

**AGENDA AND ADDITIONS TO THE AGENDA**  
**REGULAR COUNCIL MEETING**  
**CITY OF CROSSLAKE**  
**MONDAY, FEBRUARY 10, 2025**  
**6:00 P.M. – CITY HALL**

**A. CALL TO ORDER**

1. Pledge of Allegiance
2. Approval of Additions to the Agenda

**B. PUBLIC FORUM** – Action may or may not be taken on any issues raised. If Council requires more information or time for consideration, the issues will be placed on the agenda of the next regular council meeting. Speaker must state their name and address. At the discretion of the mayor, each speaker is given a three-minute time limit.

**C. CONSENT CALENDAR – NOTICE TO THE PUBLIC** – All items here listed are considered to be routine by the City Council and will be acted on by one **motion**. There will be no separate discussion on these items unless a Citizen or Councilmember so requests:

1. Regular Council Meeting Minutes of January 13, 2025
2. Special Council Meeting Minutes of January 29, 2025
3. Police Report for Crosslake – January 2025
4. Police Report for Mission Township – January 2025
5. Fire Department Report – January 2025
6. Parks & Recreation/Library Commission Minutes of December 18, 2024
7. Public Works Meeting Minutes of December 2, 2024
8. Waste Partners Recycling Report for December 2024
9. LG220 Application for Exempt Permit for Raffle for Chamber on March 15, 2025
10. Group Transient Merchant Permit Application from Chamber of Commerce for St. Patrick's Day Parade, Brat Sales at the Campground, Crosslake Days, and Brat Sale at the Campground
11. Approval of F.I.R.E. Invoices
12. Bills for Approval
13. Draft January 2025 Month End Revenue Report
14. Draft January 2025 Balance Sheet
15. Draft January 2025 Month End Expenditures Report
16. Additional Bills for Approval

**D. MAYOR'S AND COUNCIL MEMBERS' REPORT**

1. Resolution Accepting Donations (**Council Action-Motion**)
- ~~2. Appoint WSN as an Alternate Engineer for Trail Studies and Extension (**Council Action-Motion**)~~
- ~~3. Update on STR Licensing Process~~

**E. CITY ADMINISTRATOR'S REPORT**

1. Appoint two City Council (Personnel Committee) to Represent the City Council for a Step 3 Grievance (**Council Action-Motion**)

2. LMCIT – Liability Coverage – Waiver Form (Council Action-Motion)
3. Approval of AFSCME Union Contract 2025-2027 (Council Action-Motion)

## **F. COMMISSION REPORTS**

### **1. PUBLIC SAFETY**

- a. Memo dated February 6, 2025 from Police Chief Jake Maier Re: Need for Additional Full Time Police Officer (Council Action-Motion)
- b. Memo dated February 10, 2025 from Chief Lohmiller Re: Minnesota Emergency Medical Services (Council Action-Motion)

### **2. PUBLIC WORKS/CEMETERY/SEWER**

- a. January 30, 2025 Meeting Minutes of City/County Future Roadway Projects Planning Meeting
- b. Memo dated February 3, 2025 from Public Works Commission Re: CR 103 Resurfacing (Council Action-Motion)
- c. CSAH 66 Daggett Brook Bridge Rehab – 2026 Update
- d. Memo dated February 3, 2025 from Public Works Commission Re: CSAH 3/CSAH 36/CR 103 Roundabout (Council Action-Motion)
- e. CSAH 66 – 2028 Bald Eagle Trail to Fire Hall – Any City Needs Along This to Consider
- f. CR 120 (Fawn Lake Road) Resurfacing – 2028 – Update
- g. Road Placement Request by Barstock Liquor
- h. Memo dated February 3, 2025 from Public Works Commission Re: Moonlite Area Sewer Connection Update (Council Action-Motion)
- i. Memo dated February 3, 2025 from Public Works Commission Re: Harbor Lane Project
- j. Phil Martin/Pat Wehner – Update on Year 2 Road Improvements

### **3. PARK & RECREATION/LIBRARY**

- a. Request for Council Action dated February 10, 2025 from TJ Graumann Re: Community Center Park Master Plan – Phase I (Council Action-Motion)
- b. Request for Council Action dated February 10, 2025 from TJ Graumann Re: Resurface Outdoor Sport Courts (Council Action-Motion)
- c. Request for Council Action dated February 10, 2025 from TJ Graumann Re: Pickleball Net Systems (Council Action-Motion)
- d. Letter dated February 4, 2025 from MN DOT Re: IIJA Matching Grant Update

## **G. CITY ATTORNEY REPORT**

## **H. NEW BUSINESS**

## **I. OLD BUSINESS**

## **J. ADJOURN**

C.16.

