OFFICE OF THE

Appanoose County Auditor

KELLY HOWARD COURTHOUSE 201 N. 12th St., Rm 11 CENTERVILLE, IOWA 52544

Phone (641) 856-6191 Fax (641) 856-8023 khoward@appanoosecounty.net

Meeting Agenda June 3, 2019

The Appanoose County Board of Supervisors will meet Monday June 3, 2019 at 9:00 A.M. in the Boardroom of the Courthouse. Items on the agenda include:

- 1. Pledge
- 2. Declaration of items to be added to the agenda
- 3. Approve minutes of the May 20, 2019 meeting
- 4. Approve reports: 5/31 payroll
- 5. Approve bills
- 6. Mark McGill: Comprehensive Plan Contract
- 7. Discuss TIF on Windmills
- 8. Approve Liquor Licenses: Whistle Stop
- 9. Approve Cigarette Permits: Brownies 3-B's, Doggs RV Park, Elliott's General Store, & Rathbun Marina
- 10. Approve Appointment of Veterans Affairs Commissioner: Pete Schwaner
- 11. Approve Official County Seal
- 12. FYI- Deerview MMP update
- 13. Rescind Secondary Roads hire: Mike McClure (Motor Grader Operator)
- 14. Approve Secondary Roads hire: Derek Ewing (Motor Grader Operator)
- 15. County Engineer report
- 16. CDS Coordinator
- 17. Public Comments
- 18. Adjourn

May 20, 2019

Appanoose County Board of Supervisors met in regular session May 20, 2019 at 9:00 A.M. in the Boardroom of the Courthouse. Present: Mark Waits, Chairman, Neal Smith and Linda Demry, Boardmembers. Absent: None.

Meeting started with the Pledge.

Smith motioned to approve the agenda with the addition of a liquor license for Bessie's Barn. Seconded by Demry. All voted aye.

Demry motioned to approve the minutes from May 6, 2019 meeting. Seconded by Smith. All voted aye.

Smith motioned to approve 5/17 payroll and Prisoner Room & Board. Seconded by Demry. All voted aye.

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Iowegian	Off. Supplies & Forms	329.04
Agriland FS	Engineering Services	42312.94
Alliant	Engineering Services	1247.11
Amer Home Fdg	Juvenile Detention & Shel	746.40
App Co ISU Ext	Community Support Program	638.32
Serv Agency	Salary-Regular Employees	3651.64
App Comm Care	Off. Equip Repair & Maint	4938.58
Aramark	Engineering Services	165.18
Bailey Off	Off. Supplies & Forms	319.43
Bankers Trust	G.O. Bonds Principal	94141.25
Banleaco	Office Equip. & Furniture	191.97
Barco	Engineering Services	480.77
D Barnthouse	Building Repair & Maintce	50.00
Bratz Oil	Mileage & Transp. Expense	938.18
Brownells	Law Enf. Equip & Weapons	16.06
C-D	Off. Supplies & Forms	516.97
CANTERA AGGREGATES LLC	Engineering Services	18844.35
Capital Sanitary Supply	Building Repair & Maintce	477.69
CarQuest	Park Maint. & Supplies	18.01
CDW Government	Off. Supplies & Forms	2631.04
Cville Iron	Park Maint. & Supplies	19.16
Cville Wtrwks	Water & Sewer	83.45
C'ville Produce & Feed	Park Maint. & Supplies	56.79
Central IA Det	Juvenile Detention & Shel	2896.00
Chariton Valley Elec	Engineering Services	353.34
City Cville	Salary-Regular Employees	5353.92
Ted Clark Plumbing	Jail Equip. & Furniture	152.00
Clark's Auto Rpr	Engineering Services	571.46
Construction & Aggregate Prod	Engineering Services	181.00
Cross Dillon	Engineering Services	1345.00
Davis Co Sch	Community Support Program	1943.10
Davis Co Daycare	Community Support Program	1464.00
Davis Co ISU Ext	Community Support Program	841.54
Des Moines Stamp	Engineering Services	36.40
Douds Stone	Engineering Services	623.13
Fareway	Food & Provisions	74.79
Finish Line	Fuels	121.50
First Bkcd	Law Enf. Equip & Weapons	51.66
Fogle TV	Park Maint. & Supplies	392.05
Forbes Office Solutions	Off. Supplies & Forms	35.20
GARMAN FARMS	Engineering Services	6552.17

