



WATFORD CITY SPECIAL CITY COUNCIL MEETING

November 09, 2022 at 5:15 PM

City Hall – Heritage Room – 213 2ND ST NE

AGENDA

- 1. CALL SPECIAL MEETING TO ORDER**
- 2. RITA OLSON, ABATEMENT APPLICATIONS 4513-4516 (KLEPPEN)**
[A.](#) ABATEMENT APPLICATIONS 4513-4516 (KLEPPEN)
- 3. LIQUOR LICENSE VIOLATION HEARING - AMERICAN LEGION CLUB**
[A.](#) LIQUOR LICENSE VIOLATION - AMERICAN LEGION CLUB
- 4. ADJOURNMENT**

October 31, 2022

Peni Peterson, Auditor
City of Watford City
Box 494
Watford City, ND 58854

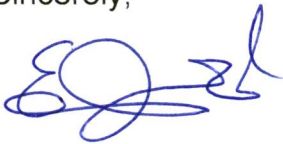
Dear Peni,

The enclosed applications for Abatement and Settlement of Taxes have been received by this office and assigned County Auditor's numbers 4513-4516.

Please have the City Council act on these applications, complete their recommendations on the back of the forms, and return to this office for final action by the County Commission. Under North Dakota Century Code 57-23-06, you must notify the applicant of the hearing before your Board.

If you have any questions, you may contact me or the Tax Director, Katie Paulson, at 701-444-3616 Ext. 3.

Sincerely,



Erica Johnsrud
McKenzie County Auditor/Treasurer

McKenzie County Auditor/Treasurer Office
Erica Johnsrud, Auditor/Treasurer

201 5th ST NW, Suite 543 Watford City, North Dakota 58854
Telephone: (701) 444-3616 Ext 3 | Fax: (701) 444-4113
ejohnsrud@co.mckenzie.nd.us

Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

Section 2, Item A.

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota

Assessment District Watford City

County of McKenzie

Property I.D. No. 82-51-03200

Name Carla Kleppen

Telephone No. _____

Address PO Box 327 Watford City, ND 58854

Legal description of the property involved in this application:

LOT- 25

1ST ADDITION, NORTH WATFORD

S1/2 LOT 25

Total true and full value of the property described above for the year 2019 is:

Land \$ 37,540

Improvements \$ 19,070

Total \$ 56,610

(1)

Total true and full value of the property described above for the year 2019 should be:

Land \$ 37,540

Improvements \$ 19,070

Total \$ 56,610

(2)

The difference of \$ _____ true and full value between (1) and (2) above is due to the following reason(s):

- ☐ 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- ☐ 2. Residential or commercial property's true and full value exceeds the market value
- ☐ 3. Error in property description, entering the description, or extending the tax
- ☐ 4. Nonexisting improvement assessed
- ☐ 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- ☐ 6. Duplicate assessment
- ☐ 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- ☐ 8. Error in noting payment of taxes, taxes erroneously paid
- ☒ 9. Property qualifies for Homestead Credit according to N.D.C.C. § 57-02-08.1. Attach a copy of Homestead Credit Application.
- ☐ 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: \$ _____ Date of purchase: _____
Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
Was there personal property involved in the purchase price? _____ Estimated value: \$ _____
yes/no
2. Has the property been offered for sale on the open market? _____ If yes, how long? _____
yes/no
Asking price: \$ _____ Terms of sale: _____
3. The property was independently appraised: _____ Purpose of appraisal: _____
yes/no
Market value estimate: \$ _____
Appraisal was made by whom? _____
4. The applicant's estimate of market value of the property involved in this application is \$ _____
5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that Homestead credit is applied. TV 2547 is eligible for 100%

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

Signature of Preparer (if other than applicant)

Date

Signature of Applicant

Date

Recommendation of the Governing Body of the City or Township

Section 2, Item A.

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

Dated this _____ day of _____, _____

 City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.

 Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from \$ _____ to \$ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of \$ _____. The Board accepts \$ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

Dated _____, _____

 County Auditor _____ Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

 County Auditor Date

**Application For Abatement
 Or Refund Of Taxes**

Name of Applicant Carla Kleppen
 County Auditor's File No. 4513
 Date Application Was Filed With The County Auditor 10/27/22
 Date County Auditor Mailed Application to Township Clerk or City Auditor 10/31/22
(must be within five business days of filing date)

**HOMESTEAD CREDIT APPLICATION FOR SENIOR CITIZENS & DISABLED**

OFFICE OF STATE TAX COMMISSIONER

24757 (5/2013)

Section 2, Item A.

For the Year of 2019

File application with the local assessor
prior to February 1 of the year for
which the credit is requested.

To: (Assessor)

City or Twp.:

County:

Applicant Information

Name: <u>Carla J. Kleppen</u>		Date of Birth: <u>8-7-59</u>
Address: <u>Box 327 WC</u>		Phone No.:
Legal Description of Applicant's Homestead Property: <u>5/2 Lot 25 North Watford 1st Add.</u>		Parcel No: <u>82-51-03200</u>
Lot: <u>25</u>	Block:	City: <u>Watford City</u>
Addition: <u>N Watford 1st</u>		

1. Which of the following would best describe the type of ownership of the homestead property (check only one):

- A. Is recorded in your (and spouse's) name as owner ☒ D. Is held under a life estate in property ☐
 B. Is being purchased by you under a contract for deed ☐ E. Is held in a revocable trust ☐
 C. Is held in joint tenancy with one other than spouse ☐

2. Is the above-described property exempt as a farm residence? Yes ☐ No ☒

3. Do you have assets in excess of \$500,000 including the value of any assets gifted or otherwise
divested within the last three years, and including the market value of your homestead? Yes ☐ No ☒

To Be Completed By The AssessorApplication is: Approved ☒ Denied ☐ 100 % reduction allowed this applicant or a maximum of \$ 5025

Reason for denial:

Date: 10/27/22Signature of Assessor: Katie Paulson**Income and Medical Expense Information**

The Following is an Accurate Account of Total Income for the Preceding Calendar Year
(See the back of this application for explanation of income from all sources)

4. Applicant's and spouse's income from Social Security benefits (exclude Medicare):	\$ <u>19,000</u>	
5. Applicant's and spouse's income from salary and wages:	\$	
6. Applicant's and spouse's income from interest:	\$	
7. Applicant's and spouse's income from all other sources:	\$	
8. Dependents' total income from all sources:	\$	
9. Total income from all sources (add lines 4, 5, 6, 7, and 8):		\$ <u>19,000</u>
Medical expenses actually paid during the year and not paid for by insurance:		
Total amount of health and hospital insurance premiums (exclude Medicare):	\$	
Medicine and drugs:	\$	
Doctor, dentist, and hospital costs:	\$	
Hearing aids, eyeglasses, dentures, etc.:	\$	
Transportation costs for medical care: (51 cents per mile through April 16, 2012 and 55.5 cents per mile beginning April 17, 2012)	\$	
Nursing home care costs and/or home nursing care costs:	\$	
10. Total medical expenses:		\$ <u>NA</u>
11. Income from all sources excluding medical expenses (line 9 less line 10):		\$ <u>19,000</u> *

Applicant Signature

I declare that this application has been examined by me and to the best of my knowledge and belief is a true and correct application.
I am willing to furnish proof of age, income, and assets if requested to do so by someone authorized to administer this assessment credit. I reside on the property described in this application and I hereby claim the Homestead Credit on this property as provided for in N.D.C.C § 57-02-08.1.

Date: 10-27-2022Signature of Applicant: Carla Kleppen

Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

Section 2, Item A.

