



GRINNELL CITY COUNCIL REGULAR SESSION MEETING
MONDAY, JUNE 6, 2022 AT 7:00 P.M.
IN THE 2ND FLOOR COUNCIL CHAMBERS OF THE CITY HALL AND
VIA ZOOM
<https://zoom.us/j/97614508283?pwd=dHRzdkV1VWpJM0VJTW9ZaFI0VXIHUD09>

MINUTES

Mayor Agnew called the meeting to order at 7:00 p.m. with the following council members present: White, Davis, Wray, Hueftle-Worley, Gaard. Absent: Bly.

White made the motion, second by Gaard to approve the agenda. AYES: 5-0. Motion carried.

Gaard made the motion, second by Wray to approve the consent agenda as follows:

- a) Previous minutes as drafted from the Monday, May 16, 2022, Regular Session.
- b) Previous minutes as drafted from the Monday, May 23, 2022, Special Session.
- c) Approve Liquor License renewals:
 1. Bowladrome, 915 State Street.
 2. Eagles, 616 4th Avenue.
 3. Elks, 720 3rd Avenue.
 4. PALS, 811 Park Street (Central Park).
 5. Wine on Wheels, 4215 Hwy 146 (Grinnell Mutual).
- d) Approve Mayor and Council Appointments:
 - 1) Board of Adjustment, 5 yr term, Effective July 1, 2022.
 - a. Barb Baker.
 - 2) Parks & Recreation Board, 3 yr term, Effective July 1, 2022.
 - a. Ben Coopriider.
 - b. Lisa Lindley.
- e) Accept retirement of Barb Flander, Accounting Technician, effective June 17, 2022.
- f) Accept retirement of Heath Jepson, Patrol Officer, effective July 2, 2022.
- g) Approve city claims and payroll claims from May 3, 2022, through and including June 6, 2022, in the amount of \$2,450,833.00.
- h) Review Campbell Fund requests.

AYES: 5-0. Motion carried.

The Council acknowledged receipt of the previous meeting minutes and communications as follows:

- a) Finance Committee minutes: May 16, 2022.
- b) Public Works & Grounds Committee minutes: May 16, 2022.
- c) Public Safety Committee minutes: May 16, 2022.
- d) Library Board of Trustees minutes: April 27, 2022.
- e) May 2022 Monthly Building Permit Report.
- f) April 2022 Veterans Memorial Building Campaign Report.

- g) National Night Out Proclamation.
- h) Invitation to National Night Out on Tuesday, August 2, 2022.

PUBLIC HEARINGS

The Mayor announced that this was the time and place for the public hearing on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$8,700,000 General Obligation Capital Loan Notes of the city (for essential corporate purposes).

The Mayor then asked the Clerk whether any written objections had been filed by any city resident or property owner on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$8,700,000 General Obligation Capital Loan Notes of the city (for essential corporate purposes).

The City Clerk advised the Mayor and the City Council that no written objections had been filed. The Mayor then called for oral objections on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$8,700,000 General Obligation Capital Loan Notes of the city (for essential corporate purposes).

Hueftle-Worley made the motion, second by Davis to close the public hearing on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$8,700,000 General Obligation Capital Loan Notes of the city (for essential corporate purposes). AYES: 5-0. Motion carried.

The Mayor announced that this was the time and place for the public hearing on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$1,300,000 General Obligation Capital Loan Notes of the city (for essential corporate purposes).

The Mayor then asked the Clerk whether any written objections had been filed by any city resident or property owner on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$1,300,000 General Obligation Capital Loan Notes of the city (for essential corporate purposes).

The City Clerk advised the Mayor and the City Council that no written objections had been filed. The Mayor then called for oral objections on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$1,300,000 General Obligation Capital Loan Notes of the city (for essential corporate purposes).

Hueftle-Worley made the motion, second by Wray to close the public hearing on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$1,300,000 General Obligation Capital Loan Notes of the city (for essential corporate purposes). AYES: 5-0. Motion carried.

The Mayor announced that this was the time and place for the public hearing on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$700,000 General Obligation Capital Loan Notes of the city (for general corporate purposes).

