)				
325	BACKFILLER OPERATOR				
327	BITUMINOUS ROLLERS, RUBBER TIED OR STEEL DRUMMED (EIGHT TONS AND OVER)				
328					

LABOR CODE AND CLASS	EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
				BITUMINOUS SPREADER AND FINISHING MACHINES (POWER), INCLUDING PAVERS, MACRO SURFACING AND MICRO SURFACING, OR SIMILAR TYPES (OPERATOR AND SCREED PERSON)
329				BROKK OR R.T.C. REMOTE CONTROL OR SIMILAR TYPE WITH ALL ATTACHMENTS
330				CAT CHALLENGER TRACTORS OR SIMILAR TYPES PULLING ROCK WAGONS, BULLDOZERS AND SCRAPERS
331				CHIP HARVESTER AND TREE CUTTER
332				CONCRETE DISTRIBUTOR AND SPREADER FINISHING MACHINE, LONGITUDINAL FLOAT, JOINT MACHINE, AND SPRAY MACHINE
334				CONCRETE MOBIL (HIGHWAY AND HEAVY ONLY)
335				CRUSHING PLANT (GRAVEL AND STONE) OR GRAVEL WASHING, CRUSHING AND SCREENING PLANT
336				CURB MACHINE
337				DIRECTIONAL BORING MACHINE
338				DOPE MACHINE (PIPELINE)
340				DUAL TRACTOR
341				ELEVATING GRADER
345				GPS REMOTE OPERATING OF EQUIPMENT
347				HYDRAULIC TREE PLANTER
348				LAUNCHER PERSON (TANKER PERSON OR PILOT LICENSE)
349				LOCOMOTIVE (HIGHWAY AND HEAVY ONLY)
350				MILLING, GRINDING, PLANNING, FINE GRADE, OR TRIMMER MACHINE
352				PAVEMENT BREAKER OR TAMPING MACHINE (POWER DRIVEN) MIGHTY MITE OR SIMILAR TYPE
354				PIPELINE WRAPPING, CLEANING OR BENDING MACHINE
356				POWER ACTUATED HORIZONTAL BORING MACHINE, OVER SIX INCHES
357				PUGMILL
359				RUBBER-TIRED FARM TRACTOR WITH BACKHOE INCLUDING ATTACHMENTS (HIGHWAY AND HEAVY ONLY)
360				SCRAPER
361				SELF-PROPELLED SOIL STABILIZER
362				SLIP FORM (POWER DRIVEN) (PAVING)
363				TIE TAMPER AND BALLAST MACHINE
365				TRACTOR, WHEEL TYPE, OVER 50 H.P. WITH PTO UNRELATED TO LANDSCAPING (HIGHWAY AND HEAVY ONLY)
367				TUB GRINDER, MORBARK, OR SIMILAR TYPE
GROUP 5	2020-11-16	34.75	20.50	55.25
370				BITUMINOUS ROLLER (UNDER EIGHT TONS)
371				CONCRETE SAW (MULTIPLE BLADE) (POWER OPERATED)
372				FORM TRENCH DIGGER (POWER)
375				HYDRAULIC LOG SPLITTER
376				LOADER (BARBER GREENE OR SIMILAR TYPE)
377				POST HOLE DRIVING MACHINE/POST HOLE AUGER
379				POWER ACTUATED JACK
381				SELF-PROPELLED CHIP SPREADER (FLAHERTY OR SIMILAR)

LABOR CODE AND CLASS		EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
382	SHEEP FOOT COMPACTOR WITH BLADE . 200 H.P. AND OVER				
383	SHOULDERING MACHINE (POWER) APSCO OR SIMILAR TYPE INCLUDING SELF-PROPELLED SAND AND CHIP SPREADER				
384	STUMP CHIPPER AND TREE CHIPPER				
385	TREE FARMER (MACHINE)				
GROUP 6 *		2020-11-16	34.64	21.55	56.19
		2021-05-03	35.79	22.55	58.34
387	CAT, CHALLENGER, OR SIMILAR TYPE OF TRACTORS, WHEN PULLING DISK OR ROLLER				
389	DREDGE DECK HAND				
391	GRAVEL SCREENING PLANT (PORTABLE NOT CRUSHING OR WASHING)				
393	LEVER PERSON				
395	POWER SWEEPER				
396	SHEEP FOOT ROLLER AND ROLLERS ON GRAVEL COMPACTION, INCLUDING VIBRATING ROLLERS				
397	TRACTOR, WHEEL TYPE, OVER 50 H.P., UNRELATED TO LANDSCAPING				
COMMERCIAL POWER EQUIPMENT OPERATOR					
GROUP 1		2020-11-16	44.44	21.70	66.14
		2021-05-03	45.24	22.85	68.09
501	HELICOPTER PILOT (COMMERCIAL CONSTRUCTION ONLY)				
502	TOWER CRANE 250 FEET AND OVER (COMMERCIAL CONSTRUCTION ONLY)				
503	TRUCK CRAWLER CRANE WITH 200 FEET OF BOOM AND OVER, INCLUDING JIB (COMMERCIAL CONSTRUCTION ONLY)				
GROUP 2		2020-11-16	44.10	21.70	65.80
		2021-05-03	44.90	22.85	67.75
504	CONCRETE PUMP WITH 50 METERS/164 FEET OF BOOM AND OVER (COMMERCIAL CONSTRUCTION ONLY)				
505	PILE DRIVING WHEN THREE DRUMS IN USE (COMMERCIAL CONSTRUCTION ONLY)				
506	TOWER CRANE 200 FEET AND OVER (COMMERCIAL CONSTRUCTION ONLY)				
507	TRUCK OR CRAWLER CRANE WITH 150 FEET OF BOOM UP TO AND NOT INCLUDING 200 FEET, INCLUDING JIB (COMMERCIAL CONSTRUCTION ONLY)				
GROUP 3		2020-11-16	42.69	21.70	64.39
		2021-05-03	43.49	22.85	66.34
508	ALL-TERRAIN VEHICLE CRANES (COMMERCIAL CONSTRUCTION ONLY)				
509	CONCRETE PUMP 32-49 METERS/102-164 FEET (COMMERCIAL CONSTRUCTION ONLY)				
510	DERRICK (GUY & STIFFLEG) (COMMERCIAL CONSTRUCTION ONLY)				
511	STATIONARY TOWER CRANE UP TO 200 FEET				
512	SELF-ERECTING TOWER CRANE 100 FEET AND OVER MEASURED FROM BOOM FOOT PIN (COMMERCIAL CONSTRUCTION ONLY)				

LABOR CODE AND CLASS	EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
513				
514				
GROUP 4 *	2020-11-16	42.35	21.70	64.05
	2021-05-03	43.15	22.85	66.00
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GROUP 5	2020-11-16	40.93	21.70	62.63
	2021-05-03	41.73	22.85	64.58
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531				
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533				
534				
GROUP 6 *	2020-11-16	39.42	21.70	61.12
	2021-05-03	40.22	22.85	63.07
535				
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540				

LABOR CODE AND CLASS		EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
GROUP 7		2020-11-16	38.30	21.70	60.00
		2021-05-03	39.10	22.85	61.95
541	AIR COMPRESSOR 600 CFM OR OVER (COMMERCIAL CONSTRUCTION ONLY)				
542	BRAKEPERSON (COMMERCIAL CONSTRUCTION ONLY)				
543	CONCRETE PUMP/PUMPCRETE OR COMPLACO TYPE (COMMERCIAL CONSTRUCTION ONLY)				
544	FIREPERSON, TEMPORARY HEAT SECOND CLASS BOILER LICENSE (COMMERCIAL CONSTRUCTION ONLY)				
545	OILER (POWER SHOVEL, CRANE, TRUCK CRANE, DRAGLINE, CRUSHERS AND MILLING MACHINES, OR OTHER SIMILAR POWER EQUIPMENT) (COMMERCIAL CONSTRUCTION ONLY)				
546	PICK UP SWEEPER (ONE CUBIC YARD HOPPER CAPACITY) (COMMERCIAL CONSTRUCTION ONLY)				
547	PUMP AND/OR CONVEYOR (COMMERCIAL CONSTRUCTION ONLY)				
GROUP 8 *		2020-11-16	36.29	21.70	57.99
		2021-05-03	37.09	22.85	59.94
548	ELEVATOR OPERATOR (COMMERCIAL CONSTRUCTION ONLY)				
549	GREASER (COMMERCIAL CONSTRUCTION ONLY)				
550	MECHANICAL SPACE HEATER (TEMPORARY HEAT NO BOILER LICENSE REQUIRED) (COMMERCIAL CONSTRUCTION ONLY)				
TRUCK DRIVERS					
GROUP 1 *		2020-11-16	45.32	9.48	54.80
601	MECHANIC . WELDER				
602	TRACTOR TRAILER DRIVER				
603	TRUCK DRIVER (HAULING MACHINERY INCLUDING OPERATION OF HAND AND POWER OPERATED WINCHES)				
GROUP 2		2020-11-16	21.10	6.76	27.86
604	FOUR OR MORE AXLE UNIT, STRAIGHT BODY TRUCK				
GROUP 3 *		2020-11-16	26.50	6.76	33.26
605	BITUMINOUS DISTRIBUTOR DRIVER				
606	BITUMINOUS DISTRIBUTOR (ONE PERSON OPERATION)				
607	THREE AXLE UNITS				
GROUP 4 *		2020-11-16	23.00	6.76	29.76
608	BITUMINOUS DISTRIBUTOR SPRAY OPERATOR (REAR AND OILER)				
609	DUMP PERSON				
610	GREASER				
611	PILOT CAR DRIVER				
612	RUBBER-TIRED, SELF-PROPELLED PACKER UNDER 8 TONS				

LABOR CODE AND CLASS		EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
613	TWO AXLE UNIT				
614	SLURRY OPERATOR				
615	TANK TRUCK HELPER (GAS, OIL, ROAD OIL, AND WATER)				
616	TRACTOR OPERATOR, UNDER 50 H.P.				
SPECIAL CRAFTS					
701	HEATING AND FROST INSULATORS	2020-11-16	46.79	27.26	74.05
702	BOILERMAKERS	2020-11-16	39.69	28.82	68.51
		2021-01-01	41.39	28.82	70.21
703	BRICKLAYERS	2020-11-16	40.99	22.51	63.50
		2021-05-01	43.04	22.51	65.55
704	CARPENTERS	2020-11-16	38.68	25.15	63.83
		2021-05-01	40.68	25.15	65.83
705	CARPET LAYERS (LINOLEUM)	2020-11-16	39.34	21.84	61.18
		2021-05-01	41.34	21.84	63.18
706	CEMENT MASONS	2020-11-16	40.76	21.47	62.23
		2021-05-01	42.76	21.47	64.23
707	ELECTRICIANS	2020-11-16	45.51	31.69	77.20
708	ELEVATOR CONSTRUCTORS	2020-11-16	51.55	40.48	92.03
		2021-01-01	53.28	41.79	95.07
709	GLAZIERS	2020-11-16	43.00	21.08	64.08
		2021-06-07	45.05	21.08	66.13
710	LATHERS	2020-11-16	39.97	22.83	62.80
		2021-05-01	41.97	22.83	64.80
712	IRONWORKERS	2020-11-16	38.35	30.70	69.05
		2021-05-02	40.45	30.70	71.15
714	MILLWRIGHT	2020-11-16	36.13	29.18	65.31
		2021-05-01	38.23	29.18	67.41

11/16/2020

802

LABOR CODE AND CLASS		EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
715	PAINTERS (INCLUDING HAND BRUSHED, HAND SPRAYED, AND THE TAPING OF PAVEMENT MARKINGS)	2020-11-16	37.70	24.63	62.33
		2021-05-03	39.70	24.63	64.33
716*	PILEDRIIVER (INCLUDING VIBRATORY DRIVER OR EXTRACTOR FOR PILING AND SHEETING OPERATIONS)	2020-11-16	38.96	25.03	63.99
		2021-05-01	41.01	25.03	66.04
717	PIPEFITTERS . STEAMFITTERS	2020-11-16	46.77	31.17	77.94
		2021-05-01	49.27	31.17	80.44
718*	PLASTERERS	2020-11-16	41.00	21.57	62.57
		2021-06-01	43.05	21.57	64.62
719	PLUMBERS	2020-11-16	49.99	26.21	76.20
720	ROOFER	2020-11-16	39.30	18.89	58.19
		2021-05-01	41.30	18.89	60.19
721	SHEET METAL WORKERS	2020-11-16	46.06	30.22	76.28
722*	SPRINKLER FITTERS	2020-11-16	40.04	22.60	62.64
723*	TERRAZZO WORKERS	2020-11-16	41.68	20.73	62.41
		2021-05-03	43.73	20.73	64.46
724	TILE SETTERS	2020-11-16	37.06	25.80	62.86
		2021-05-03	39.11	25.80	64.91
725	TILE FINISHERS	2020-11-16	30.58	20.65	51.23
		2021-05-03	32.22	20.65	52.87
726	DRYWALL TAPER	2020-11-16	35.75	24.52	60.27
727	WIRING SYSTEM TECHNICIAN	2020-11-16	41.42	18.16	59.58
728	WIRING SYSTEMS INSTALLER	2020-11-16	29.02	15.34	44.36

11/16/2020

803

LABOR CODE AND CLASS		EFFECT DATE	BASIC RATE	FRINGE RATE	TOTAL RATE
729	ASBESTOS ABATEMENT WORKER	2020-11-16	33.75	20.69	54.44
		2021-01-01	34.85	21.64	56.49
730	SIGN ERECTOR	2020-11-16	30.03	16.79	46.82

MINNESOTA DEPARTMENT OF LABOR & INDUSTRY

Part 2 Statement of Compliance

Reset

Report number	State project name and location	Date	
Contracting authority	Project	General contractor	
Contractor/subcontractor	Phone number	Contract purchase order number	
Address	City	State	ZIP code
Type of work			

(Complete as described on solicitation documents.)

Statement with respect to compliance and waged paid

I, _____ do hereby state:
 (Name of signatory party) (Title-Owner or Officer)

(1) That I pay or supervise the payment of the persons employed by _____ on said Contract; that during the payroll period commencing on the _____ day of _____ of the year _____, and ending the _____ day of _____ of the year _____, there were _____ employees performing work on said Contract. That all persons performing work under said Contract are listed on the payroll and have been paid the full prevailing wages for all hours worked under said Contract, that no rebates and or deductions have or will be made either directly or indirectly to or on behalf of said _____ (Contractor or Subcontractor)

from the full wages earned by any person, other than permissible deductions as defined in Minnesota Statutes 177.24, Subdivision 4, 181.06, and 181.79, issued by the Minnesota Commissioner of Labor and Industry and described below:

Describe legal deductions

(2) That the payroll submitted under said Contract is complete and accurate; that the wage rate(s) of the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid according to the wage determination(s) and labor provisions incorporated in said Contract and according to applicable laws; that wages paid to laborer(s) mechanic(s), and worker(s) performing work under said Contract is at least the prevailing wage rate for the most similar classification of labor performed as defined under applicable law; and that the laborer(s), mechanic(s), and worker(s) performing work under said Contract is (are) paid for all hours in excess of the prevailing hours at a rate of at least one and one-half times the applicable base rate of pay.

(3) That any apprentices employed during said payroll period are duly registered in a bona fide apprenticeship program registered with the Minnesota Department of Labor and Industry, or are registered with the Bureau of Apprenticeship and Training; United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO ANY APPROVED PLANS, FUNDS, OR PROGRAMS

☐

- i. In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed on said payroll, payments to current, bona fide fringe benefit programs as set forth in paragraph 4(d), have been or will be made to the
- ii. program's administrators as set forth in paragraph 4(e) for the benefit of said employees, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH TO ALL EMPLOYEES

☐

Each laborer, worker, or mechanic listed on said payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic rate plus the fringe rate as listed in the appropriate wage determination incorporated into said Contract.

NOTE- FRINGE BENEFIT SECTIONS C, D, E AND SIGNATURE BLOCK ARE ON NEXT PAGE

(c) EXCEPTIONS

Reset

Employee name	Classification/occupation	Explanation

(d) BENEFIT PROGRAM INFORMATION in DOLLARS CONTRIBUTED PER HOUR
(Must be completed if 4(a) is checked.)

Program title, classification title or individual employees	Health/welfare	Vacation/Holiday	Apprenticeship/training	Pension	Other Include title
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

(e) BENEFIT PROGRAM INFORMATION (Must be completed if 4(a) is checked.)

Name & address of fringe benefit fund, plan or program administrator	Benefit account number	Third party trustee and/or contact person	Telephone number

The willful falsification of any of the above statements may subject the contractor or subcontractor to civil or criminal prosecution under federal and/or state law.

Name and title of owner or officer	Signature
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As a representative of the contractor submitting the payroll identified above, I hereby certify that the payroll is true and correct to the best of my knowledge.

NOTE: For information regarding this form, submission of payroll records, or copies of the laws stated above, contact the Minnesota Department of Labor and Industry, 443 Lafayette Road N., St. Paul, MN 55155, Phone: 651-284-5091 or 1-800-DIAL-DLI (1-800-342-5354).

**WRIGHT SOIL AND WATER
CONSERVATION DISTRICT
CONSTRUCTION AND MATERIALS
SPECIFICATIONS
FOR
WRIGHT COUNTY DITCH AUTHORITY –
JUDICIAL DITCH 15
WASCOB, UNDERGROUND OUTLET, & GRADE STABILIZATION
STRUCTURE
WRIGHT COUNTY
SOIL AND WATER CONSERVATION DISTRICT**

I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the state of Minnesota.

Signature:
Printed Name: Michael Candler
Date: 08/01/2023
License Number: 57572

JD 15**WASCOB & UNDERGROUND OUTLET & GRADE STABILIZATION STRUCTURE**

SECTION 33, T.119N. R. 28W.

COKATO TWP

WRIGHT COUNTY

CONSTRUCTION SPECIFICATIONS

MN-05	Pollution Control	5/05
MN-06	Seeding, Sprigging and Mulching	5/05
MN-23	Earthfill.....	5/05
MN-26	Topsoiling.....	5/05
MN-44	Corrugated Polyethylene Tubing.....	5/05
MN-45	Plastic Pipe	5/05
MN-61	RipRap.....	5/05
MN-95	Geotextile	5/05
MN-254	Water and Sediment Control Basin	5/05

MATERIAL SPECIFICATIONS

MS-547	Plastic Pipe	1/09
MS-548	Corrugated Polyethylene Tubing	1/09

OPERATION AND MAINTENANCE PLANS

O&M 410	Grade Stabilization Structure	8/17
O&M 620	Operation and Maintenance Plan, Underground Outlet	8/17
O&M 638	Operation and Maintenance Plan, Water and Sediment Control Basin.....	8/17

COOPERATOR'S REVIEW AND APPROVAL STATEMENT

I have reviewed and understand the plans and specifications and agree to complete the work accordingly. Failure to meet these plans and specifications may jeopardize any cost share applied for. I understand that it is my responsibility to secure all necessary permits and licenses, and to complete the work in accordance with all local state, and federal laws. Modification of these plans or specifications must be approved by the Natural Resources Conservation Service before installation. I assume responsibility for negotiations and agreements with the contractors.

I am responsible for clearly locating and marking all private utilities and tile lines within the work area. Failure to locate and mark private utilities and tile lines may increase my construction costs. I will be available during construction to discuss potential modifications and conduct necessary negotiations with the contractor(s).

If there is structural concrete work in this plan, I authorize and accept responsibility for the cost of testing concrete cylinders needed to verify adequacy of concrete used in construction of this project.

(Cooperator's Signature)

(Date)

CONTRACTOR'S REVIEW AND APPROVAL STATEMENT

I have reviewed the plans and specifications and agree to complete the work accordingly. Modification of these plans and specifications must be approved by the owner and the Natural Resources Conservation Service before installation. Failure to meet these plans and specifications may jeopardize the owner's State or Federal cost-share funding.

I understand that before the start of construction, the owners of all utilities must be notified. The excavator is responsible for giving this notice by calling the "Gopher State One Call" system at 1-800-252-1166 at least 48 hours prior to any excavation.

(Contractor's Signature)

(Date)

Notice to Contractors:

The following items provide some clarification and instruction to the listed quantities for the project. For more information, please see the applicable Construction Specification and/or Plan Sheet.

Common Excavation quantities are based on **in-place volumes**. **

Compacted Earthfill quantities are based on **compacted volumes**. **

Compacted Clay Liner quantities are based on **compacted volumes**. **

Salvage and Spread pertains to the spread of topsoil for the earth embankments detailed in the plan set. Any borrow areas to be opened are incidental and should be reflected in the cubic yard cost of the compacted earthfill.

Tile Appurtenances are the manufacturer recommended fittings required to make tile connections. They may be included separately on the summary quantities in the plan set but the estimate shall include necessary fittings in the per foot cost of the tile.

Sump and pumps are estimated on a per unit basis. The estimate shall include the necessary time, equipment, and material to install and operate the pump. (i.e. installation of the sump, pump, & electrical wiring, required earthwork, concrete, etc.)

Manure and milkhouse wastewater systems are to be "Designed and Installed by Others". The quantities provided are estimates based on information provided by the Owner. The estimates shall include time, equipment and material to install and operate the respective transfer system.

Concrete curb quantities are on a per foot basis. The estimates shall include time, formwork, and material to construct the curbs.

Concrete quantities are per cubic yard. The estimates shall include time, formwork, and materials to construct the listed item. Although the necessary steel reinforcement is listed separately in the quantities, the estimates shall include the steel reinforcement in the cubic yard cost of the concrete.

Seeding rates are per job. The estimate shall include seed bed preparation, seed, fertilizer, and required mulch.

** The attached **Earthwork Volumes sheet** may assist you in computing **Compacted Earthfill** and **Compacted Clay Liner** quantities.

Earthwork Volumes

When discussing earth volumes it is essential to consider the condition or state of the earth. This is necessary because earth will “swell” or “shrink” in volume as it is moved from one condition to another.

Earth volumes are usually defined under one of the following conditions:

1. **IN-PLACE-YARDS or BANK YARDS** - This is the earth volume in its natural location before handling. It is the earth in the borrow pit, cut or bank.
2. **LOOSE YARDS** - This is the volume after it is removed from its natural location. It has not been compacted.
3. **COMPACTED YARDS** - This is the earth volume after it has been properly compacted in the embankment or fill.

The percentage of Swell and Shrinkage for Different Classes of Earth will vary depending on a variety of factors, such as moisture, density, and particle size. Typical correction factors may range from 10% to 40% for swell or shrinkage. The following Table and Examples illustrate the volume changes that occur during construction for the indicated soils. The values are for information only and estimates of basic soils types; actual factors are site specific and will vary.

1 cu yd Material (In Place)	Loose Percent Swell	Compacted Percent Shrinkage
Clean dry sand or gravel	1.14	0.88
Clean wet sand or gravel	1.16	0.86
Loam and loamy soil	1.20	0.83
Common earth	1.25	0.80
Dense clay	1.43	0.90

Examples:

1 cu yd of common earth in the borrow pit occupies 1.25 cu yd in a loose condition and 0.80 cu yds in a compacted condition.

1 cu yd of dense clay in the borrow pit occupies 1.43 cu yd in a loose condition and 0.90 cu yds in a compacted condition.

To achieve 1 cu yd of compacted material from dense clay in place material:

$$1 / 0.90 = 1.11 \text{ cu yds}$$

To achieve 1 cu yd of compacted material from dense clay loose material:

$$1.43 / 0.90 = 1.59 \text{ cu yds}$$

Minnesota Construction Specification 5—Pollution Control

1. Scope

The work consists of installing measures or performing work to control erosion and minimize the production of sediment and other pollutants to water and air from construction activities.

2. Material specification

All material furnished shall meet the requirements of the material specifications listed in section 7 of this specification.

3. Erosion and sediment control measures and works

The measures and works shall include, but are not limited to, the following:

Staging of earthwork activities—The excavation and moving of soil materials shall be scheduled to minimize the size of areas disturbed and unprotected from erosion for the shortest reasonable time.

Seeding—Seeding to protect disturbed areas shall occur as soon as reasonably possible following completion of that earthwork activity.

Mulching—Mulching to provide temporary protection of the soil surface from erosion.

Diversions—Diversions to divert water from work areas and to collect water from work areas for treatment and safe disposition. They are temporary and shall be removed and the area restored to its near original condition when the diversions are no longer required or when permanent measures are installed.

Stream crossings—Culverts or bridges where equipment must cross streams. They are temporary and shall be removed and the area restored to its near original condition when the crossings are no longer required or when permanent measures are installed.

Sediment basins—Sediment basins collect, settle, and eliminate sediment from eroding areas from impacting properties and streams below the construction site(s). These basins are temporary and shall be removed and the area restored to its original condition when they are no longer required or when permanent measures are installed.

Sediment filters—Straw bale filters or geotextile sediment fences trap sediment from areas of limited runoff. Sediment filters shall be properly anchored to prevent erosion under or around them. These filters are temporary and shall be removed and the area restored to its original condition when they are no longer required or when permanent measures are installed.

Waterways—Waterways for the safe disposal of runoff from fields, diversions, and other structures or measures. These works are temporary and shall be removed and the area restored to its original condition when they are no longer required or when permanent measures are installed.

Other—Additional protection measures as specified in section 7 of this specification or required by Federal, State, or local government.

4. Chemical pollution

The contractor shall provide watertight tanks or barrels or construct a sump sealed with plastic sheets to dispose of chemical pollutants, such as drained lubricating or transmission fluids, grease, soaps, concrete mixer washwater, or asphalt, produced as a by-product of the construction activities. At the completion of the construction work, sumps shall be removed and the area restored to its original condition as specified in section 7 of this specification. Sump removal shall be conducted without causing pollution.

Sanitary facilities, such as chemical toilets, or septic tanks shall not be located next to live streams, wells, or springs. They shall be located at a distance sufficient to prevent contamination of any water source. At the completion of construction activities, facilities shall be disposed of without causing pollution as specified in section 7 of this specification.

5. Air pollution

The burning of brush or slash and the disposal of other materials shall adhere to state and local regulations.

Fire prevention measures shall be taken to prevent the start or spreading of wildfires that may result from project activities. Firebreaks or guards shall be constructed and maintained at locations shown on the drawings.

All public access or haul roads used by the contractor during construction of the project shall be sprinkled or otherwise treated to fully suppress dust. All dust control methods shall ensure safe construction operations at all times. If chemical dust suppressants are applied, the material shall be a commercially available product specifically designed for dust suppression and the application shall follow manufacturer's requirements and recommendations. A copy of the product data sheet and manufacturer's recommended application procedures shall be provided to the engineer 5 working days before the first application.

6. Maintenance, removal, and restoration

All pollution control measures and temporary works shall be adequately maintained in a functional condition for the duration of the construction period. All temporary measures shall be removed and the site restored to near original condition.

7. Construction details

National Pollution Discharge Elimination System (NPDES) Permit Exception

Conservation projects with more than one acre of non-cropland soil disturbance are operation under an exclusion from National Pollution Discharge Elimination System (NPDES) permitting requirements for construction site stormwater discharges. The following provisions must be implemented to provide construction site erosion and sediment control for these projects to avoid the need for an NPDES permit. For all smaller conservation practice construction projects, these provisions should be implemented to the extent practical and feasible.

1. Locate topsoil or other temporary stockpiles of soil in location where they will not be subject to erosion from concentrated flow.
2. When permanent vegetation must be disturbed, limit the area of disturbance to the minimum required for the project.
3. Seed, or otherwise stabilize, disturbed areas in accordance with the planting and erosion

control specifications for the project. Stabilization must be done within the following time frames after final grading unless work is completed after the fall seeding cutoff date:

Slopes 3:1 or steeper – 7 days

Slopes 10:1 or 3:1 – 14 days

Slopes 10:1 or flatter – 21 days

Projects operating under this NPDES permit exclusion may be required to obtain a permit if these construction site erosion and sediment control provisions are not met. Sediment discharges from any construction project that impact water quality may result in enforcement action under state water quality protection requirements.

Silt fence shall be installed as shown on drawings.

Minnesota Construction Specification 6—Seeding, Sprigging, and Mulching

1. Scope

The work consists of preparing the area for treatment; furnishing and placing seed, sprigs, mulch, fertilizer, inoculants, lime, and other soil amendments; and anchoring mulch in designated areas as specified.

2. Material

Seed—All seed shall conform to the current rules and regulations of the state where it is being used and shall be from the latest crop available. It shall meet or exceed the standard for purity and germination listed in section 6.

Seed shall be labeled in accordance with the state laws and the U.S. Department of Agriculture rules and regulations under the Federal Seed Act in effect on the date of invitations for bids. Bag tag figures are evidence of purity and germination. No seed will be accepted with a test date of more than 9 months before the delivery date to the site.

Seed that has become wet, moldy, or otherwise damaged in transit or storage will not be accepted. The percent of noxious weed seed allowable shall be as defined in the current State laws relating to agricultural seeds. Each type of seed shall be delivered in separate sealed containers and fully tagged unless exception is granted in writing by the engineer.

Fertilizer—Unless otherwise specified, the fertilizer shall be a commercial grade fertilizer. It shall meet the standard for grade and quality specified by State law. Where fertilizer is furnished from bulk storage, the contractor shall furnish a supplier's certification of analysis and weight. When required by the contract, a representative sample of the fertilizer shall be furnished to the engineer for chemical analysis.

Inoculants—The inoculant for treating legume seeds shall be a pure culture of nitrogen-fixing bacteria prepared specifically for the species and shall not be used later than the date indicated on the container or as otherwise specified. A mixing medium, as recommended by the manufacturer, shall be used to bond the inoculant to the seed. Two times the amount of the inoculant recommended by the manufacturer shall be used except four times the amount shall be used when seed is applied using a hydraulic seeder. Seed shall be sown within 24 hours of treatment and shall not remain in the hydraulic seeder longer than 4 hours.

Lime and other soil amendments—Lime shall consist of standard ground agriculture limestone, or approved equivalent. Standard ground agriculture limestone is defined as ground limestone meeting current requirements of the State Department of Agriculture. Other soil amendments shall meet quality criteria and application requirements specified in section 6.

Mulch tackifiers—Asphalt emulsion tackifiers shall conform to the requirements of ASTM D 977, Specification for Emulsified Asphalt. The emulsified asphalt may be rapid setting, medium setting, or slow setting. Nonasphaltic tackifiers required because of environmental considerations shall be as specified in section 6.

Straw mulch material—Straw mulch shall consist of wheat, barley, oat or rye straw, hay, grass cut from native grasses, or other plants as specified in section 6. The mulch material shall be air-

dry, reasonably light in color, and shall not be musty, moldy, caked, or otherwise of low quality. The use of mulch that contains noxious weeds is not permitted. The contractor shall provide a method satisfactory to the engineer for determining weight of mulch furnished.

Other mulch materials—Mulching materials, such as wood cellulose fiber mulch, mulch tackifiers, synthetic fiber mulch, netting, and mesh, are other mulching materials that may be required for specialized locations and conditions. These materials, when specified, must be accompanied by the manufacturer's recommendations for methods of application.

3. Seeding mixtures, sod, sprigs, and dates of planting

The application rate per acre for seed mixtures, sprigs, or sod and date of seeding or planting shall be as shown on the plans or as specified in section 6.

4. Seedbed preparation and treatment

Areas to be treated shall be dressed to a smooth, firm surface. On sites where equipment can operate on slopes safely, the seedbed shall be adequately loosened (4 to 6 inches deep) and smoothed. Depending on soil and moisture conditions, disking or cultipacking, or both, may be necessary to properly prepare a seedbed. Where equipment cannot operate safely, the seedbed shall be prepared by hand methods by scarifying to provide a roughened soil surface so that broadcast seed will remain in place.

If seeding is to be accomplished immediately following construction operations, seedbed preparation may not be required except on a compacted, polished, or freshly cut soil surface.

Rocks larger than 6 inches in diameter, trash, weeds, and other debris that will interfere with seeding or maintenance operations shall be removed or disposed of as specified in section 6.

Seedbed preparation shall be discontinued when soil moisture conditions are not suitable for the preparation of a satisfactory seedbed as determined by the engineer.

5. Seeding, sprigging, fertilizing, mulching, and stabilizing

All seeding or sprigging operations shall be performed in such a manner that the seed or sprigs are applied in the specified quantities uniformly in the designated areas. The method and rate of seed application shall be as specified in section 6. Unless otherwise specified, seeding or sprigging shall be accomplished within 2 days after final grading is completed and approved.

Fertilizer, lime, and other soil amendments shall be applied as specified in section 6. When specified, the fertilizer and soil amendments shall be thoroughly incorporated into the soil immediately following surface application.

The rate, amount, and kind of mulching or mesh shall be as specified in section 6. Mulches shall be applied uniformly to the designated areas. They shall be applied to areas seeded not later than 2 working days after seeding has been performed. Straw mulch material shall be stabilized within 24 hours of application using a mulch crimper or equivalent anchoring tool or by a suitable tackifier. When the mulch crimper or equivalent anchoring tool is used, it shall have straight blades and be the type manufactured expressly for and capable of firmly punching the mulch into the soil. Where the equipment can be safely operated, it shall be operated on the contour. Hand methods shall be used where equipment cannot safely operate to perform the work required.

The tackifier shall be applied uniformly over the mulch material at the specified rate, or it shall be injected into the mulch material as it is being applied. Mesh or netting stabilizing materials shall be applied smoothly, but loosely on the designated areas. The edges of these materials shall be buried or securely anchored using spikes or staples as specified in section 6.

The contractor shall maintain the mesh or netting areas until all work under the contract has been completed and accepted. Maintenance shall consist of the repair of areas damaged by water erosion, wind, fire, or other causes. Such areas shall be repaired to reestablish the intended condition and to the design lines and grades required by the contract. The areas shall be refertilized, reseeded, and remulched before the new application of the mesh or netting.

6. Construction details

Seed the disturbed areas as directed by the NRCS technical

The seeding mixture shall consist of the following species, varieties and rates of Pure Live Seed per acre for the water and sediment control basins:

Species	Varieties	PLS Rate (lbs/acre)
Smooth Bromegrass		20
Perennial Ryegrass		3
Total		23

Nurse Crop—Seed oats or barley at a rate of 1 bushel per acre.

<i>Seeding Dates</i>	Spring	April 1 – June 1
	Summer	Aug 1 – September 10
	Dormant	November 1 – Freeze-up

No permanent seeding will take place during the period of September 11 through October 31. A cover crop shall be seeded during this time, with the permanent seeding done as soon as possible.

Seeding Method—apply seed uniformly at the specified rate by broadcasting, drilling or hydroseeding. Harrow lightly following the seeding operation to cover the seed unless the cultipacker seeder equipment cannot operate. Cover the seed by hand using a rake or similar tool.

Fertilizer—Fertilizer is not needed.

Minnesota Construction Specification 21—*Excavation*

1. Scope

The work shall consist of the excavation required by the drawings and specifications and disposal of the excavated materials.

2. Classification

Excavation will be classified as common excavation or rock excavation in accordance with the following definitions or will be designated as unclassified.

Common excavation shall be defined as the excavation of all materials that can be excavated, transported, and unloaded by the use of heavy ripping equipment and wheel tractor-scrapers with pusher tractors or that can be excavated and dumped into place or loaded onto hauling equipment by means of excavators having a rated capacity of one cubic yard and equipped with attachments (such as shovel, bucket, backhoe, dragline or clam shell) appropriate to the character of the materials and the site conditions.

Rock excavation shall be defined as the excavation of all hard, compacted or cemented materials the accomplishment of which requires blasting or the use of excavators larger than defined for common excavation. The excavation and removal of isolated boulders or rock fragments larger than one cubic yard in volume encountered in materials otherwise conforming to the definition of common excavation shall be classified as rock excavation.

Excavation will be classified according to the above definitions by the Engineer, based on his judgment of the character of the materials and the site conditions.

The presence of isolated boulders or rock fragments larger than one cubic yard in size will not in itself be sufficient cause to change the classification of the surrounding material.

For the purpose of this classification, the following definitions shall apply:

Heavy ripping equipment shall be defined as a rear-mounted, heavy duty, single-tooth, ripping attachment mounted on a tractor having a power rating of 200-300 net horsepower (at the flywheel).

Wheel tractor-scraper shall be defined as a self-loading (not elevating) and unloading scraper having a struck bowl capacity of 12-20 yards.

Pusher tractor shall be defined as a track type tractor having a power rating of 200-300 net horsepower (at the flywheel) equipped with appropriate attachments.

Unclassified Excavation. Items designated as "Unclassified Excavation" shall include all materials encountered regardless of their nature or the manner in which they are removed. When excavation is unclassified, none of the definitions or classifications stated in Section 2 of this specification shall apply.

3. Blasting

The transportation, handling, storage, and use of dynamite and other explosives shall be directed and supervised by a person of proven experience and ability in blasting operations.

Blasting shall be done in such a way as to prevent damage to the work or unnecessary fracturing of the foundation and shall conform to any special requirements in Section 10 of this specification.

4. Use of excavated materials

To the extent they are needed, all suitable materials from the specified excavations shall be used in the construction of required permanent earthfill or rockfill. The suitability of materials for specific purposes will be determined by the Engineer. The Contractor shall not waste or otherwise dispose of suitable excavated materials.

5. Disposal of waste materials

All surplus or unsuitable excavated materials will be designated as waste and shall be disposed of at the locations shown on the drawings or shall be disposed of by the Contractor at sites of his own choosing away from the site of the work.

6. Bracing and shoring

Excavated surfaces too steep to be safe and stable if unsupported shall be supported as necessary to safeguard the work and workmen, to prevent sliding or settling of the adjacent ground, and to avoid damaging existing improvements. The width of the excavation shall be increased if necessary to provide space for sheeting, bracing, shoring, and other supporting installations. The Contractor shall furnish, place and subsequently remove such supporting installations.

7. Structure and trench excavation

Structure or trench excavation shall be completed to the specified elevations and to sufficient length and width to include allowance for forms, bracing and supports, as necessary, before any concrete or earthfill is placed or any piles are driven within the limits of the excavation.

8. Borrow Excavation

When the quantities of suitable materials obtained from specified excavations are insufficient to construct the specified fills, additional materials shall be obtained from the designated borrow areas. The extent and depth of borrow pits within the limits of the designated borrow areas shall be as directed by the Engineer.

Borrow pits shall be excavated and finally dressed in a manner to eliminate steep or unstable side slopes or other hazardous or unsightly conditions.

9. Overexcavation

Excavation in rock beyond the specified lines and grades shall be corrected by filling the resulting voids with portland cement concrete made of materials and mix proportions approved by the Engineer. Concrete that will be exposed to the atmosphere when construction is completed shall contain not less than 6 sacks of cement per cubic yard of concrete. Concrete that will be permanently covered shall contain not less than 4-1/2 sacks of cement per cubic yard. The concrete shall be placed and cured as specified by the Engineer.

Excavation in earth beyond the specified lines and grades shall be corrected by filling the resulting voids with approved compacted earthfill, except that, if the earth is to become the subgrade for riprap, rockfill, sand or gravel bedding, or drainfill, the voids may be filled with material conforming to the specifications for the riprap, rockfill, bedding or drainfill.

The cost of unauthorized excavation and the backfill required to replace unauthorized excavation shall be borne by the Contractor.

10. Construction details

All excavation is classified as common.

Suitable waste areas for excavated and refuse material unsuitable for use in the permanent work shall be arranged for and secured by the contractor. The contractor shall assume full responsibility for acceptable disposition of the material as well as for any damages resulting from the disposal operations.

Minnesota Construction Specification 23—*Earthfill*

1. Scope

The work consists of the construction of earth embankments, other earthfills, and earth backfills required by the drawings and specifications.

Earthfill is composed of natural earth materials that can be placed and compacted by construction equipment operated in a conventional manner.

Earth backfill is composed of natural earth material placed and compacted in confined spaces or adjacent to structures (including pipes) by hand tamping, manually directed power tampers or vibrating plates, or their equivalent.

2. Material specifications

All fill material shall be obtained from required excavations and designated borrow areas. The selection, blending, routing, and disposition of material in the various fills shall be subject to approval by the engineer.

Fill materials shall contain no frozen soil, sod, brush, roots, or other perishable material. Rock particles larger than the maximum size specified for each type of fill shall be removed prior to compaction of the fill.

The types of material used in the various fills shall be as listed and described in the specifications and drawings.

3. Foundation preparation

Foundations for earthfill shall be stripped to remove vegetation and other unsuitable material or shall be excavated as specified.

Except as otherwise specified, earth foundation surfaces shall be graded to remove surface irregularities and shall be scarified parallel to the axis of the fill or otherwise acceptably scored and loosened to a minimum depth of 2 inches. The moisture content of the loosened material shall be controlled as specified for the earthfill, and the surface material of the foundation shall be compacted and bonded with the first layer of earthfill as specified for subsequent layers of earthfill.

Earth abutment surfaces shall be free of loose, uncompacted earth in excess of 2 inches in depth normal to the slope and shall be at such a moisture content that the earthfill can be compacted against them to produce a good bond between the fill and the abutments.

Rock foundation and abutment surfaces shall be cleared of all loose material by hand or other effective means and shall be free of standing water when fill is placed upon them. Occasional rock outcrops in earth foundations for earthfill, except in dams and other structures designed to restrain the movement of water, shall not require special treatment if they do not interfere with compaction of the foundation and initial layers of the fill or the bond between the foundation and the fill.

Foundation and abutment surfaces shall be no steeper than one horizontal to one vertical unless otherwise specified. Test pits or other cavities shall be filled with compacted earthfill conforming to the specifications for the earthfill to be placed upon the foundation.

4. Placement

Earthfill shall not be placed until the required excavation and foundation preparation have been completed and the foundation has been inspected and approved by the engineer. Earthfill shall not be placed upon a frozen surface nor shall snow, ice, or frozen material be incorporated in the earthfill matrix.

Earthfill shall be placed in approximately horizontal layers. The thickness of each layer before compaction shall not exceed the maximum thickness specified in section 9 or shown on the drawings. Materials placed by dumping in piles or windrows shall be spread uniformly to not more than the specified thickness before being compacted.

Hand compacted earth backfill shall be placed in layers whose thickness before compaction does not exceed the maximum thickness specified for layers of earth backfill compacted by manually directed power tampers.

Earth backfill shall be placed in a manner that prevents damage to the structures and allows the structures to assume the loads from the earth backfill gradually and uniformly. The height of the earth backfill adjacent to a structure shall be increased at approximately the same rate on all sides of the structure.

Earthfill and earth backfill in dams, levees, and other structures designed to restrain the movement of water shall be placed to meet the following additional requirements:

- (a) The distribution of materials throughout each zone shall be essentially uniform, and the earthfill shall be free from lenses, pockets, streaks, or layers of material differing substantially in texture, moisture content, or gradation from the surrounding material. Zone earthfills shall be constructed concurrently unless otherwise specified.
- (b) If the surface of any layer becomes too hard and smooth for proper bond with the succeeding layer, it shall be scarified parallel to the axis of the fill to a depth of not less than 2 inches before the next layer is placed.
- (c) The top surface of embankments shall be maintained approximately level during construction with two exceptions: A crown or cross-slope of about 2 percent shall be maintained to ensure effective drainage, or as otherwise specified for drainfill or sectional zones.
- (d) Dam embankments shall be constructed in continuous layers from abutment to abutment except where openings to facilitate construction or to allow the passage of streamflow during construction are specifically authorized in the contract.
- (e) Embankments built at different levels as described under (c) or (d) above shall be constructed so that the slope of the bonding surfaces between embankment in place and embankment to be placed is not steeper than 3 feet horizontal to 1 foot vertical. The bonding surface of the embankment in place shall be stripped of all material not meeting the requirements of this specification and shall be scarified, moistened, and recompactd when the new earthfill is placed against it. This ensures a good bond with the new earthfill and obtains the specified moisture content and density at the contact of the in-place and new earthfills.

5. Control of moisture content

During placement and compaction of earthfill and earth backfill, the moisture content of the material being placed shall be maintained within the specified range.

The application of water to the earthfill material shall be accomplished at the borrow areas insofar as practicable. Water may be applied by sprinkling the material after placement on the earthfill, if necessary. Uniform moisture distribution shall be obtained by disking.

Material that is too wet when deposited on the earthfill shall either be removed or be dried to the specified moisture content prior to compaction.

If the top surface of the preceding layer of compacted earthfill or a foundation or abutment surface in the zone of contact with the earthfill becomes too dry to permit suitable bond, it shall either be removed or scarified and moistened by sprinkling to an acceptable moisture content before placement of the next layer of earthfill.

6. Compaction

Earthfill—Earthfill shall be compacted according to the following requirements for the class of compaction specified:

Class A compaction—Each layer of earthfill shall be compacted as necessary to provide the density of the earthfill matrix not less than the minimum density specified in Section 9 or identified on the drawings. The earthfill matrix is defined as the portion of the earthfill material finer than the maximum particle size used in the compaction test method specified.

Class B compaction—Each layer of earthfill shall be compacted to a mass density not less than the minimum density specified.

Class C compaction—Each layer of earthfill shall be compacted by the specified number of passes of the type and weight of roller or other equipment specified or by an approved equivalent method. Each pass shall consist of at least one passage of the roller wheel or drum over the entire surface of the layer.

Earth backfill—Earth backfill adjacent to structures shall be compacted to a density equivalent to that of the surrounding in-place earth material or adjacent required earthfill or earth backfill. Compaction shall be accomplished by hand tamping or manually directed power tampers, plate vibrators, walk-behind, miniature, or self-propelled rollers. Unless otherwise specified heavy equipment including backhoe mounted power tampers or vibrating compactors and manually directed vibrating rollers shall not be operated within 2 feet of any structure. Towed or self-propelled vibrating rollers shall not be operated within 5 feet of any structure. Compaction by means of drop weights operating from a crane or hoist is not permitted.

The passage of heavy equipment will not be allowed:

- Over cast-in-place conduits within 14-days after placement of the concrete
- Over cradled or bedded precast conduits within 7 days after placement of the concrete cradle or bedding
- Over any type of conduit until the backfill has been placed above the top surface of the structure to a height equal to one-half the clear span width of the structure or pipe or 2 feet, whichever is greater, except as may be specified in section 9.

Compacting of earth backfill adjacent to structures shall not be started until the concrete has attained the strength specified in section 9 for this purpose. The strength is determined by compression testing of test cylinders cast by the engineer for this purpose and cured at the work site in the manner specified in ASTM C 31 for determining when a structure may be put into service.

When the required strength of the concrete is not specified as described above, compaction of earth backfill adjacent to structures shall not be started until the following time intervals have elapsed after placement of the concrete.

<u>Structure</u>	<u>Time interval (days)</u>
Vertical or near-vertical walls with earth loading on one side only	14
Walls backfilled on both sides simultaneously	7
Conduits and spillway risers, cast-in-place (with inside forms in place)	7
Conduits and spillway risers, cast-in-place (inside forms removed)	14
Conduits, pre-cast, cradled	2
Conduits, pre-cast, bedded	1
Cantilever outlet bents (backfilled both sides simultaneously)	3

7. Reworking or removal and replacement of defective earthfill

Earthfill placed at densities lower than the specified minimum density or at moisture contents outside the specified acceptable range of moisture content or otherwise not conforming to the requirements of the specifications shall be reworked to meet the requirements or removed and replaced by acceptable earthfill. The replacement earthfill and the foundation, abutment, and earthfill surfaces upon which it is placed shall conform to all requirements of this specification for foundation preparation, approval, placement, moisture control, and compaction.

8. Testing

During the course of the work, the engineer will perform quality assurance tests required to identify material; determine compaction characteristics; determine moisture content; and determine density of earthfill in place. Tests performed by the engineer will be used to verify that the earthfills conform to contract requirements of the specifications. Such tests are not intended to provide the Contractor with the information required by him for the proper execution of the work and their performance shall not relieve the Contractor of the necessity to perform tests for that purpose.

Densities of earthfill requiring Class A compaction will be determined in accordance with ASTM D 1556, D 2167, D 2922, or D 2937 except that the volume and moist weight of included rock particles larger than those used in the compaction test method specified for the type of fill will be determined and deducted from the volume and moist weight of the total sample before computation of density or, if using the nuclear gauge, added to the specified density to bring it to the measure of equivalent composition for comparison (See ASTM D 4718). The density so computed is used to determine the percent compaction of the earthfill matrix. Unless otherwise specified, moisture content is determined by one of the following methods: ASTM D 2216, D 3017, D 4643, D 4944, or D 4959.

9. Construction details

Fill material shall consist of ML, CL, or SC soils excavated from the site preparation or from a borrow area approved by the owner and technical representative.

Compaction shall be Class C. Prior to compaction, the lift thickness shall be no more than 3 inches greater than the cleaned length of the tamping roller feet. The maximum lift thickness before compaction is 9 inches.

Each layer of fill not adjacent to structures shall be compacted by at least 3 passes of a tamping roller exerting a minimum tamping foot pressure of 200 p.s.i.

Prior to compaction, hand compacted fill, including fill compacted by manually directed power tampers, shall be placed in layers not more than 4 inches thick.

The minimum moisture content of the Class C fill material shall be such that when kneaded in the hand the soil will just form a ball which does not readily separate. The moisture content shall be sufficient to ensure the crushing and blending of the soil clods and aggregations into a reasonable homogeneous mass.

The moisture content of Class C earth fill material shall be below the point where: a) bulking of the material, under the action of the hauling or compacting equipment, occurs; b) fill material adheres to the treads and tracks of the construction equipment.

The maximum allowable size of rock particles incorporated in earth fill shall be 4 inches. When fill is placed adjacent to the structure or when hand tamping, manually directed power tampers or plate vibrators are used, the maximum rock size shall be 2 inches.

Earth fill, required for minimum tile line cover, is not a separate itemized quantity. Compensation for this earth fill shall be included in the compensation for installing the appropriate tile.

Compacted backfill for water and sediment control basins shall have a density equal to or greater than the density of the adjacent soil material.

Minnesota Construction Specification 26—Topsoiling

1. Scope

The work consists of furnishing and spreading topsoil to specified depths at locations shown on the drawings.

2. Quality of topsoil

Topsoil shall consist of friable surface soil reasonably free of grass, roots, weeds, sticks, rocks, or other unsuitable material. Additional quality requirements, if any, are in section 6 of this specification.

3. Furnishing

Topsoil shall be salvaged from designated earth surfaces that will be disturbed by construction activities. After designated sites have been cleared and grubbed, the topsoil shall be removed from the designated areas and stockpiled at locations shown on the drawings or acceptable to the engineer. Unsuitable material encountered during removal of topsoil shall be disposed of at locations shown on the drawings or approved by the engineer, or it will be otherwise hauled and disposed of at locations removed from the construction site. The contractor is responsible for complying with all local rules and regulations and the payment of any and all fees that may result from the disposal at locations outside the construction work limits.

4. Stockpiling

Stockpiles of topsoil shall not conflict with the requirements of Construction Specification 5, Pollution Control, when made a part of this contract.

5. Spreading

Spreading shall not be performed when the ground or topsoil is frozen, excessively wet, or otherwise in a condition detrimental to uniform spreading operations. Surfaces designated to receive a topsoil application shall be lightly scarified just before the spreading operation. Where compacted earthfills are designated to be topsoiled, the topsoil shall be placed concurrently with the earthfill and shall be bonded to the compacted fill with the compacting equipment.

Following the spreading operation, the topsoil surface shall be left reasonably smooth and without ruts or surface irregularities that could contribute to concentrated waterflow downslope.

6. Construction details

The topsoil shall be salvaged from within the work limits or as shown on the drawings. All areas beneath embankments will be stripped to a depth of 6 inches minimum or as directed by the technician. The topsoil shall be spread to a minimum depth of 4 inches on the earth fill and other areas as directed by the technician.

The maximum size of rock fragments shall be 3 inches

Minnesota Construction Specification 44—*Corrugated Polyethylene Tubing*

1. Scope

The work consists of furnishing and installing tubing and the necessary fittings and appurtenances as shown on the drawings and as outlined in this specification.

2. Material specifications

Corrugated polyethylene tubing and fittings shall conform to the material requirements as outlined in Material Specification 548, Corrugated Polyethylene Tubing.

When perforations are specified, the water inlet area shall be a minimum of 1 square inch per lineal foot of tubing. The inlets either shall be circular perforations or slots equally spaced along the length and circumference of the tubing. Unless otherwise specified, circular perforations shall not exceed 3/16 inch in diameter, and slot perforations shall not be more than 1/8 inch wide.

Geotextile filter socks, when required, shall meet the material requirements outlined in section 8 of this specification.

Granular bedding material, when specified, shall conform to the requirements specified in section 8 of this specification.

The tubing shall be appropriately marked with ASTM or AASHTO designation.

3. Handling and storage

Tubing shall be delivered to the job site and handled by means that provide adequate support to the tubing and do not subject it to undue stresses or damage. When handling and placing corrugated polyethylene tubing, care shall be taken to prevent impact blows, abrasion damage, and gouging or cutting (by metal edges and/or surface or rocks). The manufacturer's special handling requirements shall be strictly observed. Special care shall be taken to avoid impact when the pipe must be handled at a temperature of 40 degrees Fahrenheit or less.

Tubing shall be stored on a relatively flat surface so that the full length of the tube is evenly supported. Unless the tube is specifically manufactured to withstand exposure to ultraviolet radiation, it shall be covered with an opaque material when stored outdoors for 15 days or longer.

4. Excavation

Unless otherwise specified or approved by the engineer, excavation for and subsequent installation of each tube line shall begin at the outlet end and progress up grade. The trench or excavation for the tubing shall be constructed to the lines, depths, cross sections, and grade shown on the drawings.

Trench shields, shoring and bracing, or other suitable methods necessary to safeguard the contractor's employees and the works of improvement and to prevent damage to the existing improvements shall be furnished, placed, and subsequently removed by the contractor.

5. Preparing the tubing bed and blinding the tubing

When a filter or envelope is specified, the shape of the bottom of the trench, gradation, and the thickness of the filter or envelope material to be placed around the tubing shall be as shown on the drawings or as specified in this specification. The filter or envelope material shall be placed in the bottom of the trench just prior to the laying of the tubing. The tubing shall then be laid and the filter

or envelope material placed over the tubing as shown in Figures 4-6a, 4-6b or 4-6c. Unless otherwise specified in Section 10 or on the drawings, the gradation of the envelope material shall be:

Sieve Size	% Passing
1 1/2"	100
No. 60	= 30
No. 200	= 5

Aggregates meeting the requirements for MNDOT 3126, Fine Aggregate for Portland Cement Concrete or ASTM C33, Fine Aggregate for concrete are acceptable.

When a granular filter or envelope is not specified, the bottom of the trench shall be shaped to form a semicircular or trapezoidal groove in its center. This groove shall provide support for not less than a fourth of the outside circumference of the tubing. After the tubing is placed in the excavated groove, it shall be capped with friable material from the sides of the trench. The friable material shall be placed around the tubing, completely filling the trench to a depth of at least 3 inches over the top of the tubing. For material to be suitable, it must not contain hard clods, rocks, frozen soil, or fine material that will cause a silting hazard to the drain.

Tubing shall not be laid on rock foundation. In the event that boulders, rocks or ledge rock, or cemented materials that prevent satisfactory bedding are encountered at the required grade, the trench shall be excavated to a depth of at least 6 inches below grade and backfilled to grade with a sand-gravel mixture or other approved material. The bedding material shall be compacted and shaped to grade.

“Mole” type installation of corrugated tubing is an acceptable method. The bedding requirements shall be met.

Tubing placed during any day shall be blinded (place required soil material around and over pipe) and temporarily capped before construction activities are completed for that day.

6. Placement and joint connections

All tubing shall be installed to grade as shown on the drawings. After the tubing is placed in the trench and blinded, allow sufficient time for the tubing to adapt to the soil temperature before backfilling.

Maximum allowable stretch of the tubing is 5 percent. Special precautions must be implemented on hot, bright days to ensure that the stretch limit is not exceeded and excessive deflection does not occur as a result of installation procedures, including backfill operations.

Unless otherwise specified in section 8 of this specification or shown on the drawings, connections are made with manufactured junctions comparable in strength with the specified tubing. All split fittings shall be securely fastened with nylon cord or plastic zip ties before any backfill is placed. All buried ends shall be supplied with end caps unless otherwise approved by the engineer.

Where existing tile lines not shown on the drawings are crossed, they shall be bridged across the new trench or they shall be connected into the new tile lines, as directed by the engineer.

7. Backfilling

Unless otherwise specified in section 8 of this specification, the backfilling of the trench shall be as shown on the drawings and completed as rapidly as is consistent with the soil conditions. Automatic backfilling machines may be used only when approved by the engineer. Backfill shall extend above the ground surface and be well rounded and centered over the trench.

Unless otherwise specified, where tubing is laid under roads, terraces, and at other designated locations shown on the drawings, the backfill shall be placed in successive layers of not more than 6 inches and each layer shall be tamped before the next layer is placed.

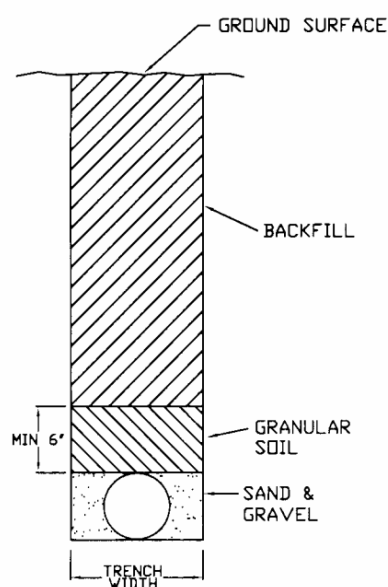


Figure 4-6a. Tubing Encased in Sand and Gravel Envelope for Support.

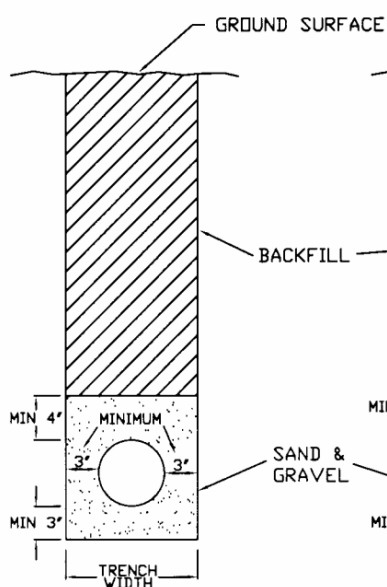


Figure 4-6b. Tubing Encased in Sand and Gravel Envelope Designed as a Filter.

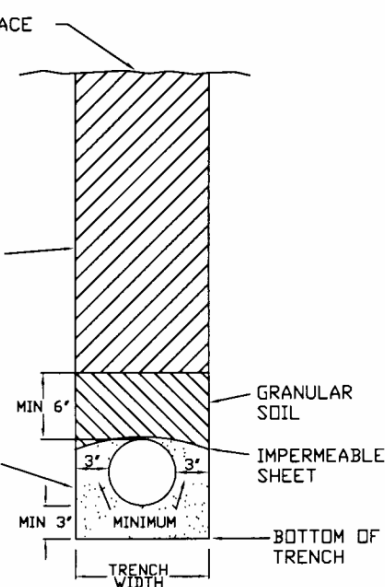


Figure 4-6c. Tubing Encased in Sand and Gravel Envelope Designed as a Filter with an Impermeable Sheet such as Plastic.

8. Construction details

Corrugated polyethylene tubing shall be heavy-duty tubing.

The main corrugated polyethylene tubing shall be perforated.

The upper end of each drain line shall be capped with a manufactured polyethylene cap.

The tubing trench under the basin ridges and the existing structure embankment (located near the tile outlet) shall be sloped to 1 and 1/2 horizontal to 1 vertical side slopes or flatter. After tubing has been installed, the trench will be compacted to its original density. Manual tamping will be required

until adequate cover is attained to prevent damage to the tubing.

The minimum depth of cover over the tubing shall be 2.5 feet.

No reversals in the slope of the tubing shall be permitted.

Inlets shall be Hickenbottom type or equal. Corrugated polyethylene tubing shall not be used as an above ground riser.

Orifice plates are required on all intakes and shall be installed in the upper position on the intake assembly. Orifice diameters shall be as shown in the drawings.

Refer to the plans for tile diameter and locations.

A minimum of 10 feet of **non-perforated** corrugated polyethylene tubing shall be installed downstream from any inlet. The joint where the elbow or blind tee meets the corrugated polyethylene shall be concreted or adequately taped to prevent excessive leakage when different types of material are joined.

OSHA Trench Safety Regulations shall be followed. If employees will enter the trench excavation and the tubing trench exceeds 5 feet in depth, the trench shall be sloped to a 1 and 1/2 horizontal to 1 vertical side slope or flatter, or a trench shield shall be used.

Minnesota Construction Specification 45—Plastic Pipe

1. Scope

The work consists of furnishing and installing plastic pipe (except corrugated polyethylene tubing) and the necessary fittings and appurtenances as shown on the drawings or as specified herein.

2. Material

Pipe, fittings, and gaskets shall conform to the requirements of Material Specification 547, Plastic Pipe, and as specified in section 12 of this specification or as shown on the drawings.

Unless otherwise specified, concrete shall conform to the requirements of MN Construction Specification MN32, Structure Concrete, and section 8 of this specification. Unless otherwise specified, earth backfill shall conform to the requirements of MN Construction Specification MN23, Earthfill. Unless otherwise specified, drainfill shall conform to the requirements of Construction Specification MN24, Drainfill.

3. Handling and storage

Pipe shall be delivered to the job site and handled by means that provide adequate support to the pipe and do not subject it to undue stresses or damage. When handling and placing plastic pipe, care shall be taken to prevent impact blows, abrasion damage, and gouging or cutting (by metal edges and/or surface or rocks). The manufacturer's special handling requirements shall be strictly observed. Special care shall be taken to avoid impact when the pipe must be handled at a temperature of 40 degrees Fahrenheit or less.

Pipe shall be stored on a relatively flat surface so that the barrels are evenly supported. Unless the pipe is specifically manufactured to withstand exposure to ultraviolet radiation, it shall be covered with an opaque material when stored outdoors for 15 days or longer.

4. Excavation

Excavation shall be in accordance with MN Construction Specification MN21, Excavation, and section 12 of this specification or as shown on the drawings.

The pipe foundation shall be excavated a minimum of 4 inches lower than the pipe grade shown on the drawings or staked in the field whenever bedrock, boulders, cobbles, or other material that may cause pipe damage is encountered at planned pipe grade.

5. Laying the pipe

Plastic pipe conduits complete with fittings and other related appurtenances shall be installed to the lines and grades shown on the drawings or specified in section 12 of this specification. The pipe shall be installed such that no reversal of grade occurs between joints unless otherwise shown on the drawings. The pipe shall not be dropped or dumped on the bedding or into the pipe trench. The ground surface near the pipe trench shall be free of loose rocks and stones greater than 1 inch in diameter. This ensures that rock will not be displaced and impact the pipe.

