

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

www.McKenzieCounty.net

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

Application For Abatement Or Refund Of Taxes North Dakota Century Code § 57-23-04

Section 2, ItemA.

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 Distric | 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 | | | |
| - MLI Total true and full value of the property described | | | 0 |
| above for the year is: | | above for the year | ue of the property described 2019 should be: |
| Land \$ 37,540 | | Land | \$ 37.540 |
| Improvements § 19,070 | | Improvements | \$ 19,070 |
| Total \$ 56,610 | | Total | s_56,610 |
| (1) | | | (2) |
| The difference of S true and full value betw | | | ; reason(s): |
| Agricultural property true and full value exceeds its agricultur Residential or commercial property's true and full value excee | al value defined in N. | D.C.C. § 57-02-27.2 | |
| 3. Error in property description, entering the description, or exter | | | |
| 4. Nonexisting improvement assessed | | | |
| 5. Complainant or property is exempt from taxation. Attach a co 6. Duplicate assessment | py of Application for | Property Tax Exemption. | |
| 7. Property improvement was destroyed or damaged by fire, floor | d, tornado, or other na | tural 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 10. Other (explain) | . § 57-02-08.1. Attac | h a copy of Homestead C | redit Application. |
| The following facts relate to the market value of the residential or comquestion #5. 1. Purchase price of property: \$ Date of purchase price of property: \$ Trade | hase: | | |
| | | | |
| Was there personal property involved in the purchase price? | | | |
| Has the property been offered for sale on the open market? | . If yes, how lon | g? | |
| Asking price: \$ Terms of sale: | | | |
| The property was independently appraised: Purpose o yes/no | f appraisal: | | |
| | arket value estimate: 5 | S | |
| Appraisal was made by whom? | | | |
| 4. The applicant's estimate of market value of the property involved in | | | |
| 5. The estimated agricultural productive value of this property is exces | ssive because of the fo | ollowing condition(s): | |
| Hamada da Paris da Truccas | | 200/ | |
| Applicant asks that Homestead credit is applied. TV 2547 | is eligible for 1 | 00% | |
| | | | |
| | | | |
| | | | |
| By filing this application, I consent to an inspection of the above-describe appraisal of the property. I understand the official will give me reasonable. | ed property by an auth le notification of the in | orized assessment officianspection. See N.D.C.C. | I for the purpose of making an § 57-23-05.1. |
| I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides matter that this application is, to the best of my knowledge and belief, a | for a Class A misden true and correct applie | neanor for making a false cation. | e statement in a governmental |
| Signature of Preparer (If other than applicant) Date | Signature of App | licant | Date |

24775 (Revised 8-2007)

| Recommendation of the gove | erning board of | | | |
|----------------------------------|--|---------------------------------|---|--|
| On | the govern | ing board of this municipali | ity, after examination of this | s application and the facts, passed |
| a resolution recommending to | the Board of County Commiss | sioners that the application b | e | |
| | | | | |
| | | | | |
| Dated this | day of | | | |
| | | Ci | ity Auditor or Township Cl | erk |
| | Action by the | he Board of County Cor | mmissioners | |
| | | | | |
| Application wasAppro | by action o | of | County Board | of Commissioners. |
| Based upon an examin | ation of the facts and the provisi | ions of North Dakota Centur | ry Code 8 57-23-04, we apr | rove this application. The taxable |
| - | · | | | ed 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 applica | tion in whole or in part for th | ne following reason(s). Wi | ritten explanation of the ra | ationale for the decision must be |
| attached. | | | | |
| 1 | | | | |
| | | | | |
| Dated | | | | |
| County Auditor | | _ | | Chairperson |
| County Auditor | Cer | tification of County Auc | ditor | Champerson |
| | of County Commissioners took the assessment and the payme | | | the office of the County Treasurer |
| show the following facts as a | | | Date Paid | Payment Made |
| Year | Taxable Value | Tax | (if paid) | Under Written Protest? |
| | | | | yes/no |
| I further certify that the taxab | ole valuation and the taxes order | ed abated or refunded by the | e Board of County Commis | sioner are as follows: |
| Year | Reduction in Tax | xable Valuation | Redu | ction in Taxes |
| | | | | |
| | | | | |
| | | | County Auditor | Date |
| | | | | |
| | | 1 | | |
| | | | ~ | g date) |
| | i i | \$ | 8 | of filin |
| | temo | d (| A | iness day |
| | Aba | 3 | 1513 | (must be within five business days of filing date) |
| | For nd O | 3 | 7 9 9 | oe within |
| | tion | 3 | No. | (must b |
| | Application For Abatement Or Refund Of Taxes | Name of Applicant Carla Ulupper | County Auditor's File No. Date Application Was Filed With The County Auditor Mailed Date County Auditor Mailed Cleek or City Auditor Auditor | |
| | App | pplicar | cation County ty Aud its Aud | |
| | | c of A | County Auditor's File Date Application Was With The County Auditor? Date County Auditor? Application to Townsh | |
| | | Nam | Cou. Date With Appl | |