GeoComm	E911 Ma
Government Forms & Supplies	Off. Su
PJ Greufe	Health
Hartland Bobcat Services	Park La
Hills San	Enginee
Hy-Vee	Food Pr
IACCVSO	Educati
Impressive Designs	Park Ma
Interstate Batt	Law Enf
Interstate Batt	Enginee
IA Co Recorders Assn	Off. Ec
John Deere	Enginee
Kids World	Communi
Kimball	Enginee
Kinetic Edge	Law Enf
-	
Knox Co Stone	Enginee
L&W Quarries	Enginee
J Lasley	Mileage
Lee Co Hlth	Communi
Lexipol	Jail Eq
LexisNexis	Dues &
Lockridge	Enginee
Marion Co Pub Hlth	Communi
Marshall Co Sheriff	Food Pr
М МсСоу	Educati
Laura McFall	Legal S
McFarland Clinic	Medical
Metal Culverts	Bridge
Motion Industries	Enginee
Midwest Wheel	Enginee
MIGWest Mieer MMIT	Off. Su
M&M Sales	Off. Ec
Monroe Pub Hlth	Communi
Monroe Co ISU Ext	Communi
Moravia Union	Off. Su
Muscatine Sheriff	Legal S
Myers Custom Signs	Park Ma
NAPA	Enginee
Natel	Telepho
Neat Brands	Constru
O'Reilly	Enginee
Office Ctr	Off. Su
Office Depot	Off. Su
Orchard Pl	Communi
Ottumwa Printing	Park Ma
=	Off. Ec
Owens-King	
Pattison Sand	Enginee
Petty C-Sheriff	Educati
Pitney Bowes	Postage
Prof Computer	Off. Eq
Provantage	Jail Ec
Quill	Off. Su
RACOM	E911 Ot
RASWC	Enginee
RRWA	Water &
RGM	Enginee
Risher Taxidermy	Park Ma

E911 Mapping Expense	8665.00
Off. Supplies & Forms	851.51
Health Insurance	1500.00
Park Land Acq. & Dev.	18436.25
Engineering Services	231.00
Food Preparation Service	2132.00
Educational & Train.Serv.	50.00
Park Maint. & Supplies	160.00
Law Enf. Equip & Weapons	184.16
Engineering Services	231.90
Off. Equip Repair & Maint	2004.10
Engineering Services	490.58
Community Support Program	788.80
Engineering Services	251.60
	100.00
Law Enf. Equip & Weapons	9729.04
Engineering Services Engineering Services	21906.52
Mileage & Transp. Expense	93.60
Community Support Program	189.26
Jail Equip. & Furniture	10739.00
Dues & Memberships	100.00
Engineering Services	1510.06
Community Support Program	1387.09
Food Preparation Service	3595.78
Educational & Train.Serv.	7.49
Legal Serv. Dep-Subp-Tran	84.00
Medical & Health Services	97.60
Bridge & Culvert Maint.	15749.50
Engineering Services	988.20
Engineering Services	511.72
Off. Supplies & Forms	6964.66
Off. Equip Repair & Maint	867.50
Community Support Program	6506.77
Community Support Program	93.91
Off. Supplies & Forms	509.06
Legal Serv. Dep-Subp-Tran	15.00
Park Maint. & Supplies	170.00
Engineering Services	1482.18
Telephone & Telegr.Serv.	669.52
Construction & Maint.	15924.95
Engineering Services	1319.18
Off. Supplies & Forms	102.63
Off. Supplies & Forms	116.67 2186.06
Community Support Program Park Maint. & Supplies	
Off. Equip Repair & Maint	420.00 448.95
Engineering Services	8899.08
Educational & Train.Serv.	62.66
Postage & Mailing	5000.00
Off. Equip Repair & Maint	19.95
Jail Equip. & Furniture	437.52
Off. Supplies & Forms	159.95
E911 Other Capital Expens	5919.33
Engineering Services	46.70
Water & Sewer	25.75
Engineering Services	1394.67
Park Maint. & Supplies	430.00

