



# Board of County Commissioners Agenda Request

**2X**  
Agenda Item #

**Requested Meeting Date:** November 26, 2024

**Title of Item:** Approve Appointment as Deputy Registrar

<input type="checkbox"/> REGULAR AGENDA  <input checked="" type="checkbox"/> CONSENT AGENDA	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <input type="checkbox"/> Hold Public Hearing <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Information Only
<b>Submitted by:</b> Kathleen Ryan		<b>Department:</b> Auditor/License Center
<b>Presenter (Name and Title):</b> Kathleen Ryan		<b>Estimated Time Needed:</b>
<b>Summary of Issue:</b>  With the retirement of the County Auditor (Kirk Peysar) at the end of December the Deputy Registrar appointment needs to be changed. I am requesting that the Board approve the included letter to appoint myself as the Deputy Registrar for the Aitkin County License Center.  An application requesting the change is also included for additional information.		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Approve appointment of Kathleen Ryan as Aitkin County Deputy Registrar and approve Board Chair signature on attached letter.		
<b>Financial Impact:</b> <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please Explain:</i>		

Legally binding agreements must have County Attorney approval prior to submission.



## Application for Deputy Registrar

### Deputy Office Information

Deputy Number      (to be assigned)

Location            Aitkin County License Center, Atkin MN

Appointee          Kathleen Ryan

Phone Number     218-927-7265

Fax Number        N/A

E-Mail Address     kathleen.ryan@aitkincountymn.gov

### ***General Information:***

1. Minnesota Rules & Statutes: You are responsible to comply with Minnesota Rules Chapter 7406, and Minnesota Statute 168.33. Please read them carefully before filing this application.
2. Please sign the back of this form when submitting this application.

**Return completed application to:**      **Driver and Vehicle Services**  
Deputy Registrar Section Suite 185  
445 Minnesota St.  
St. Paul, MN 55101



Deputy Number: 83  
 Location: Aitkin County License Center  
 Appointee: Kathleen Ryan  
 Fax Number: N/A  
 E-mail: kathleen.ryan@aitkincountymn

**DEPUTY REGISTRAR INFORMATION SUMMARY**

This form is designed to assist you in ensuring that your office is in compliance with Minnesota Rules, section 7406.

**NAME OF CONTACT PERSON:** Kirk Peysar

A change requires written notice to the registrar at least 10 days before the change. Reference MSR 7406.0500, subpart 1

**TOTAL HOURS OF OPERATION** 42.5

Hours of operation cannot be less than 40 hours a week.

A change requires written notice to the registrar at least 10 days before the change. Reference MSR 7406.0500, subpart 2

Days	Hours
M - F	8:00 - 4:30

**CLOSE OF RECORDS** Time: 4:30 pm

A change requires written notice to the registrar at least 15 days before the change. Reference MSR 7406.0450, subpart 2

**IMPREST CASH (Start-up Funds)** Dollar Amount: \$ 1000.00

A change requires written notice to the registrar before the change can become effective. Reference MSR 7406.0500, subpart 7

**FEE RECEIPT SYSTEM**

Are you combining funds from other sources in your cash register or cash receptacle? Yes  No

If you answered "yes" you must attach a written explanation of how you differentiate these funds from motor vehicle funds. You must obtain written approval from the registrar. Reference: MSR 7406.0500, subpart 6

**PROCESSING AREA**

Do you process "uncollected" work (e.g. does a dealer drop off transactions for you to complete)? Yes  No

Processing areas for incomplete work must be in a separate and distinct area. If you answered "yes", you must attach a floor plan of your office space. The plan must include the specific areas and dimensions of the space allocated for the processing area, public services area, and storage area. Reference: MSR 7406.0400, subpart 2

**MAIL ORDER TRANSACTIONS** Do you accept and process mail transactions? Yes  No

A deputy registrar may mail mail out inventory to customers provided a record of inventory is maintained. The deputy registrar must pay the replacement cost of inventory lost in the mail. The inventory must be mailed under uniform mailing standards as provided by the registrar. Please refer to the rule for specific details. Reference: MSR 7406.0500, subpart 9

**DISABILITY ACCESSIBILITY** Does your office comply with the American with Disabilities Act? Yes  No

Reference: MSR 7406.0400, subpart 5

**INVENTORY SECURITY**

Inventory (registration stickers, plates, etc) must be in a non-public area. Reference MSR 7406.0400, subpart 3

**SIGNAGE** An indoor or outdoor sign must be displayed to identify the office. Reference MSR 7406.0400, subpart 6

**I attest that the information provided above is correct.**

Deputy Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Kirk Peysar, Aitkin County Auditor**

