

Town of Edgewood

Agenda

Special Meeting

Thursday, August 1, 2024 @ 9:00 AM

TOWN HALL OF EDGEWOOD COMMISSION
CHAMBERS - 171A State Rd. 344

This meeting will be in person; however, we welcome members of the public to listen in [The Town of Edgewood, New Mexico - YouTube](#)

If you are an individual with a disability who needs a reader; amplifier; qualified sign language interpreter; or any other form of auxiliary aid or service to attend or participate in the hearing or meeting; please contact the Clerk at the Town Offices located at 171 A State Rd. 344 at least three (3) days prior to the meeting or as soon as possible. Public documents, including the agenda and minutes can be provided in various accessible formats. Please contact the Town Clerk at (505) 286-4518 or by e-mail at clerk@edgewood-nm.gov if a summary or other type of accessible format is needed. The complete Commission packet may be viewed on the web, visit <https://www.edgewood-nm.gov/index.php> and click on Government, then Agendas and Minutes.

Page

I. WELCOME, INTRODUCTION, & ROLL CALL

- A. Invocation
- B. Pledge of Allegiance
- C. NM Flag Salute
"I salute the flag of the state of New Mexico, the Zia symbol of perfect friendship among united cultures."

II. AGENDA APPROVAL

III. PUBLIC COMMENTS

IV. DISCUSSION AND ACTION ITEMS

- i. Ratify Resolution 2024-16 Budget Adjustment – Action Item. (Clerk-Treasurer Jones). 2
[Resolution 2024-16 Budget Adjustment](#)
- ii. Discussion and Approval of ABC Permits: Pixie Mead, Dark Stranger, Little Toad Creek, and Lizard Tail Brewing. (Manager McCracken). 3 - 11
[ABC permits](#)

V. PUBLIC HEARING

- i. Zoning Designation: Tanner Sprinkle for TGS, LLC : Parcels: 940001148, 940001149, 940001150 and 940001151 - Sec. 26 T10N R7E Tracts 5-A, 5-B, 5-C and 5-D also known as 68, 70, 72 and 74 Range Road, Property is located in Edgewood, Santa Fe County New Mexico. Applicant is Requesting R-3 Zoning. The property is currently zoned R-5 Mixed Use Residential.

VI. ADJOURN

Resolution amending the 2023-24 Town Budget

TOWN OF EDGEWOOD, NEW MEXICO RESOLUTION NO. 2024-16

The Commission of the Town of Edgewood, New Mexico, resolved to request the following adjustments to the 2023-2024 fiscal year budget:

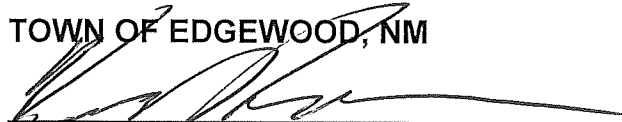
Transfers

From	General Fund Ending Cash Balance	(\$691,684.00)
To	NMFA Loan Debt Service Ending Cash Balance	\$263,507.00
	Other Debt Service Ending Cash Balance	\$28,177.00
	Wastewater Enterprise Ending Cash Balance	\$400,000.00

NOW, THEREFORE, approval of the above is requested from the Local Government Division of the Department of Finance and Administration.

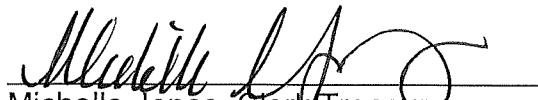
PASSED, APPROVED AND ADOPTED THIS 23rd DAY OF July 2024.

TOWN OF EDGEWOOD, NM



Kenneth Brennan, Mayor

ATTEST:



Michelle Jones, Clerk/Treasurer

RECEIVED

JUL 26 2024

AGENDA ITEM #IV.ii.

ABC | INTERSTATE WINE TASTING/COMPETITION PERMIT APPLICATION

This application applies to Out-of-State Wineries or Winemakers Only.

