



**North Liberty City Council
Regular Session
June 25, 2024**



City Administrator Memo



To **Mayor and City Council**
From **Ryan Heiar, City Administrator**
Date **June 21, 2024**
Re **City Council Agenda June 25, 2024**

Consent Agenda

The following items are on the consent agenda and included in the packet:

- City Council Minutes (06/11/24)
- Claims
- Liquor License Application
 - Iowa Craft Beer Tent (Blues and BBQ)
 - Kwik Star
- Liquor License Renewals
 - Sushiya
 - Colony Acres
 - Copper Boar
 - Kum & Go
 - Field Day
 - Tin Roost
 - Smokin Joe’s
 - El Azul
- Tobacco Permits (see agenda)
- City Hall Project, City Construction, Pay Application Number 13-R, \$243,807.63
- Streets & Maintenance Facility – Interior Remodel, Peak Construction Group, Inc., Pay Application Number 4, \$161,316.70

Meetings & Events

Tuesday, Jun 25 at **6:00p.m.**
City Council

Tuesday, July 2 at 6:30p.m.
Planning Commission

Thursday, July 4 – City Offices closed for Independence Day

Tuesday, July 9 at **6:00p.m.**
City Council

Board & Commission Appointments

The Mayor is recommending the following appointments:

Planning and Zoning Commission: Valerie Ward, Dave Willer(i)

Board of Adjustment: Aly Metzger

Parks & Recreation Commission: Kevin Smith, Donglin Chai(i), Gwen Johnson(i)

Tree and Stormwater Board: Daniel Green

Library Board: Scott Kramer, Brandy Greene

Cemetery Board: Derek Burns

Iowa State Recreational Trails (SRT) Program

Staff is seeking approval of a resolution supporting a state recreational trails program (SRT) grant to allow the construction of five key trail segments. These have been identified by staff as gaps in key trail segments, some of which became timely due to existing or pending construction projects (UIHC, Buck Moon Villas and Forevergreen Road signalizations). Except for one (Penn St Trail – Dubuque St to Front St), all the trail segments are shown on the Existing Trails Map and/or Liberty Loop Map contained within the City's Comprehensive Plan – Connected to Tomorrow, which was adopted in February 2023. After Plan adoption, the Penn St Trail – Dubuque St to Front St was identified as a key trail segment in the City's trail network. City staff intends to request that the City Council adopt a revised Comprehensive Plan Existing Trails Map, which includes this segment. Staff is still working on the details of the grant submission, which is due July 1, but anticipates 2025 for design of the trail segments and 2026 for construction. Based on the cost of the North Liberty Road Trail project, which is similar in overall length, staff is estimating the project to cost 1 million. The grant would request 60% of the construction costs and a 40% City match. Staff recommends approval of the resolution.

FY 2025 Salaries and Wages

A resolution authorizing salaries for fiscal year 2025, as discussed during the budget process and guided by the City's compensation program, is on the agenda and recommended for approval. This year's cost of living increase is 3.00%, while the step increase for employees who are eligible is 2.45%. Police officer and sergeant salaries are also included in the resolution and reflect what was approved in the collective bargaining agreements. The salaries in the resolution will go in effect on July 1, 2024.

FY 2024 Additional Transfers

As the fiscal year winds down, three departments are in need of more time to spend their budgeted funds from the current fiscal year. The Police Department has not been spending due to the Chief being out of the office. The Department is requesting \$40,000 be transferred to Police Capital to make purchases to update weapons systems. The Recreation Department has projects in motion that were part of the current fiscal year but will not be invoiced until the new fiscal year. Recreation is requesting \$60,000 be transferred to Recreation Capital for duct socks, wall panels, and carpeting projects. IT ordered computers for the Library from their operating budget. The shipping of the order was delayed resulting in the invoice not being received in order to be paid timely in FY 2024.

Solomon's Landing Part 2

Public improvements for Solomon's Landing, Part Two have been installed and subsequently inspected and approved by City staff. The Developer had previously requested to construct homes in the subdivision concurrently with the installation of public improvements, which the City allowed with the submission of a surety bond. The resolution on the agenda, which is recommended for approval by staff, exonerates the surety bond and accepts the public improvements for Solomon's Landing, Part Two.

Solomon's Landing Part 3

This final plat request by Pratt Real Estate Management, Inc – southwest corner of 240th Street and North Jones Boulevard – would facilitate development of 48 single-unit zero lot line dwellings. No public improvements are proposed with this plat. Rather, Grant Way and Fillmore Drive and utilities will be privately owned and maintained. A note is included on the final plat that no lot has direct access to 240th Street and North Jones Boulevard. The Final Plat is consistent with the approved Preliminary Plat. Staff recommends approval.

Buck Moon Villas, LLC Rezoning

Buck Moon Villas, LLC is requesting a zoning map amendment from RS-6 Single-Unit Dwelling District to RM-12 Multi-Unit Residence District on approximately .39 acres and approximately .62 acres (1.01 total acres) – northeast corner of Highway 965/Ranshaw Way and North Dubuque Street – to facilitate development of two-unit home sites on each lot. During design of the subdivision, it was realized that it would be more efficient to construct two-unit residences on two of the proposed lots. The proposed RM-12 zoning is adjacent to existing RM-12 in the proposed development. The approved preliminary plat depicts 61 single-unit lots and 7 multi-unit lots. This change would allow 58 single-unit lots and 9 multi-unit lots. A virtual good neighbor meeting was held on April 5, 2024. A few people outside of City staff and the applicant attended the meeting but did not have any comments. Although outside the normal notification boundary, staff contacted representatives of the Fox Run Subdivision and informed them of the request and the meeting. There are no objections to the request. The Planning Commission unanimously recommended approval of the rezoning at its May 7 meeting. Staff also recommends approval.

Primestone Residential Rezoning

Primestone Residential is requesting a Future Land Use Map amendment from Urban Low Intensity (ULI) to Urban High Intensity (UHI) on approximately 7.65 acres and a

zoning map amendment (rezoning) from ID Interim Development District to C-2 Highway Commercial District on approximately 7.65 acres, to RM-12 Multi-Unit Residence District on 17.01 acres, to RM-8 Multi-Unit Residence District on approximately 9.18 acres, and to RS-6 Single-Unit Residence District on approximately 9.9 acres (approximately 43.74 total acres). The property is generally located on the north side of West Forevergreen Road approximately 150 feet west of Covered Bridge Boulevard. This area of North Liberty continues to evolve as more land is developed and proposals are examined. It is City staff's opinion that the proposed development would fit nicely in the emerging development pattern. One primary consideration is the future intersection of Alexandar Way (collector street) and West Forevergreen Road (arterial street) and the overall roadway network. Notably, during development of the 2022 Comprehensive Plan – Connected to Tomorrow, this property was designated Urban Low Intensity (UHI) on the Future Land Use Map because staff wanted the opportunity to scrutinize a proposed development more closely. Staff is confident with the location of the Alexandar Way/West Forevergreen Road intersection depicted on the concept plan. It is anticipated that Alexandar Way would extend south of Forevergreen Road, into Coralville and eventually connect to Highway 6. This would appear to be a major urban intersection in North Liberty and helped inform the appropriateness of commercial zoning in this location. Staff continues to advocate that arterial/arterial and arterial/collector intersections are appropriate locations for higher intensity/density (an example is West Penn Street and North Jones Boulevard). A virtual good neighbor meeting was held on April 5, 2024. A few people outside of City staff and the applicant attended the meeting but did not have any comments. Staff contacted representatives of the Fox Valley Subdivision and informed them of the request and the meeting. There is one formal objection to the request. The Planning Commission unanimously recommended approval of the rezoning at its May 7 meeting. Staff recommends approval as well.



Agenda

CITY COUNCIL

June 25, 2024

6:00 p.m. (Revised start time)

Regular Session
Council Chambers
360 N. Main Street

1. Call to order
2. Roll call
3. Approval of the Agenda
4. Consent Agenda
 - A. City Council Minutes, Regular Session, June 11, 2024
 - B. Liquor License Application for Craft Beer Tent (Blues and BBQ)
 - C. Liquor License Renewal for Sushiya
 - D. Liquor License Renewal for Colony Acres
 - E. Liquor License Renewal for Copper Boar
 - F. Liquor License Renewal for Kum & Go
 - G. Liquor License Renewal for Field Day
 - H. Liquor License Renewal for Tin Roost
 - I. Liquor License Renewal for Smokin' Joe's
 - J. Liquor License Renewal for El Azul
 - K. Liquor License Application for Kwik Star
 - L. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Casey's General Store #2788, 595 N. Kansas Avenue
 - M. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Casey's General Store #3955, 245 S. Hwy 965
 - N. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Fareway Stores, Inc. #993
 - O. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Walgreens #11710
 - P. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for The Depot Express
 - Q. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Kum & Go #507
 - R. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Smokin' Joe's Tobacco & Liquor Outlet #12
 - S. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for J & A Tap

- T. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for LD Express
- U. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Johncy's Liquor Store
- V. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Urban Fuel
- W. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Liberty View Wine & Spirits
- X. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for The Station
- Y. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Green Leaf Tobacco and Vape
- Z. FY 2025 Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor for Kwik Star
- AA. City Hall Project, City Construction, Pay Application Number 13-R, \$243,807.63
- BB. Streets & Maintenance Facility – Interior Remodel, Peak Construction Group, Inc., Pay Application Number 4, \$161,316.70
- CC. Claims

- 5. Public Comment
- 6. Engineer Report
- 7. City Administrator Report
- 8. Mayor Report
- 9. Council Reports
- 10. Greater Iowa City, Inc.
 - A. Presentation from Greater Iowa City, Inc.
- 11. Board & Commission Appointments
 - A. Council confirmation of Mayor's appointments
- 12. Iowa State Recreational Trails (SRT) Program Grant
 - A. Resolution Number 2024-70, A Resolution supporting the City of North Liberty application to the Iowa State Recreational Trails (SRT) Program

13. FY 2025 Salaries and Wages
 - A. Resolution Number 2024-71, A Resolution authorizing salaries and hourly wages for City employees for the Fiscal Year of July 1, 2024 through June 30, 2025

14. FY 2024 Transfers
 - A. Resolution Number 2024-72, A Resolution approving additional transfers for the Fiscal Year ending June 30, 2024

15. Solomon's Landing Part Two
 - A. Resolution Number 2024-73, A Resolution releasing Surety and accepting improvements for Solomon's Landing Part Two in North Liberty, Iowa

16. Solomon's Landing Part Three
 - A. Resolution Number 2024-74, A Resolution approving the Final Plat for Solomons Landing Part Three in North Liberty, Iowa

17. Buck Moon Villas, LLC
 - A. Third consideration and adoption of Ordinance Number 2024-04, An Ordinance amending the Zoning Map District Designation for Certain Property located in North Liberty, Iowa from RS-6 Single-Unit Residential District to RM-12 Multi-Unit Residence District

18. Primestone Residential Rezoning
 - A. Third consideration and adoption of Ordinance Number 2024-05, An Ordinance amending the Zoning Map District Designation for Certain Property located in North Liberty, Iowa from ID Interim Development District to C-2 Highway Commercial District on approximately 7.65 acres, to RM-12 Multi-Unit Residence District on 17.01 acres, to RM-8 Multi-Unit Residence District on approximately 9.18 acres, and to RS-6 Single-Unit Residence District on approximately 9.9 acres

19. Old Business

20. New Business

21. Adjournment



Consent Agenda



City Council
June 11, 2024
Regular Session

Call to order

Mayor Hoffman called the June 11, 2024, Regular Session of the North Liberty City Council to order at 6:00 p.m. in Council Chambers at 360 N. Main Street. Councilors present: Brian Leibold, Paul Park, Brent Smith, and Brian Wayson; absent – Ere Sittig.

Others present: Ryan Heiar, Tracey Mulcahey, Grant Lientz, Ryan Rusnak, Josiah Bilskemper, and other interested parties.

Approval of the Agenda

Wayson moved; Smith seconded to approve the agenda. The vote was all ayes. Agenda approved.

Consent Agenda

Wayson moved, Parks seconded to approve the Consent Agenda including the City Council Minutes, Regular Session, May 28, 2024; Penn Meadows Parking Lot Project, Pay Application Number 6, Midwest Concrete, Inc., \$112,163.93; West Penn Street Improvements Project, Pay Application Number 2, Peterson Contractors, Inc., \$31,110.51; West Penn Street Improvements Project, Change Order Number 1, Peterson Contractors, Inc., (\$7,859.84); and the attached list of Claims. The vote was all ayes. Consent Agenda approved.

Public Comment

Randy Belknap, 2547 North Liberty Road, spoke regarding the eminent domain vote coming in two meetings regarding his property. He invited Council to come walk the property to observe what is being destroyed with the proposed eminent domain.

City Engineer Report

City Engineer Bilskemper reported on the Centennial Park Event construction, the Street Maintenance Facility remodel project, the City Hall punch list, the Penn Street Railroad Crossing Project, The Forevergreen Road Signalization Project, and the West Penn Street Project. Council discussed the report with Bilskemper.

City Administrator Report

City Administrator Heiar reported that social service applications have gone out. Heiar and Mulcahey met with United Way and other funders this week to discuss the City joining the joint application process. Greater Iowa City will be at the next meeting to present an update on the organization's activities.

Mayor Report

Mayor Hoffman attended Let Love Fly event and will be in Washington DC with Heiar tomorrow and Thursday to meet with legislators. The Mayor proclaimed Juneteenth National Freedom Day.

Council Reports

Councilor Wayson attended the MPOJC meeting where there was discussion on rapid transit. The bus study is underway. The organization adjusted funding for the I380 project for signage. Council discussed the rapid transit project. Councilor Smith volunteered at the Fight with Flash event. He thanked Mr. Kasper and the construction class for building shed at Penn Meadows Park. There was discussion on tomorrow's lunch event. Councilor Park offered compliments on landscaping around the City. He reminded that garage sales are this weekend and suggested to exercise caution. Councilor Leibold attended Let Love Fly. He thanked organizers, sponsors and attendees. He thanked the Belknaps for joining tonight.

2024A Bond Sale

At 6:16 p.m., Mayor Hoffman opened the public hearing on proposal to enter into a General Obligation Urban Renewal Loan Agreement. No oral or written comments were received. The public hearing was closed at 6:16 p.m.

Smith moved, Leibold seconded to approve Resolution 2024-62, A Resolution setting the date for public hearing on proposal to enter into a General Obligation Urban Renewal Loan Agreement. After discussion, the vote was: ayes – Wayson, Park, Smith, Leibold; nays – none; absent – Sittig. Motion carried.

Janitorial Contract

Park moved, Wayson seconded to approve Resolution Number 2024-63, A Resolution approving the Janitorial Services Contract – City Hall & Library between the City of North Liberty and Riggangood, LLC. The vote was: ayes – Smith, Park, Leibold, Wayson; nays – none; absent – Sittig. Motion carried.

Solomon's Entertainment District Part Two

Rusnak reported that staff and Planning Commission recommend approval. Council discussed the application.

Kelly Beckler, MMS Consultants, was present on behalf of the applicant and offered additional information on the application. Council discussed the application with Beckler.

Leibold moved, Park seconded to approve Resolution Number 2024-64, A Resolution approving the Preliminary Site Plan for Solomons Entertainment District – Part Two, Lot 1, North Liberty, Iowa. The vote was: ayes – Leibold, Wayson, Park, Smith; nays – none; absent – Sittig. Motion carried.

350 W. Penn Street

Rusnak reported that staff and Planning Commission recommend approval. The Council discussed the application with Rusnak.

Brian Belk, Axiom Consultants, was present on behalf of the applicant and offered additional information on the project.

Park moved, Wayson seconded to approve Resolution Number 2024-65, A Resolution approving the Preliminary Site Plan for 350 W. Penn Street, North Liberty, Iowa. The vote was: ayes – Smith, Park, Wayson, Leibold; nays – none; absent – Sittig. Motion carried.

TL&L and UIHC Easement Agreement

Smith moved, Leibold seconded to approve Resolution Number 2024-66, A Resolution approving the Public Easement Agreement between T L & L, the City of North Liberty, and the State Board of Regents. The vote was: ayes – Park, Smith, Leibold, Wayson; nays – none; absent – Sittig. Motion carried.

Greenbelt Trail

Wayson moved, Smith seconded to approve Resolution Number 2024-67, A Resolution approving the Storm Water Management Facilities Maintenance Agreement and Easements between the City of North Liberty and Greenbelt Trail, L.L.C. that establishes the terms and conditions under which stormwater management facilities will be maintained for Greenbelt Trail Parts Three and Four in the City of North Liberty, Iowa. The vote was: ayes – Leibold, Smith, Wayson, Park; nays – none; absent – Sittig. Motion carried.

Buck Moon Villas, LLC

Wayson moved, Park seconded to approve Resolution Number 2024-68, A Resolution approving the Storm Water Management Facilities Maintenance Agreement and Easement between the City of North Liberty and Buck Moon Villas, L.L.C. that establishes the terms and conditions under which stormwater management facilities will be maintained for Buck Moon Villas Subdivision in the City of North Liberty, Iowa. After discussion, the vote was: ayes – Park, Leibold, Smith, Wayson; nays – none; absent – Sittig. Motion carried.

Leibold moved, Park seconded to approve Resolution Number 2024-69, A Resolution approving the Developer's Agreement for Buck Moon Villas Subdivision, North Liberty, Iowa. The vote was: ayes – Leibold, Park, Smith, Wayson; nays – none; absent – Sittig. Motion carried.

Park moved, Leibold seconded to approve the second consideration of Ordinance Number 2024-04, An Ordinance amending the Zoning Map District Designation for Certain Property located in North Liberty, Iowa from RS-6 Single-Unit Residential District to RM-12 Multi-Unit Residence District. The vote was: ayes – Smith, Leibold, Park, Wayson; nays – none; absent – Sittig. Motion carried.

Primestone Residential Rezoning

Smith moved, Leibold seconded to approve the second consideration of Ordinance Number 2024-05, An Ordinance amending the Zoning Map District Designation for Certain Property located in North Liberty, Iowa from ID Interim Development District to C-2 Highway Commercial District on approximately 7.65 acres, to RM-12 Multi-Unit Residence District on 17.01 acres, to RM-

8 Multi-Unit Residence District on approximately 9.18 acres, and to RS-6 Single-Unit Residence District on approximately 9.9 acres. The vote was: ayes – Park, Smith, Leibold; nays – Wayson; absent – Sittig. Motion carried.

Old Business

Heiar reported that Nick Bergus is presenting at the lunch tomorrow.

New Business

No old business was presented.

Adjournment

Leibold moved; Smith seconded to adjourn at 6:35 p.m. The vote was all ayes. Meeting adjourned.

CITY OF NORTH LIBERTY

By: _____
Chris Hoffman, Mayor

Attest: _____
Tracey Mulcahey, City Clerk



State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
TAP THIS CONCESSIONS, L.L.C.	Iowa Craft Beer Tent	(515) 875-4838		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
1565 Saint Andrews Drive		North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
309 Court Avenue	Des Moines	Iowa	50309	

Contact Person

NAME	PHONE	EMAIL
Steve Linn	(515) 577-3094	contact@iowacraftbeertent.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
	Special Class C Retail Alcohol License	5 Day	Pending Dramshop Review
TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS	
July 9, 2024	July 13, 2024		
SUB-PERMITS			
Special Class C Retail Alcohol License			



State of Iowa

Alcoholic Beverages Division

PRIVILEGES

Outdoor Service

Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Scott Carlson	Des Moines	Iowa	50312	Owner	100.00	Yes

Insurance Company Information

INSURANCE COMPANY

Founders Insurance Company

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

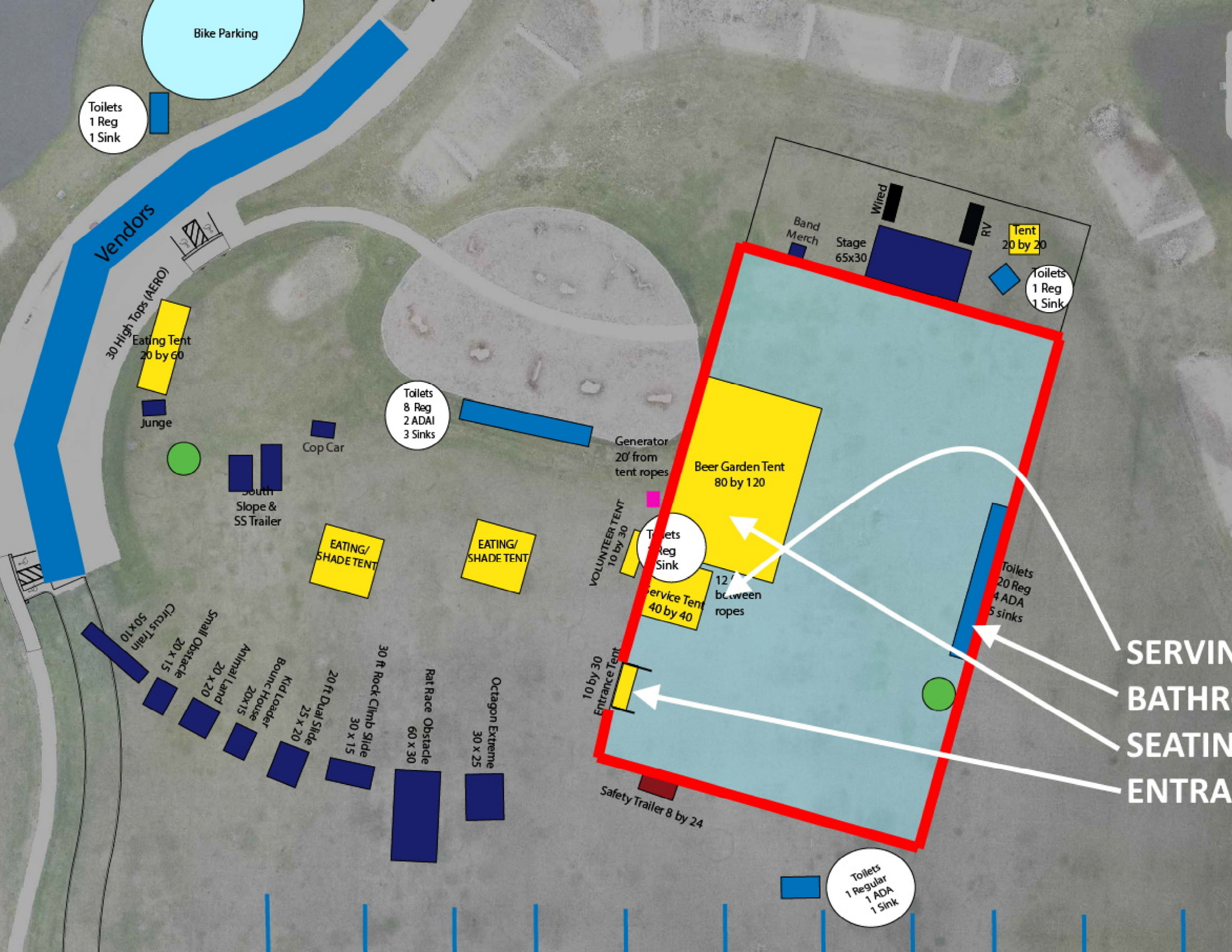
OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE



SERVING
BATHROOM
SEATING
ENTRANCE

PROPERTY USAGE AND RELEASE AGREEMENT

The undersigned owner ("Owner") hereby grants permission to use real property, improvements and adjacent areas located at:

1565 St Andrews Dr. North Liberty, IA 52317

("The Premises") for the purpose of selling beer for the use of Tap This Concessions ("Operator") and others. Said permission shall include but not be limited to the right to bring personnel, equipment and property onto the Premises, and the right to remove same from the Premises after completion of work. Owner agrees not to interfere with Operator's work on the Premises.


