

On State Highway?  
 Yes     No

**REVOCABLE OCCUPANCY/  
 STREET PRIVILEGE PERMIT APPLICATION**  
 City of La Crosse Legal Department - Phone: (608)789-7511  
 http://www.cityoflacrosse.org

Permit Number:  
 #

**APPLICANT**

Name: George Markos Company Name: George's Ringside Inc.  
 Address: W3595 Larson Rd. City: LaCrosse State: WI Zip: 54644  
 Phone #: ( ) Cell #: (608) 7807596 Fax #: ( )  
 Email: gmarkos@live.com

**PROPERTY OWNER** \*If different from applicant

Name: Jerry Vlaminc Company Name: JPV Properties LLC  
 Address: P.O Box City: Delano State: MN Zip: 55328  
 Phone #: (612) 3637456 Cell #: ( ) Fax #: ( )  
 Email: \_\_\_\_\_

**ENCROACHMENT TYPE (Check one):**

- |  |   |
|--|---|
| <input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY     | <input checked="" type="checkbox"/> OUTDOOR DINING AREA |
| <input type="checkbox"/> FIRE ESCAPE/ RESCUE PLATFORM/BALCONY              | <input type="checkbox"/> AESTHETIC APPURTENANCE         |
| <input type="checkbox"/> VENDING MACHINE/NEWSBOX                           | <input type="checkbox"/> GROUNDWATER MONITORING WELL    |
| <input type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES             | <input type="checkbox"/> BOATHOUSE/HOUSEBOAT            |
| <input type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT | <input type="checkbox"/> OFF-PREMISE SIGN               |
| <input checked="" type="checkbox"/> OTHER: _____                           |   |

**DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:**

Resturant seating on Pearl St for The Twisted Moose  
 \_\_\_\_\_  
 \_\_\_\_\_

Desired Start Date: 6/30/2017  
 Est. Completion Date: 6/30/2017

**CONTRACTOR/SIGN CO.:**

Phone #: ( ) Cell #: ( ) Fax #: ( )

**PERSON IN CHARGE:**

For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary permits from other City Departments must also be obtained before the encroachment can be installed/erected.

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse.

STATE OF WISCONSIN )  
 )  
 COUNTY OF LA CROSSE )  
 Personally came before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the  
 above named \_\_\_\_\_

Property Owner Signature: \_\_\_\_\_

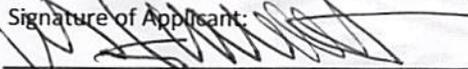
A signed letter from the property owner or management company may be used in lieu of this signature \*\*  
 Signature of Property Owner **must be notarized \*\***

\_\_\_\_\_ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Tax Parcel ID #: 17-20015-090

Notary Public, \_\_\_\_\_ County, \_\_\_\_\_  
 My commission expires: \_\_\_\_\_

I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed shall comply with all the laws of the State of Wisconsin, and all ordinances, rules, regulations, policies, and special conditions of the City of La Crosse. The applicant agrees to perform the work or use covered by an approved permit with diligence and convenience to the public. After approval, applicant shall be responsible for obtaining any final documents and follow all procedures as defined in the City Municipal Code. Approval of this application is subject to the conditions that appear in the actual permit to be signed after approval is obtained.

Signature of Applicant: 

Date: 6-22-17

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when your request will be on the Board of Public Works agenda.

Approved By: _____  Approval Date: _____	<b>Required items to be provided by Applicant</b>	<b>Gray Shaded Areas to be Completed by City Staff</b>
	Scale drawing of encroachment <input checked="" type="checkbox"/> Legal Description <input checked="" type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>50</u> <input checked="" type="checkbox"/> <b>All items due prior to approval</b>	<input type="checkbox"/> Special Conditions of Approval Attached <b>NON-REFUNDABLE ANNUAL PERMIT FEE</b> \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____

**DOCUMENT NO.**

**RETURN ADDRESS:** Bryant Klos  
P. O. Box 1927  
La Crosse, WI 54602-1927

**WARRANTY DEED**

**THIS DEED, made between GEORGE T. MARKOS, JR. ("GRANTOR") and JPV PROPERTIES, LLC, a Minnesota Limited Liability Company ("GRANTEE").**