Just before placement, each pipe section shall be inspected to ensure that all foreign material is removed from inside the pipe. The pipe ends and the couplings shall be free of foreign material when assembled. At the completion of a work shift, all open ends of the pipeline shall be temporarily closed off using a suitable cover or plug.

Care shall be taken to prevent distortion and damage during hot or cold weather. During unusually hot weather (daytime high temperature of more than 90° F), the pipe assembled in the trench shall be lightly backfilled or shaded to keep it as near to ground temperature as possible until final backfill is placed. Backfill operations should be performed during daily construction periods when the ground temperature and the temperature of the pipe do not vary more than 40 degrees Fahrenheit.

Perforated pipe shall be installed with the perforations down and oriented symmetrically about the vertical centerline. Perforations shall be clear of any obstructions on the inside and outside of the pipe when the pipe is approved by the engineer for backfill.

During installation, the pipe shall be firmly and uniformly bedded throughout its entire length, to the depth and in the manner specified in section 12 of this specification or as shown on the drawings. The bell end shall be installed upstream. Bell-holes shall be placed in bedding material under bells, couplings, and other fittings to assure the pipe is uniformly supported throughout its entire length. Blocking or mounding beneath the pipe to bring the pipe to final grade is not permitted.

6. Pipe embedment

Earth bedding—The pipe shall be firmly and uniformly placed on compacted earthfill bedding or an in-place earth material bedding of ample bearing strength to support the pipe without noticeable settlement. The earth material on which the pipe is placed shall be of uniform density to prevent differential settlement.

Unless otherwise specified, a groove that closely conforms to the outside surface of the pipe shall be formed in the bedding. The depth of the groove shall be equal to or greater than 0.3 of the pipe diameter.

Earth bedding shall be compacted to a density not less than adjacent undisturbed in-place earth material or be compacted earth backfill. Earthfill material used for compacted earth bedding shall be free of rocks or stones greater than 1 inch in diameter and earth clods greater than 2 inches in diameter.

Sand, gravel, or crushed rock bedding—When sand, gravel, or crushed rock bedding is specified, the pipe shall be firmly and uniformly placed on the bedding material. Material for bedding shall not exceed 1 inch in diameter. Unless otherwise specified in section 12 of this specification or shown on the drawings, the coarse-grained bedding material shall be carefully placed and compacted to a depth equal to or greater than 0.3 of the diameter of the pipe above the bottom of the pipe. The pipe shall be loaded sufficiently during backfilling and compaction around the sides to prevent displacement of the pipe from its final approved placement.

Pipe encased in drainfill—The pipe shall be firmly and uniformly placed on bedding of specified drainfill. Drainfill shall be placed and compacted as specified in section 12 of this specification or as shown on the drawings to form a continuous uniform support around the entire circumference of the pipe. The pipe shall be loaded sufficiently during backfilling around the sides and during compaction to prevent displacement of the pipe.

7. Backfill

Initial backfill—Unless otherwise specified, initial backfill to 6 inches above the top of the conduit is required. Earth haunching and initial backfill material shall consist of soil material that is free of rocks, stones, or hard clods more than 1 inch in diameter. Coarse backfill material shall be the

specified sand, gravel, crushed rock, or drainfill material.

Initial backfill shall be placed in two stages. In the first stage (haunching), backfill is placed to the pipe spring line (center of pipe). In the second stage, it is placed to 6 inches above the top of the pipe. The first stage material shall be worked carefully under the haunches of the pipe to provide continuous support throughout the entire pipe length. The pipe shall be loaded sufficiently during the compaction of bedding under the haunches and around the sides of the pipe to prevent displacement from its final approved placement. Within two feet of the pipe, backfill shall be carefully placed and compacted by means of hand tamping or manually directed power tampers or plate vibrators to form a continuous uniform support around the pipe. The maximum thickness of layers within 2 feet of the pipe shall be 4 inches before compaction and at more than 2 feet, a maximum thickness before compaction shall be 6 inches. During compaction operations, care shall be taken to ensure that the tamping or vibratory equipment does not come in contact with the pipe and the pipe is not deformed or displaced.

When pressure testing is not specified, the pipe shall be covered with a minimum of 6 inches of backfill material as soon as possible following assembling of the pipe in the trench, but not later than within the same day that placement has occurred. When pressure testing is specified, sufficient backfill material shall be placed over the pipe to anchor the conduit against movement during pressure testing activities.

Final backfill—Final backfill shall consist of placing the remaining material required to complete the backfill from the top of the initial backfill to the ground surface, including mounding at the top of the trench. Final backfill material within 2 feet of the top of the pipe shall be free of debris or rocks larger than 3 inches nominal diameter. Coarse backfill material shall be the specified sand, gravel, crushed rock, or drainfill. Final backfill shall be placed in approximately uniform, compacted layers. Final backfill compaction requirements shall be as specified in section 12 of this specification or as shown on the drawings.

Vehicles or construction equipment shall not be allowed to cross the pipe until the minimum earth cover and required density as specified in section 12 of this specification has been obtained.

8. Pipe encasement in concrete

Concrete encasement shall be carefully placed to form a continuous uniform support around the entire circumference of the pipe as specified in section 12 of this specification or as shown on the drawings. Pipes encased in concrete shall be securely anchored to prevent movement of the pipe during concrete placement. A clear distance of 1.5 inches shall be maintained between the pipe and the reinforcing steel.

The concrete for the encasement shall conform to the requirements of MN Construction Specification MN32, Structure Concrete, unless otherwise specified.

9. Joints

Unless otherwise specified in section 12 of this specification or shown on the drawings, joints shall be either bell and spigot type with elastomeric gaskets, coupling type, solvent cement bell and spigot, or jointed by butt heat fusion. When a lubricant is required to facilitate joint assembly, it shall be a type having no deleterious affect on the gasket or pipe material.

Pipe joints shall be watertight at the pressures specified except where unsealed joints are indicated.

Pipe shall be installed and joined in accordance with the manufacturer's recommendations. Laying deflections and joint fitting or stab depths shall be within the manufacturer's recommended tolerances.

When solvent cement joints are specified for PVC or ABS pipe and fittings, they shall be made in accordance with the following ASTMs and the related appendix of each ASTM: D 2855 for PVC pipe and fittings and D 2235 for ABS pipe and fittings.

Flanged, banded, heat-fusion, or elastomeric-sealed mechanical joints shall be used when joining polyethylene (PE) and high density polyethylene (HDPE) pipe and fittings unless otherwise specified in section 12 of this specification or as shown on the drawings.

Pipe ends shall be cut square and be deburred to provide a uniform, smooth surface for the jointing process. Reference marks shall be placed on the spigot ends to assist in determining when proper seating depth has been achieved within the joint.

10. Fittings

Unless otherwise specified, steel fittings, valves, and bolted connections shall be painted or coated as recommended by the manufacturer.

Fittings for nonpressure pipe shall be of the same or similar material as the pipe and shall provide the same durability, watertightness, and strength as the pipe unless otherwise specified.

11. Thrust blocks and anchors

When specified, concrete thrust blocks and anchors shall be installed as shown on the drawings or specified in section 12 of this specification.

The concrete for the thrust blocks and anchors shall conform to the requirements of MN Construction Specification MN32, Structure Concrete, unless otherwise specified in section 12 of this specification.

The thrust block cavity shall be hand dug into undisturbed soil or previously placed compacted backfill. The cavity shall be formed with soil or wood to hold the freshly placed concrete without displacement until an initial set has occurred.

When excavation beyond the designated trench widths and depths as shown on the drawings or specified in section 12 of this specification occurs at locations where installation of concrete thrust blocks is required, the contractor shall install an alternative thrust block provision. The concrete thrust block shall have a thickness of one pipe diameter and a contact face area that shall be formed against the pipe as shown on the drawings or specified in section 12 of this specification. Backfill shall be placed on all sides of the thrust block and to the sides of the excavation. It shall be compacted as specified for initial backfill.

12. Construction details

Refer to the **Sand, gravel, or crushed rock bedding** for detailed info on the specification for the Tile Tee crushed rock envelope referred to in the plan set.

Minnesota Construction Specification 61—Rock Riprap

1. Scope

The work shall consist of the construction of rock riprap revetments and blankets, including filter or bedding where specified.

2. Material Specifications

Rock riprap shall conform to the requirements of Material Specification MN-523, Rock for Riprap, or if so specified, shall be obtained from designated sources. It shall be free from dirt, clay, sand, rock fines, and other material not meeting the required gradation limits.

At least 30 days before rock is delivered from other than designated sources, the contractor shall designate in writing the source from which rock material will be obtained and provide information satisfactory to the engineer that the material meets contract requirements. The contractor shall provide the engineer free access to the source for the purpose of obtaining samples for testing. The size and grading of the rock shall be as specified in section 7 or on the drawings.

Rock from approved sources shall be excavated, selected, and processed to meet the specified quality and grading requirements at the time the rock is installed.

Filter or bedding aggregates when required shall conform to Material Specification 521, Aggregates for Drainfill and Filters, unless otherwise specified. Geotextiles shall conform to Material Specification 592, Geotextile.

3. Subgrade preparation

The subgrade surface on which the rock riprap, filter, bedding, or geotextile is to be placed shall be cut or filled and graded to the lines and grades shown on the drawings. When fill to subgrade lines is required, it shall consist of approved material and shall conform to the requirements of the specified class of earthfill.

Rock riprap, filter, bedding, or geotextile shall not be placed until the foundation preparation is completed and the subgrade surface has been inspected and approved.

4. Equipment-placed rock riprap

The rock riprap shall be placed by equipment on the surface and to the depth specified. It shall be installed to the full course thickness in one operation and in such a manner as to avoid serious displacement of the underlying material. The rock for riprap shall be delivered and placed in a manner that ensures the riprap in place is reasonably homogeneous with the larger rocks uniformly distributed and firmly in contact one to another with the smaller rocks and spalls filling the voids between the larger rocks. Some hand placing may be required to provide a neat and uniform surface.

Rock riprap shall be placed in a manner to prevent damage to structures. Hand placing is required as necessary to prevent damage to any new and existing structures.

5. Hand placed rock riprap

The rock riprap shall be placed by hand on the surface and to the depth specified. It shall be securely bedded with the larger rocks firmly in contact one to another without bridging. Spaces between the larger rocks shall be filled with smaller rocks and spalls. Smaller rocks shall not be grouped as a substitute for larger rock. Flat slab rock shall be laid on its vertical edge except where it is laid like paving stone and the thickness of the rock equals the specified depth of the riprap course.

6. Filter or bedding

When the contract specifies filter, bedding, or geotextile beneath the rock riprap, the designated material shall be placed on the prepared subgrade surface as specified. Compaction of filter or bedding aggregate is not required, but the surface of such material shall be finished reasonably smooth and free of mounds, dips, or windrows.

7. Construction details

The rock riprap shall be placed to the elevations, thicknesses, and grading requirements as shown on the drawings.

The loose rock riprap shall be equipment placed. Sufficient riprap shall be placed by hand to insure a neat uniform surface.

Rock riprap meeting the requirements of Minnesota Department of Transportation Specification 3601, Riprap Materials, Class IV Riprap is acceptable.

Geotextile shall be placed under the rock riprap.

Minnesota Construction Specification 95—Geotextile

1. Scope

This work consists of furnishing all material, equipment, and labor necessary for the installation of geotextiles.

2. Quality

Geotextiles shall conform to the requirements of Material Specification 592 and this specification.

3. Storage

Before use, the geotextile shall be stored in a clean, dry location out of direct sunlight, not subject to extremes of either hot or cold temperatures, and with the manufacturer's protective cover undisturbed. Receiving, storage, and handling at the job site shall be in accordance with the requirements listed in ASTM D 4873.

4. Surface preparation

The surface on which the geotextile is to be placed shall be graded to the neat lines and grades as shown on the drawings. It shall be reasonably smooth and free of loose rock and clods, holes, depressions, projections, muddy conditions, and standing or flowing water (unless otherwise specified in section 6 of this specification).

5. Placement

Before the geotextile is placed, the soil surface will be reviewed for quality assurance of the design and construction. The geotextile shall be placed on the approved prepared surface at the locations and in accordance with the details shown on the drawings and specified in section 6 of this specification. It shall be unrolled along the placement area and loosely laid, without stretching, in such a manner that it conforms to the surface irregularities when material or gabions are placed on or against it. The geotextile may be folded and overlapped to permit proper placement in designated area(s).

Method 1—The geotextile shall be joined by machine sewing using thread material meeting the chemical requirements for the geotextile fibers or yarn. The sewn overlap shall be 6 inches, and the sewing shall consist of two parallel stitched rows at a spacing of about 1 inch and shall not cross (except for any required re-stitching). The stitching shall be a lock-type stitch. Each row of stitching shall be located a minimum of 2 inches from the geotextile edge. The seam type and sewing machine to be used shall produce a seam strength, in the specified geotextile, that provides a minimum of 90 percent of the tensile strength in the weakest principal direction of the geotextile being used, when tested in accordance with ASTM D 4884. The seams may be factory or field sewn.

The geotextile shall be temporarily secured during placement of overlying material to prevent slippage, folding, wrinkling, or other displacement of the geotextile. Unless otherwise specified, methods of securing shall not cause punctures, tears, or other openings to be formed in the geotextile.

Method 2—The geotextile shall be joined by overlapping a minimum of 18 inches (unless otherwise specified) and secured against the underlying foundation material. Securing pins, approved and provided by the geotextile manufacturer, shall be placed along the edge of the panel or roll material to adequately hold it in place during installation. Pins shall be steel or fiberglass formed as a U, L, or T shape or contain "ears" to prevent total penetration through the geotextile. Steel washers shall be provided on all but the U-shaped pins. The upstream or upslope geotextile shall overlap the abutting

downslope geotextile. At vertical laps, securing pins shall be inserted through the bottom layers along a line through approximately the mid-point of the overlap. At horizontal laps and across slope labs, securing shall be inserted through the bottom layer only. Securing pins shall be placed along a line about 2 inches in from the edge of the placed geotextile at intervals not to exceed 12 feet unless otherwise specified. Additional pins shall be installed as necessary and where appropriate to prevent any undue slippage or movement of the geotextile. The use of securing pins will be held to the minimum necessary. Pins are to remain in place unless otherwise specified.

Should the geotextile be torn or punctured, or the overlaps or sewn joint disturbed, as evidenced by visible geotextile damage, subgrade pumping, intrusion, or grade distortion, the backfill around the damaged or displaced area shall be removed and restored to the original approved condition. The repair shall consist of a patch of the same type of geotextile being used and overlaying the existing geotextile. When the geotextile seams are required to be sewn, the overlay patch shall extend a minimum of 1 foot beyond the edge of any damaged area and joined by sewing as required for the original geotextile except that the sewing shall be a minimum of 6 inches from the edge of the damaged geotextile. Geotextile panels joined by overlap shall have the patch extend a minimum of 2 feet from the edge of any damaged area.

Geotextile shall be placed in accordance with the following applicable specification according to the use indicated in section 6:

Slope protection—The geotextile shall not be placed until it can be anchored and protected with the specified covering within 48 hours or protected from exposure to ultraviolet light. In no case shall material be dropped on uncovered geotextile from a height of more than 3 feet.

Subsurface drains—The geotextile shall not be placed until drainfill or other material can be used to provide cover within the same working day. Drainfill material shall be placed in a manner that prevents damage to the geotextile. In no case shall material be dropped on uncovered geotextile from a height of more than 5 feet.

Road stabilization—The geotextile shall be unrolled in a direction parallel to the roadway centerline in a loose manner permitting conformation to the surface irregularities when the roadway fill material is placed on its surface. In no case shall material be dropped on uncovered geotextile from a height of more than 5 feet. Unless otherwise specified, the minimum overlap of geotextile panels joined without sewing shall be 24 inches. The geotextile may be temporarily secured with pins recommended or provided by the manufacturer, but they shall be removed before the permanent covering material is placed.

6. Construction details

The geotextile shall be non-woven and meet the requirements of Class I.

Geotextile shall be placed under the rock riprap as shown on the drawings.

Minnesota Construction Specification 254—Water and Sediment control Basin

1. Scope

The work shall consist of constructing a ridge and channel to form a water and sediment control basin at the locations shown on the drawings or staked in the field.

2. Site preparation

The base of the ridge shall be scarified and excessive trash and vegetation removed before the ridge is built. All old dead furrows and ditches to be crossed shall be filled before construction.

3. Ridge Height

The top of the constructed ridge shall be built to the design height plus an overfill for settlement as shown on the drawings, as listed in section 9, or as staked in the field.

The basin should be built to the grade specified. The channel shall be finished without depressions which will trap water. On tile outlet basins, the channel should lead the flows without depressions to the intake.

5. Borrow

Topsoil shall be stockpiled and replaced where heavy cuts expose unfavorable subsoil. Generally, borrow should be taken to improve the topography. Borrow from depression areas will not be permitted unless approved by the technician.

6. Cuts and fills

When cuts and fills are required to improve alignment, cuts should be made on the ridges and high areas or as directed by the technician.

7. Ridge compaction

The thickness of each layer of fill compacted by heavy equipment shall not exceed 9 inches before compaction. Each layer of fill shall be compacted by either: (1) routing of hauling and spreading equipment over the fill in such a manner that every point on the surface of each layer of fill will be traversed by not less than one tread track of the loaded equipment traveling in a direction parallel to the main axis of the fill; or (2) an equivalent method approved by the technician.

All earthfill adjacent to conduits and structures shall be placed in layers not more than 6 inches thick before compaction. Such fill shall be compacted to a density equivalent to that of the surrounding soil matrix (natural ground or fill) by means of hand tamping or manually directed power tamper.

Unless otherwise specified, heavy equipment including backhoe mounted power tampers or vibrating compactors, and manually directed vibrating rollers, shall not be operated within 2 feet of any conduit. The passage of heavy equipment will not be allowed over any type of conduit until backfill has been placed above the top of the surface of the conduit to a height of two feet.

Moisture content of fill material shall be such that when kneaded in the hand, the soil will form a ball which does not readily separate. Moisture content of fill material shall be maintained within the limits required to: (a) prevent bulking of fill material under the action of hauling or compacting equipment; (b) prevent adherence of fill material to treads and tracks of hauling or compacting equipment; and (c) insure blending of soil and rock into a reasonably homogeneous mass.

8. Tile outlet

The intake shall be built as shown on the drawings or as staked. The openings shall extend down to ground level or below to remove all surface water from the basin channel. The trench beneath the basin ridge must be sloped before or during backfilling. Backfill material must have adequate moisture to permit compaction and be sufficiently compacted to prevent undue settlement.

9. Construction details

The constructed basin ridge height shall be the design ridge height plus 5% for settlement.

The basin embankments shall be constructed as shown in the drawings.

The top width of the basin may vary, see plans for details.

End blocks will have a 10 foot top width and 10:1 side slopes

The tubing trench under the basin ridge shall be sloped to 1 and 1/2 horizontal to 1 vertical side slopes or flatter. After tubing has been installed, the trench will be compacted to its original density. Manual tamping will be required until adequate cover is attained to prevent damage to the tubing.

Material Specification 547—Plastic Pipe

1. Scope

This specification covers the quality of Poly Vinyl Chloride (PVC), Polyethylene (PE), High Density Polyethylene (HDPE), and Acrylonitrile-Butadiene-Styrene (ABS) plastic pipe, fittings, and joint materials.

2. Material

Pipe—The pipe shall be as uniform as commercially practicable in color, opaqueness, density, and other specified physical properties. It shall be free from visible cracks, holes, foreign inclusions, or other defects. The dimensions of the pipe shall be measured as prescribed in ASTM D 2122.

Unless otherwise specified, the pipe shall conform to the requirements listed in this specification and the applicable reference specifications in table 547–2, the requirements specified in Construction Specification 45, Plastic Pipe, and the requirements shown on the drawings.

Fittings and joints—Fittings and joints shall be of a schedule, SDR or DR, pressure class, external load carrying capacity, or pipe stiffness that equals or exceeds that of the plastic pipe. The dimensions of fittings and joints shall be compatible with the pipe and measured in accordance with ASTM D 2122. Joint and fitting material shall be compatible with the pipe material. The joints and fittings shall be as uniform as commercially practicable in color, opaqueness, density, and other specified physical properties. It shall be free from visible cracks, holes, foreign inclusions, or other defects.

Fittings and joints shall conform to the requirements listed in this specification, the requirements of the applicable specification referenced in the ASTM or AWWA specification for the pipe, the requirements specified in Construction Specification 45, and the requirements shown on the drawings.

Solvents—Solvents for solvent welded pipe joints shall be compatible with the plastic pipe used and shall conform to the requirements of the applicable specification referenced in the ASTM or AWWA specification for the pipe, fitting, or joint.

Gaskets—Rubber gaskets for pipe joints shall conform to the requirements of ASTM F 477, Elastomeric Seals (Gaskets) for Jointing Plastic Pipe.

3. Perforations

When perforated pipe is specified, perforations shall conform to the following requirements unless otherwise specified in Construction Specification 45 or shown on the drawings:

- a. Perforations shall be either circular or slots.
- b. Circular perforations shall be $1/4 \pm 1/16$ -inch diameter holes arranged in rows parallel to the axis of the pipe. Perforations shall be evenly spaced along each row such that the center-to-center distance between perforations is not less than eight times the perforation diameter. Perforations may appear at the ends of short and random lengths. The minimum perforation opening per foot of pipe shall be as shown in table 547–1.

Table 547–1 Perforations

Nominal pipe size (in)	Minimum number of rows		Minimum opening/foot (in ²)
	circular	slot	
4	2	2	0.22
6	4	2	0.44
8	4	2	0.44
10	4	2	0.44
12	6	2	0.66

Material Specification 547 Plastic Pipe (continued)

Rows shall be arranged in two equal groups at equal distance from the bottom on each side of the vertical centerline of the pipe. The lowermost rows of perforations shall be separated by an arc of not less than 60 degrees or more than 125 degrees. The uppermost rows of perforations shall be separated by an arc not to exceed 166 degrees. The spacing of rows between these limits shall be uniform. The minimum number of rows shall be as shown in table 547-1.

- c. Slot perforations shall be symmetrically located in two rows, one on each side of the pipe centerline. Slot perforations shall be located within the lower quadrants of the pipe with slots no wider than 1/8 inch and spaced not to exceed 11 times the perforation width. Minimum perforation opening per lineal foot of pipe shall be as shown in table 547-1.
- d. On both the inside and outside of the pipe, perforations shall be free of cuttings or frayed edges and of any material that would reduce the effective opening.

Material Specification 547 Plastic Pipe (continued)**Table 547-2** Pipe specification

Pipe	Specification
Poly vinyl chloride (PVC) pipe	
Plastic pipe - Schedules 40, 80, 120	ASTM D 1785
	ASTM D 2466
Pressure rated pipe - SDR Series.....	AWWA C 900
	ASTM D 2241
Plastic drain, waste, and vent pipe and fittings	ASTM D 2665
Joints for IPS PVC pipe using solvent weld cement.....	ASTM D 2672
Composite sewer pipe.....	ASTM D 2680
Type PSM PVC sewer pipe and fittings	ASTM D 3034
Large-diameter gravity sewer pipe and fittings.....	ASTM F 679
Smooth-Wall Underdrain Systems for Highway, Airport, and Similar Drainage	ASTM F 758
Profile gravity sewer pipe and fittings based on controlled inside diameter	ASTM F 794
Corrugated sewer pipe with a smooth interior and fittings	ASTM F 949
Pressure pipe, 4-inch through 12-inch for water distribution.....	AWWA C 900
Water transmission pipe, nominal diameters 14-inch through 36-inch.....	AWWA C 905
Polyethylene (PE) plastic pipe	
Schedule 40.....	ASTM D 2104
12 to 60-inch annular corrugated profile-wall polyethylene (PE) pipe and fittings	ASTM F 2306
SDR-PR based on controlled inside diameter.....	ASTM D 2239
Schedules 40 and 80 Based on outside diameter.....	ASTM D 2447
SDR-PR based on controlled outside diameter	ASTM D 3035
High density polyethylene (HDPE) plastic pipe	
Plastic pipe and fittings.....	ASTM D 3350
SDR-PR based on controlled outside diameter	ASTM F 714
Heat joining polyolefin pipe and fittings	ASTM D 2657
Acrylonitrile-butadiene-styrene (ABS) pipe	
Plastic pipe, schedules 40 and 80	ASTM D 1527
Composite sewer pipe.....	ASTM D 2680

Material Specification 548—Corrugated Polyethylene Pipe

1. Scope

The specification covers the quality of corrugated polyethylene pipe and fittings.

2. Pipe

Corrugated polyethylene pipe shall conform to the requirements of ASTM F 405, ASTM F 667, ASTM F 894, AASHTO M 252, or AASHTO M 294 for the appropriate pipe sizes and fittings.

3. Fittings

ASTM F 405	3-6 inch diameter pipe and fittings
ASTM F 667	8-, 10-, 12-, 15-, 18-, and 24-inch diameter pipe and fittings
ASTM F 894	18- to 120-inch diameter pipe and fittings
AASHTO M 252	3- to 10-inch diameter pipe and fittings
AASHTO M 294	12- to 36-inch diameter pipe and fittings

Operation & Maintenance Plan Grade Stabilization Structure (Code 410)

Expected Lifespan

The minimum expected lifespan of this practice is at least 15 years.

Operation and Maintenance Items

Operation and maintenance (O&M) is necessary for all conservation practices and is required for all practices installed with the Natural Resources Conservation Service assistance. A grade stabilization structure is used to control channel grade in a natural or constructed watercourse to stabilize grade, reduce gully erosion, and/or improve water quality. The land user is responsible for proper O&M for as long as the practice is used but no less than life of the practice, 15 years, and as may be required by federal, state, or local laws or regulations.

Operation refers to operation of the practice in compliance with all laws, regulations, ordinances, and easements; and in such a manner that will result in the least adverse impact on the environment and will permit the practice to serve the purpose for which it was installed. Maintenance includes work to prevent deterioration of the practice, repairing damage, or replacing components which fail.

Necessary operation and maintenance items during the design life of the practice include:

1. Check the structure after each heavy rainfall event for possible damage to the materials in the structure. Loose rock riprap or gabion stone may get displaced when actual velocities exceed allowable velocities. Inspect the earthfill around headwalls and sidewalls for signs of erosion adjacent to these structures. Examine the earthfill around vertical inlets for scour or internal erosion of earthfill. Replace any missing embankment material with compacted earthfill or request assistance from your NRCS office to evaluate the need for revetment stone or riprap. Check the vegetated spillway for possible damage, if applicable.
2. Inspect the entire structure annually for damage from normal use. Inspect the downstream toe of the embankment, drain outlets, and metalwork. Wet areas or seeps at the downstream toe may indicate a serious problem. Ask for assistance from your NRCS office to evaluate the seepage. Clear drain outlets of material that block the free flow of drains. Iron ochre and moss are commonly found in drain outlets. All metalwork should be repaired or replaced if it is damaged. All painted surfaces should be cleaned and painted when rust starts to appear or the paint system shows signs of peeling or heavy oxidation.
3. Trash may accumulate during a single storm event or over a series of small events. Clear accumulated tree branches and trash away from open structures, pipe inlets, or slotted flumes when found.
4. Repair erosion at the outlet of the principal spillway as needed. Deep scour holes may undermine structural components or armoring at the principal spillway outlet degrading the integrity of the spillway.
5. Fill rills and gullies that develop over time on the embankment and vegetated spillway. Reseed the filled areas.
6. Check frequently for burrowing animals. When found, remove the burrowing animals, replace embankment material and reseed.
7. For sites that have an auxiliary spillway, maintain a vigorous sod in the auxiliary spillway and on embankments by regular mowing and fertilization. Avoid mowing during the primary bird-nesting period of May 15 through August 1st. Remove excess growth. Do not burn or overgraze.
8. Prevent trees and brush from growing on embankments, abutments, or in the spillway areas. Control trees and brush growth by hand cutting, mowing, or chemicals. Avoid grass damage by herbicides.
9. Install and maintain a fence to keep livestock out of the structure area and pool area, when applicable.

Specific Site Requirements

Reset

Operation & Maintenance Plan Underground Outlet (Code 620)

Expected Lifespan

The minimum expected lifespan of this practice is at least 20 year(s).

OPERATION AND MAINTENANCE

A properly operated and maintained underground outlet is an asset to the farm. The life of the underground outlet can be assured and usually increased by developing and carrying out a systematic operation and maintenance program. Operation refers to use of the practice in compliance with all laws, regulations, ordinances, and easements; and, in a manner that results in the least adverse impact on the environment and permits the practice to serve the purpose for which it was installed. Maintenance includes work to prevent deterioration of the practice, repairing damage, or replacing components which fail. As a minimum, provide for inspection, operation, and maintenance by—

- Maintaining an accurate map of the location of the underground outlet. Using global positioning system (GPS) technology to locate items during installation and maintenance activities will help maintain an accurate map.
- Inspecting all surface intakes, outlets, relief wells, and other appurtenances after significant storm events. Repair or replace any damaged components.
- Marking riser inlets so they are visible to prevent damage from farm equipment. Promptly repair or replace damaged components.
- For blind inlets, periodically scouring or removing and replacing the surface soil layer to maintain the permeability of surface materials.
- Removing debris and trash accumulations around riser inlets to maintain their flow capacity. If equipped with an orifice plate, remove any debris that has accumulated and make sure the orifice plate is seated properly in the riser. Remove any trash or debris from around the outlet and maintain the animal guard.
- Monitoring for settlement or erosion over the pipe and promptly repair if needed. Maintain the required depth of cover over all pipes and structures.
- Monitoring for signs of piping or soil displacement along the conduit if the conduit goes through or under an embankment. Promptly repair and reseed the embankment if needed.
- Controlling tree and brush growth near perforated conduits by hand cutting, mowing, or applying chemicals. Avoid damaging grass with herbicide sprays. Always follow label instructions when applying chemicals.
- Preventing or avoiding fire near components made of plastic.
- Controlling rodents or burrowing animals that may damage the system. Immediately repair any damage caused by their activity.

Specific Site Requirements

Reset

Operation & Maintenance Plan Water Sediment Control Basin (Code 638)

Expected Lifespan

The minimum expected lifespan of this practice is at least 10 years.

Operation and Maintenance Items

Operation and maintenance (O&M) is necessary for all conservation practices and is required for all practices installed with the Natural Resources Conservation Service assistance. A water and sediment control basin is an embankment or combination channel and ridge constructed across a slope or watercourse to form a sediment trap and provide a water retention basin with a stable outlet. The land user is responsible for proper O&M for as long as the practice is used but no less than the life of the practice, 10 years, and as may be required by federal, state, or local laws or regulations.

Operation refers to operation of the practice in compliance with all laws, regulations, ordinances, and easements; and in such a manner that will result in the least adverse impact on the environment and will permit the practice to serve the purpose for which it was installed. Maintenance includes work to prevent deterioration of the practice, repairing damage, or replacing components which fail.

Necessary operation and maintenance items include:

1. Inspect the water and sediment control basin in the spring and fall and after significant storm events for damage. Make repairs as needed.
2. Avoid damage to riser intakes or the earthfill by farm equipment. Mark risers so they are visible to prevent damage from farm equipment. Promptly repair or replace damaged components.
3. Remove debris and trash that has accumulated around riser inlets to maintain their flow capacity. If equipped with an orifice plate, remove any debris that has accumulated and make sure the orifice plate is seated properly in the riser.
4. Periodically remove sediment that has accumulated to maintain the capacity and grade in the channel. Reseed any non-cropped areas.
5. Look for settlement over the pipe outlet and for piping along the conduit. Promptly repair and reseed the embankment if either of these conditions exist.
6. Eradicate or otherwise remove any rodents or other burrowing animals from the embankment. Immediately repair any damage caused by their activity.
7. Remove any trash or debris from around the outlet and maintain the animal guard.
8. Control tree and brush growth by hand cutting, mowing, or chemicals. Always follow label instructions when using chemicals. Avoid damaging the grass cover when using chemicals.
9. Maintain the proper width, depth, and shape of auxiliary spillways. Fill and seed any rills that occur.
10. Repair all broken subsurface drain lines adjacent to or in the basin.
11. Maintain the desired vegetation by mowing and fertilizing as needed. To benefit wildlife, delay the first mowing until after nesting bird eggs have hatched. The slopes on many embankments may be too steep to safely operate mowing equipment. Operate mowing and other equipment on slopes in accordance with the machinery's operation manual.

Specific Site Requirements

Reset

Wright Soil and Water Conservation District Seeding Worksheet

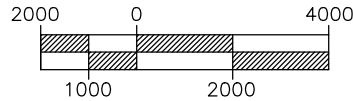
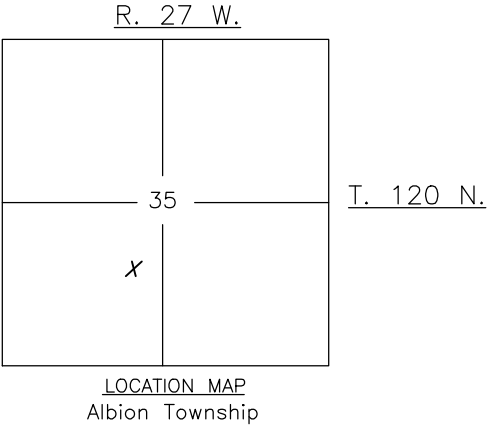
Project Information	
Project Name	JD 15
County	Wright
Township	Cokato
Sec/Twp/Range	33/119N/28W
Seeding Area (Sq.Ft.)	82300
Seeding Area (Acres)	1.89

Warm Season Native Grass Seed Select a Minimum of 3	Select	Drilling PLS (lbs)	Broadcasting PLS (lbs)
Big Bluestem	☒	11.34	22.67
Indiangrass	☒	9.45	18.89
Switchgrass	☒	7.56	15.11
Sideoats Grama	☐	0.00	0.00
Little Bluestem	☐	0.00	0.00
Cool Season Native Grass Seed Select a Minimum of 2	Select	Drilling PLS (lbs)	Broadcasting PLS (lbs)
Canada Wildrye	☒	11.34	22.67
Slender Wheatgrass	☒	11.34	22.67
Virginia Wildrye	☐	0.00	0.00
Western Wheatgrass	☐	0.00	0.00
Optional Forbs Mix	☐	Drilling PLS (lbs)	Broadcasting PLS (lbs)
Blackeyed Susan		0.00	0.00
Hoary Vervain		0.00	0.00
Partridge Pea		0.00	0.00
Wild Bergamot		0.00	0.00
Yellow Coneflower		0.00	0.00
Stiff Goldnerod		0.00	0.00
Required Project Seed Weight (lbs)		51.01	102.02

Required Cover Crop	Select	Drilling (lbs/ac)	Broadcasting (lbs/ac)
Winter Wheat (Fall Project)	☒	56.68	75.57
Oats (Spring/early Summer Project)	☐	0	0
Required Project Cover Crop Seed Weight (lbs)		57	76

See Reverse Side For Site Preparation Notes

<u>Soil Preparation Summary</u>
Harley rake, harrow or light disk for soil prep
Use drill or broadcaster appropriate for native seeding (if broadcasting, drag to lightly incorporate seed)
Straw mulcher
Straw Crimper
Erosion Control Blanket as Identified in Planset



Minnesota specifications for conservation practices apply for all materials and construction work. These specifications are part of this plan.

NOTE: Changes in the drawings or specifications must be authorized by the owner and the NRCS representative with the proper approval authority.

The owner is responsible for obtaining land rights and local, state, and federal permits or other permission necessary to perform and maintain the practice.

Before start of construction, the owner(s) of any utilities involved must be notified. The excavator is responsible for giving notice by calling "Gopher State One-Call" at (651) 454-0002 (twin cities metro area) or (800) 252-1166 (all other locations) at least 48 hours prior to any excavation.

GSOC Number _____

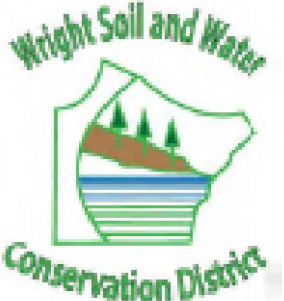
I have reviewed and understand the plans and specifications and agree to complete the work accordingly. Failure to meet these plans and specifications may jeopardize any financial assistance applied for. I understand that it is my responsibility to secure all necessary permits and licenses, and to complete the work in accordance with all local, state, and federal laws. Modifications of these plans or specifications must be approved by the natural resources conservation service before installation. I assume responsibility for negotiations and agreements with the contractors.

COOPERATORS SIGNATURE _____

DATE _____

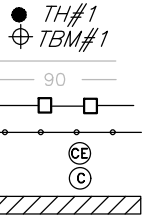
WRIGHT SOIL AND WATER
CONSERVATION DISTRICT

DETAIL PLANS FOR
WASCOBS
JD 15
WRIGHT COUNTY, MINNESOTA



LEGEND

SOIL BORING _____
BENCH MARK, TEMPORARY _____
CONTOUR _____
CONTOUR, INDEX _____
EXISTING TILE _____
PROPOSED TILE _____
COMMON EXCAVATION _____
EARTHFILL, CLASS C COMPACTION _____
BORROW AREA _____



INDEX OF DRAWINGS

SHEET	TITLE
1	Cover Page
2	Layout Page
3	Side Inlet Alignments
4	Side Inlet Profiles
5	Dual Wall Intake Detail
6	Auxiliary Spillway Details
7	Flexamat Details
8	Plungepool Details
9	Tile Line Alignments
10	Tile Line 1 Profile
11	Tile Line 2 Profile
12	Tile Line 3 Profile
13	Tile & Intake Details
14	WASCoB Alignments
15	Basin Profiles
16	Basin Profiles
17	Basin Profiles
18	Embankment Details

CONSTRUCTION CERTIFICATION

THIS INSTALLATION MEETS NRCS STANDARDS AND SPECIFICATIONS. ____ YES ____ NO
INSPECTED BY: _____
CERTIFIED BY: _____
DATE: _____

JOB APPROVAL AUTHORITY LEVEL: V

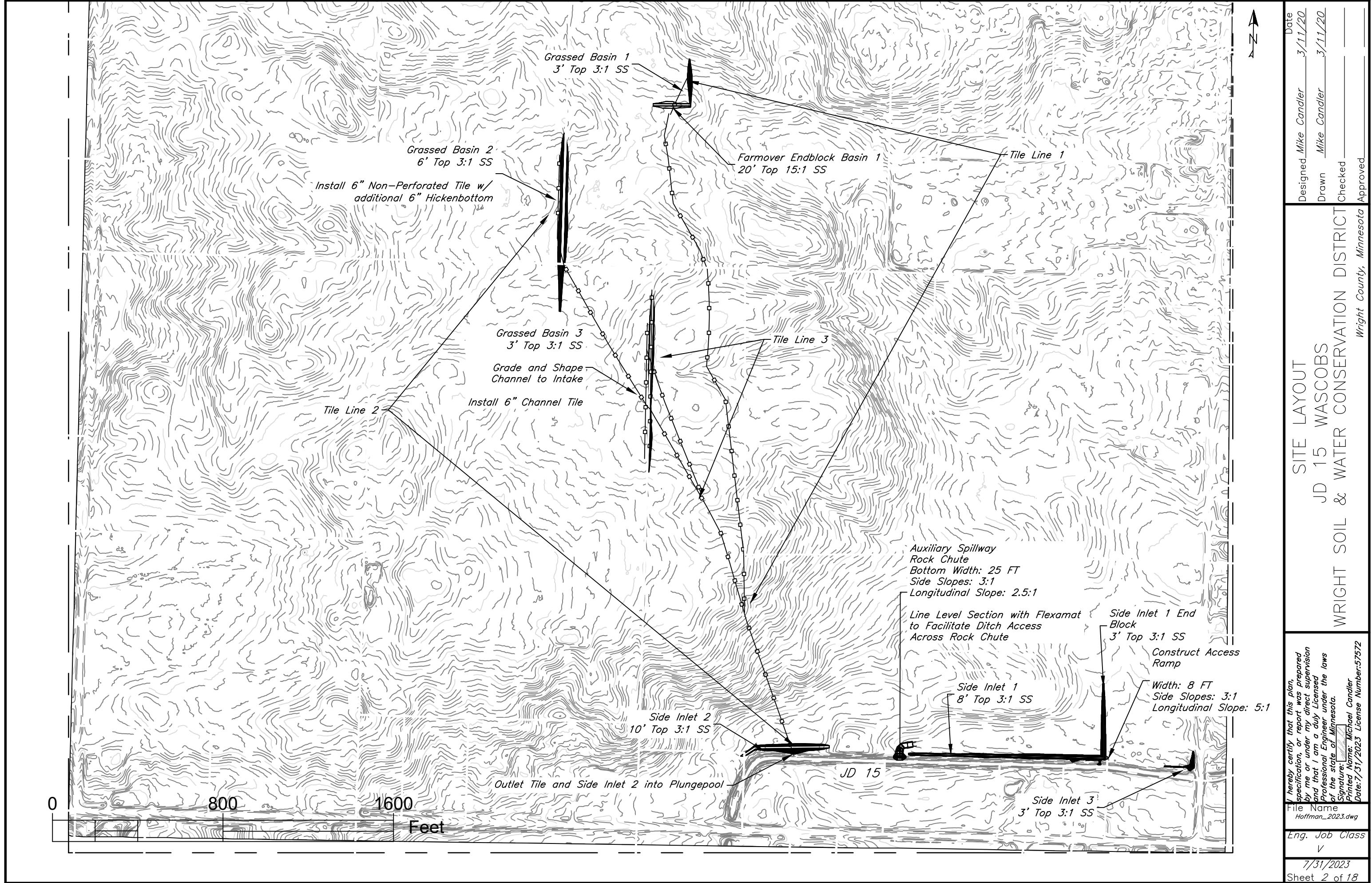
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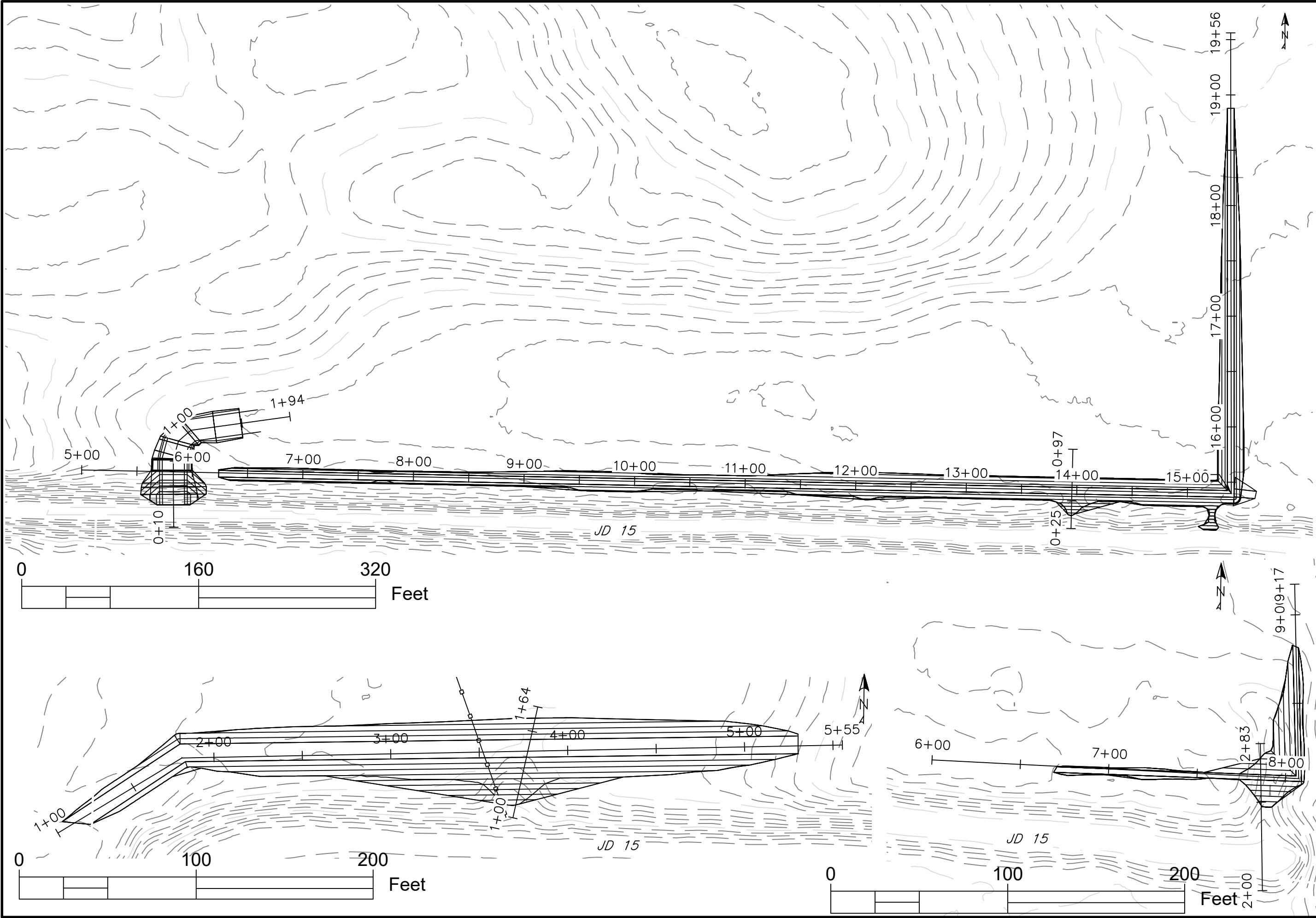
TBM 1 – Technician to stake
TMB2 – ELEV
GEOID09, INTERNATIONAL FEET
HORIZONTAL DATUM IS ASSUMED BASED ON UTM ZONE 15N, NAD 1983 CONUS, VERTICAL DATUM ASSUMED

Date
Designed Mike Candler 3/11/20
Drawn Mike Candler 3/11/20
Checked _____
Approved _____

COVER PAGE
JD 15
WASCOBS
WRIGHT SOIL & WATER CONSERVATION DISTRICT
Wright County, Minnesota

I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the state of Minnesota.
Signature: Michael Candler
Date: 7/31/2023 License Number: 57572
File Name
Hoffman_2023.dwg
Eng. Job Class
V
7/31/2023
Sheet 1 of 18

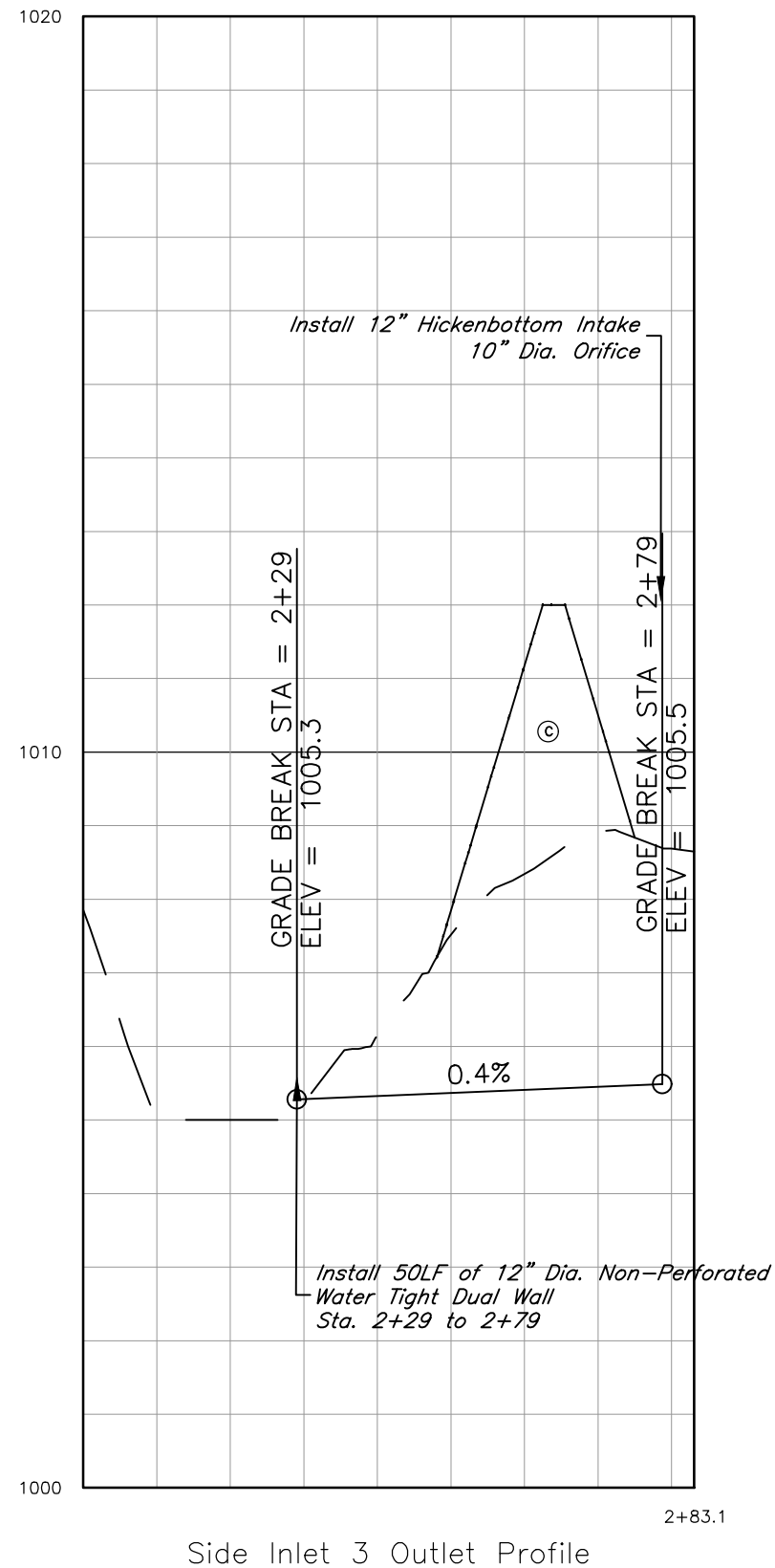
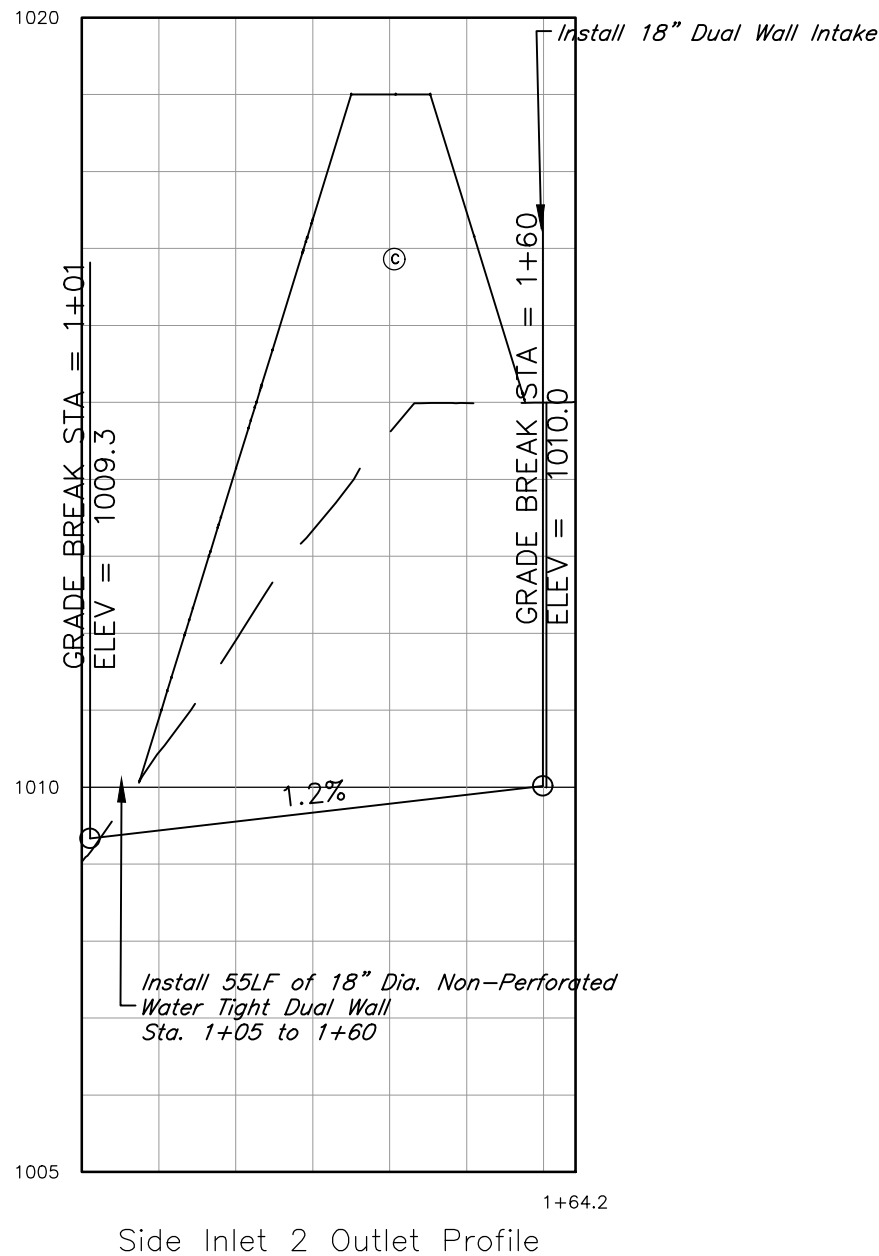
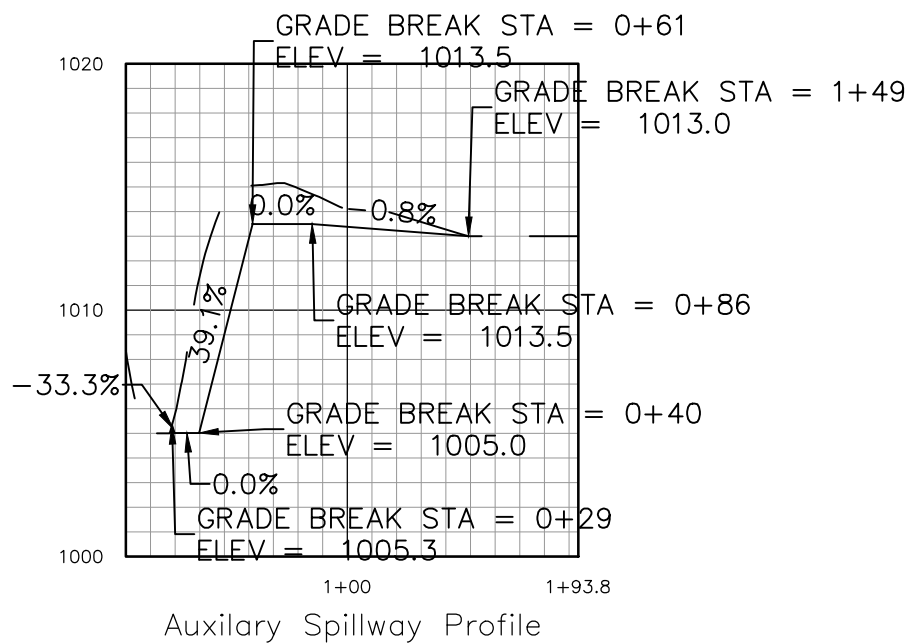
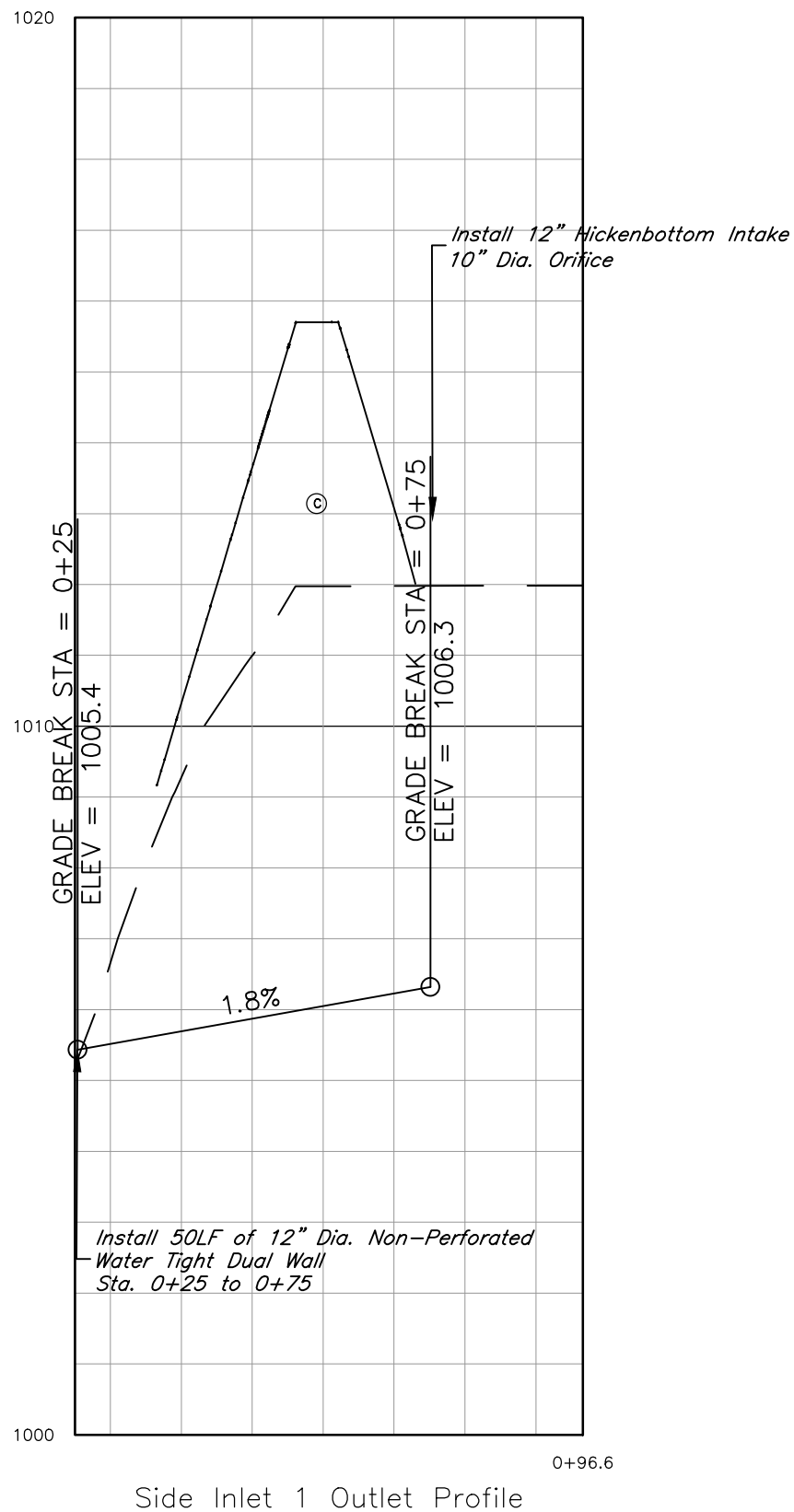




Date	3/11/20
Designed	Mike Candler
Drawn	Mike Candler
Checked	
Approved	

SIDE INLET ALIGNMENTS
JD 15 WASCOPS
WRIGHT SOIL & WATER CONSERVATION DISTRICT
Wright County, Minnesota

I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the state of Minnesota. Signature: Printed Name: Michael Candler Date: 7/31/2023 License Number: 57572
File Name Hoffman_2023.dwg
Eng. Job Class V
7/31/2023 Sheet 3 of 18



Date
Designed Mike Candler 3/11/20
Drawn Mike Candler 3/11/20
Checked _____
Approved _____

SIDE INLET PROFILES
JD 15 WASCOPS
WRIGHT SOIL & WATER CONSERVATION DISTRICT
Wright County, Minnesota

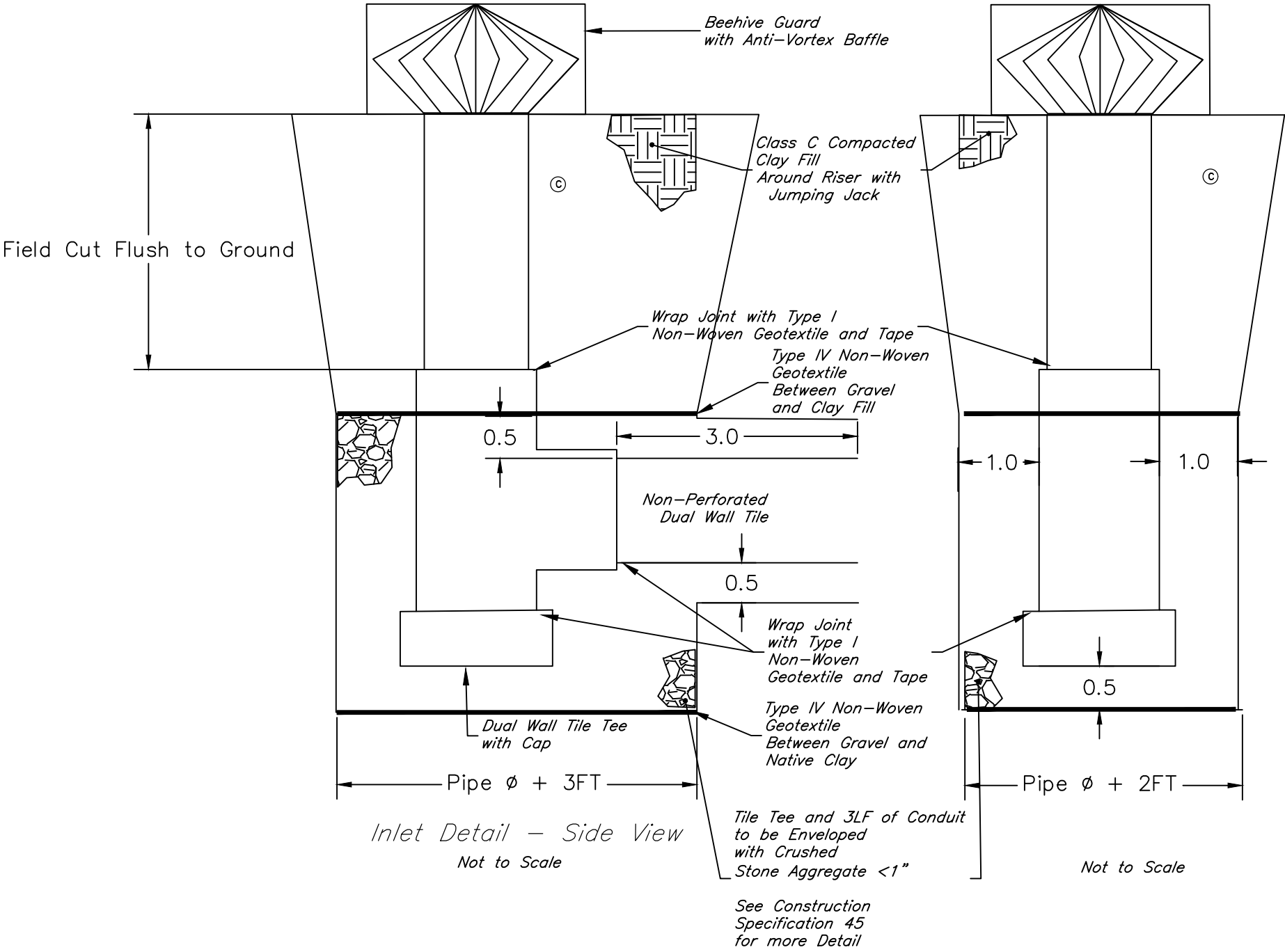
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Printed Name: Michael Candler
Date: 7/31/2023 License Number: 57572

