

## **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 Study6:50 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 <u>not</u> 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.**



#### CITY ADMINISTRATOR'S OFFICE

1307 Cloquet Avenue, Cloquet MN 55720 Phone: 218-879-3347 Fax: 218-879-6555 www.ci.cloquet.mn.us email: admin@ci.cloquet.mn.us

# CITY OF CLOQUET, MN APPLICATION TO SELL AT RETAIL TOBACCO, TOBACCO PRODUCTS AND TOBACCO RELATED DEVICES

This application, all required documentation and fees must be submitted by any person desiring to obtain a license to sell tobacco, tobacco products and tobacco related devices within the City of Cloquet, MN.

INDIVIDUAL SUBMITTI	NG APPLICATION:				
Name:	lark	Rober	4	Your	<u>19</u>
	First	Full Middle Na		_	Last
Applicant Current Addre	ess:	34 Cushin	ig Aven	ve	#3
City, State, Zip:		Dorchester	JMA (	12125	
		67.796.8 Work Phone	3157		Cell Phone
myounge	a ta-pet	m. com			•
• •	E-Mail Address				
BUSINESS INFORMATIO	N:				
Business Name:	TA	Operating U	<u> </u>		
Address of Business:	308 Su	nnyside Bric	re Clou	vet,1	1N 55720
Mailing Address (if differ		<u> 255 Was</u>	.hington	Stre	cet Svitezio
		Newton,		458	
Phone No.:	617.791	0.8343	Alternate Numb	er:	
MANAGER OR PERSON	IN CHARGE OF BUS	INESS:			
Name:	To be	determine	- d		
vaille.	First		ddle Name		Last
Address:				·	
City, State, Zip:					
Home Phone		Work Phone			ell Phone
		WORKTHORE		C	ell i H <b>VIIC</b>

E-Mail Address

	perty Zoning District:		Dramark, D	overel ID November		
	·		Property P	arcel ID Number:	<u> </u>	
Prop	erty Complete Legal Desci	iption:				
Real	estate taxes on property t	o be licensed are: ,	A Paid current	☐ Delingu	ent	
Are t	here any financial claims t	o the City of Cloquet o	wed by the applican	t, business owner,	or property owne	er?
	▲ None exist.	☐ There are fina	ncial claims owed to	the City of Cloque	et.	
If the	ere are current financial cla n:	nims owed to the City o	f Cloquet, please sta	ate the responsible	e party, state amo	unt(s), and type (
Resp	onsible Party	Amount	Ту	pe of claim (i.e., ut	ilities, etc.)	
1.	regulation relating to t	onvicted of any violation of the control of the con	ducts, or tobacco re	lated devices with	in the past five (5)	visions , or other years?
2.	Have you ever been de canceled in any City/St	enied a license to sell to ate, including Cloquet?	bacco or tobacco p	roducts or had suc	h license suspend	ed, revoked or
	If yes, please provide d	etails; description, date	and location			
3.	Are you prohibited by license?	federal, state, or other es 🄼 No	local law, Code or O	rdinance, or other	regulation, from	holding such a
	If yes, please provide d	etails:				
I HERI	EBY UNDERSTAND AND A	GREE THAT:				
applic obtain applic my lice	hereby swear that I have sation are true and correct any necessary information ation and my qualification ense.  Appearing Signature of A	to the best of my know in and to conduct an inv s for this license. I do u	rledge. I do authori: restigation, if neces:	ze the City of Cloq sary, into the truth	uet, its agents, and of the statement	d employees, to s set forth in this
Print N	lameMan	<u></u>	Robert	Ya	Ma	
	First		Middle		Las	
SEND	FUTURE APPLICATION RE		Applicant's Reside - Business Address	nce Address		
FOR CIT	TY USE ONLY: (When applica	ible)				
	ministrator:			<del></del>		

