



AGENDA
CITY COUNCIL - WORKSHOP
MAPLE PLAIN CITY HALL
August 19, 2026
5:30 PM

- 1. CALL TO ORDER**
- 2. ADOPT AGENDA**
- 3. DISCUSSION**
 - A. Interview Applicants to Fill Vacant Council Seat**
- 4. ADJOURNMENT**



Executive Summary

City Council Workshop

AGENDA ITEM: Interview Applicants to Fill Vacant Council Seat
PREPARED BY: Jacob Schillander, City Administrator
RECOMMENDED ACTION: Interview, Discussion, Offer

Summary:

At the August 10th Council Workshop, the Council asked staff to announce that the City is accepting applications for interested parties to fill the vacant council seat. Applications were accepted until 9am Monday August 17th.

1 Application was received and that was from Nathan Pearson, during this workshop, Council will interview and discuss whether or not to appoint Nathan to the Vacant Council Seat.



City of Maple Plain
5050 Independence St
P.O. Box 97
Maple Plain, MN 55359
Office: (763) 479-0515
Fax: (763) 479-0519

CITY COUNCIL VACANCY

APPLICANT INFORMATION

Applicant Name <u>NATHAN PEARSON</u>	Home Phone
Address [REDACTED]	[REDACTED]
City, State, Zip <u>MAPLE PLAIN</u>	[REDACTED]
Employer Name <u>CITY OF EXCELSIOR</u>	
Address <u>151 BAK ST.</u>	Phone Number <u>952 237 2989</u>
City, State, Zip <u>EXCELSIOR MN 55331</u>	Email

BACKGROUND INFORMATION

Tell us why you are interested in serving the community as a member of the City Council.

(Feel free to use additional pages.)

I'm seeking the position of the City Council to serve my community and help guide its future. Through my experience as a public works employee, I have gained firsthand knowledge of municipal operations, infrastructure needs and the importance of responsive local government. I am committed to transparent leadership, thoughtful decision making, and ensuring residents' voices are heard. I view this opportunity to make a meaningful contribution to the City I call home.

The City Council makes decisions and provides staff direction as a body. If appointed, how would you help the Council make decisions? What would you hope to help the City Council accomplish?

(Feel free to use additional pages.)

If appointed, I would help the City Council make informed decisions by bringing over ten years of experience in municipal public works, coming prepared, listening carefully to residents and my fellow Council members, and taking the time to understand all the facts and information presented by the City staff. As far as accomplish, I believe ~~good~~ in good decision making from asking thoughtful questions, considering different perspectives, and working together to find long term solutions that are in the best interest of our community.

EDUCATION & TRAINING

Please list any education or training you believe is relevant to the Council position.

1.	2.
Years:	Years:
3.	4.
Years:	Years:
5.	6.
Years:	Years:

EXPERIENCE

List any volunteer experiences, professional, trade, business or civic activities or affiliations and offices held.

Organization Name:	Position:
City, State, Zip:	Duties:
	Years:
Organization Name:	Position:
City, State, Zip:	Duties:
	Years:
Organization Name:	Position:
City, State, Zip:	Duties:
	Years:
Organization Name:	Position:
City, State, Zip:	Duties:
	Years:
Organization Name:	Position:
City, State, Zip:	Duties:
	Years:

POTENTIAL CONFLICTS

A conflict of interest may exist when a council member is required to take an action or make a recommendation that would, at a minimum, affect the member's financial interest or that of an associated business or relative. Conflicts of interest may also result from impacts of a proposed project. If you are appointed and become aware, or are currently aware, of such conflicts you should promptly disclose them to the City Administrator and/or City Attorney.

Do you understand the potential for conflicts and notification requirement in the event of a conflict?

☒ Yes ☐ No

By signing this application, I certify the information contained herein is true and complete to the best of my knowledge. I agree and understand that any false statements or omission of information contained in this application or any supplemental materials I submit may disqualify me from further consideration or result in immediate dismissal if discovered at a later date.

I authorize the City of Maple Plain to verify the information I have provided in this Employment Application, including employment history, education and other background investigations.

Applicant Name: NATHAN PEARSON

Applicant Signature: [Signature]

Date: 8/12/2024

REFERENCES

Provide the following data for 3 to 5 people (not relatives) whom we may contact regarding your qualifications.

Name	Ryan Gonisior	Relationship	Friends
Address	5319 Clayton Dr	Phone Number	612 701 3942
City, State, Zip	maple Plain	Email	

Name	Chris Doyle	Relationship	Friends
Address	1645 Howard Ave	Phone Number	612 599 3304
City, State, Zip	maple Plain	Email	

Name	Fred Dretzle	Relationship	Friends
Address	5574 W main	Phone Number	763 221 3376
City, State, Zip	maple Plain	Email	

Name		Relationship	
Address		Phone Number	
City, State, Zip		Email	

Name		Relationship	
Address		Phone Number	
City, State, Zip		Email	