



CITY OF CLOQUET

**City Council Agenda
Tuesday, May 5, 2026
Work Session 4:00 p.m. -Hotel Solem
Regular Meeting 6:00 p.m.
City Hall Council Chambers**

Work Session

Tour of Hotel Solem Redevelopment Project
(Arrive at 3:45, tour starts promptly at 4:00)

Regular Meeting

1. **Roll Call**
2. **Pledge of Allegiance**
3. **Approval of Agenda**
 - a. Approval of May 5, 2026 Council Agenda
4. **Approval of Council Minutes**
 - a. Minutes from the April 21, 2026 Regular Council Meeting
5. **Public Comments**

Please give your name, address, and your concern or comments. Visitors may share their concerns with the City Council on any issue of public business. Each person will have 3 minutes to speak. The Mayor reserves the right to limit an individual or successive individual's presentation if they become redundant, repetitive, irrelevant, or overly argumentative. All comments will be taken under advisement by the City Council. No action will be taken at this time.
6. **Consent Agenda**

Items on 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. 26-23, Authorizing the Payment of Bills
 - b. Award Highway 33 Ditch Mowing Contract
 - c. Authorize Purchase of Winter Sand from Omar's Sand & Gravel
 - d. Approve Lower-Potency Hemp Edible Retailer Registrations
 - e. Approve New Liquor License – Northeastern Hotel
 - f. Approve Street Closure Request – Northeastern Hotel
 - g. Approve Transient Merchant License for Fireworks Sales – TNT Fireworks
 - h. Approve Pawnshop License Renewal – Marksman Trading Post
 - i. Approve Transient Merchant License for Flea Market – Marksman Trading Post



**CITY OF CLOQUET
City Council Agenda
Tuesday, May 5, 2026
6:00 p.m.
City Hall Council Chambers**

7. Public Hearings

None

8. Presentations

a. Library Board Update

9. Council Business

a. Resolution No. 26-24, Entering into a Water Contract Amendment with Sappi Cloquet LLC

b. Award Quote for Two Water Service Replacements

10. Council Comments, Announcements, and Updates

11. Adjournment

Regular Meeting

Roll Call

Councilors Present: Swanson, Keller, Kolodge, Jaakola, Wilkinson Acting Mayor Lamb

Councilors Absent: Mayor Maki

Pledge of Allegiance

AGENDA

MOTION: Councilor Jaakola moved and Councilor Swanson seconded the motion to approve the April 21, 2026 agenda as presented. The motion carried unanimously (6-0).

MINUTES

MOTION: Councilor Kolodge moved and Councilor Keller seconded the motion to approve the Regular Meeting Minutes of April 7, 2026 as presented. The motion carried unanimously (6-0).

PUBLIC COMMENTS

There were none.

CONSENT AGENDA

MOTION: Councilor Swanson moved and Councilor Wilkinson seconded the motion to adopt the Consent Agenda of April 21, 2026, approving the necessary motions and resolutions as presented. The motion carried unanimously (6-0).

- a. Resolution No. 26-22, Authorizing the Payment of Bills
- b. Approval of Lower-Potency Hemp Edible Retailer Registration
- c. Approval of Optional 2AM Liquor License – The Jack

PUBLIC HEARINGS

There were none.

PRESENTATIONS

Proclamation – Child Care Provider Appreciation Day

APPOINTMENT OF POLICE OFFICER

MOTION: Councilor Swanson moved and Councilor Kolodge seconded the motion to approve the appointment of Brandon Soulier to Police Officer. The motion carried unanimously (6-0).

RESOLUTION CLARIFYING FEDERAL IMMIGRATION ENFORCEMENT COORDINATION

Chief Randall addressed councilors by first thanking them for revising the original resolution. Randall inquired if the purpose of the resolution is a political statement or intended to change the operations within the CPD. He supports a statement, however, voiced concern over not being involved in the development of the resolution due to the potential impact on officers and the operation of the department. Previous information presented at the January 20, 2026 council meeting was to ensure our community is informed and safe. He cannot support language that creates confusion and puts officers and the city at risk.

Councilor Wilkinson replied that the resolution is not intended to be a political statement or a department directive.

Administrator Peterson stated the resolution appears to change tone from a statement to a directive halfway through. All sections that begin as “Where As” provide a statement to the community, all statements that begin with “Be It Resolved” create the appearance of a departmental directive.

Councilor Kolodge stated that with a vote tonight, council will either start down a path of being partisan or not. If it passes, this won’t be the last time we will be asked to do something like this. You can support from a personal standpoint but recognize that it’s not our lane to do this. As a council, this is something we shouldn’t be doing and we start down a path we haven’t gone before.

Acting Mayor Lamb stated the council is non-partisan and shouldn’t become polarized. This resolution is an overreach towards the CPD. There was a lack of due diligence that we need to learn from.

Councilor Jaakola responded by saying nothing in this resolution directs CPD or states anything other than federal or state law. Councilors are elected and responsible to protect citizens.

Councilor Swanson stated that councilors are doing the job elected to do and the department and police officers are doing the job they were hired to do. This resolution muddies the water.

Acting Mayor Lamb invited public comment:

Colleen Kelly, Broadway Street, stated she comes from three generations of law enforcement. She states the jurisdiction of border patrol is within 100 miles of any border. ICE is a federal agency and does not have the same training as law enforcement. Many of us worry we are not protected from ICE. We need to protect all of our citizens in the city.

Jan Salo-Korby, Pearl Street, stated she is offended that council is offended by this resolution. This resolution is not partisan. Nothing is partisan about protecting our citizens. We should all feel safe. Resolution has been blown out of proportion.

Gusta Myhre, spoke at a previous meeting as a sister and young woman feeling unsafe. She would like it made clear the CPD is protecting everyone here. If ICE is allowed in, people will not feel protected.

Hearing no further public comments, council discussion continued on the clarification of the resolution and whether its intention is to be a statement or a directive.

MOTION: Councilor Wilkinson moved and Councilor Jaakola seconded the motion to table **RESOLUTION NO. 26-17, CLARIFYING FEDERAL IMMIGRATION ENFORCEMENT COORDINATION**. Roll call vote: Swanson (Aye), Keller (Aye), Lamb (Nay), Kolodge (Nay), Jaakola (Aye), Wilkinson (Aye), Mayor Maki Absent Motion passed (4-2).

COUNCIL COMMENTS, ANNOUNCEMENTS, AND UPDATES

- a. Hotel Solem tour May 5th at 4:00 p.m.
- b. May 2nd river front clean-up
- c. Swanson on ballot for Rep but not city councilor

ADJOURNMENT

On a motion duly carried by a unanimous yea vote of all members present on roll call, the Council adjourned.

Tim Peterson, City Administrator



ADMINISTRATIVE OFFICES

101 14th Street • Cloquet MN 55720
Phone: 218-879-3347 • Fax: 218-879-6555
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and City Council
From: Ann Michaud, Assistant Finance Director
Reviewed by: Tim Peterson, City Administrator *TP*
Date: May 5, 2026

ITEM DESCRIPTION: Payment of Bills and Payroll

Proposed Action

Staff recommends the Council move to adopt **RESOLUTION NO. 26-23, A RESOLUTION AUTHORIZING THE PAYMENT OF BILLS AND PAYROLL.**

Background/Overview

Statutory Cities are required to have most claims authorized by the city council.

Policy Objectives

MN State Statute sections 412.271, Claims and Disbursements for Statutory Cities.

Financial/Budget/Grant Considerations

See resolution for amounts charged to each individual fund.

Advisory Committee/Commission Action

Not applicable.

Supporting Documents Attached

- a. Resolution Authorizing the Payment of Bills and Payroll
- b. Vendor Summary Report
- c. Department Summary Report

STATE OF MINNESOTA

RESOLUTION NO. 26-23

A RESOLUTION AUTHORIZING THE PAYMENT OF BILLS AND PAYROLL

WHEREAS, The City has various bills and payroll each month that require payment.

NOW, THEREFORE, BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF CLOQUET, MINNESOTA, That the bills and payroll be paid and charged to the following funds:

101	General Fund	\$	745,156.64
231	Public Works Reserve		122,933.61
600	Water - Lake Superior Waterline		171,166.23
601	Water - In Town		71,679.50
602	Sewer Fund		143,936.06
605	Stormwater Fund		1,053.44
	TOTAL:	\$	1,255,925.48

**PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF CLOQUET
THIS 5TH DAY OF MAY, 2026.**

ATTEST:

Roger Maki, Mayor

Tim Peterson, City Administrator

INVOICES DUE ON/BEFORE 05/05/2026

VENDOR #	NAME	PAID THIS FISCAL YEAR	AMOUNT DUE
118850	BCDI AV ACQUISITION, INC.	9,612.00	1,300.00
121210	ASCENDANCE TRUCKS, LLC	4,817.18	122,933.61
125300	BERGANKDV LTD	0.00	32,000.00
129200	BSN SPORTS LLC	879.98	374.47
134000	CARLTON COUNTY HIGHWAY DEPT	769,896.14	1,618.96
137340	CHAMBERLAIN OIL CO., INC.	3,294.33	185.92
139025	CINTAS	1,419.49	339.05
139030	CINTAS CORPORATION	10,880.62	327.61
142100	CLOQUET MAIL STATION INC	92.87	25.16
142925	CLOQUET SERVICE CENTER	3,602.86	85.03
145000	COMMUNITY MEMORIAL HOSPITAL	339.01	30.00
145300	COMMUNITY PRINTING	3,364.35	170.00
147600	CONSTELLATION NEW ENERGY CORP	14,393.46	2,325.91
158000	SUPERIOR CAPITAL HOLDINGS, INC	14,925.00	425.00
163575	EVERBRIDGE, INC	0.00	2,388.10
167000	FIRST WITNESS CHILD ADVOCACY	0.00	6,300.00
172300	GARTNER REFRIGERATION COMPANY	17,251.58	779.50
175700	W.W. GRAINGER, INC.	4,949.32	64.99
176200	GRAYBAR ELECTRIC COMPANY INC	0.00	104.83
188000	INNOVATIVE OFFICE SOLUTIONS	22,082.21	66.61
200100	LAKEHEAD TRUCKING, INC.	0.00	1,958.41
205050	LOFFLER COMPANIES INC	491.90	27.58
206800	MACQUEEN EQUIPMENT INC	12,155.49	53.44
211400	MENARD, INC.	2,895.22	79.38
211700	METRO SALES, INC.	2,766.76	243.76
212401	MICHAUDS DISTRIBUTING LLC	425.23	34.14
228200	MUTUAL OF OMAHA	22,624.10	1,444.01
240530	ONSITE MEDICAL SERVICE INC	0.00	750.00
241950	PACE ANALYTICAL SERVICES INC	5,683.00	300.00
244950	PINE JOURNAL	68.55	228.55
247727	PRECISION AUTO BODY LLC	0.00	9,503.72
251475	RAILROAD MANAGEMENT	917.52	458.76
253100	REINDERS INC	0.00	4,035.70
259460	SAGINAW POWER & AUTOMATION	65,807.00	67,500.00
269575	SUPER DUPER MN LLC	0.00	5,250.00
270400	SUPERIOR WATER, LIGHT & POWER	201.25	49.69
271975	TEAMSTERS JOINT COUNCIL 32	440,698.00	110,499.00
278600	TAURA INC	22,151.69	4,155.18
279100	U S BANK EQUIPMENT FINANCE	2,134.52	325.00
284580	VC3, INC	85,321.29	19,747.26
286900	WESTERN LAKE SUPERIOR	361,003.40	95,765.00
288150	WASTE MANAGEMENT OF MINNESOTA,	150.14	72.57
292350	W.W. GOETSCH ASSOCIATES, INC.	0.00	699.23
R0002621	CHRIS LAGRAVES	0.00	100.00