HOMESTEAD CREDIT APPLICATION FOR SENIOR CITIZENS & DISABLED

Section 2, ItemA.

OFFICE OF STATE TAX COMMISSIONER 24757 (5/2013)

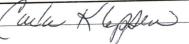
| | For the Year of 2019 |
|----------------|----------------------|
| Γο: (Assessor) | |
| City or Twp.: | |
| County: | |

File application with the local assessor prior to February 1 of the year for which the credit is requested. **Applicant Information** Name: Phone No. Address Legal Description of Applicant's Homestead Property Block Lot 1. Which of the following would best describe the type of ownership of the homestead property (check only one): D. Is held under a life estate in property A. Is recorded in your (and spouse's) name as owner E. Is held in a revocable trust B. Is being purchased by you under a contract for deed C. Is held in joint tenancy with one other than spouse 2. Is the above-described property exempt as a farm residence? Yes \square 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? To Be Completed By The Assessor % reduction allowed this applicant or a maximum of \$ 5025 Denied Approved X Application is: Reason for denial: 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) 19.000 4. Applicant's and spouse's income from Social Security benefits (exclude Medicare): 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: 9000 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: 9,000

11. Income from all sources excluding medical expenses (line 9 less line 10): **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: 10-27-0002 |
|------------------|
|------------------|



Application For Abatement Or Refund Of Taxes 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.

| State of North Dakota | Assessment Distric | 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 MH Total true and full value of the property described above for the year 2020 is: Land \$40.950 | | above for the year | s 40.950 |
| Improvements s 17,850 | | Improvements | |
| Total \$ <u>58.800</u> | | Total | \$ 58,800 |
| The difference of S true and full value between | een (1) and (2) abov | e is due to the following | g reason(s): |
| 1. Agricultural property true and full value exceeds its agricultura 2. Residential or commercial property's true and full value exceed 3. Error in property description, entering the description, or extend 4. Nonexisting improvement assessed 5. Complainant or property is exempt from taxation. Attach a cop 6. Duplicate assessment 7. Property improvement was destroyed or damaged by fire, flood 8. Error in noting payment of taxes, taxes erroneously paid 9. Property qualifies for Homestead Credit according to N.D.C.C. 10. Other (explain) | Is the market value ding the tax by of Application for tornado, or other na | Property Tax Exemption attural disaster (see N.D.C. | C.C. § 57-23-04(1)(g)) |
| The following facts relate to the market value of the residential or comm question #5. | nercial property desc | cribed above. For agricul | tural property, go directly to |
| Purchase price of property: \$ Date of purch | ase: | | |
| Terms: Cash Contract Trade | | | |
| Was there personal property involved in the purchase price? | Estimated v | alue: \$ | |
| Has the property been offered for sale on the open market? | . If yes, how lon | g? | |
| Asking price: \$ Terms of sale: | | | |
| The property was independently appraised: Purpose of | appraisal: | | |
| | rket value estimate: | \$ | |
| Appraisal was made by whom? 4. The applicant's estimate of market value of the property involved in | this application is \$ | | |
| The applicant's estimate of market value of the property involved in The estimated agricultural productive value of this property is excess. | | | |
| | | | |
| Applicant asks that Homestead credit is applied. TV 2117 | is eligible for 8 | 00% | |
| By filing this application, I consent to an inspection of the above-describe appraisal of the property. I understand the official will give me reasonable | le notification of the | inspection. See N.D.C.C | 2. § 57-23-05.1. |
| I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides matter, that this application is, to the best of my knowledge and belief, a to the best of my knowledge and belief, a signature of Prenares (If other thin applicant). | for a Class A misde true and correct appl | ication. | se statement in a governmental |

