



**AGENDA  
CITY OF LAUREL  
LAUREL URBAN RENEWAL AGENCY  
MONDAY, APRIL 19, 2021  
11:00 AM  
LAUREL LIBRARY COMMUNITY ROOM**

**Public Input:** *Citizens may address the committee regarding any item of business that is not on the agenda. The duration for an individual speaking under Public Input is limited to three minutes. While all comments are welcome, the committee will not take action on any item not on the agenda.*

1. Roll Call

**General Items**

2. Approve Meeting Minutes: March 15, 2021
3. Big Sky EDA Update
4. Beartooth RC&D Update

**New Business**

5. Small Grant Application: Mel's Auto Clinic

**Old Business**

6. Small Grant Application: David Atkins, 3rd Avenue
7. Small Grant Application: Ken & Peggy Miller - 201 E. Main St.

**Other Items**

8. Budget Review

**Announcements**

9. Adjourn
10. Next Meeting: May 17, 2021

The City makes reasonable accommodations for any known disability that may interfere with a person's ability to participate in this meeting. Persons needing accommodation must notify the City Clerk's Office to make needed arrangements. To make your request known, please call 406-628-7431, Ext. 2, or write to City Clerk, PO Box 10, Laurel, MT 59044, or present your request at City Hall, 115 West First Street, Laurel, Montana.

**DATES TO REMEMBER**

**File Attachments for Item:**

2. Approve Meeting Minutes: March 15, 2021



**MINUTES  
CITY OF LAUREL  
LAUREL URBAN RENEWAL AGENCY  
MONDAY, MARCH 15, 2021  
11:00 AM  
CITY COUNCIL CHAMBERS**

**Public Input:** *Citizens may address the committee regarding any item of business that is not on the agenda. The duration for an individual speaking under Public Input is limited to three minutes. While all comments are welcome, the committee will not take action on any item not on the agenda.*

1. Roll Call

No Quorum. No Meeting was held.

**General Items**

**New Business**

**Old Business**

**Other Items**

**Announcements**

The City makes reasonable accommodations for any known disability that may interfere with a person's ability to participate in this meeting. Persons needing accommodation must notify the City Clerk's Office to make needed arrangements. To make your request known, please call 406-628-7431, Ext. 2, or write to City Clerk, PO Box 10, Laurel, MT 59044, or present your request at City Hall, 115 West First Street, Laurel, Montana.

**DATES TO REMEMBER**

**File Attachments for Item:**

5. Small Grant Application: Mel's Auto Clinic





## LAUREL URBAN RENEWAL AGENCY (LURA)

Control No. 20-0220-113212

OFFICE USE ONLY	
RECEIVED	
MAR 30 2021	
BY: 	
LURA REVIEW	DATE
PLANNER REVIEW	DATE
CITY COUNCIL	DATE

### Grant Application

- ☐ Small Grant (up to \$5,000)  
☒ Technical Assistance Grant  
☐ Façade Grant  
☐ Signage and Awning Grant (Up to \$3,000)  
☐ Large Grant (Greater than \$5,000)

Applicant Name (Last, First Middle) <b>Jones, Carl Levi</b>		Applicant Phone <b>(406) 628 - 1299</b>	
Applicant Mailing Address (Street, City, State Zip) <b>619 E Main Street, Laurel, 59044</b>		Applicant E-Mail Address <b>laurelautoclinic@gmail.com</b>	
Business Name <b>Laurel Auto Clinic</b>		Laurel Business License Number <b>1967</b>	
Business Physical Address (Street, City, State Zip) <b>619 E Main Street, Laurel, 59044</b>		Business Phone <b>(406) 628 - 1299</b>	
Business Activities (i.e. retail, office, etc.) <b>Automotive Repair</b>			
Business Owner Name (Last, First Middle) <input checked="" type="checkbox"/> Same as Applicant		Business Owner Phone <b>( ) -</b>	
Business Owner Mailing Address (Street, City, State Zip)		Business Owner E-Mail Address	
Building Frontage (building length along a public street) <b>107</b> feet	Building Height (number of stories defined by current code) <b>20</b> feet <b>1</b> stories	Historical District Building <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date Approved <b>/ /</b>
Property Legal Description (i.e. assessor parcel number) <b>LAUREL REALTY SECOND SUBD, S09, T02 S, R24 E, BLOCK 14, Lot 1 - 4</b>			
Property Legal Owner and Contact Information <b>GOLDSBY, JUDITH ANN CB Contract Buyer</b>			

I certify under penalty of law, that the information provided herein is true, accurate and complete to the best of my knowledge. I understand that submitting an application does not guarantee a grant will be awarded, and that grant awards are at the discretion of the LURA board. Additionally, I verify that I have read and agree to abide by all applicable regulations under Title 20 of the Laurel Municipal Code as they apply to the LURA program. I am aware that a violation of these regulations shall result in the rejection of my application or disqualification from participating in the LURA grant program.

Applicant Signature 	Date (MM/DD/YYYY) <b>3/30/2021</b>
--	---------------------------------------

**INCOMPLETE APPLICATIONS  
SHALL BE RETURNED**

Application processing time is a minimum of 60 business days.

Return Completed Applications To:  
Laurel Urban Renewal Agency (LURA)  
ATTN: City Planner  
PO Box 10  
Laurel, MT 59044  
(406) 628-7431

Applicant Initials 

Page 1 of 5

Previous Applications (if any)	Date	Control No.	Approved
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Brief Description of Type of Business and Services Provided by Applicant.

Automotive Repair. Brakes, engine work, tune ups, transmission service, electrical diagnostics

Brief Description of Project.

Architectural costs for the conceptual design, and Phase I design of the renovation to the property. Conceptual design included a preliminary cost estimate, and conceptual renderings. Phase I design will include the demolition of the residence on site and addition of two bathrooms and a waiting room in the remaining building.

Brief Description of Project Time Line.

All construction should be complete in 2021. Specific timing dependent on contractors.

Explain how the project will support and/or improve the down town district.

Architectural services for design that will remove existing blight on the property. Will also design for a more appealing waiting room that will increase the attractiveness of the community and promote a more welcoming atmosphere. Addition of bathrooms will increase sanitation and improve hygiene as well as install state of the art infrastructure on the property.

What type(s) of development and/or physical improvements are being considered?

Phase I will remove the old residence that is in disrepair. Phase I will also expand and improve the existing waiting room. We will install new windows in the building, and put in two restrooms that customers and employees can access. An office space for personnel will also be added.

Name and Address of Technical Assistance Firm. <u>Collaborative Design Architects</u> <u>2280 Grant Road, Suite C</u> <u>Billings, MT 59101</u>	Name and Address of Contractor that will complete the work. <u>Jones Construction</u> <u>123 Regal St.</u> <u>Billings, MT 59101</u>
--	---

What type of general <b>Small Grant</b> is needed?		MCA	LURA Funds Requested	Applicant Funds Committed
<input type="checkbox"/>	Demolition/Abatement of Structure for Removal of Blight	7-15-4288(2)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Sidewalks, Curbs, Gutters	7-15-4288(2)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Public Utilities			
<input type="checkbox"/>	Water, Wastewater, Storm Water	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Electrical, Natural Gas, Fiberoptic, Telecommunications	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Intersection Signals & HAWK Crossing	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Street & Alley Surface Improvements	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Crosswalks	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Green Space & Water Ways	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Improvement of Pedestrian Areas	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Historical Restorations	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Off Street Parking for Public Use	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Bridges & Walkways	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Pollution Reduction	7-15-4288(12)	\$____.____.____	\$____.____.____
<input type="checkbox"/>	Structural Repair			
<input type="checkbox"/>	Flooring		\$____.____.____	\$____.____.____
<input type="checkbox"/>	Walls (interior)		\$____.____.____	\$____.____.____
<input type="checkbox"/>	Roof, Ceiling		\$____.____.____	\$____.____.____
<input type="checkbox"/>	Energy Efficiency Improvements			
<input type="checkbox"/>	LED Lighting (interior)		\$____.____.____	\$____.____.____
<input type="checkbox"/>	Insulation		\$____.____.____	\$____.____.____
<input type="checkbox"/>	Programmable Thermostats		\$____.____.____	\$____.____.____
<input type="checkbox"/>	Solar Panels and Systems		\$____.____.____	\$____.____.____
<b>TOTAL:</b>			\$____.____.____	\$____.____.____

What type of **Small Grant** is needed?