File No.
Hoffman_2023.dwg

Eng. Job Class
V

7/31/2023
Sheet 4 of 18

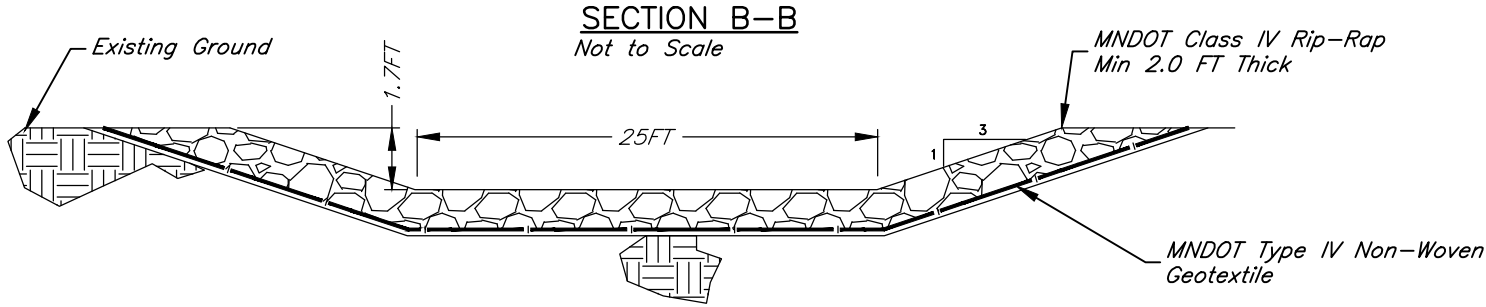
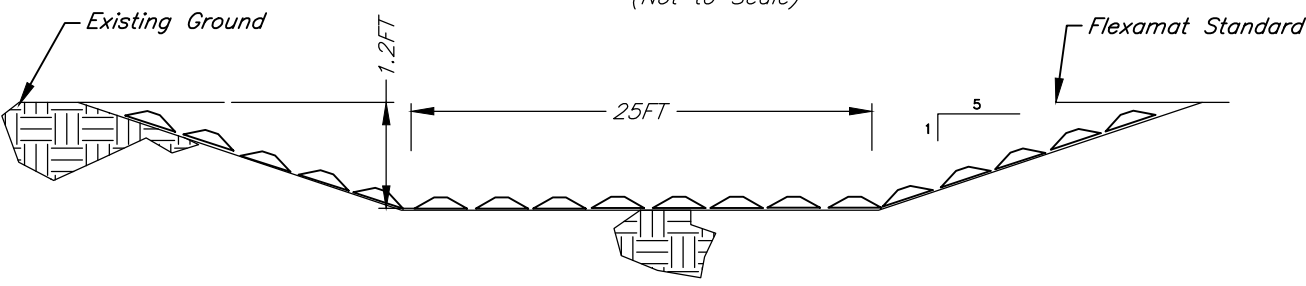
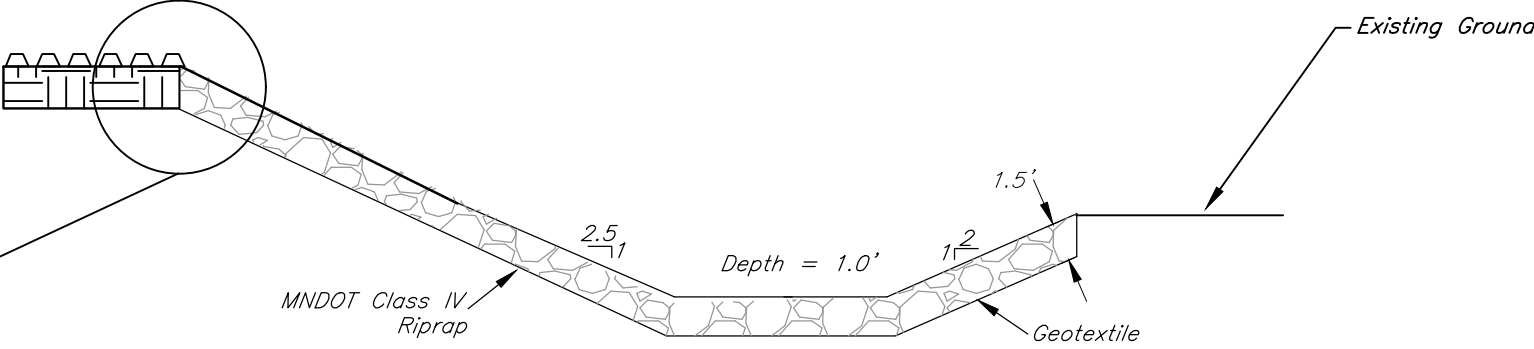
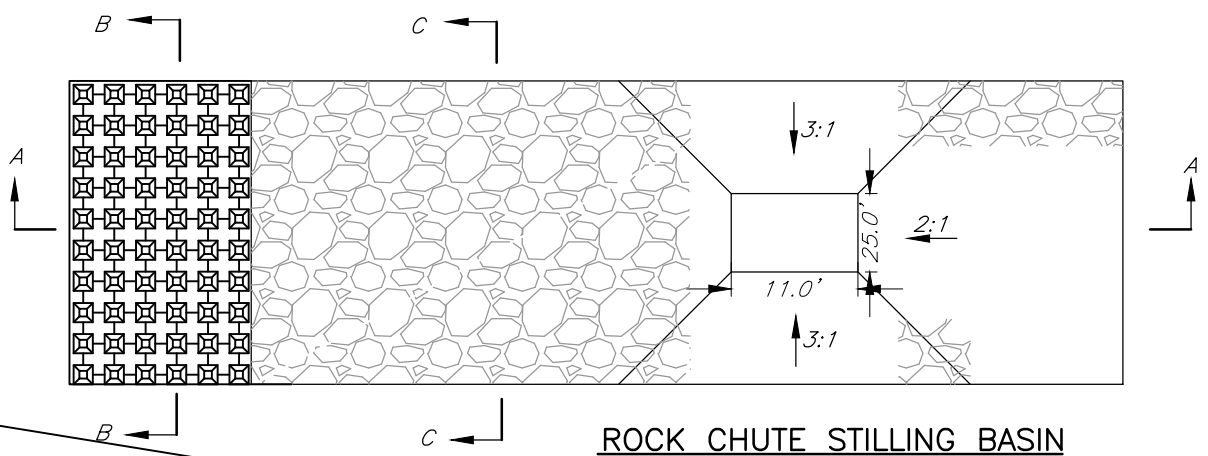
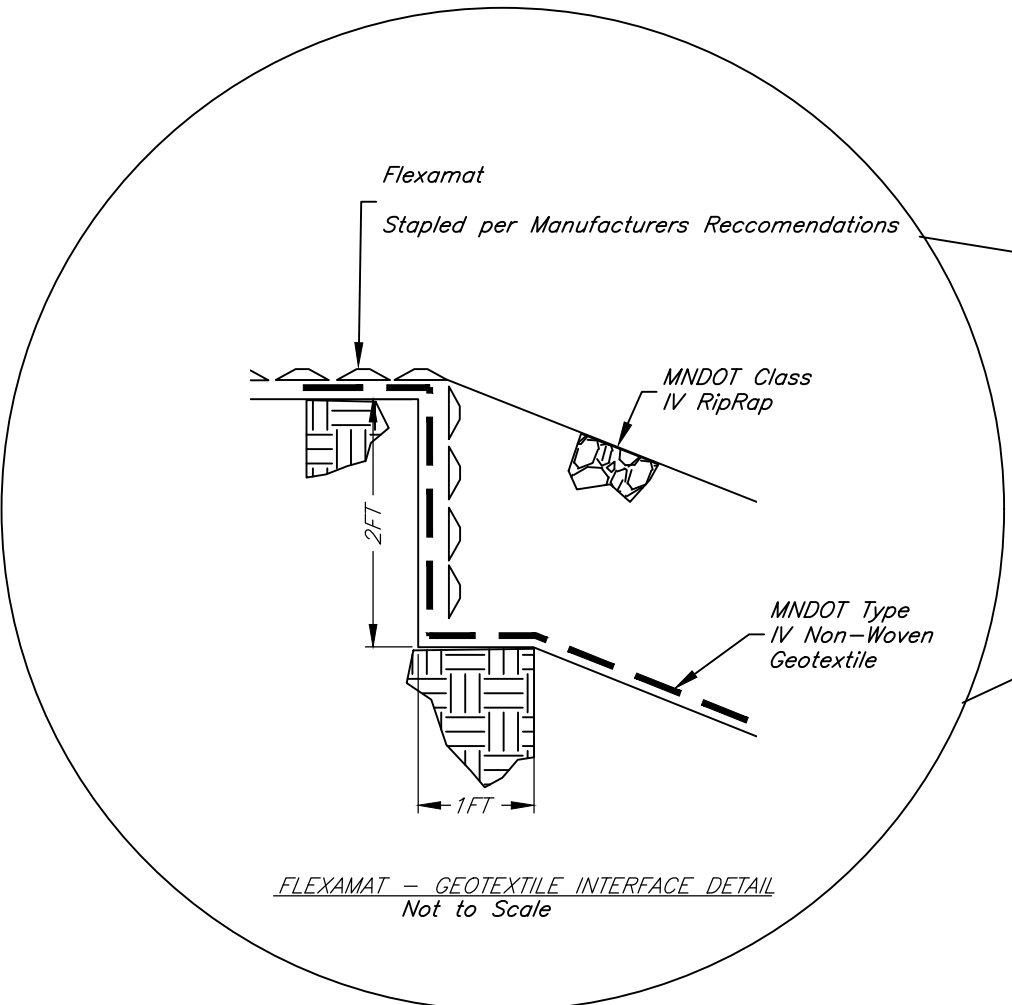
Side Inlet 2 Bill of Materials		
Item Description	Unit	Quantity
18" Blind Tile Tee	EACH	1
18" Dual Wall HDPE Tile	LF	55
18" Beehive Guard With Anti-Vortex Baffle	EACH	1
Type 1 Non-Woven Geotextile	SY	4
Type 4 Non-Woven Geotextile	SY	2
Clean Crushed Stone Aggregate <1"	CY	3



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DUAL WALL INTAKE DETAIL
JD 15 WASCBS
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File Name
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Eng. Job Class
V
7/31/2023
Sheet 5 of 18



CONSTRUCTION NOTES:

General:

1. Clean out all wash outs of loose soil, rocks, vegetation, and woody debris. Re-Compact and re-grade to match existing slopes.
2. Stabilize all disturbed ditch side slopes with S1 Landlock Erosion Control Blanket or equivalent

Materials:

1. Geotextile fabric shall be non-woven, meeting the requirements of MNDOT Standard Spec 3733, TYPE 4
2. Rip-rap shall be class IV per the requirements of MNDOT Standard Spec 3601
3. Rip-rap shall be free from dirt, clay, sand, rock fines and other material not meeting the required gradation limits
4. Rip-rap shall not be produced from limestone rock. Rip-rap derived from limestone will not be accepted for use in the project.

Foundation Preparation:

1. The surface on which the geotextile fabric is to be placed shall be graded to the neat lines and grades as shown on the drawings. It shall be reasonably smooth and free of loose rock and clods, holes, depressions, projections, muddy conditions, and standing or flowing water.
2. ***Geotextile fabric shall not be placed until the foundation preparation is complete and the subgrade surface has been inspected and approved***

Rip-rap Installation:

1. Rip-rap shall be placed in a manner that ensures the material is reasonably homogenous. The larger rocks uniformly distributed and firmly in contact with each other, and the smaller rocks filling in the voids between the larger rocks.
2. Hand placement of rip-rap may be necessary in certain areas to avoid damage to the new drain tile outlet
3. Some excavation may be necessary to ensure that runoff will discharge from the rip-rap basin into the receiving channel. The dimensions of the stilling basins may be warped to fit within the confines of the ditch.

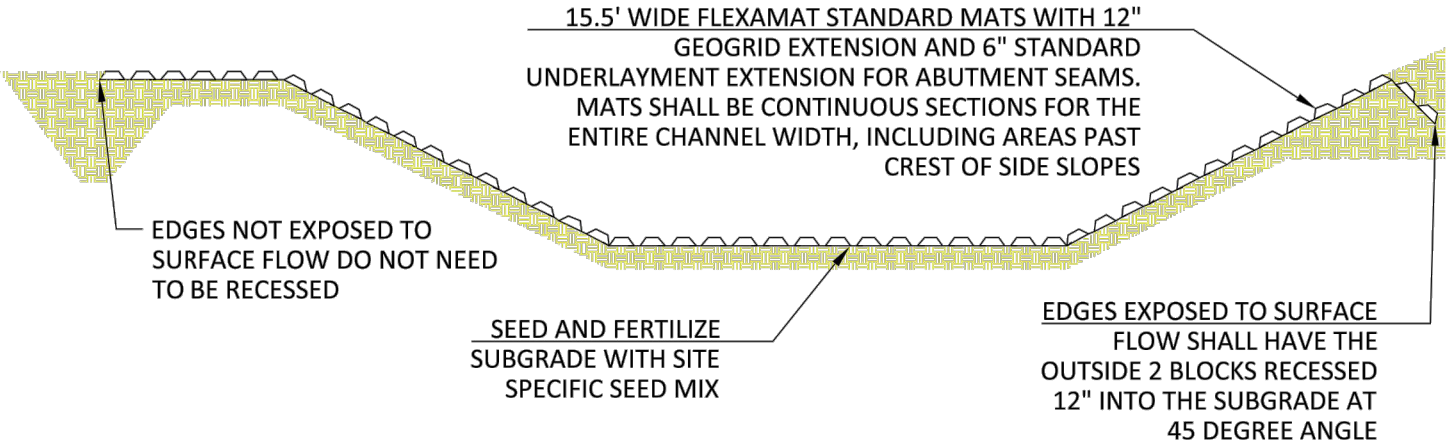
Side Inlet 1 Auxilliary Spillway Bill of Materials		
Item Description	Unit	Quantity
Class IV RipRap	CY	140
Common Excavation	CY	275
Type 4 Non-Woven Geotextile	SY	260
Flexamat	SY	55

Date
Designed Mike Candler 3/11/20
Drawn Mike Candler 3/11/20
Checked
Approved

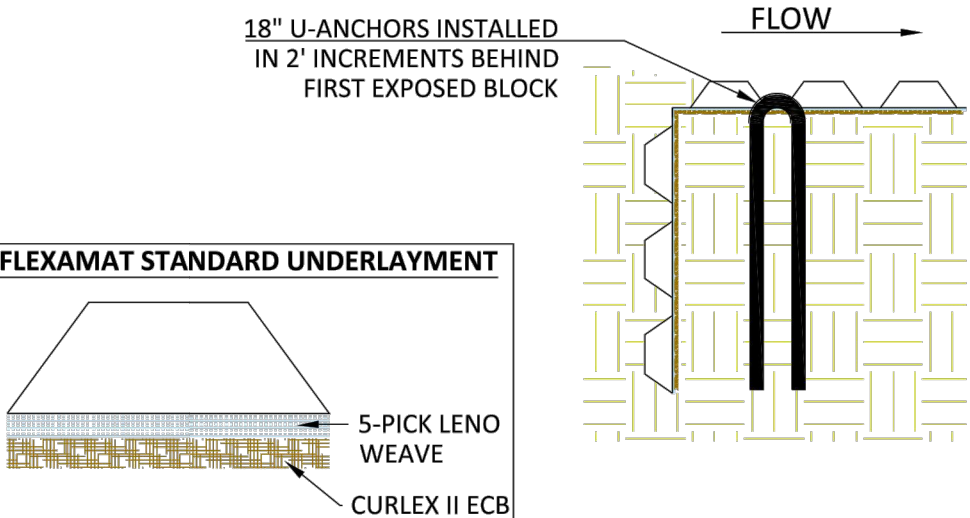
AUXILIARY SPILLWAY DETAILS
JD 15 WASCBS
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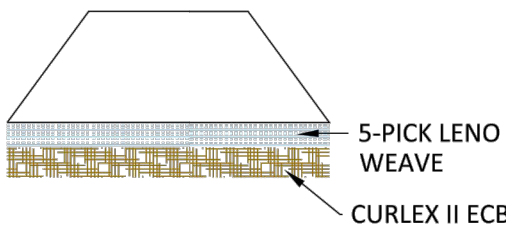
METHOD FOR TREATING EDGES EXPOSED TO SURFACE SHEET FLOW



LEADING AND ENDING ANCHOR TRENCH



FLEXAMAT STANDARD UNDERLAYMENT



FLEXAMAT STANDARD - CHANNEL LAYOUT PERPENDICULAR TO FLOW

CONSTRUCTION NOTES:

1. AN AUTHORIZED MANUFACTURERS REPRESENTATIVE SHALL BE ONSITE FOR THE START OF THE INSTALLATION.
2. GRADE CHANNEL SO THAT WATER WILL FLOW DOWN CENTER OF THE CHANNEL AND BE CONTAINED TO THE CHANNEL. ALL SUBGRADE SURFACES PREPARED FOR PLACEMENT OF MATS SHALL BE SMOOTH AND FREE OF ALL ROCKS, STICKS, ROOTS, OTHER PROTRUSIONS, OR DEBRIS OF ANY KIND.
3. PRIOR TO FLEXAMAT STANDARD INSTALLATION, SEED AND FERTILIZE SUBGRADE WITH SITE SPECIFIC SEED MIX IN ACCORDANCE WITH THE PROJECT PLANS AND SPECIFICATIONS.
4. INSTALL FLEXAMAT STANDARD ROLLS THAT ARE 15.5' WIDE WITH A 12" GEOGRID EXTENSION AND 6" STANDARD UNDERLAYMENT EXTENSION.
 - 4.1. INSTALL MATS SO THAT THE MATTING EXTENDS PAST THE CREST OF EITHER SIDE SLOPE FOR SLOPES STEEPER THAN 2:1, EMBED EDGE IN A 12" VERTICAL ANCHOR TRENCH. MATS SHALL BE CONTINUOUS SECTIONS ACROSS THE CHANNEL, INCLUDING AREAS PAST CREST OF SIDE SLOPES.
 - 4.2. FOR SLOPES LESS THAN 2:1, OUTSIDE LONGITUDINAL EDGES SHALL BE EMBEDDED IN A 12" 45 DEGREE ANCHOR TRENCH, ONLY IF EXPOSED TO SURFACE FLOW.
 - 4.3. INSTALLATION STARTS AT THE DOWN CHANNEL END AND MOVES UP THE CHANNEL, TOWARDS THE START OF CHANNEL OR OUTLET STRUCTURE. INSTALL UP CHANNEL MATS OVER THE GEOGRID AND UNDERLAYMENT EXTENSIONS OF DOWNSTREAM MATS. ENSURE EXTENSIONS ARE LAYING FLAT ON SUBGRADE AND UNDER ADJACENT MAT.
5. INSTALL 18" U-ANCHORS IN 2' INCREMENTS BEHIND ANCHOR TRENCH AND ACROSS MAT ABUTMENT SEAMS. INSTALL U ANCHORS PERPENDICULAR TO FLOW DIRECTLY BEHIND FIRST BLOCK OF THE UP-CHANNEL MAT. AN ALTERNATIVE TO THE 18" U-ANCHORS IS TO INSTALL 20" STAINLESS STEEL ZIP TIES IN 1' INCREMENTS ACROSS MAT ABUTMENT SEAM. ZIP TIE SHALL BE INSTALLED PERPENDICULAR TO FLOW AND ENCOMPASS A MINIMUM OF THREE CORDS OF GRID OF EITHER MAT AT ABUTMENT SEAMS.
6. AT THE INITIAL LEADING EDGE OF THE ARMORED CHANNEL, EMBED MAT 18" IN A VERTICAL ANCHOR TRENCH. FILL AND COMPACT ANCHOR TRENCH WITH SUITABLE FILL. AT ENDING EDGE OF PROTECTION, EMBED THE MAT 18" IN A TERMINATION TRENCH. THE TRENCH SHALL BE FILLED AND COMPACTED WITH SUITABLE FILL OR OTHER, AS DETERMINED BY THE ENGINEER OF RECORD.

MOTZ
ENTERPRISES, INC.

Flexamat
(513) 772-6689
Info@Flexamat.com
Flexamat.com



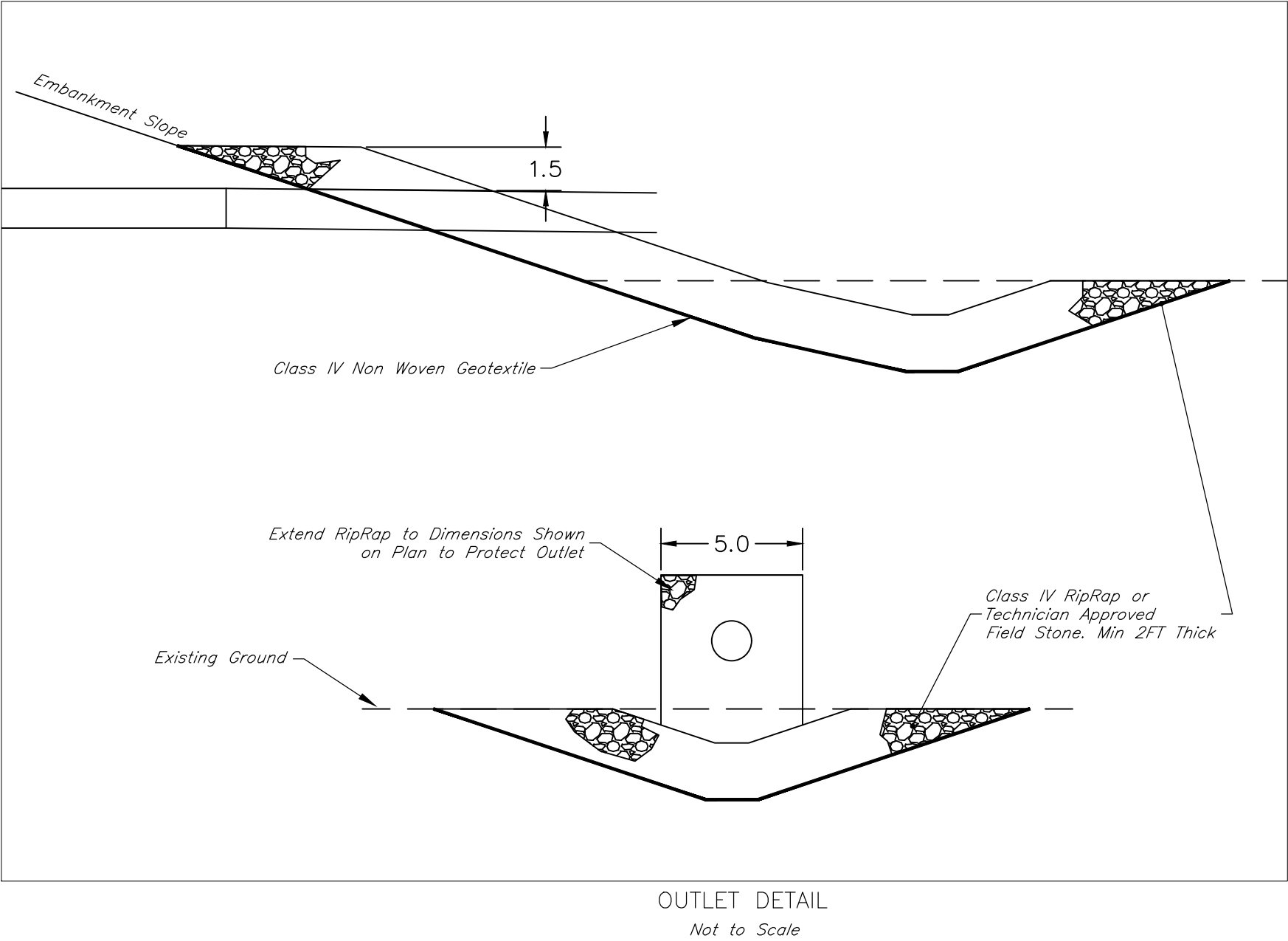
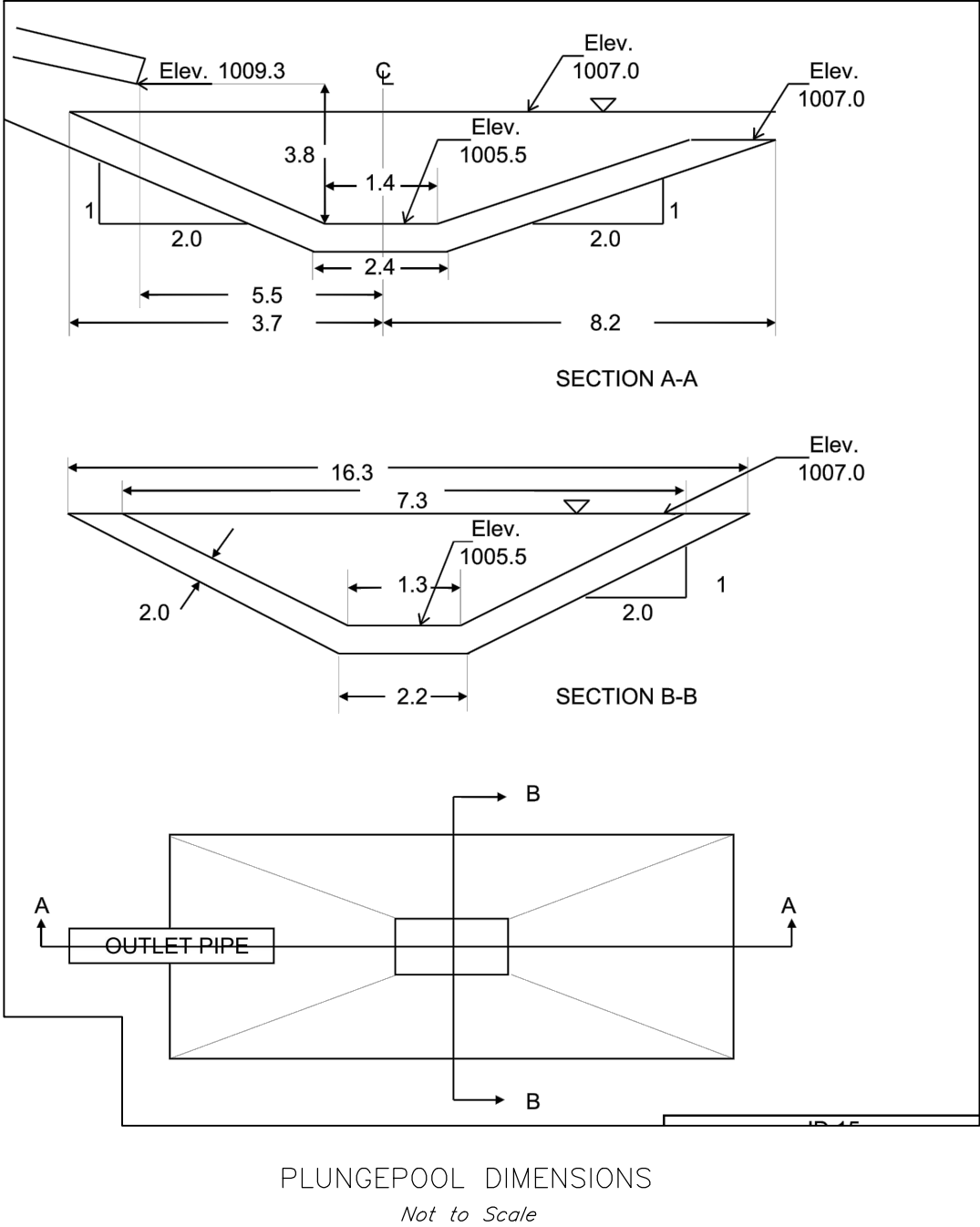
REV - 1

Date
Designed Mike Candler 3/11/20
Drawn Mike Candler 3/11/20
Checked
Approved

FLEXAMAT DETAILS
JD 15
WASCOBS
WRIGHT SOIL & WATER CONSERVATION DISTRICT
Wright County, Minnesota

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Eng. Job Class V
7/31/2023
Sheet 7 of 18

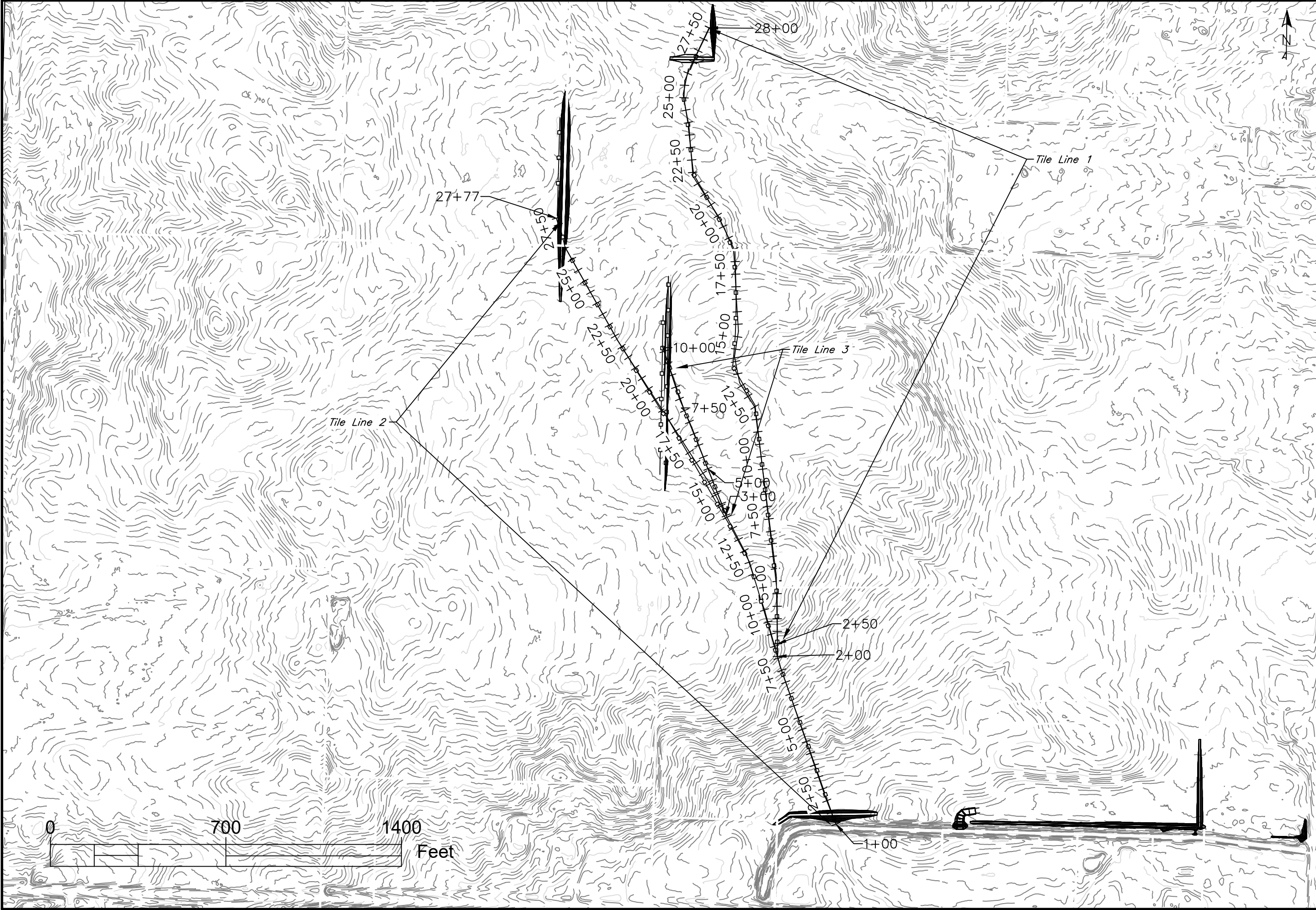
Side Inlet 2 Outlet Protection Bill of Materials		
Item Description	Unit	Quantity
Class IV RipRap	CY	12
Common Excavation	CY	14
Type 4 Non-Woven Geotextile	SY	40



Designed	Mike Candler	Date	3/11/20
Drawn	Mike Candler	Date	3/11/20
Checked			
Approved			

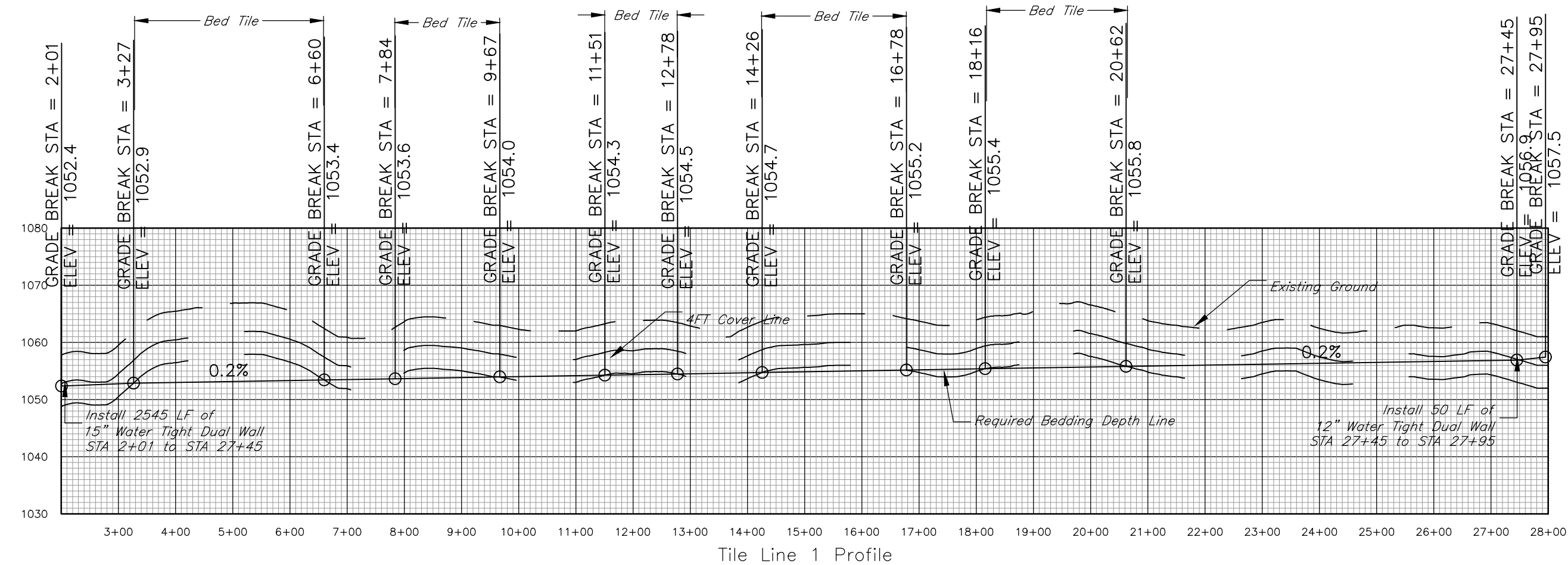
PLUNGEPOOL DETAILS
JD 15
WASCOBS
WRIGHT SOIL & WATER CONSERVATION DISTRICT
Wright County, Minnesota

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File Name	License Number: 57572
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V	
7/31/2023	
Sheet 8 of 18	



TILE LINE ALIGNMENTS		Date
JD 15 WASCOPS		3/11/20
WRIGHT SOIL & WATER CONSERVATION DISTRICT		3/11/20
Wright County, Minnesota		
Designed Mike Candler		3/11/20
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File Name Hoffman_2023.dwg		
Eng. Job Class V		
7/31/2023		
Sheet 9 of 18		

NOTE:
1. Strip 6" minimum under embankments.
2. Minimum of 2.5' fill over tile.



Tile Line 1 Profile

STA	GND ELEV.	DESIGN ELEV	CUT
3+00	1059.5	1052.8	6.7
4+00	1065.5	1053.0	12.5
5+00	1066.9	1053.2	13.7
6+00	1065.6	1053.3	12.2
7+00	1060.9	1053.5	7.4
8+00	1063.7	1053.7	10.0
9+00	1064.0	1053.8	10.2
10+00	1062.3	1054.0	8.3
11+00	1062.0	1054.2	7.8
12+00	1063.5	1054.4	9.2
13+00	1062.9	1054.5	8.4
14+00	1062.7	1054.7	8.0
15+00	1064.7	1054.9	9.8
16+00	1065.0	1055.0	10.0
17+00	1063.7	1055.2	8.5
18+00	1063.9	1055.4	8.5
19+00	1065.4	1055.5	9.9
20+00	1066.6	1055.7	10.8
21+00	1063.8	1055.9	7.9
22+00	1062.3	1056.0	6.3
23+00	1063.5	1056.2	7.3
24+00	1062.5	1056.4	6.1
25+00	1062.2	1056.5	5.6
26+00	1062.6	1056.7	5.9
27+00	1063.3	1056.9	6.5

TILE LINE 1 PROFILE
JD 15 WASCOPS

WRIGHT SOIL & WATER CONSERVATION DISTRICT

Wright County, Minnesota

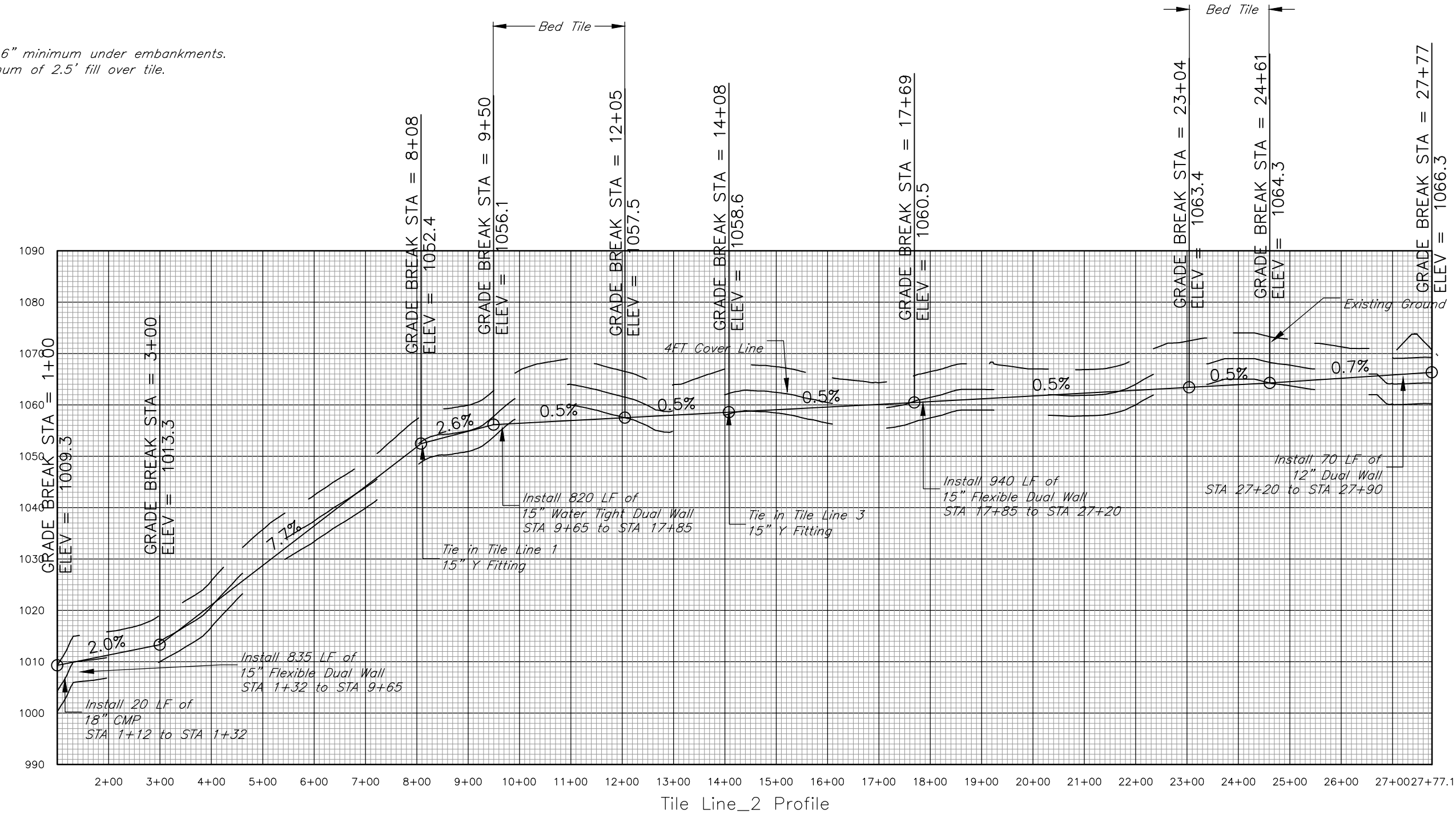
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File No. Hoffman_2023.dwg
Eng. Job Class V
7/31/2023
Sheet 10 of 18

NOTE:

- 1. Strip 6" minimum under embankments.
- 2. Minimum of 2.5' fill over tile.



STA	GND ELEV.	DESIGN ELEV	CUT
2+00	1015.9	1011.3	4.6
3+00	1019.0	1013.4	5.7
4+00	1025.8	1021.0	4.7
5+00	1035.7	1028.7	7.0
6+00	1042.4	1036.4	6.0
7+00	1048.9	1044.1	4.8
8+00	1057.2	1051.8	5.4
9+00	1059.9	1054.8	5.1
10+00	1066.7	1056.4	10.3
11+00	1069.0	1056.9	12.0
12+00	1066.6	1057.5	9.2
13+00	1063.9	1058.0	5.9
14+00	1067.0	1058.5	8.5
15+00	1067.4	1059.0	8.4
16+00	1065.4	1059.6	5.9
17+00	1064.3	1060.1	4.2
18+00	1066.5	1060.6	5.8
19+00	1068.0	1061.2	6.8
20+00	1067.0	1061.7	5.3
21+00	1066.8	1062.3	4.6
22+00	1069.0	1062.8	6.2
23+00	1072.4	1063.4	9.0
24+00	1074.0	1063.9	10.1
25+00	1072.7	1064.5	8.2
26+00	1071.3	1065.2	6.1
27+00	1069.2	1065.8	3.3

TILE LINE 2 PROFILE
JD 15 WASCOPS

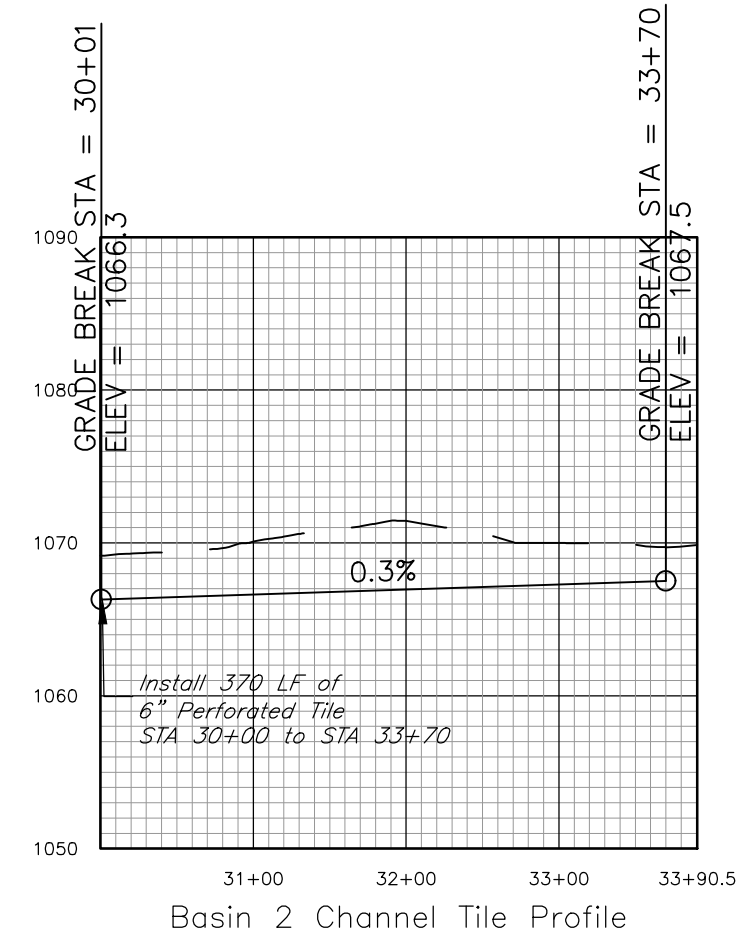
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Wright County, Minnesota

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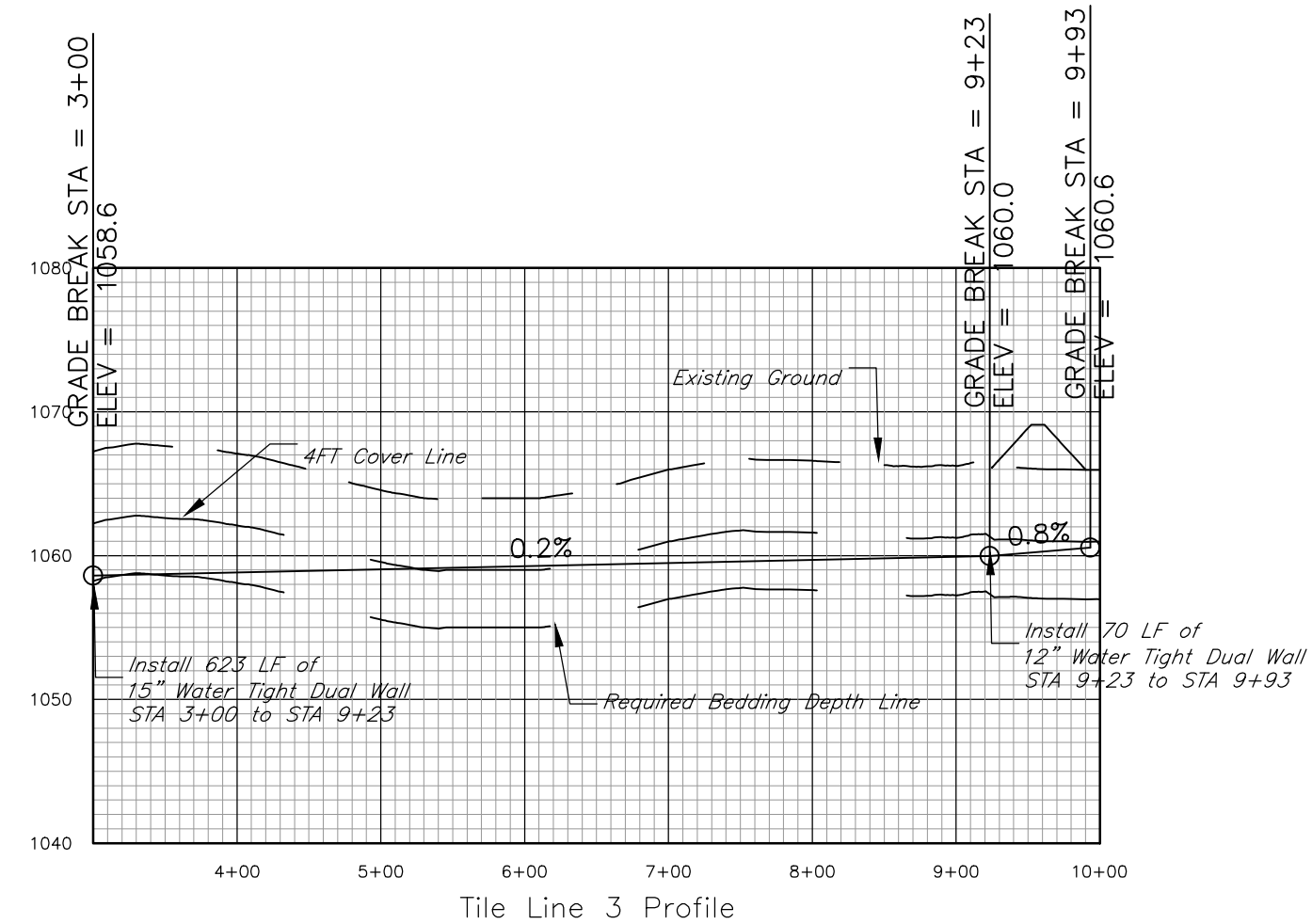
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7/31/2023
Sheet 11 of 18

NOTE:
1. Strip 6" minimum under embankments.
2. Minimum of 2.5' fill over tile.



STA	GND ELEV.	DESIGN ELEV	CUT
31+00	1070.1	1066.6	3.5
32+00	1071.4	1067.0	4.5
33+00	1070.0	1067.3	2.7



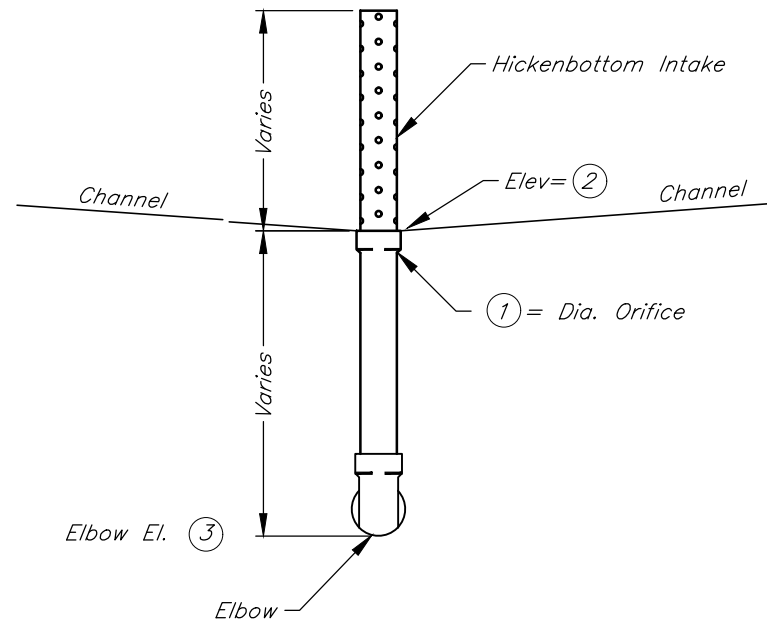
STA	GND ELEV.	DESIGN ELEV	CUT
4+00	1067.1	1058.8	8.3
5+00	1064.6	1059.0	5.5
6+00	1064.0	1059.3	4.7
7+00	1066.0	1059.5	6.5
8+00	1066.6	1059.7	6.9
9+00	1066.2	1059.9	6.3

Designed Mike Candler 3/11/20
Drawn Mike Candler 3/11/20
Checked _____
Approved _____

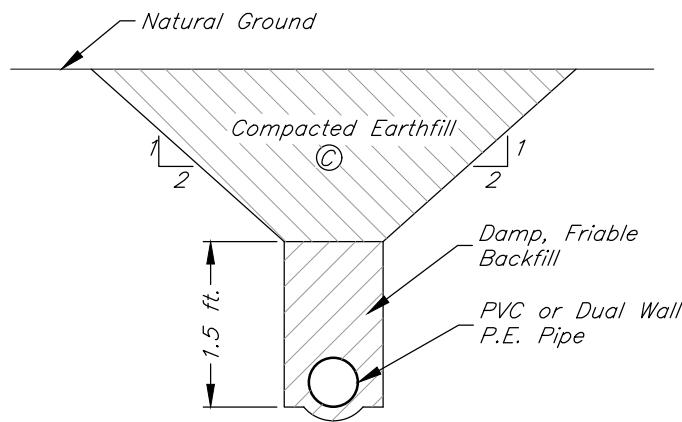
TILE LINE 3 PROFILE
JD 15 WASCOPS
WRIGHT SOIL & WATER CONSERVATION DISTRICT
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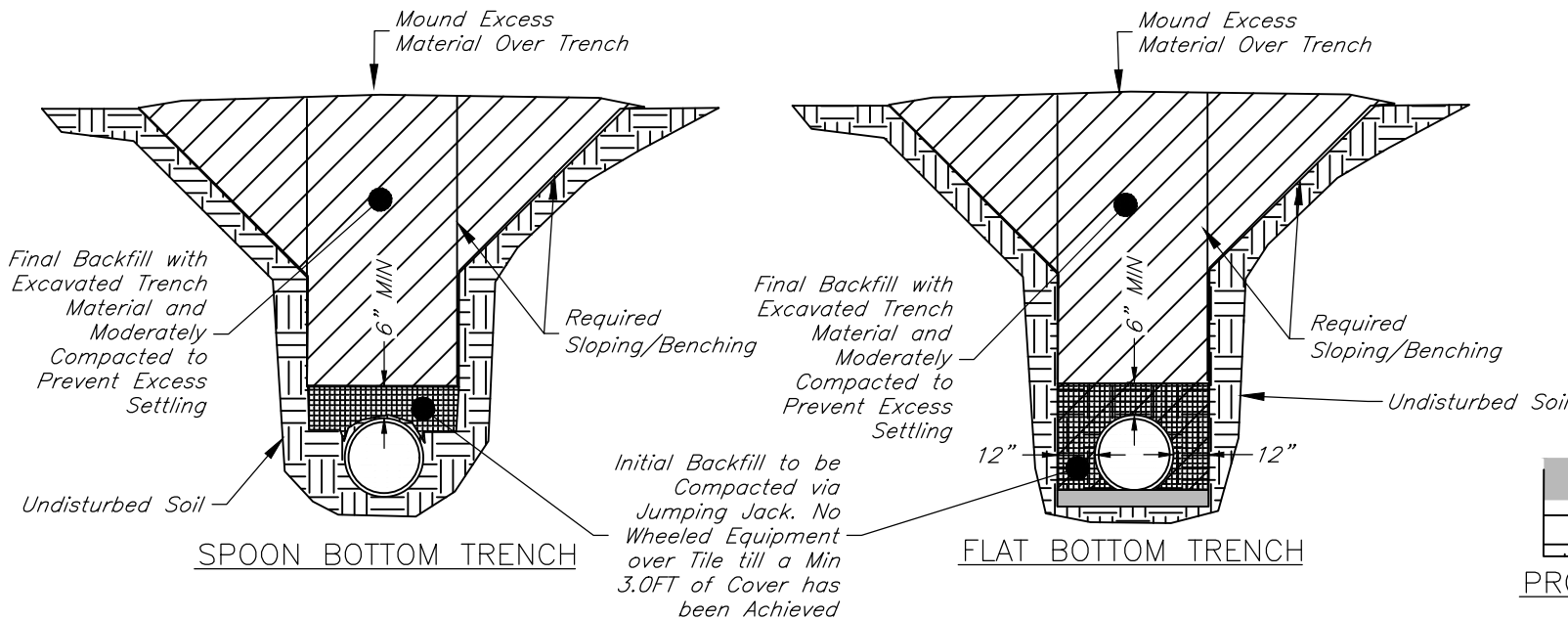
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Eng. Job Class V
7/31/2023
Sheet 12 of 18



INTAKE IN CHANNEL



TRENCH UNDER EARTHFILL

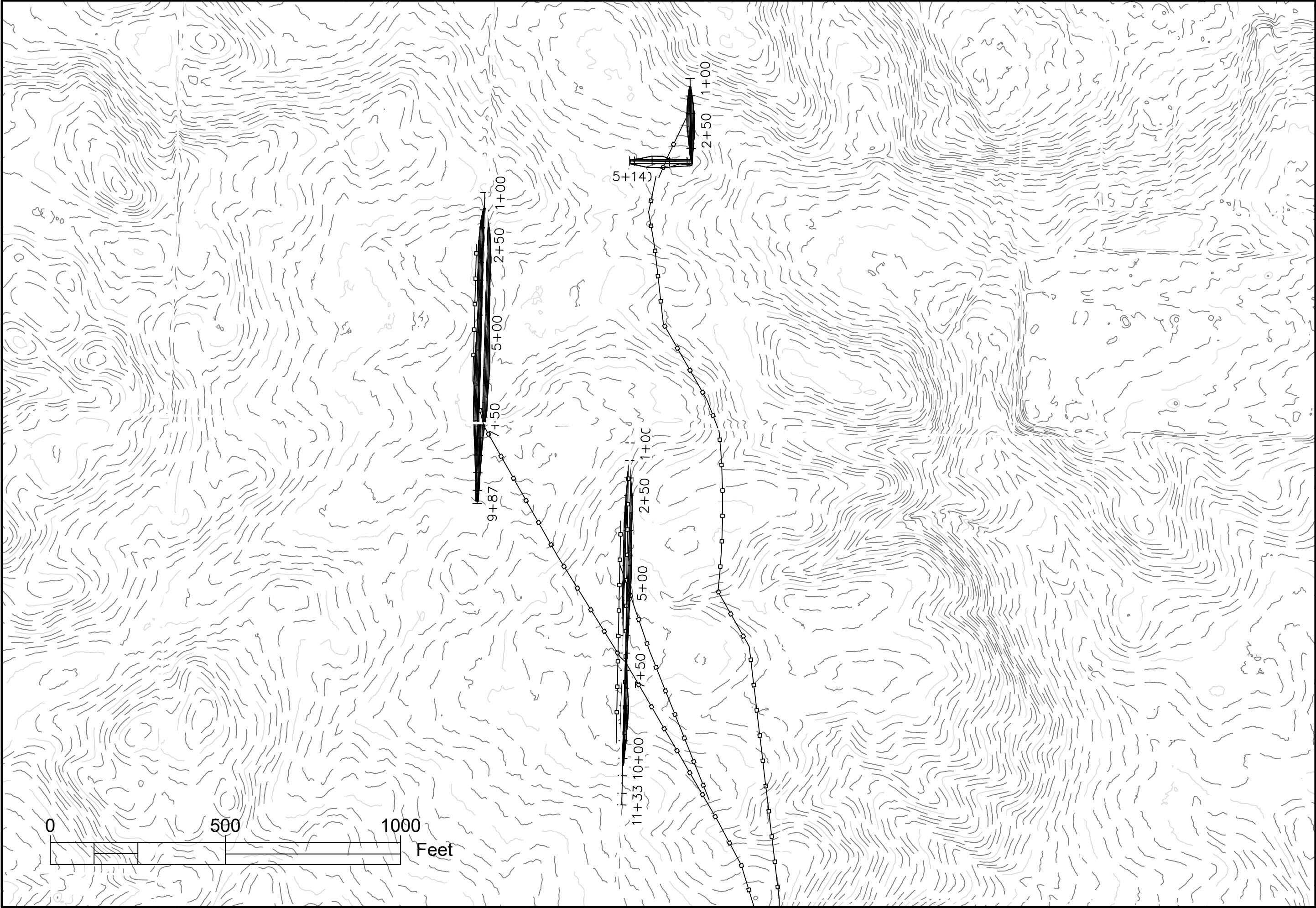


SUMMARY							
	Basin 1	Basin 2	Basin 2a	Basin 3	Side Inlet 1	Side Inlet 2	Side Inlet 3
Intake	Direct – HALF SECTION	Direct – HALF SECTION	Direct – HALF SECTION	Direct	Direct	Direct (Dual Wall)	Direct – HALF SECTION
Intake Dia	12"	12"	6"	12"	12"	18"	12"
Orifice Dia. (1)	9.0"	7.5"	2"	7.0"	10"	18"	10"
Intake Ground Elev (2)	1060.0	1068.8	1069.5	1065.7	1011.4	1015.0	1008.0
Elbow or Tee Elev (3)	1057.5	1066.3	1067.5	1060.6	1006.3	1010.0	1005.5

Date 3/11/20
Designed Mike Candler
Drawn Mike Candler
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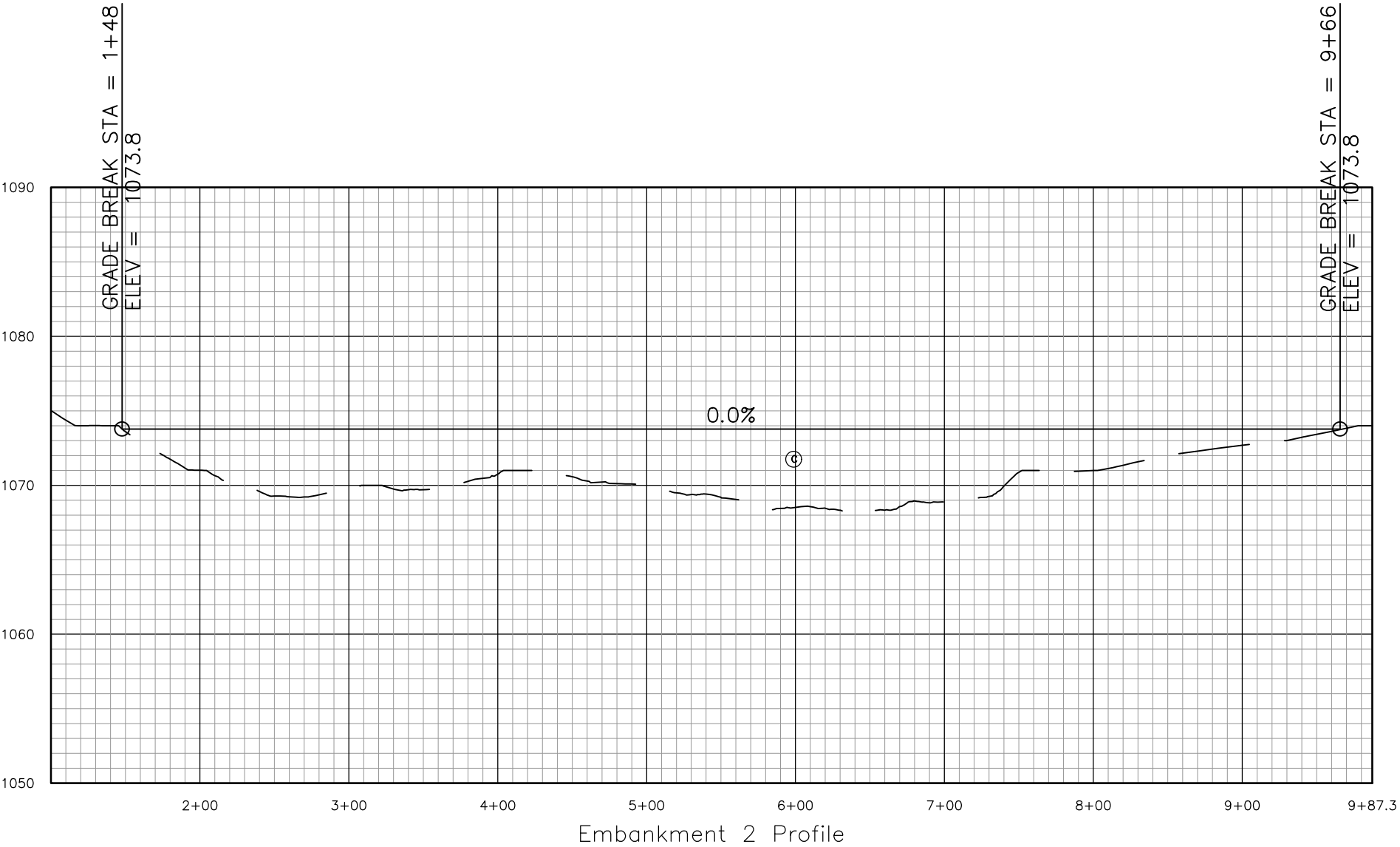
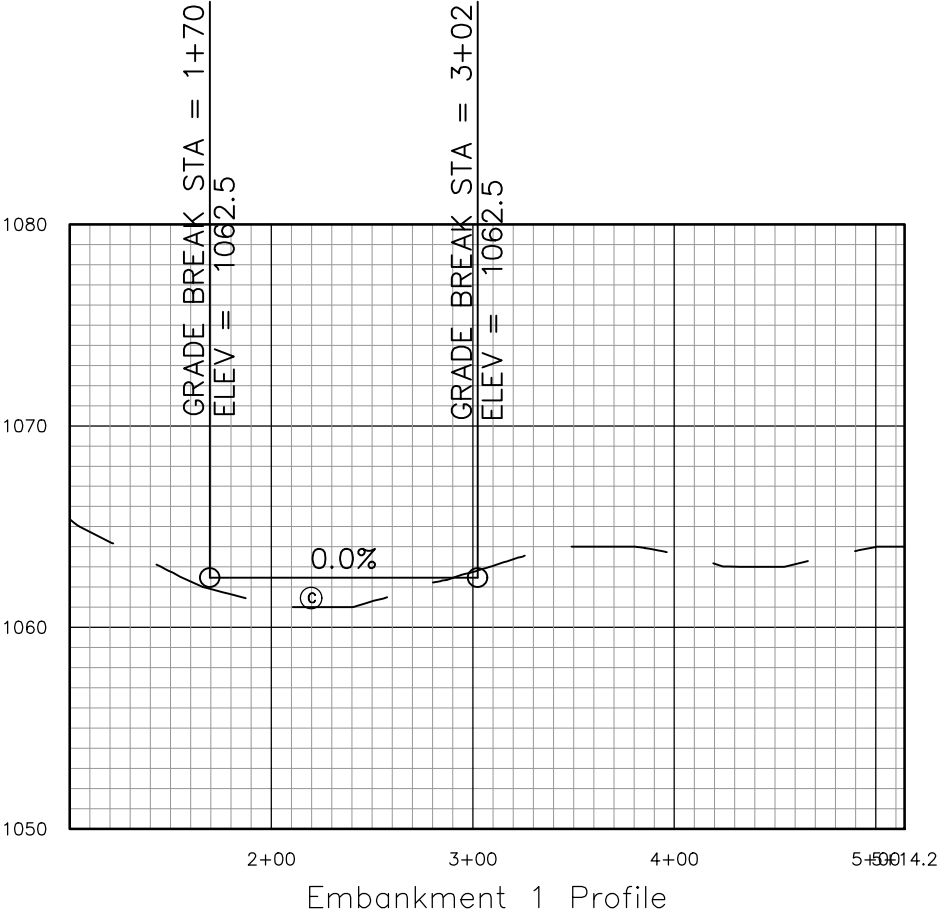
TILE & INTAKE DETAILS
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File Name <u>Hoffman_2023.dwg</u>		Eng. Job Class <u>V</u>		7/31/2023 Sheet 14 of 18	

NOTE:
1. Strip 6" minimum under embankments.
2. Minimum of 2.5' fill over tile.