Fee: \$25.00, per day, and all fees are non-refundable

Name of Winemaker/Winery: Pixie Mead / Skatitude Pollinator Sanctuary
 Address: PO Box 74 City: Carlton
 State: WA Zip: 98814 Phone: 360-790-3401 Fax: _____

State Licensed in: WA Type of License: Winery License # (attach a copy) 427483 (WA state)

Date(s) of Event: August 24 & 25 Time(s) of Event: 5:00 PM - 8 PM Sat 10 AM - 6 PM Sun

Description of Event: Pirate Viking Summer Festival

Name of Business, building and/or location: Wildlife West Nature Park

Address: 87 N. Frontage Rd City: Edgewood

State: NM Zip: 87015 Phone: 575-749-1275 Fax: _____

Does the Alcohol and Gaming Division currently license the location of the event? _____

If so, License Number _____ **ADDITIONAL REQUIREMENT: If location is currently licensed, A Voluntary Temporary Suspension Application** for the space where the event will take place at the licensed premises, with the required fee for the date and time of the event.

Number of Cases of Wine that you intend to bring into New Mexico 20 Form of Transportation Van

Submitted by: (print name) Benjamin Pixie

Signature: _____ Title: Owner Date: 7/7/24

Email: benjaminpixie@yahoo.com

LOCAL GOVERNING BODY APPROVAL: Phone: _____ Fax: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

SUBMIT COMPLETE APPLICATION, 10 DAYS PRIOR TO EVENT TO:

Mail application to: PO Box 25101 Santa Fe, NM 87504-5101

Physical Location: Toney Anaya Building, 2550 Cerrillos Road Santa Fe, NM 87504

Phone: (505) 476-4875 Fax: (505) 476-4595

Alcoholic Beverage Control Division Use Only:

Application Must Include: Payment of Fees, per day, Copy of License, Detailed Floor Plan, LOD Approval

☐ Approved ☐ Disapproved Processed By: _____ Date: _____

Assigned Permit Number: _____ Approved Permit Sent on: _____ By: ☐ Email ☐ Fax

Alcoholic Beverage Control Division | 2550 Cerrillos Road | P.O. Box 25101

Santa Fe, NM 87504 | (505) 476-4875 | rld.state.nm.us





STATE OF
WASHINGTON

Profit Corporation

BUSINESS LICENSE

SKALITUDE POLLINATOR SANCTUARY, INC.
PIXIE MEAD
UNIT BARN
302 SMITH CANYON ROAD
CARLTON WA 98814

UNEMPLOYMENT INSURANCE - ACTIVE
TAX REGISTRATION - ACTIVE
FARMERS MARKET WINE SALES #427483 - ACTIVE

Issue Date: Aug 04, 2023
Unified Business ID #: 604321496
Business ID #: 001
Location: 0003
Expires: Aug 31, 2024

INDUSTRIAL INSURANCE - ACTIVE
DOMESTIC WINERY < 250,000 LITERS #427483 -
ACTIVE

LICENSING RESTRICTIONS:

Not licensed to hire minors without a Minor Work Permit.

REGISTERED TRADE NAMES:

PIXIE MEAD

This document lists the registrations, endorsements, and licenses authorized for the business named above. By accepting this document, the licensee certifies the information on the application was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

A handwritten signature in black ink, likely belonging to the Director of the Department of Revenue.

Director, Department of Revenue

ALCOHOLIC BEVERAGE CONTROL | PUBLIC CELEBRATION PERMIT APPLICATION

Fee Per Day: ☐ \$10.00 (do not submit cash) Date Application Filed: _____

A copy of all approved permits are sent to the Special Investigations Division of the Department of Public Safety, and DPS will request additional information, if needed.

LICENSE HOLDER INFORMATION:

Liquor License # 60094 Type of License: ☐ Craft Distiller ☐ Small Brewer ☒ WinegrowerOwner Name: Joshua McDowellBusiness Name (DBA): Dark Stranger MeaderyMailing Address: 4002 S John Wesley Hardin Ct. Carlsbad, NM 88220Phone No: 575) 915-4337 ext.: _____ Person to ask for: Joshua McDowellEmail Address: darkstrangermeadery@gmail.com

EVENT INFORMATION:

Type of Event: ☐ Indoor Event ☒ Outdoor Event ☐ Both ☐ All Ages Event -Wrist Bands ☐ Yes ☐ NoType of Celebration: ☐ State Fair ☐ County Fair ☐ Community Fiesta ☐ Cultural / Artistic Performance ☐ AthleticName of Event: Pirate Viking Summer FestivalPhysical Address of Event: 87 N Frontage Rd, Edgewood NM 87015Date of event (Day 1) 24 Aug 2021Time Event Begins: 10 AM Time Event Ends: 9:30 PMTime of Alcohol Service: Begins at: 10: AM Ends at: 8:30 PMTotal No. of Attendees Expected at Event: 2000 Total No. of Attendees Expected to Consume Alcohol: 1200Date of event (Day 2) 25 Aug 24Time Event Begins: 10 AM Time Event Ends: 6: PMTime of Alcohol Service: Begins at: 10: AM Ends at: 5:30 PMTotal No. of Attendees Expected at Event: 2000 Total No. of Attendees Expected to Consume Alcohol: 1000Date of event (Day 3) N/A

Time Event Begins: _____ Time Event Ends: _____

Time of Alcohol Service: Begins at: _____ Ends at: _____

Total No. of Attendees Expected at Event: _____ Total No. of Attendees Expected to Consume Alcohol: _____

Security: No. of Security: 20Licensed Security Company Joe Carbajal Chief Sec. of NM RCF Phone No. 575-590-1218Describe Security Hired Ex Law Enforcement & Genl Security for ID Check Station

SPONSOR INFORMATION:

Sponsor of Event: NM Renaissance Celtic Festival
 Name of Contact: Eric Vile Phone No.: 505-249-1275

APPROVAL OF PROPERTY OWNER:

Print Name: Roger Alink Phone No.: 505-263-9453
 Signature: Roger Alink Date: 7/26/20
 Name of Your Business and Location of Property: Wildlife West NM Wildlife Assoc.

LICENSE HOLDER & SERVER CERTIFICATION: I, Joshua McDowell (Licensee) hereby certify that this application is signed by Licensee or authorized person under this License. I further certify that all persons providing the service of alcoholic beverages at the Event are currently Server Certified, that they are all my employees, and that ALL the information in this Application and the Attachments, is true and correct. Licensee Agrees that if any statements or representations herein are found to be false, the Director may refuse to issue additional permits. I understand that all fees submitted are non-refundable.

Licensee Name: (print) Joshua McDowell
 Signature: [Signature] Date: 5-13-24

- ☐ I have attached a highlighted floorplan marking the serving area
☐ I have attached a alcohol server list with the servers first & last name, server permit # and expiration date

LOCAL GOVERNING BODY APPROVAL:

Print Name: _____ Title: _____
 Signature: _____ Date: _____
 Phone No.: _____ Fax: _____

ABC USE ONLY:

Application Must Include: Payment of Fees, per day (listed on top of page), Floor Plan – (w/photos) & Detailed Server List

Finance | Application Fee \$ _____ Received on: _____ Receipt No. _____

Clear of Citations/Holds: ☐ Yes ☐ No, _____ Liquor License No. _____

☐ Approved ☐ Disapproved _____ Processed By: _____

Assigned Permit Number: _____ Approved Permit Sent on: _____

ALCOHOLIC BEVERAGE CONTROL | PUBLIC CELEBRATION PERMIT APPLICATION

Fee Per Day: ☐ \$10.00 (do not submit cash) Date Application Filed: 5-14-24

A copy of all approved permits are sent to the Special Investigations Division of the Department of Public Safety, and DPS will request additional information, if needed.

LICENSE HOLDER INFORMATION: Check boxes that apply

Liquor License # 70031 Type of License: ☒ Craft Distiller ☐ Small Brewer ☐ WinegrowerOwner Name: Teresa Dahl-BredineBusiness Name (DBA): Little Toad Creek Brewery & DistilleryMailing Address: 203 S. Mill Road, Silver City, NM, 88061Phone No: (505) 934-5245 ext.: _____ Person to ask for: CortneyEmail Address: Cortney@littletoadcreek.com

EVENT INFORMATION:

Type of Event: ☐ Indoor Event ☒ Outdoor Event ☐ Both ☐ All Ages Event -Wrist Bands ☐ Yes ☐ NoType of Celebration: ☐ State Fair ☐ County Fair ☐ Community Fiesta ☐ Cultural / Artistic Performance ☐ AthleticName of Event: NM ~~Renaissance~~ Pirate Viking Summer FestivalPhysical Address of Event: 87 N Frontage Rd, Edgewood New Mexico 87015Date of event (Day 1) August 24, 2024Time Event Begins: 10amTime Event Ends: 6pmTime of Alcohol Service: Begins at: 10amEnds at: 6:30pmTotal No. of Attendees Expected at Event: 2000Total No. of Attendees Expected to Consume Alcohol: 1000Date of event (Day 2) August 25, 2024Time Event Begins: 10amTime Event Ends: 6pmTime of Alcohol Service: Begins at: 10amEnds at: 5:30pmTotal No. of Attendees Expected at Event: 2000Total No. of Attendees Expected to Consume Alcohol: 1000Date of event (Day 3) N/A

Time Event Begins: _____

Time Event Ends: _____

Time of Alcohol Service: Begins at: _____

Ends at: _____

Total No. of Attendees Expected at Event: _____

Total No. of Attendees Expected to Consume Alcohol: 1Security: No. of Security: 20Licensed Security Company NMRCF Jeff Capadona H&S Security Phone No. 575-749-1275Describe Security Hines Ret Ex Law Enforcement to cover TD & Event Security

NOTE: LICENSEE'S EMPLOYEE(S) ASSIGNED TO WORK SECURITY, MUST WORK THIS EXCLUSIVELY AND MAY NOT SERVE AT THE EVENT.



SPONSOR INFORMATION:

Sponsor of Event: NM Renaissance Celtic Festival
 Name of Contact: ERIC VIGIL Phone No.: 575 749 1275

APPROVAL OF PROPERTY OWNER:

Print Name: Roger Alink Phone No.: 505-263 9453
 Signature: Roger Alink Date: 3/26/24
 Name of Your Business and Location of Property: Wildlife West NM Wildlife Assoc

LICENSE HOLDER & SERVER CERTIFICATION: I, _____ (Licensee) hereby certify that this application is signed by Licensee or authorized person under this License. I further certify that all persons providing the service of alcoholic beverages at the Event are currently Server Certified, that they are all my employees, and that ALL the information in this Application and the Attachments, is true and correct. Licensee Agrees that if any statements or representations herein are found to be false, the Director may refuse to issue additional permits. I understand that all fees submitted are non-refundable.

Licensee Name: (print) Teresa Dahl-Bredine
 Signature: Teresa Dahl Date: 5-18-24

- ☐ I have attached a highlighted floorplan marking the serving area
☐ I have attached a alcohol server list with the servers first & last name, server permit # and expiration date

LOCAL GOVERNING BODY APPROVAL:

Print Name: _____ Title: _____
 Signature: _____ Date: _____
 Phone No.: _____ Fax: _____

ABC USE ONLY:

Application Must Include: Payment of Fees, per day (listed on top of page), Floor Plan – (w/photos) & Detailed Server List

Finance | Application Fee \$ _____ Received on: _____ Receipt No. _____

Clear of Citations/Holds: ☐ Yes ☐ No, _____ Liquor License No. _____

☐ Approved ☐ Disapproved _____ Processed By: _____

Assigned Permit Number: _____ Approved Permit Sent on: _____



ALCOHOLIC BEVERAGE CONTROL | PUBLIC CELEBRATION PERMIT APPLICATION

Fee Per Day: ☐ \$10.00 (do not submit cash) Date Application Filed: _____

A copy of all approved permits are sent to the Special Investigations Division of the Department of Public Safety, and DPS will request additional information, if needed.