The Mayor then asked the Clerk whether any written objections had been filed by any city resident or property owner on the matter the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$700,000 General Obligation Capital Loan Notes of the city (for general corporate purposes).

The City Clerk advised the Mayor and the City Council that no written objections had been filed. The Mayor then called for oral objections on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$700,000 General Obligation Capital Loan Notes of the city (for general corporate purposes).

Hueftle-Worley made the motion, second by Wray to close the public hearing on the matter of the proposed authorization of a loan agreement and the issuance of not to exceed \$700,000 General Obligation Capital Loan Notes of the city (for general corporate purposes). AYES: 5-0. Motion carried.

The Mayor announced that this was the time and place for the public hearing on the FY22 Budget Amendment.

The Mayor then asked the Clerk whether any written objections had been filed by any city resident or property owner on the FY22 Budget Amendment.

The City Clerk advised the Mayor and the City Council that no written objections had been filed. The Mayor then called for oral objections on the FY22 Budget Amendment.

Hueftle-Worley made the motion, second by Wray to close the public hearing on the FY22 Budget Amendment. AYES: 5-0. Motion carried.

The Mayor announced that this was the time and place for the public hearing on the proposed plans and specifications, proposed form of contract, and estimate of cost for construction for the 4th Avenue Bridge project.

The Mayor then asked the Clerk whether any written objections had been filed by any city resident or property owner on the proposed plans and specifications, proposed form of contract, and estimate of cost for construction for the 4th Avenue Bridge project.

The City Clerk advised the Mayor and the City Council that no written objections had been filed. The Mayor then called for oral objections on the proposed plans and specifications, proposed form of contract, and estimate of cost for construction for the 4th Avenue Bridge project.

Hueftle-Worley made the motion, second by Wray to close the public hearing on the proposed plans and specifications, proposed form of contract, and estimate of cost for construction for the 4th Avenue Bridge project. AYES: 5-0. Motion carried.

FINANCE COMMITTEE

Angela Harrington presented information on the development agreement for Hotel Grinnell. No action was taken.

Wray made the motion, second by White to approve Resolution No. 2022-99 - A resolution adopting amendment No. 2 to the budget for Fiscal Year 2022. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2022-100 – A resolution instituting proceedings to take additional action for the issuance of not to exceed \$8,700,000 General Obligation Capital Loan Notes. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2022-101 - A resolution instituting proceedings to take additional action for the issuance of not to exceed \$1,300,000 General Obligation Capital Loan Notes. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2022-102 - A resolution instituting proceedings to take additional action for the issuance of not to exceed \$700,000 General Obligation Capital Loan Notes. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2022-103 - A resolution approving the preliminary official statement for \$8,440,000 (dollar amount subject to change) General Obligation Capital Loan Notes, Series 2022. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2022-104 - A resolution setting the storm water utility rates effective July 1, 2022. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2022-105 - A resolution for monthly internal transfers of funds. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2022-106 – A resolution for monthly transfers of funds for trust and agency. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2022-107 - A resolution for transfer of funds per budget. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve Resolution No. 2022-108 - A resolution for transfer of funds per budget. AYES: 5-0. Motion carried.

Wray made the motion, second by White to approve the request from the Grinnell Police Department and Grinnell Optimist Club to waive Central Park rental fees for National Night Out on Tuesday, August 2, 2022. AYES: 5-0. Motion carried.

No action was taken on a request from Paul McDonald's estate. The City Council wants to abide by Paul's wishes as outlined in his will.

PUBLIC WORKS AND GROUNDS COMMITTEE

Council member Hueftle-Worley stated that agenda items number one and number nine regarding engineering firms for the new water plant would be combined. Hueftle-Worley made the motion, second by Wray to recommend staff enter into negotiations with McClure Engineering for engineering on the construction of the new water plant. AYES: 5-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Resolution No. 2022-109 – A resolution approving Amendment No. 3 for a change in the CDBG Downtown Revitalization Façade Project. AYES: 5-0. Motion carried.

