



***Owatonna Fire Department***

107 West Main Street  
Owatonna, Minnesota 55060-2913

Michael Johnson  
Fire Chief  
Phone (507) 444-2454

April 8, 2020

To: Honorable Mayor and City Council  
Attn: Kris M. Busse, City Administrator  
540 West Hills Circle  
Owatonna, MN 55060-0800

From: Michael J. Johnson, Fire Chief

Subject: Cash Wise Retail Fireworks Permit

**Purpose:**

Standard retail fireworks permit for Cash Wise for 2020.

**Background:**

This is a standard retail fireworks permit renewal for Cash Wise for 2020.

*Section 111.03. License Required.*

No person shall keep for retail sale or wholesale distribution, sell at retail or wholesale, or otherwise supply or furnish as part of a commercial transaction any permitted consumer fireworks without first having obtained a current license hereunder, paid the required license fee and conspicuously posted the license on the licensed premises

*Section 111.04. License Fee; Term of License.*

(A) The annual license fee shall be in the amount duly established by the Council from time to time. The license fee shall cover the administrative and enforcement costs, including the conduct of unannounced compliance checks, inspections by the Fire Chief, inspections by the Police Department or other city department, as well as sampling and testing of the merchandise to ascertain chemical content. Full payment of the required license fee shall accompany the application.

(E) The annual license expires December 31 of each year.

**Budget Impact:**

Revenue generated for the permit would be \$100.00

**Staff Recommendation:**

Recommend approval of the retail fireworks permit.

If you have any questions or concerns regarding this, please contact me.

Sincerely,

*Mike Johnson*

Fire Chief



**Owatonna Fire Department**  
107 West Main Street  
Owatonna, Minnesota 55060-2913

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Fire Chief  
(507) 444-2454

**FIREWORKS DEALER'S LICENSE APPLICATION**  
**SECTION 420**  
**1992 ORDINANCE CODE OF OWATONNA**

Name of Applicant Coborn's, Incorporated

Circle One: Natural person, Corporation, Partnership, Business Association, Organization

Address 1921 Coborn Blvd, St. Cloud, MN 56301

Phone Number 507-451-7220 Hours of operation 6 am - midnight (pre COVID 19)

Street Address of premises to be licensed 495 W North St., Owatonna, MN 55060

Zoning District of licensed premises \_\_\_\_\_

Are all real estate and personal property taxes that are due and payable for the premises paid?  YES  NO

Does applicant own the business premises?  YES  NO If not, a true and correct copy of the current, executed lease and the written authorization of the property owner for the applicant's use of the property for the sale of permitted consumer fireworks is required.

Description of on-site management and parking facilities \_\_\_\_\_

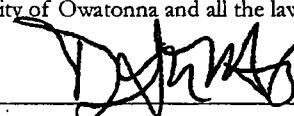
Submit detailed site plan illustrating and describing proposed sales and storage areas to be covered by this license.

Name of Person in Charge of Premises Keith Ramm

Address 495 W North St., Owatonna, MN 55060

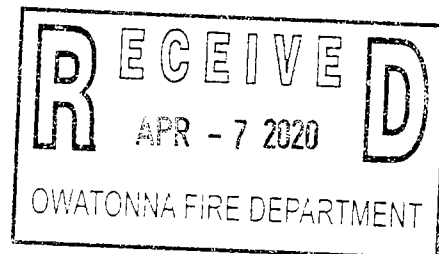
Phone Number 507-451-7220

I have read the above mentioned Section 420, 1992 Ordinance Code of Owatonna and have knowledge of its terms and provisions, and I agree to obey all the terms, provisions and requirements of said ordinance and all other ordinances of the City of Owatonna and all the laws of the State of Minnesota.

  
\_\_\_\_\_  
Signature of Applicant

3/31/2020

Date



**Certificate of Compliance**  
**Minnesota Workers' Compensation Law**  
**This form must be completed by the business license applicant.**

**Print in ink or type**

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number (320) 252-4222	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) Coborn's, Incorporated			
DBA ("doing business as" or "also known as" an assumed name), if applicable Cash Wise Foods #3014			
Business address (must be physical street address, no P.O. boxes) 495 W North St	City Owatonna	State MN	ZIP code 55060
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1.  I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent) Sentry Insurance, PO Box 8032, Stevens Point, WI 84481		
Policy number 90-03061	Effective date 07/01/2019	Expiration date 06/30/2020
<input type="checkbox"/> <b>I am self-insured for workers' compensation.</b> (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <a href="http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance">www.mn.gov/commerce/industries/insurance/licensing/self-insurance</a> .)		

