

COTTONWOOD CITY COUNCIL AGENDA  
INTERACTIVE ATTENDANCE | ZOOM ID 643-926-8757 & PASSWORD 866664  
IN PERSON ATTENDANCE | COTTONWOOD FIRE HALL  
MONDAY, FEBRUARY 03, 2025 | 7:00PM



**I. CALL TO ORDER & FLAG PLEDGE**

**II. AGENDA ADDITIONS**

**III. MINUTES**

- A. CONSIDERATION TO APPROVE JANUARY 21, 2025 MEETING MINUTES

**IV. CONSENT AGENDA (*one motion approves all*)**

- A. RESOLUTION 2025\_0203 AMBULANCE DONATION – ADM MATCH DONATION

**V. FOLLOW UP**

- A. CITY OFFICE  
i. Office Update

**VI. DEPARTMENT UPDATES**

- A. SHERIFF'S DEPARTMENT REPORT  
B. ADMINISTRATION REPORT – TEATHER BLISS  
i. Water Report  
ii. Collateral  
iii. Update Grants  
iv. **Veterans Park Grant**  
v. **Financials**  
C. PUBLIC WORKS DEPARTMENT REPORT – ALLEN OLSEN  
D. ~~ENGINEER REPORT – KENT LOUWAGIE~~  
E. ~~FIRE DEPARTMENT REPORT~~  
F. AMBULANCE SERVICE REPORT  
i. Review January Meeting Minutes  
ii. Consideration to Approve the PSV Quote totaling \$263,137.00  
G. ~~RLF, SCDP, & ECONOMIC DEVELOPMENT UPDATE~~

**VII. NEW ACTION ITEMS**

- A. ADMINISTRATION  
i. Consideration to Approve Waste License—Olson Sanitation  
ii. Consideration to Approve Waste License—Southwest Sanitation  
iii. **Consideration to Approve Plumbing License—Laleman Septic Plumbing LLC**  
iv. Consideration to Approve BYOB Permit—Community Center  
v. Review of I&I Report & Variance Request for 220 Front Street  
B. ~~ZONING~~

**VIII. OTHER BUSINESS**

- A. COUNCIL REQUESTS OR TASKS FOR CITY STAFF  
B. FUTURE SPECIAL MEETINGS & PUBLIC HEARINGS  
C. CONCERNED CITIZENS LOG  
D. APPROVAL OF BILLS \$19,957.71 – GF \$16549.14 – AMB \$1174.71 – FIRE \$2059.52 – WTR \$20.00 – SWR \$154.34

**IX. INFORMATION ONLY**

**X. VISITORS TO BE HEARD**

*This portion of the agenda is reserved for citizens and other attendees, outside the regular meeting agenda, to address the City Council. Presentations are limited to three (3) minutes per individual or fifteen (15) minutes for the total session.  
**Reminder to please remain professional and courtesy, offensive and derogatory behavior will not be tolerated.***

**XI. DATES TO REMEMBER: FEBRUARY 17, 2025 – PRESIDENTS DAY (OFFICE CLOSED)**

**XII. MONTHLY SCHEDULES: FIRST TUESDAY – EDA @ 5:30PM & COUNCIL @ 7:00PM | FIRE – SECOND MONDAY @ 6:30PM | CITY COUNCIL – THIRD TUESDAY @ 7:00PM | COTTONWOOD AMBULANCE – LAST MONDAY @ 6PM**

**XIII. ADJOURNMENT**

DISCLAIMER: THIS AGENDA HAS BEEN PREPARED TO PROVIDE INFORMATION REGARDING THE UPCOMING MEETING OF THE COTTONWOOD CITY COUNCIL. THIS DOCUMENT DOES NOT CLAIM TO BE COMPLETE AND IS SUBJECT TO CHANGE.  
THE CITY OF COTTONWOOD IS AN EQUAL OPPORTUNITY EMPLOYER AND SERVICE PROVIDER

JANUARY 21, 2025, MEETING MINUTES OF THE CITY COUNCIL

A meeting of the Cottonwood City Council was held on Tuesday, January 21, 2025, 7pm, in the Fire Hall with Corey Moseng, Shawn Myers, Shannon Geihl, and Joel Dahl present. Also, present was City Administrator, Teather Bliss; Administrative Assistant Katie Ewing; Public Works Supervisor, Allen Olsen; and Sheriff's Department, Sherriff Wallen. Absent was Mike Horner.

Corey Moseng called the meeting to order and led in the Flag Pledge.

The council reviewed the minutes from the January 7, 2025, meeting.

A motion by Joel Dahl to the minutes from the January 7, 2025, meeting. Seconded by Shawn Myers. Carried.

The council reviewed the consent agenda:

Resolution 2025\_0121 Ambulance Donation- Hanley Falls Senior Center \$200.

**RESOLUTION NO. 2025\_0121 A RESOLUTION ACCEPTING A DONATION TO THE COTTONWOOD AMBULANCE SERVICE**

**WHEREAS**, the City of Cottonwood is generally authorized to accept donations of real and personal property pursuant to Minnesota Statutes Section 465.03 for the benefit of its citizens, and is specifically authorized to accept gifts.

**WHEREAS**, *Hanley Falls Senior Center* has offered to contribute the amount of *Two Hundred Dollars* to the Cottonwood Ambulance Service.

**WHEREAS**, the terms or conditions apply to the donations, if any, are as follows; *no conditions apply*.

**WHEREAS**, all such donations have been contributed to the city for the benefit of its citizens, as allowed by law; and

**WHEREAS**, the City Council finds that it is appropriate to accept the donations offered.

**NOW THEREFORE**, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF COTTONWOOD, MINNESOTA AS FOLLOWS:

- 1.The donations described above are accepted and shall be used to establish and/or operate services either alone or in cooperation with others, as allowed by law.
- 2.The city clerk is hereby directed to issue receipts to each donor acknowledging the city's receipt of the donor's donation.

A motion by Shannon Geihl to approve Resolution 2025\_0121 Ambulance Donation- Hanley Falls Senior Center \$200. Seconded by Joel Dahl. Carried.

Bliss presented the follow-up:

A breakdown of office furniture with cost was shown to the council. Bliss made a request for approval to move forward with the purchasing of the new furniture.

A motion by Joel Dahl to approve the new office furniture order. Seconded by Shawn Myers. Carried.

Sheriff Wallen presented the first half of January's report.

A discussion was had regarding Cottonwood Lake.

**86B.106 BARRING VEHICLES FROM UNSAFE ICE.**

(a) Whenever ice conditions on a body of water deteriorate to such an extent that there is substantial danger to persons using motorized vehicles, including snowmobiles and all-terrain vehicles, the sheriff of the county where the body of water is located may prohibit or restrict the use of motorized vehicles on all or a portion of the body of water. If the body of water is located in more than one county, all counties involved must coordinate any prohibitions or restrictions that are imposed. A county sheriff acting under this section shall, as soon as practicable, post all common access sites and publicize the prohibitions or restrictions. The commissioner must be notified immediately and may review and suspend any restrictions imposed. Restrictions may be lifted as soon as conditions warrant.

