OFFICIAL NOTICE

The Des Moines County Board of Supervisors will hold a regular session on **Tuesday, April 8th, 2025** at 9:00 A.M. in the public meeting room at the Des Moines County Courthouse.

8:30 AM -Work Session: Board of Supervisors: Review of Weekly Business

PUBLIC NOTICE – the meeting can be viewed by live stream at https://desmoinescounty.iowa.gov/live/ Anyone with questions during the meeting may email the Board of Supervisors at board@dmcounty.com OR call 319-753-8203, Ext 4

TENTATIVE AGENDA:

1. Pledge of Allegiance
2. Changes to Tentative Agenda
3. Meet with Department Heads / Elected Officials
4. Correspondence
5. Discussion / Vote:
    - A. Fireworks Permit – Sperry Fireworks
    - B. The Tipsy Travelers Liquor License for Wedding at Barn on the Ridge April 26, 2025
    - C. Proclamation-Sexual Assault Awareness Month
    - D. Des Moines County Energy District Presentation
    - E. Personnel Actions:
        1. Correctional Center (2)
    - F. Report:
        1. Recorder's Report of Fees Collected, March 2025
    - G. Minutes for Special Meeting on April 1st, 2025
    - H. Minutes for Regular Meeting on April 1st, 2025
6. Other Business
7. Future Agenda Items
8. Committee Reports
9. Public Input
10. Adjournment

Work Sessions Following the Meeting:

BOS / County Engineer, Brian Carter

RE: Project Tour

DES MOINES COUNTY

APPLICATION FOR FIREWORKS DISPLAY PERMIT

(Applications should be submitted two weeks prior to event)

APPLICANT INFORMATION:

Organization/Individual Hosting Event: Sperry Fireworks Show

Applicant Name: Chad Myers

Mailing Address: 18876 111th Ave E-mail: jonimyers10@gmail.com

City: Sperry State: IA Zip Code: 52650

SITE INFORMATION:

Address/Location of Display: 18876 111th Ave Sperry IA 52650

DISPLAY INFORMATION:

Company conducting the display: J & M Displays

Mailing Address: 18064 170th Ave E-mail:

City: Yarmouth State: IA Zip Code: 52660

Date of Display: July 5 2025 Time of Display: Dusk

*Alternate Date: July 6 2025 Time of Display: Dusk

Description of Effects: (Aerial, Ground, Set Pieces, Size, Quantity and approximate length of Display)

Aerial, Ground, @ 30 mins of Display
largest shell 10"

FILED
APR 03 2025
DES MOINES CO. AUDITOR
BURLINGTON, IOWA

OPERATOR:

Name and cell phone number of Certified Fireworks Shooter who will be responsible for igniting the display. Please note: this person must be on-site during the display. **Include a copy of Certification with this permit application.**

Name: Dave Oetken Cell Phone: 319 457-1405

Alternate: Cell Phone:

Paid by ck #42297 $20.00

Have you contacted your local Fire Department with the date, time, and location of your Fireworks Display?

YES ☒ NO ☐

EMERGENCY CONTACT INFORMATION:

Display Company's contact person during event: Joni Myers

Phone: 3192090427 Alternate Phone: Chad Myers 3192098733

SIGNATURE:

Applicant Signature: _____ Date: 3/31/25

You must submit the following documentation before your application will be submitted to the Board of Supervisors:

- ☐ **Completed Application**
- ☐ **Certificate of Authorized Fireworks Shooter**
- ☐ **Payment**

Return to: **Des Moines County Auditor**
513 N. Main St.
Burlington, IA 52601

CITY/TOWNSHIP USE ONLY

I hereby affirm that I understand that no person shall handle or explode Fireworks while under the influence of alcohol, narcotics, or drugs which could adversely affect judgment, movements, or stability; that no person will set up or explode Fireworks after 11:00 pm; that no person will set up or explode Fireworks who is not 18 and qualified as set out above or who is not under the direct supervision of the Operator; the Operator will conduct a thorough search for any unexploded Fireworks or fuses; that any unexploded Fireworks will be stored or disposed of in a safe manner; and that the Sponsor, Operator, and I will follow its terms and the laws of the State of Iowa. Further, I specifically agree to protect, defend, and hold Des Moines County, Iowa, its officers and employees, and the Fire Chief/designee who signs the application harmless from all damages or claims for damages that might arise or accrue by reason of the granting of the permit for which I am applying.