The above permission is granted for one or more days, as may be necessary, for the following consideration:

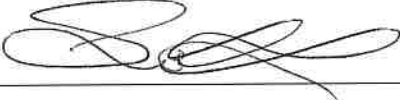
Donation to the city of North Liberty

The Premises will be used, commencing on or about the following 7/11/2024, and currently scheduled to end on 7/14/2024.

Operator agrees to restore the Premises to the condition in which they were delivered, reasonable wear and tear excepted. Operator agrees to use reasonable care to prevent damage to the Premises, and will maintain standard liquor liability and DRAM shop insurance to protect Owner and Operator against claims or demands of any person arising out of personal injuries, death or property damage caused by the negligence of Operator's employees, agents or equipment in connection with the use of the Premises. Operator agrees to make available to Owner copies of its insurance upon request. Operator shall not be liable for any indirect, incidental, or consequential damages including, but not limited to, loss of business, loss of use and loss of profits of any party, including Owner.

Owner represents that Owner owns the Premises or otherwise has full authority from the Owner to enter into this Agreement.

Owner 
Digitally signed by Ryan Heiar
DN: l=North Liberty, st=IA,
c=US, o=City of North Liberty-
lowa, cn=Ryan Heiar
Date: 2024.02.26 09:03:20
+06'00'

Agreed to by: 
Operator

Address PO Box 77
North Liberty, IA 52317

Address 309 COWLEY AVE #838
DES MOINES, IA 50309

Date 02.26.24

Date 2/28/24



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

June 12, 2024

Liquor License Check

Business: Iowa Craft Beer Tent – Blues & BBQ (July 9-13th 2024)
1565 Saint Andrews Dr
North Liberty, IA 52317

Owners: Scott Carlson (DOB: 1970)

The North Liberty Police Department does not have any documented contacts with the owner(s) or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Lieutenant Rueben Ross.





State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
Sushiya LLC	Sushiya	(319) 626-6666		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
745 Community dr. ste A		North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
1371 Burry Dr.	Iowa City	Iowa	52246	

Contact Person

NAME	PHONE	EMAIL
Li Chiou	(319) 594-0065	sushiyaia@gmail.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
BW0094502	Special Class C Retail Alcohol License	12 Month	Pending Dramshop Review

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
June 18, 2024	June 17, 2025	

SUB-PERMITS

Special Class C Retail Alcohol License



State of Iowa

Alcoholic Beverages Division

PRIVILEGES

Outdoor Service

Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
mingta chia	Iowa City	Iowa	52246	member	100.00	No

Insurance Company Information

INSURANCE COMPANY

Specialty Risk of America

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

April 15, 2024

Liquor License Check

Business: Sushiya
745 Community Dr. Unit A
North Liberty, IA 52317

Owners: Mingta Chia (DOB: 1970)

The North Liberty Police Department does not have any documented contacts with the owner(s) or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Sergeant Mitch Seymour.





State of Iowa ABD approval statement from the following county department

Legal Name of Applicant: _____

Name of Business (DBA): _____

Address of Business: _____

Business Phone: _____

Email: _____


State of Iowa ABD License #: _____

Johnson County Health Department:

The above referenced business possesses a valid Johnson County Public Health food license.

Name: _____

Title: _____ **Date:** _____

Signature:  _____



State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
COLONY ACRES LLC	COLONY ACRES LLC	(319) 626-6091		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
1050 and 1150 S Front St		North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
1050 and 1150 S Front St	North Liberty	Iowa	52317	

Contact Person

NAME	PHONE	EMAIL
MARY COLONY	(319) 430-5672	kcolony@hotmail.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LC0049978	Class C Retail Alcohol License	12 Month	Pending Dramshop Review

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
June 28, 2024	June 27, 2025	

SUB-PERMITS

Class C Retail Alcohol License



State of Iowa

Alcoholic Beverages Division

PRIVILEGES

Catering, Outdoor Service

Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Dean Colony	NORTH LIBERTY	Iowa	523174846	Owner	100.00	Yes

Insurance Company Information

INSURANCE COMPANY

Western Agricultural Insurance Company

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE



State of Iowa ABD approval statement from the following county department

Legal Name of Applicant: Colony Acres LLC

Name of Business (DBA): Colony Acres LLC

Address of Business: 1150 S Front St North Liberty IA 52317

Business Phone: 319-626-6091

Email: kcolony@hotmail.com


State of Iowa ABD License #: LC0048452

Johnson County Health Department:

The above referenced business possesses a valid Johnson County Public Health food license.

Name: Rob Thul

Title: EHM Date: 5/17/24

Signature: 



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

May 30, 2024

Liquor License Check

Business: Colony Acres
1150 Front Street NE
North Liberty, IA 52317

Owners: Dean Colony (DOB: 09/22/1971)

The North Liberty Police Department does not have any documented contacts with the owner(s) or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Lieutenant Rueben Ross.





State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
COPPER BOAR, LLC	COPPER BOAR	(319) 665-0008		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
575 CAMERON WAY	# B	NORTH LIBERTY	JOHNSON	52317
MAILING ADDRESS	CITY	STATE	ZIP	
575 CAMERON WAY	NORTH LIBERTY	Iowa	52317	

Contact Person

NAME	PHONE	EMAIL
TY MEDEMA	(319) 321-2883	ty@copperboar.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LC0048452	Class C Retail Alcohol License	12 Month	Pending Dramshop Review

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
June 29, 2024	June 28, 2025	

SUB-PERMITS

Class C Retail Alcohol License



State of Iowa

Alcoholic Beverages Division

PRIVILEGES

Outdoor Service

Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
TY MEDEMA	IOWA CITY	Iowa	522408065	Managing Owner	33.33	Yes
ZEPHANIAH LEATON	WELLMAN	Iowa	523569661	Owner	33.33	Yes
SHANE DURIAN	NORTH LIBERTY	Iowa	523174730	Managing Owner	33.33	Yes

Insurance Company Information

INSURANCE COMPANY

Founders Insurance Company

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE



State of Iowa

Alcoholic Beverages Division

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE
DATE

TEMP TRANSFER EXPIRATION
DATE



State of Iowa ABD approval statement from the following county department

Legal Name of Applicant: Copper Boar LLC

Name of Business (DBA): Copper Boar

Address of Business: 575 Cameron Way #B

Business Phone: 319-321-2883

Email: ty.medema@gmail.com


State of Iowa ABD License #: LC0048452

Johnson County Health Department:

The above referenced business possesses a valid Johnson County Public Health food license.

Name: Rob Thul

Title: EHM Date: 5/17/24

Signature: 



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

May 30, 2024

Liquor License Check

Business: Copper Boar
Address Unk

Owners: Ty Medema (DOB: 1982)
Zephaniah Leaton (DOB: 1983)
Shane Durian (DOB: 1986)

The North Liberty Police Department does not have any documented contacts with the owners or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Lieutenant Rueben Ross.





North Liberty Fire Department



Liquor License Fire Inspection Results

Inspection Status

Completed with fail

Inspected by

Tina Humston

Completed at

06/12/2024 02:37 PM

ORDER TO COMPLY: You must correct the violations noted upon receipt of this notice. An inspection to determine compliance with this Notice will be conducted on or after 30 days from the date of inspection. This initial and the first re-inspection are at no charge. If subsequent re-inspections are needed to ensure compliance, you will be charged in accordance with the current adopted fee schedule. If you fail to comply with this notice, you may be liable for the penalties provided for by law for such violations.

Address	Suite	City	State	Zip
575 CAMERON WAY	#1	NORTH LIBERTY	IA	52317
Business Name Copper Boar				

Fire Extinguishers:

✘ Fail

ITEM: Fire Extinguisher Monthly Inspection - Initial & Date Tag

CODE: NFPA 10 - 7.2.1.2 - Inspection Frequency - Fire extinguishers and Class D extinguishing agents shall be inspected either manually or by means of an electronic monitoring device/system at intervals not exceeding 31 days. Documentation of the visual inspection shall be recorded on the backside of the inspection tag (Date & Initials) or on a log book.



Need monthly inspection
by staff

✘ Fail

ITEM: Fire Extinguisher Unobstructed & Unobscured

CODE: IFC - 906.6 - Unobstructed and unobscured. - Portable fire extinguishers shall not be obstructed or obscured from view. In rooms or areas in which visual obstruction cannot be completely avoided, means shall be provided to indicate the locations of extinguishers.



Do not let item stack up
and block extinguisher

Cooking Operations:

✘ Fail

ITEM: Class K Fire Extinguisher - Within 30 Feet

CODE: IFC - 906.4 - Cooking equipment fires. - Fire extinguishers provided for the protection of cooking equipment shall be of an approved type compatible with the automatic fire-extinguishing system agent. Cooking equipment involving solid fuels or vegetable or animal oils and fats shall be protected by a Class K-rated portable extinguisher within a 30-foot distance of travel from commercial-type cooking equipment.



Extinguisher needs to be mounted

✘ Fail

ITEM: Cooking Equipment with Casters - Approved Flexible Gas Connector, Cable & Floor Mounted Restraining Device

CODE: IFC - 606.4 - Appliance connection to building piping. - Gas-fired commercial cooking appliances installed on casters and appliances that are moved for cleaning and sanitation purposes shall be connected to the piping system with an appliance connector listed as complying with ANSI Z21.69/CSA 6.16. The commercial cooking appliance connector installation shall be configured in accordance with the manufacturer's installation instructions. Movement of new and existing cooking appliances with caster(s) under a Type I hood shall be limited by an approved floor mounted restraining device installed in accordance with the connector and appliance manufacturer's instructions.



Cable restraint not attached.



Wheels of appliance not in floor devices.

Re-Inspection scheduled to be conducted on or after 07/15/2024 at 10:20.

Inspection Signatures

Occupancy Contact Signature

Ty Medema
Business Owner
319-321-2883
ty.medema@gmail.com

Inspector Signature

Tina Humston
Training Captain
Captain
--
thumston@northlibertyiowa.org



State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
Kum & Go LC	Kum & Go #507	(319) 626-2412		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
610 N Heartland Way		North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
1150 Locust St	West Des Moines	Iowa	50266	

Contact Person

NAME	PHONE	EMAIL
Jody Deiter	(515) 274-7793	licenses@kumandgo.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LE0001872	Class E Retail Alcohol License	12 Month	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
July 1, 2024	June 30, 2025	

SUB-PERMITS

Class E Retail Alcohol License

PRIVILEGES



Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Tyler Call	Salt Lake City	Utah	84111	Vice President	0.00	Yes
Charles Maggelet	Salt Lake City	Utah	84111	CEO	0.00	Yes
David Hancock	Salt Lake City	Utah	84111	Secretary	0.00	Yes
Jody Deiter						

• Companies

COMPANY NAME	FEDERAL ID	CITY	STATE	ZIP	% OF OWNERSHIP
FJ Management		Salt Lake City	Utah	84111	100.00

Insurance Company Information

INSURANCE COMPANY

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE



State of Iowa

Alcoholic Beverages Division

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE
DATE

OUTDOOR SERVICE EXPIRATION
DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE
DATE

TEMP TRANSFER EXPIRATION
DATE



State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
Kum & Go LC	Kum & Go #507	(319) 626-2412		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
610 N Heartland Way		North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
1150 Locust St	West Des Moines	Iowa	50266	

Contact Person

NAME	PHONE	EMAIL
Jody Deiter	(515) 274-7793	licenses@kumandgo.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LE0001872	Class E Retail Alcohol License	12 Month	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
July 1, 2024	June 30, 2025	

SUB-PERMITS

Class E Retail Alcohol License

PRIVILEGES



Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Tyler Call	Salt Lake City	Utah	84111	Vice President	0.00	Yes
Charles Maggelet	Salt Lake City	Utah	84111	CEO	0.00	Yes
David Hancock	Salt Lake City	Utah	84111	Secretary	0.00	Yes
Jody Deiter						

• Companies

COMPANY NAME	FEDERAL ID	CITY	STATE	ZIP	% OF OWNERSHIP
FJ Management		Salt Lake City	Utah	84111	100.00

Insurance Company Information

INSURANCE COMPANY

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE



State of Iowa

Alcoholic Beverages Division

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE
DATE

OUTDOOR SERVICE EXPIRATION
DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE
DATE

TEMP TRANSFER EXPIRATION
DATE



State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
Kum & Go LC	Kum & Go #507	(319) 626-2412		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
610 N Heartland Way		North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
1150 Locust St	West Des Moines	Iowa	50266	

Contact Person

NAME	PHONE	EMAIL
Jody Deiter	(515) 274-7793	licenses@kumandgo.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LE0001872	Class E Retail Alcohol License	12 Month	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
July 1, 2024	June 30, 2025	

SUB-PERMITS

Class E Retail Alcohol License

PRIVILEGES



Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Tyler Call	Salt Lake City	Utah	84111	Vice President	0.00	Yes
Crystal Maggelet	Salt Lake City	Utah	84111	President	0.00	Yes
Tom Schofield	Salt Lake City	Utah	84111	Secretary	0.00	Yes

• Companies

COMPANY NAME	FEDERAL ID	CITY	STATE	ZIP	% OF OWNERSHIP
Maverik Palace Acquisition Co. LLC		Salt Lake City	Utah	84111	100.00

Insurance Company Information

INSURANCE COMPANY

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE



State of Iowa

Alcoholic Beverages Division

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE
DATE

OUTDOOR SERVICE EXPIRATION
DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE
DATE

TEMP TRANSFER EXPIRATION
DATE



State of Iowa ABD approval statement from the following county department

Legal Name of Applicant: Kum & Go LC

Name of Business (DBA): Kum & Go #507

Address of Business: 610 N Heartland Way North Liberty, IA 52317

Business Phone: 319-626-2412

Email: Licenses@kumandgo.com

State of Iowa ABD License #: LE0001872

Johnson County Health Department:

The above referenced business possesses a valid Johnson County Public Health food license.

Name: Rob Thul

Title: EHM Date: 5/17/24

Signature: 



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

June 10, 2024

Liquor License Check

Business: Kum & Go #507
610 N Heartland Way
North Liberty, IA 52317

Owners: Crystal Maggelet (DOB: 08/14/1964)
Tyler Call (DOB: 02/14/1986)
Tom Schofield (DOB: 05/06/1981)

The North Liberty Police Department does not have any documented contacts with the owner(s) or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Lieutenant Rueben Ross.





North Liberty Fire Department



Liquor License Fire Inspection Results

Inspection Status

Completed with fail

Inspected by

Tina Humston

Completed at

06/20/2024 04:02 PM

ORDER TO COMPLY: You must correct the violations noted upon receipt of this notice. An inspection to determine compliance with this Notice will be conducted on or after 30 days from the date of inspection. This initial and the first re-inspection are at no charge. If subsequent re-inspections are needed to ensure compliance, you will be charged in accordance with the current adopted fee schedule. If you fail to comply with this notice, you may be liable for the penalties provided for by law for such violations.

Address	Suite	City	State	Zip
610 N HEARTLAND WAY	--	NORTH LIBERTY	IA	52317
Business Name Kum & Go				

Site:

✘ Fail

ITEM: Knox Box - Keys Current

CODE: IFC - 506.2 - Key box maintenance. - The operator of the building shall immediately notify the fire code official and provide the new key where a lock is changed or rekeyed. The key to such lock shall be secured in the key box.



No keys in Knox box

Fire Extinguishers:

✘ Fail

ITEM: Fire Extinguisher Monthly Inspection - Initial & Date Tag

CODE: NFPA 10 - 7.2.1.2 - Inspection Frequency - Fire extinguishers and Class D extinguishing agents shall be inspected either manually or by means of an electronic monitoring device/system at intervals not exceeding 31 days. Documentation of the visual inspection shall be recorded on the backside of the inspection tag (Date & Initials) or on a log book.



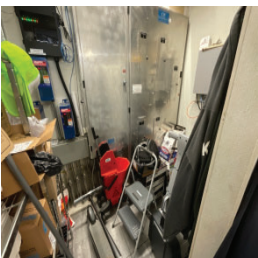
Electrical :

✘ Fail

ITEM: Electrical Equipment - 3 Feet Clearance in Front of Panel

CODE: IFC - 603.4 - Working space and clearances. - The minimum required working space shall be not less than 30 inches in width, 36 inches in depth and 78 inches in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches, the minimum working space shall be not less than the width of the equipment.

Storage of materials shall not be located within the designated working space.



Cooking Operations:

✘ Fail

ITEM: Kitchen Hood Suppression System - Current Bi-Annual Inspection

REMARK:

past due per compliance engine. 2/29/24

CODE: IFC - 904.13.5.2 - Extinguishing system service. - Automatic fire-extinguishing systems shall be serviced not less frequently than every six months and after activation of the system. Inspection shall be by qualified individuals.

Certificate of inspection shall be on file with the Fire Department in The Compliance Engine.

Combustible, General & Outside Storage:

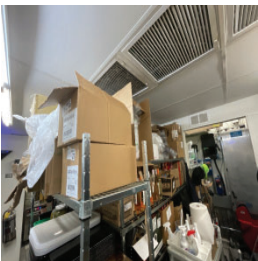
✘ Fail

ITEM: Proper Ceiling Clearance - 24" (Non-Sprinklered)

CODE: IFC - 315.3.1 - Ceiling clearance. - Storage shall be maintained 2 feet or more below the ceiling in non-sprinklered areas of buildings or not less than 18 inches below sprinkler head deflectors in sprinklered areas of buildings.

Exceptions:

1. The 2-foot ceiling clearance is not required for storage along walls in non-sprinklered areas of buildings.
 2. The 18-inch ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.
-



Storage too close to the ceiling

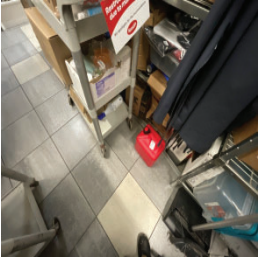
Other:

✘ Fail

ITEM: No Other Unsafe Conditions

CODE: IFC - 114.7 - Summary abatement. - Where conditions exist that are deemed hazardous to life

and property, the fire code official or fire department official in charge of the incident is authorized to abate summarily such hazardous conditions that are in violation of this code.



No gas or gas containers stored inside

Re-Inspection scheduled to be conducted on or after 06/12/2024 at 10:28.

Inspection Signatures

Occupancy Contact Signature

Handwritten signature of Jody Deiter.

Jody Deiter
Property Manager
319-626-2412
licenses@kumandgo.com

Inspector Signature

Handwritten signature of Tina Humston.