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota

Assessment District Watford City

County of McKenzie

Property I.D. No. 82-51-03200

Name Carla Kleppen

Telephone No. _____

Address PO Box 327 Watford City, ND 58854

Legal description of the property involved in this application:

LOT- 25

1ST ADDITION, NORTH WATFORD

S1/2 LOT 25

M-L-I

+

Total true and full value of the property described above for the year 2020 is:

Land	\$ <u>40,950</u>
Improvements	\$ <u>17,850</u>
Total	\$ <u>58,800</u>

(1)

Total true and full value of the property described above for the year 2020 should be:

Land	\$ <u>40,950</u>
Improvements	\$ <u>17,850</u>
Total	\$ <u>58,800</u>

(2)

The difference of \$ _____ true and full value between (1) and (2) above is due to the following reason(s):

- ☐ 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- ☐ 2. Residential or commercial property's true and full value exceeds the market value
- ☐ 3. Error in property description, entering the description, or extending the tax
- ☐ 4. Nonexisting improvement assessed
- ☐ 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- ☐ 6. Duplicate assessment
- ☐ 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- ☐ 8. Error in noting payment of taxes, taxes erroneously paid
- ☒ 9. Property qualifies for Homestead Credit according to N.D.C.C. § 57-02-08.1. Attach a copy of Homestead Credit Application.
- ☐ 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: \$ _____ Date of purchase: _____
Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
Was there personal property involved in the purchase price? _____ Estimated value: \$ _____
yes/no
2. Has the property been offered for sale on the open market? _____ If yes, how long? _____
yes/no
Asking price: \$ _____ Terms of sale: _____
3. The property was independently appraised: _____ Purpose of appraisal: _____
yes/no
Market value estimate: \$ _____
Appraisal was made by whom? _____
4. The applicant's estimate of market value of the property involved in this application is \$ _____
5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that Homestead credit is applied. TV 2117 is eligible for 80%

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

Signature of Preparer (If other than applicant)

Date

Signature of Applicant

Date

Recommendation of the Governing Body of the City or Township

Section 2, Item A.

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

Dated this _____ day of _____, _____

 City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.

 Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from \$ _____ to \$ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of \$ _____. The Board accepts \$ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

Dated _____,

 County Auditor _____ Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

 County Auditor Date

**Application For Abatement
 Or Refund Of Taxes**

Name of Applicant Carla Klepper
 County Auditor's File No. 4514
 Date Application Was Filed With The County Auditor 10/27/22
 Date County Auditor Mailed Application to Township Clerk or City Auditor 10/31/22
(must be within five business days of filing date)



HOMESTEAD CREDIT APPLICATION FOR SENIOR CITIZENS & DISABLED PERSONS

OFFICE OF STATE TAX COMMISSIONER
24757 (5/2013)

Section 2, Item A.

For the Year of 2020

File application with the local assessor
prior to February 1 of the year for
which the credit is requested.

To: (Assessor)

City or Twp.:

County:

Applicant Information

Name: <u>Carla J. Kleppen</u>		Date of Birth: <u>8-7-59</u>
Address: <u>Box 327 WC</u>		Phone No.:
Legal Description of Applicant's Homestead Property: <u>5 1/2 Lot 25 North Watford 1st Add</u>		Parcel No.:
Lot <u>25</u>	Block	Addition <u>N Watford 1st</u>
		City <u>Watford City</u>

1. Which of the following would best describe the type of ownership of the homestead property (check only one):

- | | |
|---|---|
| A. Is recorded in your (and spouse's) name as owner <input checked="" type="checkbox"/> | D. Is held under a life estate in property <input type="checkbox"/> |
| B. Is being purchased by you under a contract for deed <input type="checkbox"/> | E. Is held in a revocable trust <input type="checkbox"/> |
| C. Is held in joint tenancy with one other than spouse <input type="checkbox"/> | |

2. Is the above-described property exempt as a farm residence? Yes ☐ No ☒

3. Do you have assets in excess of \$500,000 including the value of any assets gifted or otherwise
divested within the last three years, and including the market value of your homestead? Yes ☐ No ☒