BASIN PROFILES

JD 15 WASCOPS
WRIGHT SOIL & WATER CONSERVATION DISTRICT

Wright County, Minnesota

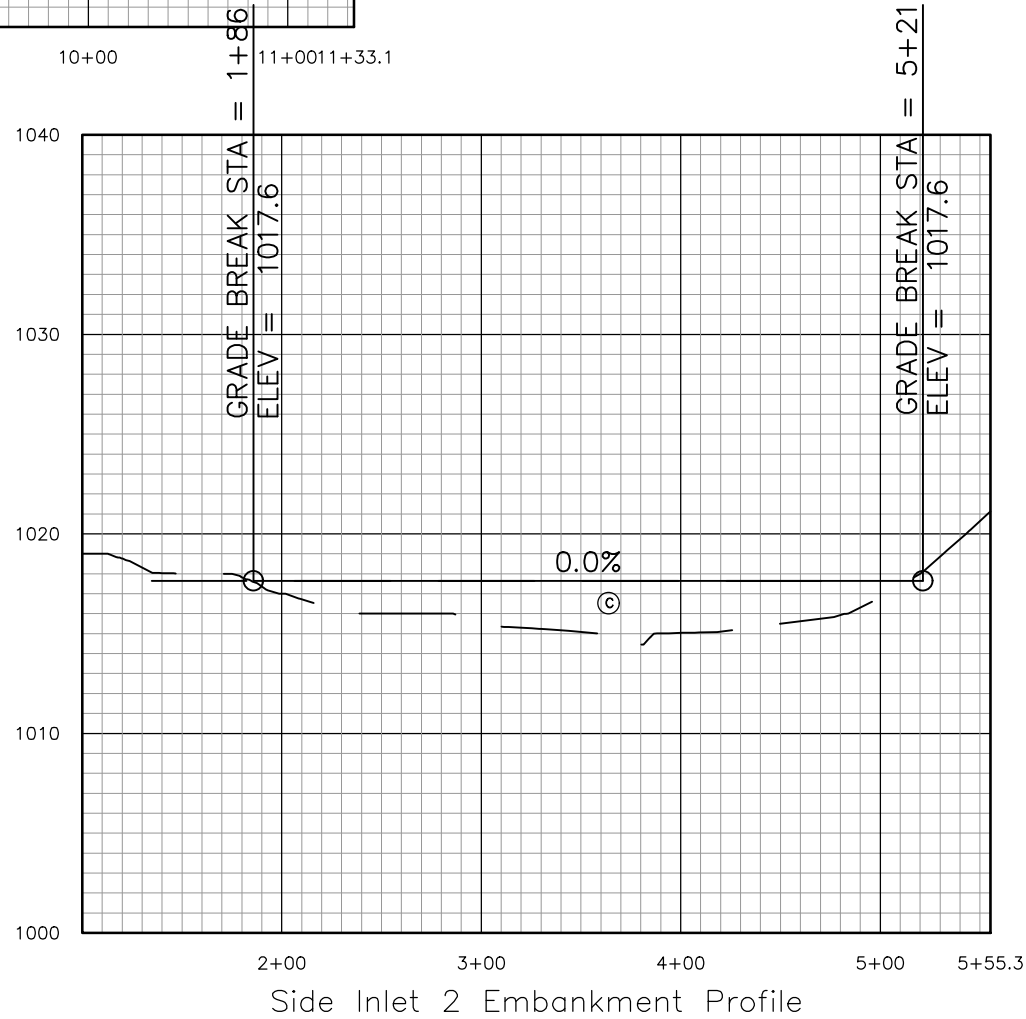
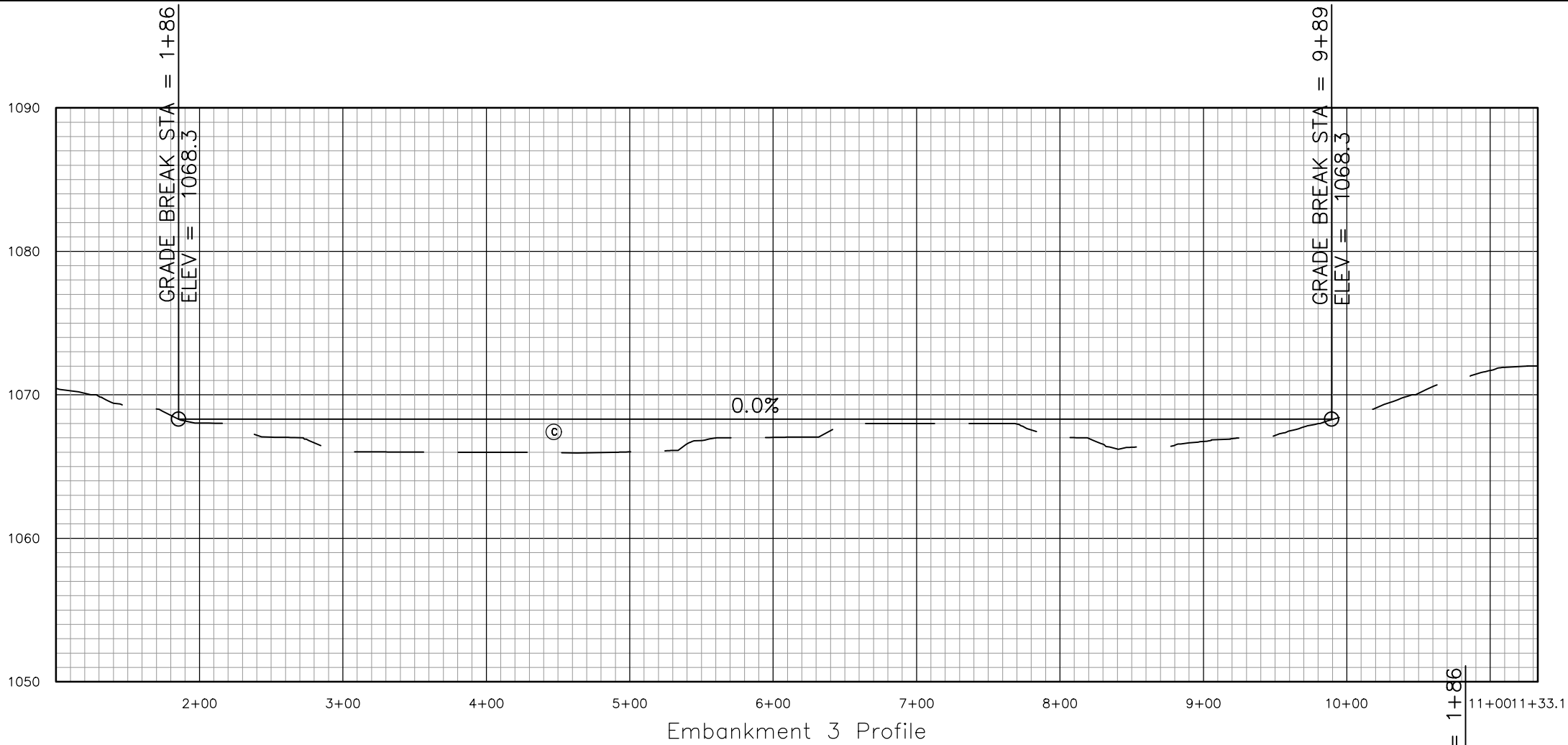
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Eng. Job Class
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7/31/2023
Sheet 15 of 18

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Checked
Approved



NOTE:
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2. Minimum of 2.5' fill over tile.

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Approved _____

BASIN PROFILES
JD 15 WASCOBS
WRIGHT SOIL & WATER CONSERVATION DISTRICT
Wright County, Minnesota

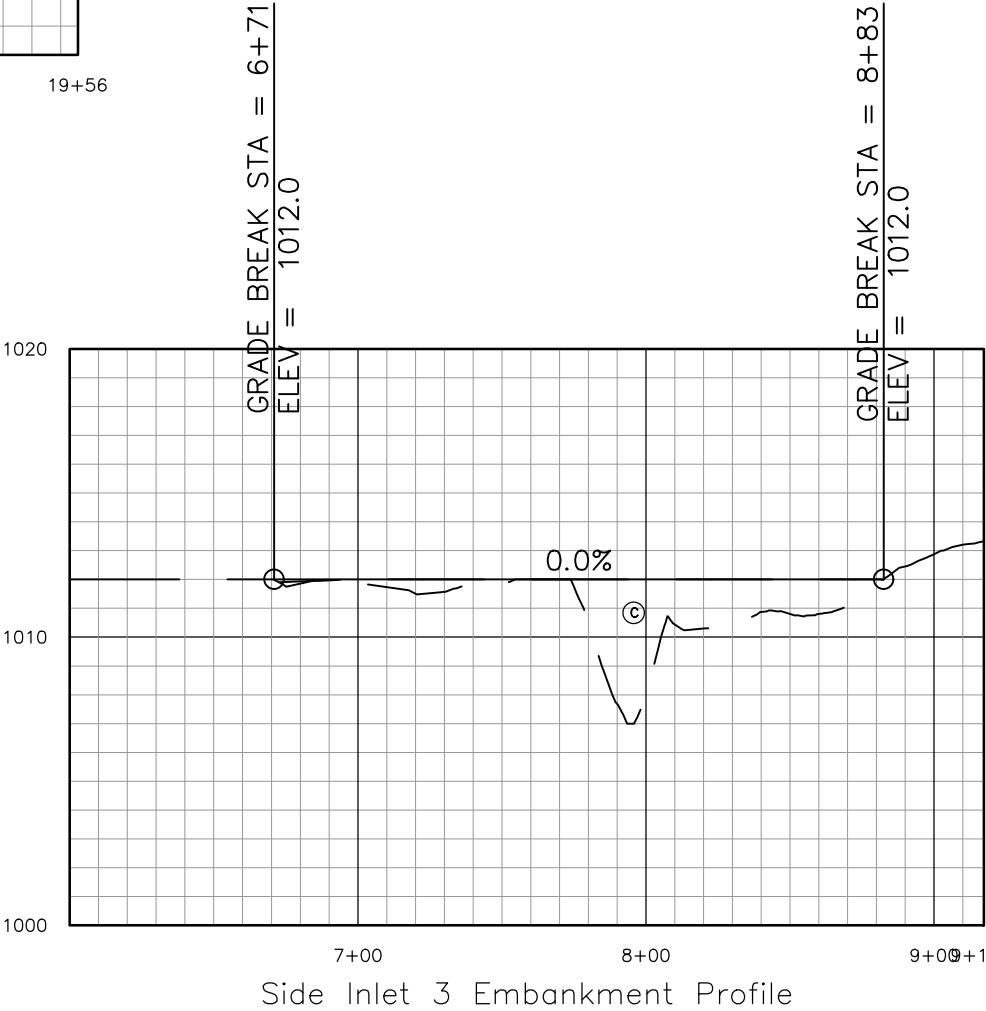
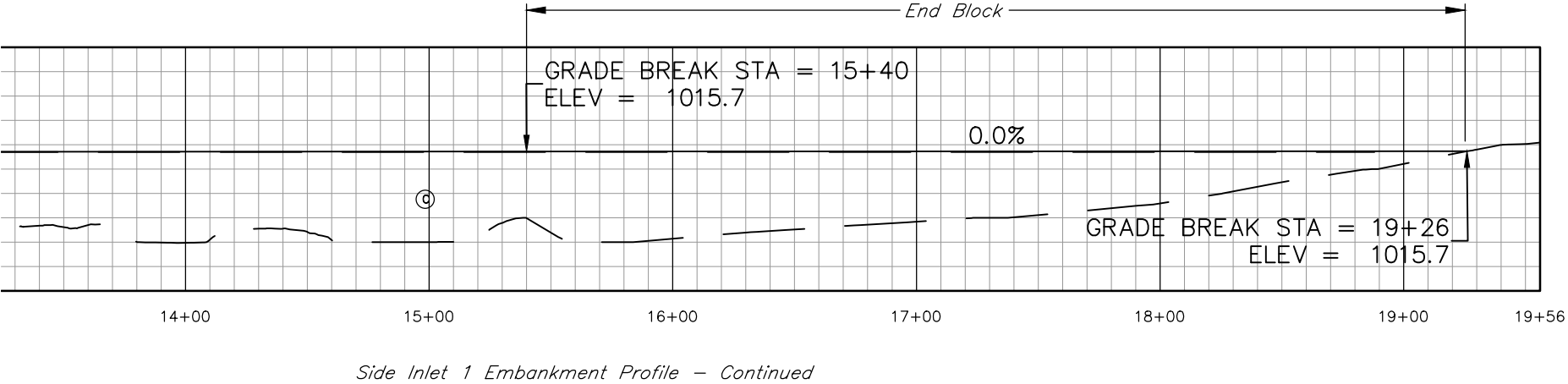
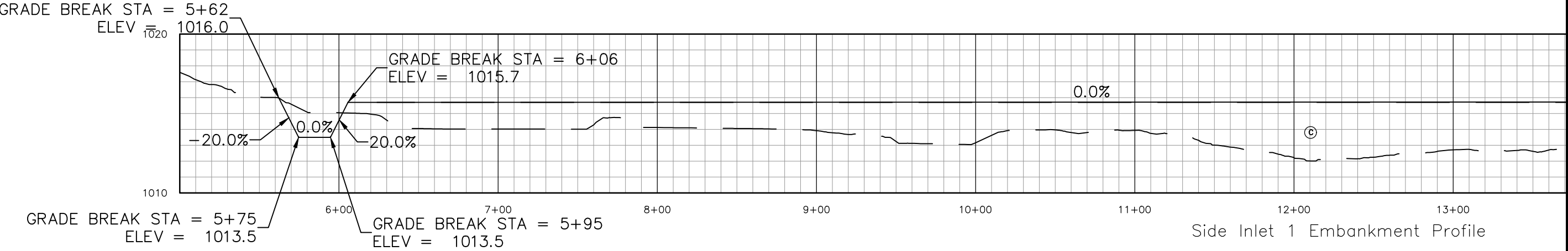
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7/31/2023
Sheet 16 of 18

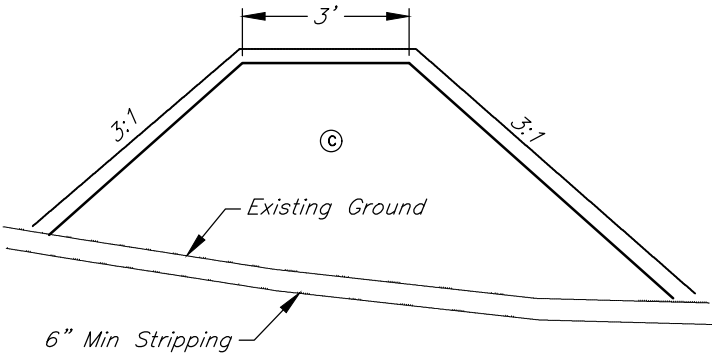
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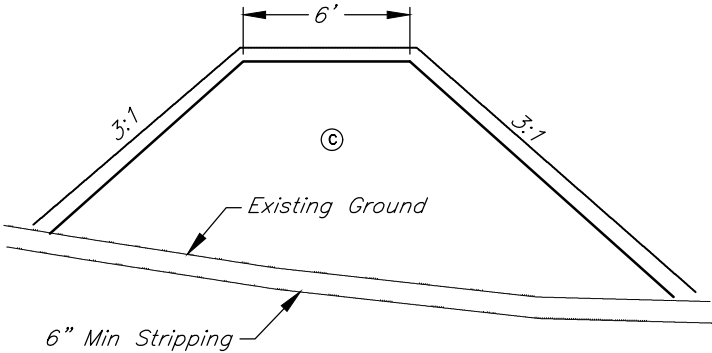
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3/11/20
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Checked
Approved

BASIN PROFILES
JD 15
WASCOBS
WRIGHT SOIL & WATER CONSERVATION DISTRICT
Wright County, Minnesota

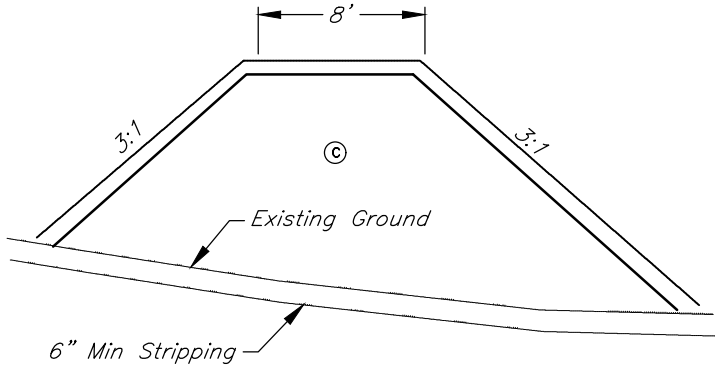
I hereby certify that this plan, specification, or report was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the state of Minnesota.
Signature: [Signature]
Printed Name: Michael Candler
Date: 7/31/2023 License Number: 57572
File Name
Hoffman_2023.dwg
Eng. Job Class
V
7/31/2023
Sheet 17 of 18



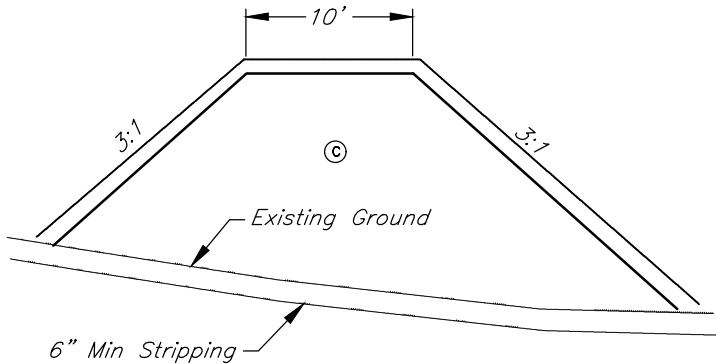
Typical Cross Section for Embankments:
Grassed Basin 1
Grassed Basin 3
Side Inlet 1 Endblock
Side Inlet 3
Not to Scale



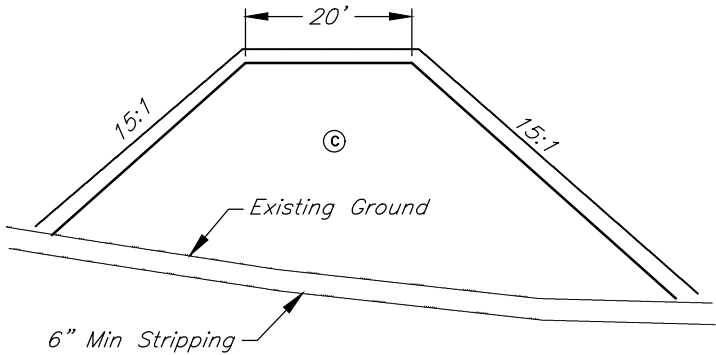
Typical Cross Section for Embankments:
Grassed Basin 2
Not to Scale



Typical Cross Section for Embankments:
Side Inlet 1
Not to Scale



Typical Cross Section for Embankments:
Side Inlet 2
Not to Scale



Typical Cross Section for Embankments:
Farmover Endblock Basin 1
Not to Scale

Date	3/11/20
Designed	Mike Candler
Drawn	Mike Candler
Checked	
Approved	

DETAILS
JD 15
WASCOBS
WRIGHT SOIL & WATER CONSERVATION DISTRICT
Wright County, Minnesota

I hereby certify that this plan, specification, or report, was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer under the laws of the state of Minnesota.
Signature: [Signature]
Printed Name: Michael Candler
Date: 7/31/2023 License Number: 57572

File Name
Hoffman_2023.dwg
Eng. Job Class
V
7/31/2023
Sheet 18 of 18

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Elizabeth Karels

Requestor Title

Project Administrator

Department (please use dropdown to select department) *

PROJECT ADMINISTRATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☒ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

EBK8604

Item Details

Board Action Requested *

Approve the Following Programs, Pending Confirmation of Eligibility from Consultant:

Economic Assistance for Wright County Fair (\$40,000)

Access Improvements at County Parks (\$150,000)

The Next Step will be Submittal of Detailed Grant Applications for Approval.

Approve the Following Grant Applications, Pending Confirmation of Eligibility from Consultant:

JD 15 Side Inlet and Bank Stabilization (\$9,000)

County Ditch 31 Side Inlets (\$15,000)

The Next Step Will be Execution of the Grant Agreements.

Approve an Increase to the Allocation for Water Quality Improvement Projects from \$147,763.55 to \$171,763.55 to Include the Additional Grants Identified Above.

Approve the Changes to the Following Grants:

Cancel Grant SHIP-001 Drive Safely Work Week (\$10,000) – Grantee Requests Cancellation of Grant Due to Inability to Launch Program. Funds will be Released for Use on New ARP Programs.

Approve \$139.80 Increase to WC-007 Customer Flow Management System Program and Grant Due to Actual Costs Paid Higher Than Originally Estimated. ARP Funds are Available to Cover this Increase and is Recommended by the ARP Committee. This Brings the Total Grant Amount to \$132,151.41.

Short Title (what will appear on Agenda outline – 250 character max.)*

Approve ARP programs and grants

Economic Assistance for Wright County Fair (\$40,000)

Access Improvements at County Parks (\$150,000)

The next step will be submittal of detailed grant applications for a

Value Stream the request primarily aligns with:

Develop County Infrastructure

Briefly describe how the request aligns with the selected value stream.

Two of the proposed projects will improve county ditches.

Describe the impact on staffing resources.

There are no impacts to staffing.

Fiscal Impact:

This action will allocate and grant ARP funds as described in the request.

Background/Justification:

The ARP committee recommends the approval of the program requests, grant applications, and grant changes listed above.

The board previously approved the high level program request related to the grant applications:

Water Quality Grant Improvement Program approved 7/20/2021

SHIP-001 Drive Safely Work Week grant approved 8/16/2022

WC-007 Customer Flow Management System Grant approved 8/5/2021

Route for Review and Approval

☐ County Administrator
 ☐ Assistant County Administrator
 ☐ Finance Review
 ☐ Legal Review
 ☐ Risk Mgmt Review
 ☒ Skip Workflow

Agenda Item Attachments (7)

Document Name	Attachment Type
Program Request – Access Improvements.pdf	Attachment
Program Request – Economic Assistance for Fair.pdf	Attachment
Grant Application – County Ditch 31 Side Inlets.pdf	Attachment
Grant Application – JD 15 Side Inlet and Bank Stabilization.pdf	Attachment
Increase to Water Quality Improvement Program.pdf	Attachment
Increase to WC-007.pdf	Attachment
Cancel SHIP-001.pdf	Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Approved

Notes



WRIGHT COUNTY MINNESOTA

ADMIN Only – Program Administration

ARP Status	ARP Program Managing Agency	Grant Amount Requested
INVITE SENT	WRIGHT COUNTY PARKS AND RECREATION	\$150000.00
ARP Adopted Program Name		
ACCESS IMPROVEMENTS AT COUNTY PARKS		

American Rescue Plan Program Request

Program Name *	Objective *
ACCESS IMPROVEMENTS AT COUNTY PARKS	To improve access at county park facilities.
Program Category *	Description *
INFRASTRUCTURE	This project is intended to support ADA Accessibility improvements, including pathways, accessible routes, facilities, and vehicle parking within select areas of the Wright County Parks System that serve disadvantaged communities. Projects will be selected based on recommendations/priorities made from the Wright County ADA Parks and Facilities Transition Plan; this plan identifies physical obstacles that limit accessibility to programs, facilities, or activities for individuals with disabilities. Improvements will provide access to natural resource-based environments that benefit individual's mental and physical health.
Program Type *	
WRIGHT CTY – MULTI YEAR PROGRAM (NO GRANT)	
Will there be multiple managing agencies or departments?	
☒ YES ☐ NO	
Identify all agencies/departments, (example: enter Wright County School Districts if program will be available to all school districts).	

Eligibility and Requested Funding

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category*

2.37 Economic Impact Assistance: Other*^

American Rescue Plan – State & Local Fiscal Recovery Funds Eligibility*

The ARP–SLFRF FAQ's state that investments in parks may be responsive to the needs of disproportionately impacted communities by promoting healthier living environments and outdoor recreation and socialization to mitigate the spread of COVID–19. Locations will be selected based on the Area Deprivation Index (ADI) which identifies disadvantaged neighborhoods. The ADI "allows for rankings of neighborhoods by socioeconomic disadvantage in a region of interest. It includes factors for the theoretical domains of income, education, employment, and housing quality. It can be used to inform health delivery and policy, especially for the most disadvantaged neighborhood groups". Each neighborhood is given an ADI score, ADI scores from within the state alone are ranked from lowest to highest, then divided into deciles (1–10).

Considering these factors, areas in higher deciles likely experienced more negative economic impacts due to the COVID–19 pandemic than areas a lower deciles, and therefore are being targeted for park improvements. For the purposes of identifying these areas, the County will focus on areas included in state decile 6 or higher, which are the more disadvantaged areas.

Appendix 1 "Expenditure Categories" Compliance and Reporting (pages 31 & 32) – US Department of Treasury

Summary Categories

1. Public Health
2. Negative Economic Impacts
3. Services to Disproportionately Impacted Communities
4. Premium Pay
5. Infrastructure
6. Revenue Replacement
7. Administrative

NOTE: Additional supporting information will be required during the grant application process for those categories identified with * or ^ in Appendix 1 of the US Department of Treasury Compliance and Reporting document.

Instructions for funding amount request:

For one-time Requests click the add button and enter a single line for amount and year requested.

Requested funding & time frame

Calendar Year *	Dollar Amount *
2024	\$150000.00

For Multi-Year Programs, click the add button for each year of the program request and enter the requested amount for each year individually.

Contact Information

Contact Name *

Marc Mattice

Contact Phone Number *

7636827362

Contact Email Address *

marc.mattice@co.wright.mn.us

Is the proposed program eligible for funding under the American Rescue Plan – Fiscal Recovery Fund guidelines?

☐ Yes ☐ No

Narrative:

Is the proposed program eligible for funding under other parts of the American Rescue Plan?

☐ Yes ☐ No

Narrative:

Reviewed by:

Member	Date
Lee Kelly	10/11/2023
Member	Date
Lindsey Meyer	10/11/2023
Member	Date
Heather Lemieux	10/11/2023
Member	Date
Greg Kryzer	10/11/2023
Member	Date
Ryan Kotila	10/11/2023
Member	Date
John Holler	10/11/2023
Member	Date
Elizabeth Karels	10/11/2023

Review Dates and Forum

Date	Action	Comments / Directions
09/18/2023	Other	COTW with direction to create program.
Forum	Other	
COTW	Discussion	

Date	Action	Comments / Directions
10/03/2023	Approved to move forward	Approved COTW recommendations.
Forum		
Board Meeting		



WRIGHT COUNTY MINNESOTA

ADMIN Only – Program Administration

ARP Status	ARP Program Managing Agency	Grant Amount Requested
INVITE SENT	WRIGHT COUNTY AG SOCIETY	\$40000.00
ARP Adopted Program Name		
ECONOMIC ASSISTANCE FOR WRIGHT COUNTY AG SOCIETY		

American Rescue Plan Program Request

Program Name *	Objective *
ECONOMIC ASSISTANCE FOR WRIGHT COUNTY FAIR	To provide economic assistance to the Wright County Agricultural Society (Wright County Fair).
Program Category *	Description *
BUSINESS AND ECONOMIC RELIEF	The Wright County Agricultural Society is tasked with the maintenance and upkeep of the Wright County Fairgrounds as well as the management and operation of the Wright County Fair. The Ag Society suffered financial hardship during the Covid pandemic while still maintaining and improving the fairgrounds. Projects both in progress and upcoming include additional permanent seating, lighting and sound in the grandstand performance area as well as maintenance and upkeep of the original grandstand structure built in 1922. Additional short-term plans are to install air hand dryers in the restrooms to reduce both cost and paper waste. Mid-range plans include updates to the 4-H food stand which is operated by 4-H families to help support 4-H youth programs in Wright County.
Program Type *	
WRIGHT CTY – ONE TIME EXPENSE	
Will there be multiple managing agencies or departments?	
☐ YES ☒ NO	
Managing Agency or Department	

Eligibility and Requested Funding

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category*

2.36 Aid to Other Impacted Industries^

American Rescue Plan – State & Local Fiscal Recovery Funds Eligibility*

The 2022 Final Rule allows recipients to use SLFRF funding to provide aid to industries, including tourism, impacted by the COVID-19 pandemic. The Ag Society operates the County Fair, which is one of the largest attractions within Wright County. The Ag Society has demonstrated (through their financial statements) that the COVID-19 pandemic impacted their overall revenue, since they were unable to operate in 2020.

Appendix 1 "Expenditure Categories" Compliance and Reporting (pages 31 & 32) – US Department of Treasury

Summary Categories

1. Public Health
2. Negative Economic Impacts
3. Services to Disproportionately Impacted Communities
4. Premium Pay
5. Infrastructure
6. Revenue Replacement
7. Administrative

NOTE: Additional supporting information will be required during the grant application process for those categories identified with * or ^ in Appendix 1 of the US Department of Treasury Compliance and Reporting document.

Instructions for funding amount request:

For one-time Requests click the add button and enter a single line for amount and year requested.

Requested funding & time frame

Calendar Year*	Dollar Amount*
2023	\$40000.00

For Multi-Year Programs, click the add button for each year of the program request and enter the requested amount for each year individually.

Contact Information

Contact Name *

Jeff Wheeler

Contact Phone Number *

763-286-3774

Contact Email Address *

jwheeler@wrightcountyfair.org

Is the proposed program eligible for funding under the American Rescue Plan – Fiscal Recovery Fund guidelines?

☐ Yes ☐ No

Narrative:

Is the proposed program eligible for funding under other parts of the American Rescue Plan?

☐ Yes ☐ No

Narrative:

Reviewed by:

Member

Lee Kelly

Date

10/11/2023

Member

Lindsey Meyer

Date

10/11/2023

Member

Heather Lemieux

Date

10/11/2023

Member

Greg Kryzer

Date

10/11/2023

Member

Ryan Kotila

Date

10/11/2023

Member

John Holler

Date

10/11/2023

Member

Elizabeth Karels

Date

10/11/2023

Review Dates and Forum



WRIGHT COUNTY MINNESOTA

ADMIN Only – Program Administration

ARP Status	ARP Program Managing Agency/Department	ARP Term or End Date
GRANT APPLICATION SENT	WRIGHT COUNTY DIVISION OF AGRICULTURE AND DRAINAGE	Grant Amount Requested \$147763.55
ARP Adopted Program Name	ARP Grant Managing Agency/Department	Grant Amount Awarded \$15000.00
WATER QUALITY IMPROVEMENT PROJECTS		Grant Amount Dispursed
ARP Project Name (if applicable)	ARP Tier Rating	
COUNTY DITCH #31 SIDE INLETS	ARP Risk Score	
ARP Award#		
ARP Funding	Expenditure Catagory	
ARP Established	5.9	

American Rescue Plan Program Request

Program Name	Description *
WATER QUALITY IMPROVEMENT PROJECTS	County Ditch #31 Side Inlets
Program Category *	
INFRASTRUCTURE	
Program Type *	
WRIGHT CTY – MULTI YEAR PROGRAM (NO GRANT)	

Eligibility and Requested Funding

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category

5.9 Clean Water: Nonpoint Source

American Rescue Plan – Expenditure Category OLD *

* Evidence-based Interventions

Goals and Evidence Base

What are the goals of the project and the evidence base for the interventions funded by the project?

Total Funds to Evidence-Based Intervention(s)

Identify amount of total funds that are allocated to evidence-based interventions.

^ Serving Disadvantaged Communities

Is the program serving an economically disadvantaged community?

☒ Yes ☐ No

Which of the following identify where the project funds will be spent?

- ☐ A program or service is provided at a physical location in a Qualified Census Tract (for multi-site projects comply if a majority of sites are within Qualified Census Tracts).
- ☒ A program or service where the primary intended beneficiaries live within a Qualified Census Tract.
- ☐ A program or service for which the eligibility criteria are such that the primary intended beneficiaries earn less than 60% of the median income for the relevant jurisdiction.
- ☐ A program or service for which the eligibility criteria are such that over 25% of intended beneficiaries are below the federal poverty line.
- ☐ Other (explain)

Details Supporting Selection:

Grant Contact Information

Legal Name of Business /

Agency *

Wright County

Complete Mailing Address

3500 Braddock Ave Ne, Buffalo
MN 55313

Contact Name

Matt Detjen

Type of Business

Wright County

☒ Location same as mailing address?

Contact Business Phone *

17636827571

Contact Cell Phone

Federal Tax ID

411268614

Location Address

3500 Braddock Ave Ne, Buffalo
MN 55313

Contact Email Address *

Matthew.Detjen@co.wright.mn.us

MN State Tax ID

8027645

Additional Information Based On Program Type

ARP Program Type

WRIGHT CTY – MULTI YEAR PROGRAM (NO GRANT)

Program / Project Information

Explain how the proposed program will work. The narrative should answer the following questions as appropriate.

- What is the purpose of the program?
- Why is the program needed?
- What is included in the program?
- How will the program be structured?
- Who will oversee the program?
- Who will participate in the program?
- If the managing agency will be administering grants, how will the grant award and management process function?
- How long the program will last or what is the overall schedule?

Detailed narrative answering the above: *

The Wright County Drainage Authority in partnership with the Wright Soil and Water Conservation District (SWCD) is looking to utilize ARP funding to prevent significant erosion and provide peak flow reductions in the area surrounding County Ditch #31. This proposed project would include the installation of 3 alternative side inlets, an approved best management practice. This project would target a reduction of sediments, nutrients, and peak flow reductions to the County Ditch #31 system. This project will reduce the amount and rate at which sediment and nutrients accumulate in the ditch, reducing the frequency in which ditch cleaning is required and addresses the causes of some impairments to waters downstream. These side inlets have already been designed, and a quote for the work received by Ashwill Companies LLC.

How will you measure success of the program? *

The success of the project will be shown in a reduction of sediment and peak flows entering County Ditch #31. By the reducing sediment, we are also reducing the amount of phosphorus entering the system, which degrades water quality. These projects are approved through the National Engineering Handbook as Alternative Side Inlets.

Provide a narrative explaining why this funding is being requested.

This funding is being requested in order to save direct assessment cost to benefitted landowners on County Ditch #31. These side inlets are eligible for ARP funding and would reduce the total project cost by \$15,000.

Breakdown of Requested Funding

Itemize for multiple allocations, enter one line for One Time allocations (click Add for each line item)

Type	Description	Funding Requested
Professional Services	Full cost for the installation of three side inlets	\$15000.00

Total of Funding Requested
15000.00

Is the detailed program or project eligible for funding under the American Rescue Plan – Fiscal Recovery Fund guidelines?

☐ Yes ☐ No

Narrative:

Is the detailed program or project eligible for funding under other parts of the American Rescue Plan?

☐ Yes ☐ No

Narrative:

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category

5.9 Clean Water: Nonpoint Source

Expenditure Category VALIDATED

☐ Yes ☐ No

Reviewed by:

Member	Date
Lee Kelly	10/11/2023
Member	Date
Lindsey Meyer	10/11/2023
Member	Date
Heather Lemieux	10/11/2023
Member	Date
Greg Kryzer	10/11/2023
Member	Date
Ryan Kotila	10/11/2023
Member	Date
John Holler	10/11/2023
Member	Date
Elizabeth Karels	10/11/2023

Review Dates and Forum

Distributions

Date of Distribution	Warrant #	Acct Code	Distribution Amount	Description/Comment	Date Committee Apr	Committee Members present	Date Board Apr	Board Members present
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WRIGHT COUNTY MINNESOTA

ADMIN Only – Program Administration

ARP Status	ARP Program Managing	ARP Term or End Date
GRANT APPLICATION SENT	Agency/Department	
ARP Adopted Program	WRIGHT COUNTY DIVISION	Grant Amount Requested
Name	OF AGRICULTURE AND	\$147763.55
WATER QUALITY	DRAINAGE	
IMPROVEMENT PROJECTS	ARP Grant Managing	Grant Amount Awarded
	Agency/Department	\$9000.00
ARP Project Name (if applicable)		Grant Amount Dispursed
JOINT DITCH 15 SIDE INLET	ARP Tier Rating	
AND BANK STABILIZATION		
ARP Award#	ARP Risk Score	
ARP	Expenditure	
Funding	Catagory	
ARP	5.9	
Established		

American Rescue Plan Program Request

Program Name	Description *
WATER QUALITY IMPROVEMENT PROJECTS	Joint Ditch 15 Side Inlet and Bank Stabilization
Program Category *	
INFRASTRUCTURE	
Program Type *	
WRIGHT CTY – MULTI YEAR PROGRAM (NO GRANT)	

Eligibility and Requested Funding

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category

5.9 Clean Water: Nonpoint Source

American Rescue Plan – Expenditure Category OLD *

* Evidence-based Interventions

Goals and Evidence Base

Total Funds to Evidence-Based Intervention(s)

\$9,000 for a 25% match on other grants.

^ Serving Disadvantaged Communities

Is the program serving an economically disadvantaged community?

☒ Yes ☐ No

Which of the following identify where the project funds will be spent?

- ☐ A program or service is provided at a physical location in a Qualified Census Tract (for multi-site projects comply if a majority of sites are within Qualified Census Tracts).
- ☒ A program or service where the primary intended beneficiaries live within a Qualified Census Tract.
- ☐ A program or service for which the eligibility criteria are such that the primary intended beneficiaries earn less than 60% of the median income for the relevant jurisdiction.
- ☐ A program or service for which the eligibility criteria are such that over 25% of intended beneficiaries are below the federal poverty line.
- ☐ Other (explain)

Details Supporting Selection:

Grant Contact Information

Legal Name of Business /

Agency *

Wright County

Complete Mailing Address

3500 Braddock Ave Ne Buffalo,
MN 55330

Contact Name

Matt Detjen

Type of Business

Wright County

☒ Location same as mailing address?

Contact Business Phone *

17636827571

Federal Tax ID

41-1268614

Location Address

3500 Braddock Ave Ne Buffalo,
MN 55330

Contact Cell Phone

Contact Email Address *

Matthew.Detjen@co.wright.mn.us

MN State Tax ID

8027645

Additional Information Based On Program Type

ARP Program Type

WRIGHT CTY – MULTI YEAR PROGRAM (NO GRANT)

Program / Project Information

Explain how the proposed program will work. The narrative should answer the following questions as appropriate.

- What is the purpose of the program?
- Why is the program needed?
- What is included in the program?
- How will the program be structured?
- Who will oversee the program?
- Who will participate in the program?
- If the managing agency will be administering grants, how will the grant award and management process function?
- How long the program will last or what is the overall schedule?

Detailed narrative answering the above: *

The Wright County Drainage Authority in partnership with the Wright Soil and Water Conservation District (SWCD) is looking to utilize ARP funding to prevent significant erosion and provide peak flow reductions in a location along Joint Ditch #15. This proposed project would include the installation of 1 grade stabilization structure (NRCS Code 410) and potentially other practices aimed at slowing peak flows and reducing erosion. This project would target a reduction of sediments, nutrients, and peak flow reductions to the Joint Ditch #15 system. This project will reduce the amount and rate at which sediment and nutrients accumulate in the ditch, reducing the frequency in which ditch cleaning is required and addresses the causes of some impairments to waters downstream. A survey of the site is scheduled for early October, and design for the project would be drafted in the winter of 2023/2024 in preparation for 2024 construction.

How will you measure success of the program? *

The success of the project will be shown in a reduction of sediment and peak flows entering Joint Ditch #15. By reducing sediment, we are also reducing the amount of phosphorus entering the system, which degrades water quality. These projects (side inlets) are approved through the National Engineering Handbook as a Best Management Practice.

Provide a narrative explaining why this funding is being requested.

This funding will allow the Drainage Authority to address a major area of erosion along Joint Ditch #15 while saving costs assessed to the benefitted landowners.

Breakdown of Requested Funding

Itemize for multiple allocations, enter one line for One Time allocations (click Add for each line item)

Type	Description	Funding Requested
Professional Services	Funding for 25% match of total project cost	\$9000.00

Total of Funding Requested
9000.00

Is the detailed program or project eligible for funding under the American Rescue Plan – Fiscal Recovery Fund guidelines?

☐ Yes ☐ No

Narrative:

Is the detailed program or project eligible for funding under other parts of the American Rescue Plan?

☐ Yes ☐ No

Narrative:

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category

5.9 Clean Water: Nonpoint Source

Expenditure Category VALIDATED

☐ Yes ☐ No

Reviewed by:

Member	Date
Lee Kelly	10/11/2023
Member	Date
Lindsey Meyer	10/11/2023
Member	Date
Heather Lemieux	10/11/2023
Member	Date
Greg Kryzer	10/11/2023
Member	Date
Ryan Kotila	10/11/2023
Member	Date
John Holler	10/11/2023
Member	Date
Elizabeth Karels	10/11/2023

Review Dates and Forum

Distributions

Date of Distribution	Warrant #	Acct Code	Distribution Amount	Description/Comment	Date Committee Apr	Committee Members present	Date Board Apr	Board Members present
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ADMIN Only – Program Administration

ARP Status	ARP Program Managing Agency	Grant Amount Requested
GRANT APPLICATION SENT	WRIGHT COUNTY DIVISION OF AGRICULTURE AND DRAINAGE	\$171763.55
ARP Adopted Program Name		
WATER QUALITY IMPROVEMENT PROJECTS		

American Rescue Plan Program Request

Program Name *	Objective *
WATER QUALITY IMPROVEMENT PROJECTS	Water Quality Improvement Projects
Program Category *	Description *
INFRASTRUCTURE	Staff from the Division of Agriculture & Drainage, Parks & Recreation, and the Wright County Soil and Water Conservation District will work in collaboration to implement water quality improvement projects across Wright County. Projects that give citizens the best return on investment have been discussed and will be presented to the County Board on July 6th, 2021. These projects are located along county ditch system, rivers, streams, lakes, farm fields, and in parks throughout the county and are in various stages of the planning/implementation process.
Program Type *	
WRIGHT CTY – MULTI YEAR PROGRAM (NO GRANT)	
Will there be multiple managing agencies or departments?	
☒ YES ☐ NO	
Identify all agencies/departments, (example: enter Wright County School Districts if program will be available to all school districts).	
Wright County Division of Agriculture and Drainage Wright County Parks and Recreation Wright Soil and Water Conservation District	

Eligibility and Requested Funding

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category*

5.9 Clean Water: Nonpoint Source

American Rescue Plan – State & Local Fiscal Recovery Funds Eligibility*

Federal guidance states that the funds may be used for projects that are eligible under the Clean Water State Revolving Fund (CWSRF) and the Drinking Water State Revolving Fund (DWSRF). Additional projects outside these funds include flood control projects, water pollution, stormwater runoff, green infrastructures investments, and projects that may reduce energy required to treat drinking water.

Appendix 1 "Expenditure Categories" Compliance and Reporting (pages 31 & 32) – US Department of Treasury

Summary Categories

1. Public Health
2. Negative Economic Impacts
3. Services to Disproportionately Impacted Communities
4. Premium Pay
5. Infrastructure
6. Revenue Replacement
7. Administrative

NOTE: Additional supporting information will be required during the grant application process for those categories identified with * or ^ in Appendix 1 of the US Department of Treasury Compliance and Reporting document.

Instructions for funding amount request:

For one-time Requests click the add button and enter a single line for amount and year requested.

For Multi-Year Programs, click the add button for each year of the program request and enter the requested amount for each year individually.

Requested funding & time frame

Calendar Year*	Dollar Amount*
2021	\$147763.55
Calendar Year*	Dollar Amount*
2023	\$24000.00

Contact Information

Contact Name *

Matthew Detjen

Contact Phone Number *

7636827571

Contact Email Address *

Matthew.Detjen@co.wright.mn.us

Is the proposed program eligible for funding under the American Rescue Plan – Fiscal Recovery Fund guidelines?

☒ Yes ☐ No

Narrative:

10/11/23 – Committee recommends approval of additional \$24,000 for two projects.

Reduced ARP amount, remaining projects funded out of General Funds.

See email from Doug Green dated 8/4/2021.

Yes. Water quality improvement projects are eligible. If necessary in the future, we can refer to specific section of EPA's Overview of Clean Water State Revolving Fund Eligibilities. For the time being, these projects do not need additional justification.

https://www.epa.gov/sites/default/files/2016-07/documents/overview_of_cwsrf_eligibilities_may_2016.pdf

ARP Committee review on 9/1/21.

Is the proposed program eligible for funding under other parts of the American Rescue Plan?

☐ Yes ☒ No

Narrative:

Reviewed by:

Member Gabrielle L	Date 08/04/2021
Member Elizabeth K	Date 08/04/2021
Member Lee Kelly	Date 09/01/2021
Member Lindsey Meyer	Date 09/01/2021
Member Heather Lemieux	Date 09/01/2021
Member John Holler	Date 09/01/2021
Member Greg Kryzer	Date 09/01/2021
Member Ryan Kotila	Date 09/01/2021
Member Elizabeth Karels	Date 09/01/2021
Member Gabrielle Lechner	Date 09/01/2021

Review Dates and Forum

Date 07/06/2021	Action Approved to move forward	Comments / Directions Approved the proposed Water Quality Projects in an amount not to exceed \$2.5 million.
Forum COTW		

Date 07/20/2021	Action Approved to move forward	Comments / Directions COTW minutes approved.
Forum Board Meeting		



WRIGHT COUNTY MINNESOTA

ADMIN Only – Program Administration

ARP Status	ARP Program Managing	ARP Term or End Date
CLOSED	Agency/Department	12/31/2024
ARP Adopted Program Name	WRIGHT COUNTY	Grant Amount Requested
CUSTOMER FLOW	ARP Grant Managing	\$130000.00
MANAGEMENT SYSTEM	Agency/Department	Grant Amount Awarded
	WRIGHT COUNTY	\$132151.41
ARP Project Name (if applicable)	ARP Tier Rating	Grant Amount Dispersed
WC-007 CUSTOMER FLOW		\$132151.41
MANAGEMENT SYSTEM	ARP Risk Score	
ARP Award#		
WC-007		
ARP Funding	Expenditure	
ARP	Catagory	
Established	1.4	

American Rescue Plan Program Request

Program Name	Description *
CUSTOMER FLOW MANAGEMENT SYSTEM	The project includes implementation of a hosted online appointment booking and queuing solution for the HHS and License Bureau lobbies at the new Wright County Government Center. The system will allow customers to make appointments online and to check in with their mobile devices, notify them when they can enter the waiting area, and initiate voice and video communications from a remote location. This reduce the number of customers waiting in the lobbies at any given time, and allow for effective social distancing to occur.
Program Category *	
INTERNAL COUNTY EXPENSES	
Program Type *	
WRIGHT CTY – PROJECT	

Eligibility and Requested Funding

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category
1.4 Prevention in Congregate Settings (Nursing Homes, Prisons/Jails, Dense Work Sites, Schools, etc.)*
American Rescue Plan – Expenditure Category OLD *
1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency

Grant Contact Information		
Legal Name of Business / Agency *	Complete Mailing Address	Contact Name
Wright County	10 2nd St NW	Lindsey Meyer
Type of Business	Buffalo, MN 55313	Contact Business Phone *
Government	☒ Location same as mailing address?	7636848602
Federal Tax ID	Location Address	Contact Cell Phone
MN State Tax ID	10 2nd St NW	Contact Email Address *
	Buffalo, MN 55313	lindsey.meyer@co.wright.mn.us

Additional Information Based On Program Type

ARP Program Type
WRIGHT CTY – PROJECT

Program / Project Information

Explain how the proposed program will work. The narrative should answer the following questions as appropriate.

- What is the purpose of the program?
- Why is the program needed?
- What is included in the program?
- How will the program be structured?
- Who will oversee the program?
- Who will participate in the program?
- If the managing agency will be administering grants, how will the grant award and management process function?
- How long the program will last or what is the overall schedule?

Detailed narrative answering the above: *

The project includes implementation of a hosted online appointment booking and queuing solution, called Q-Flow, for the HHS and License Bureau lobbies at the new Wright County Government Center. The system will allow customers to make appointments online and to check in with their mobile devices, notify them when they can enter the waiting area, and initiate voice and video communications from a remote location. This reduce the number of customers waiting in the lobbies at any given time, and allow for effective social distancing to occur.

The project is being managed by and IT Project Manager, supported by staff in HHS and Finance and Taxpayer Services. The current project schedule identifies the "go-live" date as October 2021, with the project complete in November 2021.

How will you measure success of the program? *

This is a one-time project, no long term monitoring is required.

Provide a narrative explaining why this funding is being requested.

To provide an online appointment booking and queuing system that will support lobby management and social distancing.

Breakdown of Requested Funding

Itemize for multiple allocations, enter one line for One Time allocations (click Add for each line item)

Type	Description	Funding Requested
Professional Services	ACF Technologies	\$120000.00
Supplies	Monitors, other related supplies	\$10000.00
	Increase	\$2011.61
	Increase	\$139.80

Total of Funding Requested

132151.41

Is the detailed program or project eligible for funding under the American Rescue Plan – Fiscal Recovery Fund guidelines?

☒ Yes ☐ No

Narrative:

10/11/2023 – Committee recommends \$139.80 Increase

8/15/2023 – Committee recommends \$2011.61 increase

See email from Doug Green dated 8/23/21.

This isn't the most black and white proposal, but it does seem to qualify under the mitigating COVID-19 expenditure category 1.7.

2.1. What types of COVID-19 response, mitigation, and prevention activities are eligible?

A broad range of services are needed to contain COVID-19 and are eligible uses, including vaccination programs; medical care; testing; contact tracing; support for isolation or quarantine; supports for vulnerable populations to access medical or public health services; public health surveillance (e.g., monitoring case trends, genomic sequencing for variants); enforcement of public health orders; public communication efforts; enhancement to health care capacity, including through alternative care facilities; purchases of personal protective equipment; support for prevention, mitigation, or other services in congregate living facilities (e.g., nursing homes, incarceration settings, homeless shelters, group living facilities) and other key settings like schools; ventilation improvements in congregate settings, health care settings, or other key locations; enhancement of public health data systems; and other public health responses. Capital investments in public facilities to meet pandemic operational needs are also eligible, such as physical plant improvements to public hospitals and health clinics or adaptations to public buildings to implement COVID-19 mitigation tactics.

9/29/21 – ARP Committee review and recommend to board.

Is the detailed program or project eligible for funding under other parts of the American Rescue Plan?

☐ Yes ☒ No

Narrative:

N/A

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category

1.7 Capital Investments or Physical Plant Changes to Public Facilities that respond to the COVID-19 public health emergency

Expenditure Category VALIDATED

☒ Yes ☐ No

Reviewed by:

Member Elizabeth Karels	Date 09/29/2021
Member Ryan Kotila	Date 09/29/2021
Member John Holler	Date 09/29/2021
Member Lee Kelly	Date 09/29/2021
Member Gabrielle Lechner	Date 09/29/2021

Review Dates and Forum

Date 10/05/2021	Action Approved to move forward	Comments / Directions Grant application approved.
Forum Board Meeting	Other	

Date 08/15/2023	Action Approved to move forward	Comments / Directions Approved increase of \$2,011.61
Forum Board Meeting	Other	

Distributions

Date of Distribution	Warrant #	Acct Code	Distribution Amount	Description/Comment	Date Committee Apr	Committee Members present	Date Board Apr	Board Members present
12/27/2021	807267	01-099-493-8415-6261	\$2805.00	Systematic Technologies – cable installations	12/22/2021	Kelly, Meyer, Karels, Holler, Kryzer, Kotila, Lechner	12/28/2021	Husom, Vetsch, Daleiden, Wetter, Kaczmarek
1/19/2022	706957	01-099-493-8415-6480	\$4232.00	QTY 8 17 INCH TOUCHSCREEN MONITOR	01/26/2022	Kelly, Meyer, Lemieux, Karels, Holler, Kotila	02/01/2022	Husom, Vetsch, Daleiden, Wetter, Kaczmarek
1/19/2022	706957	01-099-493-8415-6480	\$3200.00	QTY 8 ERGOTRON LX DUAL DESK MONITOR	01/26/2022	Kelly, Meyer, Lemieux, Karels, Holler, Kotila	02/01/2022	Husom, Vetsch, Daleiden, Wetter, Kaczmarek
2/01/2022	272266	01-099-493-8415-6480	\$2645.39	Dell Marketing LP	02/02/2022	Kelly, Lemieux, Karels, Kryzer, Kotila	02/15/2022	Husom, Vetsch, Daleiden, Wetter, Kaczmarek
2/17/2022	272529	01-099-493-8415-6480	\$6118.20	Installation of customer provided equip, Allstate Comm	02/16/2022	Kelly, Meyer, Lemieux, Karels, Holler, Kryzer, Kotila	02/22/2022	Husom, Vetsch, Daleiden, Wetter, Kaczmarek
3/16/2022	272919	01-099-493-8415-6480	\$34155.00	Qflow	03/09/2022	Kelly, Lemieux, Karels, Holler, Kotila	03/22/2022	Husom, Vetsch, Daleiden, Wetter, Kaczmarek

Distributions

Date of Distribution	Warrant #	Acct Code	Distribution Amount	Description/Comment	Date Committee Apr	Committee Members present	Date Board Apr	Board Members present
3/16/2022	272919	01-099-493-8415-6261	\$13732.86	Qflow	03/09/2022	Kelly, Lemieux, Karels, Holler, Kotila	03/22/2022	Husom, Vetsch, Daleiden, Wetter, Kaczmarek
3/16/2022	272919	01-099-493-8415-6260	\$54446.06	Qflow	03/09/2022	Kelly, Lemieux, Karels, Holler, Kotila	03/22/2022	Husom, Vetsch, Daleiden, Wetter, Kaczmarek
3/21/2022	707001	01-099-493-8415-6480	(\$3117.86)	Monitor returns		N/A		N/A
08/09/2023	5765	01-099-493-8415-6261	\$11783.35	Qflow	08/02/2023	Kelly, Meyer, Lemieux, Karels, Holler, Kryzer, Kotila	08/15/2023	Vetsch, Kaczmarek, Diedrick, Holland, Schoen
8/10/2023	5808	01-099-493-8415-6261	\$2011.61	Qflow	08/16/2023	Meyer, Lemieux, Karels, Holler, Kryzer, Kotila	09/05/2023	Vetsch, Kaczmarek, Diedrick, Holland, Schoen
		01-099-493-8415-6261	\$139.80	Qflow	10/11/2023	Kelly, Meyer, Lemieux, Karels, Holler, Kryzer, Kotila		



WRIGHT COUNTY

MINNESOTA

ADMIN Only – Program Administration

ARP Status		ARP Program Managing	ARP Term or End Date
GRANT		Agency/Department	12/31/2024
DISPURSE/WARRANTS		SAFE COMMUNITIES	Grant Amount Requested
ARP Adopted Program		ARP Grant Managing	\$0.00
Name		Agency/Department	Grant Amount Awarded
SHIP MENTAL WELL-BEING		SAFE COMMUNITIES	\$0.00
ARP Project Name (if applicable)		ARP Tier Rating	Grant Amount Dispursed
SHIP-001 SHIP MENTAL WELL-BEING		ARP Risk Score	
ARP Award#			
SHIP-001			
ARP	Expenditure		
Funding	Catagory		
ARP	1.9		
Established			

American Rescue Plan Program Request

Program Name	Description *
SHIP MENTAL WELL-BEING	Since the pandemic, fatalities on MN roadways have increased by over 30%. Speed, distracted driving, aggressiveness, emotional extremes and impairment all play roles in this increase. Worksite programs are an effective way to reach the masses. On average, workers spend more than a third of their day, five days per week, at their workplace. This program aims to facilitate a shift in perspective as well as behavioral changes that can become a habit that spills into the other parts of their lives. Safe Communities of Wright County, a 501c3 non-profit organization, has served the area for 25 years. We are a respected leader in the county and by partnering with the Network of Employers for Traffic Safety, we can provide the resources through this program that can truly make a difference. The Drive Safely Work Week (DSWW) Program will be offered to the 47 employers in Wright County who employ at least 100 people. This is an opportunity for employers to address road safety with all employees, not just those in driving-focused roles. Project activities are to include a launch of the program on Mondays, with letters introducing the concepts and goals of the DSWW Program, along with a pre-survey and some giveaways via random drawing of respondents to that survey and a Lunch and Learn-type educational presentation by the SCWC Executive Director, Lori Blaukat. This presentation will include skills training on improving focused driving, but will dive into driving in an emotional state and how to prevent aggressive driving as well. On days two through four, emails with additional information will be sent to all employees through their employers and on day five, employees and management will be asked to sign pledges stating they will practice focused driving, along with a plan of action for when they are in a highly-charged emotional state or when they feel themselves getting aggressive behind the wheel. These pledges cover the time spent driving to and from work and while they drive on the job, if their role requires that. Throughout the entire week, various display boards, posters, flyers and signs will be strategically placed in areas that are frequented by employees. By the end of the week, Lori will work with Administration on the potential policy changes, using templates provided by various local employers. A minimum of two weeks after the program ends at each place of employment, SCWC will evaluate the DSWW Program's effectiveness by sending out post-surveys and asking the company if they have implemented any of the suggested policy changes.
Program Category *	
UNKNOWN/OTHER	
Program Type *	
WRIGHT CTY – PROJECT	

Eligibility and Requested Funding

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category

1.9 COVID-19 Assistance to Non-Profits

American Rescue Plan – Expenditure Category OLD *

* Evidence-based Interventions

Goals and Evidence Base

What are the goals of the project and the evidence base for the interventions funded by the project? The objectives of this project include facilitating change in the attitudes, beliefs and behaviors of the employees surrounding distracted driving, speeding, aggressive driving, impaired driving and other dangerous driving-related concerns, all of which have increased since the start of the pandemic. We seek to serve 50% of Wright County employers who employ at least 100 people. Of those 50%, our goal is to have a majority change their policies related to driving, either directly or indirectly. Another goal of this program is to facilitate the kind of change in behaviors that lead to changing habits anytime people drive, not just to and from work and while at work. Since 2009, the Network for Employers Traffic Safety organization has offered a campaign called "Drive Safely Work Week" as an annual campaign to increase safety in the workplace for driving-related issues. They have earned a great reputation in the traffic safety realm because they are thorough, provide data, hold conferences with traffic safety experts leading the way, Utilizing the Drive Safely Work Week as more than just a campaign is their newest way to get these messages out to the masses and they are providing the entire toolkit for free. Evidence shows that education about topics isn't enough. People need to actively participate in the change. The pledges as well as the potential policy changes are both well-known practices that tend to create lasting change as well as "cultural shifts" among populations. So while this is a brand new type of program, there is evidence to show it has the potential to be effective.