(b) A person may not operate a motorized vehicle in violation of a prohibition or restriction imposed under this section.

(c) This section does not apply to a person who:

(1) is a member of a sanctioned circuit watercross association and can provide proof of membership;

(2) operates a snowmobile with a silenced exhaust and is practicing for a sanctioned event; and

(3) receives written permission from a conservation officer who must set the date, time, and location of the practice.

**History:** 1992 c 584 s 1; 1Sp2001 c 2 s 90

Bliss presented the administration update:

The council was shown a draft review of the Winter Parking Ordinance.

**ORDINANCE NO. 2025-01**

**AN ORDINANCE RELATING TO WINTER PARKING**

The City Council of the City of Cottonwood, Minnesota, hereby ordains:

**PARKING DURING SNOW REMOVAL OPERATIONS.**

Parking of any vehicle on any street or avenue in the City of Cottonwood is hereby prohibited after 10:00 AM on any day when it has snowed prior to said hour or on the previous day until the streets are cleared on both sides of accumulated snow.

Any vehicle found in violation of this section is subject to a parking citation.

**REPEAL.**

Ordinance 2018-2 adopted June 5<sup>th</sup>, 2018, and entitled "An Ordinance Relating to Winter Parking in the City of Cottonwood", and all other ordinances, resolutions, and acts and proceedings the City and of the Council which are inconsistent with the terms of this Ordinance, with the exception of Title VII: Chapter 71, are hereby amended or repealed to the extent necessary to give full force and effect to this Ordinance.

This ordinance shall be effective from and after its adoption and publication.

A motion by Joel Dahl to approve the Winter Parking Ordinance as the final. Seconded by Shawn Myers. Carried.

Bliss presented a Profit Loss Summary by Fund for 2024.

Olsen recapped the expenses seen in the bill pay for public works.

The council reviewed the January Fire Department and Relief Association Meeting Minutes.

Consideration to Approve Kelvin Listul as Assistant Chief and Robbie Gifford as Captain terms to expire January 15, 2028.

A motion by Shawn Myers to approve Kelvin Listul as Assistant Chief and Robbie Gifford as Captain with terms to expire January 15, 2028. Seconded by Joel Dahl. Carried.

The council reviewed the Ambulance December Meeting Minutes.

Bliss presented the Audit Engagement Letter for 2024.

A motion by Shawn Myers to approve the 2024 Audit Engagement Letter. Seconded by Shannon Geihl. Carried.

The council reviewed the application for a Plumbing License received from Jeseritz Construction for the 2025-2026 season.

A motion by Joel Dahl to approve Jeseritz Construction with a Plumbing License. Seconded by Shannon Geihl. Carried.

The council reviewed the bills totaling \$51,041.86.

A motion by Shawn Myers to approve the bills totaling \$51,041.86. Seconded by Joel Dahl. Abstain by Shannon Geihl. Carried.

A motion by Shawn Myers to adjourn the meeting. Seconded by Shannon Geihl. Carried at 7:35pm.

**RESOLUTION NO. 2025\_0204**  
**A RESOLUTION ACCEPTING A DONATION TO THE**  
**COTTONWOOD AMBULANCE SERVICE**

**WHEREAS**, the City of Cottonwood is generally authorized to accept donations of real and personal property pursuant to Minnesota Statutes Section 465.03 for the benefit of its citizens, and is specifically authorized to accept gifts.

**WHEREAS**, *Archer Daniels Midland (ADM) matching donation* has offered to contribute the amount of *Two Thousand Dollars* as a grant/match to the contribution from Dean Wyffels for the Cottonwood Ambulance Service.

**WHEREAS**, the terms or conditions apply to the donations, if any, are as follows; *no conditions apply*.

**WHEREAS**, all such donations have been contributed to the city for the benefit of its citizens, as allowed by law; and

**WHEREAS**, the City Council finds that it is appropriate to accept the donations offered.

**NOW THEREFORE**, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF COTTONWOOD, MINNESOTA AS FOLLOWS:

1. The donations described above are accepted and shall be used to establish and/or operate services either alone or in cooperation with others, as allowed by law.
2. The city clerk is hereby directed to issue receipts to each donor acknowledging the city's receipt of the donor's donation.

Passed by the City Council of Cottonwood, Minnesota this Fourth Day of February 2025.

\_\_\_\_\_  
Mayor

Attested:

SEAL

\_\_\_\_\_  
City Clerk

## CITY OFFICE PROJECT TIMELINE

PROJECT LOCATION	PROJECT MANAGER	START DATE	PROJECT NUMBER
231 WEST MAIN STREET	CITY OF COTTONWOOD	08/04/25	OFFICE

[illegible]

## Cottonwood, City of Summary of Water Conservation Report

Additional Details at [www.espwater.org](http://www.espwater.org)

2025 Report based on 2024 Water Use

<b>Water Conservation Goals</b>	
Unaccounted Water Loss	5.8 %
Residential GPCD	44
Annual % Reduction-Nonresidential	15.35
Trend in total per capita demand	2.54858
Total Peaking Factor	2.97
<b>Water Accounting</b>	
Total water to Treatment	29,144,000 gallons
Total water to Distribution	29,144,000 gallons
# of Residential connections	574
# of Non-Res. connections	70
Residential vs. Non-Res. Use	19.6 million gal. vs. 7.8 million gal.
Date of Highest Use	10/1/2024
<b>Water Conservation - Direct</b>	
Water Supply System Infrastructure Efficiency (leaks, meters, etc.)	None listed
Date of last Audit/Percent done	% audit
Direct Conservation Single Family (SF) and Multi-Family (MF) and Commercial, Industrial, Institutional (CII) Efforts	None listed
Reuse or other Customer conservation projects	None listed
<b>Water Conservation Indirect</b>	
Ordinances	<ul style="list-style-type: none"> <li>• Critical/Emergency Water Deficiency Ordinance</li> <li>• Irrigation restrictions Regulations</li> <li>• Water consumption regulation</li> <li>• Soil preparation requirements (x" of topsoil)</li> <li>• Permit required to fill pool or require pool to be covered</li> <li>• Allow native plants and Low water use turf/plants</li> <li>• Wellhead protection ordinance and zoning</li> </ul>
Education and Outreach	<ul style="list-style-type: none"> <li>• Billing inserts or tips printed on the actual bill -- 1</li> <li>• Consumer Confidence Reports -- 1</li> <li>• Social media distribution (e.g., emails, Facebook, Twitter) -- 1</li> </ul>

