



HIBBING CITY COUNCIL
Special Hibbing City Council Meeting
Wednesday, September 10, 2025
8:00 AM

Councilor Chris Whitney
Councilor Justin Fosso
Councilor John Schweiberger
Councilor James Bayliss
Councilor Jay Hildenbrand
Councilor Jennifer Hoffman Saccoman
Mayor Pete Hyduke

City Administrator Greg Pruszinske
City Clerk-Dep Admin Candie Seppala
Finance Dir - Treasurer Sheena Mulner
City Attorney Andy Borland
Chief of Police Steve Estey
City Engineer Jesse Story

I. CALL TO ORDER:

II. PLEDGE OF ALLEGIANCE:

III. APPROVAL OF THE AGENDA:

IV. CONSENT AGENDA:

1. Approve the Raffle Permit Application Request of Iron Range Boxing to hold their raffle at Palmer's of Hibbing on Saturday, October 11, 2025
Raffle Permit # 25-09-01
2. Approve the Raffle Permit Application Request of the Merry Masons to hold their raffle on Friday, October 31, 2025 at the Masonic Lodge
Raffle #25-09-02
3. Approve the Special Event Permit Application of the Chamber of Commerce and the City of Hibbing to host the Trunk or Treat event on Saturday, October 25, 2025 on the Front Lawn of City Hall

V. DEPARTMENT AND COMMITTEE REPORTS:

1. City Administrator Greg Pruszinske

- a. Offer RESOLUTION NO. 25-09-04 APPROVING THE 2025 RANGE REGIONAL AIRPORT AUTHORITY PRELIMINARY LEVY PAYABLE IN 2026 IN THE AMOUNT OF \$821,000
- b. Offer RESOLUTION NO. 25-09-05 APPROVING THE CERTIFICATION OF THE 2025 PRELIMINARY HRA LEVY PAYABLE IN 2026 IN THE AMOUNT OF \$100,000

VI. ADJOURNMENT:



RAFFLE REQUEST

Excluded raffle = Total Prizes awarded \$1,500 per year or less
Exempt raffle = Total Annual prizes over \$1,500 and under \$50,000 requires Minnesota form LG220

RAFFLE REGISTRATION FEE

\$15.00 Payable to the City of Hibbing

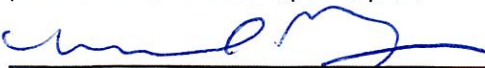
ORGANIZATION INFORMATION

Name of Organization:	Iron Range Boxing	
Type of Organization:	non-profit	
Mailing Address:	400 East 23rd Street	
City, State, Zip	Hibbing, MN 55746	
Contact Person:	Ray Pierce Jr.	Daytime Phone Number: 218.969.7040
Have you conducted other raffles this year	Yes	If YES, What is the total amount of prizes this year, including this Raffle \$1,000

GAMBLING PREMISES INFORMATION

Name of premises where gambling activity will be conducted:	Palmer's of Hibbing
Dates of Activity:	October 11, 2025
Check Box or Boxes that Indicate the Type of Gambling Activity:	<input checked="" type="checkbox"/> Raffle <input type="checkbox"/> Other _____
Price Per Ticket:	\$1 ticket
Total value of prizes to be awarded:	under \$1,500
Types of Prizes:	baskets/prizes

In signing this request, I attest that I represent the above named Non-Profit organization and it meets all requirements of the State of Minnesota to qualify to conduct lawful gambling and proof of non-profit status is available upon request.



 Organization Representative

9/04/2025

 Date

Registered as Excluded Raffle

Send to Council for Approval

25-09-01

From: noreply@civicplus.com
Sent: Friday, September 5, 2025 11:23 AM
To: Candie Seppala
Subject: Online Form Submittal: Raffle Request

Raffle Request



Organization Information

If you would prefer to fill out manually please use the link [Printable Raffle Form \(PDF\)](#)

Name of Organization Merry Masons

Organization Type Exempt

Name
Raffle Registration Fee

Quantity 1

Price
15.00

Address 1939 4th ave e

City Hibbing

State MN

Zip Code 55746

Contact Person jason chamberlin

Daytime Phone Number 2182564417

Have you conducted other raffles this year? No

(Section Break)

Name of premises where gambling activity will be conducted: Msonic Lodge

Dates of Activity: 9/12/2025 - 10/31/2025

Check Box or Boxes that Indicate the Type of Gambling Activity: *Field not completed.*

Price Per Ticket \$20

Total value of prizes to be awarded: \$2,500

Types of Prizes: cash

Signature Jason R. Chamberlin

Date 9/5/2025

Email not displaying correctly? [View it in your browser.](#)

City of Hibbing
SPECIAL EVENT Permit Application

All applications for Special Events to be held within the City of Hibbing shall be reviewed by the City departments that will be involved during the operation of the Event. Prior to review, all application information must be completed. After Departments Review, the applications will be submitted to the City Council for final approval.