Total Funds to Evidence-Based Intervention(s)

Identify amount of total funds that are allocated to evidence-based interventions. The entire program is based on the Network of Employers for Traffic Safety's Drive Safe Work Week Module. The Drive Safe Work Week Annual Campaign has successfully been utilized since 2009 and now they are offering this new module for free, which has evidence-based activities such as signing pledges and changing policies, built into the core of the program.

Grant Contact Information

Legal Name of Business /

Agency *

Safe Communities of Wright
County

Type of Business

Nonprofit

Federal Tax ID

41-1951214

MN State Tax ID

N/A

Complete Mailing Address

PO Box 339, St Michael, MN
55376☐ Location same as mailing
address?

Location Address

Buffalo Hospital
303 Caitlin St
Buffalo, MN 55313

Contact Name

Lori Blaukat

Contact Business Phone *

763-241-9888

Contact Cell Phone

612-817-8074

Contact Email Address *

info@safecomm.org

Additional Information Based On Program Type

ARP Program Type

WRIGHT CTY – PROJECT

Program / Project Information

Explain how the proposed program will work. The narrative should answer the following questions as appropriate.

- What is the purpose of the program?
- Why is the program needed?
- What is included in the program?
- How will the program be structured?
- Who will oversee the program?
- Who will participate in the program?
- If the managing agency will be administering grants, how will the grant award and management process function?
- How long the program will last or what is the overall schedule?

Detailed narrative answering the above: *

The overall purpose of the Drive Safe Work Week (DSWW) Program is to address the remarkable increase in traffic-related fatalities and serious injuries on Wright County roadways through a worksite wellness initiative designed to educate, shift perspectives, help people create a plan, encourage policy changes and get employees and Administration to sign focused driving pledges. This program is needed because we have seen an increase in roadway fatalities in MN of over 30% since 2019 and creative, canned programs such as this could make a huge impact. We will spend one week at each employer's facility (see detailed description above) and take pre and post surveys to assess the effectiveness. Lori Blaukat, the Safe Communities of Wright County Executive Director, will oversee all aspects of the program. This is the pilot year of this program and it will last 12 months. There are 47 employers with over 100 employees in Wright County and our goal is to reach half of them with program. That would mean that approximately 25 weeks out of the next year will be spent at different facilities to do this program.

How will you measure success of the program? *

The effectiveness of program will be measured through pre and post surveys of all the employees and management and all potential policy changes will be tracked by SCWC. We would also like to follow up on an annual basis to take surveys, update the staff on traffic safety and assess their preparedness to look at their policies again to see if they need tweaking.

Provide a narrative explaining why this funding is being requested.

Safe Communities of Wright County runs on a tight budget each year. Any additional programming or ideas always need to be accompanied by the funding to pay for them. The SCWC board has been working on addressing the post-pandemic increase in deaths, serious injuries, excessive speeding and citations for driving over 100 mph, bus stop-arm violations, aggressive driving and a plethora of other traffic-related issues. This program has the potential to make a difference for quite a lot of the drivers on our roadways since it meets people at their worksite.

Breakdown of Requested Funding

Itemize for multiple allocations, enter one line for One Time allocations (click Add for each line item)

Type	Description	Funding Requested
Payroll	Executive Director Salary and Fringe Benefits,\$48.75 per hour 3 hours per week x 52 weeks	\$7605.00
Supplies	Giveaways for participating employees: 25 employers x at least 100 employees x a maximum of .50 per employee	\$1250.00
Other	Travel expenses for the Executive Director: 25 employers x average of 36 miles round trip x 2 trips total x .625	\$1095.00
Supplies	Printing expenses for flyers	\$50.00

Total of Funding Requested
10000.00

Is the detailed program or project eligible for funding under the American Rescue Plan – Fiscal Recovery Fund guidelines?

☒ Yes ☐ No

Narrative:

10/11/2023 – Grantee has asked to cancel grant. Committee recommends this action.

Baker Tilly–

This isn't black and white, but I think you could get there. The application focuses on the program outcomes, and less on the harms to the non-profit. Nevertheless, I do see the possibility of using 1.9 for a few reasons.

1. The "harm" being described is that there is an increase in motorist fatalities since the beginning of the pandemic and Safe Communities of Wright County does not have the resources to address it.
2. The solution is to provide resources so that they have the capacity continue their proven mitigation strategies.
3. At \$10,000 this seems to be proportional.

Remember that if the county plans on overseeing the program, and a subrecipient relationship develops, there is going to be additional oversight.

Treasury Defines aid to non-profits on page 421 of the final rule. I would classify this expenditure falling under increased cost to provide services:

"(C) Assistance to nonprofit organizations including programs, services, or capital expenditures, including loans or grants to mitigate financial hardship such as declines in revenues or increased costs, or technical assistance;"

Page 23 of the final rule overview for assistance to nonprofits provides the most concise citation:

Is the detailed program or project eligible for funding under other parts of the American Rescue Plan?

☐ Yes ☐ No

Narrative:**American Rescue Plan – Fiscal Recovery Funds – Expenditure Category**

1.9 COVID-19 Assistance to Non-Profits

Expenditure Category VALIDATED

☒ Yes ☐ No

Reviewed by:	
Member	Date
Heather Lemieux	08/10/2022
Member	Date
Greg Kryzer	08/10/2022
Member	Date
Ryan Kotila	08/10/2022
Member	Date
Elizabeth Karels	08/10/2022
Member	Date
Andi Gayner	08/10/2022

Review Dates and Forum

Date	Action	Comments / Directions
08/16/2022	Approved to move forward	
Forum		
Board Meeting	Other	

Distributions

Date of Distribution	Warrant #	Acct Code	Distribution Amount	Description/Comment	Date Committee	Committee Members	Date Board	Board Members
					Apr	present	Apr	present

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Marc Mattice

Requestor Title

Assistant County Administrator; Property Services

Department (please use dropdown to select department) *

ADMINISTRATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☐ Consent Agenda ☒ Timed Agenda
☐ Item for Consideration

Time Required:

5 Minutes

Originator

MAM7693

Item Details

Board Action Requested *

Request to Set Date and Time for A Public Hearing Related to Changes in the Fees for Service Schedule Suggested date November 21, 2023 at ~9:30 a.m.

Short Title (what will appear on Agenda outline – 250 character max.) *

Request to Set Date and Time for A Public Hearing Related to Changes in the Fees for Service Schedule Suggested date November 21, 2023 at ~9:30 a.m.

Value Stream the request primarily aligns with:

Optimize Civic Engagement

Briefly describe how the request aligns with the selected value stream.

A public hearing to review and approve changes to fees for service provides an opportunity for citizens to express concerns.

Describe the impact on staffing resources.

There will be only a slight impact on staffing resources to update and publish fees for service schedules on departmental pages.

Fiscal Impact:

There should be minimal financial impacts, impacts may occur to update printed materials

Background/Justification:

This request is completed annually. The public hearing is held annually.

Route for Review and Approval

☐ County Administrator
 ☐ Assistant County Administrator
 ☐ Finance Review
 ☐ Legal Review
 ☐ Risk Mgmt Review
 ☐ Skip Workflow

Agenda Item Attachments (0)

Document Name

Attachment Type

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Notes

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Marc Mattice

Requestor Title

Assistant County Administrator; Property Services

Department (please use dropdown to select department) *

ADMINISTRATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☐ Consent Agenda ☒ Timed Agenda
☐ Item for Consideration

Time Required:

2 Minutes

Originator

MAM7693

Item Details

Board Action Requested *

Acknowledge Invite To County Board Attend U of M Extension Media Breakfast

Short Title (what will appear on Agenda outline – 250 character max.) *

Acknowledge Invite To County Board Members Attend U of M Extension Media Breakfast

Value Stream the request primarily aligns with:

Optimize Civic Engagement

Briefly describe how the request aligns with the selected value stream.

Increases engagement and knowledge of Extension programs

Describe the impact on staffing resources.

Outside of coordinating the event, staff will need to post notice due to the possibility that more than 2 County Commissioners may be in attendance at one time.

Fiscal Impact:

Mileage reimbursement for Commissioners to attend

Background/Justification:

In the past, U of M Extension hosted a media breakfast to promote the Extension programs; they have invited the commissioners and local newspaper editors/reporters. This event works to build relationships and explain some of the events Extension coordinates.

Route for Review and Approval

☒ County Administrator
 ☐ Assistant County Administrator
 ☐ Finance Review
 ☐ Legal Review
 ☐ Risk Mgmt Review
 ☐ Skip Workflow

Agenda Item Attachments (1)

Document Name

[Media Breakfast Invitation.pdf](#)

Attachment Type

Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Notes

County Administrator Review

County Administrator Decision

Notes



UNIVERSITY OF MINNESOTA
EXTENSION
 Driven to DiscoverSM

University of Minnesota Extension - Wright County would like to invite you to a:

MEDIA BREAKFAST

November 7
11:00 a.m. - noon

Wright County Government Center
 Room 1103
 3650 Braddock Ave NE
 Buffalo, MN 55313



To say thank you for your continuing support for the University of Minnesota Extension – Wright County, please join us for our Media Breakfast.

Enjoy breakfast and learn about The University of Minnesota Extension, Wright County, programs that are being offered throughout our communities including:

- 4-H Youth Development programs – 737 members in 18 clubs across the county
- University of Minnesota Master Gardeners – volunteer horticulture educators
- Agriculture & Horticulture educational programs
- Meet your local Extension Staff

Thank you to the local media for their support of the University of Minnesota Extension – Wright County and their programs

Please let us know if you can join us. RSVP by Thursday, November 2, 2024 to:
763-682-7394 or wright@umn.edu



UNIVERSITY OF MINNESOTA | EXTENSION

MAKING A DIFFERENCE IN MINNESOTA: ENVIRONMENT • FOOD & AGRICULTURE • COMMUNITIES • FAMILIES • YOUTH

Agenda Item



Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Elizabeth Karels

Requestor Title

Project Administrator

Department (please use dropdown to select department) *

PROJECT ADMINISTRATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA
 ☐ Minutes Submission
 ☐ Warrants Submission

Target Section

☐ Consent Agenda
 ☒ Timed Agenda
 ☐ Item for Consideration

Time Required:

3 minutes

Originator

EBK8604

Item Details

Board Action Requested *

Approve the ARP Program Request for the Township Surface Transportation Grant Program (\$1,100,000).

Short Title (what will appear on Agenda outline – 250 character max.) *

Approve the ARP Program Request for the Township Surface Transportation Grant Program (\$1,100,000).

Value Stream the request primarily aligns with:

Develop County Infrastructure

Briefly describe how the request aligns with the selected value stream.

This ARP program will help townships maintain or improve their transportation infrastructure.

Describe the impact on staffing resources.

There are no impacts to staffing.

Fiscal Impact:

This request will allocate \$1,100,000 of ARP Funds.

Background/Justification:

In August 2023, the ARP rule was updated to include surface transportation projects as an eligible project type. In September 2023, the County Board directed staff to develop a township grant program that will be administered using ARP funds. A program document, application form, and allocation by township has been drafted for review and approval. The ARP Committee recommends approval of this program and associated documents. The County's consultant is currently confirming eligibility of the proposed program.

Route for Review and Approval

☐ County Administrator
 ☐ Assistant County Administrator
 ☐ Finance Review
 ☐ Legal Review
 ☐ Risk Mgmt Review
 ☒ Skip Workflow

Agenda Item Attachments (4)

Document Name	Attachment Type
Maximum Funding for Township Grants 2023.09.19.pdf	Attachment
Wright County Township Grant Application.docx	Attachment
Wright County Township Grants.docx	Attachment
Program Request – Township Grant Program.pdf	Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Approved

Notes

Maximum Funding for Township Grants

Township	2023 Township Road Distribution	Maximum Funding Amount
Albion Township	4.98%	\$ 54,729.00
Buffalo Township	4.49%	\$ 49,339.00
Chatham Township	3.47%	\$ 38,217.00
Clearwater Township	4.13%	\$ 45,449.00
Cokato Township	4.87%	\$ 53,614.00
Corinna Township	7.38%	\$ 81,233.00
Franklin Township	8.26%	\$ 90,854.00
French Lake Township	4.74%	\$ 52,112.00
Maple Lake Township	6.27%	\$ 68,928.00
Marysville Township	5.55%	\$ 61,072.00
Middleville Township	4.42%	\$ 48,623.00
Monticello Township	7.98%	\$ 87,734.00
Rockford Township	8.28%	\$ 91,118.00
Silver Creek Township	7.64%	\$ 83,996.00
Southside Township	4.47%	\$ 49,118.00
Stockholm Township	4.33%	\$ 47,584.00
Victor Township	4.62%	\$ 50,869.00
Woodland Township	4.13%	\$ 45,411.00
Total	100%	\$ 1,100,000

Updated September 19, 2023



WRIGHT COUNTY
MINNESOTA

TOWNSHIP SURFACE TRANSPORTATION GRANT APPLICATION

APPLICANT INFORMATION

Applicant Name	
Mailing Address	
Federal Tax ID	
MN State Tax ID	

CONTACT INFORMATION

Contact Name	
Phone	
Email	

PROJECT INFORMATION

Project Name	
Name of Road	
Project Location	
Project Description	

Please attach a map of the project area.



TOWNSHIP SURFACE TRANSPORTATION GRANT APPLICATION

PROJECT COSTS

Activity	Total Cost of Activity	Grant Amount Requested
Planning	\$	\$
Engineering	\$	\$
Construction	\$	\$
Other	\$	\$
Project Total	\$	\$

Townships are expected to provide at least 50% of the project's funds as a matching requirement.

PROJECT SCHEDULE

Project Bid Date	
Planned Project Start Date	
Planned Project End Date	

Key dates:

- Project costs must be incurred after December 29, 2022.
- Applications must be submitted by: May 1, 2024
- Funds must be obligated by: December 31, 2024
- Final reimbursement request to County: August 31, 2026
- All invoices paid: September 30, 2026



BACKGROUND

This non-competitive grant program is intended to help Wright County townships complete surface transportation projects. In August 2023, the American Rescue Plan – State and Local Fiscal Recovery Funds (ARP-SLFRF) Rule was updated to include surface transportation projects. The projects that will be considered under this grant program are defined by ARP-SLFRF as “Pathway Two – Streamlined Framework” projects. Additional information is available online: [Overview of the 2023 Interim Final Rule](#).

ELIGIBLE RECIPIENTS

Eligible recipients of this grant are townships within Wright County.

AMOUNT AVAILABLE

The Wright County Board has allocated \$1,100,000 of ARP-SLFRF to fund this grant program:

- The maximum amount of total funding dollars is based on the 2023 Township Road Distribution (see attached document).
- Townships are expected to provide at least 50% of the project’s funds as a matching requirement.
- Project costs must be incurred after December 29, 2022.
- Grants will be reimbursement-type grants.

ELIGIBLE PROJECTS

Eligible projects include those that qualify under the [federal RAISE program](#). This includes:

- Highway, bridge or road improvements
- Culvert replacement and rehabilitation
- Planning activities, including environmental analysis, feasibility studies, or other pre-construction activities

Additional requirements include:

- Projects must not have a significant environmental impact / must meet the criteria for NEPA Categorical Exclusion
- [Davis-Bacon prevailing wage protections](#) for highway projects apply
- Projects cannot also receive funding from the USDOT

Detailed requirements are outlined in the [ARP-SLFRF 2023 Interim Final Rule](#).



TIMELINE

- Applications must be submitted by: May 1, 2024
- Funds must be obligated by: December 31, 2024
- Final reimbursement request to County: August 31, 2026
- All invoices paid: September 30, 2026

APPLICATION AND REVIEW PROCESS

Townships can apply for funding for a specific project or projects. Each project will need a separate application. Please submit completed applications to:

Elizabeth Karels, Project Administrator
elizabeth.karels@co.wright.mn.us, 763.684.8604

Each application will be reviewed by a staff team for eligibility under the ARP-SLFRF. If eligible, the application will be recommended for approval by the County Board.

GRANT TERMS & CONDITIONS

Each applicant that receives a grant award must enter into a grant agreement with Wright County governing the terms and conditions for use of the grant funds. A grant award is not final until the applicant has signed the grant agreement. Failure to return a signed grant agreement within 30 days after issuance may result in cancellation of an award redistribution of grant funds to other projects.

Grant recipients will be required to provide quarterly project and expenditure reports to the County. Required reporting information is outlined in the [SLFRF Compliance and Reporting Guidance](#). Grant recipients will be required to provide audit information for the subrecipient requirements.

Grant recipients shall be responsible for providing all engineering services related to the project (which includes design, construction engineering and field inspection, testing, documentation of quantities, and contractor performance) for the road improvement project. These costs are reimbursable.

Upon completion of the work the recipient's engineer shall submit a certificate of performance which indicates that they inspected the work, and it complies with the plans and specifications.

Wright County is required to ensure that procurement and payments are consistent with the procurement standards set forth in the Uniform Guidance at 2 CFR 200.317 through 2 CFR 200.327. Grant recipients will be responsible for ensuring compliance with the Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards. Grant recipients will also be required to fully cooperate with the County and State in any investigation or audit of any payment provided under this Agreement.

All data created, collected, received, stored, used, maintained, or disseminated by the grant recipient in the performance of the grant agreement is subject to the requirements of the Minnesota Government Data Practices



Act, Minn. Stat. Chapter 13 and the Minnesota Rules implementing the Act now in force or hereafter adopted as well as the Federal laws on data privacy. If the grant recipient is performing a governmental function as defined in Minn. Stat. Section 13.05, Subd. 11 as part of its contract duties, it must comply with those requirements as if it were a governmental entity. The remedies in Minn. Stat. Section 13.08 apply to the grant recipient. The grant recipient does not have a duty to provide access to public data to the public if the public data are available from the County, except as required by the terms of the grant agreement. All subcontracts shall contain the same or similar data practices compliance requirements.

DRAFT



WRIGHT COUNTY MINNESOTA

ADMIN Only – Program Administration

ARP Status INVITE SENT	ARP Program Managing Agency WRIGHT COUNTY	Grant Amount Requested \$1100000.00
ARP Adopted Program Name TOWNSHIP SURFACE TRANSPORTATION GRANTS		

American Rescue Plan Program Request

Program Name * TOWNSHIP SURFACE TRANSPORTATION GRANTS	Objective * To support township surface transportation projects
Program Category * INFRASTRUCTURE	Description * Townships will be allowed to request matching funds for specific projects that are eligible under the ARP Pathway 2 – Streamlined Framework projects. Wright County will allow each township to request funds up to a certain amount, based on an allocation formula. If a township wants to request funding for multiple projects, a grant application must be made for each individual project.
Program Type * WRIGHT CTY – GRANT PROGRAM	
Will there be multiple managing agencies or departments? ☐ YES ☐ NO	

Eligibility and Requested Funding

American Rescue Plan – Fiscal Recovery Funds – Expenditure Category*

9.2 Surface Transportation Projects not receiving funding from DOT: Streamlined Framework

American Rescue Plan – State & Local Fiscal Recovery Funds Eligibility*

Surface transportation projects are eligible under the 2023 interim final rule. EC 9.2

Appendix 1 "Expenditure Categories" Compliance and Reporting (pages 31 & 32) – US Department of Treasury

Summary Categories

1. Public Health

2. Negative Economic Impacts

3. Services to Disproportionately Impacted Communities

4. Premium Pay

5. Infrastructure

6. Revenue Replacement

7. Administrative

NOTE: Additional supporting information will be required during the grant application process for those categories identified with * or ^ in Appendix 1 of the US Department of Treasury Compliance and Reporting document.

Instructions for funding amount request:

For one-time Requests click the add button and enter a single line for amount and year requested.

Requested funding & time frame

Calendar Year*

2024

Dollar Amount*

\$1100000.00

For Multi-Year Programs, click the add button for each year of the program request and enter the requested amount for each year individually.

332

Contact Information

Contact Name *

Elizabeth Karels

Contact Phone Number *

7636849604

Contact Email Address *

elizabeth.karels@co.wright.mn.us

Is the proposed program eligible for funding under the American Rescue Plan – Fiscal Recovery Fund guidelines?

☐ Yes ☐ No

Narrative:

Is the proposed program eligible for funding under other parts of the American Rescue Plan?

☐ Yes ☐ No

Narrative:

Reviewed by:

Member

Lee Kelly

Date

10/11/2023

Member

Lindsey Meyer

Date

10/11/2023

Member

Heather Lemeiux

Date

10/11/2023

Member

Greg Kryzer

Date

10/11/2023

Member

Ryan Kotila

Date

10/11/2023

Member

John Holler

Date

10/11/2023

Member

Elizabeth Karels

Date

10/11/2023

Review Dates and Forum

Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Lee Kelly

Requestor Title

County Administrator

Department (please use dropdown to select department) *

ADMINISTRATION

Target Meeting Date *

10/17/2023 9:00 AM – Board of Wright County
Commissioners

Agenda Item Type

☒ RFBA ☐ Minutes Submission ☐ Warrants Submission

Target Section

☐ Consent Agenda ☐ Timed Agenda
☐ Item for Consideration

Originator

JAE4296

Item Details

Board Action Requested *

Approve and Adopt Recommendations from the October 10, 2023 County Board Workshop

Short Title (what will appear on Agenda outline – 250 character max.) *

Approve and Adopt Recommendations from the October 10, 2023 County Board Workshop

Value Stream the request primarily aligns with:

Briefly describe how the request aligns with the selected value stream.

Describe the impact on staffing resources.

Fiscal Impact:

Background/Justification:

Route for Review and Approval

☐ County
Administrator☐ Assistant
County
Administrator☐ Finance
Review☐ Legal Review☐ Risk Mgmt
Review☐ Skip Workflow

Agenda Item Attachments (1)

Document Name

[10-10-2023 Recommendations.docx](#)

Attachment Type

Attachment

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Notes



BOARD WORKSHOP RECOMMENDATIONS
BOARD OF WRIGHT COUNTY COMMISSIONERS

October 10, 2023

Tina Diedrick
Derek Vetsch
Jeanne Holland
Nadine Schoen
Michael Kaczmarek

District 1
District 2
District 3
District 4
District 5

I. Schedule Meetings as Needed

RECOMMENDATION: Informational only.

II. Advisory Committee/Advisory Board Updates

RECOMMENDATION: Informational only

III. Initiative Foundation Presentation

RECOMMENDATION: Informational Only. There is no interest from the board to pursue anything further at this time.

IV. Fee Schedule Review

RECOMMENDATION: Informational Only

V. Process for Appointment to Great River Regional Library (GRRL) Board and Other Committees

RECOMMENDATION: Continue to use the same application and interview process. Post all open board and committee seats publicly.

VI. 3rd Floor Government Center

RECOMMENDATION: There is no consensus from the board to move forward with any remodel or construction projects at this time.

VII. Phone System Analysis

RECOMMENDATION: The Phone System Analysis will be reviewed by the Project Administration team.

Agenda Item



Destination and Workflow

Meeting Type: *

Board Meeting

Requestor Name

Heather Lemieux

Requestor Title

Assistant Finance Director

Department (please use dropdown to select department) *

FINANCE & TAXPAYER SERVICES

Target Meeting Date *
10/17/2023 9:00 AM – Board of Wright County
Commissioners
Agenda Item Type
☐ RFBA
 ☐ Minutes Submission
 ☒ Warrants Submission

Target Section
☐ Consent Agenda
 ☐ Timed Agenda
 ☐ Item for Consideration

Originator

HML7582

Item Details

Board Action Requested *

Warrants Issued

Short Title (what will appear on Agenda outline – 250 character max.) *

Warrants Issued

Agenda Item Attachments (1)

Document Name
[9.27.23-10.10.23- \\$3675612.29.pdf](#)
Attachment Type

Attachment

☐ Hide RFBA Review

RFBA Review

Assistant County Administrator Review

Assistant County Administrator Decision

Approved

Notes



Disbursements by Warrant Number

Report Date GMT 10/11/23 1:58 PM

Page 1 of 1

Warrant#	Warrant Date	Vendor Name Account Number	Amount	Description	Invoice Number	1099
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Date Range: 9/27/2023 to 10/10/2023

PII: NO Business Unit: 300000006871689

105643	46433	MN DEPT OF PUBLIC SAFETY				
	2023-09-27	84-041-000-0000-6820-000000	\$41,001.77	MNDRIVE	20230927MV	N
105643	46433	MN DEPT OF PUBLIC SAFETY	\$41,001.77			
105644	145	ELFMANN EXCAVATING				
	2023-09-27	02-392-000-0000-6801-000000	\$18,534.00	SEPTIC — LARSON 212-000-051100	20230824	N
105644	145	ELFMANN EXCAVATING	\$18,534.00			
105645	631	CENTRAL FIRE PROTECTION				
	2023-09-27	01-201-000-0000-6301-000000	\$421.10	CENTRAL FIRE PROTECTION-REPAIRS/MAINTENANCE	47193	N
105645	631	CENTRAL FIRE PROTECTION	\$421.10			
105646	893	IDENTISYS INC				
	2023-09-27	02-211-000-0000-6410-000000	\$76.05	Office Supplies	637775	N
105646	893	IDENTISYS INC	\$76.05			
105647	1103	COKATO TOWNSHIP				
	2023-09-27	01-041-071-0000-5801-000000	\$167.60	REFUND ELECTIONS CHARGES PAID BY GRANT	20230926-7	N
105647	1103	COKATO TOWNSHIP	\$167.60			
105648	1171	FRENCH LAKE TOWNSHIP				
	2023-09-27	01-041-071-0000-5801-000000	\$271.02	REFUND ELECTIONS CHARGES PAID BY GRANT	20230926-6	N
105648	1171	FRENCH LAKE TOWNSHIP	\$271.02			
105649	1343	MONTICELLO/CITY OF				
	2023-09-27	01-201-281-0000-6859-000000	\$1,715.47	Nuclear Grant Reimbursement 3rd Quarter	20230926	N
105649	1343	MONTICELLO/CITY OF	\$1,715.47			
105650	1436	STREICHERS				
	2023-09-27	01-250-000-0000-6806-000000	\$121.48	Streicher's Uniform Allowance	1655901	N
	2023-09-27	01-250-000-0000-6806-000000	\$91.99	UNIFORM ALLOWANCE	1656011	N
	2023-09-27	01-250-000-0000-6806-000000	\$91.99	Streicher's Uniform Allowance - 9/21/23	1656012	N
105650	1436	STREICHERS	\$305.46			
105651	1785	WAVERLY/CITY OF				
	2023-09-27	01-111-000-0000-6251-000000	\$104.09	UTILITIES HWY DEPT 8/10-9/14/23	02-00000260-00-4 0923	N
105651	1785	WAVERLY/CITY OF	\$104.09			
105652	1850	ANNANDALE/CITY OF				
	2023-09-27	01-041-071-0000-5801-000000	\$261.93	REFUND ELECTIONS CHARGES PAID BY GRANT	20230926-2	N
105652	1850	ANNANDALE/CITY OF	\$261.93			
105653	1852	COKATO/CITY OF				
	2023-09-27	01-111-000-0000-6251-000000	\$68.86	01-00000717-01-3 HWY COKATO SHOP WATER AND SEWER	01-00000717-01-3	N
	2023-09-27	01-111-000-0000-6251-000000	\$36.30	01-00001049-01-4 HWY COKATO SHOP BRINE TANK	01-00001049-01-4 0923	N
	2023-09-27	01-041-071-0000-5801-000000	\$275.62	REFUND ELECTIONS CHARGES PAID BY GRANT	20230926-3	N
105653	1852	COKATO/CITY OF	\$380.78			
105654	1853	DAYTON/CITY OF				
	2023-09-27	01-041-071-0000-5801-000000	\$469.79	REFUND ELECTIONS CHARGES PAID BY GRANT	20230926-4	N
105654	1853	DAYTON/CITY OF	\$469.79			
105655	1856	ROCKFORD/CITY OF				
	2023-09-27	01-041-071-0000-5801-000000	\$275.62	REFUND ELECTIONS CHARGES PAID BY GRANT	20230926-5	N
105655	1856	ROCKFORD/CITY OF	\$275.62			
105656	1862	STOCKHOLM TOWNSHIP				
	2023-09-27	01-041-071-0000-5801-000000	\$135.51	REFUND ELECTIONS CHARGES PAID BY GRANT	20230926-8	N
105656	1862	STOCKHOLM TOWNSHIP	\$135.51			

105657	2316	OTSEGO/CITY OF					
	2023-09-27	01-111-000-0000-6251-000000	\$113.16	OTSEGO HWY SHOP UTILITIES 8/14-9/13/23	28100-00 0923	N	
105657	2316	OTSEGO/CITY OF	\$113.16				
105658	4713	GUARDIAN FLEET SAFETY LLC					
	2023-09-27	01-201-000-0000-6452-000000	\$160.00	Tint front windows at 35% with ceramic tint.	231239	N	
105658	4713	GUARDIAN FLEET SAFETY LLC	\$160.00				
105659	5482	MPLS FORENSIC PSYCHOLOGICAL SERVICES LL					
	2023-09-27	01-025-000-0000-6265-000000	\$2,975.00	AUGUST 2023 RULE 20 86-IV-23-1633 DETENTION	86-IV-23-1633	Y	
105659	5482	MPLS FORENSIC PSYCHOLOGICAL SERVICES LL	\$2,975.00				
105660	6231	CINTAS CORPORATION NO. 2					
	2023-09-27	01-111-000-0000-6301-000000	\$98.91	Facilities uniforms	4168056679	N	
105660	6231	CINTAS CORPORATION NO. 2	\$98.91				
105661	7324	CHATHAM TOWNSHIP					
	2023-09-27	01-041-071-0000-5801-000000	\$194.31	REFUND ELECTIONS CHARGES PAID BY GRANT	20230926-1	N	
105661	7324	CHATHAM TOWNSHIP	\$194.31				
105662	46433	MN DEPT OF PUBLIC SAFETY					
	2023-09-28	84-041-000-0000-6820-000000	\$24,058.18	MNDRIVE	20230928MV	N	
105662	46433	MN DEPT OF PUBLIC SAFETY	\$24,058.18				
105663	412	NORTH CENTRAL INTERNATIONAL OF ST. CLOU					
	2023-09-28	03-340-000-0000-6574-000000	\$351.96	HWY REPAIR PARTS	22007596801	Y	
	2023-09-28	03-340-000-0000-6574-000000	\$917.36	HWY REPAIR PARTS	22007600201	Y	
105663	412	NORTH CENTRAL INTERNATIONAL OF ST. CLOU	\$1,269.32				
105664	1192	TOTAL PRINTING					
	2023-09-28	11-450-485-0010-6235-000000	\$290.00	COVID - Who Ya Gonna Call Brochures	13751-1	Y	
105664	1192	TOTAL PRINTING	\$290.00				
105665	1347	AMAZON BUSINESS					
	2023-09-28	11-450-491-7033-6111-000000	\$36.93	1 3M Post-It Easel Pad: 25 in. x 30 in. / 30 White Lined Sheets per pad (White/Lined) ASIN: B08V28B34N Sold by: Delaware Order # 111-5079315-7901051	1FLL-Q7HF-CW3R	N	
105665	1347	AMAZON BUSINESS	\$36.93				
105666	1850	ANNANDALE/CITY OF					
	2023-09-28	03-325-000-0000-5416-000000	\$605,430.85	SAP 596-004 FEDERAL PROJECT #8623220, DCP PAYMENT REQUEST NO. 1 REIMBURSEMENT	23-043	N	
	2023-09-28	03-325-000-0000-5416-000000	(\$605,430.85)	SAP 596-004 FEDERAL PROJECT #8623220, DCP PAYMENT REQUEST NO. 1 REIMBURSEMENT	23-043	N	
	2023-09-28	03-325-000-0000-6650-000000	\$605,430.85	SAP 596-004 FEDERAL PROJECT #8623220, DCP PAYMENT REQUEST NO. 1 REIMBURSEMENT	23-043	N	
105666	1850	ANNANDALE/CITY OF	\$605,430.85				
105667	3236	RMB ENVIRONMENTAL LABORATORIES INC					
	2023-09-28	01-100-493-8409-6261-000000	\$125.00	CHLOROPHYLL_A_PHEOPHYTIN_CORRECTED_(DL)	D050624	N	
	2023-09-28	01-100-493-8409-6261-000000	\$105.00	IRON_200.7_(DL)	D050624	N	
	2023-09-28	01-100-493-8409-6261-000000	\$160.00	N+H_353.2_(DL)	D050624	N	
	2023-09-28	01-100-493-8409-6261-000000	\$240.00	ORTHOPHOSPHATE_AS_P_L_F_(DL)	D050624	N	
	2023-09-28	01-100-493-8409-6261-000000	\$17.00	Ship E2R_(DL)	D050624	N	
	2023-09-28	01-100-493-8409-6261-000000	\$240.00	TKN_Timb_(DL)	D050624	N	
	2023-09-28	01-100-493-8409-6261-000000	\$200.00	TP_365.3_(DL)	D050624	N	
105667	3236	RMB ENVIRONMENTAL LABORATORIES INC	\$1,087.00				
105668	6097	ODP BUSINESS SOLUTIONS, LLC					
	2023-09-28	01-201-000-0000-6410-000000	\$3.30	CLIP,BINDER,MINI,1/41N,1280X 909309 Sheriff	332756782001	N	
	2023-09-28	01-201-000-0000-6410-000000	\$39.89	PAPER,OD COPY,20LB,11,10RM,CS 6028288 Sheriff	332756782001	N	
	2023-09-28	01-201-000-0000-6410-000000	\$10.49	BALL POINT PEN BLACK 50 CT 9828588 Sheriff	332756782001	N	
	2023-09-28	01-201-000-0000-6410-000000	\$79.78	PAPER,OD COPY,20LB,11,10RM,CS	333483357001	N	
105668	6097	ODP BUSINESS SOLUTIONS, LLC	\$133.46				
105669	6641	THOMSON REUTERS WEST PUBLISHING CORP					
	2023-09-28	02-021-000-0000-6411-000000	\$1,322.72	WESTLAW COMPLETE LIBRARY PRINT SUBSCRIPTION 9/1/23-9/30/23	848962774	N	
105669	6641	THOMSON REUTERS WEST PUBLISHING CORP	\$1,322.72				
105670	46490	MINNESOTA MONITORING INC					
	2023-09-28	01-025-000-0000-6261-000000	\$13,928.25	AUGUST 2023 ADULT EHM	14239	N	
105670	46490	MINNESOTA MONITORING INC	\$13,928.25				
105671	46433	MN DEPT OF PUBLIC SAFETY					
	2023-09-29	84-041-000-0000-6820-000000	\$27,169.86	MNDRIVE	20230929MV	N	
105671	46433	MN DEPT OF PUBLIC SAFETY	\$27,169.86				
105672		Richelle HELAYNE Kramer					
	2023-09-29	11-430-700-0030-6334-000000	\$13.00	Breakfast/travel	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$12.69	Breakfast/ Boston/ Travel	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$27.31	Mileage-Mileage Reimbursement	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$336.56	Last night of conference should be covered per policy	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$27.38	Mileage-Mileage Reimbursement	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$36.00	Dinner/Boston	EX000015246226		
	2023-09-29	11-430-700-0030-6334-000000	\$36.00	Dinner/Boston	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$20.00	Lunch/Boston	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$36.00	Dinner/Boston	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$36.00	Dinner/Boston	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$20.00	Lunch/Boston	EX000015246226		
	2023-09-29	11-430-760-6040-6338-000000	\$20.00	Lunch/Boston	EX000015246226		
105672		Richelle HELAYNE Kramer	\$620.94				
105673		Elizabeth MARIE Hammer					
	2023-09-29	11-430-700-0010-6333-000000	\$16.96	VA visit	EX000015442013		

	2023-09-29	11-430-700-0010-6333-000000	\$21.29	VA visits	EX000015442013	
	2023-09-29	11-430-700-0010-6333-000000	\$17.42	VA visit	EX000015442013	
	2023-09-29	11-430-700-0010-6333-000000	\$2.82	VA visit	EX000015442013	
	2023-09-29	11-430-700-0010-6333-000000	\$29.34	VA visit	EX000015442013	
	2023-09-29	11-430-700-0010-6333-000000	\$3.41	VA visit	EX000015442013	
	2023-09-29	11-430-700-0010-6333-000000	\$9.04	VA visit	EX000015442013	
	2023-09-29	11-430-700-0010-6333-000000	\$20.24	VA visit	EX000015442013	
	2023-09-29	11-430-700-0010-6333-000000	\$16.18	VA visit	EX000015442013	
	2023-09-29	11-430-700-0010-6333-000000	\$23.51	VA visit	EX000015442013	
	2023-09-29	11-430-700-0010-6333-000000	\$0.39	VA visit	EX000015442013	
105673		Elizabeth MARIE Hammer	\$160.60			
105674		Breanna Jaymee Johnson				
	2023-09-29	11-430-700-0010-6333-000000	\$31.05	Client Meeting	EX000015392716	
105674		Breanna Jaymee Johnson	\$31.05			
105675		Danielle MARIE Lee				
	2023-09-29	01-101-044-0000-6334-000000	\$13.04	Vitals Training off site lunch	EX000015462935	
105675		Danielle MARIE Lee	\$13.04			
105676		Katie Lynn Brown				
	2023-09-29	11-430-700-0010-6333-000000	\$19.26	HV-RM	EX000015318115	
	2023-09-29	11-430-700-0010-6333-000000	\$25.35	Delivery-RM then HV-KR	EX000015318115	
	2023-09-29	11-430-700-0010-6333-000000	\$14.41	HV-SJ	EX000015318115	
	2023-09-29	11-430-700-0010-6333-000000	\$24.50	HV-KR	EX000015318115	
	2023-09-29	11-430-700-0010-6333-000000	\$17.42	HV-KB	EX000015318115	
105676		Katie Lynn Brown	\$100.94			
105677		Melissa LEAH Holthaus				
	2023-09-29	01-025-023-0000-6333-000000	\$16.77	h-Rogers high school and Home visit- KS then back Home	EX000015462958	
105677		Melissa LEAH Holthaus	\$16.77			
105678		Nicole Marie Varhol				
	2023-09-29	11-430-700-0010-6333-000000	\$18.08	Client: L.B.	EX000015404306	
	2023-09-29	11-430-700-0010-6333-000000	\$13.56	Client: W.G.	EX000015404306	
	2023-09-29	11-430-700-0010-6333-000000	\$7.40	Client: R.P.	EX000015404306	
	2023-09-29	11-430-700-0010-6333-000000	\$7.40	Client: T.P.	EX000015404306	
	2023-09-29	11-430-700-0010-6333-000000	\$6.16	Client: N.O.	EX000015404306	
	2023-09-29	11-430-700-0010-6333-000000	\$11.33	Client: E.A.	EX000015404306	
	2023-09-29	11-430-700-0010-6333-000000	\$34.39	Client: E.T.	EX000015404306	
	2023-09-29	11-430-700-0010-6333-000000	\$4.91	Client: N.O.	EX000015404306	
	2023-09-29	11-430-700-0010-6333-000000	\$10.28	Client: K.B.	EX000015404306	
	2023-09-29	11-430-700-0010-6333-000000	\$6.94	Client: K.B.	EX000015404306	
105678		Nicole Marie Varhol	\$120.45			
105679		Steven William Svoboda				
	2023-09-29	01-121-021-0000-6338-000000	\$760.20	lodging/meals for MACVSO Fall Training	EX000015318179	
105679		Steven William Svoboda	\$760.20			
105680		Wallace H Peterson Jr				
	2023-09-29	01-105-027-0000-6334-000000	\$15.00	Lunch, Waite Park, PACE Course	EX000015356067	
105680		Wallace H Peterson Jr	\$15.00			
105681		Daisy Ann Blanchette				
	2023-09-29	11-430-700-0010-6333-000000	\$1.57	Client Visit (AT)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$5.37	Monthly Visit (IS)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$16.05	Monthly Visit (BG)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$16.96	Monthly Visit (CP)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$24.04	CMH Regional Meeting- hosted by Sherburne County	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$2.16	Client School Supply Pickup (MI)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$26.66	Client Meeting (CA)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$25.48	Client Visit (WB)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$6.48	Client Visits (PH & LH) and Client Visit (AT)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$7.34	Monthly Visit (AD)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$9.76	Monthly Visit (MI)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$27.38	Monthly Visit (KA) and Monthly Visit (GVDB)	EX000015145517	
	2023-09-29	11-430-700-0010-6333-000000	\$6.48	Monthly Visit (RH)	EX000015145517	
105681		Daisy Ann Blanchette	\$175.73			
105682		Patrick JOSEPH O'Malley				
	2023-09-29	01-250-000-0000-6334-000000	\$11.87	Lunch in Maple Grove	EX000015129678	
105682		Patrick JOSEPH O'Malley	\$11.87			
105683		Colleen Kay Majkrzak				
	2023-09-29	01-121-021-0000-6245-000000	\$50.00	2023 MNCVSO ass't association	EX000015217333	
105683		Colleen Kay Majkrzak	\$50.00			
105684		Kristie Marie Rathmanner				
	2023-09-29	11-450-430-0010-6333-000000	\$42.64	Mileage for Metro Immunization Meeting in Dakota County	EX000015424564	
105684		Kristie Marie Rathmanner	\$42.64			
105685		Paige Elizabeth Sangren				
	2023-09-29	11-450-430-0010-6333-000000	\$11.27	GC-MT(MD)-GC	EX000015230707	
	2023-09-29	11-450-430-0010-6333-000000	\$11.27	GC-Monticello (M.D.)-GC	EX000015230707	
	2023-09-29	11-450-430-0010-6333-000000	\$11.27	GC-Monticello (M.D.)-GC	EX000015230707	

105685		Paige Elizabeth Sangren	\$33.81			
105686		Lori LYNN Achman				
	2023-09-29	11-430-700-0010-6333-000000	\$22.01	HM HS MT OT HSHMClient visits- EE and MS	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$16.90	HM HS MT HS BF HS HMAA and 2D cases / home visits	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$29.93	HM HS Clearwater MT HS HMAH & TH case home visits	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$5.24	HM HS BF HS HM BO case / home visit	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$6.22	HM HS MT HS HM MP visit	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$11.40	HM HS MT HS HM EE case home visit	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$20.31	HM HS OT HS HMMS visit/ case	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$10.02	HM HS MT HS HMCM case/ home visit	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$10.61	HM HS MT HS HMMD and LD visits/ case	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$17.95	HM HS SM HS HMAA and JRB case home visits	EX000015116507	
	2023-09-29	11-430-700-0010-6333-000000	\$20.11	HM HS MT HS MT HS HMMA, PJ, MJ cases / home visits	EX000015116507	
105686		Lori LYNN Achman	\$170.70			
105687		Diane Teresa Erkens				
	2023-09-29	11-430-700-0030-6333-000000	\$46.70	CAMHI ex-officio and Joint Powers Board meetings, personal vehicle approved.	EX000015232683	
	2023-09-29	11-430-700-0030-6334-000000	\$9.67	Out of County meal - turkey croissant	EX000015232683	
	2023-09-29	11-430-700-0030-6338-000000	\$11.06	Overnight Conference meal for first day of conference. Left Wright County at 9:00am with county car.	EX000015232683	
	2023-09-29	11-430-700-0030-6338-000000	\$8.98	out of county CJMHS training meal - Chipotle - chicken bowl	EX000015232683	
	2023-09-29	11-430-700-0030-6338-000000	\$18.10	out of county (Hennepin) CJMHS training meal - Buffalo Wild Wings- chicken wrap	EX000015232683	
	2023-09-29	11-430-700-0030-6338-000000	\$12.66	out of county CJMHS training meal - Jimmy Johns- turkey	EX000015232683	
105687		Diane Teresa Erkens	\$107.17			
105688		Casey Lynn Henne				
	2023-09-29	11-450-430-0010-6333-000000	\$158.51	Travel to pick up coworker to carpool, travel to Breezy Point for Conference and back	EX000015318006	
105688		Casey Lynn Henne	\$158.51			
105689		Katharine Ann Coaty				
	2023-09-29	11-430-700-0010-6334-000000	\$9.41	Lunch while at Foundations training	EX000015216104	
	2023-09-29	11-430-700-0010-6334-000000	\$15.23	Dinner while at Foundations training	EX000015216104	
	2023-09-29	11-430-700-0010-6334-000000	\$9.99	Breakfast while at Foundations training	EX000015216104	
	2023-09-29	11-430-700-0010-6334-000000	\$8.93	Dinner while at Foundations training	EX000015216104	
	2023-09-29	11-430-700-0010-6334-000000	\$9.68	Lunch while at Foundations training	EX000015216104	
	2023-09-29	11-430-700-0010-6334-000000	\$7.17	Lunch while at Foundations training	EX000015216104	
	2023-09-29	11-430-700-0010-6334-000000	\$7.07	Dinner while at Foundations training	EX000015216104	
	2023-09-29	11-430-700-0010-6334-000000	\$10.80	Lunch while at Foundations training	EX000015216104	
	2023-09-29	11-430-700-0010-6334-000000	\$19.37	Dinner while at Foundations training	EX000015216104	
105689		Katharine Ann Coaty	\$97.65			
105690		Nadine M Schoen				
	2023-09-29	01-005-021-0000-6333-000000	\$17.29	EDA	EX000015462584	
	2023-09-29	01-005-021-0000-6333-000000	\$17.29	workshop, EDA whole	EX000015462584	
	2023-09-29	01-005-021-0000-6333-000000	\$17.29	safe schools	EX000015462584	
	2023-09-29	01-005-021-0000-6333-000000	\$17.29	board	EX000015462584	
	2023-09-29	01-005-021-0000-6333-000000	\$17.29	budget as a whole	EX000015462584	
	2023-09-29	01-005-021-0000-6333-000000	\$17.29	budget as a whole	EX000015462584	
	2023-09-29	01-005-021-0000-6333-000000	\$17.29	Extension U of M	EX000015462584	
105690		Nadine M Schoen	\$121.03			
105691		Stephanie Rose Olsem				
	2023-09-29	11-430-700-0010-6333-000000	\$3.86	Larson HV-WC	EX000015113213	
	2023-09-29	11-430-700-0010-6333-000000	\$3.86	Larson HV- WC	EX000015113213	
	2023-09-29	11-430-700-0010-6333-000000	\$12.51	WC-LarsonHV-WC	EX000015113213	
	2023-09-29	11-430-700-0010-6333-000000	\$28.10	home-New Discoveries Montessorl, Hutchinson, MN-GC	EX000015113213	
	2023-09-29	11-430-700-0010-6333-000000	\$30.33	WC-Cokato (Thurber)-WC	EX000015113213	
105691		Stephanie Rose Olsem	\$78.66			
105692		Austin Grant Feenstra				
	2023-09-29	01-201-262-0000-6261-000000	\$90.00	pants soiled by arrestee-destroyed after incident	EX000015115857	
	2023-09-29	01-201-274-0000-6805-000000	\$1,782.00	vest reimbursement	EX000015230654	
105692		Austin Grant Feenstra	\$1,872.00			
105693		Andrew Paul Beuch				
	2023-09-29	01-201-000-0000-6452-000000	\$1,527.00	Vest Reimbursement	EX000015328728	
105693		Andrew Paul Beuch	\$1,527.00			
105694	194	ELK RIVER MUNICIPAL UTILITIES				
	2023-09-29	03-350-000-0000-6543-000000	\$22.83	LIGHT ON CR 36	0823 22826	N
	2023-09-29	03-350-000-0000-6543-000000	\$22.83	LIGHT ON CR 36	0823 22826	N
	2023-09-29	03-350-000-0000-6543-000000	\$24.68	LIGHT ON CR 37	0823 22827	N
	2023-09-29	03-350-000-0000-6543-000000	\$24.68	LIGHT ON CR 37	0823 22827	N
	2023-09-29	03-350-000-0000-6543-000000	\$101.19	RAB LIGHT 39	0823 42073	N
	2023-09-29	03-350-000-0000-6543-000000	\$56.08	RAB LIGHT 39	0823 42074	N
	2023-09-29	03-350-000-0000-6543-000000	\$56.08	RAB LIGHT 39	0823 42074	N
	2023-09-29	03-350-000-0000-6543-000000	\$94.64	RAB ODEAN AVE CONNECT	0823 42076	N
	2023-09-29	03-350-000-0000-6543-000000	\$60.34	OHLAND AVE NE CONNECT	0823 42077	N
	2023-09-29	03-350-000-0000-6543-000000	\$48.53	LIGHT ON CSAH 39	0823 42322	N
105694	194	ELK RIVER MUNICIPAL UTILITIES	\$511.88			
105695	514	KNIFE RIVER				
	2023-09-29	03-325-000-0000-6650-000000	\$61,442.36	CONT 2301, 2023 OVERLAYS	PAYMENT 4	N

	2023-09-29	03-326-000-0000-6650-000000	\$12,934.09	CONT 2301, 2023 OVERLAYS	PAYMENT 4	N
105695	514	KNIFE RIVER	\$74,376.45			
105696	533	GLOVER CONSULTING LLC				
	2023-09-29	11-420-600-8246-6261-000000	\$3,690.00	FINANCIAL SERVICES EDMS MODERNIZATION PROJECT WORK	20471	N
105696	533	GLOVER CONSULTING LLC	\$3,690.00			
105698	1347	AMAZON BUSINESS				
	2023-09-29	01-031-021-0000-6411-000000	\$25.37	Staples 418210 Manila File Jackets with Reinforced Tab Legal Flat 100/Box	13DL-N3DR-M3YY	N
	2023-09-29	01-031-021-0000-6411-000000	\$59.99	JB! Tune 130NC TWS True Wireless In-Ear Noise Cancelling Headphones	13DL-N3DR-M3YY	N
	2023-09-29	01-100-493-8003-6411-000000	\$23.98	Business Voucher Check Stock - Computer Laser Checks - 250 Sheets, Check on Bottom, Blue Marble	13IQ-FJCA-1Q3V	N
	2023-09-29	01-041-042-0000-6411-000000	\$22.00	Energizer Alkaline Power 9 Volt Batteries (8 Pack), Long-Lasting Alkaline 9V Batteries	13IQ-FJCA-1Q3V	N
	2023-09-29	01-041-042-0000-6411-000000	\$29.99	Logitech MK335 Wireless Keyboard and Mouse Combo - Black/Silver	1CMG-GTJP-61W1	N
	2023-09-29	01-041-042-0000-6411-000000	\$0.00		1CMG-GTJP-61W1	N
	2023-09-29	01-031-021-0000-6411-000000	\$138.58	Soundcore by Anker Life P3 Noise Cancelling Earbuds, Ultra Long 50H Playtime, Fast Charging, Big Bass, Multi-Mode Noise Cancelling, AI-Enhanced Calls, Wireless Charging, App Control, Bluetooth 5.2	1F6T-KTY4-JMRQ	N
	2023-09-29	01-031-021-0000-6411-000000	\$69.29	Soundcore by Anker Life P3 Noise Cancelling Earbuds, Ultra Long 50H Playtime, Fast Charging, Big Bass, Multi-Mode Noise Cancelling, AI-Enhanced Calls, Wireless Charging, App Control, Bluetooth 5.2	1F6T-KTY4-JMRQ	N
	2023-09-29	01-031-021-0000-6411-000000	\$59.49	Soundcore by Anker Life P3 Noise Cancelling Earbuds, Ultra Long 50H Playtime, Fast Charging, Big Bass, Multi-Mode Noise Cancelling, AI-Enhanced Calls, Wireless Charging, App Control, Bluetooth 5.2	1GFX-KQ9X-J7H3	N
	2023-09-29	01-031-021-0000-6411-000000	\$118.98	Soundcore by Anker Life P3 Noise Cancelling Earbuds, Ultra Long 50H Playtime, Fast Charging, Big Bass, Multi-Mode Noise Cancelling, AI-Enhanced Calls, Wireless Charging, App Control, Bluetooth 5.2	1GFX-KQ9X-J7H3	N
	2023-09-29	01-031-021-0000-6411-000000	\$118.98	Soundcore by Anker Life P3 Noise Cancelling Earbuds, Ultra Long 50H Playtime, Fast Charging, Big Bass, Multi-Mode Noise Cancelling, AI-Enhanced Calls, Wireless Charging, App Control, Bluetooth 5.2	1GFX-KQ9X-J7H3	N
	2023-09-29	01-031-021-0000-6411-000000	\$59.49	Soundcore by Anker Life P3 Noise Cancelling Earbuds, Ultra Long 50H Playtime, Fast Charging, Big Bass, Multi-Mode Noise Cancelling, AI-Enhanced Calls, Wireless Charging, App Control, Bluetooth 5.2	1GFX-KQ9X-J7H3	N
	2023-09-29	11-430-760-6040-6480-000000	\$110.00	Logitech Folio Touch iPad Keyboard Case with Trackpad and Smart Connector for iPad Air (4th and 5th Generation), Graphite A591, Sold by: Five Branch Enterprises Inc. #B8VQ9BM7W Order # 114-4673441	1JHW-F9RG-9KCN	N
	2023-09-29	11-430-760-6040-6480-000000	\$499.99	Apple iPad Air (5th Generation) with M1 chip, 10.9-inch Liquid Retina Display, 64GB, Wi-Fi 6, 12MP front / 12MP Back Camera, Touch ID, All-Day Battery, A591, Sold by: Amazon.com Services LLC	1JHW-F9RG-9KCN	N
	2023-09-29	11-450-430-0020-6411-000000	\$29.44	ADM OPERATING SUPPLIES	1KDQ-C9YG-VCL4	N
	2023-09-29	11-430-700-0020-6411-000000	\$89.59	ADM OPERATING SUPPLIES	1KDQ-C9YG-VCL4	N
	2023-09-29	11-420-600-0020-6411-000000	\$40.96	ADM OPERATING SUPPLIES	1KDQ-C9YG-VCL4	N
	2023-09-29	01-031-021-0000-6411-000000	\$24.30	Amazon Basics Narrow Ruled Lined Writing Note Pad, 5 inch x 8 inch, White, 12 Count (12 Pack of 50)	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$93.96	Kensington MagPro™ Magnetic Laptop Privacy Screen 15.6 inch Compatible with HP/Dell/Acer/Asus/Lenovo, Removable 16:9 Antion Privacy Filter Shield, Anti-Glare, Blue Ray Reduction	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$12.58	Paper Mate InkJoy 300RT Retractable Ballpoint Pens, Medium Point (1.0mm), Black, 36 Count	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	(50.68)	Paper Mate InkJoy 300 RT Retractable Ballpoint Pen	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$19.04	Paper Mate InkJoy 300 RT Retractable Ballpoint Pen	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$14.99	SHARPIE Pocket Style Highlighters, Chisel Tip, Assorted Colors, 24 Count	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$115.02	INOVONICS EN12355 BELT CLIP TRANSMITTER, SINGLE BUTTON	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$25.79	Post-It Recycled Super Sticky Notes, 3x3 in, 18 Pads, 2x Sticking Power, Poptimistic, Bright Colors, Recyclable (654-17557)	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$14.52	Lee Sortwik Fingertip Moistener, 3/8 oz, 12 Pack (S10053)	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$11.29	Post-It Mini Notes, 1.5x2 in, 24 Pads, America's #1 Favorite Sticky Notes, Poptimistic Collection, Bright Colors (Magenta, Pink, Blue, Green), Clean Removal, Recyclable (653-7AANVAN)	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$26.85	Lined Sticky Notes 4X6 in Bright Ruled Post Stickers Colorful Super Sticking Power Memo Pads Its Strong Adhesive, A Back, Back, A6 Sheets/Load	1L6F-JRW7-MLN9-1	N
	2023-09-29	01-031-021-0000-6411-000000	\$59.99	Bestom 50 Pack Frosted Clear Vertical Hard Plastic ID Card Holders- Rigid Plastic ID Card Protector Case W/Thumb Notch and Slot B Chain Holes for School Nurse Staff (50)	1LFH-DPTV-MKX4	N
	2023-09-29	01-031-021-0000-6411-000000	\$42.99	Acrylic Card Holders Clear ID Card Holders Heavy Duty Card Holder Plastic Card Protector Cover Transparent Barde Protector Vertical in Office Products (40 Dcs)	1LFH-DPTV-MKX4	N
105698	1347	AMAZON BUSINESS	\$1,956.76			
105699	1436	STREICHERS				
	2023-09-29	01-250-000-0000-6806-000000	\$35.99	Streicher's Custom Cutout	16566607	N
105699	1436	STREICHERS	\$35.99			
105700	1721	M-R SIGN COMPANY INC				
	2023-09-29	03-350-000-0000-6539-000000	\$967.97	SIGNS	221591	N
	2023-09-29	03-350-000-0000-6539-000000	\$205.12	SIGNS	221592	N
105700	1721	M-R SIGN COMPANY INC	\$1,173.09			
105702	2978	BARTHEL'S AUTO BODY				
	2023-09-29	01-100-000-0000-6352-000000	\$2,380.65	Parts-CLAIM #23PC0491 REPAIR WORK	1690	Y
	2023-09-29	01-100-000-0000-6352-000000	\$1,147.50	Paint labor-CLAIM #23PC0491 REPAIR WORK	1690	Y
105702	2978	BARTHEL'S AUTO BODY	\$3,528.15			
105703	3365	WSB & ASSOCIATES INC				
	2023-09-29	03-320-000-0000-6505-000000	\$45.00	CP 019-211 CSAH 19 AND RIVER ROAD ROW SERVICES	R-023089-000-1	N
	2023-09-29	03-320-000-0000-6505-000000	\$995.20	SP 636-009 I-94 TO PALMGREN AVE	R-023253-000-1	N
	2023-09-29	03-320-000-0000-6505-000000	\$995.19	SP636-010 PALMGREN AVE TO TH 101	R-023253-000-1	N
105703	3365	WSB & ASSOCIATES INC	\$2,035.39			
105704	3961	DUININCK INC				
	2023-09-29	03-325-000-0000-6650-000000	\$424,215.84	CONT 2306 CP 148-221 CR 148 REALIGN W/ RAB @ CR 83	PAYMENT 2	N
105704	3961	DUININCK INC	\$424,215.84			
105706	4340	APPLIED CONCEPTS INC				
	2023-09-29	01-201-272-0000-6480-000000	\$32,500.00	New radars for squads	425541	N
105706	4340	APPLIED CONCEPTS INC	\$32,500.00			
105707	4628	VERIZON WIRELESS SERVICES LLC				
	2023-09-29	01-005-000-0000-6203-000000	\$123.60	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-603-000-0000-6203-000000	\$208.62	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	03-310-000-0000-6203-000000	\$872.29	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-063-000-0000-6203-000000	\$601.80	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	02-230-000-0000-6801-000000	\$40.01	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-521-000-0000-6203-000000	\$106.51	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-522-000-0000-6203-000000	\$87.40	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-201-000-0000-6203-000000	\$827.80	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-250-000-0000-6203-000000	\$41.20	763 258 3138	9943322345	N
	2023-09-29	02-226-000-0000-6203-000000	\$82.40	763 242 3324 & 763 242 6516	9943322345	N
	2023-09-29	01-103-000-0000-6203-000000	\$338.19	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-031-021-0000-6203-000000	\$123.60	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-121-000-0000-6203-000000	\$40.01	442492531 8/02-09/01/23	9943322345	N

	2023-09-29	01-031-033-0000-6203-000000	\$123.60	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-031-120-0000-6203-000000	\$46.20	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-031-120-0000-6480-000000	\$49.99	EQUIP 763-614-7618	9943322345	N
	2023-09-29	01-091-000-0000-6203-000000	\$329.60	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-043-000-0000-6203-000000	\$46.20	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-025-000-0000-6203-000000	\$1,791.36	442492531 8/02-09/01/23	9943322345	N
	2023-09-29	01-201-281-0000-6203-000000	\$80.02	442492531 8/02-09/01/23	9943322345	N
105707	4628	VERIZON WIRELESS SERVICES LLC	\$5,960.40			
105708	4713	GUARDIAN FLEET SAFETY LLC				
	2023-09-29	01-100-000-0000-6352-000000	\$550.00	CLAIM 23PC0683-REMOVAL OF AFTERMARKET EQUIPMENT	23-0652	N
105708	4713	GUARDIAN FLEET SAFETY LLC	\$550.00			
105710	5052	SRF CONSULTING GROUP INC				
	2023-09-29	03-326-000-0000-6261-000000	\$1,681.92	SP 070-022 CSAH 19 RAB	16719.00-2	N
	2023-09-29	03-326-000-0000-6261-000000	\$1,681.92	SP 070-024 CSAH 35 RAB	16719.00-2	N
105710	5052	SRF CONSULTING GROUP INC	\$3,363.84			
105713	5721	CDW GOVERNMENT INC				
	2023-09-29	01-041-043-0000-6480-000000	\$154.88	Kensington USB Hi Fi Headphones headphones	LX32029	N
105713	5721	CDW GOVERNMENT INC	\$154.88			
105718	6221	SUBURBAN TIRE WHOLESALE INC				
	2023-09-29	01-103-121-0000-6452-000000	\$1,078.40	LT265/70R18 E MICH LTX AT2 BLK 09068-TIRES FOR UNIT 610	10196462	N
105718	6221	SUBURBAN TIRE WHOLESALE INC	\$1,078.40			
105733	200250	POMPS TIRE SERVICE INC				
	2023-09-29	03-340-000-0000-6570-000000	(\$50.00)	CREDIT TIRE CASING	2390002448	N
	2023-09-29	03-340-000-0000-6570-000000	\$50.00	CREDIT TIRE CASING	2390002448	N
	2023-09-29	03-340-000-0000-6575-000000	\$50.00	CREDIT TIRE CASING	2390002448	N
	2023-09-29	03-340-000-0000-6575-000000	(\$50.00)	CREDIT TIRE CASING	2390002448	N
	2023-09-29	03-340-000-0000-6570-000000	(\$50.00)	CREDIT TIRE CASING	2390002448	N
	2023-09-29	03-340-000-0000-6575-000000	\$86.00	OUTSIDE LABOR	2390004971	N
	2023-09-29	03-340-000-0000-6574-000000	\$25.20	HWY REPAIR PARTS	2390004971	N
	2023-09-29	03-340-000-0000-6575-000000	\$192.60	OUTSIDE LABOR	2390005816	N
	2023-09-29	03-340-000-0000-6575-000000	\$86.00	OUTSIDE LABOR	2390006055	N
	2023-09-29	03-340-000-0000-6575-000000	\$171.20	OUTSIDE LABOR	2390006382	N
	2023-09-29	03-340-000-0000-6574-000000	\$50.40	HWY REPAIR PARTS	2390006382	N
105733	200250	POMPS TIRE SERVICE INC	\$561.40			
105737	46433	MN DEPT OF PUBLIC SAFETY				
	2023-10-02	84-041-000-0000-6820-000000	\$45,262.36	MNDRIVE	20231002MV	N
105737	46433	MN DEPT OF PUBLIC SAFETY	\$45,262.36			
105738	1280	RICHARD HERMES				
	2023-10-02	01-013-000-0000-6261-000000	\$147.27	PR-23-4280 VISITOR CLAIM	20230918	Y
	2023-10-02	01-013-000-0000-6261-000000	\$167.56	PR-23-4279 VISITOR CLAIM	20230919	Y
105738	1280	RICHARD HERMES	\$314.83			
105739	1298	JONES LAW OFFICE				
	2023-10-02	01-013-000-0000-6270-000000	\$40.00	P1-93-000183 ATTY FEE AUG 2023	1996111	N
	2023-10-02	01-013-000-0000-6270-000000	\$255.00	PR-10-5804 ATT FEE AUG 2023	1996112	N
	2023-10-02	01-013-000-0000-6270-000000	\$15.00	PR-18-1340 ATTY FEE AUG 2023	1996113	N
	2023-10-02	01-013-000-0000-6270-000000	\$10.00	P3-05-000807 ATTY FEE AUG 2023	1996114	N
	2023-10-02	01-013-000-0000-6270-000000	\$20.00	PR-10-2872 ATTY FEE AUG 2023	1996115	N
	2023-10-02	01-013-000-0000-6270-000000	\$200.00	PR-15-3471 ATTY FEE AUG 2023	1996116	N
105739	1298	JONES LAW OFFICE	\$540.00			
105740	1347	AMAZON BUSINESS				
	2023-10-02	11-450-472-0010-6411-000000	\$29.42	1 SKYN Elite - 36 Count - Ultra-Thin, Lubricated Latex-Free Condoms ASIN: B073SQ681B Sold by: Amazon.com Services LLC Order # 11A-2423963-0459004	1YCF-JYD7-GQ7T	N
	2023-10-02	11-450-472-0010-6411-000000	\$0.00		1YCF-JYD7-GQ7T	N
105740	1347	AMAZON BUSINESS	\$29.42			
105741	1507	VICTOR TOWNSHIP				
	2023-10-02	20-393-000-0000-6840-000000	\$662.40	Q4 2022 RECYCLING	RCYLQ42022	N
105741	1507	VICTOR TOWNSHIP	\$662.40			
105742	1852	COKATO/CITY OF				
	2023-10-02	01-099-493-0000-6261-000000	\$103,362.00	WATER & SEWER GRANT-DRINKING WATER STORAGE	20230919ARP	N
	2023-10-02	01-099-493-0000-6261-000000	(\$103,362.00)	WATER & SEWER GRANT-DRINKING WATER STORAGE	20230919ARP	N
	2023-10-02	01-099-493-8452-6261-000000	\$103,362.00	WATER & SEWER GRANT-DRINKING WATER STORAGE	20230919ARP	N
105742	1852	COKATO/CITY OF	\$103,362.00			
105743	1857	ST MICHAEL/CITY OF				
	2023-10-02	11-450-491-7020-6035-000000	\$1,020.00	SHIP GRANT PARK SYSTEM PLANNING	023-002- 7	N
105743	1857	ST MICHAEL/CITY OF	\$1,020.00			
105744	2715	SHI INTERNATIONAL CORP				
	2023-10-02	01-063-065-0000-6485-000000	\$10,947.40	Tenable.sc software	B17364218	N
105744	2715	SHI INTERNATIONAL CORP	\$10,947.40			
105745	3417	DATABANK IMX LLC				
	2023-10-02	11-430-700-8208-6261-000000	\$1,181.25	HHS PROVIDER LICENSE REWRITE	6112017351	Y
	2023-10-02	11-430-700-8208-6261-000000	\$956.25	HHS PROVIDER LICENSE REWRITE	6112017863	Y
105745	3417	DATABANK IMX LLC	\$2,137.50			
105746	4504	LUTHERAN SOCIAL SERVICE OF MINN				
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PO-92-2559 CONTRACT AUG 2023	287025	N

