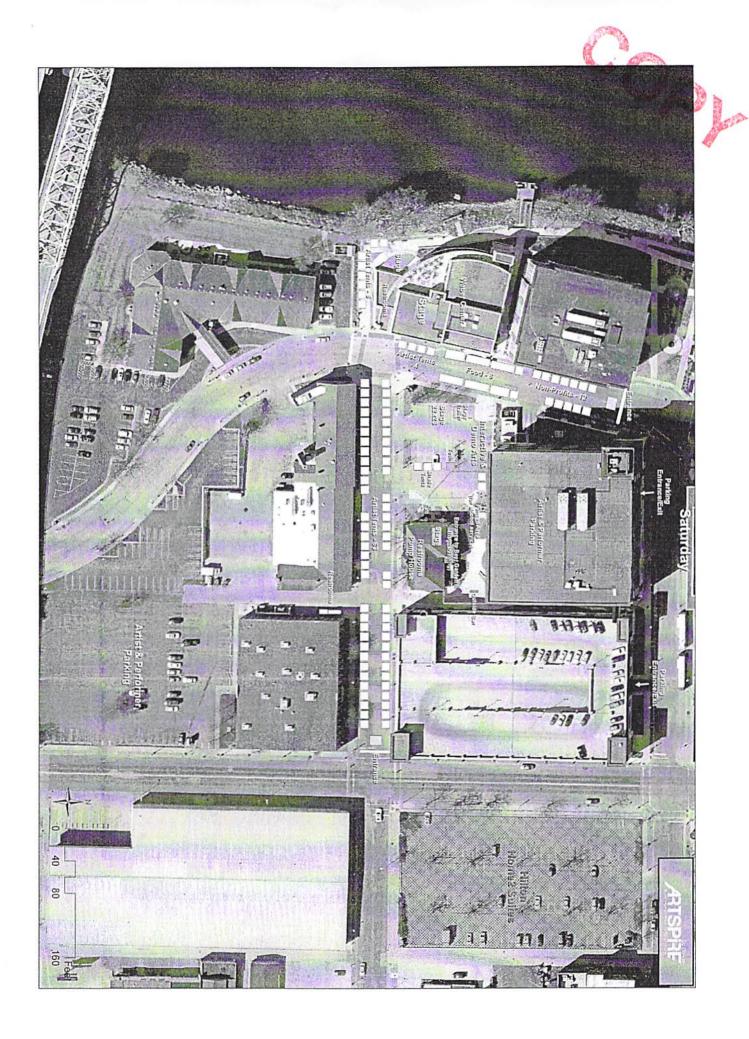
License Fee: (*additional \$50.00 tent fee, if applicable)



APPLICATION FOR SPECIAL EVENT OUTDOOR CABARET LICENSE (MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

| Granted: License #: |
|---|
| Attach list of all property owners within 1000 feet of the proposed licensed premises. |
| OFFICE USE ONLY: Munis Customer #: / 702 |
| Note: The certificate of insurance must described the event and the additional insured endorsement must accompany the certificate. |
| INSURANCE REQUIRED MUST BE SUBMITTED WITH THE APPLICATION Prior to the issuance of the Special Event Outdoor Cabaret License, the applicant shall furnish evidence of a liability insurance policy in amounts less than \$1,000,000 aggregate coverage, and shall be in force and effect at the time such event is to take place. Said policy shall be endorsed in the City of La Crosse as additional insured in connection with said event. If an entity is self-insured, it must provide evidence of alternative proverage, in a form acceptable to the City Clerk. |
| (Signature of applicant & date) |
| La Crosse pursuant to provisions of Section 10-138(3) of the Code of Ordinances for the City of La Crosse. |
| The above hereby makes application for a license to operate a Special Event Outdoor Cabaret at the above address within the City of |
| Nature of entertainment: Live music and performing arts |
| Other business to be conducted upon the premises: Art Fair & Sale, Interactive Arts, Food Vendors, Outdoor concert |
| Date of Birth: |
| Phone number: Daytime 608-785-1434 Home |
| Home address of manager: 1314 Juniper Street, La Crescent, MN 55947 |
| Name of manager (FIRST, MIDDLE & LAST): Toni Elizabeth Asher |
| Address of owner: 400 La Crosse St, La Crosse, WI 54601 |
| Premises are owned by: City of La Crosse |
| *Will there be a tent in excess of 400 sq. ft.(20' X 20')? Yes No_x If yes, add \$50.00 to fee. (If in combination value a Special Event Expansion, this fee not applicable.) |
| Description (Location) of Event Area: 1 Stage located at the SW section of the Pump House/Piggy's parking lot. |
| Time of Event: 10:00 am-10:00 pm |
| Date of Event: Saturday, June 10, 2017 |
| Business phone number: 608-785-1434 |
| Address of premises to be licensed: 119 King Street, La Crosse, WI 54601 |
| Trade name of business: Pump House Regional Arts Center |
| Address of above: 119 King Street, La Crosse, WI 54601 |
| Legal/Real Name: Pump House Regional Arts Center |