To Be Completed By The Assessor

Application is: Approved ☒ Denied ☐ 80 % reduction allowed this applicant or a maximum of \$ 5625

Reason for denial:

Date: 10/27/22 Signature of Assessor: Kate Paulson

Income and Medical Expense Information

The Following is an Accurate Account of Total Income for the Preceding Calendar Year
(See the back of this application for explanation of income from all sources)

4. Applicant's and spouse's income from Social Security benefits (exclude Medicare):	\$ <u>25,000</u>	
5. Applicant's and spouse's income from salary and wages:	\$	
6. Applicant's and spouse's income from interest:	\$	
7. Applicant's and spouse's income from all other sources:	\$ <u>200.00</u>	
8. Dependents' total income from all sources:	\$	
9. Total income from all sources (add lines 4, 5, 6, 7, and 8):	\$ <u>25,200</u>	
Medical expenses actually paid during the year and not paid for by insurance:		
Total amount of health and hospital insurance premiums (exclude Medicare):	\$	
Medicine and drugs:	\$	
Doctor, dentist, and hospital costs:	\$	
Hearing aids, eyeglasses, dentures, etc.:	\$	
Transportation costs for medical care: (51 cents per mile through April 16, 2012 and 55.5 cents per mile beginning April 17, 2012)	\$	
Nursing home care costs and/or home nursing care costs:	\$	
10. Total medical expenses:	\$	
11. Income from all sources excluding medical expenses (line 9 less line 10):	\$ <u>25,200</u>	*

Applicant Signature

I declare that this application has been examined by me and to the best of my knowledge and belief is a true and correct application.
I am willing to furnish proof of age, income, and assets if requested to do so by someone authorized to administer this assessment credit. I reside on the
property described in this application and I hereby claim the Homestead Credit on this property as provided for in N.D.C.C. § 57-02-08.1.

Date: 10-27-22 Signature of Applicant: Carla J. Kleppen

Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

Section 2, Item A.

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota Assessment District Watford City
County of McKenzie Property I.D. No. 82-51-03200
Name Carla Kleppen Telephone No. _____
Address PO Box 327 Watford City, ND 58854

Legal description of the property involved in this application:

LOT- 25
1ST ADDITION, NORTH WATFORD
S1/2 LOT 25

M-L-I

+

Total true and full value of the property described above for the year 2021 is:

Land \$ 40,950
Improvements \$ 17,850
Total \$ 58,800
(1)

Total true and full value of the property described above for the year 2021 should be:

Land \$ 40,950
Improvements \$ 17,850
Total \$ 58,800
(2)

The difference of \$ _____ true and full value between (1) and (2) above is due to the following reason(s):

- ☐ 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- ☐ 2. Residential or commercial property's true and full value exceeds the market value
- ☐ 3. Error in property description, entering the description, or extending the tax
- ☐ 4. Nonexisting improvement assessed
- ☐ 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- ☐ 6. Duplicate assessment
- ☐ 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- ☐ 8. Error in noting payment of taxes, taxes erroneously paid
- ☒ 9. Property qualifies for Homestead Credit according to N.D.C.C. § 57-02-08.1. Attach a copy of Homestead Credit Application.
- ☐ 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: \$ _____ Date of purchase: _____
Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
Was there personal property involved in the purchase price? _____ Estimated value: \$ _____
yes/no
2. Has the property been offered for sale on the open market? _____ If yes, how long? _____
yes/no
Asking price: \$ _____ Terms of sale: _____
3. The property was independently appraised: _____ Purpose of appraisal: _____
yes/no
Market value estimate: \$ _____
Appraisal was made by whom? _____
4. The applicant's estimate of market value of the property involved in this application is \$ _____
5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that Homestead credit is applied. TV 2646 is eligible for 100%

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

Signature of Preparer (if other than applicant)

Date

Signature of Applicant

Date

Recommendation of the Governing Body of the City or Township

Section 2, Item A.