DATE: 04/30/2026
TIME: 10:31:20
ID: AP442000.WOW

CITY OF CLOQUET
VENDOR SUMMARY REPORT

INVOICES DUE ON/BEFORE 05/05/2026

VENDOR #	NAME	PAID THIS FISCAL YEAR	AMOUNT DUE
R0002622	MACHELE FLYNN	0.00	500.00
TOTAL ALL VENDORS:			495,625.13

City of Cloquet
Vendor Summary Report Reconciliation
Invoices Due On/Before 5/5/26

Bills	495,625.13
Less: CAFD	0.00
Less: Library	0.00
Bills approved	495,625.13
Other:	
Payroll	858,091.36
Payroll - benefits	(97,791.01)
Total Bills and Payroll Approved	<u><u>1,255,925.48</u></u>

INVOICES DUE ON/BEFORE 05/05/2026

VENDOR #	NAME	PAID THIS FISCAL YEAR	AMOUNT DUE
GENERAL FUND			
00			
228200	MUTUAL OF OMAHA	22,624.10	1,444.01
271975	TEAMSTERS JOINT COUNCIL 32	440,698.00	96,347.00
			97,791.01
34	CHARGES FOR SERVICES		
R0002621	CHRIS LAGRAVES		100.00
	CHARGES FOR SERVICES		100.00
41	GENERAL GOVERNMENT		
125300	BERGANKDV LTD		10,971.00
139025	CINTAS	1,419.49	54.78
139030	CINTAS CORPORATION	10,880.62	36.60
145300	COMMUNITY PRINTING	3,364.35	100.00
211700	METRO SALES, INC.	2,766.76	121.88
212401	MICHAUDS DISTRIBUTING LLC	425.23	17.07
244950	PINE JOURNAL	68.55	68.55
279100	U S BANK EQUIPMENT FINANCE	2,134.52	243.75
284580	VC3, INC	85,321.29	6,913.66
	GENERAL GOVERNMENT		18,527.29
42	PUBLIC SAFETY		
139025	CINTAS	1,419.49	41.03
139030	CINTAS CORPORATION	10,880.62	65.00
142925	CLOQUET SERVICE CENTER	3,602.86	85.03
145000	COMMUNITY MEMORIAL HOSPITAL	339.01	30.00
158000	SUPERIOR CAPITAL HOLDINGS, INC	14,925.00	425.00
163575	EVERBRIDGE, INC		2,388.10
167000	FIRST WITNESS CHILD ADVOCACY		6,300.00
212401	MICHAUDS DISTRIBUTING LLC	425.23	17.07
247727	PRECISION AUTO BODY LLC		9,503.72
271975	TEAMSTERS JOINT COUNCIL 32	440,698.00	14,152.00
284580	VC3, INC	85,321.29	7,627.40
	PUBLIC SAFETY		40,634.35

INVOICES DUE ON/BEFORE 05/05/2026

VENDOR #	NAME	PAID THIS FISCAL YEAR	AMOUNT DUE
GENERAL FUND			
43	PUBLIC WORKS		
134000	CARLTON COUNTY HIGHWAY DEPT	769,896.14	1,618.96
137340	CHAMBERLAIN OIL CO., INC.	3,294.33	185.92
139025	CINTAS	1,419.49	57.14
139030	CINTAS CORPORATION	10,880.62	75.80
188000	INNOVATIVE OFFICE SOLUTIONS	22,082.21	66.61
240530	ONSITE MEDICAL SERVICE INC		750.00
284580	VC3, INC	85,321.29	1,106.20
	PUBLIC WORKS		3,860.63
45	CULTURE AND RECREATION		
129200	BSN SPORTS LLC	879.98	374.47
139030	CINTAS CORPORATION	10,880.62	98.46
147600	CONSTELLATION NEW ENERGY CORP	14,393.46	2,325.91
172300	GARTNER REFRIGERATION COMPANY	17,251.58	779.50
200100	LAKEHEAD TRUCKING, INC.		1,958.41
244950	PINE JOURNAL	68.55	160.00
253100	REINDERS INC		4,035.70
269575	SUPER DUPER MN LLC		5,250.00
	CULTURE AND RECREATION		14,982.45
46	COMMUNITY DEVELOPMENT		
145300	COMMUNITY PRINTING	3,364.35	70.00
279100	U S BANK EQUIPMENT FINANCE	2,134.52	81.25
	COMMUNITY DEVELOPMENT		151.25
PUBLIC WORKS RESERVE			
43	PUBLIC WORKS		
121210	ASCENDANCE TRUCKS, LLC	4,817.18	122,933.61
	PUBLIC WORKS		122,933.61
WATER - LAKE SUPERIOR WATERLIN			
51	STATION 2		

DATE: 04/30/26
 TIME: 10:31:52
 ID: AP443000.WOW

CITY OF CLOQUET
 DEPARTMENT SUMMARY REPORT

INVOICES DUE ON/BEFORE 05/05/2026

VENDOR #	NAME	PAID THIS FISCAL YEAR	AMOUNT DUE

WATER - LAKE SUPERIOR WATERLIN			
51	STATION 2		
139025	CINTAS	1,419.49	128.96
139030	CINTAS CORPORATION	10,880.62	15.74
176200	GRAYBAR ELECTRIC COMPANY INC		104.83
288150	WASTE MANAGEMENT OF MINNESOTA,	150.14	72.57
	STATION 2		322.10
52	LAKE SUPERIOR WATERLINE		
125300	BERGANKDV LTD		7,771.00
139030	CINTAS CORPORATION	10,880.62	3.72
251475	RAILROAD MANAGEMENT	917.52	458.76
270400	SUPERIOR WATER, LIGHT & POWER	201.25	49.69
292350	W.W. GOETSCH ASSOCIATES, INC.		699.23
	LAKE SUPERIOR WATERLINE		8,982.40
57	ADMINISTRATION		
259460	SAGINAW POWER & AUTOMATION	65,807.00	67,500.00
	ADMINISTRATION		67,500.00
WATER - IN TOWN SYSTEM			
00			
R0002622	MACHELE FLYNN		500.00
			500.00
49	CLOQUET		
118850	BCDI AV ACQUISITION, INC.	9,612.00	1,300.00
139025	CINTAS	1,419.49	34.28
139030	CINTAS CORPORATION	10,880.62	14.35
175700	W.W. GRAINGER, INC.	4,949.32	64.99
205050	LOFFLER COMPANIES INC	491.90	27.58
211400	MENARD, INC.	2,895.22	79.38
241950	PACE ANALYTICAL SERVICES INC	5,683.00	300.00
	CLOQUET		1,820.58

INVOICES DUE ON/BEFORE 05/05/2026

VENDOR #	NAME	PAID THIS FISCAL YEAR	AMOUNT DUE

WATER - IN TOWN SYSTEM			
54	BILLING & COLLECTION		
142100	CLOQUET MAIL STATION INC	92.87	25.16
211700	METRO SALES, INC.	2,766.76	121.88
278600	TAURA INC	22,151.69	4,155.18
	BILLING & COLLECTION		4,302.22
57	ADMINISTRATION & GENERAL		
125300	BERGANKDV LTD		6,400.00
284580	VC3, INC	85,321.29	1,550.00
	ADMINISTRATION & GENERAL		7,950.00
ENTERPRISE FUND - SEWER			
00			
286900	WESTERN LAKE SUPERIOR	361,003.40	929.00
			929.00
55	SANITARY SEWER		
139025	CINTAS	1,419.49	22.86
139030	CINTAS CORPORATION	10,880.62	17.94
286900	WESTERN LAKE SUPERIOR	361,003.40	94,836.00
	SANITARY SEWER		94,876.80
57	ADMINISTRATION & GENERAL		
125300	BERGANKDV LTD		6,858.00
284580	VC3, INC	85,321.29	1,550.00
	ADMINISTRATION & GENERAL		8,408.00
STORM WATER UTILITY			
57	ADMINISTRATION & GENERAL		
284580	VC3, INC	85,321.29	1,000.00
	ADMINISTRATION & GENERAL		1,000.00

DATE: 04/30/26
TIME: 10:31:52
ID: AP443000.WOW

CITY OF CLOQUET
DEPARTMENT SUMMARY REPORT

INVOICES DUE ON/BEFORE 05/05/2026

VENDOR #	NAME	PAID THIS FISCAL YEAR	AMOUNT DUE
STORM WATER 59	UTILITY OPERATIONS		
206800	MACQUEEN EQUIPMENT INC	12,155.49	53.44
	OPERATIONS		53.44
	TOTAL ALL DEPARTMENTS		495,625.13



DEPARTMENT OF PUBLIC WORKS

101 14th Street; Cloquet, MN 55720
Phone: (218) 879-6758 Fax: (218) 879-6555
Street - Water - Sewer – Engineering - Park
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and City Council
From: Caleb Peterson, Public Works Director
Reviewed By: Tim Peterson, City Administrator *TP*
Date: May 5, 2026

ITEM DESCRIPTION: Hwy 33 Ditch Mowing Contract

Proposed Action

Staff recommends that the City Council move to award a contract to Blotti Contracting for Highway 33 Ditch mowing in the estimated amount of \$14,550.

Background/Overview/Feasibility

In 2017 Council directed staff provide regular mowing along the rural section of Highway 33 to make our most heavily traveled corridor more attractive in the urban area. The state provides once a year mowing for vegetation management, but anything further needs to be done by the city or its contractor. Rather than purchase more equipment and allocate additional staff time, it was determined a contract would be the best solution. Staff solicited bids for the next three-year period and received the following:

Contractor	Base Bid per Year	Alternate A per Year	Total Bid
The Smith Company	\$14,338.80	\$2,854.00	\$17,192.80
Blotti Contracting	\$12,116.88	\$2,432.40	\$14,549.28

The numbers above are based on four mowings per year. Depending on the growing season, staff anticipates 3-4 will be required. We have found this sufficient to keep the turf a manageable level (below 6” in height). The attached maps show the approximate area to be maintained by the contractor. In addition to mowing, the contract also provides for litter removal along the Highway.

Policy Objectives

To improve the appearance of the community along high priority routes.

Financial/Budget/Grant Considerations

The 2026 Budget includes a total of \$17,500.00 for ditch mowing along Highway 33. The previous contract included both the Base Bid Area and Alternate A at approximately \$15,100/year.

