

AMENDED

AGENDA CITY OF LEXINGTON REGULAR COUNCIL MEETING SEPTEMBER 19, 2024– 7:00 P.M. 9180 LEXINGTON AVENUE

1. PLEDGE OF ALLEGIANCE

2. CALL TO ORDER: – Mayor Grote

- A. Roll Call - Council Members: DeVries, Murphy, Winge and Benson

3. CITIZENS FORUM

This is a portion of the Council meeting where individuals will be allowed to address the Council on subjects which are not a part of the meeting agenda. Persons wishing to speak may be required to complete a sign-up sheet and give it to a staff person at the meeting. The Council may take action or reply at the time of the statement or may give direction to staff for future action based on the concerns expressed

4. APPROVAL OF AGENDA WITH CHANGES AND CORRECTIONS

5. LETTERS AND COMMUNICATIONS:

- A. Centennial Lakes Police Department Media Rports – 8-21- through 9-10-2024 **pp. 1-15**
- B. Public Notice – Lexington Fall Fest & Fire Department Open House **pp. 16**
- C. Planning & Zoning meeting minutes – September 10, 2024 **pp. 17-18**

Consent Agenda:

The Consent Agenda covers routine administrative matters. These items are not discussed, and are approved in their entirety pursuant to the recommendations on the staff reports. A Council Member or citizen may ask that an item be moved from the Consent Agenda to the end of section 7 of the agenda in order to be discussed and receive separate action.

2. CONSENT ITEMS:

- A. Recommendation to Approve Council Minutes:
Council Meeting – September 5, 2024 **pp. 19-22**
- B. Recommendation to Approve Claims and Bills:
Check #'s 51980 through 52027 **pp. 23-33**

Check #'s 15378 through 15390
VOID #15367

C. Financial Reports

- Cash Balances
- Fund Summary – Budget to Actual

pp. 34
pp. 35-36

Action Items:

These items are intended primarily for Council discussion and action. It is up to the discretion of the Mayor as to what, if any, public comment will be heard on these items. Persons wishing to speak on discussion items must complete a sign-up sheet and give it to a staff person at the meeting.

3. ACTION ITEMS:

- A. Recommendation to approve Memorial Park Bathroom Remodel – MSA
Consultants Contract for Architectural Design pp. 37-62
- B. Recommendation to accept O'Reilly's Auto Parts development
improvement and cancel the letter of credit pp. 63
- C. Recommendation to approve RES – PRYO Pyrotechnic Special Event Permit
for Fireworks Display at Lexington Fall Festival under separate cover
- D. Recommendation to approve allowing a time extension on Fall Festival noise level from
9:00 PM till 12:00 AM

4. MAYOR AND COUNCIL INPUT

5. ADMINISTRATOR INPUT

6. ADJOURNMENT

/mv

No Council Workshop



Lexington, MN 55014
Phone: (763) 784-2792
Fax: (763) 785-8951
www.ci.lexington.mn.us

BUSINESS LICENSE APPLICATION

9180 Lexington Avenue • Lexington, MN • 55014 Phone
(763) 784-2792 Fax (763) 785-8951

License Application for (please check all that apply):

- | | | |
|-------------------------------------|----------------------|-------------------------------|
| <input type="checkbox"/> | Amusement Devices | \$15.00 |
| <input type="checkbox"/> | Commercial Business | \$100.00 |
| <input checked="" type="checkbox"/> | Fireworks-Commercial | \$350.00 |
| <input type="checkbox"/> | Fireworks-Retail | \$100.00 |
| <input type="checkbox"/> | New/Used Car Sales | \$500.00 |
| <input type="checkbox"/> | Tobacco Sales | \$100.00 |
| <input type="checkbox"/> | Vending Machines | \$150.00 (Each) |
| <input type="checkbox"/> | Temporary Business | \$75.00/mo. (Five Month Max.) |
| <input type="checkbox"/> | Background Check | \$100.00 (New Licensees Only) |