LICENSE HOLDER INFORMATION: Check boxes that apply

Liquor License # 67164 Type of License: ☐ Craft Distiller ☒ Small Brewer ☐ WinegrowerOwner Name: DAN BerryBusiness Name (DBA): Lizard Tail BrewingMailing Address: 9800 Montgomery Blvd NE Suite 7 Albuquerque NM 87111Phone No: 505-280-2027 ext.: _____ Person to ask for: DANEmail Address: DAN@LizardTailBrewing.com

EVENT INFORMATION:

Type of Event: ☐ Indoor Event ☒ Outdoor Event ☐ Both ☐ All Ages Event -Wrist Bands ☐ Yes ☐ NoType of Celebration: ☐ State Fair ☐ County Fair ☐ Community Fiesta ☐ Cultural / Artistic Performance ☐ AthleticName of Event: Pirate Vikings Summer FestivalPhysical Address of Event: 87 N. Frontage Rd., Edgewood NM 87015Date of event (Day 1) Aug 24th 2024Time Event Begins: 10:00 AM Time Event Ends: 9:00 PMTime of Alcohol Service: Begins at: 10:00 AM Ends at: 8:30 PMTotal No. of Attendees Expected at Event: 2000 Total No. of Attendees Expected to Consume Alcohol: 1000Date of event (Day 2) Aug 25th 2024Time Event Begins: 10:00 AM Time Event Ends: 6:00 PMTime of Alcohol Service: Begins at: 10:00 AM Ends at: 5:30 PMTotal No. of Attendees Expected at Event: 2000 Total No. of Attendees Expected to Consume Alcohol: 1000Date of event (Day 3) N/A

Time Event Begins: _____ Time Event Ends: _____

Time of Alcohol Service: Begins at: _____ Ends at: _____

Total No. of Attendees Expected at Event: _____ Total No. of Attendees Expected to Consume Alcohol: _____

Security: No. of Security: 20Licensed Security Company NMRCF Hired Staff Jeff Carbogal Phone No. 575 590-1218Describe Security Chief Jeff Carbogal Hires Extra Enforcement for Staffing

NOTE: LICENSEE'S EMPLOYEE(S) ASSIGNED TO WORK SECURITY, MUST WORK THIS EXCLUSIVELY AND MAY NOT SERVE AT THE EVENT.



SPONSOR INFORMATION:

Sponsor of Event: NM Renaissance Celtic Festival
 Name of Contact: ERIC VIGIL Phone No.: 575-749-1275

APPROVAL OF PROPERTY OWNER:

Print Name: Roger Alink Phone No.: 505 263 9453
 Signature: Roger Alink Date: 7/26/24
 Name of Your Business and Location of Property: Wildlife West - NM Wildlife Assoc.

LICENSE HOLDER & SERVER CERTIFICATION: I, Daniel Berry (Licensee) hereby certify that this application is signed by Licensee or authorized person under this License. I further certify that all persons providing the service of alcoholic beverages at the Event are currently Server Certified, that they are all my employees, and that ALL the information in this Application and the Attachments, is true and correct. Licensee Agrees that if any statements or representations herein are found to be false, the Director may refuse to issue additional permits. I understand that all fees submitted are non-refundable.

Licensee Name: (print) DANIEL BERRY
 Signature: Daniel Berry Date: 7-14-24

- ☐ I have attached a highlighted floorplan marking the serving area
☐ I have attached a alcohol server list with the servers first & last name, server permit # and expiration date

LOCAL GOVERNING BODY APPROVAL:

Print Name: _____ Title: _____
 Signature: _____ Date: _____
 Phone No.: _____ Fax: _____

ABC USE ONLY:

Application Must Include: Payment of Fees, per day (listed on top of page), Floor Plan – (w/photos) & Detailed Server List

Finance | Application Fee \$ _____ Received on: _____ Receipt No. _____

Clear of Citations/Holds: ☐ Yes ☐ No, _____ Liquor License No. _____

☐ Approved ☐ Disapproved _____ Processed By: _____

Assigned Permit Number: _____ Approved Permit Sent on: _____



ALCOHOLIC BEVERAGE CONTROL | PUBLIC CELEBRATION PERMIT APPLICATION

Fee Per Day: ☐ \$10.00 (do not submit cash) Date Application Filed: _____

A copy of all approved permits are sent to the Special Investigations Division of the Department of Public Safety, and DPS will request additional information, if needed.

LICENSE HOLDER INFORMATION: Check boxes that apply.