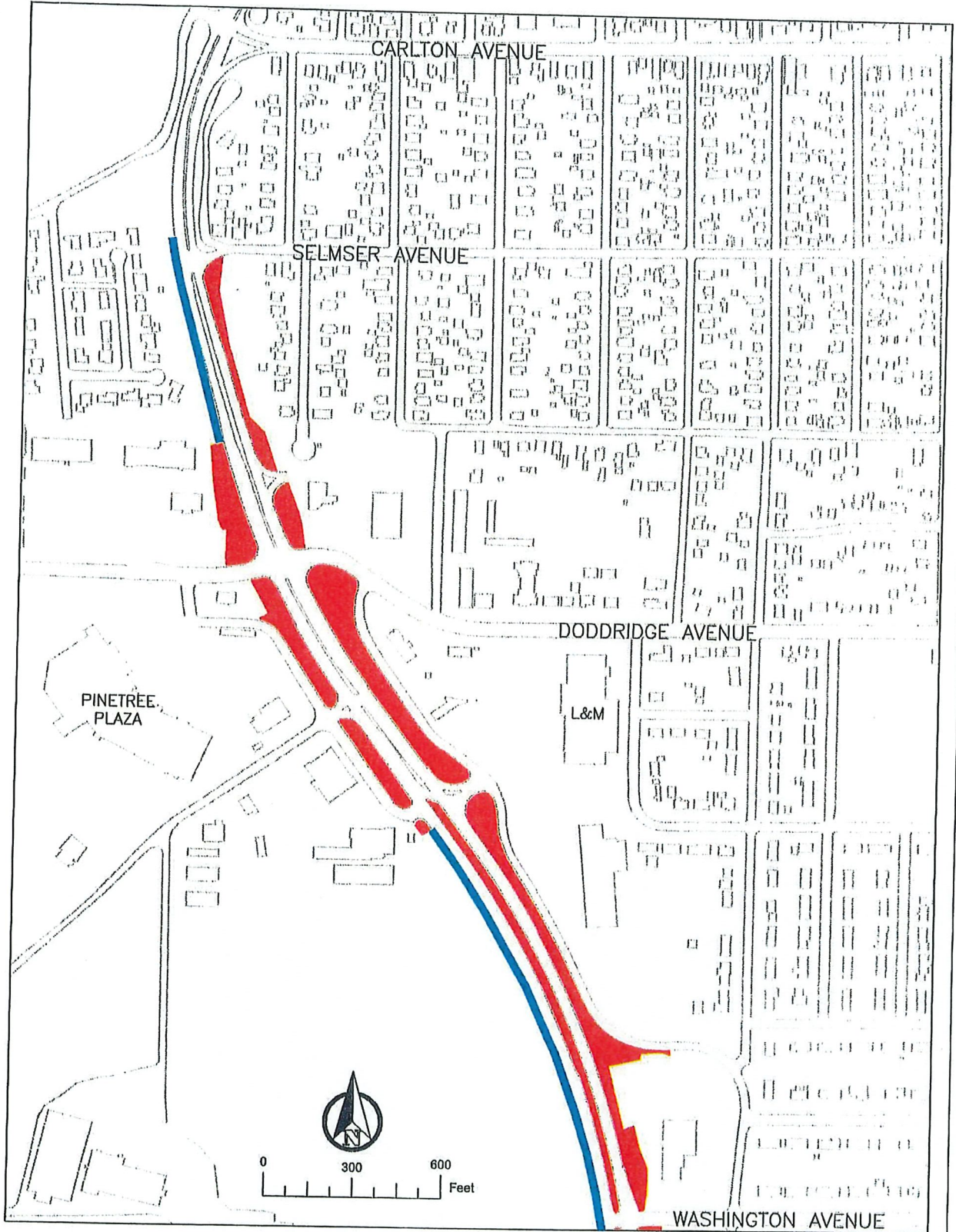
Advisory Committee/Commission Action

N/A

Supporting Documentation Attached

- Mowing Area Maps

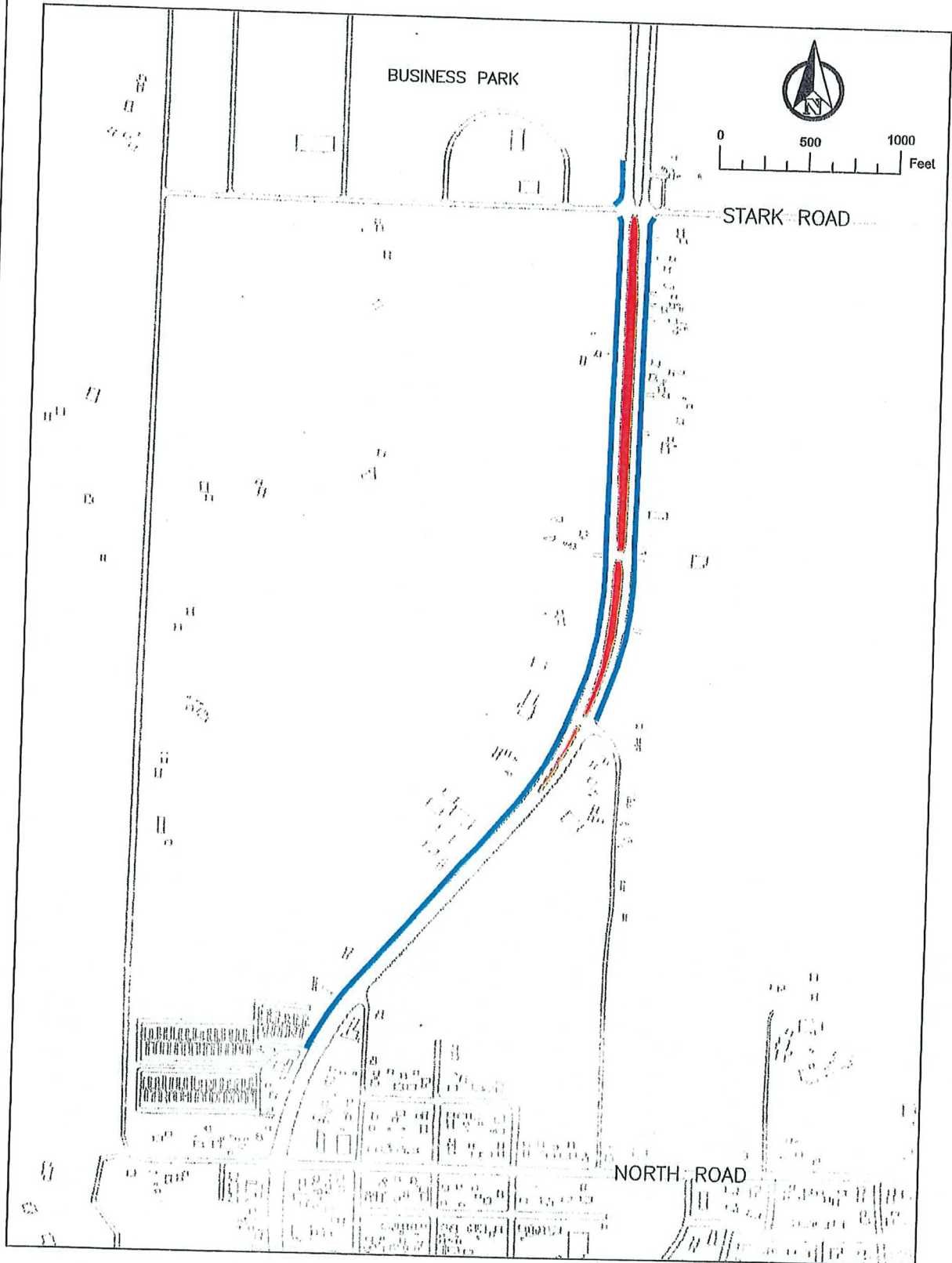
HIGHWAY 33 MOWING – BASE BID



- TH33 RIGHT OF WAY MOWING** – 7.53 acres
- TH33 10' SHOULDER MOWING** – 0.35 miles



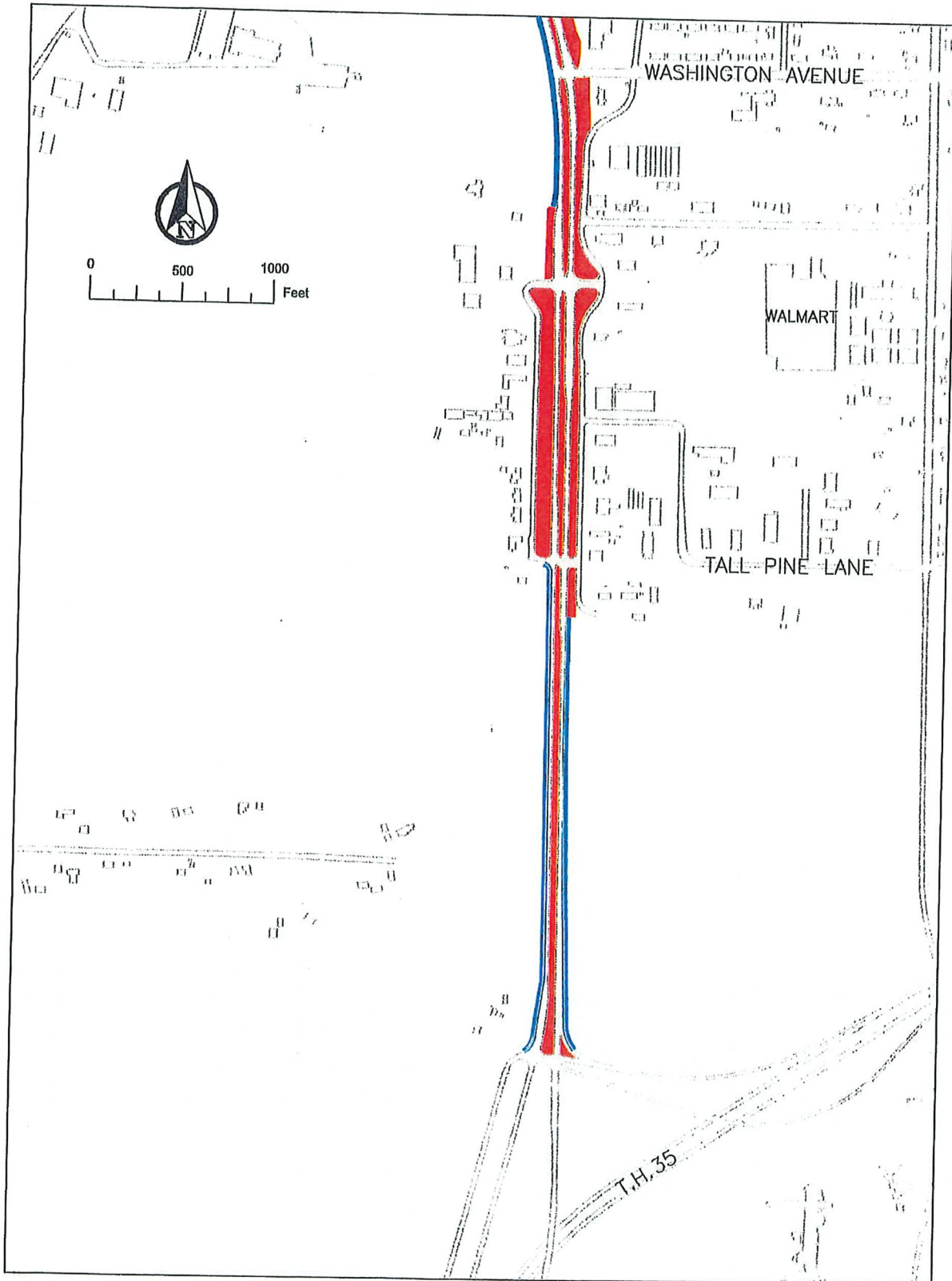
HIGHWAY 33 MOWING - ALTERNATE



- TH 33 RIGHT OF WAY MOWING** - 2.60 acres
- TH33 10' SHOULDER MOWING** - 1.50 miles



HIGHWAY 33 MOWING – BASE BID



- TH 33 RIGHT OF WAY MOWING** – 10.59 acres
- TH33 10' SHOULDER MOWING** – 1.15 miles





DEPARTMENT OF PUBLIC WORKS

101 14th Street ; Cloquet, MN 55720
Phone: (218) 879-6758 Fax: (218) 879-6555
Street - Water - Sewer – Engineering - Park
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and City Council
From: Caleb Peterson, Public Works Director
Reviewed By: Tim Peterson, City Administrator *TP*
Date: May 5, 2026

ITEM DESCRIPTION: Winter Sand Purchase

Proposed Action

Staff recommends the City Council move to authorize the purchase of winter sand from Omar’s Sand & Gravel, Inc. in the amount of \$34,900.

Background/Overview/Feasibility

Public Works periodically solicits written quotations for the purchase of washed sand that is used for snow/ice control over the winter maintenance season. Since the construction of the salt/sand storage structure, the size and frequency of orders have varied due to the added capacity for year-round storage.