**2. I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name David Meyer		
Applicant's signature (required) 	Title VP of Operations	Date 04/22/2019

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.



# CERTIFICATE OF LIABILITY INSURANCE

11/1/2020

DATE (MM/DD/YYYY)  
3/27/2020

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).

<b>PRODUCER</b> Lockton Companies 3280 Peachtree Road NE, Suite #250 Atlanta GA 30305 (404) 460-3600	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> 1359629 American Promotional Events, Inc. DBA TNT Fireworks, Inc. P.O. Box 1318 4511 Helton Drive Florence AL 35630	<b>INSURER A:</b> Everest Indemnity Insurance Company <b>NAIC #</b> 10851	
	<b>INSURER B:</b> _____	
	<b>INSURER C:</b> _____	
	<b>INSURER D:</b> _____	
	<b>INSURER E:</b> _____	
	<b>INSURER F:</b> _____	

**COVERAGES** **CERTIFICATE NUMBER:** 12291711 **REVISION NUMBER:** XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____	N	N	SI8GL00242-191	11/1/2019	11/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			NOT APPLICABLE			COMBINED SINGLE LIMIT (Ea accident) \$ XXXXXXXX BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	NOT APPLICABLE			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ XXXXXXXX E.L. DISEASE - EA EMPLOYEE \$ XXXXXXXX E.L. DISEASE - POLICY LIMIT \$ XXXXXXXX

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
Certificate holder is an additional insured on the General Liability as required by written contract subject to policy terms, conditions, and exclusions.

### CERTIFICATE HOLDER

**12291711**  
CASH WISE FOODS 3014  
CITY OF OWATONNA  
540 WEST HILLS CIRCLE  
OWATONNA MN 55060

### 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

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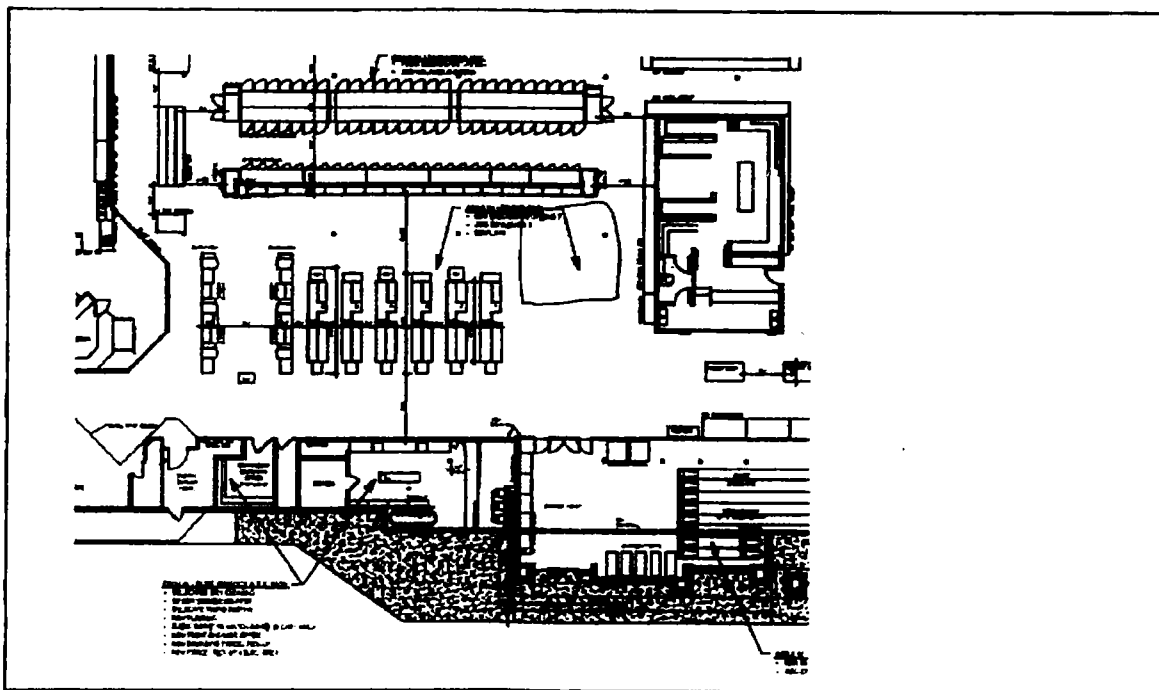
TNT® FIREWORKS  
Site Plan Worksheet

ADDRESS 495 W North Street

CITY Owatonna STATE MN ZIP 55060 PHONE 507-451-7220

STORE NAME / LOCATION # Cash Wise #3014

TYPE OF EVENT: In-store sales of state-approved fireworks



Front of store