Tina Humston
Training Captain
Captain
--
thumston@northlibertyiowa.org



State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
FIELD DAY BREWING COMPANY, LLC	Field Day Brewing Company	(319) 626-0025		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
925 Liberty Way		North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
925 Liberty Way	North Liberty	Iowa	52317	

Contact Person

NAME	PHONE	EMAIL
Erik Shewmaker	(319) 530-2664	erik@30hop.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LC0050057	Class C Retail Alcohol License	12 Month	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
July 11, 2024	July 10, 2025	

SUB-PERMITS

Class C Retail Alcohol License, Special Class A Beer Permit



PRIVILEGES

Outdoor Service

Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Lane Shewmaker	North Liberty	Iowa	52317	Partner	15.00	Yes
Brian J. Flynn	Iowa City	Iowa	52240	Partner	15.00	Yes
Mike Hodge	Iowa City	Iowa	52240	Partner	5.00	Yes
Dan Blum	Iowa City	Iowa	52245	Partner	10.00	Yes
Joseph Selix	North Liberty	Iowa	52317	Partner	15.00	Yes
Alec Travis	Cedar Rapids	Iowa	52403	Partner/Brewmaster	15.00	Yes
Randy Ward	Coralville	Iowa	52241	Partner	5.00	Yes



State of Iowa

Alcoholic Beverages Division

Kevin Digmann	Iowa City	Iowa	52240	Partner	5.00	Yes
Swen Larson	Iowa City	Iowa	52240	Partner	5.00	Yes
Brandon Pratt	North Liberty	Iowa	52317	Partner	10.00	Yes

Insurance Company Information

INSURANCE COMPANY

Illinois Casualty Co

POLICY EFFECTIVE DATE

June 1, 2024

POLICY EXPIRATION DATE

June 1, 2025

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE

May 15, 2023

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE



State of Iowa ABD approval statement from the following county department

Legal Name of Applicant: Field Day Brewing Company LLC

Name of Business (DBA): Field Day Brewing Company

Address of Business: 925 Liberty Way North Liberty IA 52317

Business Phone: 319-626-0025

Email: erik@30hop.com

State of Iowa ABD License #: LC0050057

Johnson County Health Department:

The above referenced business possesses a valid Johnson County Public Health food license.

Name: Rob Thul

Title: EHM

Date: 5/17/24

Signature: 



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

May 30, 2024

Liquor License Check

Business: Field Day Brewing Company
925 Liberty Way
North Liberty, IA 52317

Owners: Lane Shewmaker (DOB: 1983)
Brian Flynn (DOB: 1975)
Brandon Pratt (DOB: 1981)
Joseph Selix (DOB: 1985)
Kevin Digmann (DOB : 1968)
Dan Blum (DOB : 1987)
Alec Travis (DOB : 1990)
Randy Ward (DOB : 1954)
Swen Larson (DOB : 1973)
Michael Hodge (DOB : 1953)

The North Liberty Police Department does not have any documented contacts with the owners or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Lieutenant Rueben Ross.





State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
TRNL, LLC	Tin Roost	(319) 626-2331		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
840 W Penn St		North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
840 W Penn St	North Liberty	Iowa	52317	

Contact Person

NAME	PHONE	EMAIL
Erik Shewmaker	(319) 626-2331	erikshewmaker@gmail.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LC0043624	Class C Retail Alcohol License	12 Month	Pending Dramshop Review

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
July 21, 2024	July 20, 2025	

SUB-PERMITS

Class C Retail Alcohol License



State of Iowa

Alcoholic Beverages Division

PRIVILEGES

Catering, Outdoor Service

Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Brandon Pratt	North Liberty	Iowa	52317	Partner	25.00	Yes
Joe Selix	North Liberty	Iowa	52317	Partner	25.00	Yes
Lane Shewmaker	Iowa City	Iowa	52245	Partner	25.00	Yes
Brian J. Flynn	Iowa City	Iowa	52240	Partner	25.00	Yes

Insurance Company Information

INSURANCE COMPANY

Society Insurance

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE



State of Iowa

Alcoholic Beverages Division

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE
DATE

TEMP TRANSFER EXPIRATION
DATE



State of Iowa ABD approval statement from the following county department

Legal Name of Applicant: TRNL LLC

Name of Business (DBA): Tin Roost

Address of Business: 840 W Penn St North Liberty, IA 52317

Business Phone: 319-626-2331

Email: erikshewmaker@gmail.com


State of Iowa ABD License #: LC0043624

Johnson County Health Department:

The above referenced business possesses a valid Johnson County Public Health food license.

Name: Rob Thul

Title: EHM Date: 5/17/24

Signature: 



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

May 30, 2024

Liquor License Check

Business: Tin Roost Restaurant
840 W. Penn Street
North Liberty, IA 52317

Owners: Lane Shewmaker (DOB: 1983)
Brian Flynn (DOB: 1975)
Brandon Pratt (DOB: 1981)
Joseph Selix (DOB: 1985)

The North Liberty Police Department does not have any documented contacts with the owners or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Lieutenant Rueben Ross.





North Liberty Fire Department



Liquor License Fire Inspection Results

Inspection Status

Completed with fail

Inspected by

Tina Humston

Completed at

06/20/2024 03:45 PM

ORDER TO COMPLY: You must correct the violations noted upon receipt of this notice. An inspection to determine compliance with this Notice will be conducted on or after 30 days from the date of inspection. This initial and the first re-inspection are at no charge. If subsequent re-inspections are needed to ensure compliance, you will be charged in accordance with the current adopted fee schedule. If you fail to comply with this notice, you may be liable for the penalties provided for by law for such violations.

Address	Suite	City	State	Zip
840 W PENN ST	--	NORTH LIBERTY	IA	52317
Business Name				
TIN ROOST				

Fire Extinguishers:

✘ Fail

ITEM: Fire Extinguisher Monthly Inspection - Initial & Date Tag

CODE: NFPA 10 - 7.2.1.2 - Inspection Frequency - Fire extinguishers and Class D extinguishing agents shall be inspected either manually or by means of an electronic monitoring device/system at intervals not exceeding 31 days. Documentation of the visual inspection shall be recorded on the backside of the inspection tag (Date & Initials) or on a log book.



Electrical :

✘ Fail

ITEM: Electrical Equipment - 3 Feet Clearance in Front of Panel

CODE: IFC - 603.4 - Working space and clearances. - The minimum required working space shall be not less than 30 inches in width, 36 inches in depth and 78 inches in height in front of electrical service equipment. Where the electrical service equipment is wider than 30 inches, the minimum working space shall be not less than the width of the equipment.

Storage of materials shall not be located within the designated working space.



Storage in front of electrical panels

Cooking Operations:

✘ Fail

ITEM: Cooking Equipment with Casters - Approved Flexible Gas Connector, Cable & Floor Mounted Restraining Device

CODE: IFC - 606.4 - Appliance connection to building piping. - Gas-fired commercial cooking appliances installed on casters and appliances that are moved for cleaning and sanitation purposes shall be connected to the piping system with an appliance connector listed as complying with ANSI Z21.69/CSA 6.16. The commercial cooking appliance connector installation shall be configured in accordance with the manufacturer's installation instructions. Movement of new and existing cooking appliances with caster(s) under a Type I hood shall be limited by an approved floor mounted restraining device installed in accordance with the connector and appliance manufacturer's instructions.



Interior Finish/Flame Spread:

✘ Fail

ITEM: Suspended Ceiling Tiles/Panels in Place

CODE: IFC - 703.1 - Maintaining protection. - Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions.



Combustible, General & Outside Storage:

✘ Fail

ITEM: Proper Ceiling Clearance - 24" (Non-Sprinklered)

CODE: IFC - 315.3.1 - Ceiling clearance. - Storage shall be maintained 2 feet or more below the ceiling in non-sprinklered areas of buildings or not less than 18 inches below sprinkler head deflectors in sprinklered areas of buildings.

Exceptions:

1. The 2-foot ceiling clearance is not required for storage along walls in non-sprinklered areas of buildings.
2. The 18-inch ceiling clearance is not required for storage along walls in areas of buildings equipped with an automatic sprinkler system in accordance with Section 903.3.1.1, 903.3.1.2 or 903.3.1.3.



Storage too close to ceiling

✘ Fail

ITEM: No Combustible Storage in Boiler Rooms, Mechanical Rooms, Electrical Equipment Rooms or in Fire Command Centers

CODE: IFC - 315.3.3 - Equipment rooms. - Combustible material shall not be stored in boiler rooms, mechanical rooms, electrical equipment rooms or in fire command centers as specified in Section 508.1.5.



Combustibles in mechanical room

Compressed Gas Cylinders / LPG:

✘ Fail

ITEM: Compressed Gas Cylinders Secured or Chained

CODE: IFC - 5303.5.3 - Securing compressed gas containers, cylinders and tanks. - Compressed gas containers, cylinders and tanks shall be secured to prevent falling caused by contact, vibration or seismic activity. Securing of compressed gas containers, cylinders and tanks shall be by one of the following methods: 1. Securing containers, cylinders and tanks to a fixed object with one or more restraints. 2. Securing containers, cylinders and tanks on a cart or other mobile device designed for the movement of compressed gas containers, cylinders or tanks. 3. Nesting of compressed gas containers, cylinders and tanks at container filling or servicing facilities or in sellers' warehouses not open to the public. Nesting shall be allowed provided that the nested containers, cylinders or tanks, if dislodged, do not obstruct the required means of egress. 4. Securing of compressed gas containers, cylinders and tanks to or within a rack, framework, cabinet or similar assembly designed for such use. Exception: Compressed gas containers, cylinders and tanks in the process of examination, filling, transport or servicing.



Not all cylinders secured

Other:

✘ Fail

ITEM: No Other Unsafe Conditions

CODE: IFC - 114.7 - Summary abatement. - Where conditions exist that are deemed hazardous to life and property, the fire code official or fire department official in charge of the incident is authorized to abate summarily such hazardous conditions that are in violation of this code.



Gasoline stored inside, ladder blocking access to sprinkler system.

Re-Inspection scheduled to be conducted on or after 06/20/2024 at 13:51.

Inspection Signatures

Occupancy Contact Signature

Inspector Signature

Jack Kallenberger
563-528-4980
Management@tinroost.com

Tina Humston
Training Captain
Captain
--



State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
The Outlet Inc	Smokin' Joe's Tobacco and Liquor Outlet # 12	(563) 322-8340		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
465 Hwy. 965	Unit G	North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
1916 N. Sturdevant St.	Davenport	Iowa	52804	

Contact Person

NAME	PHONE	EMAIL
Deb Schnyder	(319) 560-3457	licensing@smokinjoesoutlets.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LE0001348	Class E Retail Alcohol License	12 Month	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
July 1, 2024	June 30, 2025	

SUB-PERMITS

Class E Retail Alcohol License

PRIVILEGES



Status of Business

BUSINESS TYPE

Corporation

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Anthony Gripp	Davenport	Iowa	52807	President	0.00	Yes
Deb Schnyder						

• Companies

COMPANY NAME	FEDERAL ID	CITY	STATE	ZIP	% OF OWNERSHIP
Joseph S. DePaepe Trust	87-6968982	Davenport	Iowa	52804	100.00

Insurance Company Information

INSURANCE COMPANY

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

May 30, 2024

Liquor License Check

Business: Smokin' Joe's Tobacco & Liquor
465 S Hwy 965
North Liberty, IA 52317

Owners: Anthony Gripp(DOB: 1988)

The North Liberty Police Department does not have any documented contacts with the owner(s) or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Lieutenant Rueben Ross.





North Liberty Fire Department



Liquor License Fire Inspection Results

Inspection Status

Completed with fail

Inspected by

Tina Humston

Completed at

06/12/2024 03:20 PM

ORDER TO COMPLY: You must correct the violations noted upon receipt of this notice. An inspection to determine compliance with this Notice will be conducted on or after 30 days from the date of inspection. This initial and the first re-inspection are at no charge. If subsequent re-inspections are needed to ensure compliance, you will be charged in accordance with the current adopted fee schedule. If you fail to comply with this notice, you may be liable for the penalties provided for by law for such violations.

Address	Suite	City	State	Zip
465 S HIGHWAY 965	#G	NORTH LIBERTY	IA	52317
Business Name Smokin' Joes Outlet 12				

Fire Extinguishers:

✘ Fail

ITEM: Fire Extinguisher Monthly Inspection - Initial & Date Tag

CODE: NFPA 10 - 7.2.1.2 - Inspection Frequency - Fire extinguishers and Class D extinguishing agents shall be inspected either manually or by means of an electronic monitoring device/system at intervals not exceeding 31 days. Documentation of the visual inspection shall be recorded on the backside of the inspection tag (Date & Initials) or on a log book.



Need monthly inspection by staff

Interior Finish/Flame Spread:

✘ Fail

ITEM: Suspended Ceiling Tiles/Panels in Place

CODE: IFC - 703.1 - Maintaining protection. - Materials and firestop systems used to protect membrane and through penetrations in fire-resistance-rated construction and construction installed to resist the passage of smoke shall be maintained. The materials and firestop systems shall be securely attached to or bonded to the construction being penetrated with no openings visible through or into the cavity of the construction. Where the system design number is known, the system shall be inspected to the listing criteria and manufacturer's installation instructions.



Multiple ceiling panels damaged and missing

Re-Inspection scheduled to be conducted on or after 06/12/2024 at 10:49.

Inspection Signatures

Occupancy Contact Signature

Deb Schnyder

Inspector Signature

Tina Humston

563-322-8340
licensing@smokinjoesoutlets.com

Training Captain
Captain
--
thumston@northlibertyiowa.org



State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
LA CHARRA, LLC	El Azul	(319) 665-0011		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
415 Community DrivePenn	Ste B	North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
194 Alydar Drive	North Liberty	Iowa	52317	

Contact Person

NAME	PHONE	EMAIL
Sara Puffer	(319) 929-1922	elazulnorthliberty@gmail.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
	Special Class C Retail Alcohol License	8 Month	Pending Dramshop Review

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
June 1, 2024	Feb 1, 2025	

SUB-PERMITS

Special Class C Retail Alcohol License



State of Iowa

Alcoholic Beverages Division

PRIVILEGES

Outdoor Service

Status of Business

BUSINESS TYPE

Limited Liability Partnership

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Sara Puffer	North Liberty	Iowa	52317	Owner/Operator	50.00	Yes
Edgar Reynoso	North Liberty	Iowa	52317	Owner/Operator	50.00	No

Insurance Company Information

INSURANCE COMPANY

Society Insurance

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE



State of Iowa ABD approval statement from the following county department

Legal Name of Applicant: La Charra LLC

Name of Business (DBA): El Azul

Address of Business: 415 Community Dr Ste B North Liberty, IA 52317

Business Phone: 319-665-0011

Email: elazulnorthliberty@gmail.com


State of Iowa ABD License #: App-201704

Johnson County Health Department:

The above referenced business possesses a valid Johnson County Public Health food license.

Name: Rob Thul

Title: EHM Date: 5/23/2024

Signature: 



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

May 30, 2024

Liquor License Check

Business: El Azul
415 Community Dr
North Liberty, IA 52317

Owners: Sara Puffer (DOB: 1993)
Edgar Reynoso-Ayala (DOB: 1983)

The North Liberty Police Department does not have any documented contacts with the owner(s) or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Lieutenant Rueben Ross.





State of Iowa

Alcoholic Beverages Division

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
KWIK TRIP, INC.	Kwik Star #1213	(319) 206-7084		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
1810 Diamond Boulevard		North Liberty	Johnson	52317
MAILING ADDRESS	CITY	STATE	ZIP	
1626 Oak Street	La Crosse	Wisconsin	54603	

Contact Person

NAME	PHONE	EMAIL
Maranda Oliver	(608) 793-4741	moliver@kwiktrip.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
	Class E Retail Alcohol License	12 Month	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
July 10, 2024	July 9, 2025	

SUB-PERMITS

Class E Retail Alcohol License

PRIVILEGES



Status of Business

BUSINESS TYPE

Corporation

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Scott Zietlow	Rochester	Minnesota	55902	President	100.00	Yes
David Wagner	Stoddard	Wisconsin	54658	CFO	0.00	Yes
Thomas Reinhart	Onalaska	Wisconsin	54650	COO	0.00	Yes

Insurance Company Information

INSURANCE COMPANY

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE

APPLICANT

I hereby declare that all information contained in the E-license Application is true and correct. I understand that misrepresentation of material fact in the Application is a serious misdemeanor crime and grounds for denial of the license or permit under Iowa law. Please submit this form to your local authority.

Applicant's Signature 5/15/2024
Date

NOTARY

State of Wisconsin

County of La Crosse

Signed and sworn to before me on May 15, 2024
Date

By Scott P. Zietlow
Print Name of Applicant

Signature of Notary 5/15/2024
Date

Notary: Maranda Oliver
Expires: 6/3/2026



State of Iowa ABD approval statement from the following county department

Legal Name of Applicant: Kwik Trip Inc

Name of Business (DBA): Kwik Star #1213

Address of Business: 1810 Diamond Blvd North Liberty, IA 52317

Business Phone: 319-206-7084

Email: moliver@kwiktrip.com

State of Iowa ABD License #: App-201115

Johnson County Health Department:

The above referenced business possesses a valid Johnson County Public Health food license.

Name: Rob Thul

Title: EHM Date: 5/17/24

Signature: 



North Liberty Police Department

340 N Main St•PO Box 77•North Liberty, Iowa•52317•(319) 626-5724/Fax: 5743

May 30, 2024

Liquor License Check

Business: Kwik Star
1810 Diamond Ave
North Liberty, IA 52317

Owners:	Scott Paul Zietlow	(12-14-1957)
	David Paul Wagner	(10-05-1965)
	Thomas Earl Reinhart	(02-15-1954)

The North Liberty Police Department does not have any documented contacts with the owners or premise in conflict with their liquor license.

I recommend the license be granted.

This record check was conducted by Lieutenant Rueben Ross.

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): CASEY'S # 2788

Iowa sales and use tax account number: 0-00-007787

Retail address: 595 N KANSAS AVE City: NORTH LIBERTY State: IA ZIP: 52317

Mailing address: ONE SE CONVENIENCE BLVD. City: ANKENY State: IA ZIP: 50021

Phone: 3196656030

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANY

Primary office address: ONE SE CONVENIENCE BLVD. City: ANKENY State: IA ZIP: 50021

Phone: 515-446-6404 Fax: 515-446-6303 Email: LICENSINGTEAM@CASEYS.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions) Mobile sales (see instructions) VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Other (provide description) _____

Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s):
YES, CASEY'S HAS 557 LOCATIONS IN IOWA HOLDING A TOBACCO LICENSE.

Include with this application a list of your suppliers and customers on a separate sheet.

Identify partners or corporate officers if the business is not a sole proprietorship.

Name: SEE ATTACHED Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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. I declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Printed name: DOUGLAS BEECH, ASSISTANT SECRETARY

Printed name: _____

Signature: *Douglas M. Beech*

Signature: _____

Date: 04/01/2024

Date: _____

Printed name: _____

Signature: _____

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): CASEY'S # 3955

Iowa sales and use tax account number: 0-00-007787

Retail address: 245 S HWY 965 City: NORTH LIBERTY State: IA ZIP: 52317

Mailing address: ONE SE CONVENIENCE BLVD. City: ANKENY State: IA ZIP: 50021

Phone: 319-626-2107

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: CASEY'S MARKETING COMPANY

Primary office address: ONE SE CONVENIENCE BLVD. City: ANKENY State: IA ZIP: 50021

Phone: 515-446-6404 Fax: 515-446-6303 Email: LICENSINGTEAM@CASEYS.COM

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions)
Mobile sales (see instructions) VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Other (provide description) _____

Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s):
YES, CASEY'S HAS 557 LOCATIONS IN IOWA HOLDING A TOBACCO LICENSE.

Include with this application a list of your suppliers and customers on a separate sheet.

Identify partners or corporate officers if the business is not a sole proprietorship.

Name: SEE ATTACHED Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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. I declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Printed name: DOUGLAS BEECH, ASSISTANT SECRETARY

Printed name: _____

Signature: *Douglas M. Beech*

Signature: _____

Date: 04/01/2024

Date: _____

Printed name: _____

Signature: _____

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Fareway Stores, Inc. #993

Iowa sales and use tax account number: 152017457

Retail address: 615 Westwood Drive City: NORTH LIBERTY State: IA ZIP: 52317

Mailing address: PO Box 70, Attn: Tracey Wilson City: Boone State: IA ZIP: 50036

Phone: 319-626-6798

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: Fareway Stores, Inc.

Primary office address: 715 8th St, PO Box 70 City: Boone, State: IA ZIP: 50036

Phone: 515-433-5336 Fax: 515-433-4416 Email: storelicenses@farewaystores.com

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions) Mobile sales (see instructions) VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Other (provide description) _____

Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s):
NA

Include with this application a list of your suppliers and customers on a separate sheet.

Identify partners or corporate officers if the business is not a sole proprietorship.

Name: ** See Attached Schedule #1 ** Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor, page 2

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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. I declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Printed name: Garrett S Piklapp

Printed name: _____

Signature: 
Garrett S Piklapp (Apr 7, 2024 12:24 CDT)

Signature: _____

Date: 04/07/2024

Date: _____

Printed name: _____

Signature: _____

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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



Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/ 2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Walgreens #11710

Iowa sales and use tax account number: 0-00-000031

Retail address: 625 Pacha Pkwy. City: North Liberty State: IA ZIP: 52317

Mailing address: P.O. Box 901 City: Deerfield State: IL ZIP: 60015

Phone:

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: Walgreen Co.