Two local suppliers responded to the 2026 request for quotes as follows:

Supplier Name	2,000CY Washed Sand	Delivery	Total
Omar’s Sand & Gravel	\$16,500.00	\$18,400.00	\$34,900.00
DeCaigny Excavating	\$19,620.00	\$19,000.00	\$38,620.00

Policy Objectives

To obtain competitive prices for required materials in accordance with the City’s Purchasing Policy.

Financial/Budget/Grant Considerations

The 2026 operating budget includes \$25,000 for winter sand. The budget is intended to represent an annual average as actual orders vary from year to year based on weather patterns and remaining stockpile size. The department last ordered sand in 2023.

Advisory Committee/Commission Action

N/A

Supporting Documentation Attached

N/A



ADMINISTRATIVE OFFICES

101 14th Street • Cloquet MN 55720
Phone: 218-879-3347 • Fax: 218-879-6555
email: admin@cloquetmn.gov
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and Council
From: Tim Peterson, City Administrator *TP*
Date: May 5, 2026

ITEM DESCRIPTION: Approval of Lower-Potency Hemp Edible Retailer Registration

Proposed Action

Staff recommends the City Council move to approve the attached Lower-Potency Hemp Edible (LPHE) registrations for Super One Liquor, Miner’s Inc (Super One Foods) and Organic Carrot.

Background/Overview

The Minnesota Office of Cannabis Management (OCM) began accepting applications for Lower-Potency Hemp Edible (LPHE) Retail licenses in October 2025. Once an applicant is vetted by OCM and has been issued a state LPHE Retailer License, the applicant is required to register with the local government as the last step.

The local government can only issue a retail registration once the applicant has been issued a license from OCM and meets local zoning requirements. Local governments may not limit the number of retail registrations issued to LPHE retailers.

Policy and Objectives

Per Minnesota Statutes, section 342.22, subdivision 1, all licensed Lower- Potency Hemp Edible (LPHE) retailers must obtain a local retail registration prior to initiating any sales. This requirement applies after the LPHE license has been issued by the Minnesota Office of Cannabis Management (OCM).

Financial Impacts

The city’s fee schedule requires each registration to pay a fee of \$125 that covers the initial registration and first renewal.

Advisory Committee/Commission Action

None

Supporting Documentation Attached

- Registration Applications



RETAIL REGISTRATION OF CANNABIS BUSINESS

Registration Fees	
Microbusiness (with retail endorsement)	N/A
Mezzobusiness (with retail endorsement)	\$ 500.00
Retailer	\$ 500.00
Lower-Potency Hemp Edible	\$ 125.00

**Fees include initial registration and first renewal. Fees will increase to \$1,000 for all registration types upon second renewal*

Applicant Information:

Name: Super One Liquor, LLC	
Address: 5065 Miller Trunk Highway, Hermantown, MN 55811	
Phone: 218-729-5882	E-Mail Address: sara.kirsch@miners-inc.com

Business Information

Name: Super One Liquor #801	
Address: 707 Hwy. 33 S., Cloquet, MN 55720	
Phone: 218-879-2500	Email: sara.kirsch@miners-inc.com
MN Tax ID Number: 8860762	OCM License Number: LPDIS-L25-000437-03
Is this business current on all property taxes and assessments: Yes No	

I hereby state that all information here is true and correct and that I shall comply with all provisions of the ordinances of the City of Cloquet and laws of the state of Minnesota and their amendments.

Patricia J. Mines
 Authorized Signature

10.31.2025
 Date



LOWER-POTENCY HEMP EDIBLE RETAILER LICENSE

SUPER ONE LIQUOR LLC
LPDIS-L25-000437

Active Site Registrations

- LPDIS-L25-000437-01: 7895 Excelsior Road, Suite 200, Baxter, MN 56425
- LPDIS-L25-000437-02: 5686 Miller Trunk Highway, Duluth, MN 55811
- LPDIS-L25-000437-03: 707 S Hwy 33 Cloquet, MN 55720
- LPDIS-L25-000437-04: 1101 E 37th Street, Suite 14, Hibbing, MN 55746
- LPDIS-L25-000437-05: 1509 NW 4th Street, Grand Rapids, MN 55744

Approved Business Activities*

- LPHE retailer operations endorsement

**The business activities listed on this license are approved for the overall business, but may not be approved for each individual site.*



License Number: LPDIS-L25-000437

Effective Date: April 17, 2026

Expiration Date: April 17, 2027

Scan for more information on this licensed business.

A handwritten signature in black ink that reads 'Eric Taubel'.

Eric Taubel
Director

The establishment listed above has been issued a lower-potency hemp edible retailer license by the Minnesota Office of Cannabis Management. This license has been issued under the authority of Minnesota Statutes, chapter 342.



RETAIL REGISTRATION OF CANNABIS BUSINESS

Registration Fees	
Microbusiness (with retail endorsement)	N/A
Mezzobusiness (with retail endorsement)	\$ 500.00
Retailer	\$ 500.00
Lower-Potency Hemp Edible	\$ 125.00

**Fees include initial registration and first renewal. Fees will increase to \$1,000 for all registration types upon second renewal*

Applicant Information:

Name: Miner's Incorporated	
Address: 5065 Miller Trunk Highway, Hermantown, MN 55811	
Phone: 218-729-5882	E-Mail Address: sara.kirsch@miners-inc.com

Business Information

Name: Super One Foods #507	
Address: 707 Hwy. 33 S., Cloquet, MN 55720	
Phone: 218-879-4624	Email: sara.kirsch@miners-inc.com
MN Tax ID Number: 8604058	OCM License Number: LPDIS-L25-000396-02
Is this business current on all property taxes and assessments: <input checked="" type="radio"/> Yes <input type="radio"/> No	

I hereby state that all information here is true and correct and that I shall comply with all provisions of the ordinances of the City of Cloquet and laws of the state of Minnesota and their amendments.

Patricia J. Miner
Authorized Signature

10.31.2025
Date



LOWER-POTENCY HEMP EDIBLE RETAILER LICENSE

MINER'S INCORPORATED
LPDIS-L25-000396

Active Site Registrations

- LPDIS-L25-000396-01: 1111 S 17th Street, Virginia, MN 55792
- LPDIS-L25-000396-02: 707 S Hwy 33 Cloquet, MN 55720
- LPDIS-L25-000396-03: 4020 Woodland Avenue, Duluth, MN 55803
- LPDIS-L25-000396-04: 1101 E 37th Street, Hibbing, MN 55746
- LPDIS-L25-000396-05: 503 NW 4th Street, Grand Rapids, MN 55744

Approved Business Activities*

- LPHE retailer operations endorsement

**The business activities listed on this license are approved for the overall business, but may not be approved for each individual site.*



License Number: LPDIS-L25-000396

Effective Date: April 17, 2026

Expiration Date: April 17, 2027

Scan for more information on this licensed business.

A handwritten signature in black ink, reading 'Eric Taubel', positioned above a horizontal line.

Eric Taubel
Director

The establishment listed above has been issued a lower-potency hemp edible retailer license by the Minnesota Office of Cannabis Management. This license has been issued under the authority of Minnesota Statutes, chapter 342.



RETAIL REGISTRATION OF CANNABIS BUSINESS

Registration Fees	Initial Fee	2 nd Renewal & Subsequent Renewals
Cannabis Microbusiness (with retail endorsement)	\$ N/A	\$1,000
Cannabis Mezzobusiness (with retail endorsement)	\$ 500	\$1,000
Cannabis Retailer	\$ 500	\$1,000
Lower-Potency Hemp Edible	\$ 125	\$ 125

**Fee includes initial registration and first renewal.*

Applicant Information:

Name: <u>Donald E. Christensen</u>	
Address: <u>2724 City Rd 102, Wrenshall, Mn. 55797</u>	
Phone: <u>218 590 9588</u>	E-Mail Address: <u>theorganiccarrot@gmail.com</u>

Business Information

Name: <u>Organic Carrot, Inc</u>	
Address: <u>502 Carlton Ave.</u>	
Phone: <u>218.819.3243</u>	Email: <u>theorganiccarrot@gmail.com</u>
MN Tax ID Number: <u>4686558</u>	OCM License Number (attach copy of license) <u>LPDIS-L25-001174</u>
Is this business current on all property taxes and assessments: Yes No	

I hereby state that all information here is true and correct and that I shall comply with all provisions of the ordinances of the City of Cloquet and laws of the state of Minnesota and their amendments.

Authorized Signature

April 13/2020
 Date



LOWER-POTENCY HEMP EDIBLE RETAILER LICENSE

ORGANIC CARROT INC
LPDIS-L25-001174

Active Site Registrations

- LPDIS-L25-001174-01: 502 Carlton Avenue, Cloquet, MN 55720

Approved Business Activities*

- LPHE retailer operations endorsement

**The business activities listed on this license are approved for the overall business, but may not be approved for each individual site.*



License Number: LPDIS-L25-001174

Effective Date: March 17, 2026

Expiration Date: March 17, 2027

Scan for more information on this licensed business.

A handwritten signature in cursive script that reads "Eric Taubel".

Eric Taubel
Director

The establishment listed above has been issued a lower-potency hemp edible retailer license by the Minnesota Office of Cannabis Management. This license has been issued under the authority of Minnesota Statutes, chapter 342.



ADMINISTRATIVE OFFICES

101 14th Street • Cloquet MN 55720
Phone: 218-879-3347 • Fax: 218-879-6555
email: admin@cloquetmn.gov
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and City Council
From: Tim Peterson, City Administrator *TP*
Date: May 5, 2026

ITEM DESCRIPTION: Approval of New Liquor License – Northeastern Hotel

Proposed Action

Staff recommends the City Council move to approve the On-Sale Intoxicating Liquor/Sunday Sales License for the Northeastern Hotel, 115 St. Louis Avenue, subject to final approval by the State of Minnesota.

Background/Overview

The City has received an application from Bert Whittington for a new On-Sale Intoxicating Liquor/Sunday Sales license to be effective July 1, 2026. Mr. Whittington currently holds the same license under the name Northeastern Saloon & Grille. Mr. Whittington has changed the name of the business to Northeastern Hotel, LLC, which requires a new license with the state.

Whittington has been the owner of the Northeastern establishment since 2006.

Policy Objectives

Approval of On-Sale Intoxicating Liquor Licenses are required under Chapter 6 of the City Code and Mn. Statutes 340A.404 under State law. As a Statutory City of the Third Class, the city is limited to a maximum of twelve (12) licenses. However, in 1987, the city held a special election which resulted in the authorization of one (1) additional license.

Financial Impacts

The city's fee schedule requires each license holder to pay set fees for each license. The total fees received by the city for alcohol licenses are required to be consistent with the level of service to administer and enforce local liquor laws. The applicant has paid all fees which are required by the city.

Advisory Committee/Commission Action

None.

