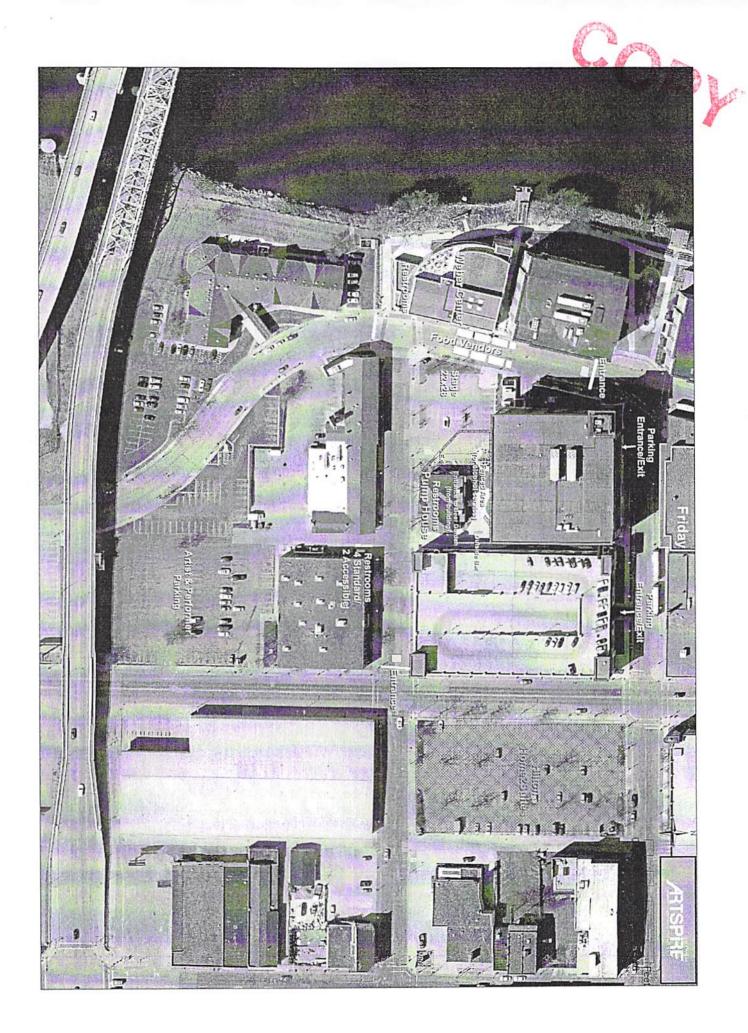
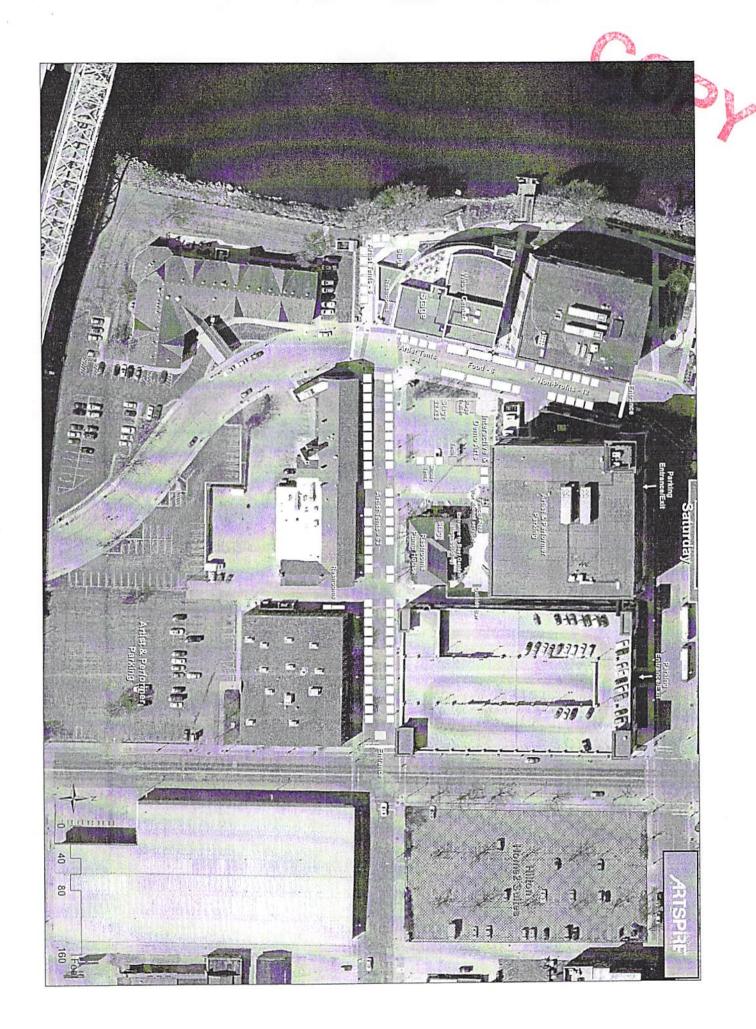
EXPANSION OF ALCOHOL BEVERAGE LICENSE FOR SPECIAL EVENT

