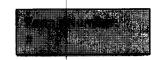


REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION



Date Received: 1

City of La Crosse Legal Department - Phone: (608)789-7511 http://www.cityoflacrosse.org

APPLICANT								
- Taille	Chad Herbers		Company N	ame: <u>La</u>	Crosse S			
	150 Oak Forest Dr.	City: Onal	aska		_State:	<u>WI</u>	Zip: <u>546</u>	
	<u>508) 781-1450</u>	Cell #:	()		-	Fax #:	(608) 78	<u>1-1451 </u>
Email: <u>chac</u>	d.herbers@lacrossesign.com							
	OWNER *If different from applications applications are also applied to the control of the contro		C	Tı	urk Ventui	roe		
	ntel Turk	City: La Ci	Company N	ame: <u>re</u>		WI	Zip: 546	<u></u>
	15 State St. 608) 782-2868	City. La Of	10336		_ State.	Fax #:	Zip. <u>340</u>	<u> </u>
Email:	006) 782-2000	Cell #.			_	T GX II.		
	MENT TYPE (Check one):		IODV			JTDOOR DININ	C ADEA	
	G/ON-PREMISE SIGN/OVERHEAD CAPE/ RESCUE PLATFORM/BALC		IOPT			STHETIC APPL	-	=
	G MACHINE/NEWSBOX					ROUNDWATER		
☐ UNDER	GROUND WIRES AND INFRASTRU					DATHOUSE/HO		
	ATIC IRRIGATION SYSTEM/SIDEW	ALK ENCRO	ACHMENT		☐ OF	FF-PREMISE SI	GN	
OTHER:								
	N OF ENCROACHMENT/WOR			i i		Desired St	art Date:	
Install new	projecting sign to exterior wall	at 215 State	St.			- Est Comp	letion Date:	
						_ Est. Comp	letion Date.	
CONTRACTO	OR/SIGN CO.: La Crosse Sig	in Co		PERSON	IN CHAR	GE: Chad	Herbers	
	608) 781-1450	Cell #:	()			Fax #:	(608) 78	1-1451
			- h					
For timely rev	riew, City Ordinance requires thating approval of the application, a	applications	s de submill st velid vetil	eu al leas it is signs	t 40 days	prior to the net	ence with a	I other permit
Notwithstandi	ing approval of the application, a verified. All necessary permits fr	om other Cit	v Denadme	nte muet e	also he oh	tained before t	the encrose	hment can he
installed/erec	• •	om omer on	y Departine	iilə iiidəl c	also be ob	danied before	ine encroad	inition can be
	applicant listed above to apply for a	Street Priviled	ne Permit	CTATE OF I	MICCONCIN	1 \		
	by of La Crosse.	Oli eel Tittileg	10 1 Ollin	STATE OF	WISCONSIN))SS.		
anough are on	A A	\sim			F LA CROS	SE) ,		` _
Property Owne	er Signature: (Vocutto (W.				me this 12 day	of July	, 20 <u>17</u> , the
	_			above name د ا دمهدا	Tuck		to me know	n to he the
	from the property owner or manage	ment company	may be			the foregoing inst		
	this signature ** roperty Owner must be notarized **			same.	ML			
Signature of Fi	Toperty Owner must be notanzed			Notan Dubli	1 6 Cros	T County let		
Tax Parcel ID) #: 17-20 010-110			Notary Public, <u>La Cross</u> County, <u>WI</u> My commission expires: <u>June 29, 2019</u> .				
Itif. that	I have reviewed the Municipal C	odo ond und		-				r certify that I
hove the full	authority to make the foregoin	oue and und a application	o stariu aii o the infori	uiau is reio nation in	the annli	sperimereque	required s	ubmittals are
	d correct; the Work or Use perfo							
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.								
_	ignature of Applicant:	,			Date:			
]	Cut Heles					-27-2017		
								_
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.								
				julie iii ii	aleiny sin	naciferens (e.ic	(១០ភាព្យាស់(១៨) ភ	New Shirt
Argorovedtely		illa of lengroad	IIII (E) HE	No terror		A TOTAL SERVICE		etrika: Ti
17861351111111	Liegal/Desc	ipilon filnsurance				t\$pedal €ondli	ons of Appro	val Attached
Approval Dat			\$	=======================================	N/6 NER	JEUNDABLE AN	INUAL PERI	Mindele
v bbi over Der	A STATE OF THE PARTY OF THE PAR		g: 45 12 k 7 s s			In coole to Ob. To	acurar/Sax	e sobedule)