Supporting Documentation Attached

- Application



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types: 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License CLOQUET License Period From: 1 JULY 2026 To: 30 JUNE 2027

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (check all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$2500⁰⁰ Sunday License fee: \$200⁰⁰ 3.2% On Sale fee: \$ - 3.2% Off Sale fee: \$ -

Licensee Name: NORTHEASTOLD HOTEL LLC DOB 07/23/48 Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name NORTHEASTOLD HOTEL LLC Business Address BERT WHITTINGTON 115 ST LOUIS AVE City CLOQUET

Zip Code 55720 County CARLTON Business Phone 218-879-9968 Home Phone _____

Home Address _____ City CLOQUET MN 55720

Licensee's Federal Tax ID # 41-5277316 Licensee's MN Tax ID# 1796642
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
<u>BERT WHITTINGTON</u>			<u>CLOQUET MN, 55720</u>
<u>N/A</u>			
<u>N/A</u>			

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Yes No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:
 Workers Compensation Insurance Company Name: SFM Policy # 23177,221

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

ON SALE INTOXICATING LIQUOR LICENSEES ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 1600
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

Print Name of Licensee (As shown on license)	Business Name (DBA)		
NORTHEASTERN HOTEL LLC	NORTHEASTERN HOTEL		
Business Address	County	Business Phone	
115 ST LOUIS AVE	CARLTON	218-879-9968	
City, State, Zip Code	Email		
CLOQUET MN, 55720	NORTHEASTERN@MCHS1.COM		
Office Use Only			
Issuing Authority	Type Code	Buyer's Card Expires	Identification #

TENNESSEN WARNING NOTICE
MINNESOTA DEPARTMENT OF PUBLIC SAFETY
ALCOHOL & GAMBLING ENFORCEMENT DIVISION (AGE)
LICENSE AND PERMIT PROCESS

Background

When a government entity collects private or confidential data from an individual about that individual, the entity is required under Minn. Stat. §13.04, subd. 2 to provide a Tennessee Warning notice. The purpose of the notice is to enable an individual to make an informed decision about whether to give data about themselves to the government entity.

Classification of Data Provided

As provided in Minn. Stat. §13.41, subds. 2 and 5, the name(s) and designated contact address(es) submitted on an application for a license or permit are public data. Until a license is approved, all other information provided on an application are private data and accessible to the applicant but not the public. Upon license approval, all information provided on an application is public data except social security numbers, nondesignated addresses, and data otherwise classified as private data on individuals and protected nonpublic data under Minn. Stat. §13.02, subds. 12 and 15. Public data is available to any person upon written request to AGE. All data collected and stored may also be shared upon court order or with other government entities as authorized by law.

Purpose and Intended Use

The data requested on an application for a license or permit is used to determine if an applicant meets the statutory qualifications and requirements for the license applied for. Data on an application will also be relied upon for contact and communication purposes by AGE.

Requirements to Provide

Applications for a liquor license or permit pursuant to Minn. Stat. Ch. 340A and gambling license or permit pursuant to Minn. Stat. Ch. 299L must be submitted on the form prescribed by the Commissioner of the Minnesota Department of Public Safety so as to collect certain minimum information to determine eligibility. Failure to provide the requested information on an application may result in the delay or denial of license or permit applied for.

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: ON SALE / SUNDAY LIQUOR

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

APPLICANT INFORMATION		
Name: First BERT	Full Middle NMI	Last WHITTINGTON
Current Address: 7019 WEST ST. LOUIS RIVER RD,		
City: CLOQUET	State: MINN.	Zip Code: 55720
Social Security Number: ..		

BUSINESS INFORMATION		
Business Name: NORTHEASTERN HOTEL LLC		
Business Address: 115 ST LOUIS AVE.		
City: CLOQUET	State: MINNESOTA	Zip Code: 55720

TAX IDENTIFICATION NUMBERS	
Federal Tax Identification Number: 41-5277316	
Minnesota Tax Identification Number: 1796642	

Signature: Bert Whittington

Date: 15 APRIL 2026

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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 NO (if applicable)	BUSINESS TELEPHONE NO. 218-879-9968	FAX TELEPHONE NO. —
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) NORTHEASTERN HOTEL LLC		
DBA ("doing business as" or also known as an assumed name) (if applicable) NORTHEASTERN HOTEL		
BUSINESS ADDRESS (must be physical street address, no PO boxes) 115 ST LOUIS AVE	CITY CLOQUET	STATE MN
COUNTY CARLTON	E-MAIL ADDRESS NORTHEASTERN@MCHSI.COM	ZIP CODE 55720

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

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent) S F M	NAIC Number
POLICY NO. 23177.221	EFFECTIVE DATE 01/01/2025
	EXPIRATION DATE 01/01/2026

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- 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: _____

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.

PRINT NAME		
APPLICANT SIGNATURE (required)	TITLE	DATE

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

Authorization & Release

The undersigned, having filed an application with the City of Cloquet realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Data Practices Advisory (*Tennessee Warning*)

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

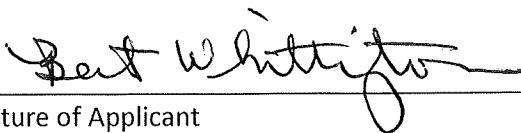
You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**



Signature of Applicant

15 APRIL 2026

Date

POST
CONSPICUOUSLY

MINNESOTA DEPARTMENT of HEALTH
625 Robert Street North, P.O. Box 64975
Environmental Health Division
St. Paul, Minnesota 55164-0975
(651) 201-4500

NOT TRANSFERABLE
AS TO PERSON
OR PLACE

Fee Paid: \$1,200.00
278

LICENSE NO. FBL-565-18399 FOR THE OPERATION OF:

License Categories: 1-Additional Food Service Bar, Base Fee - FBL, Category 2
Establishment, Hospitality Fee, 11-Hotel/Motel, Technology Fee

LICENSE PERIOD: January 1, 2026 THRU December 31, 2026

ISSUED TO:

Bert Whittington
115 St. Louis Avenue
Cloquet, Minnesota 55720

ESTABLISHMENT NAME:

Northeastern Hotel, Saloon + Grille
115 St. Louis Avenue
Cloquet, Minnesota 55720

License Type(s): Restaurant/Place of Refreshment

County: Carlton



ADMINISTRATIVE OFFICES

101 14th Street • Cloquet MN 55720
Phone: 218-879-3347 • Fax: 218-879-6555
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and City Council
From: Time Peterson, City Administrator *TP*
Date: May 5, 2026

ITEM DESCRIPTION: Old Main Street Closure Request

Proposed Action

Staff recommends that the City Council move to approve the request to close Old Main Street for the Northeastern Hotel's annual car shows taking place on June 6th, July 4th and Labor Day, as well as July 11th for an Antique Beer Sign Sale.

Background/Overview

The City has received a request from Bert Whittington for the closure of old Main between the Foundry Bar and Northeastern Hotel for their annual events listed above. The request is for the street to be closed between the hours of 7:00 a.m. to 4:00 p.m. during these events. The street closure will not affect the one residence, railroad roundhouse, Spafford Campground or Dunlap Park.

This is an annual request that has been granted with no issues being reported.

Policy Objectives

None

Financial/Budget/Grant Considerations

None

Advisory Committee/Commission Action

None

Supporting Documentation Attached

- Letter of request

Northeastern Hotel

115 St. Louis Avenue Cloquet, Minnesota 55720 1-218-879-3312, 879-9968, 393-0657

2 April, 2026

TO: Mayor Maki and Cloquet City Council Members

FROM: Bert Whittington, Proprietor, Northeastern Hotel

SUBJECT: June 6th, 4th of July and Labor Day Car Shows, July 11th Antique Beer Sign Sale and "Old Main Street" road blockage

The Northeastern Hotel will sponsor a "Rain or Shine" Car Show on 6 June, the 4th of July and Labor Day 7 September during 2026, and an Antique Beer Sign Sale on July 11th, 2026.

In the past we have requested, and been granted, to block off Old Main Street from the hours of 7am till 4pm during these event days. This blockage requires no personnel or resources from the city. I have my own yellow high visible street barriers and orange cones. It is only between the old Foundry Bar and the Northeastern Hotel, both properties that I own.

This blockage does not affect the only personal residence on Dunlap Island because the road is open going north, and is an equal distance either way. It is not a busy through fare, rather a barely used road between my two properties. The Railroad Roundhouse and Park are not affected at all.

The blocked portion of the road is used for parked classic cars and to allow pedestrians to safely view cars at the show and cross the street for other cars and venders set up across "Old Main Street" in my other parking lot. The road closure will greatly enhance the "Safety Factor" by stopping traffic from driving through the middle of a holiday family event, or Sale with venders. More importantly, it allows for Social Distancing and spacing between cars or tables.

I hereby request that I be granted permission to block off Old Main Street during the hours of 7am till 4pm on the 6th of June, 4th of July, 11 July and Labor Day 2026.

Thank you for your consideration in this matter.

Sincerely,



Bert Whittington



ADMINISTRATIVE OFFICES

101 14th Street • Cloquet MN 55720
Phone: 218-879-3347 • Fax: 218-879-6555
email: admin@cloquetmn.gov
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and City Council
From: Tim Peterson, City Administrator *TP*
Date: May 5, 2026

ITEM DESCRIPTION: Transient Merchant License for Fireworks Sales

Proposed Action

Staff recommends that the City Council move to approve the Peddlers, Solicitors, & Transient Merchants License for American Promotional Events, dba TNT Fireworks, to sell fireworks in the parking lot of Walmart, subject to submittal of all licensing requirements, license fee and completion of background checks.

Background/Overview

The City has received an application from TNT Fireworks for a Peddlers, Solicitors, & Transient Merchants license to sell fireworks from June 20 through July 5, 2026, between the hours of 8:00 a.m. and 8:00 p.m. in the parking lot of Walmart, 1308 Hwy 33 South. Walmart has granted permission for the applicant to utilize their parking lot.

Policy Objectives

Section 6.6 of the Municipal Code requires the regulation of peddlers, solicitors, and transient merchants. The purpose of such licensing is to regulate the potential nuisance and public safety issues which sometimes relate to such operations. The City does not have a separate licensing requirement for retail fireworks sales.

Financial/Budget/Grant Considerations

The applicant has submitted the appropriate license fee associated with this license. There is no other direct cost to the City.

Advisory Committee/Commission Action

None

Supporting Documentation Attached

- Application



STATEMENT OF PURPOSE

American Promotional Events dba TNT Fireworks is submitting for approval for the attached application.

Location address: 1308 HIGHWAY 33 SOUTH, CLOQUET, MN 55720

The purpose is to sell Minnesota State approved fireworks in a temporary tent from approximately, June 20, 2026 – July 5, 2026. The tent will be erected about three days prior to the sale and removed within two to five days of completion of the sale. The hours of operation will be from 8am – 10pm, or as dictated by local location ordinances.

There will be two fire extinguishers readily accessible. “No Smoking,” age limit signs, as well as “No Discharging Fireworks within 300ft” signs will be posted and enforced. There will be a minimum of two people onsite at all times and the product will be secured 24/7 to ensure safety.

If you have any question, please do not hesitate to call me at 256-768-0000.
Sincerely,

Lisa McGee

Lisa McGee
Regional Administrative & Permitting Coordinator
mcgeel@tntfireworks.com

AMERICAN PROMOTIONAL EVENTS, INC.
P.O. BOX 1318 – 4511 HELTON DRIVE - FLORENCE, AL 35630
PHONE (256) 764-6131 – FAX (205) 533-6043
www.tntfireworks.com



CITY ADMINISTRATOR'S OFFICE

101 14th Street, Cloquet MN 55720
Phone: 218-879-3347 Fax: 218-879-6555
www.cloquetmn.gov
email: kstarnold@cloquetmn.gov

Application for License Regulating Peddlers, Solicitors, & Transient Merchants

This application, all required documentation and fees must be submitted by any person desiring to obtain a Peddlers, Solicitors & Transient Merchant license within the City of Cloquet, MN.

