CITY OF STORM LAKE
SPECIAL COUNCIL MEETING, CITY HALL COUNCIL CHAMBERS
JULY 1, 2022
8:00 AM

City of Storm Lake
PO Box 1086
Storm Lake, IA 50588
p (712) 732-8000
f (712) 732-4114

AGENDA

Access to the official meeting can also be done through the following ways:
BY TELEPHONE:
Dial: 1-312-626-6799 or toll-free: 1-888-475-4499
Zoom Meeting ID: 933-2006-3301

BY COMPUTER:
https://zoom.us/j/93320063301

A. **Consideration of Changes in Agenda and Setting the Agenda**

B. **Disclosure by City Council Members**

C. **Hear the Public**

D. **New Business**

1. Resolution No. 01-R-2022-2023 Implementing Water Conservation Measures
2. Motion To Approve Renewal Cigarette Permits for Beer Thirty and Sichanh Inc and New Cigarette Permit for May Flower Asian Grocery.

E. **Adjourn**

Meeting Protocol
If you wish to speak today, please:
1. To speak on an agenda item please approach the podium when that agenda item is called and upon recognition by the Mayor identify yourself by stating your name and address.
2. If your issue is not a topic on the agenda please approach the podium under the "Hear the Public" agenda item and upon recognition by the Mayor identify yourself by stating your name and address.
3. Please keep your remarks to three (3) minutes or less.
4. If you require accommodation for this meeting including but not limited to translation services, hearing assistance, or accessibility please contact the City Clerk at least four (4) hours prior to the start of the meeting.

**If you have concerns about any of the items on the consent agenda, they may be separated from the consent agenda and voted on individually.*
***Ordinances may be read at three consecutive meetings or readings may be waived and ordinances may be passed at only one or two meetings.*

Find us on Facebook https://www.facebook.com/cityofstormlake Follow us on Twitter @Storm_Lake
Find us on the Web at http://www.stormlake.org

Staff Summary

06/30/2022
Agenda Item # D.1.

City of Storm Lake
PO Box 1086
Storm Lake, IA 50588
p (712) 732-8000
f (712) 732-4114

REPORT TO: Honorable Mayor & Council

FROM: Keri Navratil

SUBJECT: **Resolution No. 01-R-2022-2023 Implementing Water Conservation Measures**

BACKGROUND:

During and following drought conditions which may occur from time to time, the supply of water available to the Storm Lake Water Plant may become significantly and seriously depleted.

Continuing hot, dry weather is causing the supply of water to be insufficient to meet the customary and usual demand of water customers.

This resolution will implement water conservation measures manage water use during this time.

FISCAL IMPACT: N/A

RECOMMENDATION: Move to adopt Resolution No. 01-R-2022-2023 implementing water conservation measures and authorize the Mayor and City Clerk to sign

ATTACHMENTS:

Resolution No. 01-R-2022-2023

RESOLUTION NO. 01-R-2022-2023

RESOLUTION TO DESIGNATE MANDATORY WATER CONSERVATION MEASURES FOR USERS OF THE STORM LAKE WATER SYSTEM

WHEREAS, During and following drought conditions which may occur from time to time, the supply of water available to the Storm Lake Water Plant may become significantly and seriously depleted; and

WHEREAS, Continuing hot, dry weather is causing the supply of water to be insufficient to meet the customary and usual demand of water customers; and

WHEREAS, the City must comply with permit requirements issued by the Iowa Department of Natural Resources relating to water collection and treatment; and

WHEREAS, the City has an allotted source capacity of 3,500 gallons per minute; and

WHEREAS, the City has capacity for producing treated water in the amount of 3.5 to 4 million gallons per day; and

WHEREAS, Demand for water by systems users has been reaching 4.5 to 5 million gallons per day during several days each week during hot, dry conditions; and

WHEREAS, Adequate time is necessary to allow for treatment of water to refill towers to serve users of the system; and

WHEREAS, the City Council now finds a public emergency water shortage and hereby implements water conservation methods as outlined in the Storm Lake Municipal Code.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF STORM LAKE, IOWA:

Section 1. The following water conservation measures are now in effect:

From July 2, 2022 through July 4, 2022:

- No lawn or tree watering
- Flower beds/pots and vegetable gardens can be watered using a watering can or a hose that can regulate flow
- No vehicle washing at residential properties. Commercial car washes are permitted uses.
- No cleaning driveways sidewalks, etc.
- No Power washing, including houses, buildings, etc.