	<ul style="list-style-type: none"> <li>• Presentations to community groups -- 1</li> <li>• Staff training -- 1</li> <li>• Displays and exhibits -- 1</li> <li>• Community news letters -- 1</li> <li>• Information kiosk at utility and public buildings -- 1</li> </ul>
Collaboration	<ul style="list-style-type: none"> <li>• Collaborated with watershed group(s)</li> <li>• Collaborated with SWCD or NRCS on land/water management practices</li> <li>• Collaborated with MDH on wellhead protection project</li> <li>• Collaborated with DNR on improving on decreasing our permit allotment or enhancing conservation measures</li> </ul>
Rate structure	<ul style="list-style-type: none"> <li>• Base Rate Zero Gallons</li> <li>• Uniform</li> <li>• Excess Use Rate</li> </ul>

**PLEDGED COLLATERAL | FIRST INDEPENDENT BANK**

**As of 01/31/2025**

SECURITY	REFERENCE	PLEDGE NO.	INTEREST	AMOUNT	VALUE	MATURITY	CUSTODY NO.	RECEIPT NO.	DATE	PRIOR REF NO.
Fed Home Loan Mtg Corp	3130AHKT9	84795	2.13%	\$ 100,000.00	\$ 100,000.00	12/14/2029	100346	190026447	12/30/2024	NEW
Russell-Tyler-Ruthon MN ISD GO	78271CBF7	81268	1.30%	\$ 320,000.00	\$ 320,000.00	2/1/2036	100346	216059079	4/12/2024	3130AKPL4
Fed Farm Credit Bank	3133EEE97	81267	3.25%	\$ 170,000.00	\$ 170,000.00	12/4/2035	100346	190026406	4/12/2024	3130AKPL4
Fed Farm Credit Bank	3133EMMP4	81257	0.390%	\$ 180,000.00	\$ 180,000.00	7/14/2025	100346	190031521	4/12/2024	912828Y95
US Treasury Note	912828YB0	77896	1.625%	\$ 300,000.00	\$ 300,000.00	8/15/2029	100346	216055433	7/28/2023	NEW
US Treasury Note	91282CBJ9	76256	0.75%	\$ 175,000.00	\$ 175,000.00	1/31/2028	100161	216055434	4/11/2023	790042HW8
US Treasury Note	91282CBJ9	76258	0.75%	\$ 230,000.00	\$ 230,000.00	1/31/2028	100161	216055424	4/11/2023	781793JD7
US Treasury Note	912828YB0	72727	1.625%	\$ 125,000.00	\$ 125,000.00	8/15/2029	100346	216055433	7/28/2022	NEW
US Treasury Note	91282CBJ9	69981	0.75%	\$ 170,000.00	\$ 170,000.00	1/31/2028	100346	216055434	2/1/2022	521102LB7
US Treasury Note	241001YS6	69667	0.75%	\$ 220,000.00	\$ 220,000.00	1/31/2028	100346	216055434	1/12/2022	241001YS6
US Treasury Note	91282CBJ9	69662	0.75%	\$ 10,000.00	\$ 10,000.00	1/31/2028	100346	216055434	1/12/2022	105007MG0
US Treasury Note	6161416B8	69664	0.75%	\$ 200,000.00	\$ 200,000.00	1/31/2028	100346	216055434	1/12/2022	6161416B8
US Treasury Note	91282CBJ9	69660	0.75%	\$ 115,000.00	\$ 115,000.00	1/31/2028	100346	216055434	1/12/2022	7633257A9
<b>Total Pledge</b>				<b>\$ 2,315,000.00</b>	<b>\$ 2,315,000.00</b>	<b>Total Coverage</b>				

	Checking	Savings	Total
<b>As of 01/31/2025</b>	\$ 154,996	\$ 1,920,384	\$ 2,075,380
<b>Additional 10% Coverage</b>	\$ 15,499.60	\$ 192,038.40	\$ 207,538.00
<b>Total to Secure</b>	\$ 170,495.60	\$ 2,112,422.40	\$ 2,282,918.00
<b>Less \$250,000 FDIC</b>	\$ (79,504.40)	\$ 1,862,422.40	\$ 1,782,918.00
			<b>\$ 532,082.00 Over(Under)</b>



memorandum

TO: COTTONWOOD CITY COUNCIL  
FROM: TEATHER BLISS – ADMINISTRATOR  
DATE: FEBRUARY 3, 2025  
RE: STATUS OF CITY GRANTS

**MESSAGE**

**\$350,000 DNR OUTDOOR RECREATION GRANT** | A State Historic Preservation review has to be done but the Climate and Economic Justice Screening is no longer required. Because the funds are coming from the US Department of Interior, I expect there to be several delays with the funds and more changes to requirements that were in the original application.

**\$52,631.58 MN DPS ECN ARMER GRANT** | Final grant agreement execution was done on January 24, 2025 and authorization was given from the ECN grants coordinator to make the equipment purchase. Order was placed on January 24, 2025 for radios, mics, etc.

**\$10,000 VFA DNR GRANT** | Funds for the purchase of Wildland PPE and fire hose are not yet received, the funds are provided through a federal program. An update was sent out on January 29<sup>th</sup> due to EO M-25-13 but nothing has been received since the rescinding of the EO.

**\$10,000 STATE FARM GOOD NEIGHBOR FIREFIGHTER SAFETY PROGRAM GRANT** | Funds for the purchase of Wildland PPE and fire hose are not yet received.

**\$20,000 SOUTHWEST MINNESOTA ARTS COUNCIL GRANT** | Received for the sculpture that is to be placed at Veterans Memorial Park. Announcement of award was made January 29, 2025.

**TOTAL GRANT FUNDS OUTSTANDING | \$442,631.58**



100 West 2<sup>nd</sup> St South  
Cottonwood, MN 56229

LeeAnn Boehne, Director  
Sara Hubbard, Asst. Director

*Be kind and compassionate to one another, by love serve one another*

### *Cottonwood Ambulance Service, Cottonwood MN*

Mtg Minutes Monday January 27, 2025

- Meeting was called to order by LeeAnn Boehne @ 18:02 with these members present: Jamie Anderson, LeeAnn Boehne, Scott Boehne, Katie Ewing, Aaron Lienemann, & Derek Naab
- Minutes from last mtg, accepted as presented.
- Financials: nothing to report
- Defib for February: Duey
- Mandatory CPR training Wed Feb 19<sup>th</sup> @ 630
- Thanks for everyone stepping up and helping with coverage!!
- Next Monday Feb 3 Boehne's will be out of town during the day for college interview, if short on coverage we will leave one of us behind.
- Great teamwork/saves on two ice water rescues!!!
- Questions/Concerns, equipment requests? Discussion on IV warmers for both trucks and a bear hugger or some type of warming blanket device. LeeAnn will check into options and pricing.
- Thank you's, passed around for members to view.
- Next Month's Mtg Monday February 24, 2025 @ 6pm
- Motion to adjourn mtg @ 1830 by Katie, second by Duey.