**ADDITIONAL BILLS FOR APPROVAL**  
**February 10, 2025**

VENDORS	DEPT		AMOUNT
Aspen Mills, uniform	Fire		90.41
Aspen Mills, uniform	Fire		739.03
Aspen Mills, uniform	Fire		395.19
AT&T, cell phone and ipad charges	ALL		1,188.83
Baker & Taylor, books	Library		661.10
Crow Wing County, address assignment	Gov't		25.00
Crow Wing County Recorder, filing fee	PZ		46.00
Cuyuna Range Fire Chiefs Assn, membership dues	Fire		150.00
Downtown Decorations, shamrocks	Gov't		7,083.60
Heartland Animal Rescue, impound fees	Police		366.75
Holiday, water, peak	Fire		62.24
Jefferson Fire & Safety, fire armor gloves	Fire		754.15
Jefferson Fire & Safety, fboots	Fire		590.16
Kirvida, air compressor check	Fire		169.00
Lakes Printing, note sheets	Council		106.25
MacQueen, helmets	Fire		530.94
Mastercard, Active911, subscription renewal	Fire		677.25
Mastercard, Adobe, 5 licenses	ALL		1,729.04
Mastercard, Amazon, wall shutter	Park		54.02
Mastercard, Amazon, air duct	Park		32.45
Mastercard, Amazon, boxes	Park		36.74
Mastercard, Amazon, receipt books	Park		44.99
Mastercard, Amazon, st patricks day celebration	Park		156.23
Mastercard, Amazon, tote bags	Park		65.55
Mastercard, MRPA. Conference	Park		25.00
Mastercard, Practice Sports, gaga ball pit	Park		1,830.40
MRPA, conference registration	Park		25.00
<b>TOTAL</b>			17,635.32



*City of Crosslake, Minnesota*  
**FIRE DEPARTMENT**

F.I.D.

February 10, 2025

Memo

**RE: Minnesota Emergency Medical Services MRU**

- **ACTION /MOTION**

To: Mayor, City Council Members

Background:

The Crosslake Fire Department has been providing emergency medical response services to the residents and visitors of Crosslake. To enhance coordination and ensure proper recognition of these efforts, the City of Crosslake is seeking to formally recognize the Fire Department as the official Medical Response Unit (MRU) within city limits.

Action Requested:

A motion is needed to approve the official recognition of the Crosslake Fire Department as the Medical Response Unit for the City of Crosslake and authorize the submission of a formal request to the Minnesota Office of Emergency Services for designation.

**Chip Lohmiller**

**Chief**

**Crosslake Fire Department**







*City of Crosslake, Minnesota*  
**FIRE DEPARTMENT**

**BACKGROUND**

Medical Response Unit registration provides clear recognition that the fire department is engaging in providing emergency medical services as part of the organized state EMS system. As for the why, there is no legal recognition for a fire department to provide EMS if they are not registered. Just being a fire department and registered with an FDID does not convey any EMS ability to practice. However, also to be clear there isn't anything in the law that prohibits a FD from providing that first response service either, it is simply a very grey area.

**The last aspect relates to potential funding for EMS related services. There have been significant legislative pushes for EMS funding. If any first response funding were to ever be carved out in the future there is a very good chance that it would only go to entities that are registered as MRU's as these would be the only entities other than ambulance services known to be providing EMS services. As with anything in the legislative process there are never any guarantees but just wanting to be transparent as to some lines of thinking that I hear from time to time from people.**

All that being said MRU registration is voluntary, but I hope that I have at least been able to answer some of your questions. I have attached a listing of the currently registered Medical Response Units that are registered as you requested. Please let me know if I can provide any other assistance.

Professionally,

**Dylan Ferguson**  
Director | OEMS

**Office of Emergency Medical Services**

335 Randolph Ave

St. Paul, MN, 55102

O: 651-201-2806

C: 651-502-1823

[mn.gov/emsrp](http://mn.gov/emsrp)

**37028 County Road 66 • Crosslake, MN 56442**



*City of Crosslake, Minnesota*  
**FIRE DEPARTMENT**



January 10, 2025

Minnesota Office of Emergency Medical Services  
335 Randolph Avenue Suite 220  
St. Paul, MN 55102

**RE: Recognition of Crosslake Fire Department as the Medical Response Unit for the City of Crosslake**

To Whom it May Concern,

The City of Crosslake formally requests that the Crosslake Fire Department be recognized as the designated Medical Response Unit (MRU) for our community. The department has consistently demonstrated its capability and commitment to providing high-quality emergency medical services, with trained personnel and necessary equipment to effectively serve our residents and visitors.

We appreciate your consideration of this request and are available to provide any additional information needed to facilitate this designation. Please do not hesitate to contact us with any questions.