	Hours (up to 30 total)	LURA Funds Requested	Applicant Funds Committed
<input type="checkbox"/> Technical Assistance			
<input checked="" type="checkbox"/> Architectural/Design Fees	_____	\$ 4,903.55	\$ 9,807.10
<input type="checkbox"/> Landscape/Hardscape Design Fees	_____	\$_____.____	\$_____.____
<input type="checkbox"/> Feasibility Study Fees	_____	\$_____.____	\$_____.____
<input type="checkbox"/> Building Permit Fees	_____	\$_____.____	\$_____.____
 <input type="checkbox"/> Facade Grant			
<input type="checkbox"/> Water Cleaning		\$_____.____	\$_____.____
<input type="checkbox"/> Prepping and Painting		\$_____.____	\$_____.____
<input type="checkbox"/> Window Replacement/Repair		\$_____.____	\$_____.____
<input type="checkbox"/> Door Replacement/Repair		\$_____.____	\$_____.____
<input type="checkbox"/> Entry Foyer Repairs		\$_____.____	\$_____.____
<input type="checkbox"/> Exterior Lighting		\$_____.____	\$_____.____
<input type="checkbox"/> Façade Restoration/Rehabilitation		\$_____.____	\$_____.____
<input type="checkbox"/> Landscape/Hardscape Improvements		\$_____.____	\$_____.____
 <input type="checkbox"/> Signage and Awning Grant			
<input type="checkbox"/> Signage		\$_____.____	\$_____.____
<input type="checkbox"/> Awning		\$_____.____	\$_____.____
 <b>TOTAL:</b>		<b>\$ 4,903.55</b>	<b>\$ 9,807.10</b>

Applicant Initials



Page 4 of 5



What type of <b>Large Grant</b> is needed?		MCA	LURA Funds Requested	Applicant Funds Committed
<input type="checkbox"/>	Demolition/Abatement of Structure for Removal of Blight	7-15-4288(2)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Sidewalks, Curbs, Gutters	7-15-4288(2)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Public Utilities			
<input type="checkbox"/>	Water, Wastewater, Storm Water	7-15-4288(4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Electrical, Natural Gas, Fiberoptic, Telecommunications	7-15-4288(4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Intersection Signals & HAWK Crossing	7-15-4288(4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Street & Alley Surface Improvements	7-15-4288( n4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Crosswalks	7-15-4288(4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Green Space & Water Ways	7-15-4288(4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Improvement of Pedestrian Areas	7-15-4288(4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Historical Restorations	7-15-4288(4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Off Street Parking for Public Use	7-15-4288(4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Bridges & Walkways	7-15-4288(4)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Pollution Reduction	7-15-4288(12)	\$____,____.____	\$____,____.____
<input type="checkbox"/>	Structural Repair			
<input type="checkbox"/>	Flooring		\$____,____.____	\$____,____.____
<input type="checkbox"/>	Walls (interior)		\$____,____.____	\$____,____.____
<input type="checkbox"/>	Roof, Ceiling		\$____,____.____	\$____,____.____
<input type="checkbox"/>	Energy Efficiency Improvements			
<input type="checkbox"/>	LED Lighting (interior)		\$____,____.____	\$____,____.____
<input type="checkbox"/>	Insulation		\$____,____.____	\$____,____.____
<input type="checkbox"/>	Programmable Thermostats		\$____,____.____	\$____,____.____
<input type="checkbox"/>	Solar Panels and Systems		\$____,____.____	\$____,____.____
<b>TOTAL:</b>			\$____,____.____	\$____,____.____

## Application Checklist

- ☒ Application
- ☒ Copy of Laurel Business License
- ☐ Copy of Historical Building Verification form from Yellowstone County Historic Preservation Office
- ☒ Copy of Estimates or Paid Invoices from Applicant's Vendor (Work performed by the applicant, business owner, property owner, or employee shall not be accepted for any grant project.)
- ☒ Copy of Plans and Sketches (hand drawn will not be accepted)
- ☐ Copy of Supporting Documentation
- ☒ Photos (Before and After)
- ☒ Project Description
- ☒ Project Time Line

\*Submission of a W9 is required prior to reimbursement of grant funds\*

Applicant Initials

Page 5 of 5

## PHASE ONE

Project Budget				
Project Name	Laurel Auto Clinic			
Project No.	2051			
Budget Category	Factor		qty / sf	Cost
Demolition Costs and Disposal existing office		allowance		\$ 3,500.00
Waiting Room and Office	\$60.00	/sf	400	\$ 24,000.00
Additional Restroom	\$10,000.00	ea.	2	\$ 20,000.00
Demolition of Residence		allowance		\$ 25,000.00
<b>TOTAL HARD COSTS:</b>				<b>\$ 72,500.00</b>
Architect/Engineer Fees	10%	of construction cost-demo		\$ 4,750.00
Printing & Reproduction				\$ 200.00
Plan Review & Permits				\$ 900.00
Furniture, Fixtures & Equipment		allowance		\$ 3,000.00
Hazardous Materials Testing + abatement		allowance		\$ 2,500.00
Contingency	15%	of construction cost		\$ 10,875.00
<b>TOTAL SOFT COSTS:</b>				<b>\$ 22,225.00</b>
<b>Total Project Budget</b>				<b>\$ 94,725.00</b>



## Collaborative Design Architects

2280 Grant Road, Suite C  
Billings, MT 59102, USA  
Tel: (406) 248-3443  
accounts@cd-mt.com  
www.cd-mt.com

## INVOICE

INVOICE DATE: 3/1/2021  
INVOICE NO: 2021-1051  
BILLING THROUGH: 2/27/2021

Jennifer Jones  
Laurel Auto Clinic  
619 East Main Street  
Laurel, MT 59044

### 2051 - Laurel Auto Clinic

Managed By: Jason T Fitzgerald

DESCRIPTION	CONTRACT AMOUNT	% COMPLETE	BILLED TO DATE	PREVIOUSLY BILLED	CURRENT AMOUNT
2051 - Laurel Auto Clinic Architectural	\$5,000.00	100	\$5,000.00	\$0.00	\$5,000.00
<b>TOTAL</b>	<b>\$5,000.00</b>		<b>\$5,000.00</b>	<b>\$0.00</b>	<b>\$5,000.00</b>

### EXPENSES

DATE	EMPLOYEE	DESCRIPTION	AMOUNT
2/17/2021	Selby's	Printing	\$25.56
2/17/2021	Selby's	Printing - Foam Core Mount	\$31.54
<b>TOTAL EXPENSES</b>			<b>\$57.10</b>
<b>SUBTOTAL</b>			<b>\$5,057.10</b>
<b>AMOUNT DUE THIS INVOICE</b>			<b>\$5,057.10</b>

This invoice is due on 3/31/2021

### ACCOUNT SUMMARY

BILLED TO DATE	PAID TO DATE	BALANCE DUE
\$5,057.10	\$0.00	\$5,057.10



# *City of Laurel*

## *Business License*

Fiscal Year July 1, 2020 to June 30, 2021

HAVING PAID THE SUM SHOWN BELOW TO THE CITY OF LAUREL IN ACCORDANCE WITH THE CITY LICENSE ORDINANCE, YOU ARE HEREBY LICENSED TO PERFORM THE BUSINESS OR OCCUPATION LISTED HEREON:

License Number: 1967  
Fiscal Year: 2020-21

License granted to:

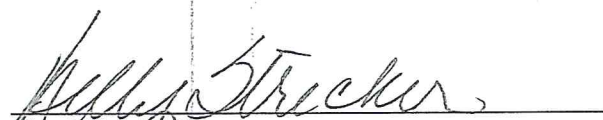
MEL'S AUTO CLINIC  
619 E. MAIN STREET  
LAUREL MT 59044



GENERAL BUSINESS LICENSE

37.50

Fee Total: 37.50

  
City Official's Signature

Date Issued: 3/16/21



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Mel's Auto Clinic LLC**

**2** Business name/disregarded entity name, if different from above  
**Laurel Auto Clinic**

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☒ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶ \_\_\_\_\_

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
**619 E. Main St.**

**6** City, state, and ZIP code  
**Laurel, MT 59044**

**7** List account number(s) here (optional)

Requester's name and address (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Social security number**

			-			-				
--	--	--	---	--	--	---	--	--	--	--

**or**

**Employer identification number**

4	6	-	1	6	9	6	0	3	0
---	---	---	---	---	---	---	---	---	---

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**

Signature of  
U.S. person ▶

Date ▶

*[Signature]* *12/17/2020*

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.





2051 - LAUREL AUTO CLINIC  
ARCHITECTS

COLLABORATIVE DESIGN



ISSUE DATES:

2/15/2021 - PREDESIGN	---
---	---
---	---

**COLLABORATIVE DESIGN ARCHITECTS**  
2280 GRANT ROAD, SUITE C BILLINGS, MT 59102 406.248.3443  
www.cd-mt.com

PREPARED FOR :

#Client Full Name

PROJECT ARCHITECT :

#Contact Full Name

PROJECT NUMBER:

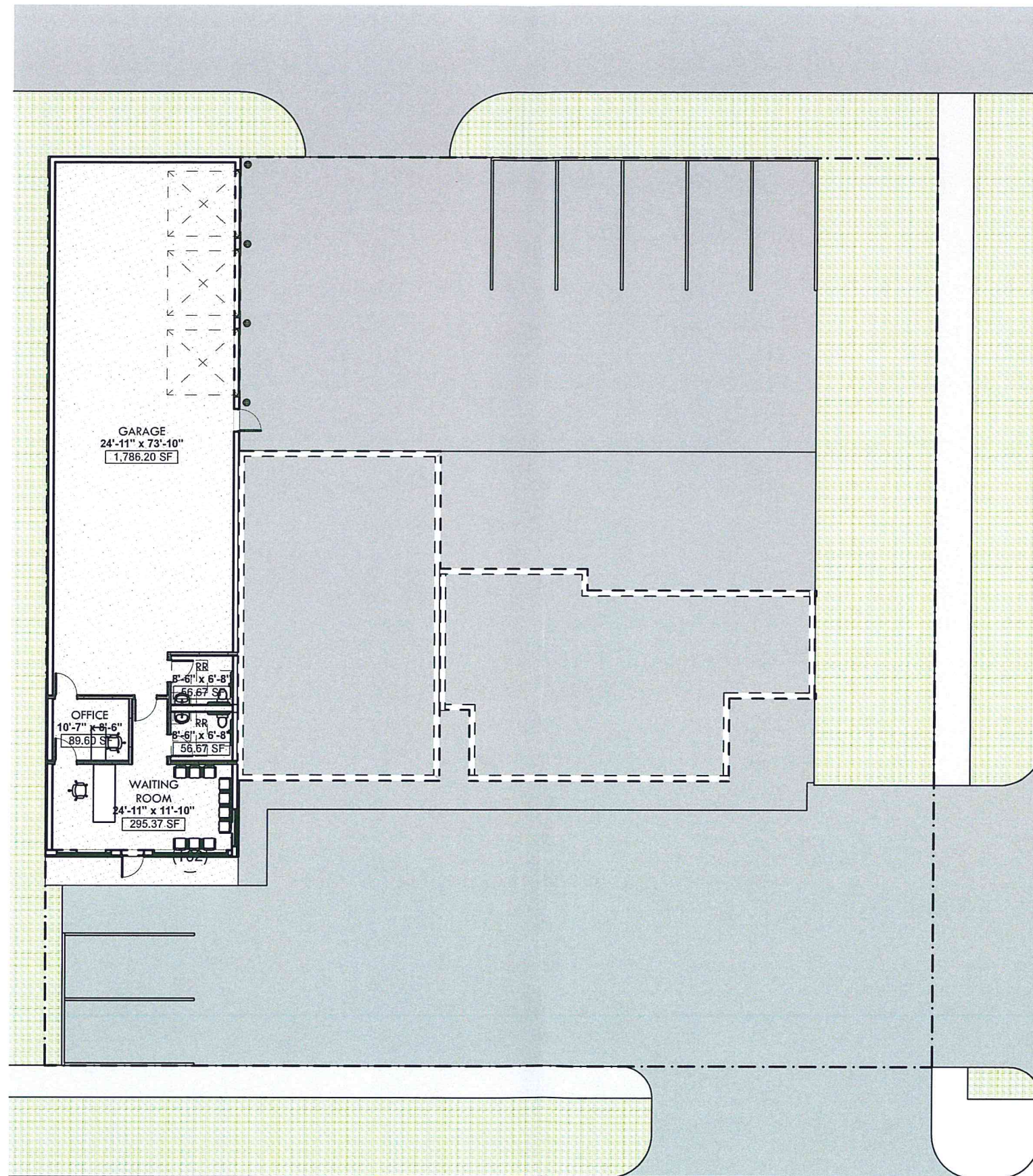
2051

PREDESIGN

**LAUREL AUTO CLINIC**  
#Site Address1, #Site City, #Site State #Site Postcode

CONCEPT IMAGES





# 1 PHASE I PLAN

1/16" = 1'-0"



COPYRIGHT © 2021  
 2/15/2021 - PREDESIGN

ISSUE DATES:

2/15/2021 - PREDESIGN  
 -  
 -

**COLLABORATIVE DESIGN ARCHITECTS**  
 2280 GRANT ROAD, SUITE C BILLINGS, MT 59102 406.248.3443  
 www.cd-mt.com

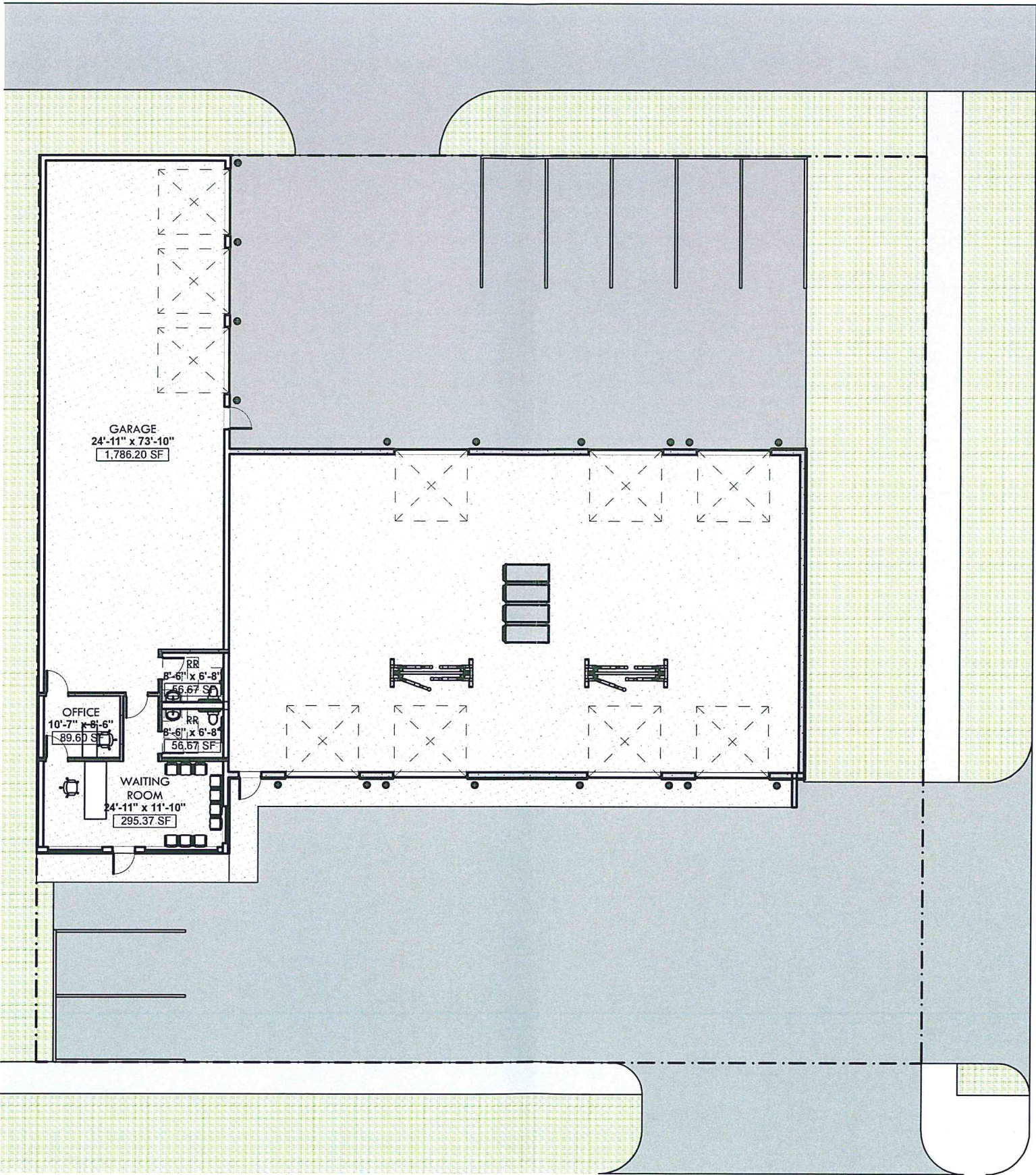
**LAUREL AUTO CLINIC**  
 #Site Address1, #Site City, #Site State #Site Postcode

PREPARED FOR : #Client Full Name PROJECT ARCHITECT : #Contact Full Name PROJECT NUMBER: 2051

PREDESIGN

FLOOR PLAN - PHASE I





1 PHASE II PLAN

1/16" = 1'-0"



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ISSUE DATES:	
2/15/2021 - PREDESIGN	

**COLLABORATIVE DESIGN ARCHITECTS**  
2280 GRANT ROAD, SUITE C BILLINGS, MT 59102 406.248.3443  
[www.cd-mt.com](http://www.cd-mt.com)

**LAUREL AUTO CLINIC**  
#Site Address1, #Site City, #Site State #Site Postcode

PREPARED FOR : #Client Full Name PROJECT ARCHITECT : #Contact Full Name PROJECT NUMBER: 2051

PREDESIGN

FLOOR PLAN - PHASE II



Residence Interior





Residence Interior



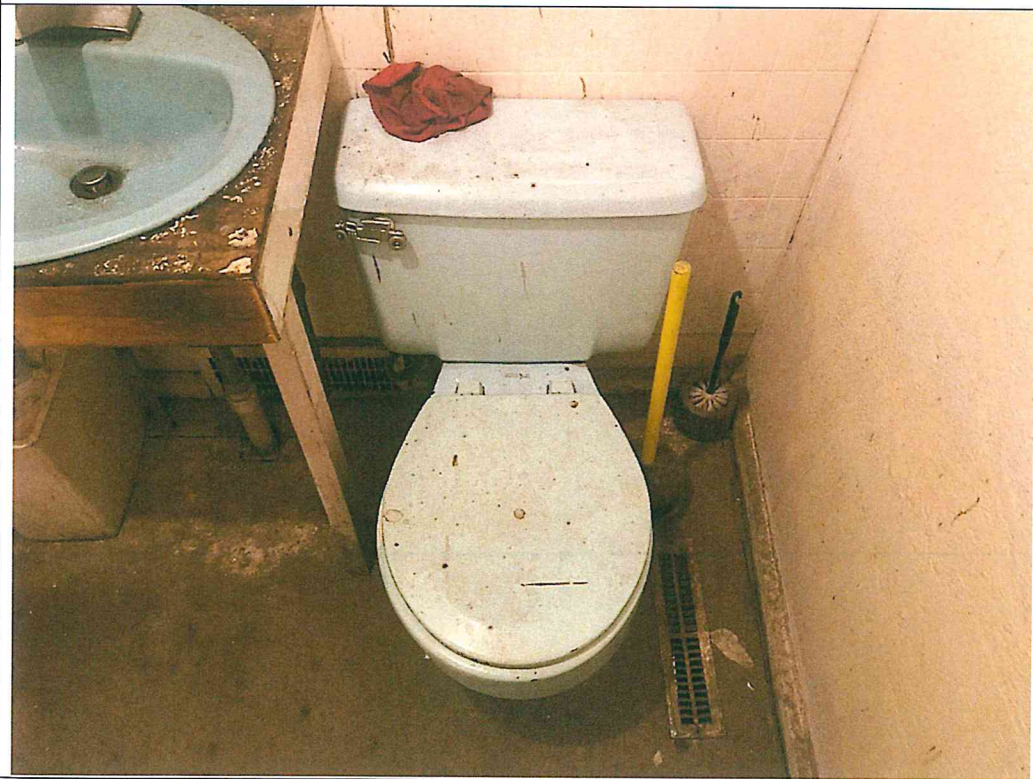
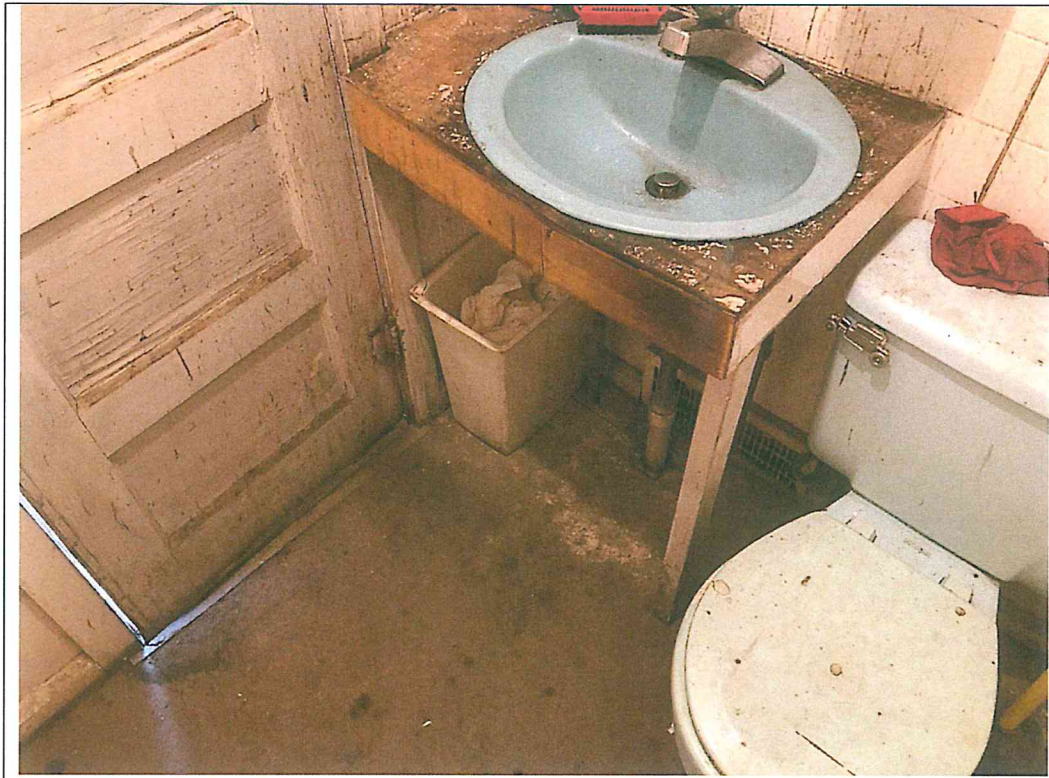