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2022-110 – A resolution approving Change Order No. 3 for the SE Sewer Lining Rehabilitation project. AYES: 5-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Resolution No. 2022-111 – A resolution authorizing payment of contractor’s pay request No. 7 in the amount of \$181,746.84 to Cornerstone Commercial Contractors, Inc. of Corning, Iowa for the CDBG Downtown Façade Rehabilitation Project. AYES: 5-0. Motion carried.

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2022-112 – A resolution authorizing payment of contractor’s pay request No. 5 in the amount of \$218,471.93 to Municipal Pipe Tool Co., LLC of Hudson, Iowa for the Southeast Area Sewer Rehabilitation Project. AYES: 5-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Resolution No. 2022-113 – A resolution approving the proposed plans and specifications, proposed form of contract and estimate of cost for construction for the 4th Avenue Bridge Project. AYES: 5-0. Motion carried.

Hueftle-Worley made the motion, second by Gaard to approve Resolution No. 2022-114 – A resolution setting a public hearing on proposed plans and specifications, proposed form of contract, estimate of cost for construction for June 20, 2022, at 7:00 p.m. and directing publication of notice to bidders for the 2022 Seal Coat Project for the City of Grinnell. AYES: 5-0. Motion carried.

Hueftle-Worley made the motion, second by Wray to approve Iowa Department of Transportation Supplemental Agreement for the period of July 1, 2022, to June 30, 2023, in the amount of \$27,884.64. AYES: 5-0. Motion carried.

PUBLIC SAFETY COMMITTEE

White made the motion, second by Hueftle-Worley to approve Grinnell Chamber of Commerce request for road closures for the 4th of July parade. AYES: 5-0. Motion carried.

White made the motion, second by Davis to approve request from 10th Avenue/10th Avenue Place for their 58th Annual 4th of July Parade to be held on Monday, July 4, 2021, at 9:30 a.m., with line up starting at 9:00 a.m. AYES: 5-0. Motion carried.

White made the motion, second by Hueftle-Worley to approve request from Ryan Timm, American Family, to block off four parking spots at 820 4th Avenue on Thursday, June 23, 2022, from 3:00 p.m. to 5:30 p.m. AYES: 5-0. Motion carried.

White made the motion, second by Davis to approve request from the Grinnell Rotary Club to close the south side of the east half of 5th Avenue between the alley and Park Street and the

west side of Park Street between 4th Avenue and 5th Avenue for their annual chicken barbeque on Thursday, June 9, 2022. AYES: 5-0. Motion carried.

PLANNING COMMITTEE

Davis made the motion, second by Gaard to approve Resolution No. 2022-115 – A resolution approving and authorizing execution of a Second Amendment to the Purchase Agreement dated March 15, 2021, by and between the City of Grinnell and Hubbell Realty Company (Single Family Housing Agreement). AYES: 5-0. Motion carried.

Davis made the motion, second by Gaard to approve Resolution No. 2022-116 – A resolution approving and authorizing execution of a Third Amendment to the Purchase Agreement dated March 1, 2021, by and between the City of Grinnell and Hubbell Realty Company (Apartment Agreement). AYES: 5-0. Motion carried.

Davis made the motion, second by Gaard to approve Resolution No. 2022-117 – A resolution approving Tax Abatement application for Amendment No. 3 for Gabriel J. Goodrich and Shawn E. Goodrich, 2021 Spaulding Lane. AYES: 5-0. Motion carried.


ORDINANCES

Hueftle-Worley made the motion, second by Davis to approve the second reading of Ordinance No. 1514 - An ordinance amending provisions pertaining to water rates. AYES: 5-0. Motion carried.

Hueftle-Worley made the motion, second by White to approve the second reading of Ordinance No. 1515 - An ordinance amending provisions pertaining to sewer user charges. AYES: 5-0. Motion carried.

There were no inquiries.

The meeting adjourned at 7:25 p.m.



DAN F. AGNEW, MAYOR

ATTEST:



ANNMARIE WINGERTER, CITY CLERK

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 22 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA CASEY'S MARKETING COMPANY/DBA CASEY'S #1134

Physical Location Address 1718 6TH AVE City GRINNELL ZIP 50112 Mailing

Address PO BOX 3001 City ANKENY State IA ZIP 50021

Business Phone Number 6412360469

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP CASEY'S GENERAL STORES, INC.

