

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 Tippy 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:

18076 114th Ave

E-mail:

jonimyers10@gmail.com

City:

Sperry

State:

IA

Zip Code:

52650

SITE INFORMATION:

Address/Location of Display:

18076 114th 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

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 #42297 \$20.00

DES MOINES CO. AUDITOR
BURLINGTON, IOWA

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: 319 209 0427

Alternate Phone:

Chad Myers 319 209 8733

SIGNATURE:

Applicant Signature:

[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:

[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

Applicant

App - 218529

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS		
THE TIPSY TRAVELER'S LLC	The Topsy Travelers	(319) 201-0470		
ADDRESS OF PREMISES		PREMISES SUITE/APT NUMBER	CITY	COUNTY
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



Status of Business

BUSINESS TYPE

Limited Liability Company

Ownership

No Ownership information found

Insurance Company Information

INSURANCE COMPANY

Founders Insurance Company

POLICY EFFECTIVE DATE

Apr 26, 2025

POLICY EXPIRATION DATE

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 _____

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

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

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

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 _____

SALARY ADJUSTMENT

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

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 _____

TRANSFER

☐ Permanent ☐ Voluntary
☐ Temporary ☐ Involuntary

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

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

LAY OFF

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

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 _____

SALARY ADJUSTMENT


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

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 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
MORTGAGES	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 _____

<u>DOC NO.</u>	<u>PAID BY/DESCRIPTION</u>		<u>ACCOUNT NO.</u>	<u>AMOUNT</u>	<u>ACCURE DATE</u>
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

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

DATE: April 1, 2025

[illegible]

BY _____

TREASURER'S RECEIPT NUMBER ISSUED FOR THIS TRANSACTION _____