Fire Chief:

- ☒ **Approved**
- ☐ **Denied – Reason:** _____

Name: Andy Kerr

Signature: _____ **Date:** 3/31/25

BOARD OF SUPERVISOR USE ONLY

- ☐ **Approved**
- ☐ **Denied – Reason:** _____

Chair Signature: _____

Date: _____

Copy to: Des Moines County Sheriff, Fire Chief, Police Dispatch

State of Iowa
Alcoholic Beverages Division

App - 218529

Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS
THE TIPSY TRAVELER'S LLC	The Tipsy Travelers	(319) 201-0470

ADDRESS OF PREMISES	PREMISES SUITE/APT NUMBER	CITY	COUNTY	ZIP
14133 Irish Ridge Road		Burlington	Des Moines	52601

MAILING ADDRESS	CITY	STATE	ZIP
1919 Dogwood Avenue	Keota	Iowa	52248

Contact Person

NAME	PHONE	EMAIL
MEGAN LIBE	(319) 201-0470	tipsytravelrs@gmail.com

License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
	Special Class C Retail Alcohol License	5 Day	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
Apr 26, 2025	Apr 30, 2025	

SUB-PERMITS

Special Class C Retail Alcohol License

PRIVILEGES

ALCOHOLIC BEVERAGES DIVISION State of Iowa

State of Iowa
Alcoholic Beverages Division

Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

No Ownership information found

Insurance Company Information

INSURANCE COMPANY	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE
Founders Insurance Company	Apr 26, 2025	May 1, 2025

DRAM CANCEL DATE	OUTDOOR SERVICE EFFECTIVE DATE	OUTDOOR SERVICE EXPIRATION DATE

BOND EFFECTIVE DATE	TEMP TRANSFER EFFECTIVE DATE	TEMP TRANSFER EXPIRATION DATE

Proclamation

Sexual Assault Awareness Month

April 2025

Whereas, sexual abuse, sexual violence, and stalking affect anyone, including children, causing long-term physical, psychological, and emotional harm; and

Whereas, Every 68 seconds, an American is sexually assaulted, and every 9 minutes, that victim is a child.

Whereas, Approximately 70% of people affected by rape or sexual assault experience moderate to severe distress, a larger percentage than for any other violent crime.

Whereas, sexual violence in rural communities exists as a hidden, silent, and often unrecognized crime that is often underreported, it's widespread and affects every community member; and

Whereas, through the inspiration, courage, and resilience of people affected by sexual violence, our communities are learning to better respond to the life-changing impact of sexual violence on individuals through systems and in the community; and

Whereas, DVIP & RVAP has worked to end violence and abuse for more than 45 years through the collaborative partnerships of staff, volunteers, local municipalities, criminal justice, health and human services, faith communities, business leaders, and private citizens; and

Whereas, our community's achievements should be commended, and we must continue our commitment to respect and support those affected by sexual violence and to prevent future violence in our community.

Now, therefore, be it resolved that we, the Des Moines County Board of Supervisors, do hereby proclaim the month of April 2025 to be:

Sexual Assault Awareness Month

in Des Moines County and urge all people to work together to eliminate sexual violence, sexual abuse, and stalking from our community.

Signed this 8th day of April, 2025 in Des Moines County.

_____

Jim Cary, Chair
Des Moines County

AGENDA ITEM

FOR BOARD MEETING ON 4-8-25

Title of Document: Des Moines County Energy District Presentation

After approval by the Supervisors, this document should be:

☐ Record in Recorder's Office

☐ Send copy to:

☐ Send original to:

☎ call to pick-up

✉ mail to:

☐ other:

Department and name of person submitting item:

I prefer to keep the original document on file in my office. If you want an original copy also, please bring two for the Board to sign.

Agenda items are due by **10 AM on the Friday** before the next Tuesday's meeting. If the documents are not in my office by 1PM, the item will be removed from the agenda. The Board needs some time to look over items that you are asking to be approved so please do them the courtesy of allowing them time to read and discuss them.

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Angela Dunham Employee #: 00920
Title: Correctional Officer Department: Correctional Center

STATUS CHANGES

TERMINATION

☐ Resignation ☐ Unsatisfactory Probation
☐ Discharge ☐ Death
☐ Retirement ☐ Other, Explain

Last Day Worked
Add Vacation Days ____ to ____
Add Sick Days ____ to ____
Add Other Days ____ to ____
Last Day Paid
Unpaid Days ____ to ____

Final Termination Date
Final Rate of Pay
Permanent Address
City, State, Zip

TRANSFER

☐ Permanent ☐ Voluntary
☐ Temporary ☐ Involuntary

Previous Title
Previous Dept
New Job Title
New Dept
Previous Rate New Rate
Effective Transfer Date

LAY OFF

Does the employee Want Health Insurance Continued ☐ Yes ☐ No
Does Employee Want Life Insurance Continued ☐ Yes ☐ No
Last Day Worked