#### 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.

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

License Type: 10 bacco

APPLICANT INFORMATION					
Name: First	Full Middle	Last			
Mark	Robert	Yong			
Current Address:  134 CuShing Avenue #3  City: Zip Code:					
City:	State:	Zip Code:			
Dorchester	MA	02125			
Business Name:	BUSINESS INFORMATION				
TA Operation  Business Address:  24601 Center Richard	ng UC				
24601 Center Ri,	dae Road				
City:	State	Zip Code:			
Westlake	OH	44145			
TAX IDENTIFICATION NUMBERS					
Federal Tax Identification Number:	·				

Signature: By: Mark R. Yang

Date: 212615

# 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	The Minnesota tax ID must legal name of the licensee I		License nu	
Cigarettes/tobacco products v	—↓ <b>will be sold</b> (a separate license is rec	ruired	Period cove	ered
for each location or vending ma	chine):		Date of iss	uance
Over counter	Through vending machine	Both		
Licensee's legal name TA O  Business trade name (doing business as)	perating LLC		34 - Daytime ph	
Complete address of business location (p	permit location)	County	Other phon	· 796 · 8343
308 Sunnusia	Le Drive (	avitan		
Cloquet  Mailing address (If different than busines	ss address) Chy	State Zip code 557 State Zip code		969.4697
255 Washington St	reet Site 210 Newton	MA 02451	8 dmick	relson@ta-petro.
Type of legal organization (chec			-	
Sole proprietor	۲1	orporation: Enter dat	te of incorporation	
Partnership		corporation: State of	`	elausave
Other (describe)	•	stered to do business		Yes No
			'	
Corporate officers or partners ( Name Address	attach a list if necessary)	Title	State	Zip code
Name Please See	attach a list if necessary)	City	-7-16-	
Name Please See	(attach a list if necessary)	City	State	Zip code Zip code
Name Address  Name Address  As a licensed tobacco products	attached or cigarette retalier, I understand	City Title City	State	Zip code
Address  Name  Address  As a licensed tobacco products  1. I can purchase cigarettes only Revenue.	attached or cigarette retailer, I understand	City  City  City  Chat:  cobber who holds a li	State icense with the Minn	Zip code esota Department of
Address  Name  Address  As a licensed tobacco products  1. I can purchase cigarettes only Revenue.  2. I must obtain a tobacco produ	or cigarette retailer, I understand of from a Minnesota distributor or sub	City Title City  that: iobber who holds a litaxed tobacco produ	State icense with the Minn icts from an out-of-st	Zip code esota Department of ate company.
Address  Name  Address  As a licensed tobacco products  1. I can purchase cigarettes only Revenue.  2. I must obtain a tobacco produ  3. I may not sell cigarettes affixe has a tax agreement with the	or cigarette retailer, I understand of from a Minnesota distributor or subjects distributor license if I purchase und with Minnesota Native American so	City Title City  that: iobber who holds a line interest to bacco product amps unless my ret	State icense with the Minn acts from an out-of-st ail business is locate	Zip code esota Department of ate company.
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# 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	The Minnesota tax ID must be issued in the same		r	INICIPAL USE ONLY
370 8 279 legal name of the licensee			License numb	<b>e</b> r
	_		Period covered	j
cigarettes/tobacco products will for each location or vending machine	<b>be sold</b> (a separate license is required		Date of issuan	00
Over counter	Through vending machine	Both	Date of issuan	ce
<i>U</i>				
Licensee's legal name	ation 111			yer ID number (FEIN)
Business trade name (doing business as	many cic		Daytime phone	741077
	<u> </u>		(e17.	796.8343
Complete address of business location (permi	it location) County	tra	Other phone no	umber
city	State	Zip code	Fax number	
Mailing address (if different than business ad	dress) City State	55720		169.4697
255 Washington Street		Zip code OZ458	Email address	16 -04 40
Type of legal organization (check o		ULTOU	- amich	elsoneta-potro
Sole proprietor		astana Masan Islandor		
Partnership	Dut-of-state corpor	ation: Enter date of in		
Other (describe)				aware
	Are you registered	to do business in Mi	nnesota?	¥es □ No
Name Please 500 Address	attached City		State	Zip code
Name Please See Address	attached		State	Zip code
Name Please 500 Address	attached city		State State	Zip code
Name Please 500 Address Name Address As a licensed tobacco products or	City  Title  City  City  City		State	Zip code
Address  Name  Address  As a licensed tobacco products or or necessary to the necessary from the necessary f	City  Title  City  City  City  City  City  Cigarette retaller, I understand that:  m a Minnesota distributor or subjobber		State State With the Minneso	Zip code ota Department of
Address  Name  Address  As a licensed tobacco products or a licensed tobacco products or Revenue.  2. I must obtain a tobacco products.	Title City	tobacco products fro	State  With the Minneso  m an out-of-state	Zip code  pta Department of a company.
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Address  Name  Address  As a Ilcensed tobacco products or at 1. I can purchase cigarettes only frong Revenue.  2. I must obtain a tobacco products of the same at ax agreement with the State 1. I may not purchase from or exchate 1. I must keep complete and legible within one hour of request, for at 6. I know that the Minnesota Depart the premises, including inspection grounds for revocation of my licenters.	City  Title  City  City	tobacco products fro a unless my retail bus a another retailer. s on the licensed pre chase. ent may conduct cigs and I understand that	with the Minnesom an out-of-state iness is located mises, or make in rette and tobacc a refusal to allow	zip code  ota Department of company. on a reservation that revoices available o inspections of y an inspection is
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# License Application to Make Retall Sales of Cigarette and Other Tobacco Products