Minutes taken by Aaron Lienemann

1	2022 CAPITAL EXPENSES AND LARGE REVENUES				
	DATE	CREDIT	DEBIT	VENDOR	NOTES
	Jan-22	\$ 37,500.00	\$ -	BUDGET	CAPITAL EQUIPMENT
	Apr-22	\$ 65,000.00	\$ -	LYON CO	ARPA FUNDS
	May-22	\$ 20,000.00	\$ -	BOOSTERS	LIFE PAK & LUCAS FUNDS
	May-22	\$ -	\$ (14,281.51)	STRYKER	FIRST LUCAS
	Jun-22	\$ -	\$ (13,955.49)	STRYKER	SECOND LUCAS
	Nov-22	\$ -	\$ (40,011.60)	STRYKER	(2) LIFE PAK MONITORS
	Nov-22	\$ 3,000.00	\$ -	CITY OF ECHO	SELL OF OLD LUCAS
	Dec-22	\$ 1,000.00	\$ -	CACF	EQUIPMENT
	Dec-22	\$ -	\$ (2,685.20)	FERNO	COT MOUNT - LONGER
	Dec-22	\$ -	\$ (337.44)	FERNO	STAIR CHAIR BATTERY
	Dec-22	\$ -	\$ (558.59)	SAMS	SMART TV
	Jun-24	\$ -	\$ (49,648.28)	FIRST IND	920 PAYOFF - 2019 EQUIP GO
		\$ 126,500.00	\$ (121,478.11)		
		<b>TOTAL \$</b>	<b>5,021.89</b>		

2	FUNDRAISER ACCOUNT		
	DATE	AMOUNT	NOTES
	Jan-24	\$ 46,303.16	OPENING BALANCE
	Jan-24	\$ 50.00	NO CONDITION
	Apr-24	\$ 50.00	NO CONDITION
	Jun-24	\$ 2,320.00	RESERVED
	Jul-24	\$ 7,328.00	CHD FUNDRAISING
	Aug-24	\$ 500.00	CHD FUNDRAISING
	Nov-24	\$ 500.00	NEW AMBULANCE
	Nov-24	\$ 1,230.00	NO CONDITION
	Nov-24	\$ 3,510.00	NEW AMBULANCE
	Nov-24	\$ 100.00	NO CONDITION
	Dec-24	\$ 872.00	FUNDRAISER
	Dec-24	\$ 550.00	NO CONDITION
	Dec-24	\$ 2,000.00	NO CONDITION
	Dec-24	\$ 1,000.00	NO CONDITION
	EOY 24	\$ 268.88	INTEREST
		<b>\$ 66,582.04</b>	
	Jan-25	\$ 81,692.17	EMERGENCY AID
	Jan-25	\$ 680.00	DUE FROM AMB GEN
	Jan-25	\$ (3,292.04)	DUE TO AMB GEN
	Jan-25	\$ 200.00	DONATION
	Jan-25	\$ 2,000.00	ADM DONATION
		<b>\$ 147,862.17</b>	

3	AVAILABLE FUNDS			
	DATE	CREDIT	SOURCE	NOTES
	Jan-25	\$ 5,022.00	FUND BALANCE	CARRY OVER FROM ABOVE CAPITAL
	Jan-25	\$ 100,000.00	FIRST INDEPENDENT	15 MONTH CD - MATURING 02/21/25
	Jan-25	\$ 61,692.17	STATE OF MN	EMERGENCY AID FUNDS
	Jan-25	\$ 20,000.00	EMERGENCY AID FUNDS	RESTRICTED - CALL RESPONSE PAY
	Jan-25	\$ 51,744.00	FUND BALANCE	FUNDS AVAILABLE
	Jan-25	\$ 2,320.00	DONATION ACCOUNT	RESTRICTED - RESOLUTION 2024 0618
	Jan-25	\$ 8,700.00	DONATION ACCOUNT	RESTRICTED - VARIOUS RESOLUTIONS
	Jan-25	\$ 55,150.00	DONATION ACCOUNT	FUNDS AVAILABLE
	Feb-25	\$ 6,550.00	FIRST INDEPENDENT	ANTICIPATED CD INTEREST - 15 MONTH
	Sep-25	\$ 5,925.00	FIRST INDEPENDENT	ANTICIPATED CD INTEREST - 7 MONTH
	Dec-25	\$ 15,000.00	FUND BALANCE	2025 BUDGET - PROPOSED PROFIT
		<b>\$ 332,103.17</b>		

5	2025 TO DATE TOTALS		
		\$ 293,608.17	COMMITTED FUNDS
		\$ 11,020.00	RESTRICTED FUNDS
		\$ 6,550.00	INTEREST ON INVESTMENT
		<b>\$ 311,178.17</b>	
	<b>2025-2027 ANTICIPATED</b>		
	<i>*reinvesting CD at \$150,000 for 7 months 02/2025</i>		
	2025	\$ 5,925.00	EOY INTEREST ON INVEST
	2025	\$ 15,000.00	EOY PROPOSED PROFIT
	<i>*evaluate reinvesting CD at \$200,000 based on interest</i>		
	2026	\$ 10,000.00	EOY 2026 PROFIT
	2027	\$ 5,000.00	INTEREST ON INVESTMENT
		<b>\$ 35,925.00</b>	

4	FUNDS FOR NEW AMBULANCE		
	CREDIT	SOURCE	NOTES
	\$ 5,022.00	FUND BALANCE	CARRY OVER FROM 2022 CAPITAL
	\$ 100,000.00	FIRST INDEPENDENT	CD
	\$ 61,692.17	STATE OF MN	EMERGENCY AID
	\$ 55,150.00	DONATION ACCOUNT	DONATION FUNDS FOR CAPITAL
	\$ 12,475.00	FIRST INDEPENDENT	2024-2025 CD INTEREST
	\$ 15,000.00	FUND BALANCE	2025 BUDGET - PROPOSED PROFIT
	\$ 249,339.17		

6	NEW AMBULANCE EXPENSE			
	DATE	EXPENSE	FUNDS	NOTES
	Jul-27	\$ (249,997.00)	CD &	PSV QUOTE EXP
	Jul-27	\$ (13,140.00)	FUND BAL	ADD TO PSV QUOTE EXP
		<b>\$ (263,137.00)</b>	<b>\$ 249,339.17</b>	<b>END OF 2025</b>
		\$	(13,797.83)	REMAINING FUNDS WILL COME FROM 2026 & 2027 FB & INT



9/18/24

Mr. Jamie Anderson  
Cottonwood Ambulance Service  
78 West Main Street  
Cottonwood, MN. 56229