| Recommendation of the gover | ming board of | | | |
|--|---|--|--|---|
| On | , the go | verning board of this municipali | ity, after examination of this | application and the facts, passed |
| a resolution recommending to | the Board of County Com | missioners that the application b | e | |
| | | | | |
| | | | | |
| Dated this | _day of | | it. A. diana Tamahia Cil | .1 |
| | | C | ity Auditor or Township Cle | rk |
| | Action 1 | by the Board of County Cor | nmissioners | |
| Application was | by actived/Rejected | on of | County Board of | of Commissioners. |
| | | | | |
| | • | | | rove this application. The taxable accordingly. The taxes, if paid, |
| | | | | in full settlement of taxes for the |
| tax year | | • | | |
| attacned. | | | | |
| Dated | .,, | | | |
| County Auditor | | | | Chairperson |
| I certify that the Board of show the following facts as to | of County Commissioners t | Certification of County Aud took the action stated above and to yment of taxes on the property d | the records of my office and | the office of the County Treasurer |
| Year | Taxable Value | Tax | Date Paid (if paid) | Payment Made Under Written Protest? |
| Tetti | Tuxuote varue | Tux | (ii paid) | yes/no |
| I further certify that the taxabl | e valuation and the taxes of | ordered abated or refunded by the | e Board of County Commiss | sioner are as follows: |
| Year | Reduction in | n Taxable Valuation | Reduc | ction in Taxes |
| | | | | |
| | | | | |
| | | ì | County Auditor | Date |
| | | | | |
| | Application For Abatement Or Refund Of Taxes | ia Vapper | 10/37/22 10/31/22 | (must be within five basiness days of filing date) |
| | Application Or Refu | Name of Applicant Carle Duppe | County Auditor's File No. Date Application Was Filed With The County Auditor Date County Auditor Mailed Application to Township Clerk or City Auditor | (must l |

GREAT SEA

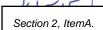
| HOMESTEAD CREDIT APPLICATION | FOR SENIOR CITIZENS & | DISABLED P. | |
|---|---|--|----------|
| OFFICE OF STATE TAX COMMISSIONER 24757 (5/2013) | | For the Year | of 2020 |
| OF NORTH OF | To: (Assessor) | AND THE RESERVE OF THE PARTY OF | |
| File application with the local assessor | City or Twp.: | | |
| prior to February 1 of the year for | | | |
| which the credit is requested. | County: | | |
| | Information | I Data of Birth | |
| Name: Carla d. Kleppen | | Date of Birth: 7-59 | |
| Address: Bax 327 WV | | Phone No.: | |
| Legal Description of Applicant's Homestead Property: 5/2 Lot 25 North Watford 15 Add | | Parcel No: | |
| | Addition N Watford 1st | City Watford | Cotus |
| Which of the following would best describe the type of ownership of the | | 1 V V V V V V V V V V V V V V V V V V V | |
| 2/ | D. Is held under a life estat | te in property | 0 |
| B. Is being purchased by you under a contract for deed | E. Is held in a revocable tr | | |
| C. Is held in joint tenancy with one other than spouse | | | |
| 2. Is the above-described property exempt as a farm residence? Yes \Box | No XI | | |
| 3. Do you have assets in excess of \$500,000 including the value of any assedivested within the last three years, and including the market value of your content of the cont | | No P | |
| To Be Complete | ed By The Assessor | | |
| 20 | allowed this applicant or a maximum o | rs 5625 | |
| Application is: Approved Denied% reduction Reason for denial: | allowed unit appreciate of a maximum of | | |
| 0/2/2/2 | 1 La lin | | |
| Date: 0 2 Signature of Assessor: | The fall of | | |
| Income and Medica | I Expense Information | | WAS THE |
| The Following is an Accurate Account of T (See the back of this application for | | | |
| 4. Applicant's and spouse's income from Social Security benefits (e | | 25,000 | |
| 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: | \$ | 200 00 | |
| 8. Dependents' total income from all sources: | \$ | | 72.8 |
| 9. Total income from all sources (add lines 4, 5, 6, 7, and 8): | | \$ | 25,200 _ |
| Medical expenses actually paid during the year and not paid for b | by insurance: | | |
| Total amount of health and hospital insurance premiums (exc | | | |
| Medicine and drugs: | | | |
| Doctor, dentist, and hospital costs: | \$ | lai. | |
| Hearing aids, eyeglasses, dentures, etc.: | \$ | | |
| Transportation costs for medical care: (51 cents per mile thro | ough 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: | and line 10). | \$ | 25,200 * |
| 11. Income from all sources excluding medical expenses (line 9 le | ess line 10): | [3 | FILED |