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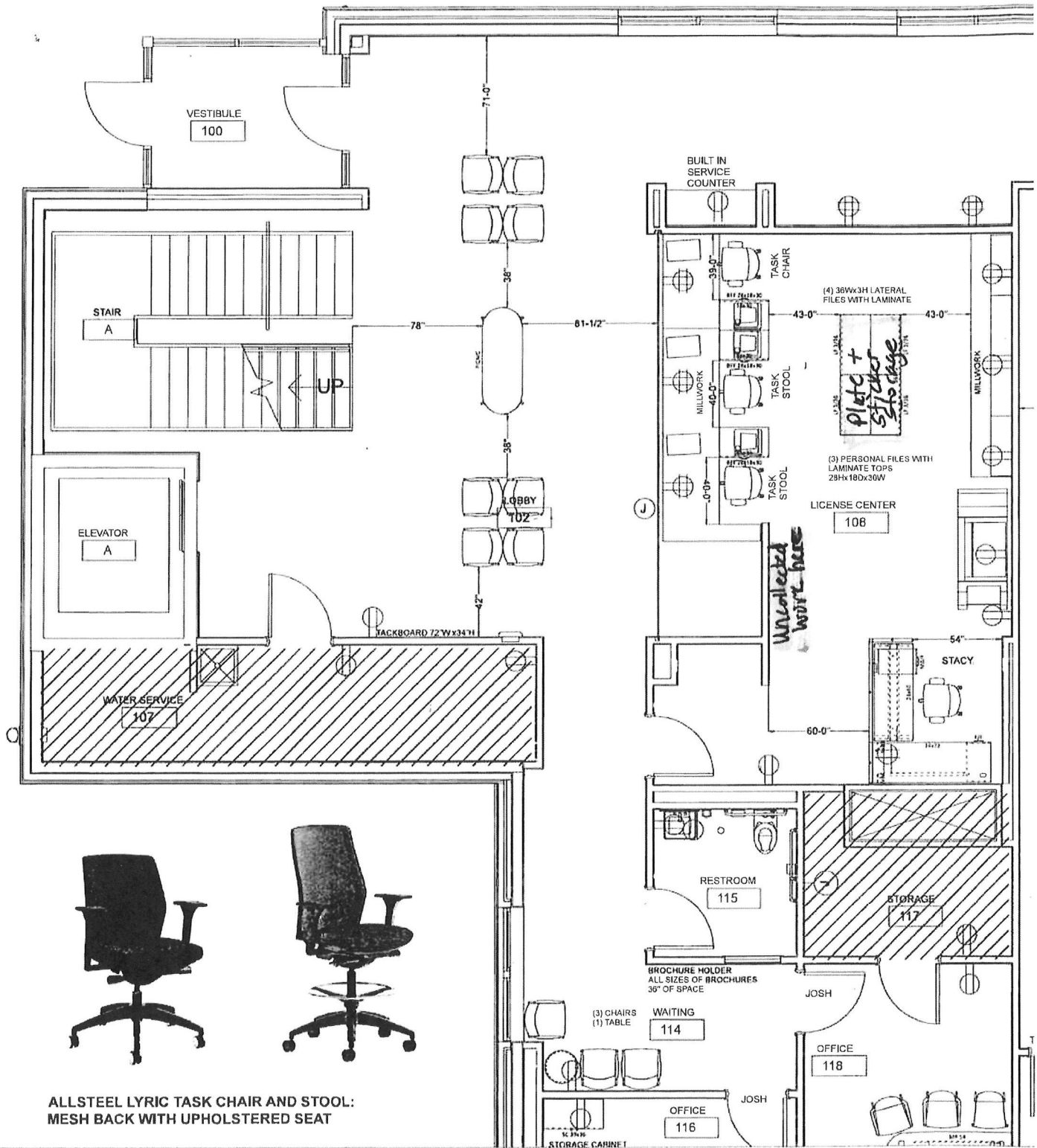
Aitkin County Government Center  
307 2<sup>nd</sup> Street NW, Room 121  
Aitkin, MN 56431

auditor@co.aitkin.mn.us  
Phone: 218-927-7354

RE: Fee Receipt System

Other funds received in the office include Department of Natural Resources and Game and Fish. These funds are separated from Motor Vehicle transactions within the electronic till system used. Each department has a code which is used for every transaction. Funds are reconciled at the end of each day.

# LEVEL 1 (AREA A)- LICENSE CENTER AND LOBBIES



ALLSTEEL LYRIC TASK CHAIR AND STOOL:  
MESH BACK WITH UPHOLSTERED SEAT

For Office Use Only

Three empty rectangular boxes for office use.

PLEASE TYPE OR PRINT CLEARLY

CHECK ONE

APPLICANT IS:      INDIVIDUAL/S  
 PUBLIC ENTITY      CORPORATION

NAME OF PUBLIC ENTITY OR CORPORATION Aitkin County (County of Aitkin)

IF YOU CHECKED CORPORATION, PLEASE SUPPLY THE FOLLOWING INFORMATION:

- ◆ All trade and business names used by the corporation.
- ◆ The nature of the corporate business operation for the past five years.
- ◆ The name of each director, officer, and five percent shareholder.
- ◆ Copies of Articles of Incorporation filed with the Secretary of State.