	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-13-138 CONTRACT AUG 2023	287027	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-23-525 CONTRACT AUG 2023	287029	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PX-03-003781 CONTRACT AUG 2023	287031	N
105746	4504	LUTHERAN SOCIAL SERVICE OF MINN	\$880.00			
105747	5204	CENTRAL MN GUARDIANSHIP & CONSER SERV				
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-15-1308 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-17-6433 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-22-4145 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-11-4280 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-13-1066 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-15-2376 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-08-9041 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-11-3185 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-10-5681 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-18-2752 CONTRACT AUG 2023	20230928	N
	2023-10-02	01-013-000-0000-6270-000000	\$220.00	PR-23-2974 CONTRACT AUG 2023	20230928	N
105747	5204	CENTRAL MN GUARDIANSHIP & CONSER SERV	\$2,420.00			
105748	5344	PRECISE ICE, INC.				
	2023-10-02	01-521-523-0000-6807-000000	\$64.80	ICE FOR BERTRAM CHAIN OF LAKES	20230926	N
105748	5344	PRECISE ICE, INC.	\$64.80			
105749	5669	KARPEL SOLUTIONS				
	2023-10-02	34-170-091-8019-6260-000000	\$2,500.00	INTERFACE SET-UP FOR E-PETITIONS	2020929	N
105749	5669	KARPEL SOLUTIONS	\$2,500.00			
105750	5731	WEX BANK				
	2023-10-02	01-201-000-0000-6451-000000	\$41,579.82	SEPT FUEL PURCHASES	92014792	N
	2023-10-02	01-201-280-0000-6859-000000	\$270.74	SEPT EM FUEL PURCHASES	92014792	N
	2023-10-02	01-201-000-0000-6261-000000	\$14.00	SEPT SERVICE PURCHASES	92014792	N
	2023-10-02	01-201-000-0000-6801-000000	\$11.12	SEPT LATE FEE ADJUSTMENTS	92014792	N
105750	5731	WEX BANK	\$41,875.68			
105751	33192	PARIC HOLDINGS, INC.				
	2023-10-02	11-450-430-0020-6621-000000	\$2,664.82	Office furniture to make 2 cubicles L2 HHS for Social Services	201805	N
	2023-10-02	11-420-600-0020-6621-000000	\$3,707.57	Office furniture to make 2 cubicles L2 HHS for Social Services	201805	N
	2023-10-02	11-430-700-0020-6621-000000	\$8,110.32	Office furniture to make 2 cubicles L2 HHS for Social Services	201805	N
105751	33192	PARIC HOLDINGS, INC.	\$14,482.71			
105752	43808	MCKESSON MEDICAL-SURGICAL				
	2023-10-02	11-450-430-0010-6431-000000	\$8.64	Cups	21084575	Y
	2023-10-02	11-450-430-0010-6431-000000	\$7.50	FREIGHT CHARGES	21084575	Y
105752	43808	MCKESSON MEDICAL-SURGICAL	\$16.14			
105753	200080	CENTURY_LINK				
	2023-10-02	01-100-000-0000-6203-000000	\$16.12	ACCT 92213716 PHONE BILL MONTHLY ALLOCATION	656788543	N
105753	200080	CENTURY_LINK	\$16.12			
105754	1203	CATHLEEN GABRIEL				
	2023-10-02	01-013-000-0000-6270-000000	\$100.00	PR-23-3994 ATTY FEE APPEARANCE SEPT 2023	20230920	Y
	2023-10-02	01-013-000-0000-6270-000000	\$450.00	PR-23-3753 ATTY FEE CLAIM SEPT 23	20230929	Y
	2023-10-02	01-013-000-0000-6270-000000	\$425.00	PR-23-3693 ATTY FEE CLAIM AUG/SEPT 23	20230929	Y
	2023-10-02	01-013-000-0000-6270-000000	\$625.00	PR-23-3690 ATTY FEE CLAIM JUL/AUG 23	20230929	Y
	2023-10-02	01-013-000-0000-6270-000000	\$775.00	PR-23-3217 ATTY FEE CLAIM JUN/JUL/AUG 23	20230929	Y
	2023-10-02	01-013-000-0000-6270-000000	\$750.00	PR-13-953 ATTY FEE CLAIM JUL/AUG 23	20230929	Y
105754	1203	CATHLEEN GABRIEL	\$3,125.00			
105765		Breanna Jaymee Johnson				
	2023-10-03	11-430-700-0030-6333-000000	\$45.33	Client Meeting - I am a teleworker and got prior approval from supervisor to not get a county car.	EX000015504585	
	2023-10-03	11-430-700-0010-6333-000000	\$10.35	Client Meeting	EX000015559551	
105765		Breanna Jaymee Johnson	\$55.68			
105766		Anthony Paul Rasmuson				
	2023-10-03	01-105-027-0000-6334-000000	\$14.68	Out of County Lunch - All day mandated PACE continuing education in Waite Park. Lunch was not provided, and I needed to eat somewhere	EX000015461508	
105766		Anthony Paul Rasmuson	\$14.68			
105767		Anna Morris Radloff				
	2023-10-03	11-430-700-0010-6333-000000	\$32.62	TW-Clearwater-TW (JM session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$9.89	TW-Buffalo-TW (AS session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$32.42	TW-Clearwater-TW (JM session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$9.96	GC-St. Michael-GC (KD session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$19.45	GC-Buffalo-St. Michael-GC (AS and KD session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$25.87	TW-Montrose-TW (IR session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$25.28	GC-Clearwater-St. Michael,-GC (JM and DB session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$13.49	TW-Monticello-TW (CM session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$29.48	GC-Delano-St. Michael-GC (CR and KD session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$25.87	TW-Montrose-TW (IR session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$16.05	TW-Buffalo-TW (AS session)	EX000015145237	
	2023-10-03	11-430-700-0010-6333-000000	\$31.83	TW-Clearwater-Monticello-TW (JM session, CM session)	EX000015145237	
105767		Anna Morris Radloff	\$272.21			
105768		Theresa Marie Novacek				
	2023-10-03	11-430-700-0010-6333-000000	\$17.36	client skills visit Delano/AD	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$22.14	client skills visit Delano/AD	EX000015213402	

	2023-10-03	11-430-700-0010-6333-000000	\$26.86	client skills visit Rogers/KR	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$12.12	client skills visit/Otsego/AL	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$20.44	client skills visit/AD in Delano	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$6.42	client skills visits Monticello/JH then AN	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$17.88	client skills visits Delano/AD	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$11.99	client skills visit Otsego/AL	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$31.90	client skills visit Monticello/JH then Buffalo/ZD and Delano/AD	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$13.49	client skills visit St. Michael/CG	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$15.00	client skills visit Rogers/KR	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$11.99	client skills visit Otsego-AL	EX000015213402	
	2023-10-03	11-430-700-0010-6333-000000	\$3.80	client skills visit Monticello-AN	EX000015213402	
105768		Theresa Marie Novacek	\$211.39			
105769		Karmen KAY Christenson				
	2023-10-03	11-450-430-0010-6333-000000	\$9.56	tw-montrose-tw, hv bg	EX000015552876	
	2023-10-03	11-450-430-0010-6333-000000	\$14.15	tw-buffalo-tw, hv, hj	EX000015552876	
	2023-10-03	11-450-430-0010-6333-000000	\$19.97	tw-delano-tw, hv-gb	EX000015552876	
	2023-10-03	11-450-430-0010-6333-000000	\$18.21	tw-buffalo-delano-tw, hv- ae, rt	EX000015552876	
	2023-10-03	11-450-430-0010-6333-000000	\$6.16	tw-montrose-tw hv-vc	EX000015552876	
	2023-10-03	11-450-430-0010-6333-000000	\$12.12	tw-waverly-tw, hv-kj	EX000015552876	
	2023-10-03	11-450-430-0010-6333-000000	\$7.07	tw-buffalo-tw, hv hn	EX000015552876	
	2023-10-03	11-450-430-0010-6333-000000	\$15.52	tw-buffalo-buffalo-tw, hv hn,Jd	EX000015552876	
105769		Karmen KAY Christenson	\$84.76			
105770		Chad Dayton Hausmann				
	2023-10-03	03-310-000-0000-6338-000000	\$28.56	Travel from work to airport, Washington DC Fly-in	EX000015559742	
	2023-10-03	03-310-000-0000-6338-000000	\$14.25	Lunch-Return trip from Washington DC Fly-in (Richfield, MN)	EX000015559742	
	2023-10-03	03-310-000-0000-6338-000000	\$14.19	Breakfast - Washington DC	EX000015559742	
	2023-10-03	03-310-000-0000-6338-000000	\$28.36	Travel from Airport to Work, return trip from Washington DC Fly-IN	EX000015559742	
105770		Chad Dayton Hausmann	\$85.36			
105771		Abby Rosemary Wacker				
	2023-10-03	11-450-430-0010-6333-000000	\$6.68	KD Home Visit for FPSP	EX000015409879	
	2023-10-03	11-450-430-0010-6333-000000	\$27.31	FPSP Meeting at Open Doors for Youth	EX000015409879	
	2023-10-03	11-450-430-0010-6333-000000	\$6.68	K. Drake FPSP Home Visit	EX000015409879	
	2023-10-03	11-450-430-0010-6333-000000	\$24.37	LA FPSP Home Visit	EX000015409879	
	2023-10-03	11-450-430-0010-6333-000000	\$8.84	BHS Colocation (so many address to show the correct route with the detour)	EX000015409879	
	2023-10-03	11-450-430-0010-6333-000000	\$10.81	KD Home Visit (so many addresses because of the detour)	EX000015409879	
	2023-10-03	11-450-430-0010-6333-000000	\$8.84	Copy of BHS Colocation (so many address to show the correct route with the detour)	EX000015409879	
	2023-10-03	11-450-430-0010-6333-000000	\$20.70	Colocation in HL	EX000015409879	
105771		Abby Rosemary Wacker	\$114.23			
105772		Allison Elizabeth Dudek				
	2023-10-03	11-450-430-0010-6333-000000	\$28.30	MnVFC Site Visit - CentraCare Clinic in Clearwater	EX000015190511	
105772		Allison Elizabeth Dudek	\$28.30			
105773		Keith Camaron Bennett				
	2023-10-03	11-450-430-0010-6333-000000	\$30.00	Parking county vehicle for overnight stay at the SHIP state conference in Rochester, MN.	EX000015497958	
105773		Keith Camaron Bennett	\$30.00			
105774		Michael Joseph Loomis				
	2023-10-03	01-201-262-0000-6261-000000	\$90.00	Uniform Pants	EX000015560145	
105774		Michael Joseph Loomis	\$90.00			
105775		Karen Terese Eder				
	2023-10-03	11-450-430-0010-6333-000000	\$0.85	HEAT Squad off site mtg	EX000015553330	
	2023-10-03	11-450-430-0010-6333-000000	\$17.03	home visit GJ; GC to Alberville to GC	EX000015553330	
	2023-10-03	11-450-430-0010-6333-000000	\$24.76	home visit AMB- GC to OT to GC	EX000015553330	
	2023-10-03	11-450-430-0010-6333-000000	\$13.03	home visit BW GC to	EX000015553330	
105775		Karen Terese Eder	\$55.67			
105776		Blake Lindsay Schaaf				
	2023-10-03	11-430-700-0010-6333-000000	\$25.61	AFC tour with family	EX000015555931	
	2023-10-03	11-430-700-0010-6333-000000	\$5.17	AFC meeting	EX000015555931	
	2023-10-03	11-430-700-0010-6333-000000	\$4.19	family meeting	EX000015555931	
	2023-10-03	11-430-700-0010-6333-000000	\$9.43	home visit then office	EX000015555931	
	2023-10-03	11-430-700-0010-6333-000000	\$14.54	AFC Tours; client meeting	EX000015555931	
	2023-10-03	11-430-700-0010-6333-000000	\$14.48	Annual	EX000015555931	
	2023-10-03	11-430-700-0010-6333-000000	\$21.35	home visit	EX000015555931	
105776		Blake Lindsay Schaaf	\$94.77			
105777		Jill Marie Nettestad				
	2023-10-03	11-430-700-0010-6333-000000	\$21.94	commitment interview-TH	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$19.06	AA-Delano, MS-Delano	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$11.14	CL- Monticello	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$11.20	KA-Monticello	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$17.95	MS and AA-Delano	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$17.16	GM-Alberville	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$18.27	AA-Delano	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$9.69	JB-Monticello	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$11.14	CL-Monticello	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$23.51	BR-Watertown	EX000015536801	

	2023-10-03	11-430-700-0010-6333-000000	\$17.16	GM-Albertville	EX000015536801	
	2023-10-03	11-430-700-0010-6333-000000	\$9.69	JB-Monticello	EX000015536801	
105777		Jill Marie Nettetstad	\$187.91			
105778		Teresa DIANNE Burkhardt				
	2023-10-03	11-450-430-0010-6333-000000	\$14.02	Community Event, Monticello Saturday 9/16/2023	EX000015553213	
105778		Teresa DIANNE Burkhardt	\$14.02			
105779		Megan Joy Jahnke				
	2023-10-03	11-430-700-0010-6333-000000	\$25.87	client visit Buffalo-Cokato-BuffaloTelework - no commute	EX000015519673	
	2023-10-03	11-430-700-0010-6333-000000	\$23.06	Buffalo-Big Lake-BuffaloTelework- no commute	EX000015519673	
	2023-10-03	11-430-700-0010-6333-000000	\$15.85	Buffalo - Monticello-Buffalotelework no commute	EX000015519673	
	2023-10-03	11-430-700-0010-6333-000000	\$23.06	Buffalo - Big Lake- Buffalo Telework- no commute	EX000015519673	
	2023-10-03	11-430-700-0010-6333-000000	\$32.55	Buffalo- Elk River- Buffalo client visittelework - no commute	EX000015519673	
105779		Megan Joy Jahnke	\$120.39			
105780		Stephanie Rose Olsem				
	2023-10-03	11-430-700-0010-6333-000000	\$18.80	GC-St. Michael/ Albertville Middle & High School (Curtesy case for St. Louis County) -GC	EX000015318155	
105780		Stephanie Rose Olsem	\$18.80			
105781		Trey Allen Williams				
	2023-10-03	01-201-270-0000-6805-000000	\$1,722.00	Ballistic panel set, trauma plate, concealable carrier, outer carrier	EX000015612108	
105781		Trey Allen Williams	\$1,722.00			
105782		Bobbie Renee Farnum				
	2023-10-03	11-450-430-0010-6333-000000	\$32.88	Fit Testing - St. Cloud	EX000015498359	
	2023-10-03	11-450-430-0010-6333-000000	\$13.82	DOT - LK	EX000015498359	
	2023-10-03	11-450-430-0010-6333-000000	\$13.82	DOT LK	EX000015498359	
105782		Bobbie Renee Farnum	\$60.52			
105786	1075	BUFFALO/CITY OF				
	2023-10-03	73-845-000-0000-6411-000000	\$883.26	11-070060-02 LAKE PULASKI LID 7/31-8/31/23	11-070060-02 0831	N
105786	1075	BUFFALO/CITY OF	\$883.26			
105787	1347	AMAZON BUSINESS				
	2023-10-03	11-450-430-0020-6411-000000	\$20.00	ADM OPERATING SUPPLIES	1134-YYK-JTY1	N
	2023-10-03	11-420-600-0020-6411-000000	\$27.82	ADM OPERATING SUPPLIES	1134-YYK-JTY1	N
	2023-10-03	11-430-700-0020-6411-000000	\$60.87	ADM OPERATING SUPPLIES	1134-YYK-JTY1	N
	2023-10-03	11-450-430-0020-6411-000000	\$8.00	ADM OPERATING SUPPLIES	1CNW-YX3R-PVXT	N
	2023-10-03	11-420-600-0020-6411-000000	\$11.14	ADM OPERATING SUPPLIES	1CNW-YX3R-PVXT	N
	2023-10-03	11-430-700-0020-6411-000000	\$24.36	ADM OPERATING SUPPLIES	1CNW-YX3R-PVXT	N
105787	1347	AMAZON BUSINESS	\$152.19			
105788	1436	STREICHERS				
	2023-10-03	01-250-000-0000-6806-000000	\$159.97	UNIFORM ALLOWANCE	1656117	N
	2023-10-03	01-201-000-0000-6411-000000	\$137.94	COMMENDATION BARS	1656347	N
105788	1436	STREICHERS	\$297.91			
105790	5748	CORRECTEK, INC.				
	2023-10-03	01-250-000-0000-6260-000000	\$600.00	Monthly MAR Technical Support & Upgrade Fee - October	6771	N
105790	5748	CORRECTEK, INC.	\$600.00			
105791	6171	EXPEDITIONARY SERVICES LLC				
	2023-10-03	01-201-000-0000-6261-000000	\$7,015.00	Invoice for training provided in September 2023. 140 hours of training provided.	15	Y
105791	6171	EXPEDITIONARY SERVICES LLC	\$7,015.00			
105792	8732	STELLIS HEALTH PA				
	2023-10-03	01-250-000-0000-6458-000000	\$772.86	INMATE MEDICAL 9/24/23	701061292	Y
105792	8732	STELLIS HEALTH PA	\$772.86			
105799	46433	MN DEPT OF PUBLIC SAFETY				
	2023-10-03	84-041-000-0000-6820-000000	\$21,614.34	MNDRIVE	20231003MV	N
105799	46433	MN DEPT OF PUBLIC SAFETY	\$21,614.34			
105800	46433	MN DEPT OF PUBLIC SAFETY				
	2023-10-04	84-041-000-0000-6820-000000	\$19,219.04	MNDRIVE	20231004MV	N
105800	46433	MN DEPT OF PUBLIC SAFETY	\$19,219.04			
105801	1347	AMAZON BUSINESS				
	2023-10-04	11-450-474-0010-6411-000000	\$12.99	1 Hudson Baby Unisex Baby Cotton Long-Sleeve Wearable Sleeping Bag, Sack, Blanket, Elephant, 0-3 Months ASIN: B01D415W078 Sold by: Amazon.com Services LLC Order # 111-80256447-7126057	14HG-HCFG-KMG9	N
	2023-10-04	11-450-474-0010-6411-000000	\$7.74	2 Safety 1st Plug Protectors, 36 Count ASIN: Sold by: Amazon.com Services LLC B0QJHKTQ8Q Order # 111-8946788-9958643	14HG-HCFG-KMG9	N
	2023-10-04	11-450-474-0010-6411-000000	\$16.24	3 Carter's unisex baby 2-pack Microfleece Sleepbag Wearable Blanket, Grey Elephant/White Sheep, Small US ASIN: Sold by: Amazon.com Services LLC B07WVX7WBN Order # 111-8946788-9958643	14HG-HCFG-KMG9	N
105801	1347	AMAZON BUSINESS	\$36.97			
105802	2884	GREEN INTERIORS				
	2023-10-04	01-111-000-0000-6301-000000	\$200.00	Monthly Plant Service October	202315	Y
105802	2884	GREEN INTERIORS	\$200.00			
105803	3346	STANTEC CONSULTING SERVICES INC				
	2023-10-04	01-100-493-8409-6261-000000	\$426.00	Wilkinson, Anne A-PROFESSIONAL SERVICES IN LAKE STUDIES PROJECT	2136763	N
	2023-10-04	01-100-493-8409-6261-000000	\$187.00	Lofton, Dendy D-PROFESSIONAL SERVICES IN LAKE STUDIES PROJECT	2136763	N
	2023-10-04	01-100-493-8409-6261-000000	\$282.44	VEHICLE USAGE/PRINTING-PROFESSIONAL SERVICES IN LAKE STUDIES PROJECT	2136763	N
105803	3346	STANTEC CONSULTING SERVICES INC	\$895.44			
105804	3938	TAPCO				
	2023-10-04	03-350-000-0000-6539-000000	(\$3,131.88)	SIGN DEP INVENTORY	1762913	N
	2023-10-04	03-350-000-0000-6539-000000	\$3,131.88	SIGN DEP INVENTORY	1762913	N
	2023-10-04	03-350-000-0000-6539-000000	\$3,131.87	SIGN DEP INVENTORY	1762913	N
	2023-10-04	03-350-000-0000-6539-000000	(\$3,131.87)	SIGN DEP INVENTORY	1762913	N
	2023-10-04	03-350-021-0000-6539-000000	\$6,263.75	SIGN DEP INVENTORY	1762913	N

105804	3938	TAPCO	\$6,263.75			
105805	5539	ULINE				
	2023-10-04	01-111-000-0000-6411-000000	\$55.50	ECONOMY LATEX COATED GLOVES	168609462	N
105805	5539	ULINE	\$55.50			
105806	200192	MRI SOFTWARE LLC				
	2023-10-04	01-111-000-0000-6260-000000	\$4.67	Preventive Maintenance - Module-HWY DEPT ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670667	N
	2023-10-04	01-111-000-0000-6260-000000	\$6.67	Tenant Service Request - Module-HWY DEPT ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670667	N
	2023-10-04	01-111-000-0000-6260-000000	\$13.30	Preventive Maintenance - Module-HWY DEPT ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670668	N
	2023-10-04	01-111-000-0000-6260-000000	\$19.01	Tenant Service Request - Module-HWY DEPT ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670668	N
	2023-10-04	01-111-000-0000-6260-000000	\$4.50	Preventive Maintenance - Module-PUBLIC WORKS ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670669	N
	2023-10-04	01-111-000-0000-6260-000000	\$6.43	Tenant Service Request - Module-PUBLIC WORKS ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670669	N
	2023-10-04	01-111-000-0000-6260-000000	\$118.44	Preventive Maintenance - Module-LEC ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670670	N
	2023-10-04	01-111-000-0000-6260-000000	\$169.19	Tenant Service Request - Module-LEC ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670670	N
	2023-10-04	01-111-000-0000-6260-000000	\$5.56	Preventive Maintenance - Module-PUBLIC WORKS ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670671	N
	2023-10-04	01-111-000-0000-6260-000000	\$7.95	Tenant Service Request - Module-PUBLIC WORKS ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670671	N
	2023-10-04	01-111-000-0000-6260-000000	\$14.38	Preventive Maintenance - Module-TTC ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670672	N
	2023-10-04	01-111-000-0000-6260-000000	\$20.54	Tenant Service Request - Module-TTC ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670672	N
	2023-10-04	01-111-000-0000-6260-000000	\$287.13	Angus AnyWhere - Gold Bundle-JC ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670673	N
	2023-10-04	01-111-000-0000-6260-000000	\$102.24	Preventive Maintenance - Module-GC ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670674	N
	2023-10-04	01-111-000-0000-6260-000000	\$146.04	Tenant Service Request - Module-GC ANGUS WORK ORDER SOFTWARE SEPT 23	MRIUS1670674	N
105806	200192	MRI SOFTWARE LLC	\$926.05			
105807		Mary Frances Lee				
	2023-10-05	11-450-430-0010-6333-000000	\$25.09	TW-SM-TW home visit LG St Michael	EX000015622584	
	2023-10-05	11-450-430-0010-6333-000000	\$11.99	GC-MT-GC home visit IRF Monticello	EX000015622584	
	2023-10-05	11-450-430-0010-6333-000000	\$12.51	TW-SM-TW home visit LG St Michael	EX000015622584	
	2023-10-05	11-450-430-0010-6333-000000	\$7.86	GC-AN-GC home visit EP Annandale	EX000015622584	
	2023-10-05	11-450-430-0010-6333-000000	\$28.03	TW-MT-TW home visit MSH monticello	EX000015622584	
	2023-10-05	11-450-430-0010-6333-000000	\$25.09	TW-SM-TW home visit LG St Michael	EX000015622584	
	2023-10-05	11-450-430-0010-6333-000000	\$25.09	TW-SM-TW home visit LG St Michael	EX000015622584	
	2023-10-05	11-450-430-0010-6333-000000	\$27.38	GC-OT-GC home visit PDM Otsego	EX000015622584	
	2023-10-05	11-450-430-0010-6333-000000	\$2.75	TW-DL-TW Foot clinic Delano	EX000015622584	
105807		Mary Frances Lee	\$165.79			
105808		Nadine M Schoen				
	2023-10-05	01-005-021-0000-6801-000000	\$99.47	travel to airport	EX000015505453	
	2023-10-05	01-005-021-0000-6801-000000	(\$86.50)	travel to home	EX000015505453	
	2023-10-05	01-005-000-0000-6333-000000	\$86.50	travel to home	EX000015505453	
	2023-10-05	01-005-021-0000-6801-000000	\$38.71	DC uber to airport	EX000015505453	N
	2023-10-05	01-005-021-0000-6338-000000	\$623.82	hotel DC	EX000015505453	
	2023-10-05	01-005-021-0000-6801-000000	\$431.17	DC flight Transportation alliancedelta miles document subtract \$166.63 from reimbursement	EX000015505453	
	2023-10-05	01-005-021-0000-6801-000000	\$86.50	home from airport	EX000015505453	
	2023-10-05	01-005-021-0000-6801-000000	(\$99.47)	travel to airport	EX000015505453	
	2023-10-05	01-005-000-0000-6333-000000	\$99.47	travel to airport	EX000015505453	
	2023-10-05	01-005-021-0000-6801-000000	(\$431.17)	DC flight Transportation alliancedelta miles document subtract \$166.63 from reimbursement	EX000015505453	
	2023-10-05	01-005-000-0000-6333-000000	\$431.17	DC flight Transportation alliancedelta miles document subtract \$166.63 from reimbursement	EX000015505453	
105808		Nadine M Schoen	\$1,279.67			
105809		Hunter Leigh Dow				
	2023-10-05	01-201-000-0000-6805-000000	\$1,722.00	Vest Reimbursement	EX000015623051	
105809		Hunter Leigh Dow	\$1,722.00			
105811	1281	TOWMASTER				
	2023-10-05	01-521-681-0390-6452-000000	\$143.17	FOOT RAMP/RAMP LEG FORMED	463503	N
105811	1281	TOWMASTER	\$143.17			
105812	1347	AMAZON BUSINESS				
	2023-10-05	11-430-700-0020-6411-000000	\$19.57	ADM OPERATING SUPPLIES	1FHP-7MJG-H43Y	N
	2023-10-05	11-420-600-0020-6411-000000	\$8.95	ADM OPERATING SUPPLIES	1FHP-7MJG-H43Y	N
	2023-10-05	11-450-430-0020-6411-000000	\$6.43	ADM OPERATING SUPPLIES	1FHP-7MJG-H43Y	N
105812	1347	AMAZON BUSINESS	\$34.95			
105813	1568	TERMINAL SUPPLY CO				
	2023-10-05	01-521-000-0000-6452-000000	\$92.64	LYNCH PIN/LASHING CABLE	7527	N
105813	1568	TERMINAL SUPPLY CO	\$92.64			
105815	2978	BARTHEL'S AUTO BODY				
	2023-10-05	01-100-000-0000-6352-000000	\$175.00	ROCK CHIP & WINDSHIELD REPLACE 2007 CHEVY 1500	1699	Y
	2023-10-05	01-100-000-0000-6352-000000	\$75.00	LABOR COST	1699	Y
	2023-10-05	01-100-000-0000-6352-000000	\$25.00	GLASS KIT	1699	Y
105815	2978	BARTHEL'S AUTO BODY	\$275.00			
105823	6641	THOMSON REUTERS WEST PUBLISHING CORP				
	2023-10-05	01-091-000-0000-6260-000000	\$1,688.19	OCTOBER ONLINE/SOFTWARE SUBSCRIPTION CHARGES	849032560	N
	2023-10-05	01-091-000-0000-6235-000000	\$464.80	OCTOBER LIBRARY PLAN CHARGES	849108610	N
105823	6641	THOMSON REUTERS WEST PUBLISHING CORP	\$2,152.99			
105824	13590	INTEGRIPRINT INC				
	2023-10-05	01-521-021-0000-6411-000000	\$341.01	NO PARKING SIGNS AT BERTRAM	59238	N
105824	13590	INTEGRIPRINT INC	\$341.01			
105825	33194	INTERPROSE CORPORATION/THE				
	2023-10-05	11-430-700-0020-6260-000000	\$1,948.80	SOFTWARE OR SYSTEMS SUPPORT	22043	N

	2023-10-05	11-420-600-0020-6260-000000	\$890.88	SOFTWARE OR SYSTEMS SUPPORT	22043	N
	2023-10-05	11-450-430-0020-6260-000000	\$640.32	SOFTWARE OR SYSTEMS SUPPORT	22043	N
105825	33194	INTERPROSE CORPORATION/THE	\$3,480.00			
105827	56801	LABORATORY CORP OF AMERICA HOLDINGS				
	2023-10-05	11-420-640-0010-6268-000000	\$88.00	LAB SERVICES 08/22/23	77942709	N
105827	56801	LABORATORY CORP OF AMERICA HOLDINGS	\$88.00			
105831	46433	MN DEPT OF PUBLIC SAFETY				
	2023-10-05	84-041-000-0000-6820-000000	\$30,813.15	MNDRIVE	20231005MV	N
105831	46433	MN DEPT OF PUBLIC SAFETY	\$30,813.15			
105832	46433	MN DEPT OF PUBLIC SAFETY				
	2023-10-06	84-041-000-0000-6820-000000	\$27,940.64	MNDRIVE	20231006MV	N
105832	46433	MN DEPT OF PUBLIC SAFETY	\$27,940.64			
105833	213	MN PUBLIC EMPLOYEES ASSOCIATION				
	2023-10-06	01-201-000-0000-2238-000000	\$816.00	UNION	20231006DED-2	N
	2023-10-06	01-250-000-0000-2238-000000	\$2,016.00	UNION	20231006DED-2	N
105833	213	MN PUBLIC EMPLOYEES ASSOCIATION	\$2,832.00			
105834	321	BRAUN INTERTEC CORPORATION				
	2023-10-06	03-326-000-0000-6261-000000	\$1,913.00	SAP 606-011 PAVEMENT TESTING	B359700	N
105834	321	BRAUN INTERTEC CORPORATION	\$1,913.00			
105835	404	MSRS HEALTH CARE SAVINGS PLAN				
	2023-10-06	01-025-000-0000-2232-000000	\$61.81	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	11-420-000-0000-2232-000000	\$15.03	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	11-430-000-0000-2232-000000	\$32.87	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	11-450-000-0000-2232-000000	\$10.80	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	01-031-000-0000-2232-000000	\$224.76	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	01-091-000-0000-2232-000000	\$25.00	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	01-101-000-0000-2232-000000	\$51.26	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	01-103-000-0000-2232-000000	\$49.53	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	01-105-000-0000-2232-000000	\$55.07	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	01-107-000-0000-2232-000000	\$39.85	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	01-201-000-0000-2232-000000	\$25.00	HEALTH SAVINGS	20231006DED-8	N
	2023-10-06	03-310-000-0000-2232-000000	\$66.94	HEALTH SAVINGS	20231006DED-8	N
105835	404	MSRS HEALTH CARE SAVINGS PLAN	\$657.92			
105836	412	NORTH CENTRAL INTERNATIONAL OF ST. CLOU				
	2023-10-06	03-340-000-0000-6574-000000	\$690.48	HWY REPAIR PARTS	22007537801	Y
	2023-10-06	03-340-000-0000-6574-000000	\$93.42	HWY REPAIR PARTS	22007538001	Y
	2023-10-06	03-340-000-0000-6574-000000	\$228.51	HWY REPAIR PARTS	22007632101	Y
105836	412	NORTH CENTRAL INTERNATIONAL OF ST. CLOU	\$1,012.41			
105837	609	DESIGN ELECTRICAL INC-COLD SPRING ELEC.				
	2023-10-06	03-350-000-0000-6543-000000	\$115.00	CSAH 75 SIGNAL MAINT	20489	N
	2023-10-06	03-350-000-0000-6543-000000	\$202.00	SIGNAL MAINT 137/38	20490	N
105837	609	DESIGN ELECTRICAL INC-COLD SPRING ELEC.	\$317.00			
105838	1295	MAPLE LAKE/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$14,870.13	Police State Aid 2023	20231006-6	N
105838	1295	MAPLE LAKE/CITY OF	\$14,870.13			
105839	1436	STREICHERS				
	2023-10-06	01-201-000-0000-6806-000000	\$139.98	Under Vest Shirt; Embroidery	I1657367	N
	2023-10-06	01-201-000-0000-6806-000000	\$11.99	Nameplate: 1/2 Gold Tone, Clutch Black	I1657527	N
105839	1436	STREICHERS	\$151.97			
105840	1468	WRIGHT COUNTY DEPUTIES ASSOCIATION				
	2023-10-06	01-201-000-0000-2238-000000	\$7,950.00	UNION	20231006DED-16	N
105840	1468	WRIGHT COUNTY DEPUTIES ASSOCIATION	\$7,950.00			
105841	1670	DELANO/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$37,170.90	Police State Aid 2023	20231006-4	N
105841	1670	DELANO/CITY OF	\$37,170.90			
105842	1785	WAVERLY/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$11,154.80	Police State Aid 2023	20231006-13	N
105842	1785	WAVERLY/CITY OF	\$11,154.80			
105843	1849	ALBERTVILLE/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$55,747.53	Police State Aid 2023	20231006-1	N
105843	1849	ALBERTVILLE/CITY OF	\$55,747.53			
105844	1851	CLEARWATER/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$14,870.13	Police State Aid 2023	20231006-2	N
105844	1851	CLEARWATER/CITY OF	\$14,870.13			
105845	1852	COKATO/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$22,300.78	Police State Aid 2023	20231006-3	N
105845	1852	COKATO/CITY OF	\$22,300.78			
105846	1854	MONTROSE/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$18,585.45	Police State Aid 2023	20231006-8	N
105846	1854	MONTROSE/CITY OF	\$18,585.45			
105847	1856	ROCKFORD/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$22,300.78	Police State Aid 2023	20231006-10	N
105847	1856	ROCKFORD/CITY OF	\$22,300.78			

105848	1857	ST MICHAEL/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$69,452.75	Police State Aid 2023	20231006-12	N
105848	1857	ST MICHAEL/CITY OF	\$69,452.75			
105849	1858	SOUTH HAVEN/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$1,059.00	Police State Aid 2023	20231006-11	N
105849	1858	SOUTH HAVEN/CITY OF	\$1,059.00			
105850	1878	WRIGHT COUNTY - CAFETERIA				
	2023-10-06	01-005-000-0000-2232-000000	\$875.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-107-000-0000-2232-000000	\$1,875.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-111-000-0000-2232-000000	\$1,000.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-121-000-0000-2232-000000	\$375.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-201-000-0000-2232-000000	\$28,625.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-250-000-0000-2232-000000	\$9,250.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-521-000-0000-2232-000000	\$3,250.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-522-000-0000-2232-000000	\$375.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-603-000-0000-2232-000000	\$500.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	03-310-000-0000-2232-000000	\$1,375.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	03-320-000-0000-2232-000000	\$1,000.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-025-000-0000-2232-000000	\$4,000.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	03-330-000-0000-2232-000000	\$3,125.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	03-340-000-0000-2232-000000	\$875.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	03-350-000-0000-2232-000000	\$500.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	11-420-000-0000-2232-000000	\$7,044.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	11-430-000-0000-2232-000000	\$14,940.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	11-450-000-0000-2232-000000	\$3,591.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	72-605-000-0000-2232-000000	\$1,500.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-031-000-0000-2232-000000	\$2,875.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-041-000-0000-2232-000000	\$3,375.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-063-000-0000-2232-000000	\$3,000.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-091-000-0000-2232-000000	\$4,000.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-101-000-0000-2232-000000	\$1,000.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-103-000-0000-2232-000000	\$875.00	VEBA SINGLE/FAMILY	20231006DED-17	N
	2023-10-06	01-105-000-0000-2232-000000	\$3,250.00	VEBA SINGLE/FAMILY	20231006DED-17	N
105850	1878	WRIGHT COUNTY - CAFETERIA	\$102,450.00			
105851	1908	HANOVER/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$7,430.65	Police State Aid 2023	20231006-5	N
105851	1908	HANOVER/CITY OF	\$7,430.65			
105852	1925	CHAMBERLAIN OIL CO				
	2023-10-06	03-340-000-0000-6568-000000	\$2,657.24	MOTOR OILS	44424400	N
105852	1925	CHAMBERLAIN OIL CO	\$2,657.24			
105853	1979	WRIGHT CO CAFETERIA PLAN				
	2023-10-06	01-005-000-0000-2232-000000	\$270.83	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-063-000-0000-2232-000000	\$375.00	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-091-000-0000-2232-000000	\$1,736.08	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	01-091-000-0000-2232-000000	\$1,162.49	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-101-000-0000-2232-000000	\$375.01	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-103-000-0000-2232-000000	\$0.00	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	01-103-000-0000-2232-000000	\$125.00	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-105-000-0000-2232-000000	\$208.33	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	01-105-000-0000-2232-000000	\$587.51	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-107-000-0000-2232-000000	\$381.24	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-111-000-0000-2232-000000	\$349.99	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-025-000-0000-2232-000000	\$891.67	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	01-201-000-0000-2232-000000	\$2,209.94	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	01-201-000-0000-2232-000000	\$5,378.64	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-250-000-0000-2232-000000	\$487.17	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	01-250-000-0000-2232-000000	\$1,799.15	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-521-000-0000-2232-000000	\$208.33	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	01-521-000-0000-2232-000000	\$437.50	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-522-000-0000-2232-000000	\$12.50	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-603-000-0000-2232-000000	\$208.33	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	01-603-000-0000-2232-000000	\$0.00	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	03-310-000-0000-2232-000000	\$391.66	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-025-000-0000-2232-000000	\$1,258.96	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	03-320-000-0000-2232-000000	\$41.67	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	03-330-000-0000-2232-000000	\$208.33	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	03-330-000-0000-2232-000000	\$428.76	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	11-420-000-0000-2232-000000	\$56.53	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	11-420-000-0000-2232-000000	\$1,284.58	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	11-430-000-0000-2232-000000	\$2,554.90	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	11-430-000-0000-2232-000000	\$3,851.40	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	11-450-000-0000-2232-000000	\$969.78	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	11-450-000-0000-2232-000000	\$806.11	MEDICAL EXP CAFETERIA	20231006DED-10	N

	2023-10-06	71-505-000-0000-2232-000000	\$83.33	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-031-000-0000-2232-000000	\$312.50	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	72-605-000-0000-2232-000000	\$1,145.82	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	72-605-000-0000-2232-000000	\$645.83	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-031-000-0000-2232-000000	\$768.76	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-041-000-0000-2232-000000	\$416.66	DAY CARE CAFETERIA	20231006DED-10	N
	2023-10-06	01-041-000-0000-2232-000000	\$1,044.59	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-043-000-0000-2232-000000	\$125.00	MEDICAL EXP CAFETERIA	20231006DED-10	N
	2023-10-06	01-063-000-0000-2232-000000	\$208.33	DAY CARE CAFETERIA	20231006DED-10	N
105853	1979	WRIGHT CO CAFETERIA PLAN	\$33,808.21			
105854	2316	OTSEGO/CITY OF				
	2023-10-06	01-201-000-0000-6810-000000	\$92,918.43	Police State Aid 2023	20231006-9	N
105854	2316	OTSEGO/CITY OF	\$92,918.43			
105855	2330	AIG RETIREMENT COMPANY				
	2023-10-06	01-005-000-0000-2232-000000	\$50.00	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-091-000-0000-2239-000000	\$100.00	ROTH	20231006DED-3	N
	2023-10-06	01-101-000-0000-2232-000000	\$50.00	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-105-000-0000-2232-000000	\$1,144.93	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-201-000-0000-2232-000000	\$725.00	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-201-000-0000-2239-000000	\$25.00	ROTH	20231006DED-3	N
	2023-10-06	01-250-000-0000-2239-000000	\$150.00	ROTH	20231006DED-3	N
	2023-10-06	01-521-000-0000-2232-000000	\$50.00	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-521-000-0000-2239-000000	\$50.00	ROTH	20231006DED-3	N
	2023-10-06	03-330-000-0000-2239-000000	\$100.00	ROTH	20231006DED-3	N
	2023-10-06	03-340-000-0000-2232-000000	\$60.00	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-025-000-0000-2239-000000	\$200.00	ROTH	20231006DED-3	N
	2023-10-06	11-430-000-0000-2232-000000	\$510.00	DEFERRED COMP	20231006DED-3	N
	2023-10-06	11-430-000-0000-2239-000000	\$225.00	ROTH	20231006DED-3	N
	2023-10-06	11-450-000-0000-2239-000000	\$250.00	ROTH	20231006DED-3	N
	2023-10-06	01-031-000-0000-2232-000000	\$500.00	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-031-000-0000-2239-000000	\$200.00	ROTH	20231006DED-3	N
	2023-10-06	01-041-000-0000-2232-000000	\$640.00	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-041-000-0000-2239-000000	\$85.00	ROTH	20231006DED-3	N
	2023-10-06	01-043-000-0000-2232-000000	\$100.00	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-063-000-0000-2232-000000	\$1,756.96	DEFERRED COMP	20231006DED-3	N
	2023-10-06	01-091-000-0000-2232-000000	\$50.00	DEFERRED COMP	20231006DED-3	N
105855	2330	AIG RETIREMENT COMPANY	\$7,021.89			
105856	4439	ON-DEMAND SERVICES GROUP INC				
	2023-10-06	01-063-000-0000-6261-000000	\$18,240.00	SEPT 2023 PROF SERVICES ERP	37678	N
105856	4439	ON-DEMAND SERVICES GROUP INC	\$18,240.00			
105857	5061	KEEFE GROUP ACCESS CATALOG CO				
	2023-10-06	02-230-000-0000-6459-000000	\$1,850.00	100 INMATE RADIOS	1762070	N
105857	5061	KEEFE GROUP ACCESS CATALOG CO	\$1,850.00			
105858	5482	MPIS FORENSIC PSYCHOLOGICAL SERVICES LL				
	2023-10-06	01-025-000-0000-6265-000000	\$150.00	7-26, 7-27: Emails with court and attorney, signing up in EFS, opening case, obtaining discovery, left	86-JV-23-3379	Y
	2023-10-06	01-025-000-0000-6265-000000	\$300.00	interview with mother to schedule	86-JV-23-3379	Y
	2023-10-06	01-025-000-0000-6265-000000	\$1,387.50	8-28: Interview with and her mother, prep for interview (reading records), requesting mental health and school records from various facilities	86-JV-23-3379	Y
105858	5482	MPIS FORENSIC PSYCHOLOGICAL SERVICES LL	\$1,837.50	9-8, 9-9, 9-11: Records review and report writing, submitting report and billing, closing file		
105859	6221	SUBURBAN TIRE WHOLESALE INC				
	2023-10-06	03-340-000-0000-6570-000000	\$595.56	HWY TIRES	10196498	N
105859	6221	SUBURBAN TIRE WHOLESALE INC	\$595.56			
105860	6641	THOMSON REUTERS WEST PUBLISHING CORP				
	2023-10-06	02-228-000-0000-6260-000000	\$223.68	CLEAR LAW ENFORCEMENT PLUS ENTERPRISE	849054062	N
105860	6641	THOMSON REUTERS WEST PUBLISHING CORP	\$223.68			
105861	7059	NATIONWIDE RETIREMENT SOLUTIONS				
	2023-10-06	01-025-000-0000-2232-000000	\$140.00	DEFERRED COMP	20231006DED-11	Y
	2023-10-06	01-250-000-0000-2232-000000	\$100.00	DEFERRED COMP	20231006DED-11	Y
	2023-10-06	01-521-000-0000-2239-000000	\$50.00	ROTH	20231006DED-11	Y
	2023-10-06	03-340-000-0000-2232-000000	\$923.31	DEFERRED COMP	20231006DED-11	Y
	2023-10-06	11-430-000-0000-2232-000000	\$10.00	DEFERRED COMP	20231006DED-11	Y
	2023-10-06	01-025-000-0000-2239-000000	\$200.00	ROTH	20231006DED-11	Y
	2023-10-06	01-031-000-0000-2232-000000	\$200.00	DEFERRED COMP	20231006DED-11	Y
	2023-10-06	01-031-000-0000-2239-000000	\$800.00	ROTH	20231006DED-11	Y
	2023-10-06	01-041-000-0000-2232-000000	\$210.00	DEFERRED COMP	20231006DED-11	Y
	2023-10-06	01-091-000-0000-2232-000000	\$225.00	DEFERRED COMP	20231006DED-11	Y
	2023-10-06	01-091-000-0000-2239-000000	\$500.00	ROTH	20231006DED-11	Y
	2023-10-06	01-201-000-0000-2232-000000	\$632.00	DEFERRED COMP	20231006DED-11	Y
	2023-10-06	01-201-000-0000-2239-000000	\$350.00	ROTH	20231006DED-11	Y
105861	7059	NATIONWIDE RETIREMENT SOLUTIONS	\$4,340.31			
105862	7062	JNG				
	2023-10-06	01-005-000-0000-2232-000000	\$100.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-091-000-0000-2232-000000	\$2,147.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-091-000-0000-2239-000000	\$1,682.00	ROTH	20231006DED-7	Y

	2023-10-06	01-101-000-0000-2232-000000	\$325.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-101-000-0000-2239-000000	\$50.00	ROTH	20231006DED-7	Y
	2023-10-06	01-103-000-0000-2232-000000	\$200.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-103-000-0000-2239-000000	\$200.00	ROTH	20231006DED-7	Y
	2023-10-06	01-105-000-0000-2232-000000	\$475.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-105-000-0000-2239-000000	\$725.00	ROTH	20231006DED-7	Y
	2023-10-06	01-107-000-0000-2232-000000	\$952.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-107-000-0000-2239-000000	\$675.00	ROTH	20231006DED-7	Y
	2023-10-06	01-025-000-0000-2232-000000	\$2,422.50	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-111-000-0000-2238-000000	\$126.00	ROTH	20231006DED-7	Y
	2023-10-06	01-201-000-0000-2232-000000	\$10,236.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-201-000-0000-2239-000000	\$1,350.00	ROTH	20231006DED-7	Y
	2023-10-06	01-250-000-0000-2232-000000	\$500.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-250-000-0000-2239-000000	\$469.00	ROTH	20231006DED-7	Y
	2023-10-06	01-521-000-0000-2232-000000	\$810.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-521-000-0000-2239-000000	\$235.00	ROTH	20231006DED-7	Y
	2023-10-06	01-522-000-0000-2239-000000	\$210.00	ROTH	20231006DED-7	Y
	2023-10-06	01-100-000-0000-6153-000000	\$1,763.74	MSRS COUNT PORTION	20231006DED-7	Y
	2023-10-06	03-310-000-0000-2232-000000	\$175.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-025-000-0000-2239-000000	\$550.00	ROTH	20231006DED-7	Y
	2023-10-06	03-310-000-0000-2238-000000	\$60.00	ROTH	20231006DED-7	Y
	2023-10-06	03-320-000-0000-2232-000000	\$500.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	03-320-000-0000-2239-000000	\$635.00	ROTH	20231006DED-7	Y
	2023-10-06	03-330-000-0000-2232-000000	\$480.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	03-330-000-0000-2239-000000	\$145.00	ROTH	20231006DED-7	Y
	2023-10-06	03-340-000-0000-2232-000000	\$100.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	03-350-000-0000-2232-000000	\$280.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-100-000-0000-6153-000000	\$105.01	MSRS COUNT PORTION	20231006DED-7	Y
	2023-10-06	11-420-000-0000-2232-000000	\$700.40	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	11-420-000-0000-2239-000000	\$862.00	ROTH	20231006DED-7	Y
	2023-10-06	01-031-000-0000-2232-000000	\$468.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	11-430-000-0000-2232-000000	\$4,569.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	11-430-000-0000-2239-000000	\$2,565.60	ROTH	20231006DED-7	Y
	2023-10-06	11-450-000-0000-2232-000000	\$1,235.60	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	11-450-000-0000-2239-000000	\$923.00	ROTH	20231006DED-7	Y
	2023-10-06	01-100-000-0000-6153-000000	\$582.58	MSRS COUNT PORTION	20231006DED-7	Y
	2023-10-06	72-605-000-0000-2232-000000	\$335.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	72-605-000-0000-2239-000000	\$200.00	ROTH	20231006DED-7	Y
	2023-10-06	01-031-000-0000-2239-000000	\$525.00	ROTH	20231006DED-7	Y
	2023-10-06	01-041-000-0000-2232-000000	\$620.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-041-000-0000-2239-000000	\$1,390.00	ROTH	20231006DED-7	Y
	2023-10-06	01-063-000-0000-2232-000000	\$434.00	DEFERRED COMP	20231006DED-7	Y
	2023-10-06	01-063-000-0000-2239-000000	\$226.00	ROTH	20231006DED-7	Y
105862	7062	ING	\$44,318.83			
105863	7338	GOPHER STATE ONE CALL				
	2023-10-06	01-063-000-0000-6261-000000	\$12.15	9 billable tickets	3091602	N
105863	7338	GOPHER STATE ONE CALL	\$12.15			
105864	200065	ASSISTANT WRIGHT COUNTY ATTORNEY				
	2023-10-06	01-091-000-0000-2238-000000	\$70.00	UNION DUES	20231006DED-6	N
105864	200065	ASSISTANT WRIGHT COUNTY ATTORNEY	\$70.00			
105865	200075	VERIZON CONNECT FLEET USA LLC				
	2023-10-06	01-201-000-0000-6260-000000	\$994.65	Monthly Recurring Charges 10/2/23	619000047753	N
105865	200075	VERIZON CONNECT FLEET USA LLC	\$994.65			
105866	46433	MN DEPT OF PUBLIC SAFETY				
	2023-10-09	84-041-000-0000-6820-000000	\$29,135.77	MNDRIVE	20231009MV	N
105866	46433	MN DEPT OF PUBLIC SAFETY	\$29,135.77			
105869	1343	MONTICELLO/CITY OF				
	2023-10-09	11-450-491-7010-6035-000000	\$5,396.20	SHIP GRANT-HYDRATION STATIONS	08-31-23	N
	2023-10-09	01-201-000-0000-6810-000000	\$106,606.00	Police State Aid 2023	20231006-7	N
105869	1343	MONTICELLO/CITY OF	\$112,002.20			
105870	1347	AMAZON BUSINESS				
	2023-10-09	11-430-760-6040-6480-000000	\$499.99	1 Apple iPad Air (5th Generation): with M1 chip, 10.9-inch Liquid Retina Display, 64GB, Wi-Fi 6, 12MP front/12MP Back Camera, Touch ID, All Day Battery, ASIN: Sold by: Amazon.com Services LLC	1WMY-W41J-9MWG	N
	2023-10-09	11-430-760-6040-6480-000000	\$113.03	2 Logitech Folio Touch iPad Keyboard Case with Trackpad and Smart Connector for iPad Air (4th and 5th Generation) - Graphite ASIN: Sold by: Amazon.com Services LLC	1WMY-W41J-9MWG	N
105870	1347	AMAZON BUSINESS	\$613.02			
105871	1436	STREICHERS				
	2023-10-09	01-201-000-0000-6806-000000	\$90.00	Uniform Allowance	11657662	N
	2023-10-09	01-250-000-0000-6806-000000	\$185.02	Uniform Allowance	11657807	N
105871	1436	STREICHERS	\$275.02			
105872	1978	AWARE INC				
	2023-10-09	01-201-000-0000-6260-000000	\$6,660.00	AFIX Tracker Gold 11/28 - 11/27/23	000586	N
105872	1978	AWARE INC	\$6,660.00			
105873	2022	AMERICAN TOWER CORPORATION				
	2023-10-09	01-100-000-0000-6305-000000	\$8,449.59	ANNANDALE TOWER LEASE	4329654	N

105873	2022	AMERICAN TOWER CORPORATION	\$8,449.59			
105874	3236	RMB ENVIRONMENTAL LABORATORIES INC				
	2023-10-09	01-100-493-8409-6261-000000	\$125.00	CHLOROPHYLL_A_PHEOPHYTIN_CORRECTED_(DU)	D051364	N
	2023-10-09	01-100-493-8409-6261-000000	\$105.00	IRON_200.7(DU)	D051364	N
	2023-10-09	01-100-493-8409-6261-000000	\$160.00	NI-N_353.2_(DU)	D051364	N
	2023-10-09	01-100-493-8409-6261-000000	\$240.00	ORTHOPHOSPHATE_A5_P_LF_(DU)	D051364	N
	2023-10-09	01-100-493-8409-6261-000000	\$240.00	TKN_Timb_(DU)	D051364	N
	2023-10-09	01-100-493-8409-6261-000000	\$200.00	TP_365.3_(DU)	D051364	N
105874	3236	RMB ENVIRONMENTAL LABORATORIES INC	\$1,070.00			
105875	3596	SEACHANGE PRINTING AND MARKETING LLC				
	2023-10-09	01-041-071-0000-6410-000000	\$400.00	Language Set-up — English	42656	N
	2023-10-09	01-041-071-0000-6410-000000	\$5.65	Political Parties	42656	N
	2023-10-09	01-041-071-0000-6410-000000	\$102.00	Ballot Faces	42656	N
	2023-10-09	01-041-071-0000-6410-000000	\$36.00	Contests	42656	N
	2023-10-09	01-041-071-0000-6410-000000	\$44.00	Candidates/Question Responses	42656	N
	2023-10-09	01-041-071-0000-6410-000000	\$250.00	Electronic File Upload	42656	N
105875	3596	SEACHANGE PRINTING AND MARKETING LLC	\$837.65			
105878	6097	ODP BUSINESS SOLUTIONS, LLC				
	2023-10-09	01-250-000-0000-6410-000000	\$17.49	BOOKING: SCISSORS, BANDAGE	334200886001	N
	2023-10-09	01-250-000-0000-6410-000000	\$159.56	BOOKING: PAPER	334201825001	N
105878	6097	ODP BUSINESS SOLUTIONS, LLC	\$177.05			
105880	68948	VILLAGE RANCH INC				
	2023-10-09	01-025-000-0000-6265-000000	\$189.36	SEPTEMBER 2023 JUVENILE CORRECTIONAL FEE	061449	N
	2023-10-09	01-025-000-0000-6265-000000	\$2,840.40	SEPTEMBER 2023 JUVENILE CORRECTIONAL FEE	061451	N
	2023-10-09	01-025-000-0000-6265-000000	\$7,206.00	SEPTEMBER 2023 JUVENILE CORRECTIONAL FEE	061502	N
	2023-10-09	01-025-000-0000-6265-000000	\$6,725.60	SEPTEMBER 2023 JUVENILE CORRECTIONAL FEE	061505	N
	2023-10-09	01-025-000-0000-6265-000000	\$7,206.00	SEPTEMBER 2023 JUVENILE CORRECTION AL FEE	061506	N
105880	68948	VILLAGE RANCH INC	\$24,167.36			
105883	200525	MARJORIE JUDISCH				
	2023-10-09	11-420-600-0020-6101-000000	\$51.20	CORRECT PAYROLL DEPOSIT	20231006	N
	2023-10-09	11-430-700-0020-6101-000000	\$112.00	CORRECT PAYROLL DEPOSIT	20231006	N
	2023-10-09	11-450-430-0020-6101-000000	\$36.80	CORRECT PAYROLL DEPOSIT	20231006	N
105883	200525	MARJORIE JUDISCH	\$200.00			
105908	46433	MN DEPT OF PUBLIC SAFETY				
	2023-10-10	84-041-000-0000-6820-000000	\$11,689.64	MNDRIVE	20231010	N
105908	46433	MN DEPT OF PUBLIC SAFETY	\$11,689.64			
105909		Breanna Jaymee Johnson				
	2023-10-10	11-430-700-0010-6334-000000	\$19.18	On Call Emergency Placement - Ordered food for child	EX000015657527	
105909		Breanna Jaymee Johnson	\$19.18			
105910		Morganne Olivia Anderson				
	2023-10-10	11-430-700-0010-6333-000000	\$11.72	HM-Monticello-HMClient Meeting - PK	EX000015559581	
	2023-10-10	11-430-700-0010-6333-000000	\$12.97	HM-Monticello-HMClient Meeting - U	EX000015559581	
	2023-10-10	11-430-700-0010-6333-000000	\$1.31	Office-Monticello-HomeClient Meeting - MP	EX000015559581	
	2023-10-10	11-430-700-0010-6333-000000	\$11.53	HM-Monticello-HMClient Meeting - KG	EX000015559581	
	2023-10-10	11-430-700-0010-6333-000000	\$34.72	HM-Waite Park-HMClient meeting - HB	EX000015559581	
105910		Morganne Olivia Anderson	\$72.25			
105911		Valerie Ann Stoll				
	2023-10-10	11-450-474-7101-6333-000000	\$20.57	TW: HV AS & DF	EX000015560370	
	2023-10-10	11-450-474-7101-6333-000000	\$12.51	TW: HV BW	EX000015560370	
	2023-10-10	11-450-474-7101-6333-000000	\$17.49	OFFICE DAY: HV LG & LE	EX000015560370	
	2023-10-10	11-450-474-7101-6333-000000	\$24.24	TW: Baby Cafe, HV MF and SB	EX000015560370	
	2023-10-10	11-450-474-7101-6333-000000	\$30.98	TW: HV LA	EX000015560370	
	2023-10-10	11-450-474-7101-6333-000000	\$29.02	TW: HV LG, AS, & BW	EX000015560370	
	2023-10-10	11-450-474-7101-6333-000000	\$29.08	TW: HV MH	EX000015560370	
105911		Valerie Ann Stoll	\$163.89			
105912		Misty Renee Thibodeaux				
	2023-10-10	01-063-021-0000-6338-000000	\$1,693.94	Hotel reimbursement as entire hotel stay wasn't charged (only \$136.06) when reservation was made.	EX000015691311	
105912		Misty Renee Thibodeaux	\$1,693.94			
105913		Pamela RAE Johnson				
	2023-10-10	11-430-700-0010-6333-000000	\$12.12	TW-RK-TW MK New client	EX000014700404	
	2023-10-10	11-430-700-0010-6333-000000	\$24.10	TW-RK-TW PH new client	EX000014700404	
	2023-10-10	11-430-700-0010-6333-000000	\$9.83	TW-MT-TW BS new client	EX000014700404	
	2023-10-10	11-430-700-0010-6333-000000	\$30.00	TW-SM-TW TH new client	EX000014700404	
	2023-10-10	11-430-700-0010-6333-000000	\$12.12	TW-DL-TW JA and RA new clients	EX000014700404	
	2023-10-10	11-430-700-0010-6333-000000	\$5.50	TW-WV-TW DH new client	EX000014700404	
105913		Pamela RAE Johnson	\$93.67			
105914		Janelle LEIGH Webb				
	2023-10-10	01-025-024-0000-6333-000000	\$59.88	EBP training	EX000010503148	
	2023-10-10	01-025-024-0000-6333-000000	\$92.00	parking at airport	EX000015632942	
	2023-10-10	01-025-024-0000-6333-000000	\$41.29	travel from hotel to airport for out of state conference / training in New Orleans	EX000015632942	
	2023-10-10	01-025-024-0000-6334-000000	\$11.64	meal for out of state conference / training in New Orleans	EX000015632942	
	2023-10-10	01-025-024-0000-6334-000000	\$14.11	evening meal while at the airport waiting to fly home from conference in New Orleans. Ordered a personal pizza and was not given an itemized receipt as an option	EX000015632942	
	2023-10-10	01-025-024-0000-6333-000000	\$39.77	Uber from airport to hotel for out of state training in New Orleans	EX000015632942	