Residence Exterior



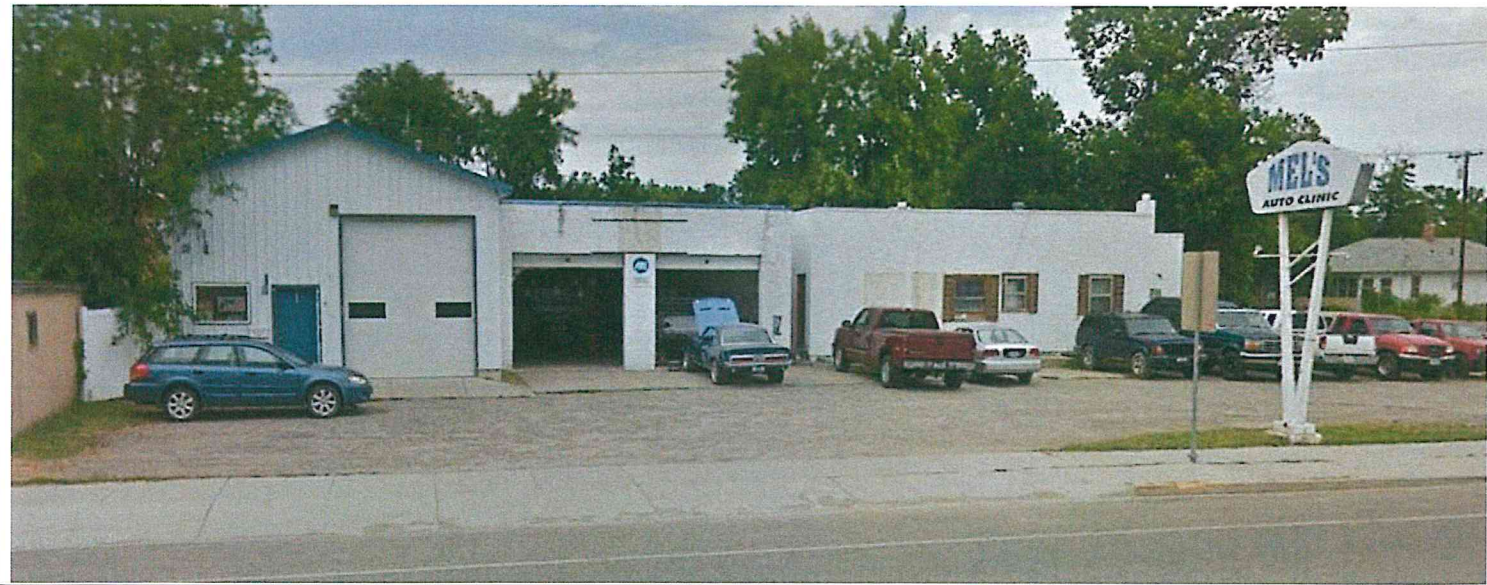


Current Bathroom





Laurel Auto Clinic Front Exterior





Laurel Auto Clinic Waiting Room and Current Bay





**File Attachments for Item:**

6. Small Grant Application: David Atkins, 3rd Avenue



## LAUREL URBAN RENEWAL AGENCY (LURA)

Control No. 20-0220-113212

OFFICE USE ONLY

LURA REVIEW	DATE
PLANNER REVIEW	DATE
CITY COUNCIL	DATE

### Grant Application

- ☒ Small Grant (up to \$5,000)  
☐ Technical Assistance Grant  
☒ Façade Grant  
☐ Signage and Awning Grant (Up to \$3,000)  
☐ Large Grant (Greater than \$5,000)

Applicant Name (Last, First Middle) <b>DAVID &amp; LESLIE ATKINS</b>		Applicant Phone <b>(406) 670-3427</b>	
Applicant Mailing Address (Street, City, State Zip) <b>7 3RD AVE 59044</b>		Applicant E-Mail Address <b>DAVID.J.ATKINS@GMAIL.COM</b>	
Business Name		Laurel Business License Number	
Business Physical Address (Street, City, State Zip)		Business Phone ( ) -	
Business Activities (i.e. retail, office, etc.)			
Business Owner Name (Last, First Middle)		<input type="checkbox"/> Same as Applicant	
Business Owner Mailing Address (Street, City, State Zip)		Business Owner Phone ( ) -	
Business Owner E-Mail Address		Business Owner E-Mail Address	
Building Frontage (building length along a public street) <b>160 feet</b>	Building Height (number of stories defined by current code) <b>40 feet 2 stories</b>	Historical District Building <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved <b>1 / 1</b>
Property Legal Description (i.e. assessor parcel number) <b>EAST LAUREL TOWNSHIP BLOCK 2 LOT 9-10</b>			
Property Legal Owner and Contact Information <b>DAVID &amp; LESLIE ATKINS</b>			

I certify under penalty of law, that the information provided herein is true, accurate and complete to the best of my knowledge. I understand that submitting an application does not guarantee a grant will be awarded, and that grant awards are at the discretion of the LURA board. Additionally, I verify that I have read and agree to abide by all applicable regulations under Title 20 of the Laurel Municipal Code as they apply to the LURA program. I am aware that a violation of these regulations shall result in the rejection of my application or disqualification from participating in the LURA grant program.

Applicant Signature

Date (MM/DD/YYYY)

**12 / 29 / 20**

**INCOMPLETE APPLICATIONS  
SHALL BE RETURNED**

Application processing time is a  
minimum of 60 business days.

Return Completed Applications To:  
Laurel Urban Renewal Agency (LURA)  
ATTN: City Planner  
PO Box 10  
Laurel, MT 59044  
(406) 628-7431

Applicant Initials **DA**

Previous Applications (if any)	Date	Control No.	Approved	
LARGE GRANT	/ /		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
FACADE	/ /		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
TECHNICAL	/ /		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Brief Description of Type of Business and Services Provided by Applicant.

RENTAL PROPERTY, NOT A BUSINESS.

Brief Description of Project.

REPAIR/REPOINT BRICKWORK, REPLACE SIDEWALK

Brief Description of Project Time Line.

PLAN TO BE COMPLETE SPRING 2021

Explain how the project will support and/or improve the down town district.

BRICKS WON'T FALL ON PEOPLE, IT WILL LOOK BETTER,  
SIDEWALK WILL NO LONGER BE AN EYESORE OR A TRIPPING  
HAZARD.

What type(s) of development and/or physical improvements are being considered?

SAME QUESTION?

Name and Address of Technical Assistance Firm.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Address of Contractor that will complete the work.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ROSSMAN MASONRY 2106 PATRICIA LN.  
J.D.D. CONCRETE BILLINGS  
1514 RIDGE DR. 59044

What type of general **Small Grant** is needed?