### **FIRM PRICE QUOTATION**

#### **2025 HORTON EMERGENCY VEHICLES**

Type I Ambulance - Custom Unit #603F

### **CHASSIS**

#### **2024 Ford F 450 4x4 with Rear Liquid Spring Suspension**

193" Wheelbase

Current Mileage – Delivery Miles Only

#### **7.3 Liter V8 Gasoline Engine**

10 Speed Automatic Overdrive Transmission

Cab Interior Color - Gray

6 Radial Tires

Intermittent Wipers

Tilt/Telescope Steering Wheel

AM-FM Digital Stereo Radio with SYNC

High Back Cloth Captain's Chairs

Cruise Control

Electric Windows

Electric Locks

Anti-Lock Brakes

Handling Package

Single HD Alternator

Cab Air Bags

### **MODULAR BODY**

Builder - Horton Emergency Vehicles

Model - Type I - 603F Custom

Body Size - **167"L x 96"W x 72" Headroom**

**2024 SAVVIK BASE UNIT PRICE \$ 271,409.00**

## HORTON STANDARD AND ADDITIONAL ITEMS

Cottonwood Custom Graphics Striping Allowance	\$	4,300.00
Lettering/Unit Numbers Allowance	\$	650.00
Crawl Through Cab Access to Chassis	\$	4,104.00
Ali Arc Animal Protection Bumper Installed	\$	3,400.00
Rear Mud Flaps		STD
Running Boards – Aluminum Diamond Plate with Star Punch	\$	682.00
Rear Recessed Tow Loops in Rear Riser Plate	\$	907.00
Exterior Compartment # 1 above O2 Compartment with Inverter/Electrical	\$	1,051.00
Electric Zico O2 Tank Lift Installed in Exterior Compartment #1 for Main O2 Tank	\$	4,066.00
Adjustable Shelf (1) in Exterior Compartment # 2	\$	289.00
Vertical Divider in Exterior Compartment # 2	\$	370.00
Flip down Door for Exterior Compartment # 3 without Tray or Drawer	\$	1,488.00
Adjustable Shelves (1) in Exterior Compartment # 4	\$	289.00
Lower Street Side Exterior Comp # 4	\$	1,228.00
Build Interior Main Rear Wall Structure to Accept FERNO INTRAX System		NC
Increase Rear Telemetry Counter Area to Full Length After CPR Seat Area		NC
Delete Upper Rear Main Wall Cabinets & Modify Wall for FERNO Tracks Install		NC
Install Slider Cabinet & (1) Hinged Plexi Door Below Rear Counter Surface Area		NC
Vertical Divider in Exterior Compartment # 5 – Backboard Compartment	\$	370.00
Increase Rear Exterior Compartment # 5 – Backboard Door to Open 120 Deg		NC
Install (2) 2" Veticle Retension Bars to Hold Backboards in Place	\$	250.00
Install (1) 3" Veticle Retension Bar to Hold Scoop Stretcher in Place	\$	125.00
Recessed Incert Cabinet in Exterior Compartment # 5 Backboard Compartment/Wall	\$	589.00
Install (1) Slide out Drawer in Recessed Incert Cabinet Comp # 5 Backboard Wall	\$	476.00
Increase Body Width to 97" ILOS to Allow for Stryker Stair Chair Pocket in # (5)		NC
Lower Curbside Entry Door 6'– (Use double step curbside entry)	\$	1,228.00
Window Above Squad Bench - Vehicle has MBrace Air Bags and HOPS (Standard)		NA
Electric Locks on Module Access Doors		STD
Electric Locks on Ext. Compt. Doors (All)	\$	1,144.00
Electric Door Switch – Hidden in Grill	\$	163.00
Electric Locks Wired to OEM Chassis Door Locks	\$	200.00
Avonite Solid Surface Counter Tops (2)	\$	1,420.00
Stainless Steel Inhalation Area Wall (Front Counter Area)	\$	601.00
Child Safety High Back Captains Chair Attendant Seat Offset 4" from Main Wall	\$	107.00
Child Infant Car Seat Anchor Points Installed On Squad Bench Seating Area	\$	350.00
Increase Upper ain Inhalation Cabinet 3" in Height from Standard Size		NC
Vertical Dividers in Upper Interior Cabinet Split in Half with a Divider and Shelf	\$	543.00
Restocking Style Doors in the Top Row of the Main Wall Cabinets (1)	\$	460.00
Install a Push Button Simplex Manual Lock on Upper Angaled CPR Seat Cabinet	\$	316.00
Recessed Mount for Suction Canister Installed Below Sliding Cabinet Area Wall	\$	367.00
Increase CPR Seating Area Approx 10" Wider Than Standard (One Seat Belt)		NC
Install Main Wall Cabinet Area Below Main Action Area Counter & Sliding Plxi Door	\$	325.00
Install (1) Veticle Divider in Left Corner of Storage Area for Laptop with 110 Outlet	\$	589.00
Squad Bench Ceiling Cabinet with (2) Hinged Plexiglas Doors & (3) Slots for Gloves	\$	1,125.00
Stainless Steel Veticle Grab Rail with Elastic Pouch at Head End of Bench	\$	222.00
Recessed O2 Storage Built Into End of Squad Bench with (2) Zico Brackets	\$	2,153.00
Glove Box Storage Recessed Below Rear Main Wall Cabinet/Counter for (4) Boxes	\$	952.00
Clear Plexiglas on all Interior Cabinets and Doors		NC
Solid Doors on Front Wall Cabinet (4) with Clear Plexiglas Inserts	\$	1,308.00
6' Ceiling Grab Bar Centered above the Squad Bench		STD
Vertical Grab Rails – (1) Near Rear Doors, (1) Near Side Entrance Door	\$	254.00