River Hills	Medical & Health Services	821.00
Royal Toilets	Park Maint. & Supplies	104.22
SCICAP	Community Support Program	20877.66
NATHAN J SHILLING	Educational & Train.Serv.	13.90
SINCLAIR TRACTOR	Park Maint. & Supplies	78.78
BRAD SKINNER	Educational & Train.Serv.	11.51
SNAP-ON TOOLS CORP BROCK HAINE	Engineering Services	68.20
N Sokol, DO	Medical & Health Services	250.00
E Spencer	Right of Way	4619.88
Storey Kenworthy	Off. Supplies & Forms	237.03
R Tisue	Mileage & Transp. Expense	45.54
UnityPoint	Engineering Services	84.00
US BANK	Health Insurance	173.95
US Bank	Engineering Services	380.69
US Cellular	Telephone & Telegr.Serv.	499.06
USPS	Postage & Mailing	205.80
P Visser	Park Maint. & Supplies	319.96
Walker Welding	Engineering Services	35.09
Walmart	Jail Equip. & Furniture	235.98
Wayne Co Sheriff	Legal Serv. Dep-Subp-Tran	8413.34
Weston Heating	Jail Equip. & Furniture	130.50
Wex Bank	Mileage & Transp. Expense	292.33
J Willier	Legal & Ct-Related Serv.	135.00
Windstream	Telephone & Telegr.Serv.	1538.09
Grand Total		398332.51

Demry motioned to approve bills. Seconded by Smith. All voted aye.

Pat McAfee and Nancy Bennet from Appanoose County Coalition of the Arts spoke about the Great Places and Challenge Grants. They requested the funds already given be designated to be split between the two grants. The Board requested the \$10,000 be returned since the original funds were approved with the stipulation they would be returned if there was no grant awarded. A vote will occur after the new fiscal year for the new grants.

Smith motioned to approve the liquor licenses for the Pale Moon & Bessie's Barn. Seconded by Demry. All voted aye.

Demry motioned to approve a Fireworks Permit for Viking Pyrotechnics. Seconded by Smith. All voted aye.

Demry motioned to approve the 2019 EMS Surtax distribution schedule. Seconded by Smith. All voted aye.

At 9:20 A.M. Demry motioned to open the public hearing on the reclassification of a portion of 455th Street. Seconded by Smith. All voted aye. County Engineer, Brad Skinner, informed the board the adjoining landowners signed a petition to change from a Level A to a Level C. At 9:22 A.M. Smith motioned to close the public hearing. Seconded by Demry. All voted aye.

Demry motioned to approve the Business Property Tax Credit Applications. Seconded by Smith. All voted aye.

Superior Cable submitted an estimate for a camera on the 3rd floor that would cover the entire area and also link to the Law Center. Superior Cable is willing to install the camera at a cost of labor only. Demry motioned to approve the installation of the camera with a labor only cost. Seconded by Smith. All voted aye.

Demry motioned to approve Chairman Mark Waits sign the right-of-way contracts between the county and Stanley and Elaine Spencer. Seconded by Smith. All voted aye.

Smith motioned to approve hiring Matthew Steen as Laborer effective 5/20/19 with a starting pay of \$21.42 an hour and Mike McClure as Motor Grader Operator effective 5/20/19 with a starting pay of \$22.00 an hour. Seconded by Demry. All voted aye.

Smith motioned to approve the Preconstruction Agreement #2019-C-151. Seconded by Demry. All voted aye.