LURA Funds

Applicant Funds

Requested

Committed

MCA

<input type="checkbox"/> Demolition/Abatement of Structure for Removal of Blight	7-15-4288(2)	\$ _____	\$ _____
<input checked="" type="checkbox"/> Sidewalks, Curbs, Gutters	7-15-4288(2)	\$ <u>4,600</u>	\$ <u>9,200</u>
<input type="checkbox"/> Public Utilities			
<input type="checkbox"/> Water, Wastewater, Storm Water	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Electrical, Natural Gas, Fiberoptic, Telecommunications	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Intersection Signals & HAWK Crossing	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Street & Alley Surface Improvements	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Crosswalks	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Green Space & Water Ways	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Improvement of Pedestrian Areas	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Historical Restorations	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Off Street Parking for Public Use	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Bridges & Walkways	7-15-4288(4)	\$ _____	\$ _____
<input type="checkbox"/> Pollution Reduction	7-15-4288(12)	\$ _____	\$ _____
<input checked="" type="checkbox"/> Structural Repair			
<input type="checkbox"/> Flooring		\$ _____	\$ _____
<input type="checkbox"/> Walls ( <del>interior</del> ) <b>EXTERIOR (STRUCTURE)</b>		\$ <u>400</u>	\$ <u>30,000</u>
<input type="checkbox"/> Roof, Ceiling		\$ _____	\$ _____
<input type="checkbox"/> Energy Efficiency Improvements			
<input type="checkbox"/> LED Lighting (interior)		\$ _____	\$ _____
<input type="checkbox"/> Insulation		\$ _____	\$ _____
<input type="checkbox"/> Programmable Thermostats		\$ _____	\$ _____
<input type="checkbox"/> Solar Panels and Systems		\$ _____	\$ _____

TOTAL: \$ 5,000

39,200  
\$ 39,200

Applicant Initials SA

Page 5



What type of **Small Grant** is needed?

	Hours (up to 30 total)	LURA Funds Requested	Applicant Funds Committed
<input type="checkbox"/> Technical Assistance			
<input type="checkbox"/> Architectural/Design Fees	_____	\$_____.____	\$_____.____
<input type="checkbox"/> Landscape/Hardscape Design Fees	_____	\$_____.____	\$_____.____
<input type="checkbox"/> Feasibility Study Fees	_____	\$_____.____	\$_____.____
<input type="checkbox"/> Building Permit Fees	_____	\$_____.____	\$_____.____
<input checked="" type="checkbox"/> Facade Grant			
<input type="checkbox"/> Water Cleaning		\$_____.____	\$_____.____
<input type="checkbox"/> Prepping and Painting		\$_____.____	\$_____.____
<input type="checkbox"/> Window Replacement/Repair		\$_____.____	\$_____.____
<input type="checkbox"/> Door Replacement/Repair		\$_____.____	\$_____.____
<input type="checkbox"/> Entry Foyer Repairs		\$_____.____	\$_____.____
<input type="checkbox"/> Exterior Lighting		\$_____.____	\$_____.____
<input checked="" type="checkbox"/> Façade Restoration/Rehabilitation		\$ <u>9,000</u> .____	\$ <u>30,000</u> .____
<input type="checkbox"/> Landscape/Hardscape Improvements		\$_____.____	\$_____.____
<input type="checkbox"/> Signage and Awning Grant			
<input type="checkbox"/> Signage		\$_____.____	\$_____.____
<input type="checkbox"/> Awning		\$_____.____	\$_____.____
<b>TOTAL:</b>		\$ <u>9,000</u> .____	\$ <u>30,000</u> .____

What type of **Large Grant** is needed?

LURA Funds

Applicant Funds

Requested

Committed

	MCA	LURA Funds Requested	Applicant Funds Committed
<input type="checkbox"/> Demolition/Abatement of Structure for Removal of Blight	7-15-4288(2)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Sidewalks, Curbs, Gutters	7-15-4288(2)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Public Utilities			
<input type="checkbox"/> Water, Wastewater, Storm Water	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Electrical, Natural Gas, Fiberoptic, Telecommunications	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Intersection Signals & HAWK Crossing	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Street & Alley Surface Improvements	7-15-4288( n4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Crosswalks	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Green Space & Water Ways	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Improvement of Pedestrian Areas	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Historical Restorations	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Off Street Parking for Public Use	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Bridges & Walkways	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Pollution Reduction	7-15-4288(12)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Structural Repair			
<input type="checkbox"/> Flooring		\$____.____.____	\$____.____.____
<input type="checkbox"/> Walls (interior)		\$____.____.____	\$____.____.____
<input type="checkbox"/> Roof, Ceiling		\$____.____.____	\$____.____.____
<input type="checkbox"/> Energy Efficiency Improvements			
<input type="checkbox"/> LED Lighting (interior)		\$____.____.____	\$____.____.____
<input type="checkbox"/> Insulation		\$____.____.____	\$____.____.____
<input type="checkbox"/> Programmable Thermostats		\$____.____.____	\$____.____.____
<input type="checkbox"/> Solar Panels and Systems		\$____.____.____	\$____.____.____

**TOTAL:** \$\_\_\_\_.\_\_\_\_.\_\_\_\_ \$\_\_\_\_.\_\_\_\_.\_\_\_\_

## Application Checklist

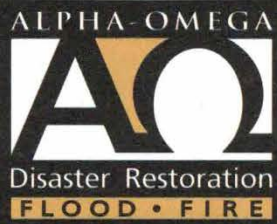
- ☐ Application
- ☐ Copy of Laurel Business License
- ☐ Copy of Historical Building Verification form from Yellowstone County Historic Preservation Office
- ☐ Copy of Estimates or Paid Invoices from Applicant's Vendor (Work performed by the applicant, business owner, property owner, or employee shall not be accepted for any grant project.)
- ☐ Copy of Plans and Sketches (hand drawn will not be accepted)
- ☐ Copy of Supporting Documentation
- ☐ Photos (Before and After)
- ☐ Project Description
- ☐ Project Time Line

\*Submission of a W9 is required prior to reimbursement of grant funds\*

Applicant Initials DA

Page 28





7069 Niehenke Ave.  
Billings, MT 59101

Phone: 406/628-0178  
Fax: 866/448-4730

## Invoice

Bill To
David & Leslie Atkins 7 3rd Ave. Laurel, MT 59044

Invoice #
6035

Date
11/11/2020

Terms
Due Upon Receipt

Description	Amount Due
Job Site Description: 221 West Main Laurel, MT 59044  Project Manager: Ben Mitchell	
Reconstruction Services (see attached signed contract)	97,500.00
Reconstruction Services Credit (see attached schedule of values)	-12,504.00
Reconstruction Services Down Payment received 3/10/20 (check #0675)	-2,500.00
Reconstruction Services Payment received 6/8/20 (check #34601)	-10,000.00
Reconstruction Services Payment received 9/18/20 (check #37927)	-30,528.20
<b>Amount Due</b>	<b>\$41,967.80</b>

*Thank you for your business.*

Statement		DATE	TERMS
TO		11-4-20	
Lesly Atkins		697-3774	
Bid for Concrete work sidewalk curb-gutter			
221 3rd ave w main			
IN ACCOUNT WITH		J.L.D. Concrete	855-0870
1514 Ridge Dr			
Laurel, MT		59044	
	Demo and Haul		\$ 9200 00
	away concrete		
	set and pour curb		
	gutter-set and		
	Pour new sidewalk		
	and two entry ways		
	Down payment		
	at start of work		
CURRENT	OVER 30 DAYS	OVER 60 DAYS	TOTAL AMOUNT

**Before pics of sidewalk:**



**In addition to the sidewalk, this pic also has a good view of the separation of the brick between the windows.**





Top of the wall that collapsed last year:



**Top of the wall repaired, which is what was paid for on the receipt I sent:**





Seam between main building and garage repaired:



**File Attachments for Item:**

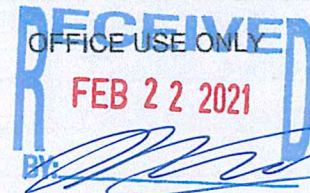
7. Small Grant Application: Ken & Peggy Miller - 201 E. Main St.