	2023-10-10	01-025-024-0000-6333-000000	\$31.37	mileage to airport for out of state conference in New Orleans. Supervisor approved to drive my own car to the airport instead of having a county car sit there for multiple days	EX000015632942	
	2023-10-10	01-025-024-0000-6334-000000	\$20.43	evening meal for out of state conference / training in New Orleans	EX000015632942	
	2023-10-10	01-025-024-0000-6334-000000	\$10.30	food delivered through Uber Eats for out of state training / conference in New Orleans	EX000015632942	
	2023-10-10	01-025-024-0000-6334-000000	\$21.95	evening meal while at conference in New Orleans	EX000015632942	
	2023-10-10	01-025-024-0000-6334-000000	\$15.25	Lunch while at conference in New Orleans. Was not given an itemized receipt for my meal. Had a Caesar salad and a non	EX000015632942	
	2023-10-10	01-025-024-0000-6334-000000	\$26.04	evening meal while at conference in New Orleans. Was not given an itemized receipt for the meal. Had a burger, fries and non	EX000015632942	
	2023-10-10	01-025-024-0000-6333-000000	\$31.31	mileage from airport	EX000015632942	
105914		Janelle LEIGH Webb	\$415.34			
105915		Chastity Marie Jacobson				
	2023-10-10	11-450-430-0010-6333-000000	\$18.67	Healthy Homes Assessment	EX000015656949	
105915		Chastity Marie Jacobson	\$18.67			
105916		Troy Allen Klein				
	2023-10-10	01-103-122-0000-6334-000000	\$16.11	MEALS WITH LODGING REIMBURSEMENT	EX000015619494	
105916		Troy Allen Klein	\$16.11			
105917		Lee R Kelly				
	2023-10-10	01-031-021-0000-6338-000000	\$481.48	Lodging and Meals for MACA annual conference 10/4-10/6 at Rutgers Bay Lake	EX000015694368	
105917		Lee R Kelly	\$481.48			
105918		Amanda Lynn Husen				
	2023-10-10	01-201-000-0000-6338-000000	\$9.27	Lunch	EX000015657522	
	2023-10-10	01-201-000-0000-6338-000000	\$11.83	Lunch - out of county training	EX000015657522	
	2023-10-10	01-201-000-0000-6338-000000	\$15.00	Lunch - out of county training	EX000015657522	
105918		Amanda Lynn Husen	\$36.10			
105919		Kaylee Ann Henson				
	2023-10-10	01-025-023-0000-6333-000000	\$6.48	Maple Lake Safe Schools	EX000015574729	
	2023-10-10	01-025-023-0000-6333-000000	\$41.72	School Visits/Home Visits	EX000015574729	
105919		Kaylee Ann Henson	\$48.20			
105920		Jill EMILY Pooler				
	2023-10-10	11-430-700-0030-6333-000000	\$193.75	MACSSA Conference	EX000015611774	
	2023-10-10	11-430-700-0030-6338-000000	\$19.25	Dinner associated with a training	EX000015611774	
	2023-10-10	11-430-700-0030-6338-000000	\$16.00	Dinner associated with a training	EX000015611774	
105920		Jill EMILY Pooler	\$229.00			
105921		Andrea Beth Jennings Dyreson				
	2023-10-10	11-430-700-0010-6245-000000	\$423.98	LICSW renewal - MN Board of Social Work	EX000015656927	
105921		Andrea Beth Jennings Dyreson	\$423.98			
105922		Kaylyn Jean Sayen				
	2023-10-10	11-430-700-0010-6411-000000	\$1,263.00	Co-Responder Ballistic Vest	EX000015657015	
105922		Kaylyn Jean Sayen	\$1,263.00			
105923		Alicia Jean Anderson				
	2023-10-10	11-430-700-0010-6333-000000	\$22.34	GC - Delano for client visit (LF) - GC	EX000014999012	
	2023-10-10	11-430-700-0010-6333-000000	\$22.34	GC - Delano for client visit (LF) - GC	EX000014999012	
	2023-10-10	11-430-700-0010-6333-000000	\$15.20	GC - Rockford for client visit (AH) - GC	EX000014999012	
	2023-10-10	11-430-700-0010-6333-000000	\$18.08	GC - St. Michael for client meeting (AH) - GC	EX000014999012	
	2023-10-10	11-430-700-0010-6333-000000	\$12.31	GC - Montrose for client meeting (SS) - HM	EX000014999012	
	2023-10-10	11-430-700-0010-6333-000000	\$5.44	GC - Monticello for client visit (ET) - HM	EX000014999012	
	2023-10-10	11-430-700-0010-6333-000000	\$1.70	GC - Annandale for client visit (RC) - HM	EX000014999012	
105923		Alicia Jean Anderson	\$97.41			
105924		You Ger Pha				
	2023-10-10	01-063-065-0000-6338-000000	\$60.00	This is for the checked bags. I have one bag that was checked on the flight to the conference and one back from the conference a total of \$60. I used my own funds to pay for both	EX000015612072	
	2023-10-10	01-063-065-0000-6338-000000	\$48.91	This is for the Uber ride from the Airport to the Hotel. I am seeking \$48.91 only. I used my own funds to pay for the ride. I am responsible for paying the toll/taxi charges and am not seeking reimbursement for	EX000015612072	
	2023-10-10	01-063-065-0000-6338-000000	\$59.63	This is for per diem for Monday of the conference. I am seeking \$16 (\$16 is max) for Breakfast, \$17 for lunch (\$17 is max) and \$26.63 (\$31 is max). A total of \$59.63 for Monday's per diem. I used my own funds to pay for the per diem.	EX000015612072	
	2023-10-10	01-063-065-0000-6338-000000	\$42.50	This is for Tuesday per diem. I am seeking \$11.50 for breakfast (max is \$16) and \$31 (max is \$31) for dinner. I paid with my own funds.	EX000015612072	
	2023-10-10	01-063-065-0000-6338-000000	\$16.00	This is for Wednesday per diem. I am seeking \$16 (\$16 is max) for breakfast. I used my own funds to pay for the per diem.	EX000015612072	
	2023-10-10	01-063-065-0000-6338-000000	\$27.32	This is for the uber ride from the hotel to the airport. I am seeking \$27.32. I added all the trip charges (subtotal, Toll, Booking fee) minus the promotion. I used my own funds to pay for the ride. I am	EX000015612072	
	2023-10-10	01-063-065-0000-6338-000000	\$1,049.64	This is for the hotel \$363.38 was paid by the county credit card for deposit when booking the room. \$1049.64 was remaining and paid to receive with my personal funds. See line 6.	EX000015612072	
105924		You Ger Pha	\$1,304.00			
105925		Kaitlyn Barbara Mabuth				
	2023-10-10	11-430-700-0010-6333-000000	\$8.84	HS-Monticello-HS (Visit- CV)	EX000015498518	
	2023-10-10	11-430-700-0010-6333-000000	\$6.55	HS-Buffalo-HS (Visit- IR)	EX000015498518	
	2023-10-10	11-430-700-0010-6333-000000	\$2.62	HS-Buffalo-HS (Visit- GH)	EX000015498518	
	2023-10-10	11-430-700-0010-6333-000000	\$10.74	HS-Maple Lake-HS (Visit- JH)	EX000015498518	
	2023-10-10	11-430-700-0010-6333-000000	\$3.60	HS-Buffalo-HS (Visit-DS)	EX000015498518	
105925		Kaitlyn Barbara Mabuth	\$32.35			
105926		Brandy Belan Vollbrecht				
	2023-10-10	11-430-700-0010-6333-000000	\$5.63	HTS Meeting	EX000015574884	
	2023-10-10	11-430-700-0010-6333-000000	\$32.03	AN & MN Meeting	EX000015574884	
	2023-10-10	11-430-700-0010-6333-000000	\$12.38	AD Meeting	EX000015574884	
	2023-10-10	11-430-700-0010-6333-000000	\$11.79	NP Meeting	EX000015574884	
	2023-10-10	11-430-700-0010-6333-000000	\$1.83	JW Meeting	EX000015574884	
	2023-10-10	11-430-700-0010-6333-000000	\$6.94	JL MEETING	EX000015574884	
	2023-10-10	11-430-700-0010-6333-000000	\$24.43	EA Meeting	EX000015574884	
	2023-10-10	11-430-700-0010-6333-000000	\$19.52	EE Meeting	EX000015574884	
	2023-10-10	11-430-700-0010-6333-000000	\$19.98	MH & MH Meeting	EX000015574884	
	2023-10-10	11-430-700-0010-6333-000000	\$31.05	KB Meeting	EX000015574884	

105926		Brandy Belan Vollbrecht	\$165.58			
105927		Jeanne M Holland				
	2023-10-10	01-005-021-0000-6333-000000	\$18.67	County Board meeting	EX000015618996	
	2023-10-10	01-005-021-0000-6333-000000	\$18.67	County workshop committee of the whole	EX000015618996	
	2023-10-10	01-005-021-0000-6333-000000	\$49.71	IEIC in person meeting	EX000015618996	
	2023-10-10	01-005-021-0000-6333-000000	\$18.67	meetingLabor meeting	EX000015618996	
	2023-10-10	01-005-021-0000-6333-000000	\$18.67	County board meeting	EX000015618996	
	2023-10-10	01-005-021-0000-6333-000000	\$18.67	public hearing Ditch abnornement	EX000015618996	
	2023-10-10	01-005-021-0000-6333-000000	\$18.67	Planning and zoning	EX000015618996	
	2023-10-10	01-005-021-0000-6333-000000	\$18.67	County board Meeting	EX000015618996	
105927		Jeanne M Holland	\$180.40			
105929	145	ELFMANN EXCAVATING				
	2023-10-10	01-107-000-0000-5501-000000	\$280.00	PERMIT REFUND	2023020067	N
105929	145	ELFMANN EXCAVATING	\$280.00			
105931	533	GLOVER CONSULTING LLC				
	2023-10-10	11-420-600-8246-6261-000000	\$180.00	Financial Services EDMS ModernizationProject Work	20476	N
105931	533	GLOVER CONSULTING LLC	\$180.00			
105936	1347	AMAZON BUSINESS				
	2023-10-10	01-111-000-0000-6411-000000	\$6.96	Allun Glass Screen Protector for iPhone 14/13/13 Pro [6.1 Inch] Display 3 Pack Tempered Glass, Case	1QVJ-H6XN-779R	N
	2023-10-10	01-031-021-0000-6411-000000	\$14.69	OTOPLY Designed for iPhone 13 Case, Silicone Shockproof Slim Thin Phone Case for iPhone 13 6.1 inch	1QVJ-H6XN-779R	N
				Calvin Green		
105936	1347	AMAZON BUSINESS	\$21.65			
105937	1487	MN DEPARTMENT OF LABOR & IND				
	2023-10-10	01-107-000-0000-6359-000000	\$2,454.39	SEPTEMBER 2023 BUILDING PERMIT SURCHARGE	20231006	N
105937	1487	MN DEPARTMENT OF LABOR & IND	\$2,454.39			
105938	1520	SKYNORTH SOFTWARE LLC				
	2023-10-10	01-063-000-0000-6261-000000	\$169.00	Consulting Working session with Frank, Josh, Zack, Josh-Sept 2023	1840	N
	2023-10-10	01-063-000-0000-6261-000000	\$338.00	Consulting Sync call with Frank on PowerApps updates and other items and PowerApps department	1840	N
				changes Sept 2023		
	2023-10-10	01-063-000-0000-6261-000000	\$169.00	Consulting Call with Frank to fix Teams Creator app-Sept 2023	1840	N
105938	1520	SKYNORTH SOFTWARE LLC	\$676.00			
105942	3458	GLENDA RIDLEY				
	2023-10-10	01-013-000-0000-6270-000000	\$220.00	PR-14-2111 CONTRACT 2023 AUGUST	20231002	Y
	2023-10-10	01-013-000-0000-6270-000000	\$220.00	PR-17-5333 CONTRACT 2023 AUGUST	20231002	Y
	2023-10-10	01-013-000-0000-6270-000000	\$220.00	PR-08-4061 CONTRACT 2023 AUGUST	20231002	Y
	2023-10-10	01-013-000-0000-6270-000000	\$220.00	P8-03-852209 CONTRACT 2023 AUGUST	20231002	Y
	2023-10-10	01-013-000-0000-6270-000000	\$220.00	PR-13-3796 CONTRACT 2023 AUGUST	20231002	Y
105942	3458	GLENDA RIDLEY	\$1,100.00			
105943	3896	RHONDA J MAGNUSSEN LLC				
	2023-10-10	01-013-000-0000-6270-000000	\$110.00	PR-23-4041 ATTY FEE CLAIM AUGUST 2023	6360	Y
105943	3896	RHONDA J MAGNUSSEN LLC	\$110.00			
105945	4628	VERIZON WIRELESS SERVICES LLC				
	2023-10-10	01-201-000-0000-6204-000000	\$1,920.82	DATA CARDS 8/28-9/27/23	9945475002	N
105945	4628	VERIZON WIRELESS SERVICES LLC	\$1,920.82			
105949	13590	INTEGRIPRINT INC				
	2023-10-10	01-063-000-0000-6410-000000	\$35.63	Business cards-M.Thibodeaux	59782	N
105949	13590	INTEGRIPRINT INC	\$35.63			
105961	46490	MINNESOTA MONITORING INC				
	2023-10-10	01-025-000-0000-6265-000000	\$210.00	September 2023 Juvenile EHM Correctional Fee	14273	N
	2023-10-10	01-025-000-0000-6265-000000	\$910.00	September 2023 Juvenile EHM Detentionl Fees	14274	N
	2023-10-10	01-025-000-0000-6265-000000	\$427.00	September 2023 Juvenile EHM Correctional Fees	14274	N
105961	46490	MINNESOTA MONITORING INC	\$1,547.00			
105973	60936	SEVEN COUNTY PROCESS SERVERS LLC				
	2023-10-10	11-420-640-0010-6267-000000	\$75.00	PAPER SERVING FEE	20230729	N
	2023-10-10	11-420-640-0010-6267-000000	\$75.00	PAPER SERVING FEE	20230730	N
	2023-10-10	11-420-640-0010-6267-000000	\$75.00	SERVICE FEE	20230740	N
105973	60936	SEVEN COUNTY PROCESS SERVERS LLC	\$225.00			
105977	200264	SOLID OAK FINANCIAL SERVICES LLC				
	2023-10-10	01-013-000-0000-6270-000000	\$220.00	PR-20-2244 CONTRACT 23 AUGUST	20230929	N
	2023-10-10	01-013-000-0000-6270-000000	\$220.00	PR-12-5718 CONTRACT 23 AUGUST	20230929	N
	2023-10-10	01-013-000-0000-6270-000000	\$220.00	PR-22-4207 CONTRACT 23 AUGUST	20230929	N
	2023-10-10	01-013-000-0000-6270-000000	\$220.00	PR-18-6701 CONTRACT 23 AUGUST	20230929	N
105977	200264	SOLID OAK FINANCIAL SERVICES LLC	\$880.00			
263973	200007	JAMES W KASPER				
	2023-09-28	87-737-000-0000-6885-000000	\$187.50	EXTRA PERSONAL NEEDS	SW 2023-09-28-02	N
263973	200007	JAMES W KASPER	\$187.50			
6536		REGIONAL DIAGNOSTIC RADIOLOGY				
	2023-09-27	01-250-000-0000-6458-000000	\$5.94	JAIL MEDICAL-WU	RDRS21212	
6536		REGIONAL DIAGNOSTIC RADIOLOGY	\$5.94			
6537		REGIONAL DIAGNOSTIC RADIOLOGY				
	2023-09-27	01-250-000-0000-6458-000000	\$125.43	JAIL MEDICAL-TH	RDRS23230	
6537		REGIONAL DIAGNOSTIC RADIOLOGY	\$125.43			
6538	543	CORNERSTONE DETENTION				
	2023-09-27	01-250-000-0000-6301-000000	\$360.00	Technician Travel Time Service call on 7/11/23	101420	N
	2023-09-27	01-250-000-0000-6301-000000	\$375.00	Technician Time Service call on 7/11/23 battery replacment and camera issues	101420	N

6538	543	CORNERSTONE DETENTION	\$735.00			
6539	1042	AT&T MOBILITY NATIONAL ACCOUNTS, LLC				
	2023-09-27	01-201-000-0000-6261-000000	\$70.00	AT&T LEA TRACKING NUMBER 3756616	479575	N
6539	1042	AT&T MOBILITY NATIONAL ACCOUNTS, LLC	\$70.00			
6540	2078	FIDELITY SECURITY LIFE/EYEMED VISION CA				
	2023-09-27	01-100-000-0000-6859-000000	(\$4.90)	SEPTEMBER EYE MED CAROL BARNAAL	20230926	N
	2023-09-27	01-100-000-0000-6859-000000	\$13.60	SEPTEMBER EYE MED ANDREW FASHANT	20230926	N
	2023-09-27	01-100-000-0000-6859-000000	(\$4.90)	JUNE EYE MED BROOKE SCHMIDT	20230926	N
	2023-09-27	01-100-000-0000-6859-000000	(\$4.90)	JULY EYE MED BROOKE SCHMIDT	20230926	N
	2023-09-27	01-100-000-0000-6859-000000	(\$4.90)	AUGUST EYE MED BROOKE SCHMIDT	20230926	N
	2023-09-27	01-100-000-0000-6859-000000	\$4.90	SEPTEMBER EYE MED DELLA SICKELS	20230926	N
	2023-09-27	01-100-000-0000-6859-000000	\$4.90	AUGUST EYE MED DELLA SICKELS	20230926	N
	2023-09-27	01-100-000-0000-6859-000000	\$4.90	JULY EYE MED DELLA SICKELS	20230926	N
6540	2078	FIDELITY SECURITY LIFE/EYEMED VISION CA	\$8.70			
6541	4433	XCEL ENERGY				
	2023-09-27	01-111-000-0000-6251-000000	\$20.00	51-4998871-0 WAVERLY HWY SHOP GAS 8/1/23-8/30/23	844481426	N
	2023-09-27	01-111-000-0000-6251-000000	(\$34.31)	51-4998871-0 GAS INTERIM REFUND	844481426	N
	2023-09-27	01-111-000-0000-6251-000000	\$152.42	51-4998871-0 WAVERLY HWY SHOP ELECTRIC 8/1/23-8/30/23	844481426	N
	2023-09-27	01-111-000-0000-6251-000000	\$310.31	51-4998871-0 COKATO HWY SHOP ELECTRIC 8/2/23-8/31/23	844481426	N
6541	4433	XCEL ENERGY	\$448.42			
6542	5974	CENTERPOINT ENERGY				
	2023-09-27	01-111-000-0000-6251-000000	\$530.30	Gas Svc Hwy Dept 08/15-09/14/23	10557862-9 0923	N
	2023-09-27	01-111-000-0000-6251-000000	\$1,491.02	Gas Svc JC 08/15-09/14/23	11185827-0 0923	N
	2023-09-27	01-111-000-0000-6251-000000	\$1,958.48	Gas Svc GC 08/15-09/14/23	11335209-0 0923	N
6542	5974	CENTERPOINT ENERGY	\$3,979.80			
6543	6148	SANDRA WORTMAN				
	2023-09-27	02-230-000-0000-6261-000000	\$99.00	HAIR & BEARD TRIMS FOR INMATES	9252023	Y
6543	6148	SANDRA WORTMAN	\$99.00			
6544	45637	METRO LEGAL SERVICES INC				
	2023-09-27	01-091-000-0000-6261-000000	\$58.00	PROCESS SERVICE-M.CHANDLER 86-CR-21-600	3460446	N
	2023-09-27	01-091-000-0000-6261-000000	\$48.00	PROCESS SERVICE-M.KRUEGER	3460473	N
6544	45637	METRO LEGAL SERVICES INC	\$106.00			
6545	5486	MARCO TECH				
	2023-09-27	02-021-000-0000-6411-000000	\$86.56	500-0555116-000 COPY CONTRACT 9/10-10/10/23 & OVERAGE	511198095	N
	2023-09-27	02-021-000-0000-6411-000000	\$684.72	500-0555116-000 COPY CONTRACT OVERAGE 9/10/22-9/10/23	511198095	N
6545	5486	MARCO TECH	\$771.28			
6546	200079	CENTURY-LINK				
	2023-09-27	01-111-000-0000-6251-000000	\$124.01	HWY PHONE SVC 9/4-10/3/23	763 682-9707 099 1023	N
6546	200079	CENTURY-LINK	\$124.01			
6547	200514	DAVID LENT				
	2023-09-27	41-669-000-0000-6261-000000	\$3,458.33	BUFFER STRIP PAYMENT ON COUNTY DITCH 31	20230816	N
6547	200514	DAVID LENT	\$3,458.33			
6548	207	ASSOCIATION OF MINNESOTA COUNTIES				
	2023-09-28	20-393-000-0000-6801-000000	\$200.00	2023 SWAA ANNUAL CONFERENCE 9/20-9/22/23-WAGAMAN	65925.00	N
	2023-09-28	01-005-021-0000-6338-000000	\$275.00	2023 FALL POLICY CONFERENCE 9/13-9/15/23-DIEDRICK	74142.00	N
6548	207	ASSOCIATION OF MINNESOTA COUNTIES	\$475.00			
6549	438	COTTENS INC				
	2023-09-28	03-340-000-0000-6574-000000	\$37.56	HWY REPAIR PARTS	873514	N
6549	438	COTTENS INC	\$37.56			
6550	1663	COMMISSIONER OF TRANS				
	2023-09-28	03-320-000-0000-6505-000000	\$594.41	SP 596-004 TH 24/HEMLOCK RAB	P00017691	N
	2023-09-28	03-320-000-0000-6505-000000	\$82.35	CP 783-232 OTSEGO COUNTY PARK	P00017691	N
6550	1663	COMMISSIONER OF TRANS	\$676.76			
6551	1965	HOLEN ALUMINUM PRODUCTS INC				
	2023-09-28	03-350-000-0000-6539-000000	\$8,632.00	208 SWING AWAY MAILBOX SUPPORTS	4383	N
6551	1965	HOLEN ALUMINUM PRODUCTS INC	\$8,632.00			
6553		S&S CONCRETE & MASONRY LLP				
	2023-09-29	11-430-700-0010-6266-000000	\$15.00	GARNISHMENT FEE	20230928	
6553		S&S CONCRETE & MASONRY LLP	\$15.00			
6554	270	RYAN CHEVROLET				
	2023-09-29	03-340-000-0000-6574-000000	\$32.60	HWY REPAIR PARTS	411386	N
	2023-09-29	03-340-000-0000-6574-000000	\$328.72	HWY REPAIR PARTS	411415	N
6554	270	RYAN CHEVROLET	\$361.32			
6555	369	GALLS LLC				
	2023-09-29	01-201-272-0000-6480-000000	\$3,249.80	Deputy Hat badges - Item# B20126 HG	025646142	Y
	2023-09-29	01-201-272-0000-6480-000000	(\$450.20)	Deputy Hat badges - Item# B20126 HG	025646142	Y
	2023-09-29	01-201-272-0000-6480-000000	\$5.00	Shipping per Invoice #025646142	025646142	Y
6555	369	GALLS LLC	\$2,804.60			
6556	401	TIRES PLUS				
	2023-09-29	03-340-000-0000-6575-000000	\$109.99	TIRES PLUS - SHER #0965 LABOR	2010539	N
	2023-09-29	03-340-000-0000-6575-000000	\$109.99	TIRES PLUS - SHER #2808 LABOR	2010564	N
	2023-09-29	03-340-000-0000-6575-000000	\$109.99	TIRES PLUS - SHER #2897 LABOR	2010572	N
	2023-09-29	03-340-000-0000-6575-000000	\$109.99	TIRES PLUS - SHER #2910 LABOR	2010785	N

	2023-09-29	03-340-000-0000-6575-000000	\$384.55	TIRES PLUS - SHER #961 LABOR	2011080	N
	2023-09-29	03-340-000-0000-6575-000000	\$109.99	TIRES PLUS - SHER #952 LABOR	2011110	N
6556	401	TIRES PLUS	\$934.50			
6557	438	COTTENS INC				
	2023-09-29	03-340-000-0000-6574-000000	\$12.80	HWY REPAIR PARTS	873280	N
	2023-09-29	03-340-000-0000-6574-000000	\$10.77	HWY REPAIR PARTS	873304	N
6557	438	COTTENS INC	\$23.57			
6558	600	MORRIES PARTS & SERVICE GROUP				
	2023-09-29	03-340-000-0000-6574-000000	\$77.75	HWY REPAIR PARTS	19698	N
	2023-09-29	03-340-000-0000-6574-000000	\$59.79	HWY REPAIR PARTS	19786	N
6558	600	MORRIES PARTS & SERVICE GROUP	\$137.54			
6559	1107	ST CLOUD/CITY OF				
	2023-09-29	11-430-760-6010-6030-000000	\$4,175.50	2023 JULY-DECEMBER RSVP PAYMENT	AR029344	N
6559	1107	ST CLOUD/CITY OF	\$4,175.50			
6560	1736	BREEZY POINT RESORT INC				
	2023-09-29	11-420-640-0010-6338-000000	\$630.00	Hotel for Conference - Stephanie Wiley	335442	N
	2023-09-29	11-420-640-0010-6338-000000	\$630.00	Hotel for Conference - Karen Popken	335442	N
	2023-09-29	11-450-430-0010-6338-000000	(\$166.92)	Hotel for conference - Kelsey Collier	335442	N
	2023-09-29	11-450-430-0010-6338-000000	\$630.00	Hotel for conference - Kelsey Collier	335442	N
	2023-09-29	11-450-430-0020-6338-000000	(\$30.71)	Hotel for Conference - Lisa Spencer	335442	N
	2023-09-29	11-430-700-0020-6338-000000	(\$93.48)	Hotel for Conference - Lisa Spencer	335442	N
	2023-09-29	11-420-600-0020-6338-000000	(\$42.73)	Hotel for Conference - Lisa Spencer	335442	N
	2023-09-29	11-450-430-0020-6338-000000	\$115.92	Hotel for Conference - Lisa Spencer	335442	N
	2023-09-29	11-420-600-0020-6338-000000	\$161.28	Hotel for Conference - Lisa Spencer	335442	N
	2023-09-29	11-430-700-0020-6338-000000	\$352.80	Hotel for Conference - Lisa Spencer	335442	N
	2023-09-29	11-450-430-0010-6338-000000	\$810.00	Hotel for Conference - Jon Young	335442	N
	2023-09-29	11-450-430-0010-6338-000000	(\$166.92)	Hotel for Conference - Casey Henne	335442	N
	2023-09-29	11-450-430-0010-6338-000000	\$630.00	Hotel for Conference - Casey Henne	335442	N
6560	1736	BREEZY POINT RESORT INC	\$3,459.24			
6561	2068	SAFELITE FULFILLMENT INC				
	2023-09-29	03-340-000-0000-6575-000000	\$85.00	SAFELITE - SHER #502911 LABOR	05158-288048	N
	2023-09-29	03-340-000-0000-6574-000000	\$421.36	SAFELITE - SHER #502911 LABOR	05158-288048	N
	2023-09-29	03-340-000-0000-6575-000000	\$385.00	SAFELITE - SHER #H0714 LABOR	05158-288063	N
	2023-09-29	03-340-000-0000-6574-000000	\$594.47	SAFELITE - SHER #H0714 LABOR	05158-288063	N
	2023-09-29	03-340-000-0000-6575-000000	\$85.00	SAFELITE - SHER #501803 LABOR	05158-288098	N
	2023-09-29	03-340-000-0000-6574-000000	\$308.24	HWY REPAIR PARTS #116	05158-288319	N
	2023-09-29	03-340-000-0000-6575-000000	\$85.00	HWY REPAIR PARTS #116	05158-288319	N
	2023-09-29	03-340-000-0000-6574-000000	\$1,169.00	HWY REPAIR PARTS #163	05158-289441	N
	2023-09-29	03-340-000-0000-6575-000000	\$364.00	HWY REPAIR PARTS #163	05158-289441	N
	2023-09-29	03-340-000-0000-6574-000000	\$1,169.00	HWY REPAIR PARTS #139	05158-289442	N
	2023-09-29	03-340-000-0000-6575-000000	\$364.00	HWY REPAIR PARTS #139	05158-289442	N
	2023-09-29	03-340-000-0000-6574-000000	\$443.60	SAFELITE - SHER #811 PARTS	05158-289659	N
	2023-09-29	03-340-000-0000-6575-000000	\$85.00	SAFELITE - SHER #811 PARTS	05158-289659	N
6561	2068	SAFELITE FULFILLMENT INC	\$5,558.67			
6562	2487	WINDSTREAM				
	2023-09-29	03-310-000-0000-6203-000000	\$136.56	INTERNET TO SHOPS 5 9/16 - 10/	0923 091562156	N
	2023-09-29	03-310-000-0000-6203-000000	\$136.56	INTERNET TO SHOPS 5 9/16 - 10/	0923 091562156	N
	2023-09-29	03-310-000-0000-6203-000000	\$136.57	INTERNET TO SHOPS 5 9/16 - 10/	0923 091562156	N
6562	2487	WINDSTREAM	\$409.69			
6563	2614	MIES OUTLAND INC				
	2023-09-29	01-100-000-0000-6352-000000	\$1,659.97	COLLISION-REPAIR WORK	20230831	N
6563	2614	MIES OUTLAND INC	\$1,659.97			
6564	3328	MEEKER COOPERATIVE LIGHTS & POWER				
	2023-09-29	03-350-000-0000-6543-000000	\$28.35	STREET LIGHT	0823 3251100	N
	2023-09-29	03-350-000-0000-6543-000000	\$28.34	STREET LIGHT	0823 3251100	N
6564	3328	MEEKER COOPERATIVE LIGHTS & POWER	\$56.69			
6565	4433	XCEL ENERGY				
	2023-09-29	03-350-000-0000-6543-000000	\$23.78	STREET LIGHT	844538037	N
	2023-09-29	03-350-000-0000-6543-000000	\$23.86	STREET LIGHT	844546956	N
6565	4433	XCEL ENERGY	\$47.64			
6566	5792	CORRECTION DENTISTRY LLC				
	2023-09-29	01-250-000-0000-6458-000000	\$1,045.00	Dentistry - DJ	1124963	Y
	2023-09-29	01-250-000-0000-6458-000000	\$297.00	Dentistry - RW	2516	Y
6566	5792	CORRECTION DENTISTRY LLC	\$1,342.00			
6569	64031	DHS- SWIFT				
	2023-09-29	11-430-720-2110-6030-000000	\$3,300.00	BSFE CNTY MITCH-CNTY SHR	A300MC862471	N
	2023-09-29	77-420-650-0000-6801-000000	\$139,534.56	MA RECOVERIES MAY-JUN 2023	A300MM1R86I	N
	2023-09-29	11-420-650-4410-6020-000000	\$306.34	ICFMR 7105 FCS3 JUL23	A300MM1R86I	N
	2023-09-29	11-420-650-4410-6020-000000	\$16,215.54	MA LTC UN FC095 JUL23	A300MM1R86I	N
	2023-09-29	11-420-650-4410-6020-000000	\$1,368.99	G8 LTC LT65 CY20 FC307 JUL23	A300MM1R86I	N
	2023-09-29	11-420-650-4410-6020-000000	\$867.87	MA MH TCM CV FC023 JUL23	A300MM1R86I	N
6569	64031	DHS- SWIFT	\$161,593.30			
6570	6158	ARAMARK SERVICES INC				

	2023-09-29	02-230-000-0000-6459-000000	\$384.00	FRESH FAVORITES SEPTEMBER 14-20	200723300-000886	N
	2023-09-29	02-230-000-0000-6459-000000	\$251.50	FRESH FAVORITES SEPTEMBER 21-27	200723300-000889	N
6570	6158	ARAMARK SERVICES INC	\$635.50			
6571	200503	WESTMORE INDUSTRIES, LLC				
	2023-09-29	03-310-000-0000-6485-000000	(\$2,100.00)	EKOS Software One Time Start Up Fee Done by Westmore Industries	1910942	N
	2023-09-29	03-310-000-0000-6485-000000	\$3,000.00	EKOS Software One Time Start Up Fee Done by Westmore Industries	1910942	N
6571	200503	WESTMORE INDUSTRIES, LLC	\$900.00			
6572	200509	CORELOGIC, INC				
	2023-09-29	85-830-000-0000-6882-000000	\$4,230.00	Overpayment of taxes	202-046-001040 9/29/23	N
6572	200509	CORELOGIC, INC	\$4,230.00			
6573		LUKE MALAKOWSKY				
	2023-10-02	01-041-000-0000-5501-000000	\$58.17	OVERPAYMENT 2023 F350	20231002	
6573		LUKE MALAKOWSKY	\$58.17			
6574	249	SPECIALIZED HEALTH AND SAFETY				
	2023-10-02	01-100-000-0000-6912-000000	\$1,705.00	300-AED/FA Adult CPR, AED, First Aid Training 9/26/23	8169	Y
6574	249	SPECIALIZED HEALTH AND SAFETY	\$1,705.00			
6576	1535	WRIGHT HENNEPIN ELECTRIC				
	2023-10-02	01-521-523-0000-6251-000000	\$2,407.61	ELECTRIC FOR BERTRAM 8/1-9/1/23	35030756030	N
6576	1535	WRIGHT HENNEPIN ELECTRIC	\$2,407.61			
6577	1617	REGENTS OF THE UNIVERSITY OF MN				
	2023-10-02	01-603-000-0000-6117-000000	\$14,726.40	MOA YD Summer Hire 2023 MOA YD Summer Hire Commitment: \$14,726.40	0300032872	N
	2023-10-02	01-603-000-0000-6117-000000	\$7,363.20	MOA ANR Summer Hire 2023 MOA ANR Summer Hire Commitment: \$7,363.20	0300032872	N
	2023-10-02	01-603-000-0000-6117-000000	\$19,670.25	Q3 2023 MOA YD Billing 1.0 FTE 4-H Educator - Fox	0300032968	N
	2023-10-02	01-603-000-0000-6117-000000	\$7,376.34	Q3 2023 MOA YD Billing .375 FTE 4-H Educator (STEM) - Strei	0300032968	N
	2023-10-02	01-603-000-0000-6117-000000	\$28,681.29	Q3 2023 MOA ANR Billing 1.32 FTE ANR Educator (shared tri-county agreement)	0300032968	N
6577	1617	REGENTS OF THE UNIVERSITY OF MN	\$77,817.48			
6578	1619	SHERBURNE COUNTY SHERIFF				
	2023-10-02	01-013-000-0000-6261-000000	\$80.00	SERVICE FEE CHIPS JV-23-4359	231852	N
6578	1619	SHERBURNE COUNTY SHERIFF	\$80.00			
6579	2487	WINDSTREAM				
	2023-10-02	01-521-021-0000-6203-000000	\$77.82	PHONE AT NEY 9/1-9/30/23	091134470 0923	N
6579	2487	WINDSTREAM	\$77.82			
6580	2614	MIES OUTLAND INC				
	2023-10-02	01-521-727-0390-6452-000000	\$136.49	WELDING A RIM	146796	N
6580	2614	MIES OUTLAND INC	\$136.49			
6581	3817	SQUIRES,WALDSPURGER & MACE P.A.				
	2023-10-02	01-100-000-0000-6261-000000	\$2,689.50	PROFESSIONAL LEGAL SERVICES JULY 17-31, 2023	18426	N
6581	3817	SQUIRES,WALDSPURGER & MACE P.A.	\$2,689.50			
6582	4179	SCHLENNER WENNER & CO				
	2023-10-02	73-845-000-0000-6411-000000	\$360.00	Bookkeeping for August 2022 - May 2023	310599	N
	2023-10-02	73-845-000-0000-6411-000000	\$90.00	Bookkeeping for June 2023	310599	N
	2023-10-02	73-845-000-0000-6411-000000	\$200.00	Updating Budget Worksheet for Annual Meeting	310599	N
6582	4179	SCHLENNER WENNER & CO	\$650.00			
6583	5121	LANO EQUIPMENT INC				
	2023-10-02	01-521-000-0000-6452-000000	\$163.92	BPA - ROLLER	03-1026642	N
	2023-10-02	01-521-000-0000-6452-000000	\$168.57	BPA-LATCH W/DOOR SENSOR	03-1027387	N
6583	5121	LANO EQUIPMENT INC	\$332.49			
6584	5792	CORRECTION DENTISTRY LLC				
	2023-10-02	01-250-000-0000-6458-000000	\$264.00	Dentistry - RE	10771632	Y
6584	5792	CORRECTION DENTISTRY LLC	\$264.00			
6585	200144	KORI SHINGLES				
	2023-10-02	01-031-033-0000-6338-000000	\$1,000.00	True Colors Training/ Facilitation for Project Administration & GIS	101983-1	Y
6585	200144	KORI SHINGLES	\$1,000.00			
6586	200182	RJ KOOL MIDWEST, INC				
	2023-10-02	01-250-000-0000-6301-000000	\$3,578.15	RJ Kool - Gas Dryers trunnion & bearings	500201494	N
6586	200182	RJ KOOL MIDWEST, INC	\$3,578.15			
6587	200297	WRIGHT COUNTY COMMUNITY ACTION				
	2023-10-02	11-450-491-7010-6035-000000	\$2,000.00	SHIP-IMPLEMENTATION OF BREASTFEEDING AREA	WCCA05.2023	N
6587	200297	WRIGHT COUNTY COMMUNITY ACTION	\$2,000.00			
6588	6158	ARAMARK SERVICES INC				
	2023-10-02	01-250-000-0000-6459-000000	\$8,723.61	INMATE MEALS SEPTEMBER 14-20	200723300-000885	N
	2023-10-02	01-250-000-0000-6459-000000	\$8,671.48	INMATE MEALS SEPTEMBER 21-27	200723300-000887	N
6588	6158	ARAMARK SERVICES INC	\$17,395.09			
6589	200513	WINCO LANDSCAPE INC				
	2023-10-02	01-521-021-0000-6605-000000	\$15,376.50	ENGINEERED WOOD FIBER FOR PLAYGROUNDS	23-846	N
6589	200513	WINCO LANDSCAPE INC	\$15,376.50			
6598	363	CONSUMER SAFETY TECHNOLOGY LLC				
	2023-10-03	01-025-000-0000-6251-000000	\$1,175.12	AUGUST 2023 IGNITION INTERLOCK 10TH JUDICIAL DISTRICT MN	20230831	N
6598	363	CONSUMER SAFETY TECHNOLOGY LLC	\$1,175.12			
6599	1039	JUSTICE BENEFITS INC				
	2023-10-03	01-250-000-0000-6261-000000	\$3,653.98	SCAAP FY 2022	201705604	N
6599	1039	JUSTICE BENEFITS INC	\$3,653.98			
6600	1072	TRAILBLAZER TRANSIT				

	2023-10-03	02-025-000-0025-6261-000000	\$92.00	BUS SERVICE-ALTERNATIVES TO DETENTION FUNDING	2023-07-300	N
	2023-10-03	02-025-000-0000-6261-000000	\$100.00	Tokens-Alternatives to Incarceration Funding	2023-08-5G6	N
6600	1072	TRAILBLAZER TRANSIT	\$192.00			
6602	5357	ELECTION SYSTEMS & SOFTWARE LLC				
	2023-10-03	01-041-071-0000-6410-000000	\$10.50	Layout - PDF File Extraction	CD2066979	N
	2023-10-03	01-041-071-0000-6410-000000	\$251.70	Layout Charge: 1 to 500 Faces	CD2066979	N
	2023-10-03	01-041-071-0000-6410-000000	\$1,066.00	Absentee Ballot-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$2,938.00	Election Day Ballot-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$3.12	Sample Ballot-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$7.80	Coding Ballot-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$15.60	Test Ballot-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$2.13	Freight-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$1.06	Freight-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$0.43	Freight-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$400.83	Freight-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$145.43	Freight-Fall Ballot Order 2023	CD2066355	N
	2023-10-03	01-041-071-0000-6410-000000	\$600.00	Base Charge: Precinct Tabulator-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$14.25	Media Burn-Central Scanner-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$27.36	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$27.36	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$5.27	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$4.10	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$1.92	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$2.94	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$1.64	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$10.40	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$1.30	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$0.65	Freight-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$600.00	Base Charge: Central Tabulator-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$115.50	Ballot Faces-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$90.00	Ballot Types-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$42.00	Contests / Issues-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$64.50	Precincts-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$36.00	Candidate / Responses-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$28.50	Media Burn-EQC-Fall Ballot Programming 2023	CD2066716	N
	2023-10-03	01-041-071-0000-6410-000000	\$228.00	Media Burn-DS200 Poll-Fall Ballot Programming 2023	CD2066716	N
6602	5357	ELECTION SYSTEMS & SOFTWARE LLC	\$6,744.29			
6603	5993	MN DEPARTMENT OF REVENUE				
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	START TO FINISH-SALES RATIO, TIME TRENDS, AND MORE 9/13/23-T.ANDERSON	620	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	THE OTHER SIDE OF EXEMPTIONS 9/13/23-T.ANDERSON	620	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	START TO FINISH-SALES RATIO, TIME TRENDS, AND MORE 9/13/23-W.PETERSON	653	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	THE OTHER SIDE OF EXEMPTIONS 9/13/23-W.PETERSON	653	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	HOT TOPICS 9/14/23-W.PETERSON	653	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	HOT TOPICS 9/14/23-C.PHILUPPI	654	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	START TO FINISH-SALES RATIO, TIME TRENDS, AND MORE 9/13/23-T.RASMUSSEN	657	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	THE OTHER SIDE OF EXEMPTIONS 9/13/23-T.RASMUSSEN	657	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	HOT TOPICS 9/14/23-T.RASMUSSEN	657	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	START TO FINISH-SALES RATIO, TIME TRENDS, & MORE 9/13/23-L.THINGVOLD	676	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	THE OTHER SIDE OF EXEMPTIONS 9/13/23-L.THINGVOLD	676	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	HOT TOPICS 9/14/23-L.THINGVOLD	676	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	START TO FINISH-SALES RATIO, TIME TRENDS, AND MORE 9/13/23-K.TRIPLETT	681	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	THE OTHER SIDE OF EXEMPTIONS 9/13/23-K.TRIPLETT	681	N
	2023-10-03	01-105-000-0000-6338-000000	\$30.00	HOT TOPICS 9/14/23-K.TRIPLETT	681	N
6603	5993	MN DEPARTMENT OF REVENUE	\$450.00			
6604	6897	T MOBILE USA INC				
	2023-10-03	01-201-000-0000-6261-000000	\$12.50	TOWER DUMP 9/2/23	9546131655	N
	2023-10-03	01-201-000-0000-6261-000000	\$12.50	TOWER DUMP 9/2/23	9546131655	N
6604	6897	T MOBILE USA INC	\$25.00			
6605	31299	HOLIDAY COMPANIES CORPORATE OFFICE				
	2023-10-03	11-420-000-0000-1461-000000	\$2,325.00	Fuel Only client gas cards	20230930	N
6605	31299	HOLIDAY COMPANIES CORPORATE OFFICE	\$2,325.00			
6607	45637	METRO LEGAL SERVICES INC				
	2023-10-03	11-420-640-0010-6267-000000	\$115.00	Nationally Arranged Service-Base Rate-MN Fleischman Kevin Scott 09/11 C Clear Lake [1-1]	3460459	N
	2023-10-03	01-091-000-0000-6261-000000	\$95.00	Nationally Arranged Service-Base Rate-MN Young Katie 09/21 C Montgomery [1-1]	3461323	N
6607	45637	METRO LEGAL SERVICES INC	\$210.00			
6608	58254	ST CLOUD STAMP & SIGN INC				
	2023-10-03	11-420-600-0020-6411-000000	\$10.78	ADM OPERATING SUPPLIES	OE-13588	N
	2023-10-03	11-430-700-0020-6411-000000	\$23.57	ADM OPERATING SUPPLIES	OE-13588	N
	2023-10-03	11-450-430-0020-6411-000000	\$7.74	ADM OPERATING SUPPLIES	OE-13588	N
6608	58254	ST CLOUD STAMP & SIGN INC	\$42.09			
6609	525	CENTURY LINK				
	2023-10-03	01-100-000-0000-6203-000000	\$384.59	PHONE BILL MONTHLY ALLOCATION 9/25-10/24/23	333412686 1024	N
6609	525	CENTURY LINK	\$384.59			

6610	788	QUADIENT LEASING USA					
	2023-10-03	01-100-000-0000-6343-000000	\$2,470.11	MAIL MACHINE LEASE 7/29/23-10/28/23	N10132231		N
6610	788	QUADIENT LEASING USA	\$2,470.11				
6611	749	MN ASSN OF COUNTY SURVEYORS					
	2023-10-04	03-320-000-0000-6338-000000	\$140.00	MACS LAND SURVEYING SEMINAR	090523		N
6611	749	MN ASSN OF COUNTY SURVEYORS	\$140.00				
6612	1118	CULLIGAN OF BUFFALO					
	2023-10-04	01-111-000-0000-6411-000000	\$9.80	173-09510389-6 BOTTLED WATER HWY DEPT 10/1/23-10/31/23	173X03586908		N
	2023-10-04	01-111-000-0000-6411-000000	\$9.80	173-10254951-1 BOTTLED WATER HWY DEPT 10/1/23-10/31/23	173X03589704		N
	2023-10-04	01-111-000-0000-6411-000000	\$15.00	173-10254951-1 SEASONAL BOTTLED WATER HWY DEPT 10/1/23-10/31/23	173X03589704		N
	2023-10-04	01-111-000-0000-6411-000000	\$90.00	173-10271567-4 40# SOLAR SALT HWY DEPT	173X03591403		N
	2023-10-04	01-111-000-0000-6411-000000	\$6.60	173-10271567-4 SANITATION PACKHWY DEPT	173X03591403		N
	2023-10-04	01-111-000-0000-6411-000000	\$74.10	40# SOLAR SALT/SANITATION PACK-HWY DEPT	173X03600204		N
6612	1118	CULLIGAN OF BUFFALO	\$205.30				
6613	2001	HILLYARD INC - MINNEAPOLIS					
	2023-10-04	01-111-000-0000-6419-000000	\$1,633.25	TISSUE BATH PAC BLUE 2 PLY 80 CS	605259584		N
	2023-10-04	01-111-000-0000-6419-000000	\$897.22	ARSENAL 1 RE-JUV-NAL	605259584		N
	2023-10-04	01-111-000-0000-6419-000000	\$15.29	TRIGGER SPRAYER HIGH OUTPUT 9.5IN BL WHARSENAL 1 RE-JUV-NAL	605259584		N
6613	2001	HILLYARD INC - MINNEAPOLIS	\$2,545.76				
6614	2487	WINDSTREAM					
	2023-10-04	01-111-000-0000-6251-000000	\$238.06	320-963-1933 TRING CTR PHONE SVC 9/25/23-10/24/23	091987002 0923		N
6614	2487	WINDSTREAM	\$238.06				
6615	3041	GLUNZ CONSTRUCTION SEPTIC SERVICE					
	2023-10-04	01-111-000-0000-6251-000000	\$510.00	PUMP HOLDING TANKS HWY MAPLE LAKE SHOP	864018		Y
6615	3041	GLUNZ CONSTRUCTION SEPTIC SERVICE	\$510.00				
6616	3515	RCM SPECIALTIES INC					
	2023-10-04	03-330-000-0000-6536-000000	\$2,099.20	CRS2 EMULSION	9274		N
	2023-10-04	03-330-000-0000-6536-000000	(\$2,099.20)	CRS2 EMULSION	9274		N
	2023-10-04	03-330-000-0000-6536-000000	\$2,099.20	CRS2 EMULSION	9274		N
6616	3515	RCM SPECIALTIES INC	\$2,099.20				
6617	3531	GRANITE PEST CONTROL SERVICES					
	2023-10-04	01-111-000-0000-6301-000000	\$209.00	PW FALL EXTERIOR TREATMENT	129851		N
6617	3531	GRANITE PEST CONTROL SERVICES	\$209.00				
6618	4407	HELLMAN'S OUTDOOR SERVICES INC					
	2023-10-04	01-111-000-0000-6301-000000	\$1,125.00	GC LAWN CARE JUL & AUG	6650		N
	2023-10-04	01-111-000-0000-6301-000000	\$7,000.00	JC LAWN CARE JUL & AUG	6651		N
	2023-10-04	01-111-000-0000-6301-000000	\$625.00	JC FERTILIZATION AND WEED CONTROL-SUMMER APPLICATION	6652		N
6618	4407	HELLMAN'S OUTDOOR SERVICES INC	\$8,750.00				
6619	4858	BUFFALO AUTO VALUE					
	2023-10-04	01-521-000-0000-6452-000000	\$30.99	ULTRA STOP DISC	82249176		N
	2023-10-04	01-521-000-0000-6452-000000	\$71.99	OXYGEN SENSOR	82249216		N
	2023-10-04	01-521-000-0000-6451-000000	\$662.22	BO SPECIAL ORDER	82249542		N
	2023-10-04	01-521-000-0000-6452-000000	\$25.99	PART NUMBER 80150	82249586		N
	2023-10-04	01-521-000-0000-6452-000000	\$58.99	Quiet Cast Disc Brake	82249634		N
	2023-10-04	01-521-000-0000-6452-000000	\$56.99	Front Brake	82249634		N
	2023-10-04	01-521-000-0000-6452-000000	\$56.99	FRONT BRAKE	82249635		N
	2023-10-04	01-521-000-0000-6452-000000	\$6.60	STANDARD HALOGEN	82249863		N
	2023-10-04	01-521-000-0000-6452-000000	\$77.98	TRL3	82249956		N
6619	4858	BUFFALO AUTO VALUE	\$1,048.74				
6620	5974	CENTERPOINT ENERGY					
	2023-10-04	01-111-000-0000-6251-000000	\$407.74	Gas Svc Public Works 07/18-08/15/23	8000017219-9 0923		N
	2023-10-04	01-111-000-0000-6251-000000	\$72.99	Gas Svc Kokato Hwy Shop 8/9-9/7/23	8000017219-9 0923		N
	2023-10-04	01-111-000-0000-6251-000000	\$65.00	5871994-9 Gas Sdvc GC 10 2nd NW 08/16-09/14/23	8000065366-9 0923		N
	2023-10-04	01-111-000-0000-6251-000000	\$15.00	5811649-2 Gas Svc Sher Storage 8/16-9/14/23	8000065366-9 0923		N
	2023-10-04	01-111-000-0000-6251-000000	\$1,379.18	7915763-2 Gas Svc LEC 8/16-9/14/23	8000065366-9 0923		N
6620	5974	CENTERPOINT ENERGY	\$1,939.91				
6621	200044	SIR LINES-A LOT, LLC					
	2023-10-04	03-350-000-0000-6532-000000	(\$62,014.15)	WHITE & YELLOW LATEX PAINT	H23-0158-004		N
	2023-10-04	03-350-000-0000-6532-000000	\$62,014.15	WHITE & YELLOW LATEX PAINT	H23-0158-004		N
	2023-10-04	03-350-021-0000-6532-000000	\$62,014.15	WHITE & YELLOW LATEX PAINT	H23-0158-004		N
	2023-10-04	03-350-000-0000-6532-000000	\$44,500.92	WHITE & YELLOW LATEX PAINT	H23-0158-005		N
	2023-10-04	03-350-000-0000-6532-000000	(\$44,500.92)	WHITE & YELLOW LATEX PAINT	H23-0158-005		N
	2023-10-04	03-350-021-0000-6532-000000	(\$44,500.96)	WHITE & YELLOW LATEX PAINT	H23-0158-005		N
	2023-10-04	03-350-021-0000-6532-000000	\$44,500.96	WHITE & YELLOW LATEX PAINT	H23-0158-005		N
	2023-10-04	03-350-021-0000-6532-000000	\$44,500.96	WHITE & YELLOW LATEX PAINT	H23-0158-005		N
	2023-10-04	03-350-000-0000-6532-000000	\$1,392.00	ARROW & SOLID LINE PAINT	H23-0626-004		N
	2023-10-04	03-350-000-0000-6532-000000	(\$1,392.00)	ARROW & SOLID LINE PAINT	H23-0626-004		N
	2023-10-04	03-350-021-0000-6532-000000	\$1,392.00	ARROW & SOLID LINE PAINT	H23-0626-004		N
6621	200044	SIR LINES-A LOT, LLC	\$107,907.11				
6622	200465	JASON ANDERSON					
	2023-10-04	11-450-485-0010-6261-000000	\$3,900.00	Covid Recovery Training on Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	2023-016-09-29-23		Y
6622	200465	JASON ANDERSON	\$3,900.00				
6623	200515	JAMES SAWATZKE					

	2023-10-04	01-111-000-0000-6301-000000	\$1,125.00	TRANSPLANT CAMPUS TREES	7354	Y
	2023-10-04	01-111-000-0000-6301-000000	\$250.00	TRANSPLANT 2 TREES	7363	Y
6623	200515	JAMES SAWATZKE	\$1,375.00			
6624		PARKVIEW CARE CENTER				
	2023-10-05	11-420-600-0010-6266-000000	\$15.00	GARNISHMENT REQUEST	86-cv-22-2430	
6624		PARKVIEW CARE CENTER	\$15.00			
6625		J & J MACHINE				
	2023-10-05	11-420-600-0010-6266-000000	\$15.00	GARNISHMENT REQUEST	86-cv-23-287	
6625		J & J MACHINE	\$15.00			
6626		IRIS AGUIRRE-TORRES				
	2023-10-05	11-420-000-0000-6801-000000	\$250.00	MA PAYMENT REFUND	20230930	
6626		IRIS AGUIRRE-TORRES	\$250.00			
6627	227	TWIN CITY SEED COMPANY				
	2023-10-05	01-521-021-0000-6301-000000	\$749.00	78" x 90' Futerra F4 Netless Blanket Natural Item# CFF7890NNTL	55385	N
	2023-10-05	01-521-021-0000-6301-000000	\$1,000.00	50# TCS Tuft Turf Mix	55385	N
	2023-10-05	01-521-021-0000-6301-000000	\$900.00	50# TCS Dense Shade Lawn Seed Mix	55385	N
	2023-10-05	01-521-021-0000-6301-000000	\$110.00	50# TCS Ditch Mix	55385	N
6627	227	TWIN CITY SEED COMPANY	\$2,759.00			
6628	638	MATTSON WELL COMPANY				
	2023-10-05	01-521-523-0000-6265-000000	\$250.00	SERVICE CALL AT SHROEDER PARK 9/18/23	31346	N
6628	638	MATTSON WELL COMPANY	\$250.00			
6629	1620	STEARNS COUNTY SHERIFF				
	2023-10-05	11-420-640-0010-6267-000000	\$70.00	CIVIL PROCESS	23-2211	N
6629	1620	STEARNS COUNTY SHERIFF	\$70.00			
6631	4817	HERALD JOURNAL PUBLISHING INC				
	2023-10-05	41-677-000-0000-6261-000000	\$29.12	Partial Abandonment of Ditch 31	9/30/2023	N
6631	4817	HERALD JOURNAL PUBLISHING INC	\$29.12			
6632	5110	SHRED-N-GO, INC				
	2023-10-05	01-100-000-0000-6261-000000	\$165.00	11 95 Gallon Carts GC	157152	N
	2023-10-05	01-100-000-0000-6261-000000	\$98.00	14 Consoles GC	157152	N
	2023-10-05	01-100-000-0000-6261-000000	\$60.00	800 Carts by the Pound GC	157152	N
	2023-10-05	01-100-000-0000-6261-000000	\$30.00	2 95 Gallon Carts JC	157152	N
	2023-10-05	01-100-000-0000-6261-000000	\$14.00	2 Consoles JC	157152	N
	2023-10-05	01-100-000-0000-6261-000000	\$22.50	300LB Extra Material JC	157152	N
6632	5110	SHRED-N-GO, INC	\$389.50			
6634	5976	PLEASANT LAKE IMPROVEMENT ASSN				
	2023-10-05	01-521-021-0000-6245-000000	\$2,500.00	COUNTY PORTION OF AIS STATION	221007	N
6634	5976	PLEASANT LAKE IMPROVEMENT ASSN	\$2,500.00			
6635	6915	OFFICE OF MN IT SERVICES				
	2023-10-05	11-450-472-0010-6035-000000	\$118.65	INTRPR SVCS-PH FPSP	W23080531	N
	2023-10-05	11-450-474-7101-6035-000000	\$176.40	INTRPR SVCS-PH EBHV	W23080531	N
	2023-10-05	11-450-430-0010-6035-000000	\$149.55	INTRPR SVCS-PH CARSEAT/Non-MA	W23080531	N
	2023-10-05	11-430-760-6150-6030-000000	\$156.45	INTRPR SVCS-FS/SS ADULT Non-MA	W23080531	N
	2023-10-05	11-420-650-4401-6040-000000	\$1,288.35	INTRPR SVCS-MA	W23080531	N
6635	6915	OFFICE OF MN IT SERVICES	\$1,889.40			
6636	18431	ASL INTERPRETING SERVICES INC				
	2023-10-05	11-420-650-4401-6040-000000	\$52.50	ASL INTERPRETING TRAVEL HOURS	23.10733-1	N
6636	18431	ASL INTERPRETING SERVICES INC	\$52.50			
6637	45637	METRO LEGAL SERVICES INC				
	2023-10-05	11-420-640-0010-6267-000000	\$60.00	Legal Process Service Leerdam Shaquille Josiah 09/13 C Saint Paul [1-2]	3459826	N
	2023-10-05	11-420-640-0010-6267-000000	\$65.00	Legal Process Service Ortiz-Espasa David 09/18 C Chaska [2-4]	3459826	N
	2023-10-05	11-420-640-0010-6267-000000	\$36.00	2 Unsuccessful Attempts Ortiz-Espasa David 09/14 A Chaska [2-3]	3459826	N
	2023-10-05	11-420-640-0010-6267-000000	\$105.00	Nationally Arranged Service-Base Rate-MN	3460196	N
6637	45637	METRO LEGAL SERVICES INC	\$266.00			
6641	200523	GOPHER SIGN COMPANY				
	2023-10-05	01-521-021-0000-6411-000000	\$381.51	IMAGELOC CUSTOM SIGN 20 X 20 SF/FRAMELESS PEDESTAL POST MOUNT	112824	N
6641	200523	GOPHER SIGN COMPANY	\$381.51			
6643	179	CENTURYLINK				
	2023-10-06	03-310-000-0000-6203-000000	\$107.73	INTERNET SHOP 7	0923430864594	N
6643	179	CENTURYLINK	\$107.73			
6644	438	COTTENS INC				
	2023-10-06	03-340-000-0000-6574-000000	\$9.18	HWY REPAIR PARTS	871236	N
	2023-10-06	03-340-000-0000-6574-000000	(\$9.18)	HWY REPAIR PARTS	871236	N
	2023-10-06	03-340-000-0000-6574-000000	(\$9.18)	HWY REPAIR PARTS	871236	N
	2023-10-06	03-340-000-0000-6574-000000	\$439.54	HWY REPAIR PARTS	873480	N
	2023-10-06	03-340-000-0000-6574-000000	\$20.34	HWY REPAIR PARTS	873609	N
	2023-10-06	03-340-000-0000-6574-000000	\$10.30	HWY REPAIR PARTS	873636	N
	2023-10-06	03-340-000-0000-6574-000000	\$8.05	HWY REPAIR PARTS	873639	N
	2023-10-06	03-340-000-0000-6574-000000	\$20.96	HWY REPAIR PARTS	873743	N
	2023-10-06	03-340-000-0000-6574-000000	\$7.69	HWY REPAIR PARTS	873750	N
	2023-10-06	03-340-000-0000-6574-000000	\$39.03	HWY REPAIR PARTS	873944	N
	2023-10-06	03-340-000-0000-6574-000000	\$14.90	HWY REPAIR PARTS	873945	N
	2023-10-06	03-340-000-0000-6574-000000	\$12.80	HWY REPAIR PARTS	873984	N