CHECK ONE: NEW BUSINESS ☐

RENEWAL ☒

*THE COMPLETED APPLICATION FOR RENEWAL MUST BE RECEIVED ON OR BEFORE 12:00 NOON ON THE 2nd THURSDAY IN JUNE (FOR APPROVAL AT THE 2ND JUNE COUNCIL MEETING). AN INCOMPLETE APPLICATION OR ANY PART THEREOF RECEIVED ON OR AFTER JULY 1 WILL INCURR A \$50.00 LATE FEE FOR EXPEDITED PROCESSING. Applications received on or after August 1st will incur a \$100.00 fee for expedited processing. *See cover letter.

TOTAL FEE ENCLOSED \$ _____ Non-Profit Organization (exempt from fee) ☐

BUSINESS NAME: RES Pyro
BUSINESS ADDRESS: 21595 286th Street, Belle Plaine, MN 56011
BUSINESS PHONE: 952-873-3113
TYPE OF BUSINESS: Services
APPLICANT NAME: RES Pyro
APPLICANT ADDRESS: 21595 286th Street, Belle Plaine, MN 56011
APPLICANT PHONE: 952-873-3113
APPLICANT EMAIL: permits@respyro.com
EMAIL/WEBSITE: www.respyro.com

THE UNDERSIGNED APPLICANT MAKES THIS APPLICATION PURSUANT TO ALL THE LAWS OF THE CITY OF LEXINGTON, ANOKA COUNTY, STATE OF MINNESOTA AND SUCH RULES AND REGULATIONS AS THE CITY COUNCIL OF THE CITY OF LEXINGTON MAY FROM TIME TO TIME PRESCRIBE.

Applicant's Signature Linda Orwoll Date 08/13/2024

NOTE: License Expires June 30th of Each Year

*****OFFICE USE ONLY*****

Lic. #: _____ Date Rec'd: _____ Amt. Pd.: _____ Late Fee Pd.: _____
Bkgd Chk. P F FD Insp.: _____ BO Insp.: _____ Council Appr.: _____

**MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER
AND
SOCIAL SECURITY NUMBER**

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the 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 of renewal of your license in the event you owe Minnesota sales, employers withholding or motor vehicle excise taxes:

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 LICENSE ISSUANCE OR RENEWAL APPLICATION.

Please supply the following information and return along with your application to the licensing authority.

Orwoll	Linda	E
Applicant's Last Name	First Name	Middle Initial
21595 286th Street, Belle Plaine, MN 56011		
Applicant's Address		
Executive Assistant		
Applicant's Social Security Number		Position (Officer, Partner, etc.)
RES Pyro		
Business Name		
21595 286th Street	Belle Pl MN	56011
Business Address	City	State Zip Code
4945732	<input type="checkbox"/> MN Tax ID Number NOT Required	
*Minnesota Tax Identification Number		
Linda Orwoll	08/13/2024	
Signature	Date	

*If a Minnesota Tax ID Number is not required for the business being operated, indicate that by placing an X in the box.

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKER'S COMPENSATION LAW**

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

Law requires this information, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: Minnesota Workers' Compensation Assigned Risk Plan
(NOT the insurance agent)

Policy Number: 106016.806

Dates of Coverage: 11/09/2023 to 11/09/2024

or

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

- ☐ I have no employees
- ☐ I am self-insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and Certain Farm Employees)

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

Name: Orwoll, Linda, E
(Last, First, Middle)

Doing Business As: RES Pyro
(Business Name)

Business Address: 21595 286th Street

City, State, Zip: Belle Plaine, MN 56011 Phone: 952-873-3113

Signature: Linda Orwoll Date: 08/13/2024

Lexington
September 21, 2024

Maximum Shell Size: 5"
NFPA 1123 Radius Safety Zone: 350 ft



Spectators

Parking

Shoot site

Fallout zone



APPLICATION FOR DISPLAY OF FIREWORKS/PYROTECHNIC SPECIAL EFFECTS

Applicant instructions:

This application must be completed and returned at least 15 days prior to date of display.