# LAUREL URBAN RENEWAL AGENCY (LURA)

Control No. 20-0220-113212



LURA REVIEW	DATE
PLANNER REVIEW	DATE
CITY COUNCIL	DATE

## Grant Application

- ☒ Small Grant (up to \$5,000)  
☐ Technical Assistance Grant  
☐ Façade Grant  
☐ Signage and Awning Grant (Up to \$3,000)  
☐ Large Grant (Greater than \$5,000)

Applicant Name (Last, First Middle) <b>Miller Peggy L &amp; Ken D</b>		Applicant Phone <b>(406) 671-0047</b>
Applicant Mailing Address (Street, City, State Zip) <b>PO Box 186 Laurel, MT 59044</b>		Applicant E-Mail Address <b>Peggy.miller1959@gmail.com</b>
Business Name <b>K &amp; P Rentals Ken &amp; Peggy Miller Rentals</b>		Laurel Business License Number
Business Physical Address (Street, City, State Zip) <b>201 E Main - 9 MT Ave Laurel, MT 59044</b>		Business Phone <b>406.670-8318 (406) 671-0047</b>
Business Activities (i.e. retail, office, etc.) <b>Commercial and Residential rentals</b>		
Business Owner Name (Last, First Middle) <input checked="" type="checkbox"/> Same as Applicant <b>Miller Peggy L &amp; Ken D</b>		Business Owner Phone <b>( ) -</b>
Business Owner Mailing Address (Street, City, State Zip) <b>PO Box 186 Laurel, MT 59044</b>		Business Owner E-Mail Address
Building Frontage (building length along a public street) <b>70 feet</b>	Building Height (number of stories defined by current code) <b>25 feet 2 stories</b>	Historical District Building <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Approved <b>/ /</b>		
Property Legal Description (i.e. assessor parcel number) <b>Laurel Realty SUBD, 509, T02S, R24 Block 2, Lot 10 Acres. 09</b>		
Property Legal Owner and Contact Information <b>Peggy L &amp; Kenneth D. Miller PO Box 186 Laurel, MT 59044 406-671-0047 406.670-8318</b>		

I certify under penalty of law, that the information provided herein is true, accurate and complete to the best of my knowledge. I understand that submitting an application does not guarantee a grant will be awarded, and that grant awards are at the discretion of the LURA board. Additionally, I verify that I have read and agree to abide by all applicable regulations under Title 20 of the Laurel Municipal Code as they apply to the LURA program. I am aware that a violation of these regulations shall result in the rejection of my application or disqualification from participating in the LURA grant program.

Applicant Signature <b>Peggy L Miller</b>	Date (MM/DD/YYYY) <b>02 10 2021</b>
--	--

**INCOMPLETE APPLICATIONS  
SHALL BE RETURNED**

Application processing time is a minimum of 60 business days.

Return Completed Applications To:  
 Laurel Urban Renewal Agency (LURA)  
 ATTN: City Planner  
 PO Box 10  
 Laurel, MT 59044  
 (406) 628-7431

Applicant Initials \_\_\_\_\_

Page 1 of 5



Previous Applications (if any)	Date	Control No.	Approved
X Large Grant	05 / 01 / 2018		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
X Large Grant	05 / 29 / 2020	20-0528 214504	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No
	/ /		<input type="checkbox"/> Yes <input type="checkbox"/> No

Brief Description of Type of Business and Services Provided by Applicant.

Upgrade HVAC system in Commercial & Rental Units  
See: Mountain Air Statement

Brief Description of Project.

Update Building heat & air conditioning system  
Remove old unit & install New  
See: Mountain Air Statement

Brief Description of Project Time Line.

Completed

Explain how the project will support and/or improve the down town district.

Updated building interior, heat and air conditioning  
attracting and securing new tenants.

What type(s) of development and/or physical improvements are being considered?

Updated building interior electrical, heating &  
air conditioning.  
Installation of Air Scrubber Plus.

Name and Address of Technical Assistance Firm.	Name and Address of Contractor that will complete the work.
_____	Mountain Air
_____	9405 US Hwy 212 Joliet, MT 59041
_____	406.

What type of general **Small Grant** is needed?

LURA Funds

Applicant Funds

Requested

Committed

	MCA	LURA Funds Requested	Applicant Funds Committed
<input type="checkbox"/> Demolition/Abatement of Structure for Removal of Blight	7-15-4288(2)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Sidewalks, Curbs, Gutters	7-15-4288(2)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Public Utilities			
<input type="checkbox"/> Water, Wastewater, Storm Water	7-15-4288(4)	\$____.____.____	\$____.____.____
<input checked="" type="checkbox"/> Electrical, Natural Gas, Fiberoptic, Telecommunications	7-15-4288(4)	\$ <u>16,940.00</u>	\$ <u>16,940.00</u>
<input type="checkbox"/> Intersection Signals & HAWK Crossing	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Street & Alley Surface Improvements	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Crosswalks	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Green Space & Water Ways	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Improvement of Pedestrian Areas	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Historical Restorations	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Off Street Parking for Public Use	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Bridges & Walkways	7-15-4288(4)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Pollution Reduction	7-15-4288(12)	\$____.____.____	\$____.____.____
<input type="checkbox"/> Structural Repair			
<input type="checkbox"/> Flooring		\$____.____.____	\$____.____.____
<input type="checkbox"/> Walls (interior)		\$____.____.____	\$____.____.____
<input type="checkbox"/> Roof, Ceiling		\$____.____.____	\$____.____.____
<input type="checkbox"/> Energy Efficiency Improvements			
<input type="checkbox"/> LED Lighting (interior)		\$____.____.____	\$____.____.____
<input type="checkbox"/> Insulation		\$____.____.____	\$____.____.____
<input checked="" type="checkbox"/> Programmable Thermostats		\$____.____.____	\$____.____.____
<input type="checkbox"/> Solar Panels and Systems		\$____.____.____	\$____.____.____

TOTAL: \$16,940.00\$16,940.00

What type of **Small Grant** is needed?

	Hours (up to 30 total)	LURA Funds Requested	Applicant Funds Committed
<input type="checkbox"/> Technical Assistance			
<input type="checkbox"/> Architectural/Design Fees	_____	\$____.____.____	\$____.____.____
<input type="checkbox"/> Landscape/Hardscape Design Fees	_____	\$____.____.____	\$____.____.____
<input type="checkbox"/> Feasibility Study Fees	_____	\$____.____.____	\$____.____.____
<input type="checkbox"/> Building Permit Fees	_____	\$____.____.____	\$____.____.____
 <input type="checkbox"/> Facade Grant			
<input type="checkbox"/> Water Cleaning		\$____.____.____	\$____.____.____
<input type="checkbox"/> Prepping and Painting		\$____.____.____	\$____.____.____
<input type="checkbox"/> Window Replacement/Repair		\$____.____.____	\$____.____.____
<input type="checkbox"/> Door Replacement/Repair		\$____.____.____	\$____.____.____
<input type="checkbox"/> Entry Foyer Repairs		\$____.____.____	\$____.____.____
<input type="checkbox"/> Exterior Lighting		\$____.____.____	\$____.____.____
<input type="checkbox"/> Façade Restoration/Rehabilitation		\$____.____.____	\$____.____.____
<input type="checkbox"/> Landscape/Hardscape Improvements		\$____.____.____	\$____.____.____
 <input type="checkbox"/> Signage and Awning Grant			
<input type="checkbox"/> Signage		\$____.____.____	\$____.____.____
<input type="checkbox"/> Awning		\$____.____.____	\$____.____.____
 <b>TOTAL:</b>		\$____.____.____	\$____.____.____



