

COMMITTEE OF THE WHOLE

MARCH 20, 2023

6:00 PM

1. Setting the goals and priorities of the Commission

**NOTICE FOR, AND AGENDA FOR, A REGULAR MEETING OF THE CITY COMMISSION,
CITY OF LEWISTOWN, MARCH 20, 2023 AT 7:00 P.M. AT THE CENTRAL MONTANA
COMMUNITY CENTER LOCATED AT 307 W WATSON**

To participate virtually the options are as follows:

To join by zoom: <https://zoom.us/j/8486275925?pwd=dTVGbndDK253ZUJLMjRuZXU5QVpMdz09>

Meeting ID: 848 627 5925 Passcode: 59457

To participate by phone: dial (253) 215-8782 Meeting ID: 848 627 5925 Passcode: 59457

CALL TO ORDER

PLEDGE OF ALLEGIANCE

ROLL CALL

APPROVAL OF MINUTES – March 6, 2023

COURTESIES

PROCLAMATIONS

BOARD AND COMMISSION REPORTS

CITY MANAGER REPORT

PUBLIC COMMENT – non agenda items

CONSENT AGENDA

Acknowledgment of the claims that have been paid from March 1, 2023 to March 16, 2023 for a total of \$88,219.55

***REGULAR AGENDA – Resolutions, Ordinances & Other Action Items:**

1. Discussion and action on Resolution No. 4119, a resolution appointing trustee to Lewistown Tourism Business Improvement District No. 1 (**Action: approve, disapprove or amend Resolution No. 4119**) City Manager Holly Phelps
2. Discussion and action on approving Resolution No. 4120, a resolution awarding TIF district funds to Mama Tried and True approved by the Lewistown Tax Increment Financing District Board (**Action: approve, disapprove or amend Resolution No. 4120**) City Manager Holly Phelps
3. Discussion and action on approving a business license for Your Home Improvement Company (**Action: approve, disapprove or amend approving a business license for Your Home Improvement Company**) City Manager Holly Phelps
4. Discussion and action on confirming the City Manager's appointment to the Library Board of Trustees for a five-year term (**Action: approve, disapprove or amend confirming the City Manager's appointment to the Library Board of Trustees**) City Manager Holly Phelps

CITIZENS' REQUESTS

COMMISSIONER'S MINUTE

ADJOURNMENT

* All citizens are invited to make comment on any agenda item prior to action being taken by the Commission

RESOLUTION NO. 4119

**A RESOLUTION APPOINTING A TRUSTEE TO
LEWISTOWN TOURISM BUSINESS IMPROVEMENT
DISTRICT NO.1**

WHEREAS, the Lewistown City Commission created Business Improvement District No.1 on December 3, 2012 by approving Resolution No. 3806, and Resolution 4112, passed on February 6, 2023 expanded the duration of the district for an additional 10 years.

WHEREAS, pursuant to Resolution 4111, passed on January 17, 2023, set the current Board of Trustees for Business Improvement District No. 1 and the bylaws amended on February 21, 2023 approved in Resolution 4115 allow for an additional trustee for hotels with more than 65 rooms;

WHEREAS, pursuant to MCA § 7-12-1121 and Resolution 4043, all subsequent Trustees shall be appointed to four (4) year terms, except that a vacancy occurring during a term will be filled for the unexpired term. An unexpired term shall be filled in the same manner as other vacancies. A member holds office until a successor has been appointed and qualified. Subsequent chairpersons shall serve one (1) year terms as chair and shall be selected by the Board.

WHEREAS, the with the recent bylaw changes the Yogo Inn may designate a second trustee. At this time, they wish to have Kristina Gapay appointed as the second trustee for the Yogo Inn. At the TBID meeting on March 14, 2023 the board approved this recommendation.

NOW, THEREFORE, BE IT RESOLVED, by the City Commission of Lewistown, Montana, that the nomination of Kristina Gapay to serve as the Yogo Inn’s second trustee to Business Improvement District No.1 is approved. The board shall hence consist of the following members:

<u>Trustee Name</u>	<u>Term</u>	Begin Term	End Term
Kristina Gapay	4 Years	March 21, 2023	March 21, 2027
Vaibhav Gadade	4 Years	Nov 1, 2020	Oct 31, 2024
Kate Cooler	4 Years	Feb 1, 2020	Jan 31, 2024
Amanda Lipke	4 Years	Feb 1, 2021	Jan 31, 2025
Susanne Wigginton	4 years	May 16, 2022	Jan 31, 2025
KellyAnne Terry	4 years	Feb 1, 2020	Jan 31, 2024

BE IT FURTHER RESOLVED, that the appointed Trustee shall have the powers and duties set out in Sections 7-12-1121 through 7-12-1133, M.C.A. and any other applicable laws, City ordinances or regulations.