Name of applicant (Sponsoring Organization): Lexington Fall Festival

Address of applicant: Circle Pines, MN, 55014

Name of authorized agent of applicant: RES Pyro

Address of agent: 21595 286th St, Belle Plaine, MN 56011

Telephone number of agent: 952-873-3113

Date of display: September 21, 2024 Time of display: Approx. 10:00 PM

Location of display: Lexington Memorial Park, Lexington, MN

Manner and place of storage of fireworks/pyrotechnic special effects prior to display: N/A -

Delivered day of show _____

Type & number of fireworks/pyrotechnic special effects to be discharged: (72) - 3" shells;
(169) - 4" shells; (70) - 5" shells

Minnesota State law requires that this display be conducted under the direct supervision of a pyrotechnic operator certified by the State Fire Marshal.

Name of supervising operator: Cory Stinar Certificate #: B-1033

I understand and agree to comply with all provisions of this application and the requirements of the issuing authority, and will ensure that the fireworks/pyrotechnic special effects are discharged in a manner that will not endanger persons or property or constitute a nuisance.

Signature of applicant (or agent): Linda Orvoe Date of application: 08/13/2024

Required attachments: The following attachments must be included with this application:

1. Proof of a bond or certificate of insurance in the amount of at least \$1,000,000.00
2. A diagram of the grounds, or facilities (for indoor displays), at which the display will be held. This diagram (drawn to scale or with dimensions included) must show the point at which the fireworks/pyrotechnic special effects are to be discharged; the location of ground pieces; the location of all buildings, highways, streets, communication lines and other possible overhead obstructions; and the lines behind which the audience will be restrained. For proximate audience (e.g. indoor) displays, the diagram must also show the fallout radius for each pyrotechnic device used during the display.

The discharge of the listed fireworks on the date and at the location shown on this application is hereby approved, subject to the following conditions, if any: _____

Signature of fire chief/county sheriff: _____ Date: _____

Signature of issuing authority: _____ Date: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/13/2024

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 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 Acrisure, LLC dba Britton Gallagher & Associates One Cleveland Center, Floor 30 1375 East 9th Street Cleveland OH 44114	CONTACT NAME: PHONE (A/C, No, Ext): 216-658-7100 FAX (A/C, No): 216-658-7101 E-MAIL ADDRESS: info@brittongallagher.com
INSURED RES Specialty Pyrotechnics Inc 21595 286th Street Belle Plaine MN 56011	INSURER(S) AFFORDING COVERAGE INSURER A: Everest Denali Insurance Company INSURER B: James River Insurance Company INSURER C: Axis Surplus Ins Company INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 1829767680**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <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"/> PROJECT <input type="checkbox"/> LOC			P0000000601	4/1/2024	3/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			S18CA00190-241	4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			P001000273872-05	4/1/2024	4/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

Additional Insured extension of coverage is provided by above referenced General Liability policy where required by written agreement.

Display Date: September 21, 2024

Location: Lexington Memorial Park, 9180 Lexington Avenue NE, Circle Pines, MN 55014

Additional Insured: City of Lexington, MN; City of Circle Pines, MN; Circle Lex Lions

Cowboy's Saloon

9005 South Highway Drive

Lexington, MN 55014

CERTIFICATE HOLDER**CANCELLATION**Lexington Fall Fest
Circle Pines MN 55014

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

MEMO . . .

DATE: September 18, 2024

TO: Lexington City Council

FROM: Mary Vinzant

RE: 2024 Lexington Fall Festival Noise Ordinance

The Lexington Fall Festival is requesting an extension to the time-frame for outdoor amplified music from 9:00 PM to 12:00 AM for live entertainment.