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. | 2 | - | 22 |
|-------|-----|---|---|----|
| | | | | |

| rale A | leppen |
|--------|--------|
| | |



Application For Abatement Or Refund Of Taxes 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.

| 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 | | | |
| - МН | | | |
| Total true and full value of the property described above for the year <u>2021</u> is: | | above for the year | ue of the property described 2021 should be: |
| Land § 40.950 | | Land | s 40,950 |
| Improvements § 17,850 | | Improvements | s_17,850 |
| Total \$ <u>58.800</u> | | Total | \$ 58.800 |
| The difference of S true and full value betw | veen (1) and (2) above | e is due to the following | |
| Residential or commercial property's true and full value excee Error in property description, entering the description, or exter Nonexisting improvement assessed Complainant or property is exempt from taxation. Attach a co Duplicate assessment Property improvement was destroyed or damaged by fire, floo Error in noting payment of taxes, taxes erroneously paid Property qualifies for Homestead Credit according to N.D.C.C Other (explain) | nding the tax ppy of Application for l d, tornado, or other na | tural disaster (see N.D.C | C.C. § 57-23-04(1)(g)) |
| The following facts relate to the market value of the residential or com | mercial property descr | ribed above. For agricul | tural property, go directly to |
| question #5. 1. Purchase price of property: \$ Date of purc | haca: | | |
| Terms: Cash Contract Trade | | | |
| Was there personal property involved in the purchase price? | | | |
| • | | | |
| Has the property been offered for sale on the open market? | no | | |
| Asking price: \$ Terms of sale: | | | |
| 3. The property was independently appraised: Purpose of | of appraisal: | | |
| | arket value estimate: \$ | 5 | |
| 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 exce | | | |
| | | | |
| Applicant asks that Homestead credit is applied. TV 2646 | 5 is eligible for 1 | 00% | |
| By filing this application, I consent to an inspection of the above-describ appraisal of the property. I understand the official will give me reasonal | ble notification of the i | nspection. See N.D.C.C | 2. § 57-23-05.1. |
| I declare under the penaltics of N.D.C.C. § 12.1-11-02, which provides matter, that this application is, to the best of my knowledge and belief, a Signature of Preparer, kif other than applicant). | | cation. | se statement in a governmental Date |