	2023-10-06	03-340-000-0000-6574-000000	\$142.00	HWY REPAIR PARTS	874363	N
	2023-10-06	03-340-000-0000-6574-000000	\$81.82	HWY REPAIR PARTS	874365	N
6644	438	COTTENS INC	\$788.25			
6645	1285	PUBLIC EMP RETIREMENT ASSN				
	2023-10-06	01-005-000-0000-2236-000000	\$614.40	DEFINED PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-043-000-0000-2236-000000	\$256.74	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-063-000-0000-2236-000000	\$5,873.05	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-063-000-0000-2236-000000	\$6,776.59	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-091-000-0000-2236-000000	\$7,733.43	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-091-000-0000-2236-000000	\$8,923.20	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-101-000-0000-2236-000000	\$2,426.62	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-101-000-0000-2236-000000	\$2,799.96	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-103-000-0000-2236-000000	\$1,327.69	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-103-000-0000-2236-000000	\$1,531.95	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-105-000-0000-2236-000000	\$4,339.21	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-005-000-0000-2236-000000	\$614.40	DEFINED PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-105-000-0000-2236-000000	\$5,006.77	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-107-000-0000-2236-000000	\$2,975.48	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-107-000-0000-2236-000000	\$3,433.24	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-111-000-0000-2236-000000	\$2,058.63	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-111-000-0000-2236-000000	\$2,375.34	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-121-000-0000-2236-000000	\$707.41	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-121-000-0000-2236-000000	\$816.24	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-201-000-0000-2236-000000	\$83,475.82	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-201-000-0000-2236-000000	\$122,346.56	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-250-000-0000-2236-000000	\$11,850.52	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-025-000-0000-2236-000000	\$8,479.23	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-250-000-0000-2236-000000	\$17,785.99	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-521-000-0000-2236-000000	\$2,886.80	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-521-000-0000-2236-000000	\$3,330.91	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-522-000-0000-2236-000000	\$333.17	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-522-000-0000-2236-000000	\$384.42	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-603-000-0000-2236-000000	\$279.40	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-603-000-0000-2236-000000	\$322.39	PERA CO SHARE	20231006DED-12	N
	2023-10-06	02-021-000-0000-2236-000000	\$186.39	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	02-021-000-0000-2236-000000	\$215.06	PERA CO SHARE	20231006DED-12	N
	2023-10-06	03-310-000-0000-2236-000000	\$1,475.62	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-025-000-0000-2236-000000	\$9,783.72	PERA CO SHARE	20231006DED-12	N
	2023-10-06	03-310-000-0000-2236-000000	\$1,702.65	PERA CO SHARE	20231006DED-12	N
	2023-10-06	03-320-000-0000-2236-000000	\$1,502.38	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	03-320-000-0000-2236-000000	\$1,733.52	PERA CO SHARE	20231006DED-12	N
	2023-10-06	03-330-000-0000-2236-000000	\$4,729.44	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	03-330-000-0000-2236-000000	\$5,457.00	PERA CO SHARE	20231006DED-12	N
	2023-10-06	03-340-000-0000-2236-000000	\$1,418.96	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	03-340-000-0000-2236-000000	\$1,637.26	PERA CO SHARE	20231006DED-12	N
	2023-10-06	03-350-000-0000-2236-000000	\$728.77	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	03-350-000-0000-2236-000000	\$840.89	PERA CO SHARE	20231006DED-12	N
	2023-10-06	11-420-000-0000-2236-000000	\$9,778.70	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-031-000-0000-2236-000000	\$5,612.00	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	11-420-000-0000-2236-000000	\$11,283.14	PERA CO SHARE	20231006DED-12	N
	2023-10-06	11-430-000-0000-2236-000000	\$25,515.78	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	11-430-000-0000-2236-000000	\$29,441.15	PERA CO SHARE	20231006DED-12	N
	2023-10-06	11-450-000-0000-2236-000000	\$7,984.03	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	11-450-000-0000-2236-000000	\$9,212.35	PERA CO SHARE	20231006DED-12	N
	2023-10-06	71-505-000-0000-2236-000000	\$536.85	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	71-505-000-0000-2236-000000	\$619.46	PERA CO SHARE	20231006DED-12	N
	2023-10-06	72-605-000-0000-2236-000000	\$1,380.08	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	72-605-000-0000-2236-000000	\$1,592.40	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-031-000-0000-2236-000000	\$6,475.39	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-041-000-0000-2236-000000	\$6,345.28	PERA W/H EMPLOYEE	20231006DED-12	N
	2023-10-06	01-041-000-0000-2236-000000	\$7,321.49	PERA CO SHARE	20231006DED-12	N
	2023-10-06	01-043-000-0000-2236-000000	\$222.51	PERA W/H EMPLOYEE	20231006DED-12	N
6645	1285	PUBLIC EMP RETIREMENT ASSN	\$466,797.83			
6646	1902	KEEFE SUPPLY LLC				
	2023-10-06	02-230-000-0000-6459-000000	\$144.00	KEEFE_DRINK MIX_FRENCH VANILLA CAPPUCCINO_8_OZ_18/CS_POUCH CLEAR RESEALABLE_	1762134	N
	2023-10-06	02-230-000-0000-6459-000000	\$162.00	KEEFE_HOT COCOA_MINI MARSHMALLOW_10_OZ_18/CS_POUCH CLEAR RESEALABLE_	1762134	N
6646	1902	KEEFE SUPPLY LLC	\$306.00			
6647	1919	MG TRUST COMPANY				
	2023-10-06	01-005-000-0000-2239-000000	\$125.00	Roth	20231006DED-5	N
	2023-10-06	01-025-000-0000-2232-000000	\$850.00	Roth	20231006DED-5	N
	2023-10-06	01-091-000-0000-2239-000000	\$15.00	Roth	20231006DED-5	N
	2023-10-06	01-201-000-0000-2232-000000	\$250.00	Roth	20231006DED-5	N
	2023-10-06	01-201-000-0000-2239-000000	\$750.00	Roth	20231006DED-5	N

	2023-10-06	01-250-000-0000-2239-000000	\$100.00	Roth	20231006DED-5	N
	2023-10-06	03-330-000-0000-2232-000000	\$75.00	Roth	20231006DED-5	N
	2023-10-06	03-330-000-0000-2239-000000	\$25.00	Roth	20231006DED-5	N
	2023-10-06	11-430-000-0000-2232-000000	\$615.00	Roth	20231006DED-5	N
6647	1919	MIG TRUST COMPANY	\$2,805.00			
6648	1921	LOCAL 320				
	2023-10-06	01-201-000-0000-2238-000000	\$480.00	320 SHERIFF SUPERVISORS	20231006DED-1	N
	2023-10-06	01-250-000-0000-2238-000000	\$180.00	320 SHERIFF SUPERVISORS	20231006DED-1	N
6648	1921	LOCAL 320	\$660.00			
6649	2078	FIDELITY SECURITY LIFE/EYEMED VISION CA				
	2023-10-06	01-005-000-0000-2232-000000	\$13.60	VISON CARE	20231006DED-14	N
	2023-10-06	01-107-000-0000-2232-000000	\$4.90	VISON CARE	20231006DED-14	N
	2023-10-06	01-111-000-0000-2232-000000	\$46.80	VISON CARE	20231006DED-14	N
	2023-10-06	01-121-000-0000-2232-000000	\$19.60	VISON CARE	20231006DED-14	N
	2023-10-06	01-201-000-0000-2232-000000	\$828.53	VISON CARE	20231006DED-14	N
	2023-10-06	01-250-000-0000-2232-000000	\$250.18	VISON CARE	20231006DED-14	N
	2023-10-06	01-521-000-0000-2232-000000	\$82.66	VISON CARE	20231006DED-14	N
	2023-10-06	01-522-000-0000-2232-000000	\$9.23	VISON CARE	20231006DED-14	N
	2023-10-06	03-310-000-0000-2232-000000	\$13.60	VISON CARE	20231006DED-14	N
	2023-10-06	03-330-000-0000-2232-000000	\$86.78	VISON CARE	20231006DED-14	N
	2023-10-06	03-350-000-0000-2232-000000	\$2.45	VISON CARE	20231006DED-14	N
	2023-10-06	01-025-000-0000-2232-000000	\$103.36	VISON CARE	20231006DED-14	N
	2023-10-06	11-420-000-0000-2232-000000	\$183.67	VISON CARE	20231006DED-14	N
	2023-10-06	11-430-000-0000-2232-000000	\$486.67	VISON CARE	20231006DED-14	N
	2023-10-06	11-450-000-0000-2232-000000	\$128.66	VISON CARE	20231006DED-14	N
	2023-10-06	71-505-000-0000-2232-000000	\$4.90	VISON CARE	20231006DED-14	N
	2023-10-06	72-605-000-0000-2232-000000	\$9.23	VISON CARE	20231006DED-14	N
	2023-10-06	01-031-000-0000-2232-000000	\$93.03	VISON CARE	20231006DED-14	N
	2023-10-06	01-041-000-0000-2232-000000	\$116.39	VISON CARE	20231006DED-14	N
	2023-10-06	01-063-000-0000-2232-000000	\$123.46	VISON CARE	20231006DED-14	N
	2023-10-06	01-091-000-0000-2232-000000	\$56.03	VISON CARE	20231006DED-14	N
	2023-10-06	01-101-000-0000-2232-000000	\$19.03	VISON CARE	20231006DED-14	N
	2023-10-06	01-103-000-0000-2232-000000	\$19.03	VISON CARE	20231006DED-14	N
	2023-10-06	01-105-000-0000-2232-000000	\$69.63	VISON CARE	20231006DED-14	N
6649	2078	FIDELITY SECURITY LIFE/EYEMED VISION CA	\$2,771.42			
6650	2232	AFSCME LOCAL 2685				
	2023-10-06	11-420-000-0000-2238-000000	\$1,089.21	UNION	20231006DED-13	N
	2023-10-06	11-430-000-0000-2238-000000	\$2,228.95	UNION	20231006DED-13	N
	2023-10-06	11-450-000-0000-2238-000000	\$870.08	UNION	20231006DED-13	N
6650	2232	AFSCME LOCAL 2685	\$4,188.24			
6651	2494	HEALTH PARTNERS				
	2023-10-06	01-005-000-0000-2232-000000	\$531.42	HEALTH INS	20231006DED-9	N
	2023-10-06	01-105-000-0000-2232-000000	\$1,351.02	HEALTH INS	20231006DED-9	N
	2023-10-06	01-107-000-0000-2232-000000	\$1,279.19	HEALTH INS	20231006DED-9	N
	2023-10-06	01-111-000-0000-2232-000000	\$1,434.26	HEALTH INS	20231006DED-9	N
	2023-10-06	01-121-000-0000-2232-000000	\$605.50	HEALTH INS	20231006DED-9	N
	2023-10-06	01-201-000-0000-2232-000000	\$15,738.76	HEALTH INS	20231006DED-9	N
	2023-10-06	01-201-000-0000-2237-000000	\$151.55	HEALTH AFTER TAX	20231006DED-9	N
	2023-10-06	01-250-000-0000-2232-000000	\$4,567.79	HEALTH INS	20231006DED-9	N
	2023-10-06	01-521-000-0000-2232-000000	\$1,910.27	HEALTH INS	20231006DED-9	N
	2023-10-06	01-522-000-0000-2232-000000	\$146.56	HEALTH INS	20231006DED-9	N
	2023-10-06	01-603-000-0000-2232-000000	\$293.12	HEALTH INS	20231006DED-9	N
	2023-10-06	01-025-000-0000-2232-000000	\$2,166.85	HEALTH INS	20231006DED-9	N
	2023-10-06	03-310-000-0000-2232-000000	\$732.80	HEALTH INS	20231006DED-9	N
	2023-10-06	03-320-000-0000-2232-000000	\$384.86	HEALTH INS	20231006DED-9	N
	2023-10-06	03-330-000-0000-2232-000000	\$1,983.32	HEALTH INS	20231006DED-9	N
	2023-10-06	03-340-000-0000-2232-000000	\$645.21	HEALTH INS	20231006DED-9	N
	2023-10-06	03-350-000-0000-2232-000000	\$238.30	HEALTH INS	20231006DED-9	N
	2023-10-06	11-420-000-0000-2232-000000	\$4,268.36	HEALTH INS	20231006DED-9	N
	2023-10-06	11-430-000-0000-2232-000000	\$8,357.60	HEALTH INS	20231006DED-9	N
	2023-10-06	11-450-000-0000-2232-000000	\$3,493.45	HEALTH INS	20231006DED-9	N
	2023-10-06	71-505-000-0000-2232-000000	\$659.48	HEALTH INS	20231006DED-9	N
	2023-10-06	72-605-000-0000-2232-000000	\$1,182.46	HEALTH INS	20231006DED-9	N
	2023-10-06	01-031-000-0000-2232-000000	\$2,244.51	HEALTH INS	20231006DED-9	N
	2023-10-06	01-041-000-0000-2232-000000	\$2,480.34	HEALTH INS	20231006DED-9	N
	2023-10-06	01-043-000-0000-2232-000000	\$151.55	HEALTH INS	20231006DED-9	N
	2023-10-06	01-063-000-0000-2232-000000	\$2,438.16	HEALTH INS	20231006DED-9	N
	2023-10-06	01-091-000-0000-2232-000000	\$2,282.27	HEALTH INS	20231006DED-9	N
	2023-10-06	01-101-000-0000-2232-000000	\$887.66	HEALTH INS	20231006DED-9	N
	2023-10-06	01-103-000-0000-2232-000000	\$320.11	HEALTH INS	20231006DED-9	N
6651	2494	HEALTH PARTNERS	\$62,926.73			
6652	2904	NEXTERA HOLDINGS LLC				
	2023-10-06	03-310-000-0000-6203-000000	\$102.50	INTERNET SHOP 2	1023 118642	Y

6652	2904	NEXTERA HOLDINGS LLC	\$102.50			
6653	3508	CRAWFORD SUPPLY CO				
	2023-10-06	02-230-000-0000-6411-000000	\$195.00	MENNEN SPEED STICK ANTIPERSPIRANT DEODORANT_ULTIMATE SPORT_3_OZ_12 / CS_STICK_MENS_00022200951005_	1762071	N
	2023-10-06	02-230-000-0000-6411-000000	\$115.20	NEW WORLD IMPORTS_PENCIL_GOLF TYPE_144/CS_	1762071	N
6653	3508	CRAWFORD SUPPLY CO	\$310.20			
6654	4433	XCEL ENERGY				
	2023-10-06	03-350-000-0000-6543-000000	\$13.38	STREET LIGHT	846649446	N
6654	4433	XCEL ENERGY	\$13.38			
6655	4817	HERALD JOURNAL PUBLISHING INC				
	2023-10-06	01-031-000-0000-6235-000000	\$70.34	PUBLICATION AFFIDAVIT	9/30/2023 ADMIN	N
	2023-10-06	01-041-071-0000-6235-000000	\$4.85	PUBLIC ACCURACY TEST FOR ISD 877 ELECTION	9/30/2023 FINANCE	N
	2023-10-06	01-041-042-0000-6235-000000	\$447.18	BOARD MINUTES 8/1 - 9/5/23	9/30/2023 FINANCE	N
	2023-10-06	01-201-000-0000-6261-000000	\$17.46	TRAILER AD	9/30/2023 SHERIFF	N
	2023-10-06	01-107-000-0000-6235-000000	\$180.45	SEPT 2023 PUBLIC NOTICE FOR PC/BOA	9/30/23 P&Z	N
6655	4817	HERALD JOURNAL PUBLISHING INC	\$720.28			
6656	4858	BUFFALO AUTO VALUE				
	2023-10-06	03-340-000-0000-6571-000000	\$107.44	HWY - BATTERIES	82250941	N
6656	4858	BUFFALO AUTO VALUE	\$107.44			
6657	4881	CARLSON CHAPTER 13 BANKRUPTCY OFFICE				
	2023-10-06	11-420-000-0000-2239-000000	\$70.00	GARNISHMENT	20231006DED-15	N
6657	4881	CARLSON CHAPTER 13 BANKRUPTCY OFFICE	\$70.00			
6658	5649	HEALTH PARTNERS - DENTAL				
	2023-10-06	01-005-000-0000-2232-000000	\$115.61	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-111-000-0000-2232-000000	\$308.38	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-121-000-0000-2232-000000	\$38.58	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-201-000-0000-2232-000000	\$4,664.41	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-250-000-0000-2232-000000	\$963.85	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-521-000-0000-2232-000000	\$231.22	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	03-310-000-0000-2232-000000	\$115.61	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	03-330-000-0000-2232-000000	\$173.48	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	03-350-000-0000-2232-000000	\$19.29	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	11-420-000-0000-2232-000000	\$1,292.76	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	11-430-000-0000-2232-000000	\$2,750.77	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-025-000-0000-2232-000000	\$694.05	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	11-450-000-0000-2232-000000	\$505.14	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	72-605-000-0000-2232-000000	\$115.61	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-031-000-0000-2232-000000	\$501.15	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-041-000-0000-2232-000000	\$501.15	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-063-000-0000-2232-000000	\$963.46	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-091-000-0000-2232-000000	\$231.35	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-101-000-0000-2232-000000	\$192.77	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-105-000-0000-2232-000000	\$269.80	BUY UP DENTAL	20231006DED-18	N
	2023-10-06	01-107-000-0000-2232-000000	\$154.19	BUY UP DENTAL	20231006DED-18	N
6658	5649	HEALTH PARTNERS - DENTAL	\$14,802.63			
6659	5871	LIFE INSURANCE COMPANY OF NORTH AMERICA				
	2023-10-06	01-005-000-0000-2237-000000	\$22.80	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-063-000-0000-2237-000000	\$14.68	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-063-000-0000-2237-000000	\$19.78	HOSPITAL DET	20231006DED-19	N
	2023-10-06	01-063-000-0000-2237-000000	\$22.80	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-091-000-0000-2237-000000	\$48.73	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-091-000-0000-2237-000000	\$19.78	HOSPITAL DET	20231006DED-19	N
	2023-10-06	01-091-000-0000-2237-000000	\$0.00	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-101-000-0000-2237-000000	\$48.15	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-103-000-0000-2237-000000	\$0.00	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-103-000-0000-2237-000000	\$0.00	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-105-000-0000-2237-000000	\$29.87	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-025-000-0000-2237-000000	\$44.60	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-107-000-0000-2237-000000	\$9.70	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-111-000-0000-2237-000000	\$26.65	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-201-000-0000-2237-000000	\$420.86	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-201-000-0000-2237-000000	\$509.03	HOSPITAL DET	20231006DED-19	N
	2023-10-06	01-201-000-0000-2237-000000	\$833.65	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-250-000-0000-2237-000000	\$132.20	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-250-000-0000-2237-000000	\$227.20	HOSPITAL DET	20231006DED-19	N
	2023-10-06	01-250-000-0000-2237-000000	\$267.15	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-521-000-0000-2237-000000	\$26.65	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-522-000-0000-2237-000000	\$14.30	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-025-000-0000-2237-000000	\$40.87	HOSPITAL DET	20231006DED-19	N
	2023-10-06	01-522-000-0000-2237-000000	\$9.70	ACCIDENT DET	20231006DED-19	N
	2023-10-06	03-330-000-0000-2237-000000	\$19.40	ACCIDENT DETA	20231006DED-19	N
	2023-10-06	03-350-000-0000-2237-000000	\$28.75	ACCIDENT DETA	20231006DED-19	N
	2023-10-06	11-420-000-0000-2237-000000	\$38.16	CRITICAL CARE	20231006DED-19	N
	2023-10-06	11-420-000-0000-2237-000000	\$47.71	HOSPITAL DET	20231006DED-19	N

	2023-10-06	11-430-000-0000-2237-000000	\$191.30	CRITICAL CARE	20231006DED-19	N
	2023-10-06	11-430-000-0000-2237-000000	\$286.54	HOSPITAL DET	20231006DED-19	N
	2023-10-06	11-430-000-0000-2237-000000	\$222.19	ACCIDENT DET	20231006DED-19	N
	2023-10-06	11-450-000-0000-2237-000000	\$54.01	CRITICAL CARE	20231006DED-19	N
	2023-10-06	11-450-000-0000-2237-000000	\$56.39	HOSPITAL DET	20231006DED-19	N
	2023-10-06	01-025-000-0000-2237-000000	\$115.30	ACCIDENT DET	20231006DED-19	N
	2023-10-06	11-450-000-0000-2237-000000	\$36.95	ACCIDENT DET	20231006DED-19	N
	2023-10-06	71-505-000-0000-2237-000000	\$9.70	ACCIDENT DET	20231006DED-19	N
	2023-10-06	72-605-000-0000-2237-000000	\$45.60	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-031-000-0000-2237-000000	\$29.49	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-031-000-0000-2237-000000	\$45.60	ACCIDENT DET	20231006DED-19	N
	2023-10-06	01-041-000-0000-2237-000000	\$46.38	CRITICAL CARE	20231006DED-19	N
	2023-10-06	01-041-000-0000-2237-000000	\$19.78	HOSPITAL DET	20231006DED-19	N
	2023-10-06	01-041-000-0000-2237-000000	\$22.80	ACCIDENT DET	20231006DED-19	N
6659	5871	LIFE INSURANCE COMPANY OF NORTH AMERICA	\$4,105.20			
6660	6198	ZEBARIAH HURSH				
	2023-10-06	03-326-000-0000-6508-000000	\$1,311.59	SP 619-035, CSAH 19 (FROM CHESTNUT TO ASH), MOVING COSTS	100423	Y
	2023-10-06	03-326-000-0000-6508-000000	\$42,367.18	SP 619-035, CSAH 19 (FROM CHESTNUT TO ASH), CLOSING COSTS	100423	Y
6660	6198	ZEBARIAH HURSH	\$43,678.77			
6661	6394	RAMY TURF PRODUCTS				
	2023-10-06	03-330-000-0000-6540-000000	\$375.00	CLEANING/REPAIRING CULVERT	OP-98043-06	N
6661	6394	RAMY TURF PRODUCTS	\$375.00			
6662	7058	AMERITAS VARIABLE LIFE INSURANCE CO				
	2023-10-06	01-201-000-0000-2232-000000	\$125.00	DEFERRED COMP	20231006DED-4	Y
	2023-10-06	11-430-000-0000-2232-000000	\$700.00	DEFERRED COMP	20231006DED-4	Y
6662	7058	AMERITAS VARIABLE LIFE INSURANCE CO	\$825.00			
6663	200524	DAKOTA SUPPLY GROUP				
	2023-10-06	03-330-000-0000-6540-000000	\$329.65	CULVERT REPAIR SUPPLIES	5103050524.001	N
6663	200524	DAKOTA SUPPLY GROUP	\$329.65			
6664	508	EAST CENTRAL REGIONAL JUVENILE CTR				
	2023-10-09	01-025-000-0000-6265-000000	\$26,919.00	SEPTEMBER 2023 JUVENILE CONTRACTED BED SERVICE	20230930	N
6664	508	EAST CENTRAL REGIONAL JUVENILE CTR	\$26,919.00			
6665	1072	TRAILBLAZER TRANSIT				
	2023-10-09	11-480-000-0000-6030-000000	\$500.00	SPECIAL NEEDS-250 TRAILBLAZER TOKENS	2023-08-5GB	N
6665	1072	TRAILBLAZER TRANSIT	\$500.00			
6666	1399	PERSIAN BUSINESS EQUIPMENT				
	2023-10-09	01-043-000-0000-6301-000000	\$390.00	SERVICE CALL ON 4 CASH REGISTERS IN LICENSE CENTER	6074	N
	2023-10-09	01-043-000-0000-6301-000000	(\$390.00)	SERVICE CALL ON 4 CASH REGISTERS IN LICENSE CENTER	6074	N
	2023-10-09	01-041-043-0000-6301-000000	\$390.00	SERVICE CALL ON 4 CASH REGISTERS IN LICENSE CENTER	6074	N
	2023-10-09	01-041-043-0000-6301-000000	(\$19.50)	5/5 Discount	6074	N
6666	1399	PERSIAN BUSINESS EQUIPMENT	\$370.50			
6667	1617	REGENTS OF THE UNIVERSITY OF MN				
	2023-10-09	01-603-000-0000-6117-000000	\$893.56	MOA SUMMER INTERN BILLING	0300033063	N
6667	1617	REGENTS OF THE UNIVERSITY OF MN	\$893.56			
6668	1622	ALLINA HOSPITALS & CLINIC				
	2023-10-09	01-100-000-0000-6912-000000	\$385.00	Safety Equipment-Heartsafe Package	G00042314	Y
6668	1622	ALLINA HOSPITALS & CLINIC	\$385.00			
6669	2439	SANOPI PASTEUR INC				
	2023-10-09	11-450-430-0010-6431-000000	(\$1,188.58)	CREDIT FOR VACCINES RETURNED.	920777559	Y
	2023-10-09	11-450-430-0010-6431-000000	\$4,622.50	FLU VACCINES	921434081	Y
6669	2439	SANOPI PASTEUR INC	\$3,433.92			
6670	2490	UNITED PARCEL SERVICE				
	2023-10-09	01-250-000-0000-6261-000000	\$16.92	UPS CAMPUS SHIP 9/16/23	0000R6172Y383	N
6670	2490	UNITED PARCEL SERVICE	\$16.92			
6671	6934	RELIAANCE TELEPHONE SYSTEMS INC				
	2023-10-09	02-230-000-0000-6203-000000	\$105.75	County Funded General Booking Account Usage	12502	N
6671	6934	RELIAANCE TELEPHONE SYSTEMS INC	\$105.75			
6672	10756	CENTRACARE HEALTH				
	2023-10-09	01-250-000-0000-6458-000000	\$374.22	JAIL MEDICAL-KN	22105354701	Y
6672	10756	CENTRACARE HEALTH	\$374.22			
6673	52775	VILLAGE RANCH CHILD AND FAMILY SERVICES				
	2023-10-09	01-025-000-0000-6245-000000	\$7,446.20	JULY 2023 JUVENILE CORRECTIONAL FEE	061248	N
6673	52775	VILLAGE RANCH CHILD AND FAMILY SERVICES	\$7,446.20			
6675	200150	ROTARY CLUB OF BUFFALO FOUNDATION				
	2023-10-09	11-430-700-0010-6245-000000	\$181.00	ROTARY DUE/FEES OCT-DEC 2023	10-03-2023	N
	2023-10-09	11-430-700-0010-6245-000000	\$248.50	ROTARY DUE/FEES JUL-SEP 2023	10-03-2023	N
6675	200150	ROTARY CLUB OF BUFFALO FOUNDATION	\$429.50			
6677	200522	DEREK NIKKO				
	2023-10-09	41-669-000-0000-6261-000000	\$1,944.44	BUFFER STRIP PAYMENT ON COUNTY DITCH 31	20231006	Y
	2023-10-09	41-669-000-0000-6261-000000	\$7,291.67	BUFFER STRIP PAYMENT ON COUNTY DITCH 31	20231006	Y
	2023-10-09	41-669-000-0000-6261-000000	\$583.33	BUFFER STRIP PAYMENT ON COUNTY DITCH 31	20231006	Y
6677	200522	DEREK NIKKO	\$9,819.44			
6678	200527	TECH SALES CO				

	2023-10-09	73-845-000-0000-6411-000000	\$1,750.00	Service 1-Day Flow Study Lake Pulaski LID	327489	N
6678	200527	TECH SALES CO	\$1,750.00			
6690	5657	DEPARTMENT OF CORRECTIONS				
	2023-10-10	01-025-000-0000-6265-000000	\$7,800.00	September 2023 Juvenile Correctional Fee	00000762792	N
6690	5657	DEPARTMENT OF CORRECTIONS	\$7,800.00			
6699	18431	ASL INTERPRETING SERVICES INC				
	2023-10-10	11-430-760-6150-6030-000000	\$138.00	Interpreter Services-SS-Adult Non-MA	23.13486	N
	2023-10-10	11-430-760-6150-6030-000000	\$52.50	Interpreter Services-SS-Adult Non-MA	23.13486	N
6699	18431	ASL INTERPRETING SERVICES INC	\$190.50			
6701	32129	HOWARD LAKE-WAVERLY-WINSTED ISD 2687				
	2023-10-10	78-413-830-7564-6007-000000	\$2,975.10	LCTS PHASE III, PMT# 96	20230930	N
6701	32129	HOWARD LAKE-WAVERLY-WINSTED ISD 2687	\$2,975.10			
6720		MIDWEST ROOFING SIDING & WINDOWS INC				
	2023-10-10	01-107-000-0000-5501-000000	\$49.00	PERMIT REFUND	2023020094	
	2023-10-10	01-107-000-0000-6359-000000	\$1.00	PERMIT REFUND	2023020094	
6720		MIDWEST ROOFING SIDING & WINDOWS INC	\$50.00			
6725	1531	CONTECH ENGINEERED SOLUTIONS				
	2023-10-10	03-330-000-0000-6538-000000	\$21,983.80	CULVERTS	27789195	N
6725	1531	CONTECH ENGINEERED SOLUTIONS	\$21,983.80			
6732	200460	SALT SOURCE LLC				
	2023-10-10	03-330-000-0000-6533-000000	\$8,864.45	BRINE MAKER SALT 68.77 TONS	26519	N
	2023-10-10	03-330-000-0000-6533-000000	\$2,955.68	Solar Salt	26520	N
	2023-10-10	03-330-000-0000-6533-000000	\$2,973.72	BRINE MAKER SALT 23.07 TONS	26533	N
6732	200460	SALT SOURCE LLC	\$14,793.85			
8000527		Jacqueline ROSE O'Dowd				
	2023-09-29	01-000-000-0000-6801-000000	(\$1,667.83)	Corporate card transaction reversal.	EX000015519648	
	2023-09-29	01-201-268-0000-6411-000000	\$1,667.83	3 sizes of plastic evidence bags, 2 sizes of paper evidence bags and 30 zipr-weld evidence tape rolls	EX000015519648	
8000527		Jacqueline ROSE O'Dowd	\$0.00			
8000528		Tarah Jo Huston				
	2023-09-29	01-000-000-0000-6801-000000	(\$806.34)	Corporate card transaction reversal.	EX000015246332	
	2023-09-29	01-603-021-0000-6244-000000	\$50.00	FORUM, paper for extension, 8/24/23, \$50	EX000015246332	
	2023-09-29	01-603-021-0000-6410-000000	\$50.18	Ergonomic Mouse, earphones Amazon, \$50.18, 8/28/23	EX000015246332	
	2023-09-29	01-603-021-0000-6244-000000	\$187.16	4imprint, pencils for Environmental Ed days, program supplies, \$187.16	EX000015246332	
	2023-09-29	01-603-021-0000-6410-000000	\$519.00	usps, 9/7/23, postage for flyers, \$519.00	EX000015246332	
	2023-09-29	01-000-000-0000-6801-000000	(\$310.93)	Corporate card transaction reversal.	EX000015536724	
	2023-09-29	01-603-021-0000-6244-000000	\$6.50	large circles, awards banquet items, amazon, 9/19/23, \$6.50	EX000015536724	
	2023-09-29	01-603-021-0000-6244-000000	\$29.99	amazon, \$29.99, Sign holder, 9/20/23	EX000015536724	
	2023-09-29	01-603-021-0000-6244-000000	\$65.38	Office Depot, 9/11/23, \$65.38, office supplies	EX000015536724	
	2023-09-29	01-603-021-0000-6244-000000	\$21.79	coin envelopes, amazon 9/14/23, \$21.79	EX000015536724	
	2023-09-29	01-603-021-0000-6244-000000	\$13.48	amazon , program supplies, \$13.48, 9/15/23	EX000015536724	
	2023-09-29	01-603-021-0000-6244-000000	\$26.14	amazon, \$26.14, paint for awards banquet, 9/18/23	EX000015536724	
	2023-09-29	01-603-021-0000-6244-000000	\$0.98	program supplies, \$.98, 9/18/23, Walmart	EX000015536724	
	2023-09-29	01-603-021-0000-6205-000000	\$100.00	stamps, stamps, 9/18/23, \$100.00	EX000015536724	
	2023-09-29	01-603-021-0000-6244-000000	\$9.99	awards banquet item, 9/18/23, amazon, \$9.99	EX000015536724	
	2023-09-29	01-603-021-0000-6244-000000	\$36.68	9/18/23, amazon, wrapping paper, \$36.68	EX000015536724	
8000528		Tarah Jo Huston	\$0.00			
8000529		Sheryl Lynn Daniels				
	2023-09-29	01-000-000-0000-6801-000000	(\$56.00)	Corporate card transaction reversal.	EX000015463165	
	2023-09-29	01-107-113-0000-6235-000000	\$56.00	herald subscription	EX000015463165	
8000529		Sheryl Lynn Daniels	\$0.00			
8000530		Sara Colleen Buermann				
	2023-09-29	01-000-000-0000-6801-000000	(\$169.95)	Corporate card transaction reversal.	EX000015552826	
	2023-09-29	03-350-021-0000-6338-000000	\$120.00	Sign Tech fee to attend Fall Maint Expo (4)	EX000015552826	
	2023-09-29	03-310-000-0000-6485-000000	\$49.95	Monthly traffic control plan design software	EX000015552826	
8000530		Sara Colleen Buermann	\$0.00			
8000531		Jessica Lynn Miller				
	2023-09-29	01-000-000-0000-6801-000000	(\$4,246.87)	Corporate card transaction reversal.	EX000015302092	
	2023-09-29	02-025-000-0000-6261-000000	\$49.83	Reimbursed by ATI funding	EX000015302092	
	2023-09-29	01-025-028-0000-6338-000000	\$1.94	C Welland Para License wRight Choice	EX000015302092	
	2023-09-29	01-025-028-0000-6338-000000	\$1.94	C Welland Para License wRight Choice	EX000015302092	
	2023-09-29	01-025-028-0000-6338-000000	\$90.25	C Welland Para License wRight Choice	EX000015302092	
	2023-09-29	01-025-000-0000-6338-000000	\$90.25	Para License for wRight Choice	EX000015302092	
	2023-09-29	01-025-000-0000-6263-000000	\$123.60	Confirmation UA's	EX000015302092	
	2023-09-29	01-025-000-0000-6365-000000	\$296.82	N Ramey Daycare - Reimbursed by Federal Grant	EX000015302092	
	2023-09-29	01-025-000-0000-6338-000000	\$990.00	Sex Offender training for C Welland and D Groenke- will be reimbursed conflict and will not be attending	EX000015302092	
	2023-09-29	01-025-000-0000-6365-000000	\$206.85	Substance Use Counseling - Theory and group skills - Reimbursed by Federal Grant The Turn	EX000015302092	
	2023-09-29	01-025-000-0000-6365-000000	\$199.96	Rent - C Sohr - The Turn reimbursed by Federal Grant	EX000015302092	
	2023-09-29	01-025-000-0000-6365-000000	\$136.00	Reimbursed by Federal Grant The Turn	EX000015302092	
	2023-09-29	01-025-000-0000-6338-000000	\$49.95	J Backes training	EX000015302092	
	2023-09-29	02-025-000-0000-6261-000000	\$25.00	Reimbursed by ATI Funding	EX000015302092	
	2023-09-29	02-025-000-0000-6261-000000	\$150.00	Reimbursed by ATI Funding	EX000015302092	
	2023-09-29	02-025-000-0000-6261-000000	\$0.76	Reimbursed by ATI Funding	EX000015302092	
	2023-09-29	01-025-000-0000-6365-000000	\$296.82	N RAMEY DAYCARE - REIMBURSED BY FEDERAL GRANT THE TURN	EX000015302092	

	2023-09-29	01-025-000-0000-6261-000000	\$200.00	WARNS assessment	EX000015302092	
	2023-09-29	02-025-000-0000-6261-000000	\$333.00	Reimbursed by ATI funding	EX000015302092	
	2023-09-29	01-025-000-0000-6365-000000	\$75.00	M Steiger The Turn - reimbursed by Federal Grant	EX000015302092	
	2023-09-29	01-025-000-0000-6263-000000	\$100.00	Reimbursed by Federal Grant The Turn	EX000015302092	
	2023-09-29	01-025-000-0000-6263-000000	\$154.50	Confirmation UA's	EX000015302092	
	2023-09-29	01-025-000-0000-6263-000000	\$146.05	Confirmation UA's	EX000015302092	
	2023-09-29	01-025-000-0000-6365-000000	\$296.82	N Ramey Daycare - Reimbursed by Federal Grant - The Turn	EX000015302092	
	2023-09-29	01-025-000-0000-6203-000000	\$51.91	smartphone accessories	EX000015302092	
	2023-09-29	02-025-000-0000-6261-000000	\$136.50	Fully reimbursed by ATI funding	EX000015302092	
	2023-09-29	02-025-000-0000-6261-000000	\$43.12	Reimbursed by ATD funding	EX000015302092	
8000531		Jessica Lynn Miller	\$0.00			
8000532		Carson Diane Law				
	2023-09-29	01-000-000-0000-6801-000000	(\$856.94)	Corporate card transaction reversal.	EX000015206600	
	2023-09-29	01-521-021-0000-6450-000000	\$50.26	Preforiming in the Parks	EX000015206600	
	2023-09-29	01-521-021-0000-6450-000000	\$44.76	Outdoor Survival Class	EX000015206600	
	2023-09-29	01-521-021-0000-6338-000000	\$395.00	Conference	EX000015206600	
	2023-09-29	01-521-021-0000-6450-000000	\$24.57	little Naturalist	EX000015206600	
	2023-09-29	01-521-021-0000-6450-000000	\$13.45	Day Camp	EX000015206600	
	2023-09-29	01-521-021-0000-6450-000000	\$171.47	Women, Wine, & Water food	EX000015206600	
	2023-09-29	01-521-021-0000-6450-000000	\$157.43	Women, Wine, & Water	EX000015206600	
8000532		Carson Diane Law	\$0.00			
8000533		Nicole Marie Varhol				
	2023-09-29	01-000-000-0000-6801-000000	(\$74.17)	Corporate card transaction reversal.	EX000015404263	
	2023-09-29	11-430-710-1586-6030-000000	\$31.13	Client: T.P. purchased Adjustable Infant Car Seat Base using Opioid Funds	EX000015404263	
	2023-09-29	11-430-710-1586-6030-000000	\$43.04	Client: N.O. purchased Enfamil Gentlease Infant Formula using Opioid funds.	EX000015404263	
8000533		Nicole Marie Varhol	\$0.00			
8000534		Loren Louise Green				
	2023-09-29	01-000-000-0000-6801-000000	(\$295.00)	Corporate card transaction reversal.	EX000015505382	
	2023-09-29	03-320-000-0000-6338-000000	\$130.00	RECERTIFICATION TRAINING - B. SEVERSON	EX000015505382	
	2023-09-29	03-320-000-0000-6338-000000	\$165.00	RECERTIFICATION TRAINING - B. SEVERSON	EX000015505382	
8000534		Loren Louise Green	\$0.00			
8000535		Joshua Tyson Hinton				
	2023-09-29	01-000-000-0000-6801-000000	(\$17.18)	Corporate card transaction reversal.	EX000015523896	
	2023-09-29	01-201-000-0000-6411-000000	\$17.18	propane for training center	EX000015523896	
	2023-09-29	01-000-000-0000-6801-000000	(\$400.00)	Corporate card transaction reversal.	EX000015523911	
	2023-09-29	01-201-000-0000-6338-000000	\$400.00	Inside the tape training 2 sgts	EX000015523911	
	2023-09-29	01-000-000-0000-6801-000000	(\$798.00)	Corporate card transaction reversal.	EX000015523924	
	2023-09-29	01-201-000-0000-6338-000000	\$798.00	mental health summit, 2 deputies	EX000015523924	
	2023-09-29	01-000-000-0000-6801-000000	\$500.00	Corporate card transaction reversal.	EX000015524088	
	2023-09-29	01-201-000-0000-6338-000000	(\$250.00)	training reimbursement for Schaap	EX000015524088	
	2023-09-29	01-201-000-0000-6338-000000	(\$250.00)	training reimbursement from company	EX000015524088	
8000535		Joshua Tyson Hinton	\$0.00			
8000536		Della Adare Scepaniak				
	2023-09-29	01-000-000-0000-6801-000000	(\$62.01)	Corporate card transaction reversal.	EX000015317722	
	2023-09-29	01-521-000-0000-6450-000000	\$44.19	Items for Enviromental Education days, Walmart, 9/11/23	EX000015317722	
	2023-09-29	01-521-000-0000-6450-000000	\$17.82	Items for Enviromental Education days, Walmart, 9/13/23	EX000015317722	
8000536		Della Adare Scepaniak	\$0.00			
8000537		Tyler Gregory Webster				
	2023-09-29	01-000-000-0000-6801-000000	(\$5,748.95)	Corporate card transaction reversal.	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	(\$4,296.87)	Check Scanners and Receipt printers for tax team. 4 were purchased. This is for 3/4, the 4th scanner was ordered separately with expedited shipping. Project Number 34-165-041-8030	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	(\$1,452.08)	Check Scanners and Receipt printers for tax team. 4 were purchased. This is for 3/4, the 4th scanner was ordered separately with expedited shipping. Project Number 34-165-041-8030	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	(\$4,296.87)	PCARD 8194 Property Tax Tyler Tax Project	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	(\$1,452.08)	PCARD 8194 Property Tax Tyler Tax Project	EX000011150601	
	2023-09-29	34-165-041-8030-6260-000000	\$4,296.87	Chk scanners & receipt printers for Tax Tyler Tax Project	EX000011150601	
	2023-09-29	34-165-041-8030-6260-000000	\$1,452.08	4th of 4 chk scanners Tax Tyler Tax Project	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	\$4,296.87	Check Scanners and Receipt printers for tax team. 4 were purchased. This is for 3/4, the 4th scanner was ordered separately with expedited shipping. Project Number 34-165-041-8030	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	\$1,452.08	Fourth of 4 check scanners. This scanner was ordered separately with expedited shipping, so that the implementation team had hardware to work with for the Tax Project. Project Code 34-165-041-8030	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	\$4,296.87	Check Scanners and Receipt printers for tax team. 4 were purchased. This is for 3/4, the 4th scanner was ordered separately with expedited shipping. Project Number 34-165-041-8030	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	\$1,452.08	Fourth of 4 check scanners. This scanner was ordered separately with expedited shipping, so that the implementation team had hardware to work with for the Tax Project. Project Code 34-165-041-8030	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	\$4,296.87	Check Scanners and Receipt printers for tax team. 4 were purchased. This is for 3/4, the 4th scanner was ordered separately with expedited shipping. Project Number 34-165-041-8030	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	\$1,452.08	Fourth of 4 check scanners. This scanner was ordered separately with expedited shipping, so that the implementation team had hardware to work with for the Tax Project. Project Code 34-165-041-8030	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	(\$4,296.87)	Check Scanners and Receipt printers for tax team. 4 were purchased. This is for 3/4, the 4th scanner was ordered separately with expedited shipping. Project Number 34-165-041-8030	EX000011150601	
	2023-09-29	34-165-041-8030-6480-000000	(\$1,452.08)	Check Scanners and Receipt printers for tax team. 4 were purchased. This is for 3/4, the 4th scanner was ordered separately with expedited shipping. Project Number 34-165-041-8030	EX000011150601	
8000537		Tyler Gregory Webster	\$0.00			
8000538		Patricia Jean Larson				
	2023-09-29	01-000-000-0000-6801-000000	(\$942.65)	Corporate card transaction reversal.	EX000015442004	
	2023-09-29	11-450-474-0010-6411-000000	\$657.00	Training materials-books and flash drive.	EX000015442004	
	2023-09-29	11-450-430-0010-6338-000000	\$285.65	Bobbie Farnum-Training	EX000015442004	
8000538		Patricia Jean Larson	\$0.00			
8000539		Matthew Paul Arant				
	2023-09-29	01-000-000-0000-6801-000000	(\$6,435.76)	Corporate card transaction reversal.	EX000015144617	
	2023-09-29	01-111-011-0000-6301-000000	\$894.51	general maintenance supplies for LEC & JC	EX000015144617	
	2023-09-29	01-111-011-0000-6301-000000	\$29.45	maintenance supplies LEC	EX000015144617	

	2023-09-29	01-111-011-0000-6301-000000	\$452.78	tools/maintenance supplies for LEC & JC	EX000015144617	
	2023-09-29	01-111-011-0000-6301-000000	\$77.20	tools/supplies for LEC	EX000015144617	
	2023-09-29	01-111-011-0000-6301-000000	\$2,261.80	plumbing supplies for LEC & JC	EX000015144617	
	2023-09-29	01-111-011-0000-6301-000000	\$140.32	general maintenance for LEC & JC	EX000015144617	
	2023-09-29	01-111-011-0000-6301-000000	\$1,689.44	tool for snow removal	EX000015144617	
	2023-09-29	01-111-011-0000-6301-000000	\$890.26	general maintenance for J/C & LEC	EX000015144617	
8000539		Matthew Paul Arant	\$0.00			
8000540		Brandon Michael Steen				
	2023-09-29	01-000-000-0000-6801-000000	(\$23.47)	Corporate card transaction reversal.	EX000015539348	
	2023-09-29	01-250-000-0000-6458-000000	\$6.49	Glucose meter batteries	EX000015539348	
	2023-09-29	01-250-000-0000-6411-000000	\$16.98	Omalley Officer Plug in	EX000015539348	
8000540		Brandon Michael Steen	\$0.00			
8000541		Ross Eliot Demant				
	2023-09-29	01-000-000-0000-6801-000000	(\$322.83)	Corporate card transaction reversal.	EX000015393458	
	2023-09-29	01-521-021-0000-6605-000000	\$118.03	Permit for Stanley Eddy Vault Toilet	EX000015393458	
	2023-09-29	01-521-021-0000-6605-000000	\$204.80	Permit for Stanley Eddy Vault Toilet	EX000015393458	
	2023-09-29	01-521-021-0000-6260-000000	\$257.57	Adobe Pro Subscription (Duplicate and will be refunded)	EX000015393458	
	2023-09-29	01-521-021-0000-6260-000000	(\$257.57)	Adobe Subscription Refund	EX000015393458	
8000541		Ross Eliot Demant	\$0.00			
8000542		Ashlee Marie Weiers				
	2023-09-29	01-000-000-0000-6801-000000	(\$648.87)	Corporate card transaction reversal.	EX000015523783	
	2023-09-29	01-201-000-0000-6480-000000	\$73.32	2 TV Mounts	EX000015523783	
	2023-09-29	01-201-000-0000-6480-000000	\$426.00	Two TV's	EX000015523783	
	2023-09-29	01-201-000-0000-6411-000000	\$149.55	USB's Property/Evidence	EX000015523783	
8000542		Ashlee Marie Weiers	\$0.00			
8000543		Taylor Phillip Osterberg				
	2023-09-29	01-000-000-0000-6801-000000	(\$160.52)	Corporate card transaction reversal.	EX000014783900	
	2023-09-29	01-522-021-0000-6411-000000	\$13.58	Hand Sprayer and PVC Elbow (Spraying Equipment)	EX000014783900	
	2023-09-29	01-522-021-0000-6411-000000	\$146.94	3 Critical Structure Posts for Bat Houses	EX000014783900	
8000543		Taylor Phillip Osterberg	\$0.00			
8000544		Cody Robert Allen				
	2023-09-29	01-000-000-0000-6801-000000	(\$29.58)	Corporate card transaction reversal.	EX000015516674	
	2023-09-29	03-330-330-0000-6859-000000	\$29.58	Reciprocating saw blades	EX000015516674	
8000544		Cody Robert Allen	\$0.00			
8000545		Trinity Nicole Nathe				
	2023-09-29	01-000-000-0000-6801-000000	(\$700.00)	Corporate card transaction reversal.	EX000015462942	
	2023-09-29	01-101-044-0000-6338-000000	\$700.00	4 staff attending MLA legal description course	EX000015462942	
8000545		Trinity Nicole Nathe	\$0.00			
8000546		Chad Michael Hadley				
	2023-09-29	01-000-000-0000-6801-000000	(\$241.70)	Corporate card transaction reversal.	EX000015335764	
	2023-09-29	01-521-523-0000-6301-000000	\$11.40	Plumbing, Menards, Collinwood Building Maintenance, \$11.40	EX000015335764	
	2023-09-29	01-521-021-0000-6301-000000	\$63.59	Menards, \$169.57, 5 cases for 01-521-523-0000-6301 and 3 cases for 01-521-021-0000-6301	EX000015335764	
	2023-09-29	01-521-523-0000-6301-000000	\$105.98	Menards, \$169.57, 5 cases for 01-521-523-0000-6301 and 3 cases for 01-521-021-0000-6301	EX000015335764	
	2023-09-29	01-521-021-0000-6334-000000	\$15.40	Meal reimbursement breakfast and lunch amounts combined. \$15.40.8/30/23.Boulder Tap house.	EX000015335764	
	2023-09-29	01-521-021-0000-6301-000000	\$7.77	9/5/23, Kaz Hardware & Rental Center, \$7.77, Clearwater Pleasant Plumbing	EX000015335764	
	2023-09-29	01-521-523-0000-6301-000000	\$37.56	Home Depot, Bertram Water Heater, 9/12/23, \$37.56	EX000015335764	
8000546		Chad Michael Hadley	\$0.00			
8000547		Robert Brian DuBois				
	2023-09-29	01-000-000-0000-6801-000000	(\$97.97)	Corporate card transaction reversal.	EX000015301917	
	2023-09-29	01-250-000-0000-6410-000000	\$27.98	name tags for mailboxes	EX000015301917	
	2023-09-29	01-250-000-0000-6411-000000	\$69.99	ear pieces for radios	EX000015301917	
8000547		Robert Brian DuBois	\$0.00			
8000548		Kaitlyn Barbara Mabuth				
	2023-09-29	01-000-000-0000-6801-000000	(\$52.55)	Corporate card transaction reversal.	EX000015355794	
	2023-09-29	11-430-710-1670-6030-000000	\$24.75	Purchased new ID card for PSOP client- BW	EX000015355794	
	2023-09-29	11-430-710-1670-6030-000000	\$27.80	Purchased birth certificate for PSOP client- BW	EX000015355794	
8000548		Kaitlyn Barbara Mabuth	\$0.00			
8000549		Caitlin Elizabeth Chovan				
	2023-09-29	01-000-000-0000-6801-000000	(\$16,564.49)	Corporate card transaction reversal.	EX000015404022	
	2023-09-29	01-031-021-0000-6410-000000	\$44.85	Legal pads	EX000015404022	
	2023-09-29	01-063-000-0000-6338-000000	\$919.48	IT- Kuphal Conference lodging	EX000015404022	
	2023-09-29	01-031-021-0000-6235-000000	\$55.00	Admin Drummer Subscription- Annual	EX000015404022	
	2023-09-29	01-063-000-0000-6338-000000	\$2,495.00	IT- Training Cornillez	EX000015404022	
	2023-09-29	01-063-000-0000-6338-000000	\$3,300.00	A. Pettita Onbase Training	EX000015404022	
	2023-09-29	01-100-000-0000-6808-000000	\$1,526.35	Q3 Employee rec. gift cards	EX000015404022	
	2023-09-29	01-031-021-0000-6411-000000	\$17.95	Admin lobby music subscription	EX000015404022	
	2023-09-29	01-031-021-0000-6235-000000	\$149.00	Paid job posting- Assessors association	EX000015404022	
	2023-09-29	01-063-000-0000-6338-000000	\$6,770.00	IT- Earls, New Horizons Training	EX000015404022	
	2023-09-29	01-063-000-0000-6411-000000	\$49.99	IT- Earls hard drive	EX000015404022	
	2023-09-29	01-031-021-0000-6411-000000	\$17.95	Admin lobby music subscription	EX000015404022	
	2023-09-29	01-063-000-0000-6411-000000	\$47.70	IT- Swanson, Fiber Patch Cables	EX000015404022	
	2023-09-29	01-005-000-0000-6410-000000	\$59.99	Diedrick- Keyboard	EX000015404022	
	2023-09-29	01-031-021-0000-6410-000000	\$307.05	Printer Paper/Office Supplies	EX000015404022	

	2023-09-29	01-063-000-0000-6338-000000	\$748.18	IT-Banick Cyber Security Summit	EX000015404022	
	2023-09-29	01-031-021-0000-6235-000000	\$56.00	Admin Herald Journal Subscription- Annual	EX000015404022	
8000549		Caitlin Elizabeth Chovan	\$0.00			
8000550		Jacob Robert Wagaman				
	2023-10-03	01-000-000-0000-6801-000000	(\$291.38)	Corporate card transaction reversal.	EX000015536581	
	2023-10-03	01-107-111-0000-6333-000000	\$291.38	SWAA Conference Lodging	EX000015536581	
8000550		Jacob Robert Wagaman	\$0.00			
8000551		Patsy Michele Waytashek				
	2023-10-03	01-000-000-0000-6801-000000	(\$2,360.27)	Corporate card transaction reversal.	EX000015574999	
	2023-10-03	03-330-000-0000-6338-000000	\$810.00	MN FALL EXPO- MAINT TEAM 27 REGISTRATIONS	EX000015574999	
	2023-10-03	03-330-000-0000-6859-000000	\$1,550.27	WORK PLATFORM 7 STEPS	EX000015574999	
8000551		Patsy Michele Waytashek	\$0.00			
8000552		Joshua Tyson Hinton				
	2023-10-03	01-000-000-0000-6801-000000	(\$630.00)	Corporate card transaction reversal.	EX000015560312	
	2023-10-03	01-201-000-0000-6338-000000	\$630.00	reid training 1 deputy	EX000015560312	
8000552		Joshua Tyson Hinton	\$0.00			
8000553		Chad Dayton Hausmann				
	2023-10-03	01-000-000-0000-6801-000000	(\$1,003.28)	Corporate card transaction reversal.	EX000015575249	
	2023-10-03	03-310-000-0000-6338-000000	\$925.28	Hotel for Washington DC Transportation Alliance Fly-in	EX000015575249	
	2023-10-03	03-310-000-0000-6338-000000	\$78.00	Parking for Washington DC Transportation Alliance Fly-in	EX000015575249	
8000553		Chad Dayton Hausmann	\$0.00			
8000554		Joshua Buchele Kruse				
	2023-10-03	01-000-000-0000-6801-000000	(\$685.02)	Corporate card transaction reversal.	EX000015560378	
	2023-10-03	03-340-000-0000-6411-000000	\$6.85	repair parts	EX000015560378	
	2023-10-03	03-340-000-0000-6574-000000	\$16.55	repair parts	EX000015560378	
	2023-10-03	03-340-000-0000-6574-000000	\$149.97	repair parts	EX000015560378	
	2023-10-03	03-340-000-0000-6260-000000	(\$19.00)	US Bank 2618 Sept 23	EX000015560378	
	2023-10-03	03-310-000-0000-6485-000000	\$19.00	US Bank 2618 Sept 23	EX000015560378	
	2023-10-03	03-340-000-0000-6411-000000	\$312.00	Air hose	EX000015560378	
	2023-10-03	03-340-000-0000-6411-000000	\$12.81	nuts & bolts	EX000015560378	
	2023-10-03	03-340-000-0000-6411-000000	\$13.71	nuts & bolts	EX000015560378	
	2023-10-03	03-340-000-0000-6411-000000	\$6.76	nuts & bolts	EX000015560378	
	2023-10-03	03-340-000-0000-6574-000000	\$134.47	repair parts stock	EX000015560378	
	2023-10-03	03-340-000-0000-6260-000000	\$19.00	Internet tab for Gasboy	EX000015560378	
	2023-10-03	03-340-000-0000-6574-000000	\$4.81	repair parts	EX000015560378	
	2023-10-03	03-340-000-0000-6411-000000	\$8.09	nuts & bolts	EX000015560378	
8000554		Joshua Buchele Kruse	\$0.00			
8000555		Amanda Marie Johnson				
	2023-10-03	01-000-000-0000-6801-000000	(\$628.18)	Corporate card transaction reversal.	EX000015431410	
	2023-10-03	01-091-093-0000-6410-000000	\$29.02	Coffee Filters	EX000015431410	
	2023-10-03	01-091-093-0000-6410-000000	\$19.99	Laptop Privacy Screen- Danielson	EX000015431410	
	2023-10-03	01-091-093-0000-6245-000000	\$274.00	MN Lawyer Registration - Simonds	EX000015431410	
	2023-10-03	01-091-093-0000-6410-000000	\$59.35	Post It Notes/Pens	EX000015431410	
	2023-10-03	01-091-093-0000-6410-000000	\$4.91	Pen Refills	EX000015431410	
	2023-10-03	01-091-093-0000-6410-000000	\$20.98	Planner	EX000015431410	
	2023-10-03	01-091-093-0000-6338-000000	\$15.00	Elder Law CLE- Betsy Larson	EX000015431410	
	2023-10-03	01-091-093-0000-6410-000000	\$129.00	Transcription Kit	EX000015431410	
	2023-10-03	01-091-093-0000-6410-000000	\$55.94	Bluebook	EX000015431410	
	2023-10-03	01-091-093-0000-6410-000000	\$19.99	Laptop Privacy Screen- Pence	EX000015431410	
8000555		Amanda Marie Johnson	\$0.00			
8000556		Patricia Jean Larson				
	2023-10-03	01-000-000-0000-6801-000000	(\$277.02)	Corporate card transaction reversal.	EX000015559643	
	2023-10-03	11-450-485-0010-6338-000000	\$138.51	LPHA Conf-Casey Henre	EX000015559643	
	2023-10-03	11-450-485-0010-6338-000000	\$138.51	LPHA Conf-Sarah Grosshuesch	EX000015559643	
	2023-10-03	11-450-485-0010-6338-000000	\$138.51	LPHA Conf. Jon Young	EX000015559643	
	2023-10-03	11-450-485-0010-6338-000000	(\$138.51)	REFUND-LPHA Conf-Casey Henre	EX000015559643	
8000556		Patricia Jean Larson	\$0.00			
8000557		Michael Joseph Loomis				
	2023-10-03	01-000-000-0000-6801-000000	(\$144.00)	Corporate card transaction reversal.	EX000015574928	
	2023-10-03	01-201-262-0000-6261-000000	\$144.00	K9 kennel boarding	EX000015574928	
8000557		Michael Joseph Loomis	\$0.00			
8000558		Joshua Allan Thompson				
	2023-10-03	01-000-000-0000-6801-000000	(\$750.44)	Corporate card transaction reversal.	EX000015518716	
	2023-10-03	01-521-021-0000-6411-000000	\$77.27	Storage totes for life jackets and other seasonal rental equipment.	EX000015518716	
	2023-10-03	01-521-523-0000-6807-000000	\$75.95	Resale items for Bertram campground	EX000015518716	
	2023-10-03	01-521-523-0000-6451-000000	\$138.13	Fuel for 632 bulk tank	EX000015518716	
	2023-10-03	01-521-523-0000-6451-000000	\$110.84	Fuel for 632 bulk tank	EX000015518716	
	2023-10-03	01-521-523-0000-6807-000000	\$44.96	Resale items for Bertram campground	EX000015518716	
	2023-10-03	01-521-021-0000-6451-000000	\$170.99	Fuel for Bertram Greenview equipment	EX000015518716	
	2023-10-03	01-521-021-0000-6411-000000	\$48.44	Softener salt for Schroeder house.	EX000015518716	
	2023-10-03	01-521-523-0000-6411-000000	\$7.41	Fly swatters for Bertram Camper Cabins	EX000015518716	
	2023-10-03	01-521-523-0000-6451-000000	\$76.45	Fuel for 632 bulk tank	EX000015518716	
8000558		Joshua Allan Thompson	\$0.00			

8000559		Teresa DIANNE Burkhart				
	2023-10-03	01-000-000-0000-6801-000000	(\$1,103.02)	Corporate card transaction reversal.	EX000015553198	
	2023-10-03	11-450-470-0010-6801-000000	\$9.75	shipping for car seat brochures	EX000015553198	
	2023-10-03	11-450-430-0010-6431-000000	\$7.14	Travel pill holders	EX000015553198	
	2023-10-03	11-450-472-0010-6338-000000	\$568.00	Project 4 Teens deposit on room rental	EX000015553198	
	2023-10-03	11-450-430-0010-6431-000000	\$122.35	Pill Crusher and pouches	EX000015553198	
	2023-10-03	11-450-430-0010-6431-000000	\$395.78	Red Book Family Package	EX000015553198	
8000559		Teresa DIANNE Burkhart	\$0.00			
8000560		Molly Beth Martie				
	2023-10-03	01-000-000-0000-6801-000000	(\$603.51)	Corporate card transaction reversal.	EX000015301093	
	2023-10-03	11-430-700-0010-6338-000000	\$201.17	Ashley Gardas foundations training	EX000015301093	
	2023-10-03	11-430-700-0010-6338-000000	\$402.34	Ashley Gardas Foundations training	EX000015301093	
	2023-10-03	01-000-000-0000-6801-000000	(\$170.00)	Corporate card transaction reversal.	EX000015301127	
	2023-10-03	11-430-710-1194-6030-000000	\$170.00	UA testing for relative provider. AC	EX000015301127	
8000560		Molly Beth Martie	\$0.00			
8000561		Donald Maxwell Baron				
	2023-10-03	01-000-000-0000-6801-000000	(\$14.99)	Corporate card transaction reversal.	EX000015575149	
	2023-10-03	01-031-021-0000-6245-000000	\$14.99	SC Times Subscription OCT, for Administration	EX000015575149	
8000561		Donald Maxwell Baron	\$0.00			
8000562		James Brent O'Dell				
	2023-10-03	01-000-000-0000-6801-000000	(\$72.44)	Corporate card transaction reversal.	EX000015318378	
	2023-10-03	11-420-600-0020-6260-000000	\$7.67	Canva Subscription 8/27/2023-9/26/2023	EX000015318378	
	2023-10-03	11-430-700-0020-6260-000000	\$16.51	Canva Subscription 8/27/2023-9/26/2023	EX000015318378	
	2023-10-03	11-450-430-0020-6260-000000	\$5.31	Canva Subscription 8/27/2023-9/26/2023	EX000015318378	
	2023-10-03	11-420-600-0020-6260-000000	\$3.37	Canva Subscription 8/29/23-9/28/23	EX000015318378	
	2023-10-03	11-430-700-0020-6260-000000	\$7.25	Canva Subscription 8/29/23-9/28/23	EX000015318378	
	2023-10-03	11-450-430-0020-6260-000000	\$2.33	Canva Subscription 8/29/23-9/28/23	EX000015318378	
	2023-10-03	11-420-600-0020-6359-000000	\$7.80	CREDIT CARD FEE AUG 2023	EX000015318378	
	2023-10-03	11-430-700-0020-6359-000000	\$16.80	CREDIT CARD FEE AUG 2023	EX000015318378	
	2023-10-03	11-450-430-0020-6359-000000	\$5.40	CREDIT CARD FEE AUG 2023	EX000015318378	
8000562		James Brent O'Dell	\$0.00			
8000563		Max Christopher Welter				
	2023-10-03	01-000-000-0000-6801-000000	(\$186.30)	Corporate card transaction reversal.	EX000015442228	
	2023-10-03	01-521-523-0000-6451-000000	\$68.88	93 octane fuel #731, auth 042723	EX000015442228	
	2023-10-03	01-521-523-0000-6451-000000	\$40.22	93 Octane fuel, #731, Auth 007015	EX000015442228	
	2023-10-03	01-521-523-0000-6451-000000	\$77.20	93 octane Fuel, #731, Auth 091902	EX000015442228	
8000563		Max Christopher Welter	\$0.00			
8000564		Loren Louise Green				
	2023-10-05	01-000-000-0000-6801-000000	(\$74.89)	Corporate card transaction reversal.	EX000015301307	
	2023-10-05	03-310-000-0000-6410-000000	\$74.89	OFFICE SUPPLIES - POSTER BOARDS	EX000015301307	
	2023-10-05	01-000-000-0000-6801-000000	(\$56.00)	Corporate card transaction reversal.	EX000015619062	
	2023-10-05	03-310-000-0000-6235-000000	\$56.00	YEARLY HERALD JOURNAL SUBSCRIPTION - HIGHWAY	EX000015619062	
8000564		Loren Louise Green	\$0.00			
8000565		Chad Dayton Hausmann				
	2023-10-05	01-000-000-0000-6801-000000	(\$1,849.82)	Corporate card transaction reversal.	EX000015351753	
	2023-10-05	03-310-000-0000-6338-000000	\$600.00	Washington DC Fly-in 9-19 to 9-21CDH	EX000015351753	
	2023-10-05	03-310-000-0000-6338-000000	\$600.00	Washington DC Fly-in 9-19 to 9-21CDH	EX000015351753	
	2023-10-05	03-310-000-0000-6338-000000	\$597.80	Washington DC Fly-in 9-19 to 9-21CDH	EX000015351753	
	2023-10-05	03-310-000-0000-6338-000000	\$19.99	Washington DC Fly-in 9-19 to 9-21CDHReimbursed Expense	EX000015351753	
	2023-10-05	03-310-000-0000-6338-000000	\$18.03	Taxi in Washington DC for MN Transportation Alliance Fly-in	EX000015351753	
	2023-10-05	03-310-000-0000-6338-000000	\$14.00	Taxi in Washington DC, MN Transportation Alliance Fly-in	EX000015351753	
8000565		Chad Dayton Hausmann	\$0.00			
8000566		Brian DOUGLAS Jans				
	2023-10-05	01-000-000-0000-6801-000000	(\$120.00)	Corporate card transaction reversal.	EX000015632714	
	2023-10-05	03-340-000-0000-6338-000000	\$120.00	Registration for 4 people to go to Minnesota Fall Maintenance Expo	EX000015632714	
8000566		Brian DOUGLAS Jans	\$0.00			
			\$3,675,612.29	Final Total	374 Warrants Printed	