APPLICANT'S FULL LEGAL NAME:

Name: JACOB DARRELL QUAM
First Full Middle Name Last

Residence Address: _____
City, State, Zip: SAINT PAUL, MN 55119-6911

Home Phone _____ Work Phone _____ Cell Phone _____
quamj@tntfireworks.com
F-Mail Address

Date of Birth: _____ Place of Birth: _____
Social Security #: _____ Drivers License #: _____ State: MN
Eye Color: HAZEL Hair Color: BROWN Height: 5' 10" Weight: 170

BUSINESS/ORGANIZATION INFORMATION:

Business or Organization Name: TNT FIREWORKS - RETAIL SALE OF APPROVED MN FIREWORKS
Address: 4003 HELTON DRIVE, FLORENCE, AL 35630
Mailing Address (if different from above): _____
Phone: 256.764.6131 Alternate Number: 256-768-0000 - LISA MCGEE

LOCATION OF PROPOSED SALES:

Business/Organization Name: WALMART PARKING LOT
Address: 1308 HIGHWAY 33 SOUTH, CLOQUET, MN 55720
Local Phone Number: _____ Permanent Phone Number: _____

Any and all addresses and telephone numbers where the applicant can be reached while conducting business within the city, including the location where a transient merchant intends to set up business:

Address: _____ Phone: _____
Address: _____ Phone: _____

THE LENGTH OF TIME FOR SALES OR SOLICITING AND HOURS DURING WHICH BUSINESS WILL BE CONDUCTED:
 (Not to exceed 30 days)

Beginning Date: _____ Ending Date: _____

Hours during which business will be conducted: _____
 (City Code states hours of business are to be conducted between 8:00 a.m. and 8:00 p.m.)

Brief description of the nature of the business or solicitation and the goods to be sold or given away:

Do you have **written consent** of the landowner upon whose premises this activity is to be conducted? Yes No (If yes, please attach written consent.)

Do you use a **Sales Contract**? Yes No (If yes, please attach a copy.)

Name and Address of the Source of Supply of the goods or property proposed to be sold, or orders taken for the sale thereof; location of such goods or products at the time of this application; and proposed method of delivery:

List the names of the last three (3) cities where you have registered and conducted business for your activities:

City and Address	State
ST. CLOUD - 101 10TH AVENUE NORTH	MN
WEST ST. PAUL - 1616 HUMBOLDT AVENUE	MN
SARTELL - 125 PINECONE ROAD NORTH	MN

Describe all vehicles that you will be using in your activities:

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
-------	-------

1. Have you, or those working for you in Cloquet, been convicted within the last five (5) years, of any felony, gross misdemeanor, or misdemeanor for violation of any federal, state, or local ordinance other than traffic ordinances
 Yes No *If yes, give information as to the date, place, and offense for each conviction.*

2. List all names, nicknames and aliases by which you have been known: _____

3. List addresses at which you have lived during the preceding three years. (Begin with present or last address and work back. *Attach additional sheets if necessary.*)

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

Street Address: _____

City, State, Zip: _____

Dates at Address: _____

I HEREBY UNDERSTAND AND AGREE THAT:

1. Information revealed herein for a Peddler, Solicitor and Transient Merchant License in the City of Cloquet will be handled by the City in accordance with federal and state laws regarding privacy of criminal records.
2. Failure to reveal a criminal conviction will be considered falsification of the application and may be used as grounds for denial of the license.

(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.



Signature of Applicant

03.30.2026

Date

Print Name JACOB DARRELL QUAM
First Middle Last

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.

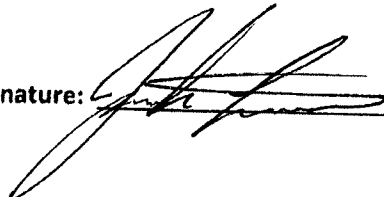
License Type: _____

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

APPLICANT INFORMATION		
Name: First Jack	Full Middle WAYNE	Last CHADDIC
Current Address:		
City: SAINT CLOUD	State: MINNESOTA	Zip Code: 56303
Social Security Number:		

BUSINESS INFORMATION		
Business Name:		
Business Address:		
City:	State:	Zip Code:

TAX IDENTIFICATION NUMBERS	
Federal Tax Identification Number:	
Minnesota Tax Identification Number:	

Signature: 

Date: 4/13/26

Authorization & Release

The undersigned, having filed an application with the City of Cloquet realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Data Practices Advisory (Tennessee Warning)

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

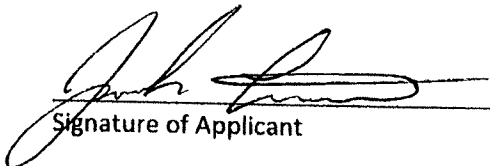
You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**



Signature of Applicant

4/13/26

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/1/2026

10/31/2025

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

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

PRODUCER Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 3280 Peachtree Rd. NE, Ste. 1000 Atlanta GA 30305 (404) 460-3600	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Century Surety Company		36951
INSURER B : _____		
INSURER C : _____		
INSURER D : _____		
INSURER E : _____		
INSURER F : _____		

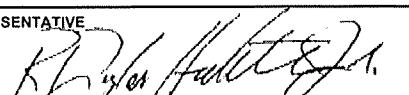
INSURED
 1359629 American Promotional Events, Inc.
 DBA TNT Fireworks, Inc.
 P.O. Box 1318
 4511 Helton Drive
 Florence AL 35630

COVERAGES **CERTIFICATE NUMBER:** 14586555 **REVISION NUMBER:** XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: _____	Y	N	CCP1254837	11/1/2025	11/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Additional Insured: MN 1929; Property located at 1308 Highway 33 South, Cloquet, MN 55720; Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

CERTIFICATE HOLDER 14586555 WALMART STORES, INC. 702 SW 8TH STREET BENTONVILLE AR 72716	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 
--	--

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

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 256.764.6131	Alternate telephone number	
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.) AMERICAN PROMOTIONAL EVENTS			
DBA ("doing business as" or "also known as" an assumed name), if applicable TNT FIREWORKS			
Business address (must be physical street address, no P.O. boxes) 4511 HELTON DRIVE	City FLORENCE	State AL	ZIP code 35630
County LAUDERDALE	Email address		

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)

Policy number	Effective date	Expiration date
---------------	----------------	-----------------

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

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 LISA MCGEE

Applicant signature (required) <i>Lisa McGee</i>	Title Reg Admn/Permitting Coordinat	Date 02.03.2026
---	--	--------------------

If you have questions about completing this form or to request this form in Braille, large print or audio.



802 Respect Drive
Bentonville, AR 72716
Jimmy.Buchanan@walmart.com

November 5, 2025

To Whom It May Concern,

American Promotional Events, Inc. dba TNT Fireworks is an approved National Supplier to conduct fireworks promotions on our Walmart parking lots where this type of promotion is legal. All stores have been researched and approved by the Walmart Realty Department. Approximate time frame for the select stores approved for additional selling date promotions are:

- May 20th, 2026 to July 12th, 2026 with the exception of Utah which has an additional selling period through the end of July for Pioneer Days.

American Promotional Events, Inc. dba TNT Fireworks is authorized to sign for and obtain all necessary permits and/or licenses for the promotion and must display such permits and/or licenses at each stand/tent. Walmart grants permission for all patrons of the sale to utilize the restroom facilities at each participating store.

An American Promotional Events, Inc. dba TNT Fireworks representative will call you to introduce the company and discuss your participation in the event. Participation is encouraged and does add additional income to your other income account. Store Management must approve the store's participation and placement on the parking lot.

Thank you in advance for your cooperation in this matter and if you have any questions, please contact TNT Fireworks at 256-767-7142.

Best Regards,

Signed by:

C1C50CE93BEF40C...
Jimmy Buchanan
Senior Manager
Walmart Retail Services

Store: Wal-Mart #1929

Address: 1308 MN-33 - Cloquet, MN 55720

Location#: FMN1929



TNT Fireworks Contact:

Name: Jacob Quam

Email Address: quamj@tntfireworks.com

Phone Number: 612-263-4666

Date: _____

Store Manager spoke with:

Name: _____

Site Map reviewed: Yes / No (Circle)

Notes: _____

CONTAINER



TENT





ADMINISTRATIVE OFFICES

101 14th Street • Cloquet MN 55720
Phone: 218-879-3347 • Fax: 218-879-6555
email: admin@cloquetmn.gov
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and City Council
From: Tim Peterson, City Administrator *TP*
Date: May 5, 2026

ITEM DESCRIPTION: Approval of Pawnshop License Renewal

Proposed Action

Staff recommends the City Council move to approve the Pawnbroker License renewal for Marksman Trading Post, Inc. subject to submittal of all licensing requirements.

Background/Overview

Attached the City Council will find the renewal application for Marksman Trading Post, 227 ½ Highway 33 North for 2026. Business license holders renew their licenses annually and owner of Marksman Trading Post, Leslie Welch, has submitted the required paperwork and renewal fees for 2026.

Policy Objectives

Approval of these various licenses is required under Chapter 6 of the Municipal Code. There is no limit on the number of licenses issued in any one year for any of these licenses.

Financial/Budget/Grant Considerations

The City's fee schedule varies for each of these licenses as set by the City Council. The applicants have paid the required fees.

Advisory Committee/Commission Action

None.

Supporting Documentation Attached

- 2026 Renewal Application



CITY ADMINISTRATOR'S OFFICE

101 14th Street, Cloquet MN 55720
Phone: 218-879-3347 Fax: 218-879-6555
www.cloquetmn.gov
email: kstarnold@cloquetmn.gov

**LICENSE RENEWAL APPLICATION
PAWNBROKER LICENSE**

Applicant / Licensee Information		
First Name Leslie	Full Middle Name	Last Name Welch
Current Street Address		
City Hermantown	State MN	Zip 55811
Home Phone	Work Phone	Cell Phone
At what phone number would you like us to contact you? 218-879-0077		
Email Address: Lesliec.marksmàn@gmail.com		
Business Information:		
Business / License Name: MarksMan Trading Post Inc.		
Business Address: 227 ½ Hwy 33 North		
City Cloquet	State MN	Zip 55720
Business Phone: 218-879-0077		Alternate Number:
Mailing Address (if different from above):		
City	State	Zip
If the name of the business is to be conducted under a designation, name or style other than the name of the applicant, please submit a certified copy of the certificate as required by Minnesota Statutes, Sec. 333.01)		
Are you a Federal Firearms Dealer? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - Fed. ID Number: 3-41-017-02-48-06198		
How many employees are intended to be engaged in the operation of the business? <u>2</u>		

Business Identification

Minnesota Business Tax ID Number: <i>(Per Minnesota Statute 270C.72)</i>	7725671
Applicant's Social Security Number:	441-66-3404
Federal Business Tax ID Number: <i>(if applicable)</i>	85-3429286

Proof of Workers' Compensation Insurance Coverage

Insurance Company Name:			
Effective Date:		Expiration Date:	06/17/24
06/17/25			
Policy Number/Self-insurance permit number: <i>(Per Minnesota Statute Section 176.182)</i>	UB-B5503455-42		
I am <u>not</u> required to have workers' compensation liability coverage because:			
<input type="checkbox"/> I have no employees covered by the law <input type="checkbox"/> Other (Specify)			

Business Ownership

Type of ownership:	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Other _____
If jointly owned or partnership/corporation, you must provide the following information on any/all joint owners, partners or corporate members. (Attach additional sheets if necessary)				
First Name	Full Middle	Last Name		
Leslie	Wayne	Welch		
Title: Owner				
Home Address:				
City	State	Zip		
Hermantown	MN	55811		
Home Phone	Work Phone	Cell Phone		
		918-630-6665		
Email Address: lwelch@pulsarobi.com				
Date of Birth:		Place of Birth:		
		NA		
Social Security Number:		Percent of Interest:		
		100%		

MANAGER OR PERSON IN CHARGE OF BUSINESS – Please check one: Current Manager New Manager
(If manager has changed or is new, an investigation will have to be completed)

First Name <i>Leslie</i>	Full Middle	Last Name <i>Welch</i>
-----------------------------	-------------	---------------------------

Home Address:

City	State	Zip
------	-------	-----

Home Phone	Work Phone	Cell Phone
------------	------------	------------

Email Address:

Building/Premise

Property Parcel ID Number: N/A

The property at which I am requesting a license for, I Own Rent Lease Other: _____

(If you rent or lease the premises, you must attach a copy of your fully executed rental or lease agreement pertaining to the proposed business premises)

If you are not the property owner, please list property owner information: N/A

First Name	Full Middle	Last Name
------------	-------------	-----------

Address:

City	State	Zip
------	-------	-----

Home Phone	Work Phone	Cell Phone
------------	------------	------------

Are any of the following taxes or charges for the licensed premises unpaid or delinquent?