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

Dated this _____ day of _____, _____.

City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from \$ _____ to \$ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of \$ _____. The Board accepts \$ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

Dated _____, _____.

County Auditor

Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

County Auditor

Date

**Application For Abatement
Or Refund Of Taxes**

Name of Applicant Carla Kleppen

County Auditor's File No. 4515

Date Application Was Filed With The County Auditor 10/27/22

Date County Auditor Mailed Application to Township Clerk or City Auditor 10/31/22

(must be within five business days of filing date)

**HOMESTEAD CREDIT APPLICATION FOR SENIOR CITIZENS & DISABLED**OFFICE OF STATE TAX COMMISSIONER
24757 (5/2013)

Section 2, Item A.

For the Year of 2021File application with the local assessor
prior to February 1 of the year for
which the credit is requested.

To: (Assessor)

City or Twp.:

County:

Applicant Information

Name: <u>Carla Kleppen</u>		Date of Birth: <u>8-7-59</u>
Address: <u>Box 327</u>		Phone No.:
Legal Description of Applicant's Homestead Property: <u>1/2 Lot 25, N Watford 1st Add</u>		Parcel No: <u>82-51-03200</u>
Lot <u>25</u>	Block	Addition <u>N Watford 1st Add</u> City <u>Watford City</u>

1. Which of the following would best describe the type of ownership of the homestead property (check only one):

- A. Is recorded in your (and spouse's) name as owner ☒ D. Is held under a life estate in property ☐
 B. Is being purchased by you under a contract for deed ☐ E. Is held in a revocable trust ☐
 C. Is held in joint tenancy with one other than spouse ☐

2. Is the above-described property exempt as a farm residence? Yes ☐ No ☒3. Do you have assets in excess of \$500,000 including the value of any assets gifted or otherwise
divested within the last three years, and including the market value of your homestead? Yes ☐ No ☒**To Be Completed By The Assessor**Application is: Approved ☒ Denied ☐ _____ % reduction allowed this applicant or a maximum of \$ _____

Reason for denial:

Date: _____ Signature of Assessor: _____

Income and Medical Expense Information

The Following is an Accurate Account of Total Income for the Preceding Calendar Year
(See the back of this application for explanation of income from all sources)

4. Applicant's and spouse's income from Social Security benefits (exclude Medicare):	\$	
5. Applicant's and spouse's income from salary and wages:	\$ <u>21,000</u>	
6. Applicant's and spouse's income from interest:	\$ <u>0</u>	
7. Applicant's and spouse's income from all other sources:	\$ <u>40</u>	
8. Dependents' total income from all sources:	\$	
9. Total income from all sources (add lines 4, 5, 6, 7, and 8):		\$ <u>20,040</u>
Medical expenses actually paid during the year and not paid for by insurance:		
Total amount of health and hospital insurance premiums (exclude Medicare):	\$	
Medicine and drugs:	\$	
Doctor, dentist, and hospital costs:	\$	
Hearing aids, eyeglasses, dentures, etc.:	\$	
Transportation costs for medical care: (51 cents per mile through April 16, 2012 and 55.5 cents per mile beginning April 17, 2012)	\$	
Nursing home care costs and/or home nursing care costs:	\$	
10. Total medical expenses:	<u>NA</u>	\$
11. Income from all sources excluding medical expenses (line 9 less line 10):		\$ <u>20,040</u> *

Applicant Signature

I declare that this application has been examined by me and to the best of my knowledge and belief is a true and correct application.
 I am willing to furnish proof of age, income, and assets if requested to do so by someone authorized to administer this assessment credit. I reside on the
 property described in this application and I hereby claim the Homestead Credit on this property as provided for in N.D.C.C § 57-02-08.1.

Date: 10-27-2022Signature of Applicant: Carla Kleppen

North Dakota Century Code § 57-23-04

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

12

Recommendation of the Governing Body of the City or Township

Section 2, Item A.