Primary office address: 106 Wilmot Rd. City: Deerfield State: IL ZIP: 60015

Phone: 847-527-4612 Fax: 847-368-6525 Email: taxlicenser renewals@walgreens.com

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products Mobile sales (see instructions) VIN: License plate number:

Types of Products Sold: (Check all that apply) Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store Grocery store Hotel/motel Liquor store Restaurant Tobacco store Other (provide description)

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s): NO

Do you intend to make retail sales to ultimate consumers? Yes No

Include with this application a list of your suppliers of cigarettes, tobacco, alternative nicotine and vapor products on a separate sheet.

Identify partners or corporate officers (up to three) if the business is not a sole proprietorship.

Name: See attached rider Title:

Address:

City: State: ZIP:

Name: Title:

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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 Authorized Party

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Printed Name/Title: Brian Brown, Vice President and Treasurer

Authorized Signature: B.A.B.

Date: 5/17/2024 Email: taxlicenser renewals@walgreens.com

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): The Depot North Liberty LLC

Iowa sales and use tax account number: 1-52-025593

Retail address: 1290 S. Dubuque St. City: North Liberty State: IA ZIP: 52317

Mailing address: 221 W. Marengo Rd. City: Tiffin State: IA ZIP: 52340

Phone: 319-665-2754

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: The Depot North Liberty LLC

Primary office address: 221 W. Marengo Rd. City: Tiffin State: IA ZIP: 52340

Phone: 319-545-9514 Fax: 319-545-2042 Email: info@thedepotexpress.com

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions) Mobile sales (see instructions) VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Other (provide description) _____

Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s):

Include with this application a list of your suppliers and customers on a separate sheet.

Identify partners or corporate officers if the business is not a sole proprietorship.

Name: David M. Scheetz Title: Member

Address: 4037 Erica Blvd SW

City: Oxford State: IA ZIP: 52340

Name: Matthew T. Scheetz Title: Member

Address: 1114 Cullen Dr.

City: Tiffin State: IA ZIP: 52340

Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor, page 2

Name: _____ Title: _____

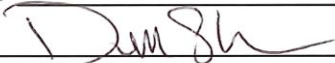
Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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. I declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Printed name: David M. Scheetz

Signature: 

Date: 04/24/24

Printed name: Matthew T. Scheetz

Signature: 

Date: 04/24/24

Printed name: _____

Signature: _____

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

Additional instructions are on the final page.For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:Legal name/Doing business as (DBA): Kum & Go #507Iowa sales and use tax account number: 152022307Retail address: 610 Heartland Way City: North Liberty State: IA ZIP: 52317Mailing address: 1150 Locust St. Suite 301 City: Des Moines State: IA ZIP: 50309Phone: 515-274-7793**Legal Ownership Information:**Type of ownership: Sole Proprietor Partnership Corporation LLC LLP Name of sole proprietor, partnership, corporation, LLC, or LLP: Kum & Go LCPrimary office address: 1150 Locust St. Suite 301 City: Des Moines State: IA ZIP: 50309Phone: 515-274-7793 Fax: _____ Email: licenses@kumandgo.com**Retail Information:**Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions) Mobile sales (see instructions) VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative nicotine products Vapor products **Type of Establishment: (Select the options that best describe the establishment)**Alternative nicotine/vapor store Bar Convenience store/gas station Drug store Grocery store Hotel/motel Liquor store Restaurant Tobacco store Other (provide description) _____Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s):
See Attached

Include with this application a list of your suppliers and customers on a separate sheet.

Identify partners or corporate officers if the business is not a sole proprietorship.Name: Charles Maggelet Title: PresidentAddress: 185 South State StreetCity: Salt Lake City State: UT ZIP: 84111Name: Tyler Call Title: Vice PresidentAddress: 185 South State StreetCity: Salt Lake City State: UT ZIP: 84111

Name: David Hancock Title: Secretary

Address: 185 South State Street

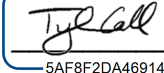
City: Des Moines State: IA ZIP: 50309

If this application is approved and a permit is 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. I declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Printed name: Tyler Call

Printed name: _____

Signature: 

Signature: _____

Date: 3/27/2024

Date: _____

Printed name: _____

Signature: _____

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 20; through 06/30/ 2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Smokin' Joe's Tobacco & Liquor Outlet #12

Iowa sales and use tax account number: 39-1886784

Retail address: 465 Highway 965 Unit G City: North Liberty State: IA ZIP: 52317

Mailing address: 1916 N. Sturdevant St. City: Davenport State: IA ZIP: 52804

Phone: 563-322-8340

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: The Outlet, Inc.

Primary office address: 1916 N. Sturdevant St. City: Davenport State: IA ZIP: 52804

Phone: 563-322-8340 Fax: _____ Email: licensing@smokinjoesoutlets.c

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions)
Mobile sales (see instructions) VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)
Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Other (provide description) _____

Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s):

Include with this application a list of your suppliers and customers on a separate sheet.

Identify partners or corporate officers if the business is not a sole proprietorship.

Name: Anthony Gripp Title: President

Address: 1916 N. Sturdevant St.

City: Davenport State: IA ZIP: 52804

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor, page 2

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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. I declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Printed name: Anthony Gripp, President

Printed name: _____

Signature: 

Signature: _____

Date: 4/19/2023

Date: _____

Printed name: _____

Signature: _____

Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: 100⁰²
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

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

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30 / 2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): J + A Tap
Iowa sales and use tax account number: 26 - 3939559
Retail address: 440 N Dubuque St City: North Liberty State: IA ZIP: 52317
Mailing address: 440 N Dubuque St City: North Liberty State: IA ZIP: 52317
Phone: 319-626-3033

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP: J + A Tap LLC
Primary office address: 440 N Dubuque St City: North Liberty State: IA ZIP: 52317
Phone: 319-626-3033 Fax: N/A Email: .jatap@hotmail.com
(lynnaf22@yahoo.com)

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions)
Mobile sales (see instructions) VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)
Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Other (provide description) _____

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s): _____

Do you intend to make retail sales to ultimate consumers? Yes No

Include with this application a list of your suppliers of cigarettes, tobacco, alternative nicotine and vapor products on a separate sheet.

Identify partners or corporate officers (up to three) if the business is not a sole proprietorship.

Name: _____ Title: _____
Address: _____
City: _____ State: _____ ZIP: _____
Name: _____ Title: _____

Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor, page 2

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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 Authorized Party

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Printed Name/Title: JOHN HROBY OWNER

Authorized Signature: *John Hroby*

Date: 6-21-2024 Email: hynnaf22@yahoo.com

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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) 7 / 1 / 24 through June 30, 25

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

Business Information:

Trade name/Doing business as: UD EXPRESS
Physical location address: 900 W Penn St City: N Liberty ZIP: 52317
Mailing address: PO Box 48 City: N Liberty State: IA ZIP: 52317
Business phone number: 319-626-2621

Legal Ownership Information:

Type of Ownership: Sole Proprietor Partnership Corporation LLC LLP
Name of sole proprietor, partnership, corporation, LLC, or LLP Liberty Doors Inc
Mailing address: PO Box 48 City: N Liberty State: IA ZIP: 52317
Phone number: 319-626-2621 Fax number: 319-626-1016 Email: rick@libertydoors.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): Rick Strub Name (please print): _____
Signature: [Signature] Signature: _____
Date: 6-14-24 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: _____
- 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: _____
- 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

Additional instructions are on the final page.

For period (MM/DD/YYYY) 7 / 1 / 2024 through 06/30/ 2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Johncy's Liquor Store

Iowa sales and use tax account number: 20-0793509

Retail address: 585 Hwy 965 E City: North Liberty State: IA ZIP: 52317

Mailing address: 585 Hwy 965 E City: North Liberty State: IA ZIP: 52317

Phone: 319-626-2046

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: Johncy's Liquor Store Inc.

Primary office address: 2235 Oak Terrace Ave City: North Liberty State: IA ZIP: 52317

Phone: 319 440 7176 Fax: _____ Email: _____

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions)
Mobile sales (see instructions) VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Other (provide description) _____

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s):

Do you intend to make retail sales to ultimate consumers? Yes No

Include with this application a list of your suppliers of cigarettes, tobacco, alternative nicotine and vapor products on a separate sheet.

Identify partners or corporate officers (up to three) if the business is not a sole proprietorship.

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor, page 2

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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 Authorized Party

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Printed Name/Title: Johnny Menezes

Authorized Signature: [Signature]

Date: 6/21/24 Email: jstore2005@gmail.com

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

Additional instructions are on the final page.

For period (MM/DD/YYYY) 07 / 01 / 2024 through 06/30/ 2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Kamalamai Retail LLC / UrbanFuel, North Liberty

Iowa sales and use tax account number: 3-00-901928

Retail address: 1 Hawkeye Drive City: North Liberty State: IA ZIP: 52317

Mailing address: 1 Hawkeye Drive City: North Liberty State: IA ZIP: 52317

Phone: 563 639 3995 / 319 626 7990 - store

Legal Ownership Information:

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

Name of sole proprietor, partnership, corporation, LLC, or LLP: Kamalamai Retail LLC

Primary office address: 2770 Muddy Creek Ln City: Coralville State: IA ZIP: 52241

Phone: 563 639 3995 Fax: Email: urbanfuel@gmail.com

Retail Information:

Types of Sales: Over-the-counter [x] Vending machine [] Vending machine that assembles cigarettes [] Delivery sales of alternative nicotine/vapor products (see instructions) [] Mobile sales (see instructions) [] VIN: License plate number:

Types of Products Sold: (Check all that apply)

Cigarettes [x] Tobacco [x] Alternative nicotine products [x] Vapor products [x]

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store [] Bar [] Convenience store/gas station [x] Drug store [] Grocery store [] Hotel/motel [] Liquor store [] Restaurant [x] Tobacco store [] Other (provide description) []

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s): Lottery, Liquor, Food Service, Retail Food (Liquor LE 0004187)

Do you intend to make retail sales to ultimate consumers? Yes [] No [x]

Include with this application a list of your suppliers of cigarettes, tobacco, alternative nicotine and vapor products on a separate sheet.

Identify partners or corporate officers (up to three) if the business is not a sole proprietorship.

Name: Aban Baral Title: Member/Manager

Address: 2770 Muddy Creek Ln

City: Coralville, IA State: Iowa ZIP: 52241

Name: Title:

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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 Authorized Party

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Printed Name/Title: Joan Baral

Authorized Signature: [Signature]

Date: 06/19/2024 Email: baralaban@gmail.com

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

Additional instructions are on the final page.

For period (MM/DD/YYYY) 7 / 1 / 2024 through 06/30/ 2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Liberty View Wine & Spirits

Iowa sales and use tax account number: 1-52-025252

Retail address: 595 Country Lane City: North Liberty State: IA ZIP: 52317

Mailing address: 595 Country Lane City: North Liberty State: IA ZIP: 52317

Phone: 319-331-1272

Legal Ownership Information:

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

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

Primary office address: 595 Country Lane City: North Liberty State: IA ZIP: 52317

Phone: 319-331-1272 Fax: Email: angre.dao1991@gmail.com

Retail Information:

Types of Sales: Over-the-counter [] Vending machine [] Vending machine that assembles cigarettes [] Delivery sales of alternative nicotine/vapor products (see instructions) [] Mobile sales (see instructions) [] VIN: License plate number:

Types of Products Sold: (Check all that apply)

Cigarettes [x] Tobacco [x] Alternative nicotine products [] Vapor products [x]

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store [] Bar [] Convenience store/gas station [] Drug store [] Grocery store [] Hotel/motel [] Liquor store [] Restaurant [] Tobacco store [] Other (provide description) []

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s):

No

Do you intend to make retail sales to ultimate consumers? Yes [] No [x]

Include with this application a list of your suppliers of cigarettes, tobacco, alternative nicotine and vapor products on a separate sheet.

Identify partners or corporate officers (up to three) if the business is not a sole proprietorship.

Name: Title:

Address:

City: State: ZIP:

Name: Title:

Additional instructions are on the final page.

For period (MM/DD/YYYY) 06/30/2024 through 06/30/2025

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Greenleaf Tobacco & VAP

Iowa sales and use tax account number: 86-2211224

Retail address: 415 Community Dr City: North Liberty State: IA ZIP: 52317

Mailing address: Same as Above City: = State: = ZIP: =

Phone: 563-822-2118

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: MFO LLC

Primary office address: 100 19th Ave #90 City: Moline State: IL ZIP: 61205

Phone: 563-822-2118 Fax: N/A Email: Greenleaf@greenleafiowa.com

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions)

Mobile sales (see instructions) VIN: _____ License plate number: _____

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store
Grocery store Hotel/motel Liquor store Restaurant Tobacco store
Other (provide description) _____

Do you have other permits issued under Iowa Code chapter 453A? If yes, provide permit number(s): _____

Include with this application a list of your suppliers and customers on a separate sheet.

Identify partners or corporate officers if the business is not a sole proprietorship.

Name: Hani Aael Title: owner

Address: 415 Community Dr

City: North Liberty IA State: IA ZIP: 52317

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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. I declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

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

Printed name: <u>Hani Agel</u>	Printed name: _____
Signature: <u>[Handwritten Signature]</u>	Signature: _____
Date: <u>06/19/24</u>	Date: _____
Printed name: _____	
Signature: _____	
Date: _____	

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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



Additional instructions are on the final page.

For period (MM/DD/YYYY) 7 / 10 / 2024 through 06/30/ 25

Use this form to apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products at retail. If you need a different, non-retail cigarette or tobacco permit, use form 70-015. If approved, the permit is only valid for the location listed on the permit. You must obtain a separate retail permit for each location you own or operate.

Business Information:

Legal name/Doing business as (DBA): Kwik Star 1213

Iowa sales and use tax account number: 0-00-006316

Retail address: 1810 Diamond Blvd City: North Liberty State: IA ZIP: 52317

Mailing address: PO BOX 2107 City: La Crosse State: WI ZIP: 54602

Phone: 319-206-7084

Legal Ownership Information:

Type of ownership: Sole Proprietor Partnership Corporation LLC LLP

Name of sole proprietor, partnership, corporation, LLC, or LLP: Kwik Trip, Inc.

Primary office address: PO BOX 2107 City: La Crosse State: WI ZIP: 54602

Phone: 608-793-4741 Fax: 608-793-6120 Email: moliver@kwiktrip.com

Retail Information:

Types of Sales: Over-the-counter Vending machine Vending machine that assembles cigarettes Delivery sales of alternative nicotine/vapor products (see instructions) Mobile sales (see instructions) VIN: License plate number:

Types of Products Sold: (Check all that apply)

Cigarettes Tobacco Alternative nicotine products Vapor products

Type of Establishment: (Select the options that best describe the establishment)

Alternative nicotine/vapor store Bar Convenience store/gas station Drug store Grocery store Hotel/motel Liquor store Restaurant Tobacco store Other (provide description)

Do you have other permits issued under Iowa Code chapter 453A at this retail location? If yes, provide permit number(s):

Yes, please see attached listing of Kwik Trip, Inc. Iowa retail store locations.

Do you intend to make retail sales to ultimate consumers? Yes No

Include with this application a list of your suppliers of cigarettes, tobacco, alternative nicotine and vapor products on a separate sheet. Kwik Trip, Inc. Distribution Center - License Numbers: 862100090 & 862600091

Identify partners or corporate officers (up to three) if the business is not a sole proprietorship.

Name: Scott Paul Zietlow Title: President

Address: 1301 7th St. SW

City: Rochester State: MN ZIP: 55902

Name: Title:

Address: _____

City: _____ State: _____ ZIP: _____

Name: _____ Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

If this application is approved and a permit is 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 Authorized Party

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will only act within my authority.

Printed Name/Title: Scott Paul Zietlow

Authorized Signature: Scott P. Zietlow

Date: 5/15/2024 Email: moliver@kwiktrip.com

Send this completed application and the applicable fee to your local jurisdiction. If your local jurisdiction permits electronic transmission of this application, your email or fax signature will constitute a valid signature. It is up to your local jurisdiction to approve this application and issue the permit. You must have an approved permit issued to you by the local jurisdiction before acting as a retailer in that jurisdiction. You must separately apply in each local jurisdiction in which you plan to act as a retailer. If you have any questions about the status of your application, contact your city clerk (within city limits) or your county auditor (outside city limits). NOTE: A completed application is NOT a valid permit even if submitted to your local jurisdiction with the applicable fee.

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: _____
- 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: _____
- New Renewal

Send completed/approved application to the Iowa Department of Revenue 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. If a permit is being exchanged due to change of location within the same jurisdiction, permittee should complete an application with new location information and application should be sent to the Department as described above. Permittees who exchange a valid permit are not required to pay an additional fee when an exchange application is submitted. 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

TO OWNER/CLIENT:

City of North Liberty
PO Box 77
North Liberty, Iowa 52317

PROJECT:

023-025 North Liberty Streets and Maintenance
Facility - Interior Remodel
437 South Front Street
North Liberty, Iowa 52317

APPLICATION NO: 5**INVOICE NO: 5****PERIOD: 06/01/24 - 06/30/24****PROJECT NO: 023-025****FROM CONTRACTOR:**

Peak Construction Group, Inc.
660 Liberty Way Unit C
North Liberty, Iowa 52317

VIA ARCHITECT/ENGINEER:

Chris Ciccariello (Shive Hattery)

CONTRACT DATE:**CONTRACT FOR:** North Liberty Streets and Maintenance Facility**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the Contract. Continuation Sheet is attached.

1. Original Contract Sum	\$608,000.00
2. Net change by change orders	\$0.00
3. Contract Sum to date (Line 1 ± 2)	\$608,000.00
4. Total completed and stored to date (Column G on detail sheet)	\$470,192.97
5. Retainage:	
a. 5.00% of completed work	\$19,530.07
b. 5.00% of stored material	\$3,979.60
Total retainage (Line 5a + 5b or total in column I of detail sheet)	\$23,509.67
6. Total earned less retainage (Line 4 less Line 5 Total)	\$446,683.30
7. Less previous certificates for payment (Line 6 from prior certificate)	\$331,133.74
8. Current payment due:	\$115,549.56
9. Balance to finish, including retainage (Line 3 less Line 6)	\$161,316.70

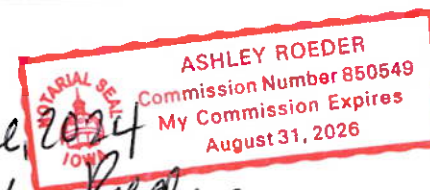
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner/Client:	\$0.00	\$0.00
Total approved this month:	\$0.00	\$0.00
Totals:	\$0.00	\$0.00
Net change by change orders:	\$0.00	

The undersigned certifies that to the best of the Contractor's knowledge, information and belief, the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work which previous Certificates for payment were issued and payments received from the Owner/Client, and that current payments shown herein is now due.

CONTRACTOR: Peak Construction Group, Inc.

DocuSigned by:

By: Steve Owen
-2C31A567B16F4EC

Date: 6/11/2024State of: IowaCounty of: JohnsonSubscribed and sworn to before
me this 11th day of June, 2024Notary Public: Ashley RoederMy commission expires: 08/31/2026**ARCHITECT'S/ENGINEER'S CERTIFICATE FOR PAYMENT**

In accordance with the Contract Documents, based on the on-site observations and the data comprising this application, the Architect/Engineer certifies to the Owner/Client that to the best of the Architect's/Engineer's knowledge, information and belief that Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$115,549.56

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to confirm the amount certified.)

ARCHITECT/ENGINEER:

By: Tommy [Signature]Date: 06/19/2024

This certificate is not negotiable. The amount certified is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to the rights of the Owner/Client or Contractor under this Contract.

APPLICATION AND CERTIFICATION FOR PAYMENT

AIA DOCUMENT G702

PAGE 1 OF 9 PAGES

TO OWNER:
 City of North Liberty
 3 Quail Creek Circle
 North Liberty, IA 52317
 FROM CONTRACTOR:
 City Construction
 2346 Mormon Trek Blvd. Suite 2500
 Iowa City, IA 52246

PROJECT:
 North Liberty City Hall
 360 North Main Street
 North Liberty, IA 52317
 VIA ARCHITECT:
 Shive-Hattery, Inc.
 2839 Northgate Drive
 Iowa City, IA 52245

APPLICATION NO: 13-R
 PERIOD TO: 05/08/24
 PROJECT NOS: 1-159
 1207650
 CONTRACT DATE: 09/14/22

Distribution to:
 OWNER
 ARCHITECT
 CONTRACTOR

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract Continuation Sheet, AIA Document G703, is attached.