24775 (Revised 8-2007)

| Recommendation of the gove | rning board of | | | | |
|---|---|---------------------------------|---|--|---|
| On | ,, the go | verning board of this munici | pality, after examina | tion of this a | pplication and the facts, passed |
| a resolution recommending to | the Board of County Com | missioners that the application | on be | | |
| | | | | | |
| | | | | | |
| Dated this | day of | | City Auditor or To | wnship Clerk | |
| | A -45 1 | and of Country | C11 | | |
| | Action | oy the Board of County (| Commissioners | | |
| Application was by action of | | Cou | nty Board of | Commissioners. | |
| труго | vou rejecteu | | | | |
| | - | | - | | ve this application. The taxabl |
| | | | | | accordingly. The taxes, if paid in full settlement of taxes for th |
| ax year | · | The Board decepts | | , | in tail settlement of taxes for the |
| | | | | | |
| | - | | - | n of the ratio | onale for the decision must b |
| attached. | | | | | |
| | | | | | |
| | | | | | |
| Dated | | | | | |
| County Auditor | | | | | Chairperso |
| | | Certification of County A | | | |
| I certify that the Board show the following facts as to | | | | | e office of the County Treasure |
| Voor | Tayahla Valua | Tav | Date P | | Payment Made |
| Year | Taxable Value | Tax | (if pai | <u>a)</u> | Under Written Protest? yes/no |
| | | | | | <i>y</i> 20.110 |
| further certify that the taxab | le valuation and the taxes of | ordered abated or refunded by | the Board of Count | y Commissio | oner are as follows: |
| Year | Reduction in | Taxable Valuation | Reduction in Taxes | | |
| | | | | | |
| | | | | | |
| | | | County Auditor | | Date |
| | | | | | |
| | | 1 | | 1 | |
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| | | 3 | 15 | () () () () () () () () () () | |
| | tem | 9 | | | |
| | Abatem f Taxes | 22 | 5 5 | M | |
| | For Abatem Id Of Taxes | le Ka | 45/0/ | 10/3/ | |
| | ion For Abatem efund Of Taxes | arla Kl | _ | ailed 10/3/ | |
| | ication For Abatem or Refund Of Taxes | Carla Kl | _ | lled | |
| | Application For Abatem Or Refund Of Taxes | plicant Carla K.C. | _ | v Auditor Mailed to Township y Auditor former be within free bu | |
| | Application For Abatement Or Refund Of Taxes | Name of Applicant CONCE KG | County Auditor's File No. Date Application Was Filed 0 With The County Auditor | Date County Auditor Mailed Application to Township Clerk or City Auditor | |



HOMESTEAD CREDIT APPLICATION FOR SENIOR CITIZENS & DISABLED OFFICE OF STATE TAX COMMISSIONER

Section 2, ItemA.

24757 (5/2013)

| | For the Year of 2021 |
|---------------|----------------------|
| o: (Assessor) | |
| ity or Twp.: | |
| ounty: | |

File application with the local assessor

| prior to February 1 of the year for which the credit is requested. | County: | | | |
|--|---|----------------|--------------|--|
| Applicant Information | | | | |
| ame: Carla Kleppen | | Date of Birth: | ØI . | |
| ddress: Bay 21-1 | | Phone No.: | | |
| egal Description of Applicant's Homestead Property: | | Parcel No: | | |
| S/2 Lot 25 N Watford 15 Add | A: 11 | 82-51-0 | 3200 | |
| ot 25 Block | Addition N Watford 1st Ado | City Watfor | d City | |
| 1. Which of the following would best describe the type of ownership of the | homestead property (check only one): | | 0 | |
| A. Is recorded in your (and spouse's) name as owner B. Is being purchased by you under a contract for deed C. Is held in joint tenancy with one other than spouse | D. Is held under a life esta E. Is held in a revocable t | | 3 | |
| 2. Is the above-described property exempt as a farm residence? Yes | No 💋 | | | |
| Do you have assets in excess of \$500,000 including the value of any asset divested within the last three years, and including the market value of you | 8 | No Ø | | |
| To Be Complete | ed By The Assessor | | | |
| Application is: Approved 🕅 Denied 🗍% reduction | allowed this applicant or a maximum | of \$ | | |
| Reason for denial: | | | | |
| Date: Signature of Assessor: | | - | | |
| | I 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 (e | xclude Medicare): \$ | | | |
| 5. Applicant's and spouse's income from salary and wages: | \$ | 21,000 | | |
| 6. Applicant's and spouse's income from interest: | \$ | 0 | | |
| 7. Applicant's and spouse's income from all other sources: | \$ | 40 | | |
| 8. Dependents' total income from all sources: | | | - 10 0110 | |
| 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 (ex- | clude Medicare): | | | |
| Medicine and drugs: | | | | |
| Doctor, dentist, and hospital costs: | 9 | | - | |
| 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: | | | \$ 20 01/0 * | |
| 11. Income from all sources excluding interies expenses (time 7 less time 20). | | | (\$20,040) * | |
| Applica | int 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 | -2 | 7 | -2 | 02 | 2 |
|-------|----|----|---|----|----|-------------|
| Date. | 10 | | | | - | September 1 |