Liquor License # 63016 Type of License: ☒ Craft Distiller ☐ Small Brewer ☐ WinegrowerOwner Name: TUMBLEROOT BREWING LLCBusiness Name (DBA): TUMBLEROOT BREWERY & DISTILLERYMailing Address: 32 BISBEE CT UNITS 3-4 Santa Fe, NM 87508Phone No: (505) 608-4740 ext: _____ Person to ask for: JASON KIRKMANEmail Address: jasonkirkman@tumblerootbrewing.com

EVENT INFORMATION:

Type of Event: ☐ Indoor Event ☒ Outdoor Event ☐ Both ☐ All Ages Event ☐ Wrist Bands ☐ Yes ☐ NoType of Celebration: ☐ State Fair ☐ County Fair ☐ Community Fiesta ☐ Cultural / Artistic Performance ☐ AthleticName of Event: PIRATE VIKING SUMMER FESTIVALPhysical Address of Event: 87 N Frontage Rd, Edgewood NM 87015Date of event (Day 1) AUG 24, 2024Time Event Begins: 10:00 AMTime Event Ends: 9:30 PMTime of Alcohol Service: Begins at: 10 AMEnds at: 8:30 PMTotal No. of Attendees Expected at Event: 2000Total No. of Attendees Expected to Consume Alcohol: 1000Date of event (Day 2) AUG 25, 2024Time Event Begins: 10 AMTime Event Ends: 6:00 PMTime of Alcohol Service: Begins at: 10 AMEnds at: 5:30 PMTotal No. of Attendees Expected at Event: 2000Total No. of Attendees Expected to Consume Alcohol: 1000Date of event (Day 3) N/A

Time Event Begins: _____

Time Event Ends: _____

Time of Alcohol Service: Begins at: _____

Ends at: _____

Total No. of Attendees Expected at Event: _____

Total No. of Attendees Expected to Consume Alcohol: _____

Security: No. of Security: 20☒ Alcohol Server Certified employed by licenseeServer Permit # 503768Expiration Date 1/8/2026☐ Alcohol Server Certified employed by licensee

Server Permit # _____

Expiration Date _____

☒ Licensed Security Company UNICORP Chief SecurityPhone No. 575-990 1218Describe Security Self Company / Licensed Security Guard Services 6A STAFF

NOTE: LICENSEE'S EMPLOYEE(S) ASSIGNED TO WORK SECURITY, MUST WORK THIS EXCLUSIVELY AND MAY NOT SERVE AT THE EVENT.

SPONSOR INFORMATION: Sponsor of Event: NM RENAISSANCE Celtic FestivalName of Contact: ERIC VIRIEPhone No.: 575-749 1275APPROVAL OF PROPERTY OWNER: Print Name: ROGER ALINKPhone No.: 505-263-9453Signature: Roger AlinkDate: 7/26/24Name of Your Business and Location of Property: Wildfire West NM Wildlife Assoc

LICENSE HOLDER & SERVER CERTIFICATION: I, Jason Kirkman (Licensee) hereby certify that this application is signed by Licensee or authorized person under this License. I further certify that all persons providing the service of alcoholic beverages at the Event are currently Server Certified, that they are all my employees, and that ALL the information in this Application and the Attachments, is true and correct. Licensee Agrees that if any statements or representations herein are found to be false, the Director may refuse to issue additional permits. I understand that all fees submitted are non-refundable.

Licensee Name: (print) Jason KirkmanSignature: [Signature]Date: 7/10/24

LOCAL GOVERNING BODY APPROVAL:

Print Name: _____ Title: _____

Signature: _____ Date: _____ Phone No.: _____ Fax: _____

ABC USE ONLY: Application Must Include: Payment of Fees, per day (listed on top of page), Floor Plan - (w/photos) & Detailed Server List

Finance | Application Fee \$ _____ Received on: _____

Receipt No. _____

Clear of Citations/Holds: ☐ Yes ☐ No, _____Approved ☐ Disapproved

Processed By: _____ Assigned Permit Number: _____

Approved Permit Sent on: _____

Alcoholic Beverage Control Division | 2550 Cerrillos Road | P.O. Box 25101
 Santa Fe, NM 87504 | (505) 476-4875 | rld.state.nm.us