LEAVE OF ABSENCE

☐ Paternity ☐ Educational
☒ Medical ☐ Military
☒ Other, Explain
FMLA/Unpaid Hours: 73.30

Dates of Absence ____ to ____

Does the employee Want Health Insurance Continued ☐ Yes ☐ No
Does Employee Want Life Insurance Continued ☐ Yes ☐ No

SALARY ADJUSTMENT

☐ New Hire ☐ Probationary
☐ 77.11 Hours ☐ Demotion
☐ 80 Hours ☐ Reduction
☐ Anniversary ☐ Suspension
☐ Promotion ☐ Other, Explain

Previous Rate ____ New Rate ____
Previous Job Title: (if changed)
Effective Date:

Authorized by: Department: Correctional Center Date: March 28, 2025
Authorized by: ~~Department:~~ Date:

Pay Period Ending: March 29, 2025 Payroll Date: April 4, 2025

Emailed Payroll: ____

NOTICE OF DES MOINES COUNTY PERSONNEL ACTION

Name: Peyton Krogmeier Employee #:
Title: PT Correctional Officer Department: Correctional Center

STATUS CHANGES

TERMINATION

☐ Resignation ☐ Unsatisfactory Probation
☐ Discharge ☐ Death
☐ Retirement ☐ Other, Explain

Last Day Worked
Add Vacation Days ____ to ____
Add Sick Days ____ to ____
Add Other Days ____ to ____
Last Day Paid
Unpaid Days ____ to ____

Final Resignation Date
Final Rate of Pay
Permanent Address
City, State, Zip

TRANSFER

☐ Permanent ☐ Voluntary
☐ Temporary ☐ Involuntary

Previous Title
Previous Dept
New Job Title
New Dept
Previous Rate New Rate
Effective Transfer Date

LAY OFF

Does the employee Want Health Insurance Continued ☐ Yes ☐ No
Does Employee Want Life Insurance Continued ☐ Yes ☐ No
Last Day Worked

LEAVE OF ABSENCE

☐ Paternity ☐ Educational
☐ Medical ☒ Military
☐ Other, Explain

Unpaid hours 77.11.

Dates of Absence ____ to ____

Does the employee Want Health Insurance Continued ☐ Yes ☐ No
Does Employee Want Life Insurance Continued ☐ Yes ☐ No

SALARY ADJUSTMENT

☐ New Hire ☐ Probationary
☐ 77.11 Hours ☐ Demotion
☐ 80 Hours ☐ Reduction
☐ Anniversary ☐ Suspension
☐ Promotion ☐ Other, Explain

Previous Rate ____ New Rate ____

Previous Job Title: (if changed)
Effective Date:

Authorized by: [signature] Department: Correctional Center Date: March 28, 2025
Authorized by: ____ Department: ____ Date: ____

Pay Period Ending: March 22, 2025 Payroll Date: April 4, 2025

Emailed Payroll: ____

DES MOINES CO TREASURER

DATE : 4/1/2025 10:43 AM
OPER : 03-Julie
TKBY : Julie Howe
TERM : 3
REC# : R00498745

400 Miscellaneous Receipt 19765.12
DMC RECORDER OFFICE 19765.12
AFFIDAVITS & ARTICLES 465.00
0001-1-07-8110-400010 -465.00
CONTRACTS 230.00
0001-1-07-8110-400015 -230.00
DEEDS 1730.00
0001-1-07-8110-400020 -1730.00
EASEMENTS 35.00
0001-1-07-8110-400025 -35.00
MISCELLANEOUS 465.00
0001-1-07-8110-400030 -465.00
MORTAGES 5510.00
0001-1-07-8110-400035 -5510.00
PLATS 205.00
0001-1-07-8110-400040 -205.00
TAX LIENS 145.00
0001-1-07-8110-400045 -145.00
FIN STMTS FIXTURE FILING 50.00
0001-1-07-8110-400055 -50.00
SNOWMOBILE TITLE & LIENS 240.00
0001-1-07-8110-401000 -240.00
BOAT LIEN 10.00
0001-1-07-8110-402000 -10.00
BOAT/SNOW WRITING FEES 1466.00
0001-1-07-8110-403000 -1466.00
HUNT/FISH WRITING FEES 20.00
0001-1-07-8110-403001 -20.00
REVENUE STAMPS 4205.00
0001-1-07-8110-404000 -4205.00
TRANSFER FEES - AUDITOR 935.00
0001-1-07-8110-410000 -935.00
VITAL RECORDS 1788.00
0001-1-07-8110-413000 -1788.00
PASSPORTS 950.00
0001-1-07-8110-415000 -950.00
OTHER MISC FEES & COPIES 747.60
0001-1-07-8110-550000 -747.60
RECORDER'S REC MGT FEE 456.00
0024-1-07-8110-414000 -456.00
TRB - INT ON CK'G 2.52
0001-1-07-8110-600000 -2.52
REC'S NON-REF OVER PYMT 20.00
0001-4-99-9030-822000 -20.00
DNR - BOAT TITLE FEE 90.00
0027-1-22-6110-412000 -90.00