Sincerely,

Lori Conway  
City Administrator  
218-692-2688  
[lconway@cityofcrosslake.org](mailto:lconway@cityofcrosslake.org)

## Application for Registration

### Medical Response Unit or Specialized Medical Response Unit

Authority: Minn. Stat. § 144E.275, subd. 1-6

Information submitted on this application is considered public data

\*Denotes required information for this application

#### 1. \*Type of Medical Response Unit:



**Medical Response Unit** - "Medical Response Unit" (MRU) means an organized service recognized by a local political subdivision whose primary responsibility is to respond to medical emergencies to provide initial medical care before the arrival of a licensed ambulance service.



**Specialized Medical Response Unit** - "Specialized Medical Response Unit" (SMRU) means an organized service recognized by a board-approved authority other than a local political subdivision that responds to medical emergencies as needed or as required by local procedure or protocol.

#### 2. Organization Details

*Organization Name Crosslake Fire Department		
*Business Mailing Address 13888 Dagget Bay Road		
*City Crosslake	*State MN	*Zip 56402
*County Crow Wing	*Primary Phone 218-692-2688	
Fax	Secondary Phone 612-868-6744	
*E-Mail Address chief1@crosslake.net		

#### 3. Organization Contact Person

*Name Chip Lohmiller, Fire Chief		
*Address 13888 Daggett Bay Road		
*City Crosslake	*State Mn	*Zip 56402
*County Crow Wing	*Primary Phone 218-692-2688	
*E-Mail Address chief1@crosslake.net	Secondary Phone 612-868-6744	

#### 4. Medical Director

*Name		
*Physician License Number		
*Address		
*City	*State	*Zip
*County	*Primary Phone	
*E-Mail Address	Secondary Phone	

**5. \*Supplemental Registration Information****Local or Board Approved Authority (list name of City, County, Township, Business)**

City of Brainerd, City of Baxter, Unorganized Territory, Crow Wing Twsp., Long Lake Twsp., Nokay Lake Twsp., St. Mathias Twsp, Oak Lawn Twsp.

Number of EMSRB Registered EMRs on the MRU/SMRU Roster	<input type="text" value="17"/>
Number of EMSRB Certified EMTs on the MRU/SMRU Roster	<input type="text" value="6"/>
Number of EMSRB Certified Community EMTs on the MRU/SMRU Roster	<input type="text" value="0"/>
Number of EMSRB Certified AEMTs on the MRU/SMRU Roster	<input type="text" value="0"/>
Number of EMSRB Certified Paramedics on the MRU/SMRU Roster	<input type="text" value="0"/>
Number of EMSRB Certified Community Paramedics on the MRU/SMRU Roster	<input type="text" value="0"/>
Number of AEDs the MRU/SMRU has available for use	<input type="text" value="14"/>

Will the MRU/SMRU respond prior to ambulance arrival? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU maintain an active personnel roster? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and administer epinephrine via auto injector? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and administer sublingual nitroglycerine? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and administer beta agonist by nebulization? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and administer beta agonist by metered dose inhaler? ....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and administer glucagon? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and administer aspirin? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and administer activated charcoal? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will the MRU/SMRU carry and administer syrup of ipecac? .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Will the MRU/SMRU carry and administer oxygen? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and administer oral glucose? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and administer naloxone? (Narcan or equivalent) .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Will the MRU/SMRU carry and use tourniquets? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No



**6. \*MRU/SMRU Applicant Signature:**/s/Chip Lohmiller for Chip Lohmiller2/10/25**Signature of MRU/SMRU Authorized Official****Date**

(This document may be electronically signed by typing "/s/" before your full name. Example: /s/ John Francis Doe for John Francis Doe)

**Check here if the signature is that of the contact person listed in #3 of this application****\*If not please provide contact information below for signee**

Print Name	Primary Phone
Fax	Secondary Phone
E-Mail Address	

**7. \*MRU Medical Director Signature:**Signature of MRU/SMRU Medical DirectorDate

(This document may be electronically signed by typing "/s/" before your full name. Example: /s/ John Francis Doe for John Francis Doe)

**8. Application Completion Checklists:****Application Checklist for Medical Response Unit**

- ☐ Signature of MRU applicant on this form
- ☐ Name, license number, and signature of MRU Medical Director on this form
- ☒ MRU will be staffed by at least one EMR or EMT, as appropriate to the level of care given
- ☐ Acknowledgement of PSAP of procedure for dispatch of MRU
- ☐ A letter from the appropriate municipality, township, or county governing body recognizing the medical response unit as the unit in its geographical area designated to respond to a medical emergency

**Application Checklist for Specialized Medical Response Unit**

- ☐ Signature of SMRU applicant on this form
- ☐ Name, license number, and signature of SMRU Medical Director on this form
- ☐ SMRU will be staffed by at least one EMR or EMT, as appropriate to the level of care given
- ☐ Documentation attached from a board-approved authority other than a local political subdivision recognizing the specialized medical response unit as a unit designated to respond to medical emergencies as needed or required by procedure or protocol