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Phone Number 515-381-5974 Fax Number 515-446-6303 Email MADI.PAULSON@CASEYS.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes No

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store

Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print) DOUGLAS BEECH, AST. SECRETARY, CASEY'S MARKETING

Name (please print) _____

Signature *Douglas M. Beech*

Signature _____

Date 4/1/2022

Date _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 7500
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Grinnell
- New Renewal

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 22 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA CASEY'S MARKETING COMPANY/DBA CASEY'S #1527

Physical Location Address 312 WEST ST City GRINNELL ZIP 50112 Mailing

Address PO BOX 3001 City ANKENY State IA ZIP 50021

Business Phone Number 6412363773

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP CASEY'S GENERAL STORES, INC.

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Phone Number 515-381-5974 Fax Number 515-446-6303 Email MADI.PAULSON@CASEYS.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes No

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store

Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print) DOUGLAS BEECH, ASST. SECRETARY, CASEY'S MARKETING

Name (please print) _____

Signature *Douglas M. Beech*

Signature _____

Date 4/1/2022

Date _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 75⁰⁰
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Grinnell
- New Renewal

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 22 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA CASEY'S MARKETING COMPANY/DBA CASEY'S #1950

Physical Location Address 217 W 6TH AVE City GRINNELL ZIP 50112 Mailing

Address PO BOX 3001 City ANKENY State IA ZIP 50021

Business Phone Number 6412368300

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP CASEY'S GENERAL STORES, INC.

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Phone Number 515-381-5974 Fax Number 515-446-6303 Email MADI.PAULSON@CASEYS.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes No

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store

Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print) DOUGLAS BEECH, AST. SECRETARY, CASEY'S MARKETING

Name (please print) _____

Signature *Douglas M. Beech*

Signature _____

Date 4/1/2022

Date _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 75⁰⁰
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Grinnell
- New Renewal

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 22 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA CASEY'S MARKETING COMPANY/DBA CASEY'S #3617

Physical Location Address 635 LANG CREEK AVE City GRINNELL ZIP

50112 Mailing Address PO BOX 3001

City ANKENY State IA ZIP 50021

Business Phone Number 6412360497

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP CASEY'S GENERAL STORES, INC.

Mailing Address PO BOX 3001 City ANKENY State IA ZIP 50021

Phone Number 515-381-5974 Fax Number 515-446-6303 Email MADI.PAULSON@CASEYS.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes No

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store

Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print) DOUGLAS BEECH, AST. SECRETARY, CASEY'S MARKETING

Name (please print) _____

Signature *Douglas M. Beech*

Signature _____

Date 4/1/2022

Date _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 75⁰⁰
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Grinnell
- New Renewal

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

\$75 ✓

Business Information:

Trade Name/DBA DOLLAR GENERAL STORE #7109

Physical Location Address 114 WEST ST SOUTH City GRINNELL ZIP 50112-2310

Mailing Address 100 MISSION RIDGE City GOODLETTSVILLE State TN ZIP 37072

Business Phone Number 5156127206

Vendor #309911 ✓

Invoice #202307109TOBCITY27 ✓

Batch #22635 \$ 75.00

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP DOLGENCORP, LLC

Mailing Address 100 MISSION RIDGE City GOODLETTSVILLE State TN ZIP 37072

Phone Number 615-855-4000 Fax Number 877-364-4130 Email tax-beerandwinelicense@dollargeneral.com

Retail Information:

Types of Sales: Over-the-counter Vending machine

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes No

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store

Has vending machine that assembles cigarettes Other Retail – General Merchandise

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print) Daniel Hogue

Name (please print) _____

Signature Daniel Hogue

Signature _____

Date 4/12/22

Date _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 75⁰⁰
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Grinnell
- New Renewal

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: Fareway Stores, Inc. # 737
Physical location address: 727 West Street City: GRINNELL ZIP: 50112
Mailing address: 727 West Street City: GRINNELL State: IA ZIP: 50112
Business phone number: 641 236-3331

