

**AGENDA
SPECIAL COUNCIL MEETING
CITY OF CROSSLAKE
WEDNESDAY, JULY 23, 2025
8:30 A.M. – CITY HALL**

A. CALL TO ORDER

B. CITY ADMINISTRATOR

1. Approval of updated job description of the Police Administrative Assistant
2. Introduction of Abygail Garbalagtys – candidate for the Planning & Zoning Coordinator position.
3. Council to conduct interview with Aby
4. Discussion on candidate – (Council Action-Motion if needed)
5. Share other candidates' information.

C. MAYOR AND COUNCIL

1. LG220 application for exempt permit from Northern Lakes Red Line Club (Council Action-Motion)
2. Discussion on current Planning & Zoning Coordinator request of special pay (Council Action-Motion)

D. CITY ADMINISTRATOR

1. Present budget draft – Council Interaction

E. ADJOURN - Motion

CITY OF CROSSLAKE

Job Description

Title: Police Administrative Assistant	Position Status: Regular Full-Time
Department: Police	Salary: \$46,384 — 60,528
Accountable To: Police Chief	Date: R e v i s e d _ _ _ _ _

Job Summary:

The Police Administrative Assistant provides clerical and administrative support to the Police Department, managing all incident reports generated by the Department. Duties include transcription of reports and interviews, proper handling of confidential and privileged information, distribution of reports to outside agencies and records maintenance and general office support. This position provides professional and friendly customer service.

Scope of Responsibility:

The Police Administrative Assistant works under the general supervision of the Police Chief and Sergeant and accepts work assignments from patrol officers. The incumbent may provide emergency backup for other City administrative staff as needed, with prior approval from Police Chief.

Essential Duties and Responsibilities:

1. Supports the police department with transcription, data entry and records maintenance.
 - Maintains LETG incident reports, E-charging, EDWI, etc.
 - Maintains validations, forfeitures, handgun permits, POR updates, CJRS, LEOKA reports, etc.
 - Acts as Terminal Agency Coordinator (TAC) for Police department, ensuring compliance with CJIS/NCIC policy and procedures.
 - Transcribes statements and field interviews completed by patrol officers as requested.
 - Assists officers by performing investigative searches.
 - Reviews officer Incident Case Reports (ICR's) for completion of necessary information and enters all into RMS; creates ICR's; may process ICR's from telephoned reports from officers.
 - Determines ~~Minnesota Offense Code (MOC) for state Criminal Justice Reporting System (CJRS) using the Minnesota Offense Code Manual.~~ **National Incident-Based Reporting System (NIBRS) code for national crime reporting as required by the FBI.**
 - Enters information into the Law Enforcement Records System (CIS) and validates for CJRS state entry and makes corrections as needed.
 - Copies photos from disks into computer file.
 - Makes copies of reports for County/City attorney; Social Services, Court Services, Court, probation, etc., submitting tracking offender sheet as determined necessary.
 - Assists in maintaining filing system according to data retention schedule; scans old record into electronic storage.
 - Tracks cases and documents case outcome on RMS.
 - Prepares exhibits showing monthly activity for the information of the City Council.
 - Maintains audio, video, evidence, and vehicle inventory.

2. Provides general department administrative support.
 - Responds to public and outside agency inquiries.
 - Orders office supplies and evidence supplies.
 - Contacts vendors to resolve billing or other problems; maintains record of payment authorizations, ensuring payment.
 - Conducts, submits, and follows up on building maintenance and associated requests.
 - Notifies officers of court schedules.
 - Assists other department staff with computer applications.
 - Maintains multiple websites including Public Safety portion of City Website.
3. Attends ongoing certification and testing as required for this position.
 - Training in TAC, CJRS, CIBRS, Security and Awareness, etc.
 - Certification in CPR, BCA Mobile Access, DVS Access, and Notary, etc.
4. Performs other duties as assigned.
5. Coordinates Short Term Rental Licensing ~~(If and when adopted by City)~~.
 - Responds to email inquiries, phone calls and walk-ins.
 - By utilizing software designated for STR's
 - Monitors intake of applications and documents and reviews for accuracy.
 - Provides final approval of new STR licenses and renewals.
 - Receives and documents complaints (also in person).
 - Aids STR applicants by providing assistance and technical support for STR owners during the application process.
 - Maintains STR portion of city website.
 - Investigates and researches multiple sites to STR violations. Composes violations letter and submits for invoicing.
 - Prepares and provides monthly STR payment reports to City Clerk.
6. Assistant Evidence Room Technician
 - Processes evidence submitted by officers and releases property.
 - Tracks, maintains and organizes evidence room(s).
 - Submits evidence to BCA for testing as necessary.