**This application must be completed by the individual(s) applying for appointment as a deputy registrar or by the individual(s) responsible for the corporation or public entity. Applicant must be 18 years of age or older.**

NAME Ryan Kathleen Marie  
LAST FIRST MIDDLE

DATE OF BIRTH: 11/29/72 PHONE: 218-927-7265  
MO / DAY / YR

ADDRESS 31915 Caroll Drive  
STREET ADDRESS

CITY: Aitkin STATE: MN ZIP: 56431

COUNTY OF RESIDENCE: Crow Wing

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

DATE OF BIRTH: \_\_\_\_\_ PHONE: \_\_\_\_\_  
MO / DAY / YR

ADDRESS \_\_\_\_\_  
STREET ADDRESS

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

## WORK EXPERIENCE

- ◆ LIST MOST RECENT EXPERIENCE FIRST
- ◆ LIST EACH DIFFERENT POSITION SEPARATELY EVEN IN THE SAME ORGANIZATION
- ◆ BE COMPLETE AND ACCURATE
- ◆ IF YOU NEED MORE SPACE PLEASE ATTACH A SEPARATE SHEET

### EXPERIENCE 1

Name of Organization: Aitkin County

Location: 307 2nd Street NW, Aitkin MN 56431

Supervisor: Kirk Peysar

Your Job Title: CFO

Employment Dates *From:* 09/2024

*To:* Current

MO & YR

MO & YR

#### Major Activities:

1. Supervise Auditor and License Center staff
2. Prepare and manage county budget with County Administrator
3. Election Administrator

### EXPERIENCE 2

Name of Organization: City of Aitkin

Location: Aitkin, MN

Supervisor: City Council

Your Job Title: City Administrator

Employment Dates *From:* 09/2017

*To:* 09/2019

MO & YR

MO & YR

#### Major Activities:

1. Oversee city operations
2. Develop and implement policies
3. Advise City Council

## LIST STATES OF RESIDENCY FOR THE PAST FIVE YEARS

STATE	DATES OF RESIDENCY
1. Minnesota	Nov 29, 1972
2.	
3.	
4.	

## LICENSES

List current licenses, with federal, state or municipal government agencies. Please provide an explanation of any cancellation, revocation, suspension, or other disciplinary proceeding in connection with the license.	Date Issued	Expiration Date
1. n/a		
2.		
3.		

**CONFLICTING BUSINESS INTERESTS**

Do you own or are you a partner, officer or five percent shareholder in a financial institution, motor vehicle dealership, or auto insurance business?

No  Yes, please specify: \_\_\_\_\_

**HISTORY OF DEPUTY REGISTRAR APPOINTMENTS**

Have you ever applied for a deputy registrar appointment or have held the position of deputy registrar in the past?

No  Yes, please specify: \_\_\_\_\_

**OFFICE INFORMATION**

PROPOSED OFFICE LOCATION: Aitkin County Government Center

ADDRESS: 307 2nd Street NW

STREET ADDRESS

CITY: Aitkin

STATE: MN

ZIP: 56431

If known, please provide the name, date of birth, and telephone number of the person who will be responsible for the day-to-day operation of the proposed office.

NAME Powers

Staci

LAST

FIRST

MIDDLE

DATE OF BIRTH: 9/10/79

PHONE: 218-927-7116

MO/ DAY/ YR

ADDRESS 307 2nd Street NW

STREET ADDRESS

CITY: Aitkin

STATE: MN

ZIP: 56431

**SIGNATURE AND NOTARIZATION**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE.

X \_\_\_\_\_  
SIGNATURE

Date: \_\_\_\_\_

Subscribed & sworn before me: \_\_\_\_\_  
NOTARY SIGNATURE

Date: \_\_\_\_\_

County: \_\_\_\_\_

Date my commission expires: \_\_\_\_\_

X \_\_\_\_\_  
SIGNATURE

Date: \_\_\_\_\_

Subscribed & sworn before me: \_\_\_\_\_  
NOTARY SIGNATURE

Date: \_\_\_\_\_

County: \_\_\_\_\_

Date my commission expires: \_\_\_\_\_





Aitkin County Government Center  
307 2<sup>nd</sup> Street NW, Room 121  
Aitkin, MN 56431

Jessica.seibert@co.aitkin.mn.us  
Phone: 218-927-7276

November 26, 2024

Driver and Vehicle Services  
Deputy Registrar Section  
Suite 185 445 Minnesota  
St. Paul, MN 55101

To Whom It May Concern:

The Aitkin County Board of Commissioners, during its official meeting on November 26, 2024, has approved the appointment of Kathleen Ryan as the individual responsible for the Aitkin County License Center. Kathleen will serve as the Supervisor of the office, overseeing its operations and ensuring compliance with all applicable policies and procedures.

This appointment reflects Kathleen's qualifications and her ability to manage the responsibilities associated with this role effectively.

If you have any further questions regarding this appointment, please feel free to contact our office at 218-927-7276.

Sincerely,  
Mark Wedel  
Chairperson  
Aitkin County Board of Commissioners

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