Whelen M9 Series LED on Front of Body (3) RED/WHITE/RED	STD
Whelen M9 Series LED on Front of Body in Addition to Flashers BLUE/BLUE (2)	\$ 1,224.00
Whelen M9 Series LED Split Light Heads on Rear of Body RED / AMBER (2)	\$ 1,224.00
Whelen M9 Series LED on Rear of Body AMBER/BLUE (2)	STD
Whelen M6 Series LED Light head on Rear of Body (1)	STD
Whelen TIR 6 Series LED Grill Intersection Lights RED/RED (2)	STD
Whelen TIR 6 Series LED Fender Intersection Lights RED/RED (2)	STD
Whelen TIR 6 Series LED Split Rear Intersection Lights RED / WHITE (2)	\$ 664.00
Whelen M7 Series LED Rear Side Body Marker Lights (2)	STD
Whelen M6 Series LED Tail Light Cluster	STD
GTT Opticom Inferred LED Recessed Into Front Face Center of Body	\$ 3,325.00
Horton Silhouette LED Lights Mounted in the Rub Rails (6) Flash with Flashing Light	\$ 2,397.00
Interior LED Lighting in the Main Wall Cabinets	\$ 982.00
Interior LED Lighting in the Squad Bench Cabinets	\$ 261.00
Security Engine Idle System	\$ 711.00
Standard Single Tone Siren with Dual Speakers	STD
Rigid Industries LED Driving Lights	\$ 480.00
2 – Additional Side Flood Lights (Total of 2 each side)	\$ 1,940.00
VANNER 1100 Watt Power Inverter with 45 amp. Battery Charger	\$ 2,881.00
5 – Additional Interior 110 volt Outlets (Total of 7) (1) In Ceiling Above Cot IV Pole	\$ 920.00
Kussmaul 20 amp. Auto Eject Shoreline Plug in lieu of std.	STD
Program Rear Scene Lights to Come On When Vehicle is Placed in Reverse	\$ 163.00
Program Rear Load Lights to Come On When Vehicle is Placed in Reverse	\$ 163.00
3 – 16” ROM LED Lights in Patient Area Ceiling	\$ 1,332.00
15 Min LED Light Timer Mounted in the Rear Entry Door	\$ 546.00
Program Cab Light Control for Rear Fluorescent Lights	NC
Program Cab Light Control for Rear Dome Lights	NC
Brake Lights Wired to Rear LED Flashers	\$ 163.00
1 – K-94 Radio Antenna Bases with Coax Installed	Standard
Install (1) Additional O2 Outlet In Ceiling Area Over Cot Chest Area	\$ 385.00
Relocate (1) Oxygen Outlet to Bench Wall	NC
Front End Wheel Alignment	NC
Supply/Install Recessed FERNO/Stryker Mounting Plate System Into Rear Floor	\$ 1,256.00

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**TOTAL PRICE OF ABOVE OPTIONS \$ 59,478.00**

Delivery from Grove City, OH to Cottonwood, MN \$ **2,250.00**

2026 MY Year Chassis Price Increase from 2024 MY Base Pricing Approx \$ **3,600.00**

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**Net Total Price Before Trade and Discounts \$ 336,737.00**

**Less Ford Municipal Fleet Rebate Estimated (if Applicable) \$ 600.00**

**Less Trade of Your 2012 Horton 603F Type I 4x4 Diesel Ambulance \$ 73,000.00**

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**TOTAL PRICE DELIVERED TO COTTONWOOD, MN \$ 263,137.00**

**Delivery of This New Vehicle would be Approximately 900 Days.**

PD 01.27.2025  
CK #033808  
\$50- KE

CITY OF COTTONWOOD | LICENSE APPLICATION  
FOR SANITATION AND SOLID WASTE MANAGEMENT  
NON-RESIDENTIAL HAULING ONLY

**YEARLY EXPIRATION: MARCH 31<sup>ST</sup> | LICENSE FEE: \$50.00**

Company Name: Olsen Sanitation Inc

Physical Address: 175 W 7<sup>th</sup> St

Mailing Address: PO Box 689

City: Dawson State: MN Zip code: 56232

MPCA Solid Waste Permit Number: SW - 472

MPCA Solid Waste Permit Expiration Date: \_\_\_\_\_

Type of License (circle all that apply): Mixed Solid Waste or Recycling

License Status (circle all that apply): New or Renewal

Licensing Authority: **CITY OF COTTONWOOD**

License Renewal Date: March 31, 2025

MN Tax ID #: 1664276 Federal Tax ID #: 27-2902773

**MPCA Approved Landfill(s) Utilized by Hauler**  
(Provide additional on back if more than one landfill is utilized).

Landfill Name: Lyon County landfill Permit: \_\_\_\_\_

Landfill Contact Person: Roger

Physical Address: 2025 200<sup>th</sup> Ave

City: Lynd County: Lyon State: MN

[Signature] VP 1-23-25  
SIGNATURE TITLE DATE

**CITY OF COTTONWOOD**

**AN EQUAL OPPORTUNITY EMPLOYER**



CITY OF COTTONWOOD | 78 WEST MAIN STREET | PO BOX 106 | COTTONWOOD, MN 56229  
PHONE 507.423.6488 | FACSIMILE 507.992.0009 | WWW.CITYOFCOTTONWOODMN.GOV

### Automotive Insurance Coverage

Endorsement must provide that said policy shall not be canceled or terminated without at least 10 days prior written notice to the City.

Auto Insurance Agency: Farmers Insurance - Bothun Agency

Policy Number: BAP2041071-11 Coverage Dates: 8/7/24 - 8/7/25

Type of Coverage: Full Coverage Limit: \$1,000,000.00

Agency Contact: Brad Bothun 605-280-5709  
Name Phone Number

### Workers' Compensation Insurance Coverage

In accordance with Minnesota Statute § 176.182; every state or local licensing agency shall 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 section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the commissioner for deposit in the assigned risk safety account, if the information is not reported or is falsely reported.

Neither the state nor any governmental subdivision of the state shall enter any contract for the doing of any public work before receiving from all other contracting parties' acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section 176.181, subdivision 2.

The collected information will be placed in the company folder by the licensing agency. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute § 176.181, subdivision 2.

Insurance Agency: Farmers Insurance - Bothun Agency

Policy Number or Self-Insured Permit Number: BNUWC0160665

Coverage Dates: 8/7/24 - 8/7/25

**OR** I am not required to have workers' compensation liability coverage for the following reason:

- ☐ I do not have employees covered by the law  
☐ Other (Be Specific): \_\_\_\_\_

I have read and understand my rights and obligations with regards to business licenses, permits, and workers' compensation coverage. I certify that the information provided is accurate.

Initial: \_\_\_\_\_

Pursuant to Minnesota Statute §270C.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue an applicant's Minnesota Tax Identification Number and Federal Employer Identification Number.

Under the Minnesota Government Data Practices Act (MGDPA) and the Federal Privacy Act of 1974, the City of Cottonwood is required to advise you of the following regarding the use of this information:

1. The provided information may be used to deny the issuance, renewal, or transfer of your license in the event delinquent taxes, penalties, or interest are owed to the Minnesota Department of Revenue.
2. Upon receiving this information, the licensing authority will supply to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Minnesota 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 the issuance of licenses or application renewal.

Consent for the Release of Information

I, \_\_\_\_\_,

authorize \_\_\_\_\_

\_\_\_\_\_ ,  
to disclose to \_\_\_\_\_

the following information for the purpose of licensing:

\_\_\_\_\_

I understand that my records are protected under State and Federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

I also understand that I may cancel this consent at any time prior to the release of any information.

Finally, I affirm that the consequences of giving informed consent have been communicated prior to my signing of this document.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Authorizing Signature: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
1/22/2025

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).