1. ORIGINAL CONTRACT SUM	\$	<u>9,389,509.00</u>
2. Net change by Change Orders	\$	<u>71,879.00</u>
3. CONTRACT SUM TO DATE (Line 1 + 2)	\$	<u>9,461,388.00</u>
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)	\$	<u>9,243,045.00</u>
5. RETAINAGE:		
a. 5 % of Completed Work (Column D + E on G703)	\$	<u>462,152.25</u>
b. 5 % of Stored Material (Column F on G703)	\$	<u>0.00</u>
Total Retainage (Lines 5a + 5b or Total in Column I of G703)	\$	<u>462,152.25</u>
6. TOTAL EARNED LESS RETAINAGE (Line 4 Less Line 5 Total)	\$	<u>8,780,892.75</u>
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (Line 6 from prior Certificate)	\$	<u>8,537,085.12</u>
8. CURRENT PAYMENT DUE	\$	<u>243,807.63</u>
9. BALANCE TO FINISH, INCLUDING RETAINAGE (Line 3 less Line 6)	\$	<u>680,495.25</u>

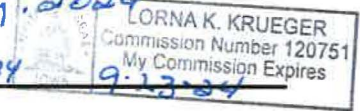
CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$46,761.00	\$0.00
Total approved this Month	\$25,118.00	\$0.00
TOTALS	\$71,879.00	\$0.00
NET CHANGES by Change Order	\$71,879.00	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: City Construction

By: [Signature] Date: 5/8/24

State of: Iowa County of: Johnson
 Subscribed and sworn to before me this 8th day of May, 2024
 Notary Public: Lorna K. Krueger
 My Commission expires: September 23, 2024



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ 243,807.63

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT: Natalie Oppedal Date: June 7, 2024

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.



Board & Commission Appointments

**Board and Commission Candidates
For terms beginning 7/1/2024**

- May 1 --Notice on City website
- May 23 --Applications due at City Administration Office
- May 24 --Applications sent to City Council for review
- May 27- June 7 -- Mayor interviews for recommendation of appointments
- June 11/25 --Board and Commission appointments made at Council meeting

Board Applicants (I – Incumbent)

Planning and Zoning Commission (2 positions)

(7- member board)

1. Valerie Ward
2. Dave Willer (I)

Board of Adjustment (1 position)

(5- member board)

1. Aly Metzger

Parks & Recreation Commission (3 positions)

(7- member board)

1. Kevin Smith
2. Donglin Chai (I)
3. Gwen Johnson (I)

Tree/Stormwater (1 position)

(5 -member board)

1. Daniel Green

Library Board (2 positions)

(6 -member board)

1. Scott Kramer
2. Brandy Greene

Cemetery Board (1 position)

(3- member board)

1. Derek Burns

From: [Valerie Ward](#)
To: [Tracey Mulcahey](#)
Subject: Board & Commission Application: Valerie Ward
Date: Saturday, May 4, 2024 9:32:24 AM

Name

Valerie Ward

I would like to serve on the

- Planning & Zoning Commission

Address

1960 Robin Dr.
North Liberty, Iowa 52317
United States
[Map It](#)

Phone

(224) 433-4551

Email

vward.cm@gmail.com

Place of employment

Stead Family Children's Hospital at University of Iowa Hospital

Position

Clinical Services Specialist in Children's Hematology & Oncology Department

Are you a North Liberty resident?

Yes

Are you 18 years of age or older?

Yes

Gender

Female

Length of North Liberty residency

7.5 years

Please give a brief statement of why you would like serve on this Board or Commission

We moved here from a northern Chicago suburb, and we are thrilled to see the growth happening in the town we choose to move into. I have an education and experience in Architecture, and as I see the changes and decisions happening all around my family I always think to myself how I would like to have contributed to that decision.

Please note any real estate, business or commercial interests within the City, other than your primary residence, or the purpose of identifying any actual or potential conflicts of interest

There aren't any

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

I have a Bachelors degree and commercial experience in architecture. I work for the University of Iowa Hospital and do work full-time, but an appointment like this should be perfectly manageable.

From: [Dave Willer](#)
To: [Tracey Mulcahey](#)
Subject: Board & Commission Application: Dave Willer
Date: Monday, April 29, 2024 2:49:18 PM

Name

Dave Willer

I would like to serve on the

- Planning & Zoning Commission

Address

1240 Copper Mountain Drive
North Liberty, Iowa 52317
United States
[Map It](#)

Phone

(952) 250-1374

Email

willerdavid@comcast.net

Place of employment

Willer Healthcare Consulting

Position

CEO

Are you a North Liberty resident?

Yes

Are you 18 years of age or older?

Yes

Gender

Male

Length of North Liberty residency

8 years

Please give a brief statement of why you would like serve on this Board or Commission

I would like to continue serving on the Commission as I believe it is a civic duty to help address the growth in our community.

Please note any real estate, business or commercial interests within the City, other than your primary residence, or the purpose of identifying any actual or potential conflicts of interest

North Liberty - None

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

As an Architect, I believe my background helps the Commission.

From: [Aly Metzger](#)
To: [Tracey Mulcahey](#)
Subject: Board & Commission Application: Aly Metzger
Date: Wednesday, May 1, 2024 7:01:28 PM

Name

Aly Metzger

I would like to serve on the

- Board of Adjustment
- Board of Appeals
- Library Board of Trustees
- Parks & Recreation Commission
- Planning & Zoning Commission
- Tree and Storm Water Advisory Board

Address

1620 Vandello Circle
North Liberty, Iowa 52317
United States
[Map It](#)

Phone

(319) 541-3868

Email

frejkya@yahoo.com

Place of employment

None

Position

N/a

Are you a North Liberty resident?

Yes

Are you 18 years of age or older?

Yes

Gender

Female

Length of North Liberty residency

7 yrs

Please give a brief statement of why you would like serve on this Board or Commission

Having lived in North Liberty for many years and having purchased a home a couple years ago, I would like to get involved in serving the community.

Please note any real estate, business or commercial interests within the City, other than your primary

residence, or the purpose of identifying any actual or potential conflicts of interest

None, just a homeowner

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

Dual-majored in Biology/History, with many political science electives, passionate about conservation

From: [Kevin Smith](#)
To: [Tracey Mulcahey](#)
Subject: Board & Commission Application: Kevin Smith
Date: Tuesday, May 21, 2024 8:36:07 PM

Name

Kevin Smith

I would like to serve on the

- Parks & Recreation Commission

Address

1870 Wood Duck Ct
North Liberty, Iowa 52317
United States
[Map It](#)

Phone

(319) 383-6919

Email

kevingsmith870@gmail.com

Place of employment

Centro, Inc.

Position

Learning and Development Manager

Are you a North Liberty resident?

Yes

Are you 18 years of age or older?

Yes

Gender

Male

Length of North Liberty residency

16 years

Please give a brief statement of why you would like serve on this Board or Commission

I have lived in North Liberty for the past 16 years and I would like to play a part in giving back and developing the city as it continues to grow. I have two children, 9 and 11 that enjoy spending time outdoors including time at our smaller and larger parks, fishing in the ponds, and riding on the bike trails and I would be interested in playing a role that helps these great resources keep improving as they have been for so many years.

Please note any real estate, business or commercial interests within the City, other than your primary residence, or the purpose of identifying any actual or potential conflicts of interest

None.

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

In the past, I owned several Subway restaurants in the area, including the one on Community Dr. Owing and operating these took up much of my time so I never felt I could contribute the time volunteering for a position like this, despite having a desire to do so. Now that I have the means and availability to contribute thanks to an employer like Centro, I would love the opportunity to join this commission.

Application for
BOARD or COMMISSION
Appointment

Name: Donglin Chai

Address: 762 River Bend Ln North Liberty 52317

Phone: 614-961-2243 Email: chaidonglin@gmail.com Gender: Male Female

I would like to volunteer to serve on the:

Board of Adjustment

Parks & Recreation Commission

Board of Appeals

Planning & Zoning Commission

Cemetery Board

Tree and Storm Water Board

Library Board of Trustees

Place of employment and position:

Independent researcher/visiting scholar (Univeristy of Iowa)

Are you a citizen 18 years of age or older? YES NO

Are you a resident of North Liberty? YES NO

Length of residence in North Liberty: since 2022

Please give a brief statement of why you would like serve on this Board or Commission:

I enjoy serving on this Commission to contribute as a frequent user of the rec center and parks (especially Centennial) and stay active in group discussion and decision-making process.

Please note any real estate, business or commercial interests within the City, other than your primary residence, for the purpose of identifying any actual or potential conflicts of interest:

N/A

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

I am a current member in this Commission since Jan 2024.

Signature of Applicant: Donglin Chai Date: 5/3/2024

Application for
BOARD or COMMISSION
Appointment

Name: EWEN JOHNSON
Address: 500 Carlyle Ct North Liberty
Phone: 319 631 4936 Email: gwen@gwenjohnson.com Gender: Female Male

I would like to volunteer to serve on the:

- Board of Adjustment
- Board of Appeals
- Cemetery Board
- Library Board of Trustees
- Parks & Recreation Commission
- Planning & Zoning Commission
- Tree and Storm Water Board

Place of employment and position:

Real estate agent

Are you a citizen 18 years of age or older? YES NO

Are you a resident of North Liberty? YES NO

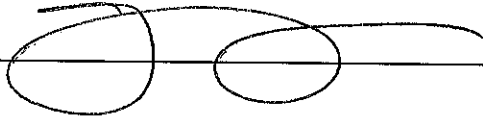
Length of residence in North Liberty: 5 yrs

Please give a brief statement of why you would like serve on this Board or Commission: I love seeing our community grow and support parks.

Please note any real estate, business or commercial interests within the City, other than your primary residence, for the purpose of identifying any actual or potential conflicts of interest: none

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

Signature of
Applicant:

A handwritten signature consisting of two large, overlapping loops, followed by a horizontal line extending to the right.

Date: 4/30/2024

From: [Daniel Green](#)
To: [Tracey Mulcahey](#)
Subject: Board & Commission Application: Daniel Green
Date: Tuesday, February 13, 2024 9:05:30 AM

Name

Daniel Green

I would like to serve on the

- Parks & Recreation Commission
- Planning & Zoning Commission
- Tree and Storm Water Advisory Board

Address

1075 Twilight Drive
North Liberty, Iowa 52317
United States
[Map It](#)

Phone

(319) 270-0572

Email

thunderdan72@gmail.com

Place of employment

Terracon Consultants

Position

Environmental Group Manager

Are you a North Liberty resident?

Yes

Are you 18 years of age or older?

Yes

Gender

Male

Length of North Liberty residency

9+ years

Please give a brief statement of why you would like serve on this Board or Commission

My interest lies mainly with a desire to be involved with my community and give back to the place that I have called home for that last decade. I have lived in the Iowa City, Coralville, and North Liberty area for my entire life (nearly 40 years) and I am very passionate about the place that I call home. I think I could put my passion and experience to good use serving my community.

Please note any real estate, business or commercial interests within the City, other than your primary residence, or the purpose of identifying any actual or potential conflicts of interest

None.

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

As a seasoned professional (17 years in my industry) working in the Environmental Consulting and Engineering Industry I have spent a great deal of time involved with development and infrastructure projects that have changed and help evolve the landscape of the corridor into what it is today. I think the skills and knowledge that I have developed during that time would make me a valuable member of anyone of the boards or commissions.

From: [Scott Kramer](#)
To: [Tracey Mulcahey](#)
Subject: Board & Commission Application: Scott Kramer
Date: Monday, May 13, 2024 4:51:30 PM

Name

Scott Kramer

I would like to serve on the

- Library Board of Trustees

Address

1060 Cory Ct
North Liberty, Iowa 52317
United States
[Map It](#)

Phone

(319) 325-8302

Email

Kosmo@ObservingCasually.com

Place of employment

Kent Corporation (Muscatine)

Position

IT Business Architect (E-commerce)

Are you a North Liberty resident?

Yes

Are you 18 years of age or older?

Yes

Gender

Male

Length of North Liberty residency

June 2014 - Present

Please give a brief statement of why you would like serve on this Board or Commission

I would like to assist the library staff in their mission of fostering early literacy and lifelong learning among our residents. At times they have a difficult job and need a strong board to assist them in planning and executing their vision.

Learning is a foundation to a successful life, regardless of how success is measured. Free public libraries are a cornerstone of this foundation, ensuring access to all members of the community.

North Liberty - and Johnson County as a whole - takes pride in the literacy levels of its residents. Serving on this board will allow me to ensure that current and future generations of residents enjoy the same

convenient access to a wealth of educational materials as past residents have enjoyed.

Please note any real estate, business or commercial interests within the City, other than your primary residence, or the purpose of identifying any actual or potential conflicts of interest

None

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

My career typically involves working with other groups within the company to define business requirements and select the best solution not just for the immediate need, but ensuring that the solution aligns with long-term strategic goals of the company.

This ability to take in the big picture, while also being able to focus on specific details, will be useful in this role.

My career in IT has also made me very comfortable with technology. This knowledge will be helpful as the library works to navigate new technological challenges and opportunities in the future.

From: [Brandy Greene](#)
To: [Tracey Mulcahey](#)
Subject: Board & Commission Application: Brandy Greene
Date: Wednesday, May 1, 2024 8:19:38 PM

Name

Brandy Greene

I would like to serve on the

- Library Board of Trustees

Address

1367 S Jones Blvd
North Liberty, Iowa 52327
United States
[Map It](#)

Phone

(720) 979-4108

Email

bkgreene0923@gmail.com

Place of employment

Mercy Medical Center - Cedar Rapids

Position

Clinical Pharmacist / PGY1 Pharmacy Residency Coordinator

Are you a North Liberty resident?

Yes

Are you 18 years of age or older?

Yes

Gender

Female

Length of North Liberty residency

4 years

Please give a brief statement of why you would like serve on this Board or Commission

I would like to serve on the Library Board of Trustees to give back to my community and to ensure access to the many great and free / low cost opportunities that local libraries offer to the members of my community. I spent many hours in my home town library growing up, have taken my family to a variety of activities offered by our local libraries. I believe my experience as a pharmacist and as a residency program coordinator, which require attention to detail, planning, communication, and meeting regulations of our governing bodies would serve me well in a role on the Library Board.

Please note any real estate, business or commercial interests within the City, other than your primary residence, or the purpose of identifying any actual or potential conflicts of interest

None.

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

It would be an honor to be chosen to serve as a member of the Library Board and to give back to the community my family joined just over four years ago in the middle of a pandemic. We found North Liberty to be a welcome community and the Library to be a valuable resource to our family through the various opportunities including Reading with Kora which encouraged our daughter to read and feel comfortable with making mistakes after the pandemic sent her home in kindergarten, and due to a health concern had her learning online in first grade.

The library was my second home as a child, and providing that opportunity to others is something dear to me. Thank you for considering me for a position on the Library Board of Trustees.

From: [Derek Burns](#)
To: [Tracey Mulcahey](#)
Subject: Board & Commission Application: Derek Burns
Date: Monday, May 6, 2024 10:31:25 AM

Name

Derek Burns

I would like to serve on the

- Board of Adjustment
- Cemetery Board
- Parks & Recreation Commission
- Tree and Storm Water Advisory Board

Address

700 Strathmoor Dr
North Liberty, Iowa 52317
United States
[Map It](#)

Phone

(319) 541-2804

Email

derek@bachmeiercarpetone.com

Place of employment

Bachmeier Carpet One

Position

Sales and Design Consultant

Are you a North Liberty resident?

Yes

Are you 18 years of age or older?

Yes

Gender

Male

Length of North Liberty residency

17 years

Please give a brief statement of why you would like serve on this Board or Commission

I am a mature, experienced member of the community that has a lifetime of experiences to draw from in decision making. I feel a sense of responsibility to the community I call home, which has been good to myself and my family as we have watched it grow.

Please note any real estate, business or commercial interests within the City, other than your primary residence, or the purpose of identifying any actual or potential conflicts of interest

none

Please give any other background or personal information that you feel would be helpful to the City Council in making their decision:

I have been a resident of the Iowa City area since 1984, graduating from both West High and the U of I, where I was a student staff member on the Hawkeye Men's Basketball Team for 5 years. Both of my children have attended school in North Liberty, and our youngest son graduates from Liberty High this year. Both boys attended Recsters and the day-long summer camp program offered through the Rec Center. My wife's parents retired to North Liberty from Dubuque in 2004. Our whole family regularly enjoys the Blues & BBQ Festival.

I have worked in retail here in the area for 30 years and have built many personal and professional relationships in that time. In 1997 I was hired to open the Scheels store in the new Coral Ridge Mall, and helped grow and lead that store profitably for 15 years. As Scheels first large-scale 'concept' store, we faced new and unique operational challenges on a daily basis that required careful planning and decision making in group settings. During my time at Scheels I also led many of our annual United Way fundraising campaigns, and worked with many community leaders and organizations successfully. I feel the lessons learned at Scheels, along with my other jobs in the area, have given me tools and a perspective that I can apply successfully to decisions in my community.

I was hurt on the job 4 years ago, forcing me to focus on my own health and recovery almost exclusively since then. I have continued to work during that time, and have recovered with the capacity and desire again to reengage with the community around me, because I feel I can be of value. Currently I am a member of the The Greater Iowa City AM Referral Group, and am part of the Iowa City Area Home Builders Association Parade of Homes committee.

Thank you for your consideration.



SRT Trail Grant

Resolution No. 2024-70

**A RESOLUTION SUPPORTING THE CITY OF NORTH LIBERTY
APPLICATION TO THE IOWA STATE RECREATIONAL TRAILS
(SRT) PROGRAM**

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NORTH LIBERTY, IOWA:

WHEREAS, the Iowa State Recreational Trails (SRT) Program Funds would help fund over one mile of gaps in key trail segments; and

WHEREAS, the City of North Liberty will be the authority responsible for the project's maintenance and operation; and

WHEREAS, the City of North Liberty will adequately maintain the completed project for its intended public use following project completion for a minimum of 20 years; and

WHEREAS, the City of North Liberty will provide matching funds required for this project.

NOW, THEREFORE, BE IT RESOLVED that the City Council does hereby authorize the support for the Iowa State Recreational Trails Program Funds grant application.

APPROVED AND ADOPTED this 25th day of June, 2024.

CITY OF NORTH LIBERTY:

CHRIS HOFFMAN, MAYOR

ATTEST:

I, Tracey Mulcahey, City Clerk of the City of North Liberty, hereby certify that at a meeting of the City Council of said City, held on the above date, among other proceedings, the above was adopted.

TRACEY MULCAHEY, CITY CLERK



FY 2025 Salaries and Wages

Resolution No. 2024-71

A RESOLUTION AUTHORIZING SALARIES AND HOURLY WAGES FOR CITY EMPLOYEES FOR THE FISCAL YEAR OF JULY 1, 2024 THROUGH JUNE 30, 2025

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NORTH LIBERTY, IOWA:

WHEREAS, the following full-time and permanent part-time employees and/or positions of the City of North Liberty shall be paid the gross wages and salaries indicated in Attachment A for the fiscal year beginning July 1, 2024 and ending June 30, 2025;

WHEREAS, overtime pay for hourly employees is at one and one-half times the regular hourly rate of pay for hours worked in excess of forty hours per week; and

WHEREAS, the City Clerk of the City of North Liberty is hereby authorized to issue checks, less legally required or authorized deductions from the amount set out above, on the days of the payroll, and to make contributions to IPERS, Social Security and Medicare, or other purposes required by law or authorized by the City Council all subject to audit and review of the City Council.

NOW, THEREFORE, BE IT RESOLVED that the attached list of salaries and hourly wages for the Fiscal Year of July 1, 2024 through June 30, 2025 is approved.

APPROVED AND ADOPTED this 25th day of June, 2024.

CITY OF NORTH LIBERTY:

CHRIS HOFFMAN, MAYOR

ATTEST:

I, Tracey Mulcahey, City Clerk of the City of North Liberty, hereby certify that at a meeting of the City Council of said City, held on the above date, among other proceedings, the above was adopted.