From July 5, 2022 forward:

- Lawns, trees and commercial properties shall not be watered between the hours of 9 a.m. and 6 p.m. When watering, please use a nozzle that will control flow to avoid wasting water.

- Flower beds/pots and vegetable gardens can be watered using a watering can or a hose that can regulate flow

- No watering may occur on Tuesdays and Thursdays until further notice.

- Anyone who needs to use power washers on buildings or concrete must contact the City of Storm Lake at 732-8000 so a lower demand time can be scheduled. This includes residential houses. The request will be addressed by the City Manager or designee.

- Vehicle washing should not take place during the high-demand daytime hours. If car washing is necessary, it must be done on a lawn to make best use of the water instead of allowing it to run to the storm sewer.

- Water uses such as washing down driveways and refilling pools should be avoided if possible, and if necessary, do these things outside the 9 a.m.- 6 p.m. window.

- New seedings and sod may only be planted and watered before May 31st and after September 30th per Iowa SUDAS.

- Golf course fairways can be watered from 2:00 AM to 6:00 AM. An exception for watering the golf course greens as needed is allowed.

Section 2. Further, as drought conditions may continue through October 2022, pursuant to Storm Lake Municipal Code Section 3-5-5, additional action necessary during this time may be taken by the Mayor or City Manager and issued through a Proclamation. Additional actions may include issuance of a municipal infraction if necessary.

PASSED AND APPROVED this 1st day of July 2022.

_____

Michael Porsch, Mayor

ATTEST:

_____

Mayra A. Martinez, City Clerk

Staff Summary

06/30/2022
Agenda Item # D.2.

City of Storm Lake
PO Box 1086
Storm Lake, IA 50588
p (712) 732-8000
f (712) 732-4114

REPORT TO: Honorable Mayor & Council

FROM: Nelda Kirkholm

SUBJECT: **Motion To Approve Renewal Cigarette Permits for Beer Thirty and Sichanh Inc and New Cigarette Permit for May Flower Asian Grocery.**

BACKGROUND: Beer Thirty and Sichanh Inc have applied for renewal cigarette permits. May Flower Asian Grocery has applied for a new cigarette permit.

FISCAL IMPACT: The City will Receive the Following Revenues:
Cigarette Permit Fees: $225.00

RECOMMENDATION: Approve Renewal Cigarette Permits for Beer Thirty and Sichanh Inc and New Cigarette Permit for May Flower Asian Grocery.

ATTACHMENTS:

Sichanh Inc Asian Food MarketCigarette Application 2022.pdf
Beer Thirty Storm Lake Cigarette Application 2022.pdf
May Flower Asian Grocery Cigarette Application 2022.pdf

Iowa Department of REVENUE

Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor

tax.iowa.gov

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: Sichanh. Inc Asian Food. market

Physical location address: 812 FLINDT.Dr City: STORM LAKE ZIP: 50588

Mailing address: 812-FLINDT.Dr City: STORM LAKE- State: IA. ZIP: 50588

Business phone number: 712.732.4416

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☑ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP Sichanh Inc Asian Food Market

Mailing address: 812 Flindt Drive City: Storm Lake State: IA ZIP: 50588

Phone number: 712-7324416 Fax number: 712-732-7821 Email: N/A

Retail Information:

Types of Sales: ☒ over-the-counter ☐ Vending machine ☐

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes ☐ No ☐

Types of Products Sold: (Check all that apply)

Cigarettes ☒ Tobacco ☒ Alternative Nicotine Products ☐ Vapor Products ☐

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store ☐ Bar ☐ Convenience store/gas station ☐ Drug store ☐

Grocery store ☑ Hotel/motel ☐ Liquor store ☐ Restaurant ☐ Tobacco store ☐

Has vending machine that assembles cigarettes ☐ Other ☐ _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): John Khamphavong Name (please print): _____

Signature: John K Signature: _____

Date: 6/29/22 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: $75.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: 22-23-16
- Fill in the name of the city or county issuing the permit: City of Storm Lake
- New ☐ Renewal ☒