<b>PRODUCER</b> UNICO Group 1128 Lincoln Mall, Suite 200 Lincoln, NE, 68508	<b>CONTACT NAME:</b> Katie Lane <b>PHONE (A/C, No, Ext):</b> (402) 434-7200 <b>E-MAIL ADDRESS:</b> klane@unicogroup.com <b>FAX (A/C, No):</b>														
<b>INSURED</b> Olson Sanitation, Inc. PO Box 689 Dawson, MN, 56232	<b>INSURER(S) AFFORDING COVERAGE</b> <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Great Divide Insurance Company</td><td>25224</td></tr><tr><td>INSURER B: Key Risk Insurance Company</td><td>10885</td></tr><tr><td>INSURER C: StarStone Specialty Insurance Company</td><td>44776</td></tr><tr><td>INSURER D: Dakota Truck Underwriters</td><td>34924</td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>	INSURER	NAIC #	INSURER A: Great Divide Insurance Company	25224	INSURER B: Key Risk Insurance Company	10885	INSURER C: StarStone Specialty Insurance Company	44776	INSURER D: Dakota Truck Underwriters	34924	INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

## COVERAGES

CERTIFICATE NUMBER: 1737557190443

REVISION NUMBER:


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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GLP2041072-11	8/7/2024	8/7/2025	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 5,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
EACH OCCURRENCE	\$ 1,000,000																				
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PRODUCTS - COMP/OP AGG	\$ 2,000,000																				
	\$																				
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP2041071-11	8/7/2024	8/7/2025	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$ 1,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$		\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																				
BODILY INJURY (Per person)	\$																				
BODILY INJURY (Per accident)	\$																				
PROPERTY DAMAGE (Per accident)	\$																				
	\$																				
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$			84471U241ALI	8/7/2024	8/7/2025	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>AGGREGATE</td><td>\$ 1,000,000</td></tr><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$								
EACH OCCURRENCE	\$ 1,000,000																				
AGGREGATE	\$ 1,000,000																				
	\$																				
D	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input checked="" type="checkbox"/> N N/A			WC010-0077618-2024A	8/7/2024	8/7/2025	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER		E.L. EACH ACCIDENT	\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	E.L. DISEASE - POLICY LIMIT	\$ 1,000,000						
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E.L. DISEASE - POLICY LIMIT	\$ 1,000,000																				

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

## CERTIFICATE HOLDER

## CANCELLATION

<b>CITY OF COTTONWOOD</b> PO Box 106 Cottonwood, MN, 56229	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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PD: CK-#6198 \$50  
01.27.2025 KE

CITY OF COTTONWOOD | LICENSE APPLICATION  
FOR SANITATION AND SOLID WASTE MANAGEMENT  
NON-RESIDENTIAL HAULING ONLY

YEARLY EXPIRATION: MARCH 31<sup>ST</sup> | LICENSE FEE: \$50.00

Company Name: Southwest Sanitation Inc

Physical Address: 110 N 11th st

Mailing Address: Box 425

City: Marshall State: MN Zip code: 56258

MPCA Solid Waste Permit Number: Lyon County Hauling License

MPCA Solid Waste Permit Expiration Date: \_\_\_\_\_

Type of License (circle all that apply): Mixed Solid Waste or Recycling

License Status (circle all that apply): New or Renewal

Licensing Authority: CITY OF COTTONWOOD

License Renewal Date: 1-23-25

MN Tax ID #: 6937701 Federal Tax ID #: 20-0942657

MPCA Approved Landfill(s) Utilized by Hauler

(Provide additional on back if more than one landfill is utilized).

Landfill Name: Lyon County Landfill Permit: SW-23

Landfill Contact Person: Roger Schroeder

Physical Address: 504 Fairwinds Rd

City: Marshall County: Lyon State: MN

Scott Rutter  
SIGNATURE

Vice President  
TITLE

1-23-25  
DATE

CITY OF COTTONWOOD  
AN EQUAL OPPORTUNITY EMPLOYER



CITY OF COTTONWOOD | 78 WEST MAIN STREET | PO BOX 106 | COTTONWOOD, MN 56229  
PHONE 507.423.6488 | FACSIMILE 507.992.0009 | WWW.CITYOFCOTTONWOODMN.GOV

### Automotive Insurance Coverage

Endorsement must provide that said policy shall not be canceled or terminated without at least 10 days prior written notice to the City.

Auto Insurance Agency: see attached

Policy Number: \_\_\_\_\_ Coverage Dates: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_ Limit: \_\_\_\_\_

Agency Contact: \_\_\_\_\_  
Name Phone Number

### Workers' Compensation Insurance Coverage

In accordance with Minnesota Statute § 176.182; every state or local licensing agency shall 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 section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the commissioner for deposit in the assigned risk safety account, if the information is not reported or is falsely reported.

Neither the state nor any governmental subdivision of the state shall enter any contract for the doing of any public work before receiving from all other contracting parties' acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section 176.181, subdivision 2.

The collected information will be placed in the company folder by the licensing agency. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute § 176.181, subdivision 2.

Insurance Agency: \_\_\_\_\_

Policy Number or Self-Insured Permit Number: \_\_\_\_\_

Coverage Dates: \_\_\_\_\_

**OR** I am not required to have workers' compensation liability coverage for the following reason:

- ☐ I do not have employees covered by the law  
☐ Other (Be Specific): \_\_\_\_\_

I have read and understand my rights and obligations with regards to business licenses, permits, and workers' compensation coverage. I certify that the information provided is accurate.

Initial: SMK

Pursuant to Minnesota Statute §270C.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue an applicant's Minnesota Tax Identification Number and Federal Employer Identification Number.

Under the Minnesota Government Data Practices Act (MGDPA) and the Federal Privacy Act of 1974, the City of Cottonwood is required to advise you of the following regarding the use of this information:

1. The provided information may be used to deny the issuance, renewal, or transfer of your license in the event delinquent taxes, penalties, or interest are owed to the Minnesota Department of Revenue.
2. Upon receiving this information, the licensing authority will supply to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Minnesota 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 the issuance of licenses or application renewal.

Consent for the Release of Information

I, Scott Michael Ritter 507-828-7377 cell  
authorize \_\_\_\_\_

to disclose to city of Cottonwood MN

the following information for the purpose of licensing:

insurance info

I understand that my records are protected under State and Federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

I also understand that I may cancel this consent at any time prior to the release of any information.

Finally, I affirm that the consequences of giving informed consent have been communicated prior to my signing of this document.