TRACEY MULCAHEY, CITY CLERK

Salaries

Employee	Position	Rate of Pay	
Police			
Venenga, Diane	Police Chief	\$12,954.93	Monthly Salary
Landsgard, Tyson	Police Lieutenant	\$10,878.40	Monthly Salary
Ross, Ruben	Police Lieutenant	\$10,405.20	Monthly Salary
Regenwether, Creighton	Police Sergeant	\$8,632.00	Monthly Salary
Shine, Chris	Police Sergeant	\$8,632.00	Monthly Salary
Wood, Casey	Police Sergeant	\$7,995.87	Monthly Salary
Ruffcorn, Alisha	Administrative Assistant II	\$30.63	Hourly
Rich, Lauryn	Records Clerk II/Senior Evidence Technician	\$29.23	Hourly
Rockafellow, Ryan	Police Officer-JFACT Investigator	\$40.82	Hourly
Miller, Joel	Police Officer	\$40.82	Hourly
Gallagher, Jordan	Police Officer-Investigator	\$40.82	Hourly
Jennings, Andy	Police Officer	\$40.82	Hourly
Clubb, Travis	Police Officer-Investigator	\$39.63	Hourly
Hayes, Rhonda	Police Officer	\$39.63	Hourly
Campbell, Ben	Police Officer	\$39.63	Hourly
Sexton, Bruce	Police Officer	\$39.63	Hourly
Madole, Spence	Police Officer	\$39.63	Hourly
Kapfer, Eric	Police Officer	\$39.63	Hourly
Vazquez, Ricardo	Police Officer Drug Task Force	\$36.94	Hourly
Monroe, Elizabeth	Police Officer	\$34.22	Hourly
McVey, Jeffrey	Police Officer	\$34.22	Hourly
DeBoer, Tiffany	Police Officer	\$32.86	Hourly
Fire			
Platz, Brian	Fire Chief	\$5,979.20	Bi-Weekly Salary
Humston, Tina	Training Officer-Captain	\$2,991.20	Bi-Weekly Salary
Hardin, Bryan	Assistant Fire Chief-Fire Marshall-Part-Time	\$2,536.92	Bi-Weekly Salary
Schmooke, William	Assistant Fire Chief-Training & Administration-Part-Time	\$2,420.34	Bi-Weekly Salary
Reasner, Richard	Fire Shift Lieutenant	\$25.51	Hourly
Dolan, Nicholas	Fire Shift Lieutenant	\$25.51	Hourly
Roose, Lucas	Fire Shift Lieutenant	\$25.51	Hourly
Campbell, Benjamin	Part-Time Fire Fighter	\$16.48	Hourly
Hoffman, Evan	Part-Time Fire Fighter	\$16.48	Hourly
Jaeger, Jeffrey	Part-Time Fire Fighter	\$16.48	Hourly
Kesteloot, Joseph	Part-Time Fire Fighter	\$16.48	Hourly
Kraxner, Brock	Part-Time Fire Fighter	\$16.48	Hourly
Lang, Nathaniel	Part-Time Fire Fighter	\$16.48	Hourly
McAvoy, Kyle	Part-Time Fire Fighter	\$16.48	Hourly
McDonald, James	Part-Time Fire Fighter-Investigations Only	\$16.48	Hourly
Rundle, Lucas	Part-Time Fire Fighter	\$16.48	Hourly
Schoening, Austin	Part-Time Fire Fighter	\$16.48	Hourly
Skubal, Alec	Part-Time Fire Fighter	\$16.48	Hourly
VanZante, Jacob	Part-Time Fire Fighter	\$16.48	Hourly
Voparil, Christine	Part-Time Fire Fighter	\$16.48	Hourly

Salaries

Building

Palmer, Thomas	Building Official	\$10,623.60	Monthly Salary
Yoder, Benjamin	Building Inspector II	\$36.79	Hourly
Green, Anthony	Building Inspector II	\$31.94	Hourly
Wolfe, Michael	Stormwater Coordinator	\$39.49	Hourly
Warnstaff, Kari	Permit Tech / Administrative Assistant	\$29.09	Hourly

Public Safety

Lewis, Amy	School Crossing Guard	\$22.55	Hourly
Lewis, Michael	School Crossing Guard	\$17.99	Hourly
Aguasviva, Judythe	School Crossing Guard	\$17.99	Hourly
Jetter, James	School Crossing Guard (Sub)	\$21.25	Hourly
Johnston, Stephanie	School Crossing Guard (Sub)	\$17.99	Hourly

Library

Garner, Jennifer	Library Director	\$10,405.20	Monthly Salary
Jordebrek, Jennifer	Assistant Library Director	\$8,335.60	Monthly Salary
Harrison, Melanie	Marketing & Events Coordinator	\$36.16	Hourly
Frisbie, Andrew	Collection Development Librarian	\$33.52	Hourly
O'Sheridan-Tabor, Emily	Family Services Librarian	\$32.11	Hourly
Hodgson, Kayla	Youth & Teen Services Librarian	\$27.23	Hourly
Shimmin, Nicholas	Adult Services Librarian	\$29.93	Hourly
Forkenbrock, Kellee	Public Services Librarian	\$29.23	Hourly
Murphy, Zoe	Assistant Youth & Teen Services Librarian	\$20.93	Hourly
Grandinetti, Danielle	Library Services & Marketing Assistant	\$21.93	Hourly
Brase, Corrie	Assistant Adult Services Librarian	\$20.93	Hourly
Simpson, Morgan	Library Assistant II	\$16.44	Hourly
Grinstead, Claire	Library Assistant II	\$15.97	Hourly
Bonner, Addison	Library Assistant I	\$15.17	Hourly
Creery, Madison	Library Assistant I	\$15.17	Hourly
Hart, Christina	Library Assistant I	\$15.17	Hourly
Rausch, Corryn	Library Assistant I	\$15.17	Hourly
Staub, Kari	Library Assistant I	\$15.17	Hourly
Yordanoff, Haley	Library Assistant I	\$15.17	Hourly
Starry, Alexa	Library Assistant I-Seasonal	\$15.17	Hourly
Schneider, Erik	Library Page	\$14.18	Hourly

Parks

Goldsmith, Guy	Director Parks, Buildings, Grounds	\$10,623.60	Monthly Salary
Hamer, Timothy	Assistant Director Parks, Buildings, Grounds	\$45.16	Hourly
Hamer, Brian	Senior Parks Maintenance-Forestry	\$39.20	Hourly
Flaucher, Brandon	Parks Maintenance Worker III	\$29.23	Hourly
Eilers, Theodore	Parks Maintenance Worker III	\$27.88	Hourly
West, Adam	Parks Maintenance Worker III	\$26.59	Hourly
Vance, Spencer	Parks Maintenance Worker III	\$26.59	Hourly
Zeman, Trevon	Parks Maintenance Worker II	\$24.67	Hourly
Ross, Samuel	Seasonal Groundskeeper	\$16.78	Hourly
Ryan, Jackson	Seasonal Groundskeeper	\$16.78	Hourly
McAtee, Joseph	Seasonal Groundskeeper	\$16.78	Hourly
Carpenter, Laura	Seasonal Groundskeeper	\$16.29	Hourly
Fisher, Scott	Seasonal Groundskeeper	\$16.29	Hourly
Sundblad, Nicholas	Seasonal Groundskeeper	\$16.29	Hourly
Johnson, Avery	Seasonal Groundskeeper	\$15.91	Hourly

			<i>Salaries</i>
Knezevich, Daniel	Seasonal Groundskeeper	\$15.91	Hourly
Miller, Brayden	Seasonal Groundskeeper	\$15.91	Hourly
Moen, Carter	Seasonal Groundskeeper	\$15.91	Hourly
Peterson, Aaron	Seasonal Groundskeeper	\$15.91	Hourly
Schadler, Nathan	Seasonal Groundskeeper	\$15.91	Hourly

Recreation

Simpson, Michelle	Recreation Director	\$4,903.20	Bi-Weekly Salary
Motley, Brian	Assistant Recreation Director	\$4,278.40	Bi-Weekly Salary
Fielder, Matthew	Youth Program Supervisor	\$8,115.47	Monthly Salary
Meseck, Matthew	PM Recreation Supervisor	\$6,794.67	Monthly Salary
Moore, Jonathan	Recreation Program Supervisor	\$2,679.20	Bi-Weekly Salary
Egly, Jason	AM-Administrative Assistant	\$29.83	Hourly
Pilcher, Zachary	PM-Administrative Assistant	\$25.85	Hourly
Wingert, Mark	Custodial Supervisor	\$31.85	Hourly
Benner, Jeff	PM Custodian	\$26.31	Hourly
Hoschek, Adam	Custodian	\$23.39	Hourly
Schramm, Kendra	Head Counselor Part-Time	\$22.31	Hourly
Taylor, William	Building Monitor Part-Time	\$15.63	Hourly
Andrews, Sarah	Building Monitor Part-Time	\$15.63	Hourly
Hildreth, Tyler	Building Monitor-Part-Time	\$15.63	Hourly
Bohr, Eric	Building Monitor Part-Time	\$15.63	Hourly
Buschelman, Sarah	Recreation Counselor Part-Time	\$15.63	Hourly
Hollingsworth, Aundrea	Building Monitor Part-Time	\$15.63	Hourly
Marx, Cynthia	Building Monitor Part-Time	\$15.63	Hourly
Squires, Marlee Jo	Building Monitor Part-Time	\$15.63	Hourly
Reath, Manaath	Building Monitor Part-Time	\$15.63	Hourly
Albashair, Gamareldawla	Building Monitor Part-Time	\$15.63	Hourly
Inestroza, Christy	Building Monitor Part-Time	\$15.63	Hourly
Bagan, Hunter	Recreation Counselor Part-Time	\$15.63	Hourly
Alberts, Delaney	Recreation Counselor Part-Time	\$15.63	Hourly
Young, Isaac	Building Monitor Part-Time	\$15.63	Hourly
Hinschberger, Jamie	Building Monitor-Part-Time	\$15.63	Hourly
Hunter, Lydia	Recreation Counselor Part-Time	\$15.63	Hourly
Keel, Tiegan	Building Monitor-Part-Time	\$15.63	Hourly
Krueger, Benjamin	Recreation Counselor Part-Time	\$15.63	Hourly
Leick, Jack	Building Monitor-Part-Time	\$15.63	Hourly
Napoli, Haley	Building Monitor-Part-Time	\$15.63	Hourly
Putnam, Jacob	Building Monitor-Part-Time	\$15.63	Hourly
Riehl, Avery	Building Monitor-Part-Time	\$15.63	Hourly
Romans, Logan	Building Monitor-Part-Time	\$15.63	Hourly
Weber, Una	Building Monitor-Part-Time	\$15.63	Hourly
Van Abbema, Avery	Junior Recreation Counselor Part-Time	\$15.11	Hourly
Berns, Ella	Junior Recreation Counselor Part-Time	\$15.11	Hourly
Avgenackis, Emma	Junior Recreation Counselor Part-Time	\$15.11	Hourly
Eisenbach, Chase	Junior Recreation Counselor Part-Time	\$14.66	Hourly
Helmets, Caleb	Building Monitor-Part-Time	\$15.17	Hourly
Lohman, Lucy	Junior Recreation Counselor Part-Time	\$14.66	Hourly
Roberts, Charles	Junior Recreation Counselor Part-Time	\$14.66	Hourly
Aguirre, Audrey	Junior Recreation Counselor Part-Time	\$14.23	Hourly
Avgenackis, Jacob	Junior Recreation Counselor Part-Time	\$14.23	Hourly
Bridge, Amber	Building Monitor-Part-Time	\$14.73	Hourly
Brodersen, Johnathan	Building Monitor-Part-Time	\$14.73	Hourly
Brown, Kaitlyn	Junior Recreation Counselor Part-Time	\$15.11	Hourly
Dueker, Owen	Junior Recreation Counselor Part-Time	\$14.23	Hourly
Eyestone, Ryne	Recreation Counselor Part-Time	\$15.63	Hourly
Hested, Sydney	Junior Recreation Counselor Part-Time	\$14.23	Hourly

City of North Liberty - Fiscal Year 2025

			Salaries
Leick, Carter	Seasonal Intern	\$15.45	Hourly
Moyer, Mikayla	Building Monitor-Part-Time	\$14.73	Hourly
Olson, Lauryn	Recreation Counselor Part-Time	\$15.17	Hourly
Sexton, Chloe	Junior Recreation Counselor Part-Time	\$14.23	Hourly
Tullis, Austin	Building Monitor-Part-Time	\$15.17	Hourly
Ziembra, Samantha	Building Monitor-Part-Time	\$15.17	Hourly

Pool

Bjork, Ashley	Aquatic Supervisor	\$3,211.20	Bi-Weekly Salary
Bliven, Benjamin	Aquatic Coordinator	\$22.85	Hourly
	Lifeguard	\$14.73-\$15.63	Hourly
	Concessions Cashier	\$14.00-\$14.85	Hourly
	Swim Instructor	\$15.25-\$16.18	Hourly
	Private Swim Instructor	\$30.00	Hourly
	Assistant Concessions Manager	\$15.78-\$16.74	Hourly
	Concession Manager	\$16.83-\$17.85	Hourly
	Pool Manager	\$16.83-\$17.85	Hourly
	Head Lesson Coordinator	\$16.83-\$17.85	Hourly
	Lifeguard Instructor	\$17.88-\$18.97	Hourly
	Water Aerobics Instructor	\$18.00-\$25.00	Hourly

Planning

Rusnak, Ryan	Planning Director	\$9,968.40	Monthly Salary
Conklin, Clint	Planning Technician / Code Compliance Professional	\$32.11	Hourly

Administration

Heiar, Ryan	City Administrator	\$17,612.40	Monthly Salary
Lientz, Grant	City Attorney	\$14,156.13	Monthly Salary
Mulcahey, Tracey	City Clerk / Assistant City Administrator	\$11,890.67	Monthly Salary
Hilton, Debra	Human Resource Director	\$10,623.60	Monthly Salary
Byers, Mary	Deputy City Clerk / Utility Billing Clerk	\$38.91	Hourly
Flynn, Katie	Administrative Assistant / Payables	\$27.23	Hourly
Harris, Jackie	HR / Legal Assistant	\$36.16	Hourly
House, Stacey	Administrative Assistant / Deputy City Clerk	\$29.93	Hourly
Farr, Melanie	Administrative Assistant	\$25.85	Hourly
McConville, Angela	Special Projects Coordinator	\$6,480.93	Monthly Salary
Nelson, Christopher	Information Technology Coordinator	\$7,559.07	Monthly Salary
Phung, Hoi	IT Technician	\$25.26	Hourly

Communications

Bergus, Nicholas	Director of Community Relations	\$9,750.00	Monthly Salary
Miller, Jillian	Assistant Director of Community Relations	\$7,406.53	Monthly Salary
Blackman, Derek	Communications Specialist	\$30.39	Hourly
McCabe, Timothy	Communications Assistant Part-Time	\$16.30	Hourly
James, Micah	Outreach & Equity Coordinator	\$6,330.13	Monthly Salary
Millard, Angela	Event Assistant	\$25.77	Hourly

Salaries

Streets

Pentecost, Michael	Street Superintendent	\$10,878.40	Monthly Salary
Lange, Daniel	Assistant Street Superintendent	\$45.16	Hourly
Murray, Justin	Locate Laborer III	\$32.11	Hourly
Kinney, Steven	Laborer III	\$30.63	Hourly
Werle, Michael	Laborer III	\$32.11	Hourly
Taylor, Ryan	Laborer III	\$28.55	Hourly
Braem, Levi	Laborer I	\$22.85	Hourly
Peek, Rhett	Laborer II	\$25.26	Hourly
Salm, Andrew	Construction Inspector	\$37.67	Hourly

Water

Metternich, Gregory	Water Superintendent	\$10,878.40	Monthly Salary
Kopecky, Shannon	Assistant Water Superintendent	\$45.71	Hourly
Pretasky, James	Water Maintenance Specialist	\$36.29	Hourly
Bowman, Nicholas	Water Maintenance Specialist	\$35.02	Hourly
Morales Ortega, Cesar	Water Laboratory Technician	\$31.37	Hourly
Smith, Kendall	Water Operator I	\$26.48	Hourly

Waste Water

Lammers, Drew	Wastewater Superintendent	\$4,701.60	Bi-Weekly Salary
Furler, David	Assistant Wastewater Superintendent	\$43.10	Hourly
Farrier, Mark	Wastewater Operations Supervisor	\$35.94	Hourly
Arey, Thomas	Wastewater Maintenance Specialist	\$36.29	Hourly
Scroggie Neill	Wastewater Maintenance Specialist	\$30.39	Hourly
Tusing, Delen	Wastewater Operator II	\$31.37	Hourly
Hertzfeldt, Matthew	Wastewater Operator I	\$27.75	Hourly

**Based on a 2080 hour work year, excludes overtime, on-call pay and shift differential.*



FY 2024 Transfers

Resolution No. 2024-72

**A RESOLUTION APPROVING ADDITIONAL TRANSFERS FOR
THE FISCAL YEAR ENDING JUNE 30, 2024**

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NORTH LIBERTY, IOWA:

WHEREAS, three additional transfers are needed to facilitate the additional costs incurred and for funds included in the budget resolution that were planned to be expended in the current fiscal year, but have been delayed;

WHEREAS, the following transfers should be transferred as listed in the table below

Amount	From	To	Purpose
\$40,000.00	General Police Operating	Police Capital	Weapons Systems
\$60,000.00	General Recreation Operating	Recreation Capital	Duct socks, wall panels, and carpeting projects
\$4,100.00	General Library	Library Capital	Computers

NOW, THEREFORE, BE IT RESOLVED that the City Council does hereby authorize the transfer for the fiscal year ending June 30, 2024.

APPROVED AND ADOPTED this 25th day of June, 2024.

CITY OF NORTH LIBERTY:

CHRIS HOFFMAN, MAYOR

ATTEST:

I, Tracey Mulcahey, City Clerk of the City of North Liberty, hereby certify that at a meeting of the City Council of said City, held on the above date, among other proceedings, the above was adopted.

TRACEY MULCAHEY, CITY CLERK



Solomon's Landing Part 2

Resolution No. 2024-73

RESOLUTION RELEASING SURETY FOR SOLOMON'S LANDING PART TWO IN NORTH LIBERTY, IOWA

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NORTH LIBERTY, IOWA:

WHEREAS, on December 12, 2023, the City Council of North Liberty approved the final plat for Solomon's Landing Part Two pursuant to the owner and developer of the property, Pratt Real Estate Management, Inc. having provided for the installation of public improvements thereon in accordance with the provisions of City Code Section 180.11(8)(A)(2); and

WHEREAS, Pratt Real Estate Management, Inc. entered into a Surety Agreement with the City of North Liberty to guarantee the installation of certain public improvements required by the approved construction plans for the subdivision and set forth in said Surety Agreement; and

WHEREAS, the installation of public improvements has been completed in accordance with the requirements of Chapter 180.11 of the City Code, and as contemplated by said Surety Agreement, and said improvements have been accepted by the City.

NOW, THEREFORE, BE IT RESOLVED that the City relinquishes any claim to the letters of credit established in accordance with the Surety Agreement dated December 12, 2023.

APPROVED AND ADOPTED this 25th day of June, 2024.

CITY OF NORTH LIBERTY:

CHRIS HOFFMAN, MAYOR

ATTEST:

I, Tracey Mulcahey, City Clerk of the City of North Liberty, hereby certify that at a meeting of the City Council of said City, held on the above date, among other proceedings, the above was adopted.

TRACEY MULCAHEY, CITY CLERK



Solomon's Landing Part 3

Resolution No. 2024-74

**RESOLUTION APPROVING THE FINAL PLAT FOR SOLOMONS
LANDING PART THREE IN NORTH LIBERTY, IOWA**

**BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF NORTH LIBERTY,
IOWA:**

WHEREAS, the owner, Pratt Real Estate Management, Inc., has filed with the City Clerk a final plat for the property described in Exhibit A, which is attached hereto and made a part hereof;

WHEREAS, said real estate is owned by the above-named parties and the subdivision is being made with the free consent and in accordance with the desires of the owners;

WHEREAS, said final plat is found to conform with Chapter 354 of the Code of Iowa and ordinances of the City of North Liberty;

WHEREAS, no public improvements were installed with the subdivision creating Solomons Landing Part Three.

NOW, THEREFORE, BE IT RESOLVED that the final plat for Solomons Landing Part Three is hereby approved and accepted.

APPROVED AND ADOPTED this 25th day of June, 2024.

CITY OF NORTH LIBERTY:

CHRIS HOFFMAN, MAYOR

ATTEST:

I, Tracey Mulcahey, City Clerk of the City of North Liberty, hereby certify that at a meeting of the City Council of said City, held on the above date, among other proceedings, the above was adopted.