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

Dated this _____ day of _____, _____
City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from \$ _____ to \$ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of \$ _____. The Board accepts \$ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

Dated _____, _____

County Auditor

Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

County Auditor

Date

**Application For Abatement
Or Refund Of Taxes**

Name of Applicant

Carla Kleppen

County Auditor's File No.

4516

Date Application Was Filed
With The County Auditor

10/27/22

Date County Auditor Mailed
Application to Township
Clerk or City Auditor

10/31/22

(must be within five business days of filing date)



HOMESTEAD CREDIT APPLICATION FOR SENIOR CITIZENS & DISABLED PERSONS

OFFICE OF STATE TAX COMMISSIONER
24757 (5/2013)

Section 2, Item A.

For the Year of 2022

File application with the local assessor
prior to February 1 of the year for
which the credit is requested.

To: (Assessor)

City or Twp.:

County:

Applicant Information

Name: <u>Carla J. Kluppen</u>		Date of Birth: <u>8-7-69</u>
Address: <u>Box 321 WL</u>		Phone No.:
Legal Description of Applicant's Homestead Property: <u>5 1/2 Lot 25 North Watford 1st Add.</u>		Parcel No: <u>82-61-03200</u>
Lot <u>25</u>	Block	City <u>Watford City</u>
Addition <u>N Watford 1st</u>		

1. Which of the following would best describe the type of ownership of the homestead property (check only one):

- | | |
|---|---|
| A. Is recorded in your (and spouse's) name as owner <input checked="" type="checkbox"/> | D. Is held under a life estate in property <input type="checkbox"/> |
| B. Is being purchased by you under a contract for deed <input type="checkbox"/> | E. Is held in a revocable trust <input type="checkbox"/> |
| C. Is held in joint tenancy with one other than spouse <input type="checkbox"/> | |

2. Is the above-described property exempt as a farm residence? Yes ☐ No ☒

3. Do you have assets in excess of \$500,000 including the value of any assets gifted or otherwise
divested within the last three years, and including the market value of your homestead? Yes ☐ No ☒

To Be Completed By The Assessor

Application is: Approved ☒ Denied ☐ 100 % reduction allowed this applicant or a maximum of \$ 5625

Reason for denial:

Date:

Signature of Assessor: Kathy Paulson

Income and Medical Expense Information

The Following is an Accurate Account of Total Income for the Preceding Calendar Year
(See the back of this application for explanation of income from all sources)

4. Applicant's and spouse's income from Social Security benefits (exclude Medicare):	\$ <u>21,000</u>	
5. Applicant's and spouse's income from salary and wages:	\$	
6. Applicant's and spouse's income from interest:	\$	
7. Applicant's and spouse's income from all other sources:	\$	
8. Dependents' total income from all sources:	\$ <u>200</u>	
9. Total income from all sources (add lines 4, 5, 6, 7, and 8):		
Medical expenses actually paid during the year and not paid for by insurance:		
Total amount of health and hospital insurance premiums (exclude Medicare):	\$	
Medicine and drugs:	\$	
Doctor, dentist, and hospital costs:	\$	
Hearing aids, eyeglasses, dentures, etc.:	\$	
Transportation costs for medical care: (51 cents per mile through April 16, 2012 and 55.5 cents per mile beginning April 17, 2012)	\$	
Nursing home care costs and/or home nursing care costs:	\$	
10. Total medical expenses:	\$ <u>NA</u>	
11. Income from all sources excluding medical expenses (line 9 less line 10):		\$ <u>21,200</u> *

Applicant Signature

I declare that this application has been examined by me and to the best of my knowledge and belief is a true and correct application.
I am willing to furnish proof of age, income, and assets if requested to do so by someone authorized to administer this assessment credit. I reside on the
property described in this application and I hereby claim the Homestead Credit on this property as provided for in N.D.C.C. § 57-02-08.1.

