



AGENDA OF THE SPECIAL SESSION OF THE
COUNCIL OF THE CITY OF WASHINGTON, IA
TO BE HELD IN THE
COUNCIL CHAMBERS
215 E. WASHINGTON STREET
AT 9:00 A.M., THURSDAY, May 26, 2022

Call to Order

Pledge of Allegiance

Roll call

Agenda for the Special Session to be held at 9:00 A.M., Thursday, May 26, 2022 to be approved as proposed or amended.

Consent:

1. FOX Strand, Wastewater Treatment Plant – IRE Pretreatment Agreement, \$1,816.50
2. FOX Strand, Old Wastewater Treatment Plant Demolition – Preliminary Design, \$2,805.60
3. Washington Chamber of Commerce, Central Park, Five-Day Special Class C Liquor June 1-5

SPECIAL EVENT REQUESTS

- Repurpose It – June 4th, 2022

PRESENTATION FROM THE PUBLIC – Please limit comments to 3 Minutes

MAYOR & COUNCILPERSONS

Jaron Rosien, Mayor
Illa Earnest
Steven Gault
Bethany Glinsmann
Elaine Moore
Fran Stigers
Millie Youngquist

ADJOURNMENT



FOX Strand
414 South 17th Street, Suite 107
Ames, IA 50010-8106
(515) 233-0000

Invoice

Deanna McCusker
 City Administrator
 City of Washington
 City Hall
 215 East Washington Street
 Washington, IA 52353

April 13, 2022
 Project No: 7046.001
 Invoice No: 0182668

Professional Services: March 1, 2022 through March 31, 2022

Project	7046.001	Washington Wastewater Treatment Plant - Consultation; IRE Pretreatment Agreement	
	Total Labor		1,816.50
		Total this Project	\$1,816.50

Project	7046.002	Washington Wastewater Treatment Plant - Linn Hollow Sanitary Sewer Connection	
		Total this Project	0.00
		Total this Invoice	\$1,816.50

TERMS: Payment is due within 30 days of the date on this invoice.

Please Remit Payment To: FOX Strand 414 South 17th Street, Suite 107 Ames, Iowa 50010-8106 515-233-0000



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 Ames, IA 50010-8106
 (515) 233-0000

Invoice

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 City Administrator
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 Washington, IA 52353

April 13, 2022
 Project No: 7046.005
 Invoice No: 0182669

Professional Services: March 1, 2022 through March 31, 2022

Project 7046.005 Washington Old Wastewater Treatment Plant Demolition - Preliminary Design

Percent Complete	100.00	Total Earned	8,570.00
		Previous Fee Billing	8,570.00
		Current Fee Billing	0.00

Total this Project 0.00

Contract Amount 8,570.00

Total Billings to Date 8,570.00

 Project 7046.006 Washington Old Wastewater Treatment Plant Demolition - Final Design

Percent Complete	100.00	Total Earned	12,850.00
		Previous Fee Billing	12,850.00
		Current Fee Billing	0.00

Total this Project 0.00

Contract Amount 12,850.00

Total Billings to Date 12,850.00

 Project 7046.007 Washington Old Wastewater Treatment Plant Demolition - Permitting

TERMS: Payment is due within 30 days of the date on this invoice.

Please Remit Payment To: FOX Strand 414 South 17th Street, Suite 107 Ames, Iowa 50010-8106 515-233-0000

Project	7046.005	Washington Old WW - Prel Design	Invoice	0182669
			Total this Project	0.00

Project	7046.008	Washington Old Wastewater Treatment Plant Demolition - Bidding		
Percent Complete	100.00	Total Earned	8,050.00	
		Previous Fee Billing	8,050.00	
		Current Fee Billing	0.00	
			Total this Project	0.00

Contract Amount 8,050.00

Total Billings to Date 8,050.00

Project	7046.009	Washington Old Wastewater Treatment Plant Demolition- Construction Administration		
	Total Labor			2,560.00
	Total Expenses			245.60
			Total this Project	\$2,805.60
			Total this Invoice	\$2,805.60

THE CITY OF WASHINGTON

"Cleanest City in Iowa"



Jaron P. Rosien, Mayor
Deanna McCusker, City Administrator
Sally Hart, City Clerk
Kevin Olson, City Attorney

P.O. Box 516
215 E. Washington St.
Washington, IA 52353
319-653-6584
Fax Only 319-653-5273

NOTIFICATION FORM – LIQUOR/BEER/CIGARETTE/DANCE LICENSE RENEWALS

Business Name: **Washington Chamber of Commerce**

Business Address: **Central Park**

App #: **App-158799**

Type of License: New: Renewal: Special Event: **X (5-day Special Class C Liquor)**

Beer/Wine Permit:
Liquor License: **X (5-day Special Class C Liquor)**
Cigarette License:
Dance Permit:
Sunday Sales:
Living Quarters:
Outdoor Service Area:
Catering Privilege:

Date of Council Meeting: **May 26, 2022**

Police: DCI background check and/or local background check: Yes: No:

Police Chief sign off _____ Date **5-24-2022**

Fire: fire inspection done: Yes: No:

Fire Chief sign off _____ Date _____

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Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
WASHINGTON CHAMBER OF COMMERCE	Washington Chamber	(319) 750-1546		
ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
Central Park		Washington	Washington	52353
MAILING ADDRESS	CITY	STATE	ZIP	
205 West Main Street	Washington	Iowa	52353	

Contact Person

NAME	PHONE	EMAIL
Alisha Davis	(319) 653-3272	alisha@washingtونيowa.org

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
	Special Class C Liquor License	5 Day	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
June 1, 2022	June 5, 2022	

SUB-PERMITS

Special Class C Liquor License



Status of Business

BUSINESS TYPE

Non-Profit Association

Ownership

• Individual Owners

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
Michelle Redlinger	Washington	Iowa	52353	Executive Director	10.00	Yes

Insurance Company Information

INSURANCE COMPANY

West Bend Mutual Insurance Company

POLICY EFFECTIVE DATE

June 1, 2022

POLICY EXPIRATION DATE

June 5, 2022

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE DATE

OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE DATE

TEMP TRANSFER EXPIRATION DATE



SPECIAL EVENTS APPLICATION & HOLD HARMLESS AGREEMENT

PLEASE RETURN TO: Washington City Hall, 215 East Washington; ATTN: City Clerk
Contact info: Sally Hart, 319-653-6584 ext 131; sallyhart@washingtioniowa.gov

****Requires advance City Council approval- Council meets 1st & 3rd Tuesdays at 6 PM;
Completed applications are due the Thursday previous to the meeting****

1. APPLICANT INFORMATION

Name/Event: Ridiculous Days @ RePurpose it
Coordinator: Leslie Allender, Shopowner Alisha / wa Chamber
Contact Number: (319) 653-2287 or (319) 464-0625
Email Address: leslie.allender@outlook.com

2. EVENT INFORMATION

Event Description: Sidewalk Sale, Shopping Event on Saturday, June 4th 9am-13pm

Days/Dates of Event: Saturday, June 4th

Time(s) of Event: (Include Set Up/Tear Down Time) 9:00am - 3:00pm

Event Location: RePurpose it (Carson Pkg Bldg) 107 W. 2nd, wa

Will event require an alcohol license or require modification of an existing license? Yes No

3. REQUEST INFORMATION (Check All Applicable Items)

If you are requesting the closing of a city street, a lane must be maintained for emergency vehicles at all times.

Temporarily close a street for a special event (specify street, times, and indicate on map:)

Description: not Street; just parking spaces

Method of Notification for businesses/downtown residents (if applicable):

Other Requests

___ Temporarily park in a "No Parking" area location : _____
___ Use of City Park (specify park : _____
Electrical Needs: _____

___ Use of gators/UTV/ATV on City streets
___ Parade (attach map of route and indicate streets to be closed)
___ Tent(s) to be used – over 400 sq ft or canopies over 1,000 sq ft

___ Walk/Run (attach map of route and indicate streets to be closed)
___ Fireworks (specify location :)

Other (please specify :)
block parking spots

4. ITEMS REQUESTED FROM THE CITY OF WASHINGTON

___ Street barricades
___ Emergency "No Parking" Signs
___ Traffic cones
___ Picnic Tables
___ Yield signs for crosswalks
___ Garbage/Recycling Barrels
___ Street Sweeping following (parades)
___ Other (please specify :)

5. SOUND SYSTEMS Please indicate if the following will be used (verify availability with Parks Dept):

___ Amplified Sound/Speaker System
___ Public Address System
___ Recorded/Live Music
___ If so: BMI/ASCAP License obtained?

6. SANITATION Applicant is responsible for the clean-up of the event area immediately following the event, including trash removal from the site unless special arrangements are made (event trash may be hauled to Parks Shop dumpster at Sunset Park).

Will additional restrooms be brought to the site? ___ Yes No If yes, how many? ___
(General guideline of 1 restroom/100 people)

Will handwashing/hand sanitizer stations be provided? ___ Yes No If yes, how many?)

Contact Person: _____ Phone: _____

7. INSURANCE

For **events** requiring an **alcohol license**, the minimum amount of coverage in the general liability insurance policy shall be \$2,000,000 general aggregate, \$1,000,000 personal injury and \$1,000,000 each occurrence. The minimum limits for the liquor liability policy shall be \$500,000. For all other **events** held on **public property**, the minimum amount of coverage for the general liability insurance policy will be \$500,000. Proof of proper insurance coverage must be submitted prior to City Council consideration of the application. City Council may require certificate of insurance with City listed as "additional insured" if deemed necessary.