**GRANTOR, for a valuable consideration, conveys and warrants to GRANTEE the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in La Crosse County, State of Wisconsin:**

**This Space Reserved for Recording**

17-20015-090.  
**Parcel Identification Number**

**Parcel 1:**  
Part of Lots 6 and 7 in Block 20 of the Town of La Crosse, now in the City of La Crosse, La Crosse County, Wisconsin, described as follows: Beginning at the Southeast corner of Lot 6; thence Northeasterly along the Southeasterly line of said Lots, 100 feet; thence Northwesterly parallel to the Northeasterly line of said Lots, 60 feet; thence Southwesterly parallel to the Southeasterly line of said Lots, 19.14 feet; thence Southeasterly parallel to the Northeasterly line of said Lots, 4.18 feet; thence Southwesterly parallel to the Southeasterly line of said Lots, 80.86 feet; thence Southeasterly along the Southwesterly line of Lot 6, 55.82 feet to the point of beginning. EXCEPT a parcel described as follows: Commencing at the Northeasterly corner of said Lot 7; thence Southwesterly along the Southeasterly line thereof 20 feet to the point of beginning of this EXCEPTION: Thence continuing Southwesterly along said Southeasterly line 20 feet; thence Northwesterly parallel to the Northeasterly line of said Lot 7, a distance of 55.82 feet; thence Northeasterly parallel to the Southeasterly line of said Lot 7, a distance of 20 feet; thence Southeasterly parallel with the Northeasterly line of said Lot 7, a distance of 55.82 feet to the point of beginning of this EXCEPTION.

**Property Address: 122-124-126-128 3rd Street South  
Tax Key No: 17-20015-090**

**Together with all appurtenant rights, title and interest.**

**This is not homestead property.**

**Markos  
to JPV Deed**

**Page 1 of 2**

GRANTOR warrants that the title to the property is good, indefeasible in fee simple and free and clear of encumbrances, except taxes assessed for 2016 and thereafter, recorded covenants, conditions, and restrictions, and amendments thereto, and recorded easements.

Dated this 22nd day of September, 2016.

\_\_\_\_\_(SEAL)  
George T. Markos, Jr. - Personally

STATE OF WISCONSIN )  
COUNTY OF LA CROSSE )

Personally came before me this 22nd day of September, 2016, the above named George T. Markos, Jr., to me known to be the person who executed the foregoing instrument and acknowledged the same.

\_\_\_\_\_(print name)  
Notary Public, State of Wisconsin  
My Commission expires\_\_\_\_\_

THIS INSTRUMENT WAS DRAFTED BY  
Attorney Bryant H. Klos  
Hale, Skemp, Hanson, Skemp & Steik  
305 King, Suite 300  
La Crosse, WI 54601