# *City of Laurel*

## *Business License*

Fiscal Year July 1, 2020 to June 30, 2021

HAVING PAID THE SUM SHOWN BELOW TO THE CITY OF  
LAUREL IN ACCORDANCE WITH THE CITY LICENSE  
ORDINANCE, YOU ARE HEREBY LICENSED TO PERFORM  
THE BUSINESS OR OCCUPATION LISTED HEREON:

License Number: 205  
Fiscal Year: 2020-21

License granted to:

**KEN & PEGGY MILLER RENTALS (201)**  
**P.O. BOX 186**  
**LAUREL MT 59044**



4 APARTMENTS

40.00

Fee Total: 40.00

  
\_\_\_\_\_  
City Official's Signature

Date Issued: 7/8/20



HVAC & SPECIALTY SHEETMETAL  
9405 US Hwy 212 . Joliet, MT 59041

Invoice #

2721

Date

12/8/2020

mtnair@tctwest.net  
Tax EIN: 84-1370944

*Paid*

KEN MILLER  
P.O. BOX 186  
LAUREL 59044

Job Name	Terms	Order Taken By	Cell: 406-860-1183
			Office: 406-962-3056
Description			Amount
Upgrade HVAC system. Removal of existing furnace and zoning equipment. Installation of American Standard 120,000 BTU 95%+ 2-stage variable speed furnace. Includes new AS zoning controls and Nexia thermostats for 4 apartments and 2 commercial spaces. Also includes air scrubber plus.			12,860.00
One 8" zone damper installed			160.00
One 6" zone damper installed			155.00
Thermostat in AA room, installed			320.00
4 ton Air Conditioner \$4345.00 less \$900 to be billed upon startup in spring			3,445.00
<i>Thank You For Your Business</i>			<b>Total</b> \$16,940.00

PLEASE CLIP & RETURN BOTTOM STUB WITH PAYMENT


Amount Paid \_\_\_\_\_

Check Number \_\_\_\_\_

KEN MILLER  
P.O. BOX 186  
LAUREL 59044



Account: AM REWAR 0001  
Date: 12/22/2020

 Padlock design is a certification mark of the Check Payment Systems Association. Warning: Absence of the lock on Security Features may indicate alteration or tampering. For more information, visit [www.check.org](http://www.check.org). FEDERAL RESERVE BOARD OF GOVERNORS REG. CC

4027740345 2020-12-21 STOCKMAN BANK >092905249<

STOCKMAN BANK  
BOFD >092905249<  
40 - Billings We  
Deposit ID: 751958  
4027740345 2020-12-21

ENDORSE HERE  
Deposit Only Mountain Air LLC  
Routing # 092905249  
Acct # 4010024674

THIS FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECURITY ICON

Ken D. or Peggy L. Miller  
POB 186  
Laurel, MT 59044

Beartooth Bank  
Billings, MT  
93-546/929

3591

12/16/2020

PAY  
TO THE  
ORDER OF Mountain Air

\$ \*\*16,940.00

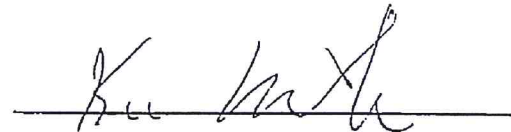
Sixteen Thousand Nine Hundred Forty Only\*\*\*\*\*

DOLLARS

Mountain Air  
9405 US Hwy. 212  
Joliet, MT 59044

MEMO

HVAC remodel 201 E. Main Inv.2721



Security logo on back of this document



Ken and Peggy Miller Rentals  
201 East Main Street- Laurel, MT 59044

201 E. Main Street- HVAC -Old Unit



201 E. Main St. HVAC- NEW Unit





# Request for Taxpayer Identification Number and Certification

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the  
requester. Do not  
send to the IRS.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>Peggy Lee Miller</b>	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions. <b>P.O. Box 186</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Laurel, MT 59044</b>	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
5	2	2	-	9	8	-	4	6	0
or									
Employer identification number									
			-						

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <b>Peggy Lee Miller</b>	Date ► <b>02/05/2021</b>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**File Attachments for Item:**

8. Budget Review



04/19/21  
08:25:42

CITY OF LAUREL  
Statement of Expenditure - Budget vs. Actual Report  
For the Accounting Period: 4 / 21

Page: 1 of 1  
Report ID: B100

2310 TAX INCREMENT-Business Dist.

Account	Object	Committed Current Month	Committed YTD	Original Appropriation	Current Appropriation	Available Appropriation	% ( 83) Committed
410000	General Government						
411850	Special Projects						
110	Salaries and Wages	542.54	11,366.26	14,200.00	14,200.00	2,833.74	80 %
138	Vision Insurance	0.89	16.92	21.00	21.00	4.08	81 %
139	Dental Insurance	4.67	79.31	112.00	112.00	32.69	71 %
141	Unemployment Insurance	1.35	28.43	36.00	36.00	7.57	79 %
142	Workers' Compensation	4.18	56.60	60.00	60.00	3.40	94 %
143	Health Insurance	108.49	2,061.21	2,610.00	2,610.00	548.79	79 %
144	Life Insurance	0.75	14.15	20.00	20.00	5.85	71 %
145	FICA	41.51	869.47	1,090.00	1,090.00	220.53	80 %
146	PERS	47.58	996.88	1,250.00	1,250.00	253.12	80 %
194	Flex Medical	0.00	0.00	150.00	150.00	150.00	%
220	Operating Supplies	0.00	0.00	1,000.00	1,000.00	1,000.00	%
223	Meals/Food	0.00	0.00	500.00	500.00	500.00	%
337	Advertising	0.00	0.00	700.00	700.00	700.00	%
370	Travel	0.00	0.00	1,500.00	1,500.00	1,500.00	%
380	Training Services	0.00	0.00	1,500.00	1,500.00	1,500.00	%
735	TIFD Large Grant	0.00	199,190.58	225,000.00	225,000.00	25,809.42	89 %
736	TIFD Small Grant	0.00	21,289.14	50,000.00	50,000.00	28,710.86	43 %
737	TIFD Facade Grant	0.00	7,575.00	15,000.00	15,000.00	7,425.00	51 %
738	TIFD Technical Assistance Grant	0.00	125.00	15,000.00	15,000.00	14,875.00	1 %
931	Roads, Streets & Parking Lots	0.00	1,116,682.38	2,886,986.00	2,886,986.00	1,770,303.62	39 %
	Account Total:	751.96	1,360,351.33	3,216,735.00	3,216,735.00	1,856,383.67	42 %
	Account Group Total:	751.96	1,360,351.33	3,216,735.00	3,216,735.00	1,856,383.67	42 %
490000	Debt Service						
490000	Debt Service						
610	Principal	0.00	68,320.44	0.00	0.00	-68,320.44	%
620	Interest	0.00	21,799.12	0.00	0.00	-21,799.12	%
	Account Total:	0.00	90,119.56	0.00	0.00	-90,119.56	%
	Account Group Total:	0.00	90,119.56	0.00	0.00	-90,119.56	%
520000	Other Financing Uses						
521000	Interfund Operating Transfers Out						
820	Transfers to Other Funds	0.00	3,000.00	6,000.00	6,000.00	3,000.00	50 %
	Account Total:	0.00	3,000.00	6,000.00	6,000.00	3,000.00	50 %
	Account Group Total:	0.00	3,000.00	6,000.00	6,000.00	3,000.00	50 %
	Fund Total:	751.96	1,453,470.89	3,222,735.00	3,222,735.00	1,769,264.11	45 %
	Grand Total:	751.96	0.00	1,453,470.89	3,222,735.00	1,769,264.11	45 %