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP Fareway Stores, Inc.
Mailing address: PO Box 70 City: Boone State: IA ZIP: 50036
Phone number: 515-433-5336 Fax number: 515-433-4416 Email: storelicenses@farewaystores.com

Retail Information:

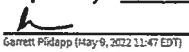
Types of Sales: Over-the-counter Vending machine
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes No
Types of Products Sold: (Check all that apply)
Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): Garrett S Pklapp Name (please print): _____
Signature:  Signature: _____
Date: May 9, 2022 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 75⁰⁰
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Grinnell
- New Renewal

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- Email: iapledge@iowaabd.com
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Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 1 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade Name/DBA Grinnell Hy-Vee
Physical Location Address 320 West Street South City Grinnell ZIP 50112
Mailing Address 5820 Westown Parkway City West Des Moines State IA ZIP 50266
Business Phone Number 515-695-3220

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP Hy-Vee, Inc.
Mailing Address 5820 Westown Parkway City West Des Moines State Iowa ZIP 50266
Phone Number 515-267-2800 Fax Number _____ Email oturk@hy-vee.com

Retail Information:

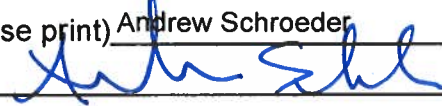
Types of Sales: Over-the-counter Vending machine
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes No
Types of Products Sold: (Check all that apply)
Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Has vending machine that assembles cigarettes Other _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print) Andrew Schroeder Name (please print) _____
Signature  Signature _____
Date 5/1/22 Date _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 7500
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Grinnell
- New Renewal

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: Kum and Go # 22

Physical location address: 715 Lang Creek Ave City: Grinnell ZIP: 50112

Mailing address: 1459 Grand Ave City: Des Moines State: IA ZIP: 50309

Business phone number: 515-457-6249

Legal Ownership Information:

Type of Ownership: Sole Proprietor [] Partnership [] Corporation [] LLC [x] LLP []

Name of sole proprietor, partnership, corporation, LLC, or LLP Kum and Go LC

Mailing address: 1459 Grand Ave City: Des Moines State: IA ZIP: 50309

Phone number: 515-457-6249 Fax number: Email: Licenses@kumandgo.com

Retail Information:

Types of Sales: Over-the-counter [x] Vending machine []

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes [] No [x]

Types of Products Sold: (Check all that apply)

Cigarettes [x] Tobacco [x] Alternative Nicotine Products [x] Vapor Products [x]

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store [] Bar [] Convenience store/gas station [x] Drug store [] Grocery store [] Hotel/motel [] Liquor store [] Restaurant [] Tobacco store []

Has vending machine that assembles cigarettes [] Other []

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): Charles Campbell

Name (please print):

Signature: Charles Campbell

Signature:

Date: 3/29/2022

Date:

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE

- Fill in the amount paid for the permit: 75.00
Fill in the date the permit was approved by the council or board:
Fill in the permit number issued by the city/county:
Fill in the name of the city or county issuing the permit: Grinnell
New [] Renewal [x]

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: Kum and Go #222
Physical location address: 1002 West Street City: Grinnell ZIP: 50112
Mailing address: 1459 Grand Ave City: Des Moines State: IA ZIP: 50309
Business phone number: 515-457-6249

Legal Ownership Information:

Type of Ownership: Sole Proprietor [] Partnership [] Corporation [] LLC [x] LLP []
Name of sole proprietor, partnership, corporation, LLC, or LLP Kum and Go LC
Mailing address: 1459 Grand Ave City: Des Moines State: IA ZIP: 50309
Phone number: 515-457-6249 Fax number: Email: Licenses@kumandgo.com

Retail Information:

Types of Sales: Over-the-counter [x] Vending machine []
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes [] No [x]
Types of Products Sold: (Check all that apply)
Cigarettes [x] Tobacco [x] Alternative Nicotine Products [x] Vapor Products [x]