Deadlines: Applications must be submitted 60 days prior to the event.

RETURN APPLICATION to the City Hall Council Office
DATE RECEIVED BY COUNCIL OFFICE: _____

Name/Description of Event:	Trunk or Treat	
Date of Event:	October 25th, 2025	
Location of Event:	401 East 21st Street City Hall	
Organizer:	Hibbing Chamber/City of Hibbing	
Organizer Contact Information:	Home Phone: Cell Phone:	Work Phone:

Department Review. If applicable and where noted in the application form, the event organizer will also need to contact City department heads

DEPARTMENT	CHECK IN WITH CITY CONTACTS TO DISCUSS YOUR NEEDS FOR YOUR EVENT	CONTACT #
Hibbing Police Dept.	Police Chief Steve Estey	218-262-0285
Fire Department	Fire Marshal Shawn Nickila	218-421-3942
Sanitation Dept.	John Yuretich/Jim Watkins	218-362-5991
Public Works Dept.	John Yuretich/Jim Watkins	218-362-5991
City Services	Nick Arola	218-362-5951

City of Hibbing

SPECIAL EVENT PERMIT APPLICATION

Applications MUST BE FILLED OUT COMPLETELY & ALL NECESSARY REQUIREMENTS ATTACHED

LOCATION OF EVENT: City Hall 401 East 21st Street Hibbing

TITLE, PURPOSE, AND BRIEF DESCRIPTION OF EVENT:	
Area Businesses and organizations will decorate "trunks" for trick-or-treating around City Hall _____ _____ _____	
Date of Event: <u>Saturday, October 25th, 2025</u>	
Refer media or citizen inquires to: <u>Amy Mandt or Candie Seppala</u> Telephone: _____	
APPLICANT AUTHORIZATION:	
Attach a written communication from the organization(s) in whose name the event will be advertised which authorizes you, the applicant, to apply for this special event permit on its or their behalf.	
Applicants Name & Title: Hibbing Chamber/City of Hibbing	
Address: 109 East Howard Street	
Mailing Address:	
Affiliation:	
Telephone: (day) <u>218-262-3895</u> (evening) _____	
EVENT PRINCIPALS:	
On the next sheet, please list names, addresses, and telephone numbers of all the principals involved in any way in the proposed special event. Include professional event organizers, event promoters, financial underwriters, commercial sponsors, charitable agencies for whose benefits the event are being produced, the organizations in whose name the event is being advertised, and all other administratively, financially, or organizationally involved as principals in the production of the proposed special event. Make additional copies of the next sheet as needed to include all the principals involved in the proposed special event.	

Name: Amy Mandt		
Organization/Business/Agency/Affiliation: Hibbing Area Chamber of Commerce		
Mailing Address: 109 East Howard Street Hibbing, MN 55746		
Daytime Phone: 218-262-3895	Evening Phone:	Other:
Title and Functional Responsibility with Regard to the Event: President		
Will this person have authority to cancel or greatly modify event plans?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will this person be present at the event area or areas and in charge of the event at all times		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Name: Candie Seppala		
Organization/Business/Agency/Affiliation: City of Hibbing		
Mailing Address: 401 East 21st Street Hibbing		
Daytime Phone:	Evening Phone:	Other:
Title and Functional Responsibility with Regard to the Event: Deputy Administrator		
Will this person have authority to cancel or greatly modify event plans?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will this person be present at the event area or areas and in charge of the event at all times		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Name: Brooke Kintner		
Organization/Business/Agency/Affiliation: Hibbing Area Chamber of Commerce		
Mailing Address: 109 East Howard Street Hibbing, MN 55746		
Daytime Phone: 218-262-3895	Evening Phone:	Other:
Title and Functional Responsibility with Regard to the Event: Membership/Event Coordinator		
Will this person have authority to cancel or greatly modify event plans?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Will this person be present at the event area or areas and in charge of the event at all times		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