Preferred Qualifications:

The job requires one year of post-secondary education and two years of clerical support involving transcription and public contact or any equivalent combination of education, training and experience which provides the requisite knowledge, skills, and abilities for this position. Proficiency in the operation of personal computers and knowledge of Microsoft Office programs required. Demonstrated keyboarding proficiency of 40 words per minute, strong detail skills, transcription skills, and excellent organizational skills required. Knowledge of law enforcement operations. Must successfully pass a Police/Criminal background check and be able to be certified in CJIS/NCIC policy and procedures.

Physical Demands & Working Conditions:

Work is performed in a normal office environment. Intermittent lifting of up to 25 pounds is required. There is intermittent exposure to offensive language or graphic report content. The employee must be able to exert self-control as members of the public may be difficult to deal with. The job involves dealing with and calming individuals who are emotionally charged over an issue. Ability to pay high

attention to detail and the ability to prioritize multiple tasks and multiple deadlines daily.

There is intermittent driving to transport vehicles or run department errands.

Some requirements in this job description may exclude individuals who pose a direct threat or significant risk to the health and safety of themselves or other employees. All requirements are subject to modification to reasonably accommodate individuals with disabilities.

Requirements are representative of minimum levels of knowledge, skills, and experience required. To perform this job successfully, the worker must possess the abilities and aptitudes to perform each duty proficiently.

This document does not create an employment contract, implied or otherwise, other than an "at will" employment relationship. The City Council retains the discretion to add duties or change the duties of this position at any time.

LG220 Application for Exempt Permit

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

Organization Name: Northern Lakes Red Line Club

Previous Gambling Permit Number: X-None

Minnesota Tax ID Number, if any: _____

Federal Employer ID Number (FEIN), if any: 39-2077151

Mailing Address: PO Box 555

City: Pequot Lakes State: MN Zip: 56472 County: Crow Wing

Name of Chief Executive Officer (CEO): Jeremy Nordby

CEO Daytime Phone: 218-686-3519 CEO Email: northernlakesredlineclub@gmail.com

(permit will be emailed to this email address unless otherwise indicated below)

Email permit to (if other than the CEO): _____

NONPROFIT STATUS

Type of Nonprofit Organization (check one):

☐ Fraternal

☐ Religious

☐ Veterans

☒ Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

☒ **A current calendar year Certificate of Good Standing**

Don't have a copy? Obtain this certificate from:

MN Secretary of State, Business Services Division
60 Empire Drive, Suite 100
St. Paul, MN 55103

Secretary of State website, phone numbers:

www.sos.state.mn.us

651-296-2803, or toll free 1-877-551-6767

☐ **IRS income tax exemption (501(c)) letter in your organization's name**

Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.

☐ **IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**

If your organization falls under a parent organization, attach copies of both of the following:

1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): Moonlite Bay Resturant

Physical Address (do not use P.O. box): 37627 Co Rd 66

Check one:

☒ City: Crosslake Zip: 56442 County: Crow Wing

☐ Township: _____ Zip: _____ County: _____

Date(s) of activity (for raffles, indicate the date of the drawing): November 28, 2025

Check each type of gambling activity that your organization will conduct:

☐ Bingo

☐ Paddlewheels

☐ Pull-Tabs

☐ Tipboards

☒ Raffle

Gambling equipment for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to www.mn.gov/gcb and click on **Distributors** under the **List of Licensees** tab, or call 651-539-1900.

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

**CITY APPROVAL
for a gambling premises
located within city limits**

- ☐ The application is acknowledged with no waiting period.
- ☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).
- ☐ The application is denied.

Print City Name: _____

Signature of City Personnel: _____

Title: _____ Date: _____

**The city or county must sign before
submitting application to the
Gambling Control Board.**

**COUNTY APPROVAL
for a gambling premises
located in a township**

- ☐ The application is acknowledged with no waiting period.
- ☐ The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.
- ☐ The application is denied.

Print County Name: _____

Signature of County Personnel: _____

Title: _____ Date: _____

TOWNSHIP (if required by the county)

On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)

Print Township Name: _____

Signature of Township Officer: _____

Title: _____ Date: _____

CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature: _____ Date: 7/2/2025

(Signature must be CEO's signature; designee may not sign)

Print Name: Jeremy Nordby

REQUIREMENTS

Complete a separate application for:

- all gambling conducted on two or more consecutive days; or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

Financial report to be completed within 30 days after the gambling activity is done:

A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

MAIL APPLICATION AND ATTACHMENTS

Mail application with:

- _____ a copy of your proof of nonprofit status; and
- _____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**. Make check payable to **State of Minnesota**.

To: Minnesota Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113

Questions?

Call the Licensing Section of the Gambling Control Board at 651-539-1900.

Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the

application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Depart-

ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.

This form will be made available in alternative format (i.e. large print, braille) upon request.