Date: 10-27-22

Signature of Applicant: Carla Kluppen

NOTIFICATION OF VIOLATION

Please take notice that penalties are being sought against **American Legion Club** under Sections 6-535 and 6-521 of the Watford City Ordinances. These sections of the ordinances allows the City Council to review a liquor license holder's license for cause. Possible penalties include revocation or suspension of your liquor license and/or a monetary administrative penalty.

Violations of Section 6-535 carry the following penalties in addition to possible license revocation:

First Offense: Five hundred dollar (\$500.00) administrative penalty.

Second Offense: One thousand two hundred fifty dollars (\$1,250.00) administrative penalty, plus one (1) day suspension of alcoholic beverage license. Said suspension shall be served within seven (7) days (not including weekends and holidays) after notification of finding of a violation. The date shall be reported to the chief of police by the licensee prior to serving the suspension.

Third Offense: Two thousand five hundred dollars (\$2,500.00) administrative penalty, plus a three-day suspension of alcoholic beverage license. Said suspension shall be served within seven (7) days (not including weekends and holidays) after notification of finding of a violation. The dates shall be reported to the chief of police by the licensee prior to serving the suspension. Mandatory controlled access at each usable access point from the hours of 6:00 p.m.—1:00 a.m. for one (1) year will also be required. If during the one (1) year of required controlled access another offense occurs, there shall be an additional two (2) years of controlled access required. For locations where individuals under twenty-one (21) are allowed, controlled access shall not be required.

Fourth Offense: Five thousand dollars (\$5,000.00) administrative penalty, plus seven (7) days suspension of alcoholic beverage license. Said suspension shall be served within fourteen (14) days (not including weekends and holidays) after notification of finding of a violation. The dates shall be reported to the chief of police by the licensee prior to serving the suspension. Mandatory controlled access at each usable access point from the hours of 6:00 p.m.—1:00 a.m. for three (3) years will also be required. For locations where individuals under twenty-one (21) are allowed, controlled access shall not be required.

Fifth Offense: Loss of license. The alcoholic beverage license will be revoked immediately upon finding of a violation. The licensee shall not have an opportunity to reapply for the license for a period of thirty (30) days after revocation. If a license is reissued, it will have requirements and contingencies placed on it as deemed appropriate by the City Council.

Under Section 6-521, failing to use an electronic identification card reader and serving an alcoholic beverage to an individual under the age of 21 requires an a additional penalty of \$500.00 in administrative fees. Revocations are possible if the Council determines they are justified. For purposes of determining your number of offenses, no offenses happening at least 36 months prior to the most recent offense are counted.

This is your **first** offense. If found to be in violation of this offenses, the penalty would be \$500.00 in administrative penalties.

The facts leading to this review are as follows:

On September 24, 2022 the Watford City Police Department conducted an alcohol compliance check at the American Legion Club. During the check, an officer witnessed an employee of the establishment serve an alcoholic beverage to an individual who was under the age of 21 without using an electronic identification card reader. Serving alcohol to an individual under the age of 21 is a violation of Watford City Ordinance 6-521.

You have the right to request a hearing on this matter with the City Council. If you do not send written notification to the City Auditor’s office within ten (10) days of the date below of your request to have a hearing, you will be deemed to have accepted your penalty without a hearing. If you request a hearing, you will be notified of the date and time of the hearing. The hearing will not be less than fifteen (15) days from the date of that notification. If you disagree with the results of the hearing, you will have the opportunity to appeal to the District Court. After the expiration of time or after the hearing if one is requested, you will be served with findings of fact, conclusions of law and an order that will either detail the penalty or show the determination that no violation occurred.

If you have any questions or concerns regarding this notice or anything explained in this notice, please contact City Hall. If you are unsure as to whether or not you want a hearing, you should request one. If you determine later that you do not want a hearing, it can be waived. If you do not request a hearing within the ten days, you will not be able to have a hearing, even if the determination has not yet been made by the City Council.

Date

City Auditor