REQUESTED EVENT COMPONENTS:	
REQUESTED DAY AND DATE <i>(first choice)</i> : Saturday, October 25th, 2025	
Alternate days and dates: <ul style="list-style-type: none"> • NA _____ • _____ • _____ 	
REQUESTED HOURS OF OPERATION:	
From: <u>12:00</u> a.m. / <u>p.m.</u> To 2:00pm _____ a.m. / <u>p.m.</u>	
SET UP beginning Day and Date	
**Indicate the time at which any unit of an event will begin to assemble at such area Day: _____ Time: 10:00 AM _____ <u>a.m.</u> / p.m.	
Describe the number and type of animals to be used in the Event <input checked="" type="checkbox"/> Not Applicable **If the event is a Circus, Carnival, Menagerie, or Like Exhibition: The license fee payable to the City of Hibbing is \$60.00 for the first day and \$12.00 for each additional day. <input type="checkbox"/> If applicable, license fee to be included when submitting the application See City Code Chapter 6, Section 6.23 for additional information.	
Attach a Draft of the Entry Form for Participants / Spectators <input type="checkbox"/> Attached	
Anticipated number of Participants: <u>1,500</u> = Spectators: _____	
**INSURANCE	
<input type="checkbox"/> Attach to this application either an Insurance policy or a certificate of insurance including the policy number, amount, and the provision that the City of Hibbing is included as an additional insured.	

SANITATION:
<ul style="list-style-type: none"> <input type="checkbox"/> Attach your "Plan for Clean-Up / Material Preservation". <input type="checkbox"/> Include number, type and location of trash containers to be provided for the event. <input type="checkbox"/> Indicate who and how many will be responsible for emptying and cleaning up around containers <u>during</u> the event. <input type="checkbox"/> Indicate who and how many will be responsible for cleaning up after animals if they are used in the event. <input type="checkbox"/> Indicate who and how many will be responsible for cleaning up the event after the event. <input type="checkbox"/> Described the number, type and location of portable toilets to be provided for the event (or permanent toilets to be used for the event). <input type="checkbox"/> Include any other plan you have for ensuring post-event cleanliness and material preservation of city facilities, equipment, premises and streets.
MAP (Noting the following items):
<p>Check off below items that apply to your event.</p> <p><i>Indicate these items on attached separate maps. Use, where necessary, a to-scale drawing.</i></p>
<input type="checkbox"/> If a route is involved, the beginning area, the route (indicate directions with arrows), and the finished area;
<input type="checkbox"/> If a route is involved, the places where buses or trains need to be considered;
<input type="checkbox"/> If a route is involved, it will expedite approval of your event if you attach separate maps giving two or three alternate routes;
<input type="checkbox"/> Indicate if Roads and/or Sidewalks will be Closed The applicant will be required to explain how motorists and business owners and residents will be notified in advance of the event.
<input checked="" type="checkbox"/> Barricades, cones, safety, portable parking signs (note location - <i>provided by Public Works</i>)
<input type="checkbox"/> If a relay is involved, indicate hand-off points;
<input type="checkbox"/> Entertainment or stage locations (grandstand operators should provide you with a to-scale drawing;
<input type="checkbox"/> Alcoholic beverage concession areas; location must be specified
<input type="checkbox"/> Non-alcoholic concession areas;
<input type="checkbox"/> Food concession areas;
<input type="checkbox"/> General merchandise concession areas;
<input type="checkbox"/> Portable toilet facilities (indicate number);
<input type="checkbox"/> First aid facilities;
<input type="checkbox"/> Event participant and/or spectator parking areas;
<input type="checkbox"/> Event organizers command post;
<input type="checkbox"/> Fireworks or pyrotechnics site; (Must contact Fire Marshal)
<input type="checkbox"/> Vehicle fuel handling site;
<input type="checkbox"/> Cooking areas;
<input type="checkbox"/> Tables, enclosures, etc.;

Barricades angled on 21st so people can drive on 21st and turn south on 4th & 5th Avenues

SPECIAL EVENT APPLICATION 01/03/2022

<input type="checkbox"/> Temporary or permanent structures constructed for the event;
<input type="checkbox"/> Site of electrical wiring to be installed for the event;
<input type="checkbox"/> Trash containers (indicate number): _____
<input type="checkbox"/> Other. Please describe:

AVAILABILITY OF FOOD, BEVERAGES AND/OR ENTERTAINMENT

ENTERTAINMENT:	If there will be music, sound amplification or any other noise impact, please describe, <u>including the intended hours</u> of the music, sound or noise. Noon to 2:00pm
	If a casino party, a dance or live entertainment is a part of your event, please describe: NA
	Please describe all of the activities of your event for which a license is required, for example, a cabaret license, a caterer’s license, a general merchandise concession license, peddler or transient merchant license, etc. (<i>attach to this application all required licenses</i>)
ALCOHOL:	Alcoholic Beverages to be served? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Temporary Liquor License Applied For? BEER <input type="checkbox"/> Yes <input type="checkbox"/> No COMMUNITY FESTIVAL LICENSE <input type="checkbox"/> Yes <input type="checkbox"/> No TEMPORARY ON SALE <input type="checkbox"/> Yes <input type="checkbox"/> No
	Organization Applying for License for Alcoholic Beverages:
	Describe what system will be used to ensure that alcoholic beverages will be consumed only by those persons 21 years and older.
	Describe how, where, when and by whom the alcoholic beverages will be served.
	List of people who will be selling the alcohol:
	Have they attended server training? <input type="checkbox"/> Yes <input type="checkbox"/> No

FOOD:	Food and/or non-alcoholic beverages to be served? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Describe sanitation measures, food handling procedures and the nature of the food (such as pre-packaged foods, hot dogs, pre-mixed sodas, unpeeled fruit, raw meats, vegetables, fish or peeled and cut fruits).
	A health permit may be required from either the State of MN or St. Louis County. <input type="checkbox"/> Attach a copy of your health permit to this application.
	If you intend to <u>cook</u> food in the event area, describe your area layout, including fuel or If electrical sources to be used.

SECURITY AND SAFETY PROCEDURES:
<p>The Hibbing Police Department will determine the minimum number of private security guards and police officers required to adequately staff your event. If the prescribed number of private security guards is not provided or proves inadequate, the Hibbing Police Department maintains the right to shut down any or all components of the event and/or to provide additional police services that may be billed directly to the host organization.</p> <p style="color: blue; font-family: cursive;">Police & Fire w/be on hand</p>
<p>Describe your proposed procedures for set-up operation, internal security and crowd control.</p> <hr/> <hr/> <hr/>
<p>If the event is to occur at night, describe how you are going to light the event area in order to increase the safety of participants and spectators coming to and leaving the event.</p> <hr/> <p>NA</p> <hr/>
<p>If your event includes vehicles or animals, describe the minimum and maximum speeds of the event and the minimum and maximum intervals of space to be maintained between units.</p> <p>NA</p> <hr/> <hr/>
<p><input type="checkbox"/> Attach to this application a copy of your building permit (or permits) if you are installing any electrical wiring on a temporary or permanent basis and/or if you are building any temporary or permanent structures such as bleachers, scaffolding, a grandstand, reviewing stands, stages or platforms.</p>

Attach a copy of your fire department permit or permits to this application if you will use parade floats; an open flame; fireworks or pyrotechnics; vehicle fuels; cooking facilities; enclosures (and tables within those enclosures), tents, air-supported structures, canopies, or any fabric shelters.

Give names, address and phone numbers of the agency or agencies which will provide first aid staff and equipment. Attach additional sheets if necessary.

Name of Agency: _____

Name of Representative: _____

Address: _____

Phone Numbers: _____

Indicate medical services that will provided for the event.

Medical Service

How Provided:

- Ambulance
- Doctors
- Nurses
- Paramedics

Police & Fire will be
on hand.

HIBBING FIRE DEPARTMENT REQUIREMENTS

In accordance with Minnesota State Fire Code Section 403.1 the Fire Marshal shall evaluate the need for requiring fire personnel to be in attendance of a public assembly for the following reasons: keep diligent watch for fires, obstruction to means of egress and other hazards and shall take prompt measures for remediation of hazards. The Hibbing Fire Marshal maintains the right to require fire service personnel to staff special events that are construed as a potential hazard to the public safety. These additional services may be billed directly to the host.

In accordance with Minnesota State Fire Code Section 403.2; for an indoor special permit public assembly, the Fire Marshal shall receive a floor plan with dimensions of the floor, seating, and exit widths. A total number of participants shall be submitted in order to evaluate the occupancy load and safe egress out of the building. The Fire Marshal shall assign an occupancy load for the event which shall be adhered to. All event floor plan layouts must be approved by the Fire Marshal and all special permit public events are subject to inspection by the Fire Marshal the day of the event. The Fire Marshal and/or designee reserves the right, under MN State Fire code, to stop and/or remedy any unsafe actions up to and including the cancelling of the event.