APPROVED by the City Commission of the City of Lewistown, Montana this 20th day of March, 2023.

KellyAnne Terry
Chairman of the Commission

ATTEST:

Nikki Brummond, City Clerk

RESOLUTION NO. 4120

A RESOLUTION AWARDDING TIF DISTRICT FUNDS TO
CHELSEA FREHSE APPROVED BY THE LEWISTOWN
TAX INCREMENT FINANCING DISTRICT BOARD

WHEREAS, the Lewistown City Commission has adopted Ordinance No. 1748 – An Ordinance establishing the Lewistown Urban Renewal Area, creating the Lewistown Urban Renewal District and adopting the Lewistown Urban Renewal District Plan; and

WHEREAS, by Resolution number 3903 the City created an Urban Renewal Agency per 7-15-4232 Montana Codes Annotated (MCA), which was designated as the “Lewistown Improvement District Board” to engage in activities authorized in 7-15-4234 MCA and provide administrative functions; and

WHEREAS, the Commission re-designated the “Lewistown Improvement District Board” as the “Lewistown Tax Increment Financing District Board” by Resolution 3923; and,

WHEREAS, the Commission appointed a Lewistown Tax Increment Financing District Board (hereafter, the “TIF Board”) in order to manage the Lewistown Urban Renewal District created by Ordinance 1748; and,

WHEREAS, the TIF Board oversees the operation of the Lewistown Urban Renewal District, including public purpose activities; promotional activities; façade building conservation and loan programs; and administrative functions; and,

WHEREAS, the TIF Board exercises those powers authorized by law as specified in Resolution 3923; and,

WHEREAS, the TIF Board has developed the Lewistown TIF District (LTD) Program whereby qualified applicants may apply for TIF District Program Funds for assistance in redevelopment or rehabilitation of properties within the Urban Renewal District; and,

WHEREAS, through its LTD Program the TIF Board has received numerous applications for TIF District Program Funds, has reviewed the same and, has recommended approval of several applicants for those funds; and,

WHEREAS, the City Commission has retained final budgetary authority for TIF program activities.

NOW, THEREFORE, BE IT RESOLVED, that the Lewistown City Commission hereby amends the award of TIF District Program Funds as recommended by the TIF Board:

- 1. Chelsea Frehse DBA Mama Tried and True, applicant for Signage, at 113 E. Main Street; \$1700 grant

BE IT FURTHER RESOLVED, that prior to disbursement of any TIF funds, all applicants shall enter into such Development Agreements as established and approved by the TIF Board.

PASSED AND APPROVED this 20th day of March, 2023.

KellyAnne Terry, Chairperson
Lewistown City Commission

Attest:

Nikki Brummond
City Financial Officer/Clerk

rec'd 3/3/23 cmg

City of Lewistown
Application
Tax Increment Financing District (TIF)

Project Name: Mama Tried : True Signage Date Submitted: 03/03/2023

A) Applicant Information:

Name: Chelsea Frense
Address: 643 Slivka Ln
City/ST/Zip: Lewistown, MT 59457
Telephone Number(s): (406) 380-0684
Email: Chelsea.L.Kilgore@gmail.com

If the applicant is not an individual doing business under his/her own name, the applicant has the status indicated below and is organized or operating under the laws of:

- A Corporation
- A nonprofit or charitable institution or corporation
- A partnership known as _____
- Other (explain) _____

B) Project Information:

Building Address: 113 E Main St, Lewistown, MT 59457
Legal Description: banoux ADD NO 1, 515, T15 N, R18 E, Block 010, Lot 004 w 1/2 lot
Lot & Block Location: Block 010, Lot 004 w 1/2 lot
Existing/Proposed Business: Mama Tried : True
Business Description:

City of Lewistown
Application
Tax Increment Financing District (TIF)

Eligible Improvements Cost Worksheet Under TIF Program

List eligible items that pertain to the project that falls under TIF Program Policies (list beginning on page 1). If in doubt about an item's eligibility, include it, the board will review items and help determine eligibility. Please include contractor bids to establish costs. *There is no guarantee that additional costs beyond what is listed here will be covered.*

1. <u>Illuminated Front Sign</u>	\$ <u>2,940.00</u>
2. <u>Hard Side Sign</u>	\$ <u>460.00</u>
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
11. _____	\$ _____
12. _____	\$ _____
13. _____	\$ _____
14. <u>Permitting Fees</u>	\$ _____
15. <u>Other Fees</u>	\$ _____

Total Lewistown TIF District Program Request \$ 3,400.00

TIF District Program Award (to be filled out by TIF Administrator) \$ 1,700.00

To the best of my knowledge and belief, the information provided in this application and in the attached documents is true and correct. The signature attests to my having read, understand and agree to all terms in the Lewistown Tax Increment Financing District Investment Plan.