Real Estate Taxes Yes No

Special Assessments Yes No

City Utility Bills Yes No

Authorization & Release

The undersigned, having filed an application with the City of Cloquet realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Data Practices Advisory (*Tennessee Warning*)

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

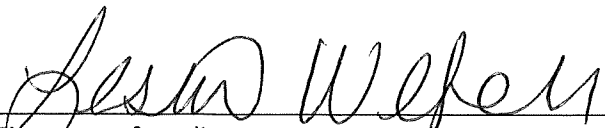
You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**



Signature of Applicant

04-15-2026

Date

MERCHANTS BONDING COMPANY

MERCHANTS BONDING COMPANY, INCORPORATED IN THE STATE OF MISSISSIPPI
200017220 (REV. 12/15/14) (SUC. 11/15/14)

CONTINUATION CERTIFICATE (to be filed with the obligee)

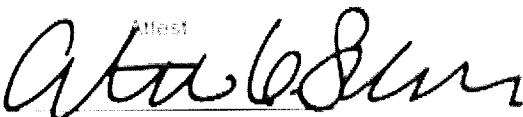
100017220 \$5,000 Pawnbroker
 BOND NO. AMOUNT DESCRIPTION

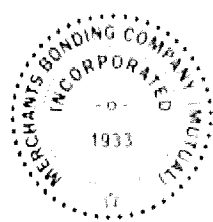
OBLIGEE City of Cloquet

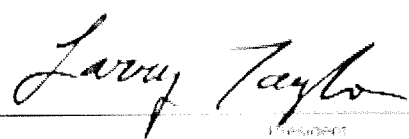
PRINCIPAL Markswan Trading Post, Inc.

DBA _____

All liability under this Continuation Certificate is effective 04/12/2026 and terminates midnight 04/12/2027
 This continuation is executed upon the express condition that the Company's liability under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed in the aggregate the largest single amount named in the Bond, the endorsement attached thereto, or any continuation certificate.
 Witness the signature of its President under the corporate seal on December 19, 2025

Attest

 Secretary

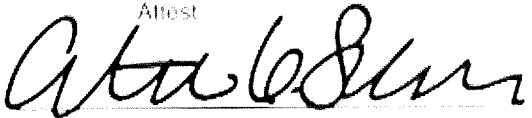


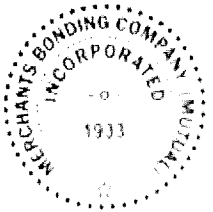
Merchants Bonding Company (Mutual)

 President

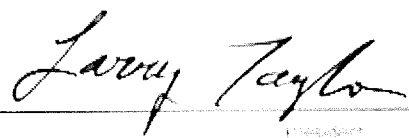
CERTIFICATION

I hereby certify the Power of Attorney executed and is signed and sealed by facsimile under and by authority of the By-Laws adopted by the Board of Directors of the Company. The President, Secretary, or Treasurer or any Assistant Treasurer or any Assistant Secretary shall have power and authority to execute on behalf of the Company and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof, and the signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed. Further certify that the following are duly elected officers of the Company: Larry Taylor, President, and Elizabeth Sandersted, Secretary.

IN TESTIMONY WHEREOF I have hereunto set my hand as President and affix the Corporate Seal of the Merchants Bonding Company (Mutual)

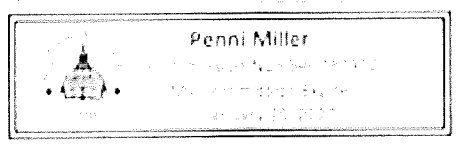
this 19th day of December, 2025
 Attest

 Secretary



Merchants Bonding Company (Mutual)

 President

On this 19th day of December, 2025 before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of the Merchants Bonding Company (Mutual) the corporation described in the foregoing instrument and that the Seal affixed to the said instrument is the Corporate Seal of the said Corporation and that the said instrument was signed and sealed in behalf of said Corporation by authority of its Board of Directors.

Witnessed to and subscribed by me on December 19, 2025



Notary Public: Penni Miller



ADMINISTRATIVE OFFICES

101 14th Street • Cloquet MN 55720
Phone: 218-879-3347 • Fax: 218-879-6555
email: admin@cloquetmn.gov
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and City Council
From: Tim Peterson, City Administrator *TP*
Date: May 5, 2026

ITEM DESCRIPTION: Transient Merchant License for Flea Market

Proposed Action

Staff recommends that the City Council move to approve the Peddlers, Solicitors, & Transient Merchants License for Marksman Trading Post, 227 ½ Highway 33 North, for a flea/farmers' market in their parking lot, once a month on Saturdays, May through September.

Background/Overview

The City has received an application from Leslie Welch of Marksman Trading Post to hold a monthly farmers/flea market in the parking lot of Marksman Trading Post, 227 ½, Highway 33 North, beginning in May and going through September. This request has been granted since 2022 with no issues being reported.

The applicant has submitted the completed application, insurance information, clear background checks and required fees.

Policy Objectives

Section 6.6 of the Municipal Code requires the regulation of peddlers, solicitors, and transient merchants. The purpose of such licensing is to regulate the potential nuisance and public safety issues which sometimes relate to such operations.

Financial/Budget/Grant Considerations

The applicant has submitted the appropriate license fees associated with this license. There is no other direct cost to the City.

Advisory Committee/Commission Action

None.

Supporting Documentation Attached

- Application



CITY ADMINISTRATOR'S OFFICE
 101 14th Street, Cloquet MN 55720
 Phone: 218-879-3347 Fax: 218-879-6555
 www.cloquetmn.gov
 email: kstarnold@cloquetmn.gov

Application for License Regulating Peddlers, Solicitors, & Transient Merchants

This application, all required documentation and fees must be submitted by any person desiring to obtain a Peddlers, Solicitors & Transient Merchant license within the City of Cloquet, MN.

APPLICANT'S FULL LEGAL NAME:

Name: LESLIE WELCH
First Full Middle Name Last

Residence Address: _____

City, State, Zip: _____

na 218-879-0077
Home Phone Work Phone Cell Phone

_____ E-Mail Address

Date of Birth: _____ Place of Birth: KATY TEXAS

Social Security #: 376087043 Drivers License #: _____ State: MN

Eye Color: BLU Hair Color: BROWN Height: 5'7 Weight: 200

BUSINESS/ORGANIZATION INFORMATION:

Business or Organization Name: MARKSMAN TRADING POST IMC

Address: 227 1/2 HWY 33 N CLOQUET MN 55720

Mailing Address (if different from above): _____

Phone: 218 879 0077 Alternate Number: _____

LOCATION OF PROPOSED SALES:

Business/Organization Name: MARKSMAN TRADING POST INC

Address: 227 1/2 HWY 33 N CLOQUET MN 55720

Local Phone Number: _____ Permanent Phone Number: 218 879 0077

Any and all addresses and telephone numbers where the applicant can be reached while conducting business within the city, including the location where a transient merchant intends to set up business:

Address: 227 1/2 HWY 33 N CLOQUET MN 55720 Phone: 2188790077jU

Address: _____ Phone: _____

**THE LENGTH OF TIME FOR SALES OR SOLICITING AND HOURS DURING WHICH BUSINESS WILL BE CONDUCTED:
(Not to exceed 30 days)**

Beginning Date: 05/01/2026 Ending Date: 09/30/2026

Hours during which business will be conducted: 10AM-4PM
(City Code states hours of business are to be conducted between 8:00 a.m. and 8:00 p.m.)

Brief description of the nature of the business or solicitation and the goods to be sold or given away:

HOST FLEAMARKETS DURING SUMMER MONTHS POSSIBLE ITEMS SOLD-CRAFTS,PRODUCE,TRINKETS,ANTIQUES

Do you have **written consent** of the landowner upon whose premises this activity is to be conducted? Yes No (If yes, please attach written consent.)

Do you use a **Sales Contract**? Yes No (If yes, please attach a copy.)

Name and Address of the Source of Supply of the goods or property proposed to be sold, or orders taken for the sale thereof; location of such goods or products at the time of this application; and proposed method of delivery:

MARKSMAN TRADING POST INC. 227 1/2 HWY 33 N CLOQUET MN 55720
WILL BRING THERE OWN ITEMS -VENDORS-
PICK UP AND PURCHASE AT OUR PLACE OF BUSINESS

List the names of the last three (3) cities where you have registered and conducted business for your activities:

City and Address	State
227 1/2 HWY 33 N CLOQUET	MN

Describe all vehicles that you will be using in your activities:

Make: <u>NONE</u>	Year:
Model:	License #:
Color:	State:

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
Model:	License #:
Color:	State:

Make:	Year:
-------	-------

Model:	License #:
Color:	State:

List the Full (*last, first, full middle*) Name, Date of Birth, Permanent Address, Social Security #, Drivers License #, and description of ALL persons proposed to be employed in this municipality during the period for which this application is made: (Attach additional sheets if necessary.)

Name (Last, First, Full Middle)	WELCH, LESLIE, CHRISTINE	
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:MN
Physical Description	AMERICAN INDIAN BROWN HAIR BLUE EYES 5'7, TATTOOS	

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

Name (Last, First, Full Middle)		
Date of Birth		
Permanent Address		
Social Security #		
Driver's License #		State:
Physical Description		

1. Have you, or those working for you in Cloquet, been convicted within the last five (5) years, of any felony, gross misdemeanor, or misdemeanor for violation of any federal, state, or local ordinance other than traffic ordinances
 Yes No *If yes, give information as to the date, place, and offense for each conviction.*

2. List all names, nicknames and aliases by which you have been known: _____

3. List addresses at which you have lived during the preceding three years. (Begin with present or last address and work back. *Attach additional sheets if necessary.*)

Street Address: 80 ERICKSON RD
City, State, Zip: ESKO MN 55733
Dates at Address: 20YEARS

Street Address: _____
City, State, Zip: _____
Dates at Address: _____

Street Address: _____
City, State, Zip: _____
Dates at Address: _____

I HEREBY UNDERSTAND AND AGREE THAT:

1. Information revealed herein for a Peddler, Solicitor and Transient Merchant License in the City of Cloquet will be handled by the City in accordance with federal and state laws regarding privacy of criminal records.
2. Failure to reveal a criminal conviction will be considered falsification of the application and may be used as grounds for denial of the license.

(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.



Signature of Applicant



Date

Print Name LESLIE CHRISTINE WELCH

First

Middle

Last

Cloquet Interiors

store parking
flee market parking

marksman

grass

flee market area

flee market area

store parking

Roped off area

↑ Drive lane 25 ft ↑

entrance

Hwy 33 →

grass

sign

grass

entrance

Hwy 33 →



Nautilus Insurance Company®

An Arizona Stock Corporation

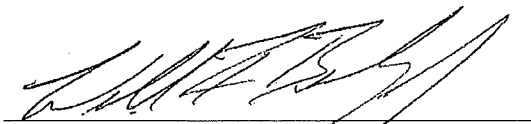
COMMERCIAL LINES POLICY

THIS POLICY IS NOT OBTAINED PRIMARILY FOR PERSONAL, FAMILY OR HOUSEHOLD PURPOSES.