Certificate of Insurance provided and accepted ___ Certificate of Insurance not required

8. AGREEMENT

In consideration of the City of Washington, Iowa, granting permission for the activity described above, the undersigned indemnifies and holds harmless the City of Washington, Iowa, its employees, representatives and agents against all claims, liabilities, losses or damage for personal injury and/or property damage or any other damage whatsoever on account of the activity described above and/or deviation from normal City regulations in the area. The undersigned further agrees to indemnify and hold harmless the City of Washington, Iowa, its employees, representatives and agents against any loss, injury, death or damage to person or property and against all claims, demands, fines, suits, actions, proceedings, orders, decrees and judgments of any kind or nature and from and against any and all costs and expenses including reasonable attorney fees which at any time may be suffered or sustained by the undersigned or by any person who may, at any time, be using or occupying or visiting the premises of the undersigned or the above-referenced public property or be in, on or about the same, when such loss, injury, death or damage shall be caused by or in any way result from or rising out of any act, omission or negligence of any of the undersigned or any occupant, visitor, or user of any portion of the premises or shall result from or be caused by any other matters or things whether the same kind, as, or of a different kind that the matters or things above set forth. The undersigned hereby waives all claims against the city for damages to the building or improvements that are now adjacent to said public property or hereafter built or placed on the premises adjacent to said property or in, on or about the premises and for injuries to persons or property in or about the premises, from any cause arising at any time during the activity described above. The undersigned further agrees to comply with all the codes, rules, regulations, terms and conditions established by the City of Washington, Iowa.

THE UNDERSIGNED HAS READ AND FULLY UNDERSTANDS THIS DOCUMENT, INCLUDING THE FACT IT IS RELEASING AND WAIVING CERTAIN POTENTIAL RIGHTS, AND VOLUNTARILY AND FREELY AGREES TO THE TERMS AND CONDITIONS AS SET FORTH HEREIN.


Applicant/Sponsor Signature

5/23/22
Date

DEPARTMENT APPROVALS

Indicate Date Contacted	The applicant is responsible for coordinating with all applicable departments in advance of City Council consideration.			
<u>N/A</u>	City Clerk	Sally Y. Hart	319-653-6584	sallyhart@washingtioniowa.gov ext 131
	Comments/Restrictions:			
<u>5/24 N/A</u>	Police Chief	Jim Lester	319-458-0264	jlester@washingtioniowa.gov
	Comments/Restrictions:			
<u>5/24 N/A</u>	Fire Chief	Brendan DeLong	319-461-3796	bdelong@washingtioniowa.gov
	Comments/Restrictions:			
<u>5/23/22</u>	Streets	JJ Bell	319-653-1538	jjbell@washingtioniowa.gov
<u>N/A</u>	Comments/Restrictions:			
	Parks	Nick Pacha	319-321-4886	npacha@washingtioniowa.gov
	Comments/Restrictions:			
<u>5/23/22</u>	County Environmental Health (if serving food): Jason Taylor; 319-461-2876; jtaylor@co.washington.ia.us			
	Comments/Restrictions:			

CITY COUNCIL APPROVAL

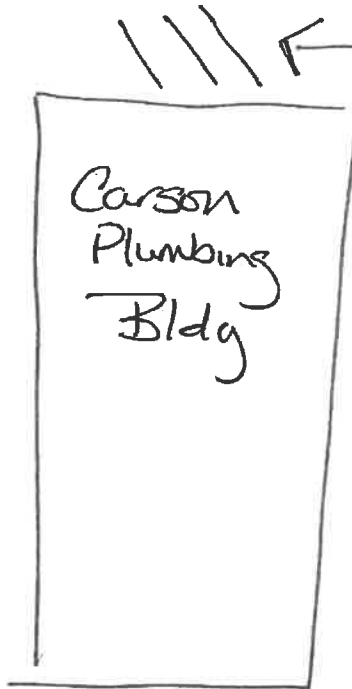
City Clerk Signature

Date of Action

Approved: _____ Denied: _____

CONDITIONS IMPOSED: _____

2nd ~~St~~ Street



We would use
2-3 parking
spaces in front
of our shop
for beverage
truck



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/23/2022

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 Horak Insurance 115 E. Washington Street Washington IA 52353	CONTACT NAME: Maryjo Rich PHONE (A/C, No, Ext): (319) 653-2116 E-MAIL ADDRESS: maryjo@horakinsurance.com	FAX (A/C, No): (888) 361-7576
	INSURER(S) AFFORDING COVERAGE	
INSURED Carson Plumbing & Heatingservices Inc 107 W 2nd Ave Washington IA 52353	INSURER A: Wadena Insurance Company	NAIC # 12528
	INSURER B: IMT Insurance Company	14257
	INSURER C: IMT Group	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** CL2251109626 **REVISION NUMBER:**

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 type="checkbox"/> LOC OTHER:			WOW4801	05/23/2022	05/23/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 TOOLS \$	
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			CVW4801	05/23/2022	05/23/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 1,000	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	N/A	WCW4801	05/23/2022	05/23/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Washington 215 East Washington Washington IA 52353	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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