Smith motioned to approve the plans and authorize the letting for Project No BROS_SWAP-C004 (106)-SE04. Seconded by Demry. All voted aye.

Demry motioned to approve Resolution #2019-11: Portion of 455th St Reclassification. Seconded by Smith. All voted aye.

RESOLUTION NO 2019-11

WHEREAS, Appanoose County desires to classify certain roads on the area service system in the County to provide for a minimal level of maintenance and access by means of a gate or barrier; and WHEREAS, the County, after consultation with the County Engineer, has the authority to specify certain roads within the County as Area Service "C" roads pursuant to Iowa Code Section 309.57; and WHEREAS, the only persons who will have access rights to the roads shall be:

- 1. The owner, lessee, or person in lawful possession of any adjoining land,
- 2. The agent or employee of the owner, lessee or person in lawful possession of any adjoining land,
- 3. Any peace officer,
- 4. Any magistrate,
- 5. Any public employee whose duty it is to supervise the use or perform maintenance of the road,
- 6. Any agent or employee of any utility located upon the road.

WHEREAS, the minimal level of maintenance will be as follows:

- 1. Blading. Blading or dragging will not be performed on a regular basis.
- 2. Snow and Ice Removal. Snow and ice will not be removed, nor will the road service be sanded or salted on a regular basis.
- 3. Signing. Except for load limit positing for bridges, signing shall not be continued or provided. ALL AREA SERVICE LEVEL C ROADS SHALL BE IDENTIFIED WITH A SIGN AT ALL POINTS OF ACCESS TO WARN THE PUBLIC OF THE LOWER LEVEL OF MAINTENANCE.
- 4. Weeds, Brush and Trees. Mowing or spraying weeds, cutting brush and tree removal will not be performed on a regular basis. Adequate sight distances will not be maintained.
- 5. Structures. Bridges and culverts may not be maintained to carry legal loads. Upon failure or loss, the replacement structure will be appropriate for the traffic thereon.
- 6. Road Surfacing. There will be no surfacing materials applied to Area Service System C Roads on a regular basis.
- 7. Shoulders. Shoulders will not be maintained on a regular basis.
- 8. Crown. A crown will not be maintained on a regular basis.
- 9. Repairs. There will be no road repair on a regular basis.
- 10. Uniform Width. Uniform width for the traveled portion of the road will not be maintained.
- 11. Inspections. Regular inspections will not be conducted.

THEREFORE, BE IT RESOLVED BY THE BOARD OF SUPERVISORS OF APPANOOSE COUNTY that this County does hereby establish the road described as an Area Service "C" road, with restricted access and a minimal level of maintenance.

That portion of 455th Street which is currently classified as a Level A, beginning at the intersection of 125th Avenue then heading west approximately .5 miles to where the public road ends. This road is located in the west half of Section 33, T70N, R19W of Independence Township.

Resolution adopted this 20th day of May, 2019

/s/Mark Waits Appanoose County Board of Supervisors

Attest:/s/Kelly Howard

Skinner, updated the board on Secondary Roads projects. Dust control applications are underway; the bridge on 250th near Moravia is closed and they hope to get it opened in a couple days; 90% rock has been hauled; crews are shaping roads and will start mowing before Memorial weekend.

Stephanie Koch, CDS Coordinator, not present

Public comments: none

Demry motioned to adjourn. Seconded by Smith. All voted aye.

The Board adjourned to meet at the call of the Auditor at 9:40 A.M.