THIS POLICY CONSISTS OF:

- Declarations;
- Common Policy Conditions; and
- One or more Coverage Parts. A Coverage Part consists of:
 - One or more Coverage Forms; and
 - Applicable Forms and Endorsements.

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.



W. Robert Berkley, Jr.
President



Philip S. Welt
Secretary

Administrative Office: 7233 East Butherus Drive, Scottsdale, Arizona 85260 (480) 509-6627


Policy Issuing Office: 7233 East Butherus Drive, Scottsdale, Arizona 85260 (480) 951-0905



DEPARTMENT OF PUBLIC WORKS

101 14th Street; Cloquet, MN 55720
Phone: (218) 879-6758 Fax: (218) 879-6555
Street - Water - Sewer – Engineering - Park
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: Mayor and City Council
From: Caleb Peterson, Public Works Director
Reviewed By: Tim Peterson, City Administrator 
Date: May 5, 2026

ITEM DESCRIPTION: Sappi Water Contract Amendment

Proposed Action

Staff recommends the City Council move to adopt **RESOLUTION NO. 26-24, A RESOLUTION ENTERING INTO A WATER CONTRACT AMENDMENT WITH SAPPI CLOQUET LLC.**

Background

The City of Cloquet was awarded \$5 million in State Bond Funding to complete critical repairs on the Lake Superior Waterline. Projects included in the proposed scope of work include replacement of the electrical systems at both pump stations and reconditioning of the two ground storage reservoirs. To secure the \$5 million in bond funds, the city must first secure a 50% match from Sappi and show the project is fully funded.

Under the existing water contract with Sappi, the City and Company must agree to additional CIP charges in addition to the normal water rates. The proposed water contract amendment is a supplement to the original agreement specifically addressing payments associated with the proposed capital improvements. Opting for lump sum payments rather than a long-term bond issue limits the city's risk and saves the company payments on interest.

No changes are proposed to the current water contract. Operations of the Lake Superior Waterline would continue to operate as permitted for the past 50 years.

Policy Objectives

N/A

Financial/Budget/Grant Considerations

The total cost for improvements is estimated at \$10 million. Funding for these improvements will be split between State Bond Funds and supplemental capital improvement rates implemented under the proposed agreement.

Advisory Committee/Commission Action

N/A

Supporting Documents Attached

- Resolution No. 26-24
- Supplemental Agreement

**CITY OF CLOQUET
COUNTY OF CARLTON
STATE OF MINNESOTA**

RESOLUTION NO. 26-24

**RESOLUTION ENTERING INTO A WATER CONTRACT AMENDMENT
WITH SAPPI CLOQUET LLC.**

WHEREAS, electrical systems at Pump Stations 1 & 2 on the Lake Superior Waterline have reached the end of their useful life as the equipment is approaching 60 years old with extremely limited availability of replacement parts; and

WHEREAS, coatings on the two Waterline Reservoirs are 30 years old and require repainting to prevent irreparable structural damage; and

WHEREAS, the City of Cloquet has secured state bond funding to complete half of the necessary improvements; and

WHEREAS, the City of Cloquet and Sappi Cloquet LLC. have reached a supplemental agreement to fund the remainder of the project.

NOW, THEREFORE, BE IT RESOLVED, BY THE CITY COUNCIL OF THE CITY OF CLOQUET, MINNESOTA, That the Water Contract Amendment with Sappi Cloquet LLC. is hereby approved.

BE IT FURTHER RESOLVED, The City Administrator and City Engineer are hereby authorized to execute the agreement on behalf of the City of Cloquet.

PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF CLOQUET THIS 5th DAY OF MAY 2026.

Roger Maki, Mayor

ATTEST:

Tim Peterson, City Administrator

WATER CONTRACT AMENDMENT

This Water Contract Amendment (the “Amendment”), made and entered this 5th day of May, 2026 by and between the City of Cloquet, a municipal corporation located in Carlton County, Minnesota, with City offices at 101 14th Street, Cloquet, MN, called herein the “City”, and Sappi Cloquet LLC, a Delaware limited liability company called herein the “Company”, with offices at 255 State Street, Boston, Massachusetts 02109 and a manufacturing facility at 2201 Avenue B, Cloquet, Minnesota (the “Mill”).

RECITALS

WHEREAS, the City is the owner and operator of a water system and pipeline which carries and pumps fresh water from Lake Superior to the City of Cloquet (the “Lake Superior Water Line”), from which the Company draws water;

WHEREAS, the City and the Company have discussed and agreed upon a formula for determining the amount of moneys to be paid by the Company to the City for all water delivered to the Company by the City from the Lake Superior Water Line;

WHEREAS, the City and the Company entered into that Water Contract made and entered on September 1, 2023 (the “Water Contract”);

WHEREAS, the Water Contract provides that the City and Company will develop a five-year capital improvement plan and will agree to a bond/capital monthly improvement charge;

WHEREAS, the City and the Company have agreed to the following improvements, which are part of the five-year capital improvement plan:

- Electrical system and related upgrades at Station #1;
- Electrical system and related upgrades at Station #2;
- Capital improvements at the Harris reservoir; and
- Capital improvements at the Wagtskjold reservoir

(together, the “Improvements”).

WHEREAS, the City shall prepare the plans and specifications (the “Plans”) and bid documentation for the Improvements (the “Bid Documentation”);

WHEREAS, the City and the Company anticipate that the Improvements may be bid as separate projects resulting in multiple construction contracts (together, the “Construction Contracts,” or individually, a “Construction Contract”);

WHEREAS, the City will enter into the Construction Contracts for the Improvements, subject to the terms of this Amendment;

WHEREAS, the Improvements shall include the improvements described in the Construction Contracts;

WHEREAS, the City has received grant funds for the Improvements pursuant to Laws of Minnesota 2023, Chapter 72, Article 1, Section 23, subdivision 11 in the amount of \$5,000,000 (the "G.O. Grant"). The G.O. Grant will be provided pursuant to and is subject to a General Obligation Bond Proceeds Grant Agreement to be entered into between the City and the Minnesota Public Facilities Authority (the "Grant Agreement"); and

WHEREAS, pursuant to the Water Contract, the City and the Company have agreed to a bond/capital monthly improvement charge for the Improvements which shall not be on a monthly basis, but instead shall be payable as specified in this Amendment.

NOW, THEREFORE, and in consideration of the mutual promises and covenants herein contained the parties hereto agree as follows:

1. The following provisions are added to the Water Contract:
 - A. The Recitals are incorporated herein by reference.
 - B. The City and the Company acknowledge the existence of the Grant Agreement and agree that the terms, conditions and provisions contained in the Grant Agreement shall control over any inconsistent or contrary terms, conditions and provisions contained in the Water Contract, as amended by this Amendment.
 - C. The City will prepare the Plans and provide a copy to the Company to review and provide comments to the City.
 - D. The City will prepare the Bid Documentation and advertise for bids.
 - E. If the bids for the Improvement exceed \$10,000,000, the provisions of paragraph H shall apply.
 - F. If the bids for the Improvement are less than \$10,000,000, the provisions of paragraph I shall apply.
 - G. The Company agrees to pay the bond/capital monthly improvement charge in the following amounts at the specified times (hereafter referred to as the "Capital Charge"):

<u>Amount of Capital Charge</u>	<u>Specified Time</u>
\$1,000,000	Within 30 days of execution of this contract amendment (the "Initial Payment").

\$2,000,000	Upon award of the first Construction Contract for any portion of the Improvements; provided this payment shall be in the next fiscal year for Company, beginning October 1, 2026 (the "Second Payment").
\$2,000,000	Upon substantial completion of each of the Construction Contracts for the Improvements.

Notwithstanding the payment times specified above, if payment is due under a Construction Contract by the City and G.O. Grant funds or prior Capital Charge paid by Company are not available to the City, the Company shall pay any portion of the Capital Charge not yet paid to the City in the amount necessary to pay the amounts owed under each Construction Contract.

- H. The following provisions shall apply if the bids received by the City for the Improvements exceed \$10,000,000:
- (i) If the bids for the Improvements are greater than \$10,000,000 and equal to or less than \$10,500,000, the Company will contribute an additional bond/capital monthly improvement charge equal to the difference between the lowest bid received by the City and \$10,000,000 (i.e. if the bid amount is \$10,400,000, the Company will pay an additional \$400,000). The additional bond/capital monthly improvement charge shall be paid at the times specified in 1F above, pro rated over each specified time (i.e. using the example in this paragraph G, an additional \$160,000 will be paid with each of the Initial Payment and Second Payment, and \$80,000 at the Final Payment.
 - (ii) If the bids for the Improvements are greater than 10,500,000, the City shall notify the Company and the City shall not award any Construction Contracts for the Improvements until the parties reach an agreement regarding how to fund the additional project costs.
- I. The following provisions apply if the bids received by the City for the Improvements are less than \$10,000,000:
- a. If the total of engineering services contracts and bids for the Improvements are less than \$10,000,000, the City and the Company shall promptly meet to discuss potential future capital improvements to the Lake Superior Water Line, including but not limited to critical valve work within Station #2, to be paid for by the excess bond/capital improvement charges paid by the Company and the remaining funds attached to the G.O. Grant.
 - b. Notwithstanding the foregoing, if the bids for the Improvements are less than \$9,000,000, the City shall notify the Company and the City shall not invoice the final \$500,000 in capital charges until the parties reach an agreement

regarding future capital improvements as described in the prior paragraph or a reduced final billing.

WITNESS first above WHEREOF, written. The parties hereto have caused this Amendment to be executed the day and first year above written.

CITY OF CLOQUET

BY: _____
City Administrator

Attest: _____
Public Works Director

SAPPI CLOQUET LLC, A Delaware Limited Liability Company

BY: _____
Anne Ayer, Vice President

Attest: _____



DEPARTMENT OF PUBLIC WORKS

101 14th St; Cloquet, MN 55720
Phone: (218) 879-6758 Fax: (218) 879-6555
Street - Water - Sewer – Engineering - Park
www.cloquetmn.gov

REQUEST FOR COUNCIL ACTION

To: City Council
From: Caleb Peterson, Director of Public Works
Reviewed By: Tim Peterson, City Administrator *tcp*
Date: May 5, 2026

ITEM DESCRIPTION: Award Quote for Two Water Service Replacements

Proposed Action

Staff recommends that the City Council move to accept the quote from DeCaigny Excavating in the amount of \$28,850.00 to replace water services at 30 13th St and 2319 ½ Selmser Ave.

Background/Overview

Recently staff were called to fix water leaks affecting each of these properties. While investigating the problem it was determined that each of these properties are served by a galvanized waterline that has deteriorated beyond repair.

Both of these addresses currently utilize a temporary water connection from a neighboring property, so time is of the essence in completing this work.

Through our “lead line inventory” any known galvanized service line in Cloquet is being classified as “Galvanized Requiring Replacement”. As a water service provider, the Public Works Department is committed to following requirements set by the Minnesota Department of Health to replace service lines classified as “Galvanized Requiring Replacement”. Therefore, staff determined if any effort is going to be made to fix these lines it would make sense to eliminate all the galvanized piping on the outside of the home in the process.

For the service at 30 13th Street, it’s likely the sewer line will need to be replaced as its proximity to the waterline will make it infeasible to protect.

Financial/Budget/Grant Considerations

Although the City recently received a grant to conduct some of this work, that project might still take months to get started. Staff propose to pay for this work from the waterline repair fund and will seek to be reimbursed from the grant if possible.

Additionally, if the sewer line for 30 13th Street needs to be replaced, some of that cost could be covered by our I&I Private sewer grant program.

Quotes Received: Staff solicited from 6 local contractors and received 5 qualified quotes with DeCaigny Excavating being the low bid at \$28,850.00

Supporting Documentation

None