Application For Abatement Or Refund Of Taxes 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.

| 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 - MH | | | |
| Total true and full value of the property described above for the year 2022 is: | | Total true and full valuabove for the year | ie of the property described |
| Land \$ 38.900 | | Land | \$ 38,900 |
| Improvements \$ 18,680 | | Improvements | |
| Total \$ 57.580 | | Total | s 57,580 |
| (1) | | | (2) |
| The difference of S true and full value betw | veen (1) and (2) above | e is due to the following | reason(s): |
| Agricultural property true and full value exceeds its agricultural property agricultural property agricultural property agricultural property agricultu | | O.C.C. § 57-02-27.2 | |
| 2. Residential or commercial property's true and full value excee 3. Error in property description, entering the description, or exter | | | |
| 4. Nonexisting improvement assessed | C.A. 12 | | |
| 5. Complainant or property is exempt from taxation. Attach a co 6. Duplicate assessment | py of Application for | Property Tax Exemption. | |
| 7. Property improvement was destroyed or damaged by fire, floor | d, tornado, or other na | tural 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 | 8 57-02-08 1 Attacl | a copy of Homestead C | redit Application |
| 10. Other (explain) | | | |
| The following facts relate to the market value of the residential or comquestion #5. 1. Purchase price of property: \$ Date of purchase price of property price of property purchase price of price price of property purchase price of price pr | hase: | | |
| Terms: Cash Contract Trade Was there personal property involved in the purchase price? | | | |
| Was there personal property involved in the purchase price? | | | |
| 2. Has the property been offered for sale on the open market? | . If yes, how long | g? | |
| Asking price: \$ Terms of sale: | | | |
| yes/no | f appraisal: | | |
| | arket value estimate: 5 | 8 | |
| 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 exce | | ollowing condition(s): | |
| | | | |
| Applicant asks that Homestead credit is applied. TV 2591 | is eligible for 1 | 00% | |
| Applicant asks that | | | |
| | | | |
| | | | |
| By filing this application, I consent to an inspection of the above-describ appraisal of the property. I understand the official will give me reasonal | ped property by an authole notification of the | norized assessment offici inspection. See N.D.C.C | al for the purpose of making an . § 57-23-05.1. |
| I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides matter that this application is, to the best of my knowledge and belief, a | s for a Class A misder true and correct appli | neanor for making a fal- cation. | se statement in a governmental |
| Signature of Preparer—(if other than applicant) Date | Signature of App | olicant | Date |

24775 (Revised 8-2007)