Appanoose County Board of Supervisors

Attest:

Kelly Howard, Appanoose County Auditor

Applicant	icense Application(BB0037742)
Name of Applic	ant: <u>Rebecca Wray</u>	
Name of Busine	ess (DBA): Whistle Stop	
Address of Prei	mises: <u>24377 180th Avenue</u>	
City <u>Numa</u>	County: Appanoose	Zip: <u>52544</u>
Business	<u>(641) 455-0111</u>	
Mailing	<u>24381 180th Ave</u>	
City <u>Numa</u>	State IA	Zip: <u>52544</u>

Contact Person

Name Becky Wray			
Phone: (641) 895-3105	Email	whistlestop24377@gmail.com	

Classification Class B Beer (BB) (Includes Wine Coolers)

1

Term: 12 months

Effective Date: 05/15/2019

Expiration Date: 05/14/2020

Privileges:

Class B Beer (BB) (Includes Wine Coolers)

Sunday Sales

Status of Business

BusinessType	: <u>Sole</u>	Proprietorship				
Corporate ID N	Number:	XXXXXXXXXX	Federal En	nployer ID XX	<u>XXXXXXX</u>	
Ownership					-	
Rebecca Wray						
First Name:	<u>Rebecca</u>		Last Name:	<u>Wray</u>		
City:	<u>Numa</u>		State:	<u>lowa</u>	Zip:	<u>52544</u>
Position:	<u>Owner</u>					
% of Ownership	: <u>100.00%</u>		U.S. Citizen:	Yes		
Derrick Wray						
First Name:	<u>Derrick</u>		Last Name:	<u>Wray</u>		
City:	<u>Numa</u>		State:	lowa	Zip:	<u>52544</u>
Position:	<u>Owner</u>					
% of Ownership	: <u>0.00%</u>		U.S. Citizen:	Yes		

Insurance Company Information

Insurance Company: Specialty Risk of America

REVENUE

Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor

https://tax.iowa.gov
Instructions on the reverse side For period (MM/DD/YYYY)
I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:
Business Information:
Trade Name/DBA BROWNIE'S 3-B'S
Physical Location Address 11377 Hwy S-70 City MELEDSE ZIP 52569
Mailing Address 12917 1374 AVE City PLANO State TA ZIP 5258/
Business Phone Number 641-724 9820
Legal Ownership Information:
Type of Ownership: Sole Proprietor 🗆 Partnership 🗗 Corporation 🗆 LLC 🗖 LLP 🗔
Name of sole proprietor, partnership, corporation, LLC, or LLP BROWNIES LLC.
Mailing Address 12917 1374 AVE City PLAND State TA ZIP 52531
Phone Number 64-815-1325 Fax Number Email (LDDRIFT CHET MAL. 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 D 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 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) Kin R. BROUN Name (please print) (INNE A BROWN
Signature Signature bul Sum
Date 5/12/19 Date 5/12/19
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: <u>A CD</u> Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure
by the council or board: the information on the application is complete and
the city/county: only the application is required. It is preferred that
• Fill in the name of the city or county issuing the permit:

Renewal 💆 • New 🛛

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Email: iapledge@iowaabd.com •

