



CITY OF CLOQUET
City Council Agenda
Tuesday, March 3, 2015 - AMENDED
7:00 p.m.
City Hall Council Chambers

CITY COUNCIL WORK SESSION

5:30 p.m. Draft Final Public Facilities Study
6:50 p.m. Future Work Session Agenda Planning

1. **Roll Call.**

2. **Approval of Agenda.**

a. Approval of March 3, 2015 Council Agenda.

3. **Approval of Council Minutes.**

- a. Work Session minutes from the February 17, 2015 meeting.
- b. Regular Council minutes from the February 17, 2015 meeting.

4. **Consent Agenda.**

Items in the Consent Agenda are considered routine and will be approved with one motion without discussion/debate. The Mayor will ask if any Council members wish to remove an item. If no items are to be removed, the Mayor will then ask for a motion to approve the Consent Agenda.

- a. Resolution No. 15-16, Authorizing the Payment of Bills and Payroll.
- b. New Tobacco and Tobacco Products Licenses for TA Operating LLC.

5. **Public Hearings.**

Now is the time and place for the public hearing on the proposed assessments for 2014 utility and street reconstruction project for 22nd Street from Prospect Avenue to Carlton Avenue, and also Selmser Avenue from 20th Street to 22nd Street.

- Resolution No. 15-18.

Now is the time and place for the public hearing on the proposed assessments for 2014 bituminous pavement construction project for White Pine Trail from Spring Lake Road to Trettel Lane, and Trettel Lane from White Pine Trail to Airport Road.

- Resolution No. 15-19.



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6. **Presentations.**

None.

7. **Council Business.**

- a. Resolution No. 15-17, A Resolution Supporting Dedicated State Funding for City Streets.
- b. Resolution No. 15-20, Set Public Hearing Date for Proposed 2015 Improvement of 8th Street.
- c. Event Coordinator Position Discussion.
- d. Assistant City Administrator Position Discussion.

8. **Public Comments.**

Please give your name, address, and your concern or comments. Visitors may share their concerns with the City Council on any issue, which is not already on the agenda. Each person will have 3 minutes to speak. The Mayor reserves the right to limit an individual's presentation if it becomes redundant, repetitive, irrelevant, or overly argumentative. All comments will be taken under advisement by the Council. No action will be taken at this time.

9. **Commission Liaison Reports, Council Comments, Announcements, and Updates.**

10. **Closed Meeting.**

The City Council may adjourn into a closed meeting to consider labor negotiations under Minnesota Statute 13.D.03 regarding the AFSCME labor contract and Teamster labor contract negotiations.

11. **Council Business.**

- a. AFSCME Labor Agreement.

12. **Adjournment.**

PREMISE / PROPERTY INFORMATION:

Property Zoning District: _____ Property Parcel ID Number: _____

Property Complete Legal Description: _____

Real estate taxes on property to be licensed are: Paid current Delinquent

Are there any financial claims to the City of Cloquet owed by the applicant, business owner, or property owner?

None exist. There are financial claims owed to the City of Cloquet.

If there are current financial claims owed to the City of Cloquet, please state the responsible party, state amount(s), and type of claim:

Responsible Party	Amount	Type of claim (i.e., utilities, etc.)
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1.	Have you ever been convicted of any violation of a federal, state, or local law, Code or Ordinance provisions, or other regulation relating to tobacco or tobacco products, or tobacco related devices within the past five (5) years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, give information as to the date, place, and offense for each conviction.</i>	
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2.	Have you ever been denied a license to sell tobacco or tobacco products or had such license suspended, revoked or canceled in any City/State, including Cloquet? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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If yes, please provide details; description, date and location _____

3.	Are you prohibited by federal, state, or other local law, Code or Ordinance, or other regulation, from holding such a license? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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If yes, please provide details: _____

I HEREBY UNDERSTAND AND AGREE THAT:

(I) do hereby swear that I have submitted all of the required documentation as listed above and that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Cloquet, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license. I do understand that providing false information shall be grounds for denial of my license.

By: THoperating bog _____ Date 2/26/15
Signature of Applicant

Print Name Mark Robert Young
First Middle Last

SEND FUTURE APPLICATION RENEWALS TO:

Applicant's Residence Address
 Business Address

FOR CITY USE ONLY: (When applicable)			
City Administrator:			

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd. 4. The licensing authority is required to provide the Minnesota Commissioner of Revenue your business tax identification number and social security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

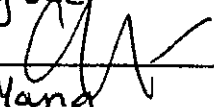
License Type: Tobacco

Please supply the following information and return along with your application to the City of Cloquet.