VENDORS OR CONCESSIONAIRES:
Describe what vendors or concessionaires you will allow in conjunction with the event and the purpose or purposes of these concessions. <u>licensed transient</u> <u>merchants on prem.</u>
Describe how you intend to regulate, monitor and control the type, number and quality of vendors/concessionaires who you may permit to operate in conjunction with the event. _____ _____
MITIGATION OF THE IMPACT ON OTHERS:
Describe how you intend to mitigate the impact of the special event on businesses, churches, neighbors, motorists, mass transit users and others. Attach additional sheets, if necessary entitled "Mitigation of the Impact of Others." _____ _____ _____
OTHER PERTINENT INFORMATION:
<u>will need 2 garbage</u> <u>cans delivered.</u> <u>will need bales of straw</u> <u>& corn stalks picked up from</u> <u>Mr. Eds</u>

will need pumpkins picked
up from Super One on
Friday 10/24/25



Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

Owner of Agenda Item

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

Action Requested

Attachments

None



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Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

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Action Requested

Attachments

1. 25 09 04 CHAA Levy Resolution

At the Joint Range Regional Airport Meeting of the Hibbing City Council and the Chisholm City Council, held on Wednesday, September 10, 2025 at 5:00 p.m., Councilor _____, offered the following Resolution and moved its adoption:

RESOLUTION NO. 25-09-04

RESOLUTION APPROVING THE 2025 RANGE REGIONAL AIRPORT AUTHORITY PRELIMINARY LEVY REQUEST

BE IT RESOLVED, pursuant to Article 11 of Chapter 587 enacted by the Minnesota Legislature in 1994, the City Council of the City of Hibbing, at a Joint City Council Meeting held on the 10th day of September, 2025 commencing at City Hall, approve the 2025 Preliminary Levy submitted by the Range Regional Airport Authority in the amount of \$821,000.00 (EIGHT HUNDRED TWENTY-ONE THOUSAND DOLLARS AND 00/100THS).

BE IT FURTHER RESOLVED, the Hibbing City Council does approve the Preliminary Levy submitted by the Range Regional Airport Authority in the amount of \$821,000.00.

The motion to adopt the foregoing Resolution was duly supported by Councilor Chris Whitney, and upon being put to a vote, CARRIED as follows:

FOR ADOPTION:

AGAINST:

ABSTAIN:

ABSENT:

Adopted and passed this 10th day of September, 2025

CITY OF HIBBING

ATTEST: _____
Candie Seppala, City Clerk

Pete Hyduke, Mayor

RESOLUTION NO. 25-09-04
City of Hibbing
September 10, 20225



Request for Council Action

City Council Action

Description of Agenda Item

Strategic Initiative

Owner of Agenda Item

Introduction/Background/Justification/Key Issues/Legal

Board/Commission/Committee Actions(s):

Budgetary/Fiscal Impact

Action Requested

Attachments

1. 25 09 05 HRA 2026 LEVY

At a Special Meeting of the Hibbing City Council held on Wednesday, September 10, 2025, at 8 a.m. in the Hibbing City Hall Council Chamber, Councilor Jennifer Hoffman Saccoman offered the following Resolution and moved its adoption:

RESOLUTION NO. 25-09-05

APPROVING THE CERTIFICATION OF THE PRELIMINARY 2025 HOUSING AND REDEVELOPMENT AUTHORITY (HRA) LEVY IN THE AMOUNT OF \$100,000 PAYABLE IN 2026

BE IT RESOLVED by the City Council of the City of Hibbing, Minnesota, in the County of St. Louis and the State of Minnesota, that at a September Meeting held thereon, duly called and legally held on the 10th day of September 2025, with the vote being taken on the 10th day of September 2025, a quorum being present, the City Council approves the Preliminary Levy submitted by the Housing and Redevelopment Authority of Hibbing for the year 2026 in the amount of ONE HUNDRED THOUSAND (\$100,000) DOLLARS and NO/100THS.

The motion to adopt the foregoing Resolution was duly supported by Councilor _____, and upon being put to a vote, carried as follows:

FOR ADOPTION:

AGAINST:

ABSTAIN:

ABSENT:

Passed and adopted this 10th day of September 2025.

CITY OF HIBBING

Pete Hyduke, Mayor

ATTEST _____
Candie Seppala, City Clerk

CITY OF HIBBING
RESOLUTION NO. 25-09-05
September 10, 2025