Fax: 515-281-7375 •

REVENUE

Instructions on the reverse side For period (MM/DD/YYYY)/ // 4 through June 30, I// 1 /4 through June 30, Business Information: Trade Name/DBA0995 R/J PARK Physical Location Address1999 44m y J18 Physical Location Address1999 44m y J18 Mailing Address Mailing Address Mailing Address Mailing Address Legal Ownership Information: Type of Ownership: Sole Proprietor ** Partnership © Corporation © LLC © LLP ©
I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products: Business Information: Trade Name/DBA DO995 RI Physical Location Address 14.299 Hary Site ZIP Mailing Address Site State ZIP Business Phone Number 64/-724-3762 Legal Ownership Information: Type of Ownership: Sole Proprietor I Partnership I Corporation I LLC LLP I
Business Information: Trade Name/DBA DO995 RV PARK Physical Location Address 16 299 Hm y 318 City MonAdm ZIP IA Mailing Address SAMC City State ZIP Business Phone Number 64/-724-3762 Eegal Ownership Information: Type of Ownership: Sole Proprietor X Partnership Information ILLC ILLP II
Trade Name/DBA DO905 KI FARK Physical Location Address 14.999 Hmy SI8 City MonAdm ZIP IA Mailing Address SAMC City State ZIP Business Phone Number 64/-724-3762 Legal Ownership Sole Proprietor A Partnership I Corporation I LLC LLP I
Physical Location Address 16.999 Hmy 318 City MonAdm ZIP IA Mailing Address SAMC City State Business Phone Number 64/-724-3762 Legal Ownership Information: Type of Ownership: Sole Proprietor I Partnership Information I
Mailing Address State ZIP Business Phone Number 64/-724-3762 Legal Ownership Information: City State ZIP Type of Ownership: Sole Proprietor 🖾 Partnership 🗆 Corporation 🗅 LLC 🗆 LLP 🗅
Business Phone Number <u>64/-724-3762</u> Legal Ownership Information: Type of Ownership: Sole Proprietor A Partnership Corporation LLC LLP
Legal Ownership Information: Type of Ownership: Sole Proprietor 🖾 Partnership II Corporation II LLC II LLP II
Type of Ownership: Sole Proprietor 🖾 Partnership 🗆 Corporation 🗖 LLC 🔲 LLP 🗆
All the second sec
Name of sole proprietor, partnership, corporation, LLC, or LLP_Ellaffe_L4nO4SFeg
Mailing Address 16599 Hup J18 City MonAUGA State 20 J2571
Phone Number 641-895-2497 Fax Number 641-724-3890 Email 12 fo a dagg rup mk. Co.
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 Ⅰ Tobacco □ Alternative Nicotine Products □ Vapor Products □
Type of Establishment: (Select the option that best describes the establishment)
Alternative nicotine/vapor store
Grocery store 🗆 Hotel/motel 🗆 Liquor store 🗆 Restaurant 🕱 Tobacco store 🗆
Has vending machine that assembles cigarettes Other 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)_Eller HybracesTh Name (please print)
SignatureSignature
DateDate
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: Send completed/approved application to Iowa Alcoholic

- 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 Approach
 issuing the permit:
- New 🛛 Renewal 🕅 10

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



Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor

Instructions on	https://tax.iowa.gov
For period (MM/DD/YYYY) <u>6 / 3c</u>	
I/we apply for a retail permit to sell cigarettes, tobacc	
Business Information:	
Trade Name/DBA EUTERT'S 6E	ETAL STOLE INC.
Physical Location Address 23828 Hz	WE JIB City M. MAN. A ZIP SET>1
Mailing Address SAME Ci	ity State ZIP
Business Phone Number 671-724-3311	
Legal Ownership Information:	
Type of Ownership: Sole Proprietor D Partners	ship 🗆 Corporation 🐹 LLC 🗆 LLP 🗖
Name of sole proprietor, partnership, corporation, L	LC, or LLP ELIZOT'S GENERAL STATE INC.
Mailing AddressCi	ty State ZIP
Phone Number 641-324-3211 Fax Number	6+1->24-3>11 Email de11.5+303 @ASLCon
Retail Information:	
Types of Sales: Over-the-counter Vending	machine 🗆
Do you make delivery sales of alternative nicotine o	r vapor products? (See Instructions) Yes □ No 4
Types of Products Sold: (Check all that apply) Cigarettes Tobaccore Alternative Nic	cotine Products Vapor Products
Type of Establishment: (Select the option that best Alternative nicotine/vapor store □ Bar □ Co Grocery store □ Hotel/motel □ Liquor store Has vending machine that assembles cigarettes □	onvenience store/gas station
If application is approved and permit granted, I/we do the laws governing the sale of cigarettes, tobacco, alt	hereby bind ourselves to a faithful observance of ernative nicotine, and vapor products.
Signature of Owner(s), Partner(s), or Corporate O	fficial(s)
Name (please print) DAN. & J. Euron	Name (please print)
Signature	Signature
Date5-8-19	Date
Send this completed application and the applicab questions contact your city clerk (within city limits) or	le fee to your local jurisdiction. If you have any your county auditor (outside city limits).
FOR CITY CLERK/COUNTY AUDIT	DR ONLY - MUST BE COMPLETE
• Fill in the amount paid for the permit:	Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure
Fill in the date the permit was approved by the council or board:	the information on the application is complete and
Fill in the permit number issued by	accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that
 Fill in the name of the city or county 	applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.
issuing the permit:	Email: iapledge@iowaabd.com