APPLICANT INFORMATION		
Name: <small>First</small> <u>Mark</u>	Full Middle <u>Robert</u>	Last <u>Young</u>
Current Address: <u>134 Cushing Avenue #3</u>		
City: <u>Dorchester</u>	State: <u>MA</u>	Zip Code: <u>02125</u>

BUSINESS INFORMATION		
Business Name: <u>TA Operating LLC</u>		
Business Address: <u>24601 Center Ridge Road</u>		
City: <u>Westlake</u>	State: <u>OH</u>	Zip Code: <u>44145</u>

TAX IDENTIFICATION NUMBERS	
Federal Tax Identification Number: <u>34-1747077</u>	
Minnesota Tax Identification Number: <u>3708279</u>	

Signature: By: 
Mark R. Young
EVP & General Counsel

Date: 2/26/15

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

Business Information

Statement of understanding

Sign here

Applicant's Minnesota tax ID number: 3708279

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

FOR MUNICIPAL USE ONLY

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: TA Operating LLC, Business trade name, Complete address of business location, Mailing address, Federal employer ID number, Daytime phone, Fax number, Email address

Type of legal organization (check one):

Sole proprietor, Partnership, Other, Minnesota corporation, Out-of-state corporation: State of Incorporation Delaware, Are you registered to do business in Minnesota? Yes No

Corporate officers or partners (attach a list if necessary)

Name, Title, Address, City, State, Zip code

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

- 1. I can purchase cigarettes only from a Minnesota distributor or subjobber 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 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, Print name, Date, Daytime phone, 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 or fax a copy of approved form to: Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

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.

Applicant's Minnesota tax ID number
3708279

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

FOR MUNICIPAL USE ONLY

Table with 2 columns: 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

Print or type

Licensee's legal name Business trade name (doing business as) Federal employer ID number (FEIN) Daytime phone

Complete address of business location (permit location) City State Zip code County

Mailing address (if different than business address) City State Zip code

Type of legal organization (check one): Sole proprietor Partnership Other Minnesota corporation Out-of-state corporation

Business Information

Corporate officers or partners (attach a list if necessary)

Table with 4 columns: Name, Title, Address, City, State, Zip code

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

- 1. I can purchase cigarettes only from a Minnesota distributor or subjobber 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 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.

Statement of understanding

Licensee signature Title Print name Date Daytime phone
By: EVP's General Counsel Mark R. Yang 2/16/15 6177168343

Sign here

License applicant: Submit this form to the licensing authority along with the license application.
Licensing authority: Mail or fax a copy of approved form to: Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

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.

Applicant's Minnesota tax ID number: 3708279

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

FOR MUNICIPAL USE ONLY

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

Print or type

Licensee's legal name: TA Operating LLC, Federal employer ID number (FEIN): 34-1747077

Business trade name (doing business as): Cloquet, Daytime phone: 617-796-8343

Complete address of business location (permit location): 201 Doddridge Avenue, Carlton, MN 55720

Mailing address (if different than business address): 255 Washington Street Suite 210 Newton MA 02458

Other phone number: 617-969-4697, Email address: dmichelson@ta-petro.com

Type of legal organization (check one):

Sole proprietor, Partnership, Other, Minnesota corporation, Out-of-state corporation: State of incorporation Delaware

Are you registered to do business in Minnesota? Yes No

Corporate officers or partners (attach a list if necessary)

Name, Title, Address, City, State, Zip code

Business information

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

- 1. I can purchase cigarettes only from a Minnesota distributor or subjobber 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 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.

Statement of understanding

Licensee signature: TA Operating LLC, Title: EVP/General Counsel, Print name: Mark R. Young, Date: 1/24/15, Daytime phone: 617-796-8343

Sign here

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

Licensing authority: Mail or fax a copy of approved form to: Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Rider to License Application for Cigarette and Other Tobacco Products

<u>Name</u>	<u>Title</u>	<u>Address</u>
Jennifer B. Clark	Secretary	255 Washington Street, Suite 300, Newton, MA 02458
Thomas M. O'Brien	President and CEO	24601 Center Ridge Road, Westlake, OH 44145
Michael J. Lombardi	EVP	24601 Center Ridge Road, Westlake, OH 44145
Andrew J. Rebholz	EVP, CFO and Treasurer	24601 Center Ridge Road, Westlake, OH 44145
Mark R. Young	General Counsel and EVP	255 Washington Street, Suite 210, Newton, MA 02458
Barry A. Richards	EVP	24601 Center Ridge Road, Westlake, OH 44145