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375

REVENUE — for Cigarette/Tobacco/Nicotine/Vapor

tax.iowa.gov

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 22 through June 30, 23

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: BEER THIRTY STORM LAKE

Physical location address: 208 E MILWAUKEE AVE City: STORM LAKE ZIP: 50588

Mailing address: 208 E MILWAUKEE AVE City: STORM LAKE State: IA ZIP: 50588

Business phone number: _____

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☐ Partnership ☐ Corporation ☐ LLC ☑ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP LJ Convenience LLC

Mailing address: 208 E MILWAUKEE City: STORM LAKE State: IA ZIP: 50588

Phone number: 712-213-2060 Fax number: _____ Email: _____

Retail Information:

Types of Sales: Over-the-counter ☑ Vending machine ☐

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes ☐ No ☐

Types of Products Sold: (Check all that apply)
Cigarettes ☑ Tobacco ☑ Alternative Nicotine Products ☐ Vapor Products ☑

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store ☐ Bar ☐ Convenience store/gas station ☐ Drug store ☐
Grocery store ☐ Hotel/motel ☐ Liquor store ☑ Restaurant ☐ Tobacco store ☐
Has vending machine that assembles cigarettes ☐ Other ☐ _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): KAURAV RANDHAWA Name (please print): _____

Signature: _____ Signature: _____

Date: 6/17/22 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: $75.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: 22-23-17
- Fill in the name of the city or county issuing the permit: Storm Lake
- New ☐ Renewal ☒

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com

Iowa Department of REVENUE

Iowa Retail Permit Application for Cigarette/Tobacco/Nicotine/Vapor

tax.iowa.gov

Instructions on the reverse side

For period (MM/DD/YYYY) 07 / 01 / 2022 through June 30, 2023

I/we apply for a retail permit to sell cigarettes, tobacco, alternative nicotine, or vapor products:

Business Information:

Trade name/Doing business as: May Flower Asian Grocery

Physical location address: 200 W Railroad City: Storm lake ZIP: 50588

Mailing address: 200 W Railroad City: Storm Lake State: IA ZIP: 50588

Business phone number: 712-854-0755

Legal Ownership Information:

Type of Ownership: Sole Proprietor ☒ Partnership ☐ Corporation ☐ LLC ☐ LLP ☐

Name of sole proprietor, partnership, corporation, LLC, or LLP Htee Soe

Mailing address: 1305 HWY 39 City: Kiron State: IA ZIP: 51448

Phone number: 712-854-0755 Fax number: N/A Email: MayFlowerasianmarket @gmail.com

Retail Information:

Types of Sales: Over-the-counter ☒ Vending machine ☐

Do you make delivery sales of alternative nicotine or vapor products? (See Instructions) Yes ☐ No ☒

Types of Products Sold: (Check all that apply)
Cigarettes ☒ Tobacco ☒ Alternative Nicotine Products ☐ Vapor Products ☐

Type of Establishment: (Select the option that best describes the establishment)

Alternative nicotine/vapor store ☐ Bar ☐ Convenience store/gas station ☐ Drug store ☐
Grocery store ☒ Hotel/motel ☐ Liquor store ☐ Restaurant ☐ Tobacco store ☐
Has vending machine that assembles cigarettes ☐ Other ☐ _____

If application is approved and permit granted, I/we do hereby bind ourselves to a faithful observance of the laws governing the sale of cigarettes, tobacco, alternative nicotine, and vapor products.

Signature of Owner(s), Partner(s), or Corporate Official(s)

Name (please print): Htee Soe Name (please print): _____

Signature: _____ Signature: _____

Date: 06-24-22 Date: _____

Send this completed application and the applicable fee to your local jurisdiction. If you have any questions contact your city clerk (within city limits) or your county auditor (outside city limits).

FOR CITY CLERK/COUNTY AUDITOR ONLY – MUST BE COMPLETE

- Fill in the amount paid for the permit: $75.00
- Fill in the date the permit was approved by the council or board: _____
- Fill in the permit number issued by the city/county: 22-23-17
- Fill in the name of the city or county issuing the permit: Storm Lake
- New ☒ Renewal ☐

Send completed/approved application to Iowa Alcoholic Beverages Division within 30 days of issuance. Make sure the information on the application is complete and accurate. A copy of the permit does not need to be sent; only the application is required. It is preferred that applications are sent via email, as this allows for a receipt confirmation to be sent to the local authority.

- Email: iapledge@iowaabd.com
- Fax: 515-281-7375