• New 🛙 Renewal 10

Fax: 515-281-7375 •



REVENUE	lowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor
	https://tax.iowa.gov
	ructions on the reverse side
	<u>_ のヿ </u>
Business Information:	side, tobacce, another theorine, of vapor products.
	KS LLC dba Rathbun Marina
	Marina PL City Moravia ZIP 52571
	PL City Moraula State IA ZIP 52571
Business Phone Number <u>641-7</u>	24-3212
Legal Ownership Information:	
	□ Partnership □ Corporation □ LLC 区 LLP □
	orporation, LLC, or LLP <u>Your Boat Works</u>
	<u>City Moravia</u> State ZIP <u>52571</u>
	x Number <u>641-724-3215</u> Email <u>sheila @yourhoat vvork</u>
Retail Information:	
Types of Sales: Over-the-counter 🛛	-
	ve nicotine or vapor products? (See Instructions) Yes □ No □
Types of Products Sold: (Check all that Cigarettes 図 Tobacco ロ A	t apply) Iternative Nicotine Products D Vapor Products
	nted, I/we do hereby bind ourselves to a faithful observance of tobacco, alternative nicotine, and vapor products.
Signature of Owner(s), Partner(s), or C	Corporate Official(s)
Name (please print) Sheila Clem	ens Name (please print). Douglas W. Clemens
Signature_Shila_filemer	signature (1) Compo MJ Churs
Date 5-12-19	Date <u>5-13-19</u>
Send this completed application and t questions contact your city clerk (within c	he applicable fee to your local jurisdiction. If you have any ity limits) or your county auditor (outside city limits).
	DUNTY AUDITOR ONLY - MUST BE COMPLETE
 Fill in the amount paid for the permit:	Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure
by the council or board:	the information on the application is complete and accurate. A copy of the permit does not need to be sent:

- · Fill in the permit number issued by the city/county:
- panose • Fill in the name of the city or county issuing the permit:
- New 🛛 Renewal 🕵

oholic sure and 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 .



Appanoose County Commission of Veterans Affairs 19999 St Joseph Drive Centerville, Iowa 52544

From: Appanoose County Commission of Veterans Affairs 2 May 2019

To: Appanoose County Board of Supervisor

Subject: Reappointment of Pete Schwaner to serve on the Commission of Veteran Affairs.

He has served on the commission since his appointment 1 July 2006. He continues to impress the commission board, with his countless volunteer hours, helping veterans. He is definitely an asset to this county. The Commission recommends he be reappointed to the commission effective 1 July 2019 for a three (3) year term which will expire on June 30, 2022.

Ron Burger KonBurge

cc: Board of Supervisors

James L. Carter James & Carter



Date Due: 06/01/2019

Date Received: 05/29/2019

Date Approved: 05/29/2019

Owner

DeerView, LLC

Contact

Brian Ritland

Prior to making changes in manure management practices, update the on-site copy to show actual changes. Please select changes below and include all changes in your current, on-site MMP.

☐ I have made no changes to my MMP

☐ I have added acres

R Change Crop Rotation or Optimum Yields

F Changed Application Method

T I am electing to be a small animal feeding operation (SAFO) or facility capacity has changed

☐ I have made other changes to my MMP Describe :

广 In addition to selling manure as indicated above, I also apply manure to fields using a manure management plan.

County Notifications

The following counties have been notified:

Appanoose

Monroe

Wapello

Animal Unit Capacity / Payment Summary

Animal Type	Total Amount
Swine Wean to Finish	\$288.00

I, Brian Ritland, attest that the information indicated above is accurate and complete.

Facility

DeerView # 65788

2727 730th Ave. Blakesburg, IA 52536