Signature of Applicant: Chelba Frelse

Date: 03/03/2023

Signature of TIF Board Chair: [Signature]

City of Lewistown
305 W. Watson
Lewistown, MT 59457
535-1760

11677

Business License Application

Business Name Your Home Improvement Company
Street Address 614 2nd St S Phone 320-230-9182
City Waite Park State MN Zip Code 56387
Brief Description/Nature of Business Home Improvement
Is This a Recognized Non-Profit Organization? Yes ___ No # of Employees 50-100
Owners Name and Address Steve Little 614 2nd St S
City Waite Park State Mn Zip Code 56387 Phone # 320-230-9182

Planning & Building Dept:

Legal Description: Lot ___ Blk ___ Subdivision ___ Lot Sz (sq ft) ___
Estimated Square Footage ___ Occupant Load ___ Zoning District ___
Is The Building Currently Under Construction or Remodeling? Yes ___ No ___
Remodeling or New Construction Within The Last 12 Months? Yes ___ No ___
Is Building in The City Limits? Yes ___ No ___

Fire Dept:

Primary Emergency Contact Name & # _____
 Secondary Emergency Contact Name & # _____

Are There Any Special Hazards Associated With Your Business That We Should Be Aware Of? Yes ___ No ___ If So, What Are They? _____

Do You Have Any Hazardous Materials On The Premises? Yes ___ No ___ If So, Do You Have Materials Safety Data Sheets For Them? Yes ___ No ___

Are There Any Fire Extinguishers Located On The Premises? Yes ___ No ___ # _____

Are There Smoke Detectors On The Premises? Yes ___ No ___ # _____

Are There Any Locked Or Blocked Exits During Business Hours? Yes ___ No ___

Applicant Signature Joseph Zawroppl - Employee 406-450-5241

City Use Only

Business Classification Contractor Received By [Signature] Date 3/14/2023
Business License Fee: 60- \$55.00

Sent to:
BUILDING DEPT _____
FIRE DEPT _____
HEALTH DEPT _____
ZONING DEPT _____
CITY MANAGER _____

Received From:
BUILDING DEPT _____
FIRE DEPT _____
HEALTH DEPT _____
ZONING DEPT _____
CITY MANAGER _____



GREADAY-01

DSTELZER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
3/14/2023

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

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

PRODUCER Schauer Group, Inc. 200 Market Ave. N Suite 100 Canton, OH 44702	CONTACT NAME: Jennifer Schlichting PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: jennifer.schlichting@schauergroup.com <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Liberty Mutual Insurance Co.</td> <td style="text-align: center;">23043</td> </tr> <tr> <td>INSURER B: _____</td> <td></td> </tr> <tr> <td>INSURER C: _____</td> <td></td> </tr> <tr> <td>INSURER D: _____</td> <td></td> </tr> <tr> <td>INSURER E: _____</td> <td></td> </tr> <tr> <td>INSURER F: _____</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Liberty Mutual Insurance Co.	23043	INSURER B: _____		INSURER C: _____		INSURER D: _____		INSURER E: _____		INSURER F: _____	
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INSURED Your Home Improvement Company 614 2nd St S Waite Park, MN 56387															

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS																
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table style="width: 100%; font-size: small;"> <tr> <td><input type="checkbox"/> CLAIMS-MADE</td> <td><input checked="" type="checkbox"/> OCCUR</td> </tr> </table> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER: _____	<input type="checkbox"/> CLAIMS-MADE	<input checked="" type="checkbox"/> OCCUR			TB2-631-510837-023	1/1/2023	1/1/2024	<table style="width: 100%; font-size: x-small;"> <tr><td>EACH OCCURRENCE</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align: right;">\$ 500,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align: right;">\$ 15,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align: right;">\$ 1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align: right;">\$ 2,000,000</td></tr> <tr><td> </td><td style="text-align: right;">\$</td></tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	MED EXP (Any one person)	\$ 15,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WA5-63D-510837-033	1/1/2023	1/1/2024	<table style="width: 100%; font-size: x-small;"> <tr> <td><input checked="" type="checkbox"/> PER STATUTE</td> <td><input type="checkbox"/> OTH-ER</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="2">E.I. EACH ACCIDENT</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="2">E.I. DISEASE - EA EMPLOYEE</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> <tr> <td colspan="2">E.I. DISEASE - POLICY LIMIT</td> <td style="text-align: right;">\$ 1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/> PER STATUTE	<input type="checkbox"/> OTH-ER	\$ 1,000,000	E.I. EACH ACCIDENT		\$ 1,000,000	E.I. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.I. DISEASE - POLICY LIMIT		\$ 1,000,000				
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Workers Comp Covered States: AL AZ CO CT DE FL GA IA IL IN KS KY MA MD MI MN MO NC NE NJ NV NY OK OR PA SC TN TX UT VA WI and OH & WA
 Employers Liability.