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store [] Bar [] Convenience store/gas station [x] Drug store []
Grocery store [] Hotel/motel [] Liquor store [] Restaurant [] Tobacco store []
Has vending machine that assembles cigarettes [] Other []

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): Charles Campbell Name (please print):
Signature: Charles Campbell Signature:
Date: 3/29/2022 Date:

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE

- Fill in the amount paid for the permit: 75.00
Fill in the date the permit was approved by the council or board:
Fill in the permit number issued by the city/county:
Fill in the name of the city or county issuing the permit: Grinnell
New [] Renewal [x]

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: Mahadewa Inc DBA: Phillips66Grinnell

Physical location address: 1031 West St City: Grinnell ZIP: 50112

Mailing address: PO Box - 652 City: Grinnell State: IA ZIP: 50112

Business phone number: 641-236-0507

Legal Ownership Information:

Type of Ownership: Sole Proprietor [] Partnership [] Corporation [x] LLC [] LLP []

Name of sole proprietor, partnership, corporation, LLC, or LLP Mahadewa Inc

Mailing address: PO Box - 652 City: Grinnell State: IA ZIP: 50112

Phone number: 641-236-0507 Fax number: Email: Patel.Iowa66@gmail.com

Retail Information:

Types of Sales: Over-the-counter [x] Vending machine []

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes [] No [x]

Types of Products Sold: (Check all that apply)

Cigarettes [x] Tobacco [x] Alternative Nicotine Products [] Vapor Products [x]

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store [] Bar [] Convenience store/gas station [x] Drug store [] Grocery store [] Hotel/motel [] Liquor store [] Restaurant [] Tobacco store []

Has vending machine that assembles cigarettes [] Other []

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): Hiren Patel Name (please print):

Signature: [Signature] Signature:

Date: 05/21/22 Date:

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE

- Fill in the amount paid for the permit: 75.00
Fill in the date the permit was approved by the council or board:
Fill in the permit number issued by the city/county:
Fill in the name of the city or county issuing the permit: Grinnell
New [] Renewal [x]

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.
Email: iapledge@iowaabd.com
Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: McNallys Foods
Physical location address: 1026 Main City: Grinnell ZIP: 50112
Mailing address: P.O. Box 305 City: Grinnell State: IA ZIP: 50112
Business phone number: 641-236-3166

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP Grinnell Markets Inc.
Mailing address: P.O. Box 305 City: Grinnell State: IA ZIP: 50112
Phone number: 641-236-3166 Fax number: N/A Email: mcnallys@iowaretcon.net

Retail Information:

Types of Sales: Over-the-counter Vending machine
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes No
Types of Products Sold: (Check all that apply)
Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Has vending machine that assembles cigarettes Other

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): Julienne Smith Name (please print): _____
Signature: Julienne Smith Signature: _____
Date: 5/27/2022 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY - MUST BE COMPLETE

- Fill in the amount paid for the permit: 75⁰⁰
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Grinnell
- New Renewal

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

Instructions on the reverse side

For period (MM/DD/YYYY) 06 / 30 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: Walmart Inc. DBA- Walmart #647
Physical location address: 415 Industrial Ave City: Grinnell ZIP: 50112
Mailing address: 702 SW 8th St. Mail Stop 0500. City: Bentonville State: AR ZIP: 72716-0500
Business phone number: 641-236-4999

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP Walmart Inc.
Mailing address: 702 SW 8th St. Mail Stop 0500. City: Bentonville State: AR ZIP: 72716-0500
Phone number: 479-371-0964 Fax number: _____ Email: complic@wal-mart.com

Retail Information:

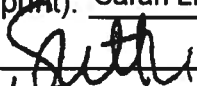
Types of Sales: Over-the-counter Vending machine
Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes No
Types of Products Sold: (Check all that apply)
Cigarettes Tobacco Alternative Nicotine Products Vapor Products

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Has vending machine that assembles cigarettes Other Retail

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): Sarah Little Name (please print): _____
Signature:  Signature: _____
Date: 5/3/22 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 75⁰⁰
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: _____
- Fill in the name of the city or county issuing the permit: Grinnell
- New Renewal

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375