License Fee: \$ 10000 (*additional	\$50.00 tent fee, if applicable)	Receipt#: 144045
The undersigned licensee requirements for the purpose set forth below (check		owing licenses onto private property
Combination "Class B' Class "B" Beer "Class C" Wine	Beer & Liquor Class Class	s "A" Bee r s "A" Beer & "Class A" Liquor
NOTE: If there will be live music in this	s expanded area, also apply for a Sp	pecial Event Outdoor Cabaret license.
CHECK ONE: Individual	Partnership/	Corporation LLC
LEGAL/REAL NAME (Individual/Partners		
TRADE NAME: Pump House Regiona	I Arts Center	
NAME OF AGENT (If Corporation/LLC):	Ryan Mark Soberg (Full Name – First, FULL Middle & Last	st)
BUSINESS ADDRESS/ADDRESS OF		
BUSINESS PHONE NUMBER: 608-	785-1434	
BUSINESS PHONE NUMBER: 608- DATE OF EXPANSION: Friday, June	9-10, 2017	
TIME OF EXPANSION (beginning &		
WILL THERE BE A TENT IN EXCES		
ATTACH DETAILED DESCRIPTION OF Detailed description and dimensional dra entrance(s) and exit(s) will be and size of	awing MUST include dimensions of are	ea, where the fencing will be placed, where
CONTACT PERSON: McKenzie Jo C	Dison	
		1.54601
ADDRESS OF CONTACT PERSON:		1 0400 1
DAYTIME PHONE NUMBER OF CO		
REASON FOR EXPANSION REQUE	EST: Art Celebration - Artspire La Cro	osse
NUMBER OF PEOPLE ATTENDING	THIS EVENT: 1500	
I agree to abide by all applicable Stat of alcoholic beverages, fencing, and	te and local regulations to include, adherence to noise levels.	but not limited to, the sale and service
	Signature of PRESIDENT of Corporation Partners of Signature of SECRETARY of Corporation/Partners of C	er/Individual/Member Date 1/23/17 Date Date
For Office Use Only: Introduced - Council Meeting: 2/9/	(Applicant does not need to atte	nd this meeting.)
J & A Meeting: 2/28/17 (Public h	nearing, recommend attendance.) Cou	incil Meeting: 3/9/17 (Final Action)
Original – Council Copy	Copy – Applicant	Copy – Licensing Clerk







PUMPH01

OP ID: SP DATE (MM/DD/YYYY) 01/19/2017

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

PRODUCER	tificate does not confer rights to		3-781-6733	CONTACT Dale H. H	Harkness				
WISCONSIN INSURANCE CENTER			PHONE (A/C, No, Ext): 608-781-6733 (A/C,			X _{(C, No):} 608-781-6785			
101 Main Inalaska.	WI 54650			E-MAIL ADDRESS:		1,7.5.7			
ale H. Ha					HIDEDIS) ACEAS	DING COVERAGE		NAIC #	
			INSURER(s) AFFORDING COVERAGE INSURER A : Hartford Insurance Company				111315-71		
INSURED The Pump House Toni Asher		INSURER B:							
			INSURER C:						
119 King Street									
La Crosse, WI 54601			INSURER D : INSURER E :						
COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:					
THIS IS INDICAT CERTIFI	TO CERTIFY THAT THE POLICIES TED. NOTWITHSTANDING ANY RE CATE MAY BE ISSUED OR MAY SIONS AND CONDITIONS OF SUCH	OF INSUF EQUIREME PERTAIN,	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER I	D NAMED ABOVE FOR	THE PO	WHICH THIS	
NSR	TYPE OF INSURANCE	ADDL SUBR			POLICY EXP (MM/DD/YYYY)	L	IMITS		
A c	COMMERCIAL GENERAL LIABILITY	INSU WYU		(mimoori 111)	(mm/se//////	EACH OCCURRENCE	s	1,000,000	
	CLAIMS-MADE OCCUR		83 SBA PJ6113	03/20/2017	03/20/2018	DAMAGE TO RENTED PREMISES (Ea occurrence)		1,000,000	
XE	Business Owners					MED EXP (Any one person)	s	10,000	
H						PERSONAL & ADV INJURY	s	1,000,000	
GENT	. AGGREGATE LIMIT APPLIES PER					GENERAL AGGREGATE	s	2,000,000	
P	POLICY PRO- LOC					PRODUCTS - COMP/OP AG	3G \$		
	MOBILE LIABILITY					COMBINED SINGLE LIMIT	5		
	5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					(Ea accident)			
	NY AUTO DWNED SCHEDULED AUTOS ONLY AUTOS					BODILY INJURY (Per perso			
				1		PROPERTY DAMAGE (Per accident)			
X	AUTOS ONLY X NON-QWNED					(Per accident)	S		
							S		
	JMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	1				AGGREGATE	\$		
	DED RETENTION'S	-				PER OT	S H-		
0.0000000000000000000000000000000000000	ERS COMPENSATION MPLOYERS' LIABILITY Y/N					STATUTE ER			
ANY PE	ROPRIETOR/PARTNER/EXECUTIVE ER/MEMBER EXCLUDED? atory in NH)	N/A				E.L. EACH ACCIDENT	\$		
If yes	describe under					E.L. DISEASE - EA EMPLO	YEE S		
DESCR	RIPTION OF OPERATIONS below					PROPERTY	AIT S	171,300	
						PROPERTY		171,300	
pescription The City June 9-1	on of operations / Locations / Vehicle of La Crosse is listed as an 0, 2017.	LES (ACORT Addition	0 101 Additional Bemarks Schedu nal Insured for Artspire	e may be attached if more held	re space is requir	ed)			
CERTIFIC	CATE HOLDER			CANCELLATION					
			CITY005	0.50 50 00 5000 400				no approved the east thereof	
City of La Crosse 400 La Crosse St. La Crosse, WI 54601				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
				AUTHORIZED REPRESENTATIVE Dale H. Harkness					