Paid By:DMC RECORDER OFFICE
2-Check 19765.12 REF:5063

APPLIED 19765.12
TENDERED 19765.12

CHANGE 0.00

MISCELLANEOUS RECEIPTS TO TREASURER

DATE: April 1, 2025 _____

DOC NO.	PAID BY/DESCRIPTION		ACCOUNT NO.	AMOUNT	ACCURE DATE
1636	Public - Affidavits & Articles of Inc	AA	0001-1-07-8110-400010	$465.00	3/31/2025
"	Public - Contracts	CT	0001-1-07-8110-400015	$230.00	"
"	Public - Deeds	DDS	0001-1-07-8110-400020	$1,730.00	"
"	Public - Easements	EM	0001-1-07-8110-400025	$35.00	"
"	Public - Miscellaneous	MI	0001-1-07-8110-400030	$465.00	"
"	Public - Mortgages	MTG	0001-1-07-8110400035	$5,510.00	"
"	Public - Plats	PLT	0001-1-07-8110-400040	$205.00	"
"	State of Iowa-Tax Liens	TL	0001-1-07-8110-400045	$145.00	"
"	Public - Trade Names	TN	0001-1-07-8110-400050	$0.00	"
"	Public - Fin. Stmts - Fixture Filings	FSF	0001-1-07-8110-400055	$50.00	"
"	DNR - ATV Titles & Liens	ST	0001-1-07-8110-401000	$240.00	"
"	DNR - Boat Liens Fee	BL	0001-1-07-8110-402000	$10.00	"
"	DNR - Boat/Snow Writing Fees	WFB	0001-1-07-8110-403000	$1,466.00	"
"	DNR - Hunt & Fish Writing Fees	WFH	0001-1-07-8110-403001	$20.00	"
"	Ia Dept of Rev - Rev Stamp Fee	RS	0001-1-07-8110-404000	$4,205.00	"
"	Public - County Transfer Fees	TF	0001-1-07-8110-410000	$935.00	"
"	Ia Dept of Health - Vital Record Fee	VR	0001-1-07-8110-413000	$1,788.00	"
"	US Dept of State - Passports	PP	0001-1-07-8110-415000	$950.00	"
"	Public - PhotoCopy/Fax Fees	OMI	0001-1-07-8110-550000	$747.60	"
"	Public - Recorder's Record Mgt Fees	RMF	0024-1-07-8110-414000	$456.00	"
"	Two Rivers - Interest on Checking	IC	0001-1-07-8110-600000	$2.52	"
"	Public - Non-refund Over Payment	NR	0001-4-99-9030-822000	$20.00	"
"	DNR - Boat Title Fee	BT	0027-1-22-6110-412000	$90.00	"

TOTAL **$19,765.12**

THE REVENUE LISTED ABOVE WAS RECEIVED FROM THE RECORDER'S DEPARTMENT.

BY _____
INITIALS

TREASURER'S RECEIPT NUMBER ISSUED FOR THIS TRANSACTION: _____

DES MOINES CO TREASURER

DATE : 4/1/2025 10:41 AM
OPER : 03-Julie
TKBY : Julie Howe
TERM : 3
REC# : R00498744

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400 Miscellaneous Receipt 456.00
DMC RECORDER OFFICE 456.00
ELECTRONIC TRANSFER FEE 456.00
5300-1-07-8110-416000 -456.00

Paid By:DMC RECORDER OFFICE
2-Check 456.00 REF:5062

APPLIED 456.00
TENDERED 456.00

CHANGE 0.00

MISCELLANEOUS RECEIPTS TO TREASURER

DATE: April 1, 2025

PLEASE ATTACH TAPE OF TOTAL AND ENTER AMOUNT HERE_____

DOC NO.	PAID BY/DESCRIPTION	ACCOUNT NO.	AMOUNT	ACCRUE DATE
	Dmc Rec-Public			
	Electronic Transfer Fee	RET/5300-1-07-8110-416000	$456.00	3/31/2025

THE REVENUE LISTED ABOVE WAS RECEIVED FROM_____

BY _____

TREASURER'S RECEIPT NUMBER ISUED FOR THIS TRANSACTION _____