TRACEY MULCAHEY, CITY CLERK

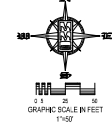
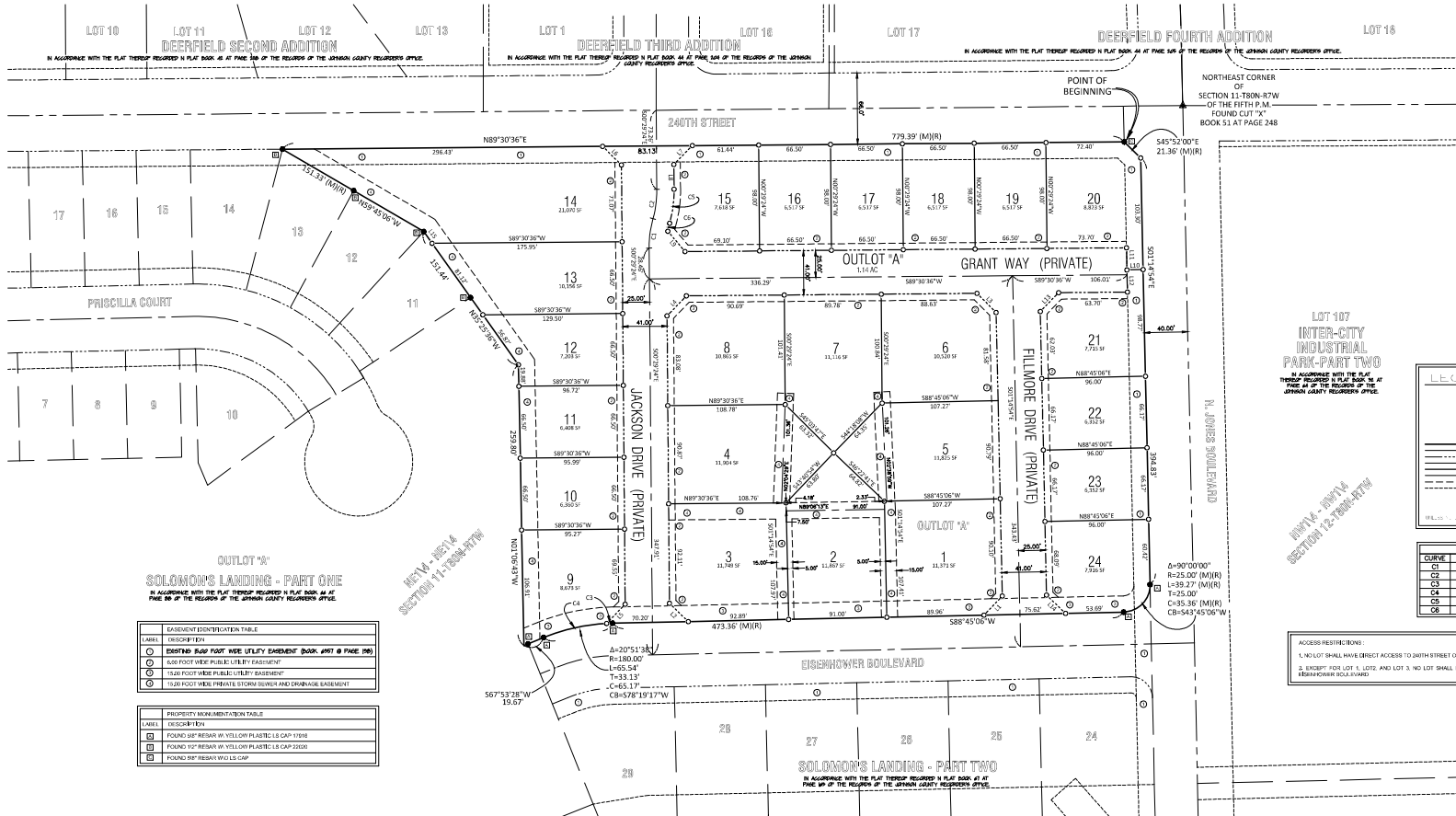


**CIVIL ENGINEERS
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1917 S. GILBERT ST.
IOWA CITY, IOWA 52240
(319) 351-5282
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FINAL PLAT SOLOMONS LANDING - PART THREE NORTH LIBERTY, JOHNSON COUNTY, IOWA

LOCATION	
A PORTION OF OUTLOT "A" OF SOLOMONS LANDING - PART ONE, LOCATED IN THE NORTH-EAST QUARTER OF THE NORTHWEST QUARTER OF SECTION 11, TOWNSHIP 12 NORTH, RANGE 14 WEST OF THE FIFTH PRINCIPAL MERIDIAN, NORTH LIBERTY, JOHNSON COUNTY, IOWA.	
SUBDIVIDER	
DEVIC DEVELOPMENT GROUP 15 COMMERCIAL DR. #10 NORTH LIBERTY, IOWA 52431	
SUBDIVIDER'S ATTORNEY	
RYAN J. HOWITT 455 E. CHADLER BOULEVARD SUITE 301 CONVALLIA, IOWA 52241	
LAND SURVEYOR	
RICHARD R. HOWITT, P.L.S. 1460 CROSSLAND DRIVE 197 SOUTH GILBERT STREET IOWA CITY, IOWA 52206 PHONE: 319-351-4833	
DATE OF SURVEY	
06/16/2024	
PREPARED FOR OR OWNER	
PRATT REAL ESTATE MANAGEMENT INC. 15 COMMERCIAL DR. #10 NORTH LIBERTY, IOWA 52431	
LOCAL GOVERNMENT OR AGENCY	
COUNCILMAN REPRESENTATION LAND SURVEYOR	

FOR COUNTY RECORDS USE



NOTE:
ALL DIMENSIONS ARE BASED ON IOWA STATE PLATE COORDINATED SOUTH ZONE, LERNAI CALLEMINA GRID. THE DATA REAL TIME NETWORK (RTN) DISTANCES SHOWN ON THE PLAT ARE: GROUND DISTANCES AND NOT GCS DISTANCES.

OUTLOT "A" CONTAINS L1, L2 AND B5 TO BE OWNED AND MAINTAINED BY A HOME OWNERS ASSOCIATION FOR A GENERAL ACCESS AND TRIPPLER EASEMENT.

	COMPRO SECTION FOUND
	COMPRO CORNER ESTABLISHED
	COMPRO SECTION LOCATION
	PROPERTY CORNER FOUND (ON BOOK)
	EASEMENT
	EASEMENT WITH 1/2" INCH PLASTIC LS CAP
	CUT
	PROPERTY &/OR BOUNDARY LINES
	COMPRO SECTION LINES
	RIGHT-OF-WAY LINES
	OTHER LINES
	LOT LINES INTERNAL
	EASEMENT LINES WITH PURPOSE NOTE
	EXISTING EASEMENT LINES WITH PURPOSE NOTE
	RECORDED DIMENSIONS
	MEASURED DIMENSIONS WITH PURPOSE NOTE
	CURVE SEGMENT NUMBER

CURVE	DELTA	RADIUS	LENGTH	RANGE	CHORD	BEARING
C1	154.9281	100.000	22.501	13.841	27.411	S07°31'10"W
C2	154.9281	100.000	22.501	13.841	27.411	N07°31'10"E
C3	144.5221	180.000	8.471	2.211	8.471	S89°34'32"W
C4	193.9874	180.000	8.074	2.211	8.074	S89°34'32"W
C5	154.9281	116.000	31.801	16.001	31.801	S07°31'10"W
C6	507.9111	84.000	7.521	3.761	7.521	S12°42'07"W

ACCESS RESTRICTIONS:
1. NO LOT SHALL HAVE DIRECT ACCESS TO JARTH STREET OF JONES BOULEVARD.
2. NO LOT SHALL HAVE DIRECT ACCESS TO JARTH STREET OF JONES BOULEVARD.
3. NO LOT SHALL HAVE DIRECT ACCESS TO JARTH STREET OF JONES BOULEVARD.

LINE	LENGTH	BEARING
L1	24.48	S43°45'06"W
L2	24.31	S45°00'00"E
L3	25.03	S44°58'47"E
L4	25.73	S44°58'20"E
L5	24.69	S43°59'33"W
L6	24.48	S45°00'00"E
L7	24.48	S45°00'00"E
L8	22.92	S00°29'24"E
L9	24.63	S45°00'00"E
L10	15.00	S88°45'06"W
L11	20.50	S00°14'54"E
L12	20.50	S00°14'54"E
L13	24.31	S44°57'07"E
L14	24.48	S44°58'20"E
L15	13.45	S39°25'58"E

OUTLOT "A"
SOLOMONS LANDING - PART ONE
IN ACCORDANCE WITH THE PLAT THEREOF RECORDED IN PLAT BOOK 66 AT PAGE 88 OF THE RECORDS OF THE JOHNSON COUNTY RECORDER'S OFFICE.

LINE	DESCRIPTION
	EXISTING 50.00' WIDE PUBLIC UTILITY EASEMENT (BOOK 497 @ PAGE 88)
	5.00' FOOT WIDE PUBLIC UTILITY EASEMENT
	15.00' FOOT WIDE PUBLIC UTILITY EASEMENT
	15.00' FOOT WIDE PRIVATE STORM SEWER AND DRAINAGE EASEMENT

LINE	DESCRIPTION
	FOUND SEP RETAIN W/ YELLOW PLASTIC LS CAP 1/8" DIA
	FOUND 1/2" RETAIN W/ YELLOW PLASTIC LS CAP 2/8" DIA
	FOUND SEP RETAIN W/ LS CAP

DESCRIPTION - SOLOMONS LANDING - PART THREE

BEGINNING at the Northeast Corner of Outlot "A" of Solomon's Landing - Part One, to North Liberty, Iowa, in accordance with the Plat thereof Recorded in Plat Book 66 at Page 88 of the Records of the Johnson County Recorder's Office; Thence S45°52'00"E, along the East Line of said Outlot "A", a distance of 21.36 feet; Thence S01°14'54"E, along said East Line, 394.83 feet, to the Northeast Corner of Solomon's Landing - Part Two, in accordance with the Plat thereof Recorded in Plat Book 67 at Page 163 of the Records of the Johnson County Recorder's Office; Thence Southwesterly, 39.27 feet, along the North Line of said Solomon's Landing - Part Two, on a 25.00 foot radius curve, concave Northwesterly, whose 35.36 foot chord bears S43°45'06"W; Thence S88°45'06"W, along said North Line, 473.36 feet; Thence Southwesterly, 65.54 feet, along said North Line, on a 180.00 foot radius curve, concave Southeasterly, whose 65.17 foot chord bears S78°19'17"W; Thence S67°53'28"W, along said North Line, and the Southwesterly Projection thereof, 19.67 feet; Thence N01°06'43"W, 259.80 feet; Thence N35°25'36"W, along the Southeasterly Projection of, and the Northerly Line of Lot 11 of said Solomon's Landing - Part One, a distance of 151.44 feet; Thence N59°45'06"W, along the Northerly Lines of Lot 12 and Lot 13, of said Solomon's Landing - Part One, 151.33 feet, to the Northern Most Corner of said Lot 13, and a Point on the North Line of Outlot "A" of said Solomon's Landing - Part One; Thence N89°30'36"E, along the North Line of said Outlot "A", 779.39 feet, to the POINT OF BEGINNING. Said Solomon's Landing - Part Three contains 6.24 Acres, and is subject to easements and restrictions of record.

PLAT/PLAN APPROVED BY: CITY OF NORTH LIBERTY	DATE:
CITY CLERK	DATE:
UTILITY EASEMENTS APPROVED BY:	DATE:
MIDAMERICAN ENERGY	DATE:
MEDIACOM	DATE:
LINN COUNTY REC.	DATE:
SOUTH SLOPE COOPERATIVE TELEPHONE CO.	DATE:
ALLIANT ENERGY	DATE:

Richard R. Howitt
P.L.S. No. 1796
My license renewed date December 31, 2024.

Pages or sheets covered by this seal:

Signed before me this _____ day of _____, 2024.

Notary Public, in and for the State of Iowa.

FINAL PLAT

SOLOMONS LANDING PART THREE

NORTH LIBERTY JOHNSON COUNTY IOWA

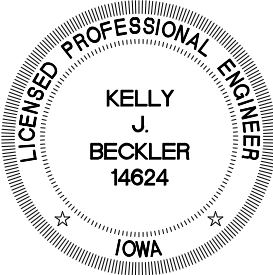
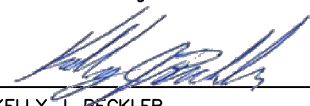
MMS CONSULTANTS, INC.	DATE: 03-11-2024
Designed by: RLB	Field Book No: 1372
Drawn by: RLV	Scale: 1"=50'
Checked by: RRV	Sheet No: 1
Project No: 11728-001	DATE: 03-11-2024

SOLOMONS LANDING PART THREE M.L.O. EXHIBIT

MLO NOTES:

1. LOTS 15, 16, 17, 18, 19, 20, 21, 22, 23, AND 24 DO NOT REQUIRE MLO ELEVATIONS.
2. PLEASE REFERENCE THE FINAL PLAT; SOLOMONS LANDING – PART THREE, NORTH LIBERTY, JOHNSON COUNTY, IOWA ACCORDING TO THE RECORDED PLAT THEREOF IN THE PLAT RECORDS OF JOHNSON COUNTY, IOWA.

MINIMUM LOW OPENING	
LOT NO.	ELEVATION
1,2,3	790.80
4	793.20
5,6,7	793.80
8	793.20
9	788.70
10	789.40
11	790.90
12	791.60
13	793.10
14	792.70

 <p>SEAL</p>	<p>I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly licensed Professional Engineer under the laws of the State of Iowa.</p> <p style="text-align: right;">  _____ 20 <u>24</u> KELLY J. BECKLER, P.E. Iowa Lic. No. 14624 </p> <p>My license renewal date is December 31, 20 <u>24</u>.</p> <p>Pages or sheets covered by this seal: <u>1</u> _____ _____</p>
---	--

Designed by: KJB	Scale: NTS
Drawn by: RAN	Date: 06-13-24
Checked by: KJB	Project No: 11728-001

MLO EXHIBIT

SOLOMONS LANDING PART THREE
NORTH LIBERTY, IOWA

MMS CONSULTANTS, INC.
IOWA CITY, IOWA 52240
(319) 351-8282
www.mmsconsultants.net

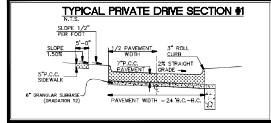


Field Book No:	1373
Date	Revision

PRELIMINARY PLAT SOLOMONS LANDING - PART THREE NORTH LIBERTY, IOWA

LOTS	CONTR	SETBACKS (UNLESS PER USE)
LOT 1 THRU 24	PAVEMENT BASE ZONE	FRONT (PUB. ST. STREET) - 20 FEET
		FRONT (PRV. ST. STREET) - 10 FEET
		REAR - 10 FEET
		SIDE - 10 FEET
		SIDE (PUB. ST. STREET CORNER) - 20 FEET
		SIDE (PRV. ST. STREET CORNER) - 10 FEET

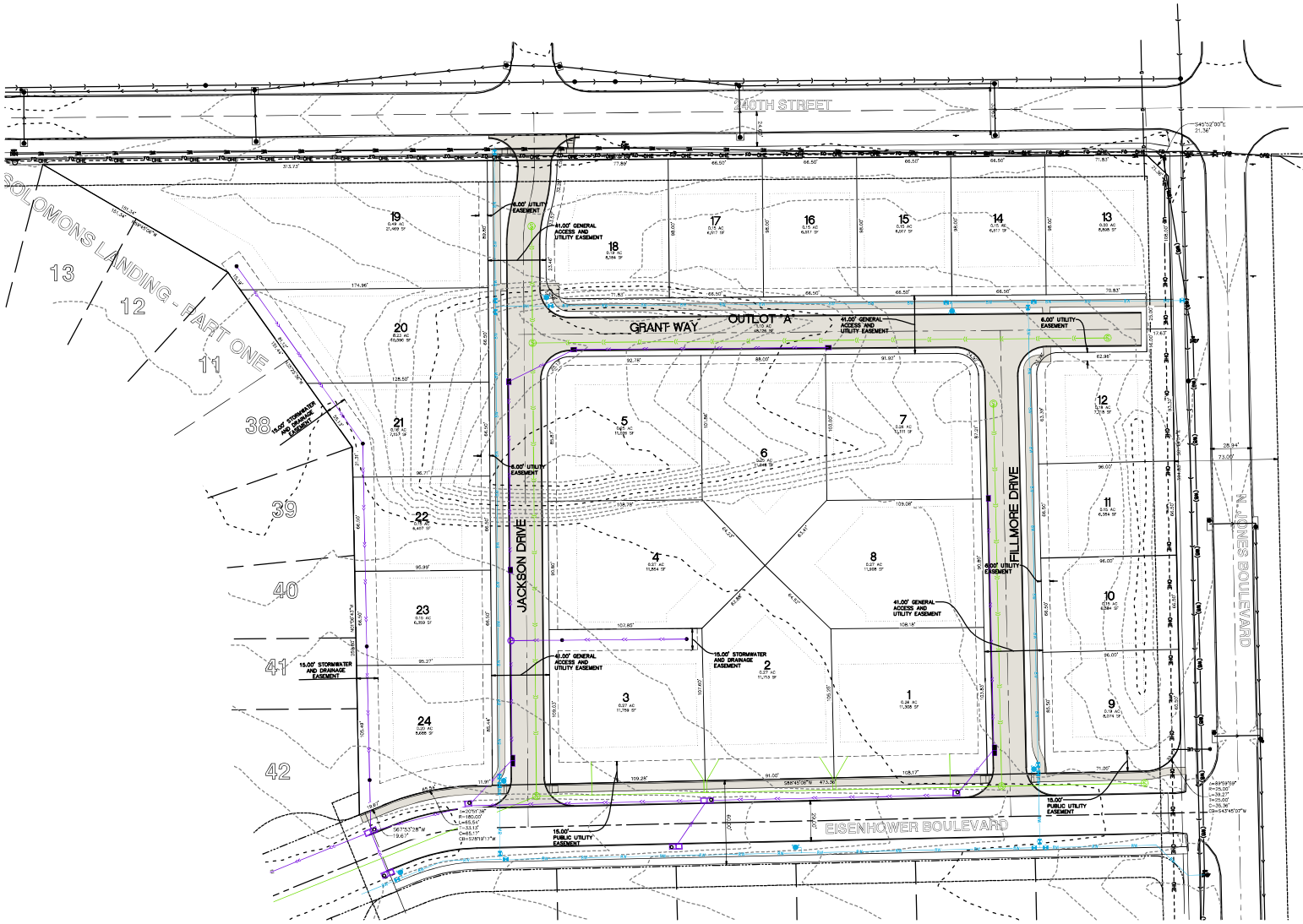
- NOTES:
1. OUTLOT "A" SHALL BE OWNED AND MAINTAINED BY HOMEOWNERS ASSOCIATION, AND SHALL SERVE AS A GENERAL ACCESS AND UTILITY EASEMENT.
2. LOTS 3 THROUGH 13 SHALL NOT HAVE DRIVEWAY ACCESS ONTO JONES BOULEVARD.
3. LOTS 13 THROUGH 19 SHALL NOT HAVE DRIVEWAY ACCESS ONTO 24TH STREET.



6.24 AC

MMS CONSULTANTS, INC.
CIVIL ENGINEERS
LAND PLANNERS
LAND SURVEYORS
LANDSCAPE ARCHITECTS
ENVIRONMENTAL SPECIALISTS

1917 S. GILBERT ST.
IOWA CITY, IOWA 52242
(319) 393-2322
WWW.MMSCONSULTANTS.COM



STANDARD LEGEND AND NOTES

- CONTRIBUTORIAL SECTION LINES
- FRONT OF ANY LOTS
- EXISTING RIGHT-OF-WAY LINES
- EXISTING LINES
- LOT LINES (INTERNAL)
- LOT LINES (PLATTED OR BY DEED)
- EXISTING EASEMENT LINES
- RECORDED EASEMENT LINES
- RECORDED DIMENSIONS
- RECORDED EASEMENT NUMBER
- POWER POLE GROUP
- POWER POLE BYPASS
- POWER POLE RIGHT-OF-WAY
- LIGHT POLE
- CABLE TRUNKLINE
- LINE (HORIZONTAL)
- LINE (VERTICAL)
- DRAINAGE MANHOLE
- MARKER (VALVE)
- PROPOSED DRIVE
- EXISTING DRIVEWAY DRIVE
- PROPOSED DRIVEWAY DRIVE
- PROPOSED DRIVEWAY DRIVE
- PROPOSED DRIVEWAY DRIVE
- ELECTRICAL LINES
- TELEPHONE LINES
- WATER (WITH ELECTRIC)
- SEWER (WITH ELECTRIC)
- EXISTING TREE LINE
- EXISTING OCCUPANCY TREE & SHRUB
- EXISTING EASEMENT TREE & SHRUB

THE ACTUAL SIZE AND LOCATION OF ALL PROPOSED FACILITIES SHALL BE VERIFIED WITH CONSTRUCTION COORDINATOR, WHICH MAY VARY FROM THAT SHOWN ON THIS PLAN. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE LOCATION AND EASEMENT OF ALL PROPOSED FACILITIES AND SHALL BE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.

IOWA ONE CALL

WHERE PUBLIC UTILITIES ARE SHOWN AS EXISTING ON THIS PLAN OR INDICATED BY THIS CONTRACTOR, THE CONTRACTOR SHALL VERIFY THE LOCATION AND DEPTH OF ALL UTILITIES PRIOR TO THE BEGINNING OF ANY CONSTRUCTION. THE CONTRACTOR SHALL MAINTAIN ACCESS TO THESE UTILITIES FOR REPAIRS, MAINTENANCE, OR SERVICE. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING THE NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.

DRAFT

I hereby certify that this engineering document was prepared by me or under my direct supervision and that I am a duly Licensed Professional Engineer in the State of Iowa.