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

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MANGENA	The Minnesota tax ID must be legal name of the licensee bek			per
710001			Period covere	
	l <b>be sold</b> (a separate license is requir	red		
for each location or vending mach	<u></u>	<b>-</b>	Date of issuar	nce
Over counter	Through vending machine	Both		
Licensee's legal name		·	Federal emplo	yer ID number (FEIN)
Business trade name (doing business as)	rating UL		34-1	1747077
desiries trade trains (doing business da)	<i>J</i>		Daytime phon	196.8343
Complete address of business location (peri	^	unty	Other phone n	
201 Doddridge	Hvenue Ca	√ 1170\\ ate Zip code	Eavingment	
Cloquet	MN	5572A	Fax number	769.4697
Mailing address (if different than business a	ddress) City Sta		Email address	100-1 100 1 1
255 Washington St	reet Suite 210 Newton	MA 02459	3 dnicho	1son @ tape
Type of legal organization (check	= :::::::::::::::::::::::::::::::::::::			
Sole proprietor	Minnesota corr	oration: Enter date of i	ncorporation	
Partnership	_	poration: State of incor		lavare
Other (describe)				
Other (describe)	Are you register	ed to do business in M	innesota?	LYes ∟ No
Corporate officers or partners (at	tàch a list if necessary)			
Name	Tith	<u> </u>		
	Title		State	7in aada
Name Address	Tith City		State	Zip code
Address  As a licensed tobacco products or	City cigarette retailer, I understand tha	t		·
Address  As a licensed tobacco products or	City	t		·
As a licensed tobacco products or  1. I can purchase cigarettes only fre Revenue.	City cigarette retailer, I understand tha	t: ber who holds a license	e with the Minneso	ota Department of
As a licensed tobacco products or  1. I can purchase cigarettes only fre Revenue.  2. I must obtain a tobacco products	city  r cigarette retailer, I understand that om a Minnesota distributor or subjob s distributor license if I purchase untax with Minnesota Native American stan	t: ber who holds a license and tobacco products fr	e with the Minneso	ota Department of ecompany.
Address  As a licensed tobacco products or  1. I can purchase cigarettes only frequenue.  2. I must obtain a tobacco products 3. I may not sell cigarettes affixed what a tax agreement with the St.  4. I may not purchase from or exch.	r cigarette retailer, I understand that om a Minnesota distributor or subjob s distributor license if I purchase untax with Minnesota Native American stan ate of Minnesota. ange cigarettes or tobacco products v	t: ber who holds a license ed tobacco products fr nps unless my retail bu with another retailer.	e with the Minneso om an out-of-state isiness is located	ota Department of e company. on a reservation tha
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**License applicant:** Submit this form to the licensing authority along with the license applicati **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

Name	<u>Title</u>	Address
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
	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