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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed.

| PRODUCER 608-781-6733 WISCONSIN INSURANCE CENTER I101 Main Street Onalaska, WI 54650 | | | | | CONTACT Dale H. Harkness NAME: PHONE (A/C, No, Ext): 608-781-6733 E-MAIL ADDRESS: | | | | |
|--|--|----------------|----------------|--|--|----------------------------|---|--------|------------|
| | | | | | | | | | |
| | INSURER A : Hartford Insurance Company | | | | | | | | |
| The Pump House Toni Asher 119 King Street La Crosse, WI 54601 | | | INSURER B : | | | | | | |
| | | | INSURER C: | | | | | | |
| | | | | INSURER D : | | | | | |
| | | | | INSURER E : | | | | | |
| | | | | | INSURER F : | | | | |
| - | VERAGES CER HIS IS TO CERTIFY THAT THE POLICIES | | | NUMBER: | VE DEEN ICCUED TO | | REVISION NUMBER: | UE BOI | ICV DEDIOD |
| CI | DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH | QUIRE PERTA | EMEN AIN, T | NT, TERM OR CONDITION THE INSURANCE AFFORD | OF ANY CONTRACT | OR OTHER I S DESCRIBE | DOCUMENT WITH RESPE | CT TO | WHICH THIS |
| VSR TR | TYPE OF INSURANCE | ADDL S | SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMIT | S | |
| A | COMMERCIAL GENERAL LIABILITY | | | | | | EACH OCCURRENCE | \$ | 1,000,000 |
| | CLAIMS-MADE OCCUR | | | 83 SBA PJ6113 | 03/20/2017 | 03/20/2018 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s | 1,000,000 |
| | X Business Owners | | | | | | MED EXP (Any one person) | s | 10,000 |
| | | | | | | | PERSONAL & ADV INJURY | s | 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | POLICY PROF LOC | | | | | | PRODUCTS - COMP/OP AGG | \$ | |
| | OTHER: | | | | | | COMBINED SINGLE LIMIT | \$ | |
| | AUTOMOBILE LIABILITY | | | | | | (Ea accident) | \$ | |
| | OWNED SCHEDULED | | | | | | BODILY INJURY (Per person) | S | |
| | OWNED SCHEDULED AUTOS V HIRED V NON-OWNED | | | | | | BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) | \$ | |
| | X HIRED AUTOS ONLY X NON-OWNED | | | | | | (Per accident) | \$ | |
| | UMBRELLA LIAB OCCUR | | | | | | FACH OCCUPOSNOS | 5 | |
| | EXCESS LIAB CLAIMS-MADE | | | | | | AGGREGATE | s | |
| | DED RETENTIONS | | | | | | Addredate | S | |
| | WORKERS COMPENSATION | | | | | | PER OTH- STATUTE ER | | |
| | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE | | | | | | E.L. EACH ACCIDENT | s | |
| | OFFICER/MEMBER EXCLUDED? (Mandatory in NH) | N/A | | | | | E.L. DISEASE - EA EMPLOYEE | s | |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - POLICY LIMIT | s | |
| | | | | | | | PROPERTY | | 171,300 |
| he un | CRIPTION OF OPERATIONS / LOCATIONS / VEHICI City of La Crosse is listed as an e 9-10, 2017. | Es (AC | cord | 191, Additional Remarks Sched al Insured for Artspire | ile, may be attached if more cheld | e space is requir | ed) | | |
| | | | | | | | | | |
| 051 | DIFICATE HOLDED | | | | CANCELLATION | | | | |
| UEI | RTIFICATE HOLDER | | | CITY005 | CANCELLATION | | | - | |
| City of La Crosse 400 La Crosse St. | | | | 3.1.1333 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. | | | | |
| La Crosse, WI 54601 | | | | AUTHORIZED REPRESENTATIVE Dale H. Harkness | | | | | |