DATE: 08-01-2023

DESIGNED BY: BMM

CHECKED BY: AGS

PROJECT NO.: 11728-001

SHEET NO.: 2

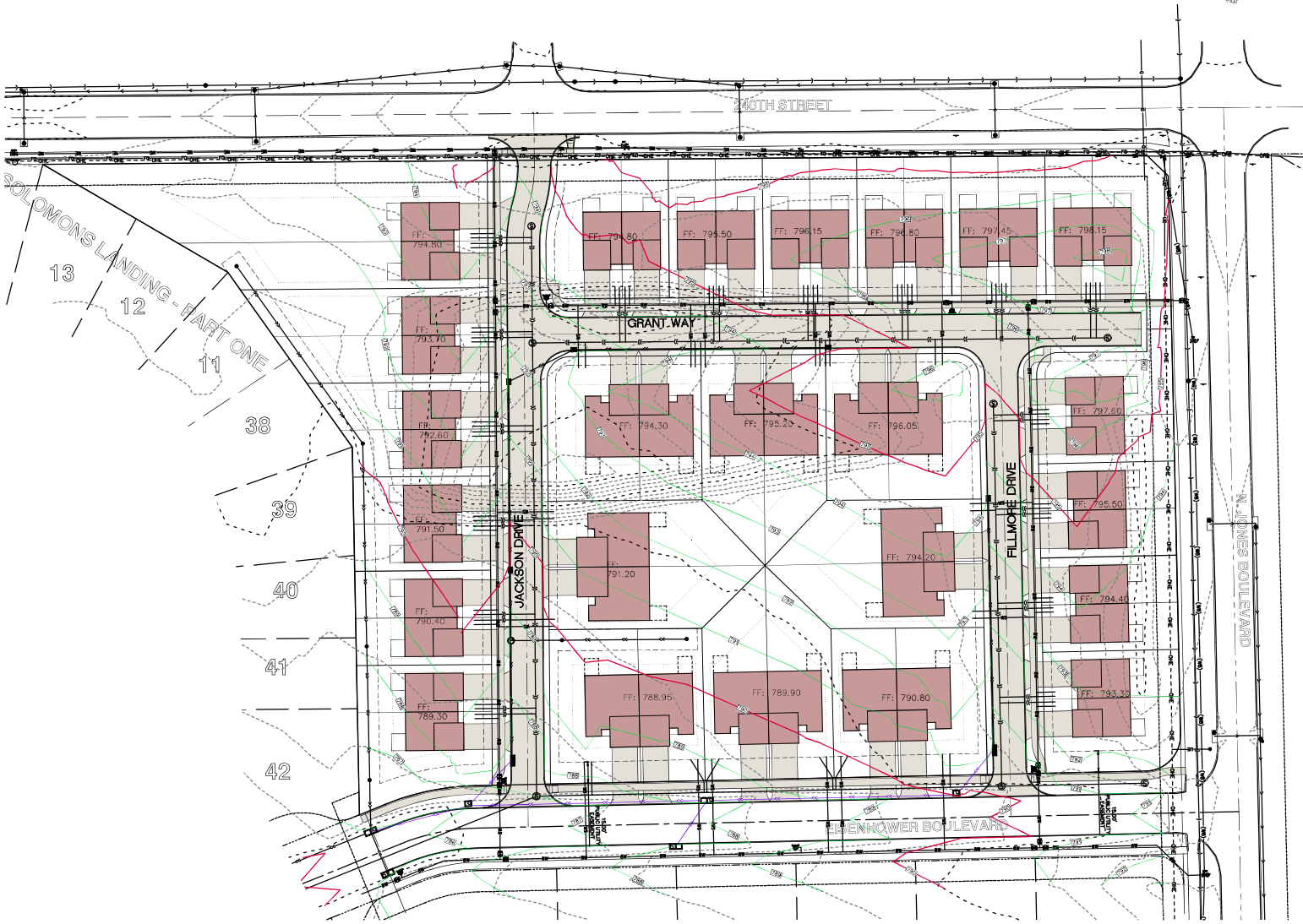
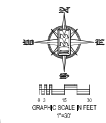
PRELIMINARY GRADING PLAN SOLOMONS LANDING - PART THREE NORTH LIBERTY, IOWA



6.24 AC



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STANDARD LEGEND AND NOTES

---	PROPERTY AND BOUNDARY LINES
---	CONTEMPORARY BOTTOM LINES
---	NON-CONFORMING LOTS
---	EXISTING RIGHT-OF-WAY LINES
---	CENTER LINES
---	EXISTING CENTER LINES
---	LOT LINES INTERNAL
---	LOT LINES PLATTED BY DEED
---	PROPOSED ADJACENT LOTS
---	EXISTING ADJACENT LOTS
---	RECORDED EASEMENTS
---	RECORDED EASEMENTS
---	CONVEYANCE NUMBER
---	POWER POLE #/SPAN
---	POWER POLE #/TRANS
---	POWER POLE #/POST
---	LOW-VOLT POLE
---	SANITARY MANHOLE
---	FIRE HYDRANT
---	WATER VALVE
---	DRAINAGE MANHOLE
---	STAKE
---	EXISTING SANITARY SEWER
---	PROPOSED SANITARY SEWER
---	EXISTING STORM SEWER
---	PROPOSED STORM SEWER
---	WATER LINE
---	ELECTRICAL LINES
---	TELEPHONE LINES
---	POWER LINES
---	CONTOUR LINES (OF INTERVAL)
---	HIGHPOINT SYMBOL
---	EXISTING TREE LINE
---	EXISTING ENJOINED TREES & SHRUBS

IOWA ONE CALL

NOTICE: PUBLIC UTILITY LINES ARE SHOWN AS EXISTING ON THIS PLAN OR INDICATED WITHIN THE CONSTRUCTION AREA. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE LOCATION AND DEPTH OF ALL UTILITIES PRIOR TO ANY CONSTRUCTION. THE CONTRACTOR SHALL MAINTAIN ACCESS TO THESE UTILITIES FOR REPAIRS AND OPERATIONS. UNDESIRABLE UTILITIES, SUCH AS LINES OR STRUCTURES ARE NOT TO BE REMOVED UNLESS THEY ARE PROVEN TO BE HARMFUL TO THE PROJECT. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING THE LOCATION AND DEPTH OF ALL UTILITIES PRIOR TO ANY CONSTRUCTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING THE LOCATION AND DEPTH OF ALL UTILITIES PRIOR TO ANY CONSTRUCTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING THE LOCATION AND DEPTH OF ALL UTILITIES PRIOR TO ANY CONSTRUCTION.

PRELIMINARY GRADING PLAN

SOLOMONS LANDING - PART THREE
NORTH LIBERTY
JOHNSON COUNTY
IOWA

MMS CONSULTANTS, INC.

Date:	08-01-2023
Designed by:	BAW
Drawn by:	AGB
Checked by:	AGB
Project No.:	11278-001
Sheet No.:	3



Buck Moon Villas, LLC

Ordinance No. 2024-04

AN ORDINANCE AMENDING THE ZONING MAP DISTRICT DESIGNATION FOR CERTAIN PROPERTY LOCATED IN NORTH LIBERTY, IOWA FROM RS-6 SINGLE-UNIT RESIDENCE DISTRICT TO RM-12 MULTI-UNIT RESIDENCE DISTRICT

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF NORTH LIBERTY, IOWA:

SECTION 1. AMENDMENT. The Official Zoning Map incorporated in Chapter 168.01(2) of the North Liberty Code of Ordinances is hereby amended by designating the zoning district for .39 acres, more or less, and .62 acres, more or less, as RM-12 Multi-Unit Residence District for property particularly described as follows:

Part of Auditor's Parcel #2017-092, being part of Outlot "A" in Squash Bend First Addition to the City of North Liberty in the Northeast Quarter of Section 12, Township 80 North, Range 7 East of the 5th P.M., Johnson County, Iowa, more particularly described as follows: Beginning at the northeast corner of Lot 1 of Squash Bend First Addition; thence south 89° 59' 52" west along the north line of said Lot 1, a distance of 233.48 feet; thence north 47° 12' 18" east, a distance of 225.76 feet; thence 102.27 feet along a 180.00 foot radius curve, concave southeasterly and having a chord that bears north 30° 55' 42" east, a distance of 100.90 feet; thence south 88° 16' 07" east, a distance of 23.20 feet to the west line of a railroad easement; thence south 01° 43' 53" west along said west line, a distance of 239.33 feet to the point of beginning, containing 0.62 acres or 27,105 square feet more or less and subject to easements and restrictions of record. To be known as lot 61 in Buck Moon Villas in the City of North Liberty, Johnson County, Iowa.

And

Part of Auditor's Parcel #2017-092, being part of Out Lot "A" in Squash Bend First Addition to the City of North Liberty in the Northeast Quarter of Section 12, Township 80 North, Range 7 East of the 5th P.M., Johnson County, Iowa, more particularly described as follows: Commencing at the most southerly corner of Outlot "A" of Squash Bend First Addition; thence north 42° 46' 03" east along the northeasterly right of way line of North Dubuque Street, a distance of 653.25 feet; thence north 10° 10' 21" west along said westerly line, a distance of 25.15 feet; thence 5.76 feet along a 204.00 foot radius curve, concave easterly, having a chord that bears north 11° 26' 00" west, a distance of 5.76 feet to the point of beginning; thence continuing 130.20 feet along said curve to a point having a chord bearing of north 30° 31' 32" west, a distance of 128.00 feet from the point of beginning; thence north 47° 03' 02" east, a distance of 127.95 feet; thence south 42° 56' 58" east, a distance of 125.00 feet; thence south 47° 03' 02" west, a distance of 155.48 feet to the point of beginning, containing 0.39 acres or 16,831 square feet, more or less and subject to easements and restrictions of record, to be known as Lot 1 in Buck Moon Villas in the City of North Liberty, Johnson County, Iowa.

SECTION 2. CONDITIONS IMPOSED. At the May 7, 2024, meeting the Planning Commission accepted the listed finding and forwarded the request for a zoning map amendment to the City Council with a recommendation for approval with no conditions.

SECTION 3. ZONING MAP. It is hereby authorized and directed that the Zoning Map of the City of North Liberty, Iowa, be changed to conform to this amendment upon final passage, approval and publication of this ordinance as provided by law.

SECTION 4. RECORDATION. The City Clerk is hereby authorized and directed to record this ordinance at the Johnson County Recorder's office upon final passage and approval.

SECTION 5. REPEALER. All Ordinances and parts of ordinances in conflict with the provisions of this Ordinance are hereby repealed.

SECTION 6. SCRIVENER'S ERROR. The correction of typographical errors which do not affect the intent of the ordinance may be authorized by the City Clerk or the Clerk's designee without further public hearing.

SECTION 7. SEVERABILITY. If any section, provision or part of this Ordinance shall be adjudged invalid or unconstitutional, such adjudication shall not affect the validity of the Ordinance as a whole or any section, provision or part thereof not adjudged invalid or unconstitutional.

SECTION 8. WHEN EFFECTIVE. This ordinance shall be in effect from and after its final passage, approval and publication as provided by law.

First reading on May 28, 2024.
Second reading on June 11, 2024.
Third and final reading on _____.

CITY OF NORTH LIBERTY:

CHRIS HOFFMAN, MAYOR

ATTEST:
I, Tracey Mulcahey, City Clerk of the City of North Liberty, hereby certify that at a meeting of the City Council of said City, held on the above date, among other proceedings, the above was adopted.

TRACEY MULCAHEY, CITY CLERK

I certify that the forgoing was published as Ordinance No. 2024-04 in *The Gazette* on the ____ of _____, _____.

TRACEY MULCAHEY, CITY CLERK



Primestone Residential

Ordinance No. 2024-05

AN ORDINANCE AMENDING THE ZONING MAP DISTRICT DESIGNATION FOR CERTAIN PROPERTY LOCATED IN NORTH LIBERTY, IOWA FROM ID INTERIM DEVELOPMENT DISTRICT TO C-2 HIGHWAY COMMERCIAL DISTRICT, RM-12 MULTI-UNIT RESIDENCE, RM-8 MULTI-UNIT RESIDENCE DISTRICT AND RS-6 SINGLE-UNIT RESIDENCE DISTRICT

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF NORTH LIBERTY, IOWA:

SECTION 1. AMENDMENT. The Official Zoning Map incorporated in Chapter 168.01(2) of the North Liberty Code of Ordinances is hereby amended the zoning as follows:

1. C-2 Highway Commercial District on 7.65 acres, more or less, on property more particularly described as follows: a part of the south 45 acres of the east half of the Northwest Quarter of Section 23, Township 80 North, Range 7 West of the 5th P.M., in the City of North Liberty, Johnson County, Iowa and being more particularly described as follows: commencing at the southwest corner of the Southeast Quarter of said Northwest Quarter; thence north 00°27'45" east along the west line of the east half of said Northwest Quarter, 60.00 feet to a point on the northerly right of way line of Forevergreen Road, also being the point of beginning; thence continuing along the west line of the east half of said Northwest Quarter, north 00°27'45" east, 242.22 feet; thence north 90°00'00" east, 482.10 feet; thence south 00°00'00" west, 244.63 feet to the northerly right of way line of Forevergreen Road; thence north 89°42'50" west along said right of way line, 484.07 feet to the point of beginning; described area contains 117,595 square feet and is subject to all easements and restrictions of record.

And

A part of the south 45 acres of the east half of the Northwest Quarter of section 23, township 80 north, range 7 west of the 5th p.m., in the City of North Liberty, Johnson County, Iowa and being more particularly described as follows: commencing at the center of said Section 23; thence north 00°30'16" east along the east line of said Northwest Quarter, 40.04 feet to a point on the northerly right of way line of Forevergreen Road, also being the point of beginning; thence continuing along the east line of said Northwest Quarter, north 00°30'16" east, 269.59 feet; thence north 90°00'00" west, 849.46 feet; thence south 00°00'00" west, 244.63 feet to the northerly right of way line of Forevergreen Road; thence south 89°42'50" east along said right of way line, 234.68 feet; thence south 87°46'36" east along said right of way line, 612.87 feet to the point of beginning; described area contains 215,681 square feet and is subject to all easements and restrictions of record.

2. RM-12 Multi-Unit Residence District on 17.01 acres, more or less, on property more particularly described as follows:

Commencing at the southwest corner of the Southeast Quarter of said Northwest Quarter; thence north 00°27'45" east along the west line of the east half of said Northwest Quarter, 302.22 feet to the point of beginning; thence continuing along the west line of the east half of said Northwest Quarter, north 00°27'45" east, 922.34 feet; thence south 90°00'00" east, 50.00 feet; thence northeasterly 176.72 feet along a curve concave northerly, with a radius of 300.00 feet and a chord of 174.17 feet bearing north 73°07'30" east; thence northeasterly 178.03 feet along a curve concave southerly, with a radius of 300.00 feet and a chord of 175.43 feet bearing north 73°15'01" east; thence south 89°44'59" east, 536.84 feet; thence southeasterly 184.38 feet along a curve concave southerly, with a radius of 500.00 feet and a chord of 183.33 feet bearing south 79°11'08" east; thence south 68°37'18" east, 35.00 feet; thence southwesterly 234.42 feet along a curve concave westerly, with a radius of 500.00 feet and a chord of 232.28 feet bearing south 34°51'37" west; thence south 48°17'30" west, 481.41 feet; thence southwesterly 421.44 feet along a curve concave easterly, with a radius of 500.00 feet and a chord of 409.07 feet bearing south 24°08'48" west; thence south 00°00'00" west, 89.74 feet; thence north 90°00'00" west, 482.10 feet to the point of beginning; described area contains 740,949 square feet and is subject to all easements and restrictions of record.

3. RM-8 Multi-Unit Residence District on 9.18 acres, more or less, on property more particularly described as follows:

A part of the south 45 acres of the east half of the northwest quarter of section 23, township 80 north, range 7 west of the 5th p.m., in the city of North Liberty, Johnson County, Iowa and being more particularly described as follows:

Commencing at the center of said Section 23; thence north 00°30'16" east along the east line of said Northwest Quarter, 309.64 feet; thence north 90°00'00" west, 171.62 feet to the point of beginning; thence north 00°00'00" east, 316.81 feet; thence north 11°19'12" east, 52.34 feet; thence northeasterly 98.79 feet along a curve concave westerly, with a radius of 500.00 feet and a chord of 98.62 feet bearing north 05°39'36" east; thence north 00°00'00" east, 69.07 feet; thence northwesterly 236.65 feet along a curve concave westerly, with a radius of 300.00 feet and a chord of 230.56 feet bearing north 22°35'54" west; thence north 45°11'48" west, 82.38 feet; thence southwesterly 33.24 feet along a curve concave northerly, with a radius of 500.00 feet and a chord of 33.24 feet bearing south 46°23'14" west; thence south 48°17'30" west, 481.41 feet; thence southwesterly 421.44 feet along a curve concave easterly, with a radius of 500.00 feet and a chord of 409.07 feet bearing south 24°08'48" west; thence south 00°00'00" west, 89.74 feet; thence north 90°00'00" east, 677.84 feet to the point of beginning; described area contains 399,812 square feet and is subject to all easements and restrictions of record.

4. RS-6 Single-Unit Residence District on 9.9 acres, more or less, on property more particularly described as follows:

A part of the south 45 acres of the east half of the Northwest Quarter of section 23, township 80 north, range 7 west of the 5th p.m., in the city of North Liberty, Johnson County, Iowa and being more particularly described as follows:

Commencing at the southwest corner of the Southeast Quarter of said Northwest Quarter; thence north 00°27'45" east along the west line of the east half of said Northwest Quarter, 1224.56 feet to the point of beginning; thence continuing along the west line of the east half of said Northwest Quarter, north 00°27'45" east, 263.13 feet; thence south 89°32'55" east, 1166.94 feet; thence south 00°45'57" west, 26.33 feet; thence southerly 180.32 feet along a curve concave westerly, with a radius of 500.00 feet and a chord of 179.34 feet bearing south 11°05'51" west; thence north 68°37'18" west, 35.00 feet; thence northwesterly 184.38 feet along a curve concave southerly, with a radius of 500.00 feet and a chord of 183.33 feet bearing north 79°11'08" west; thence north 89°44'59" west, 536.84 feet; thence southwestly 178.03 feet along a curve concave southerly, with a radius of 300.00 feet and a chord of 175.43 feet bearing south 73°15'01" west; thence southwestly 176.72 feet along a curve concave northerly, with a radius of 300.00 feet and a chord of 174.17 feet bearing south 73°07'30" west; thence north 90°00'00" west, 50.00 feet to the point of beginning; described area contains 209,763 square feet and is subject to all easements and restrictions of record.

And

A part of the south 45 acres of the east half of the northwest quarter of Section 23, Township 80 North, Range 7 West of the 5th P.M., in the City of North Liberty, Johnson County, Iowa and being more particularly described as follows:

Commencing at the center of said Section 23; thence north 00°30'16" east along the east line of said Northwest Quarter, 309.64 feet to the point of beginning; thence continuing along the east line of said Northwest Quarter north 00°30'16" east, 921.85 feet; thence north 89°29'44" west, 2.18 feet; thence northwesterly 124.25 feet along a curve concave northerly, with a radius of 333.00 feet and a chord of 123.53 feet bearing north 79°18'39" west; thence north 68°37'18" west, 80.02 feet; thence southwestly 201.18 feet along a curve concave westerly, with a radius of 500.00 feet and a chord of 199.82 feet bearing south 32°57'21" west; thence south 45°11'48" east, 82.38 feet; thence southeasterly 236.65 feet along a curve concave westerly, with a radius of 300.00 feet and a chord of 230.56 feet bearing south 22°35'54" east; thence south 00°00'00" west, 69.07 feet; thence southwestly 98.79 feet along a curve concave westerly, with a radius of 500.00 feet and a chord of 98.62 feet bearing south 05°39'36" west; thence south 11°19'12" west, 52.34 feet; thence south 00°00'00" east, 316.81 feet; thence south 90°00'00" east, 171.62 feet to the point of beginning; described area contains 179,531 square feet and is subject to all easements and restrictions of record.

And

A part of the south 45 acres of the east half of the Northwest Quarter of Section 23, Township 80 North, Range 7 West of the 5th p.m., in the City North Liberty, Johnson County, Iowa and being more particularly described as follows:

Commencing at the center of said Section 23; thence north 00°30'16" east along the east line of said Northwest Quarter, 1231.49 feet to the point of beginning; thence north 89°29'44" west, 2.18 feet; thence northwesterly 124.25 feet along a curve concave northerly, with a radius of 333.00 feet and a chord of 123.53 feet bearing north 79°18'39" west; thence north 68°37'18" west, 80.02 feet; thence northeasterly 180.32 feet along a curve concave westerly, with a radius of 500.00 feet and a chord of 179.34 feet bearing

north 11°05'51" east; thence north 00°45'57" east, 26.33 feet; thence south 89°32'55" east, 165.44' to the east line of said Northwest Quarter; thence south 00°30'16" west along said east line, 253.12 feet to the point of beginning; described area contains 41,938 square feet and is subject to all easements and restrictions of record.

SECTION 2. CONDITIONS IMPOSED. At the May 7, 2024, meeting the Planning Commission accepted the listed finding and forwarded the request for a zoning map amendment to the City Council with a recommendation for approval with no conditions.

SECTION 3. ZONING MAP. It is hereby authorized and directed that the Zoning Map of the City of North Liberty, Iowa, be changed to conform to this amendment upon final passage, approval and publication of this ordinance as provided by law.

SECTION 4. RECORDATION. The City Clerk is hereby authorized and directed to record this ordinance at the Johnson County Recorder's office upon final passage and approval.

SECTION 5. REPEALER. All Ordinances and parts of ordinances in conflict with the provisions of this Ordinance are hereby repealed.

SECTION 6. SCRIVENER'S ERROR. The correction of typographical errors which do not affect the intent of the ordinance may be authorized by the City Clerk or the Clerk's designee without further public hearing.

SECTION 7. SEVERABILITY. If any section, provision or part of this Ordinance shall be adjudged invalid or unconstitutional, such adjudication shall not affect the validity of the Ordinance as a whole or any section, provision or part thereof not adjudged invalid or unconstitutional.

SECTION 8. WHEN EFFECTIVE. This ordinance shall be in effect from and after its final passage, approval and publication as provided by law.

First reading on May 28, 2024.

Second reading on June 11, 2024.

Third and final reading on _____.

CITY OF NORTH LIBERTY:

CHRIS HOFFMAN, MAYOR

ATTEST:

I, Tracey Mulcahey, City Clerk of the City of North Liberty, hereby certify that at a meeting of the City Council of said City, held on the above date, among other proceedings, the above was adopted.

TRACEY MULCAHEY, CITY CLERK

I certify that the forgoing was published as Ordinance No. 2024-05 in *The Gazette* on the ____ of _____, _____.

TRACEY MULCAHEY, CITY CLERK