Map data ©2017 Google

20 ft



6/22/2017

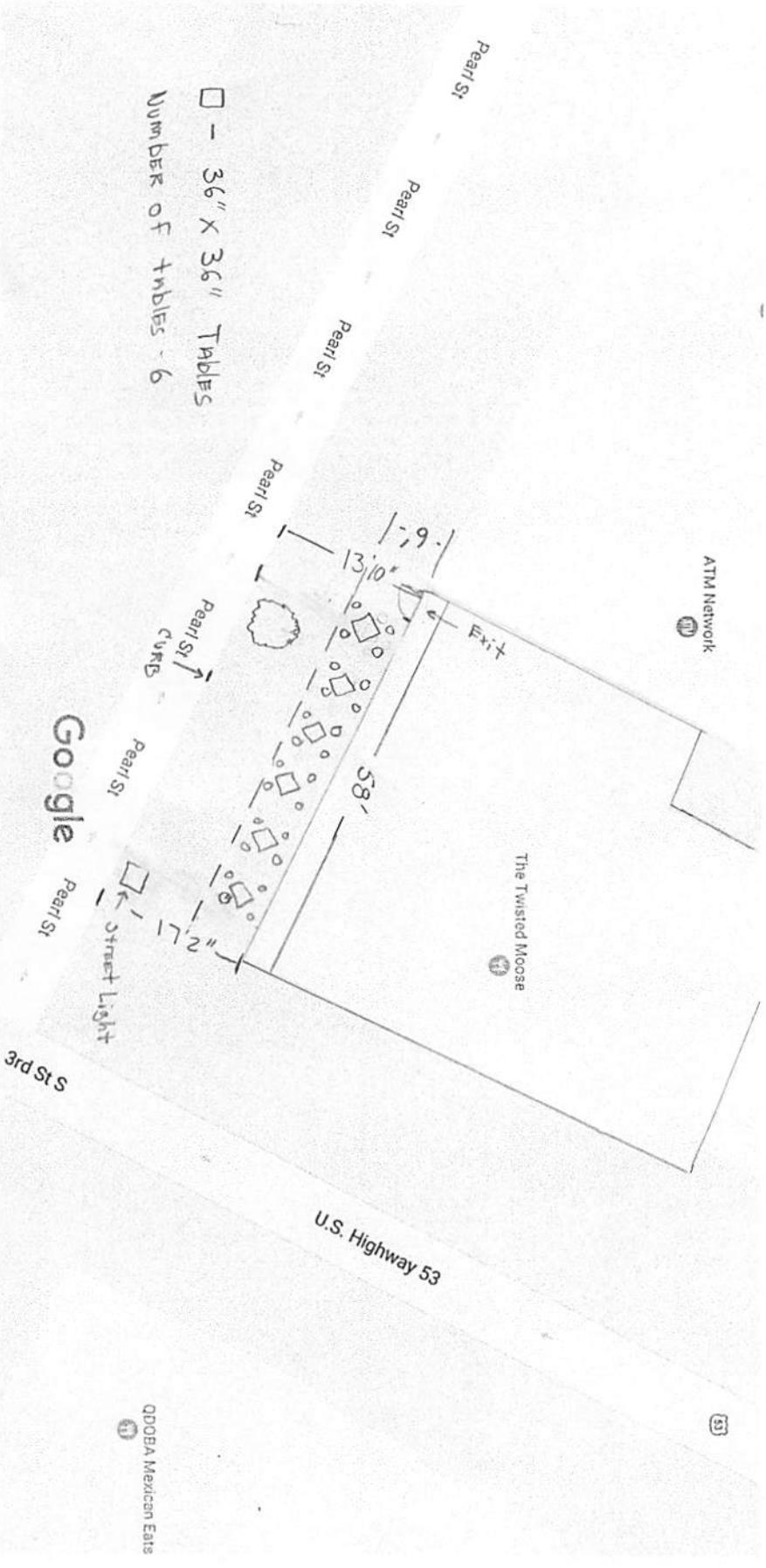
Google Maps

**Suzard Billy**

**Maps - Google Maps**

Google

□ - 36" X 36" TABLES  
NUMBER OF TABLES - 6



1900

George Fisher

[Redacted]

[Redacted]

[Redacted]



Copyright 1900



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/22/2017

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. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>KIM L BROWN INC, KLB Insurance</b> <b>PO Box 25407</b> <b>Woodbury, MN 55125</b> <b>www.klbins.com</b>	CONTACT NAME: <b>Kim L Brown, President</b>	
	PHONE (A/C, No, Ext): <b>(651)730-9803</b>	FAX (A/C, No): <b>(651)578-2427</b>
	E-MAIL ADDRESS: <b>kim@klbins.com</b>	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: <b>Illinois Casualty Company</b>	<b>15571</b>
INSURED <b>Twisted Moose/ Legends</b> <b>George's Ringside Inc.</b> <b>W 3595 Larson Rd</b> <b>233 Pearl St.</b> <b>Mindoro, WI 54644-9556</b>	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY			BP39181	8/29/16	8/29/18	EACH OCCURRENCE \$ <b>1,000,000</b>
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b>
	GEN'L AGGREGATE LIMIT APPLIES PER:						MED EXP (Anyone person) \$ <b>none</b>
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PERSONAL & ADV INJURY \$ <b>1,000,000</b>
	OTHER:						GENERAL AGGREGATE \$ <b>2,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>2,000,000</b>
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**The City of La Crosse is listed as additional insured on the policy.**

CERTIFICATE HOLDER <b>City of La Crosse</b> <b>400 La Crosse St.</b> <b>La Crosse WI 54601</b>  <b>martinr@cityoflacrosse.org</b>	CANCELLATION 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 
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