CERTIFICATE HOLDER City of Lewistown 305 West Watson Lewistown, MT 59457	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

The Cincinnati Insurance Company
License and Permit Bond

KNOW ALL MEN BY THESE PRESENTS, that

Your Home Improvement Company

located at 23823 67th Ave, Saint Cloud, MN 56301-9212,

as Principal; and The Cincinnati Insurance Company, as Surety, are held and firmly bound
unto City of Lewistown

located at 305 W Watson St, Lewistown, MT 59457-2961,

as Obligee, in the full and just sum of Five Thousand Dollars and Zero Cents

(\$ 5,000.00) to be paid to said Obligee its successors and

assigns for the payment thereof well and truly to be made we jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, that

WHEREAS, the said Principal is an applicant for a Plumber
license, and

WHEREAS, the said Principal will conform in all respects to the ordinances and building codes of the said Obligee while performing Plumber work, and

WHEREAS, the effective date of this bond is March 15th, 20 23.

NOW, THEREFORE, if the license shall be issued to the said Principal who shall conform to the ordinances and codes, including all amendments thereto, of the said Obligee, then this obligation shall be void, otherwise, the same shall remain in full force and effect until:

DEFINITE TERM ending March 15th, 20 24 unless renewed by Continuation Certificate.

IT IS HEREBY AGREED AND UNDERSTOOD, that

- (1) Regardless of the number of years this bond shall remain in force and the number of annual premiums paid thereafter, the aggregate liability of the Surety hereunder is limited to the penal sum of this bond and any payment or payments made shall reduce the amount of the bond to the extent of such payment or payments.
- (2) The Surety reserves the right to cancel this bond by giving thirty (30) days written notice to the obligee and on the effective date of such thirty (30) day cancellation notice, the Surety is discharged and relieved of any liability, it being understood and agreed, however, that the said principal and said Surety will be liable for any loss accruing up to the effective date of said thirty (30) day cancellation notice, in no event, however, in excess of the penalty of the bond.

SIGNED, SEALED AND DELIVERED this 15th day of March, 20 23.

Principal: Your Home Improvement Company

By: [Signature]

CJ Jurenic - Scheduling Manager
Printed name and title

Surety: The Cincinnati Insurance Company

By: [Signature]

Attorney-in-Fact: Brianna Fickeisen



****Power of Attorney must be attached to the bond to be valid****

DIANE OLDENBURG
DAVE BYERLY
Ward One Commissioners

PATTY TURK
DIANA HEWITT
Ward Two Commissioners

ALEXANDRA DUNNINGTON
GAYLE DONEY
Ward Three Commissioners

CLINT LOONIS
At-Large Commissioner

HOLLY PHELPS
City Manager

NIKKI BRUMMOND
Finance Director/City Clerk



305 W. Watson, Lewistown, Montana 59457
(406) 535-1760 Fax (406) 535-3323

JIM DANIELS
Park and Recreation Director

MÓNTE BOETTGER
City Attorney

JUSTIN JENNESS
Police Chief

JOE WARD
Fire Chief

JR KILLHAM
Public Works
Director

DANIELLE BUEHLER
Library Director

VACANT
Planning Director

Business License/Registration Certificate Disclaimer:

I hereby certify, under penalty of perjury, that I have read and answered the statements contained in this application and my answers are true and correct. I agree to comply with all applicable State and City laws and Ordinances pertaining to my business operations, including but not limited to: Building, Fire, Zoning and other City Code requirements and grant City Officials the privilege and authority to conduct such inspections as may be necessary.

X Joseph Laurentoph
Signature of Owner or Representative

13-14-2023
Date

2-6-3: BOARD OF TRUSTEES; APPOINTMENT AND TERM:

The city manager, with the advice and consent of the city commission, shall appoint a board of trustees for the public library. The library board shall consist of five (5) trustees. One, but not more than one, member of the city commission shall be a member of the board. Trustees shall serve without compensation, but their actual and necessary expenses incurred in the performance of their official duties may be paid from library funds. Trustees shall hold their office for five (5) years from the date of appointment and until their successors are appointed. Trustees shall serve no more than two (2) full terms in succession. Appointments shall be staggered so that one trustee's term of office expires each year. Following such appointments, in July of each year, the trustees shall meet and elect a chairperson and other such officers as they deem necessary for one year terms. Vacancies on the board of trustees shall be filled for the unexpired term in the same manners as original appointments. (Ord. 1715A, 12-3-2007)