| Recommendation of the gove | erning board of | | | | |
|----------------------------------|---|---|---|--|--|
| On | ,, the gove | rning board of this municipa | ality, after examination of thi | s application and the facts, passed | |
| a resolution recommending to | o the Board of County Commi | issioners that the application | be | | |
| | | | | | |
| | | | | | |
| Dated this | day of | ., | | | |
| | | | City Auditor or Township Cl | erk | |
| | Action by | the Board of County Co | ommissioners | | |
| | Action by | the board of county co | ommissioners | | |
| Application was | by action | ı of | County Board | of Commissioners. | |
| Appro | oved/Rejected | | | | |
| Based upon an examin | nation of the facts and the prov | isions of North Dakota Cent | ury Code § 57-23-04, we app | prove this application. The taxable | |
| valuation is reduced from \$ | | to \$ | and the taxes are reduc | ed accordingly. The taxes, if paid, | |
| will be refunded to the extent | of\$ | . The Board accepts \$ | | in full settlement of taxes for the | |
| tax year | | | | | |
| | | | | | |
| | • | | Written explanation of the r | ationale for the decision must be | |
| attached. | | | | | |
| | | | | | |
| | | | | | |
| Dated | , | | | | |
| | | | | | |
| County Auditor | | | | Chairperson | |
| I certify that the Board | | ertification of County Au ok the action stated above an | | d the office of the County Treasurer | |
| | o the assessment and the paym | | described in this application | 1. | |
| Year | Taxable Value | Tax | Date Paid (if paid) | Payment Made Under Written Protest? | |
| 1001 | Tanadic varia | | (ii paid) | yes/no | |
| | | | - | | |
| I further certify that the taxab | ble valuation and the taxes ord | ered abated or refunded by | the Board of County Commi | ssioner are as follows: | |
| Year | Reduction in T | Taxable Valuation | Reduction in Taxes | | |
| | | | | | |
| | | | • | / / | |
| | | | County Auditor | Date | |
| | | | County Auditor | Dute | |
| | | | | | |
| | | | | | |
| | | 5 | | ing date | |
| | ent | g | 200 | ys of fil | |
| | tem | 3 | 27 67 | iness da | |
| | Aba | 7 | 4516 6/76/01 | live bus | |
| | d O | 3 | 7 5 5 | within | |
| | Application For Abatement Or Refund Of Taxes | Carla Vleppen | ed . | (must be within five business days of filing date) | |
| | cativ | | County Auditor's File No. Date Application Was Filed With The County Auditor Date County Auditor Mailed Application Township | | |
| | pplii O | cant | County Auditor's File No Date Application Was File With The County Auditor Ma Date County Auditor Ma Application to Township | | |
| | ¥ | Name of Applicant | Audita plicati e Cou unty A ion to | 3 | |
| | | me of | unty / | | |
| | | Nar | O Dai | 5 | |

SAT CO

| HOMESTEAD CREDIT APPLICATION OFFICE OF STATE TAX COMMISSIONER 24757 (5/2013) | FOR SENIOR CITIZENS 8 | | ar of <u>2022</u> | |
|---|--|-----------------------------|-------------------|--|
| OF NORTH DA | To: (Assessor) | | | |
| File application with the local assessor | City or Twp.: | | | |
| prior to February 1 of the year for | County: | | | |
| which the credit is requested. | | A. A. San Care of the State | Constant Constant | |
| | Information | Date of Birth: | | |
| ame: Carla J. Kleppen | | 8-7-59 | | |
| ddress: Box 321 VC | | Phone No.: | | |
| egal Description of Applicant's Homestead Property: S1/2 Lot 26 North Watford 1st Add. Parcel No: 82-61-03200 | | | 200 | |
| ot 25) Block | Addition Watford 1st | City Watford | d City | |
| 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 B. Is being purchased by you under a contract for deed C. Is held in joint tenancy with one other than spouse 2. Is the above-described property exempt as a farm residence? Yes No No No No No No No No No No | | | | |
| | d By The Assessor | | | |
| 10 | allowed this applicant or a maximum of | of \$ 5625 | | |
| Reason for denial: | 1. 0. | | | |
| 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 (e. | xclude Medicare): \$ | 21,000 | | |
| 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: | | | 4. 22 | |
| 9. Total income from all sources (add lines 4, 5, 6, 7, and 8): | | | s 21,200 | |
| 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: | \$ | | A 14 | |
| | | | - /\ Don | |

11. Income from all sources excluding medical expenses (line 9 less line 10): **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 |
|-------|----------|
| Dute. | 10 / 1 |

10. Total medical expenses:

NOTIFICATION OF VIOLATION

Please take notice that penalties are being sought against <u>American Legion Club</u> 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.

<u>Second Offense</u>: 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.

<u>Third Offense</u>: 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.

<u>Fourth Offense</u>: 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 twentyone (21) are allowed, controlled access shall not be required.

<u>Fifth Offense:</u> 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 |
|------|--------------|