Signed this 23 day of January, 2025

Authorizing Signature: Scott Ritter



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/23/2025

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

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

**PRODUCER**  
National Insurance Brokers, LLC  
25 N. Lake St, Suite 100  
Forest Lake MN 55025

**CONTACT**

NAME:

PHONE  
(A/C, No, Ext): 763-398-4040FAX  
(A/C, No):

E-MAIL

ADDRESS: d.payson@mynationalbroker.com

**INSURER(S) AFFORDING COVERAGE**

NAIC #

**INSURER A:** Western National Mutual Insurance Company

15377

**INSURER B:** Evanston Insurance Company

35378

**INSURER C:****INSURER D:****INSURER E:****INSURER F:**

**INSURED**  
Southwest Sanitation, Inc.  
PO Box 425  
Marshall MN 56258

SOUTSAN-02

**COVERAGES****CERTIFICATE NUMBER:** 1980477016**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	CPP 1072275 13	4/6/2024	4/6/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	CPP 1071063 11	4/6/2024	4/6/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>OCCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b> <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	UMB 1011852	4/6/2024	4/6/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N <input type="checkbox"/> A	WCV 100900	4/6/2024	4/6/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	Pollution Liability		ECPENV05510	4/6/2024	4/6/2025	Each Pollution Condit Aggregate Deductible 2,000,000 2,000,000 5,000

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

**CERTIFICATE HOLDER****CANCELLATION**

City of Cottonwood  
PO Box 106  
Cottonwood MN 56229

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

AUTHORIZED REPRESENTATIVE

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COTTONWOOD COMMUNITY CENTER  
RENTAL APPLICATION



APPLICATION FOR SPECIAL PERMIT FOR ALCOHOL ON PUBLIC PROPERTY

License Fee: Payment due on GatherGuard at time of application.  
VISIT [WWW.CITYOFCOTTONWOODMN.COM](http://WWW.CITYOFCOTTONWOODMN.COM) AND CLICK  
ON COMMUNITY CENTER AT THE TOP OF THE PAGE

Event: Benefit for Morgan Dale  
Date(s): 3/8/2025 Time (s): 4-8 pm  
Location: Cottonwood Community Center  
Main Contact: Trisha Schaar Phone: (507) 828-9433  
Maximum number of persons expected to attend: 150?

Description of Event intended to aid the City Council in their decision making. Please include, but not limit to, the following items:

- Type of Alcohol | Quantity of Alcohol | Open or Closed Bar | Plan for Minor Consumption & Overconsumption | Additional Information

open ~~closed~~ bar  
Canned Alcoholic beverages - beer + seltzers  
Bartender will ID guests if age is unknown  
Quantity - we will likely plan for 2 beverages per  
legal adult (200-300 total?)

Attach Documentation of Insurance Rider/TULIP Coverage if Required

Trisha Schaar  
Signature of Applicant

1-29-2025  
Date

Upon Council Approval:

Clerk - Administrator

Date

All approved applicants must have a copy of this application and issued Special Permit in their possession at the time of the event.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/29/25

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).

<b>PRODUCER</b> Specialty Advantage Insurance Services 505 North Brand Blvd Suite 1250 Glendale, CA 92103	<b>CONTACT NAME:</b> GatherGuard Administrator <b>PHONE (A/C, No, Ext):</b> (844) 747-6240 <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> gatherguard@intactinsurance.com														
	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Atlantic Specialty Insurance Company</td><td>27154</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Atlantic Specialty Insurance Company	27154	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> Trisha Schaar 1642 250TH AVE BALATON, MN 56115															

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Host Liquor GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		GGL047506	03/08/2025	03/09/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ Excluded						
	PERSONAL & ADV INJURY \$ 1,000,000						
	GENERAL AGGREGATE \$ 2,000,000						
	PRODUCTS - COMP/OP AGG \$ 1,000,000						
	<b>AUTOMOBILE LIABILITY</b> <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						
<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$	
						AGGREGATE \$	
						\$	
<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER \$
E.L. EACH ACCIDENT \$							
E.L. DISEASE - EA EMPLOYEE \$							
E.L. DISEASE - POLICY LIMIT \$							

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**Event Name: Benefit for Morgan Dale  
Event Type: Charity benefit  
Event date(s): 03/08/25  
Daily Attendance: 150  
Number of Days: 1**CERTIFICATE HOLDER****CANCELATION**

National League of Cities Attention: Erin Rian 660 N. Capitol St. NW Washington, DC 20001 US	City of Cottonwood 78 W Main St. PO Box 106 Cottonwood, MN 56229 US
Cottonwood Community Center 142 West Main St. Cottonwood, MN 56229 US	

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

AUTHORIZED REPRESENTATIVE



COTTONWOOD PUBLIC WORKS | 78 West Main Street, PO Box 106, Cottonwood MN 56229  
507-423-6488 x3 | [www.cityofcottonwoodmn.gov](http://www.cityofcottonwoodmn.gov) | [publicworks@cityofcottonwoodmn.gov](mailto:publicworks@cityofcottonwoodmn.gov)

## Inflow & Infiltration (I&I) Compliance Inspection Report

DATE 1/8/25

### PROPERTY DATA

ADDRESS 220 Front St Cottonwood, MN

PARCEL NUMBER

BASEMENT CONSTRUCTION

☒ BLOCK ☐ POURED ☐ ROCK

BASEMENT CONDITION

☒ DRY ☐ CRAWL SPACE ☐ EVIDENCE OF MOISTURE ☐ WET

### INSPECTOR INFORMATION

INSPECTOR Jay Fricke

COMPANY Enviro Pump Plus

### SERVICE LINE DATA

TELEVISION ACCESS POINT

☐ FLOOR DRAIN ☒ STACK CLEANOUT ☐ FLOOR CLEANOUT ☐ PULLED STOOL ☐ PLUMBER CREATED ACCESS

PIPE SIZE 4"

JOINT LENGTH 4'

PIPE MATERIAL INSIDE FOUNDATION Clay

PIPE MATERIAL OUTSIDE FOUNDATION Clay

PIPE LENGTH ACCESS TO FOUNDATION

PIPE LENGTH FOUNDATION TO CURB 60'

DEPTH OF PIPE 7'

CONDITION OF PIPE Some bad spots

CONDITION NOTES

Roots at Joints

### SUMP PUMP DATA

☒ SUMP PUMP NOT PRESENT

BYPASS VALVE

☐ PRESENT ☐ NONE

DISCHARGE POINT

☐ PIPED TO STORM ☐ OUTSIDE SURFACE ☐ SANITARY ☐ UNKNOWN

SUMP PUMP PIPE MATERIAL

☐ HARD PIPED ☐ FLEXIBLE HOSE ☐ OTHER

### TELEVISION DATA

A DIGITAL COPY OF THE TELEVISION MUST ACCOMPANY THIS REPORT

☐ A SEPARATE REPORT HAS BEEN INCLUDED

Sent already

Note all connections, fittings, points of concern on service line including infiltration, tree root, cracks, misaligned joints, camera submerged, etc.

FEET

COMMENT

Roots at main + several joints

TOTAL FOOTAGE

73'

TILE CONNECTION (NOTED ABOVE)

☐ YES ☒ NO

DISCHARGE POINT OF ROOF DRAIN

on Ground

SURFACE MATERIAL ABOVE SANITARY SEWER

Grass

☐ PASS ☒ FAIL

AUTHORIZED SIGNATURE

Jay Fricke

DATE 1/24/25

CITY OF COTTONWOOD

ORDINANCE 202303 FORM B

ADOPTED 10/15/2024