* All items due prior to approval

State Bar of Wisconsin Form 1 - 2003

WARRANTY DEED

Document Number	Document Nam	ie	168841	1
THIS DEED, made between	n L & D Investments,	LACROSSE COUNTY	•	
Wisconsin Limited Li			REGISTER OF DEED	S
		CHERYL A. MCBRIDI	Ε	
and Turk Ventures I.I.	("Grantor," whe	ther one or more),	RECORDED ON	
Company	C, & WISCOUSIN DIMIC	ed missificy	01/23/2017 12:2	RDM
- Company	("Grantee," whe	ther one or more).	REC FEE: 30.00	Vin
	,	•	TRANSFER FEE: 1455	.00
Grantor, for a valuable con	sideration, conveys to Grant	tee the following	EXEMPT #:	
	ner with the rents, profits, fi			
appurtenant interests, in		_ County, State of		
	ore space is needed, please atta			
see legal description	n attached as Exhibit	L A.	Recording Area	
			Name and Return Address Sean O'Flaherty	
			201 Main Street, Suite 100	0
			La Crosse, WI 54601	
			17-20010-110	
			Parcel Identification Number (PIN	-
			This <u>is not</u> homestead proper (is) (is not)	ty.
	and to December to seed to defe		, , , ,	
Grantor warrants that the title	to the Property is good, indete	easible in ice simpl	e and free and clear of encumbrances ex	сері:
Dated January 9, 2017				
L & D Procestments, L		re4	Investments, LIC	
Make		_ (SEAL)	and the	(SEAL)
*BY: Carl A. Johnson	<u> </u>	* <u>BY:</u>	Wames L. Lewis	
Member		•	Member	
*		_ (SEAL)		(SEAL)
AUTHE	NTICATION	_	ACKNOWLEDGMENT	
AOTHE	VIICATION		NOM TO WILLIAM	
Signature(s) Carl A. John	180n	STATE	OF WISCONSIN)	
and James L. Lewis) ss. LA CROSSE COUNTY)	
authenticated on		. •	ly came before me on	2017
			e-named Carl A. Johnson	,
*			mes L. Lewis	
TITLE: MEMBER STATE B	AR OF WISCONSIN		known to be the person(s) who ex	
(If not,	A 704 A 6	foregoin	g instrument and acknowledges the same	3.
authorized by Wis. Stat	i. § 706.06)	4	18 Hole	· 0,
THIS INSTRUMENT DRAFTEI	DBY:	* Ted	(DING	
Sean O'Flaherty			ublic, State of Wilconsin	¥Ž
O'Flaherty Heim Egan		My Com	mission (is permated) (expires 10-1	2-2019
NAME STORES	(Signatures may be authentica	ted or acknowledged.	Both are not necessary	
NOTE: THIS IS A	STANDÄRD FORM. ANY MODIF STATE I	BAR OF WISCONSIN		RM No. 1-2003
*Type name below signatures.			10000000	

EXHIBIT A

Legal Description

The Easterly 1/2 of Lot 4 and the Easterly 75 feet of Lot 5 in Block 18 of the Original Plat of the Town of La Crosse, now in the City of La Crosse, La Crosse County, Wisconsin, described as follows: Commencing at the Southwesterly corner of said Block 18, being at the intersection of the Easterly rightof-way line of Second Street with the Northerly right-of-way line of State Street; thence Northeasterly along the Westerly right-of-way line of said Block 18, being also the Easterly right-of-way line of Second Street, to the Southwesterly corner of said Lot 4; thence Southeasterly along the Southerly line of said Lot 4, a distance of 75 feet, more or less, to a point on the Westerly line of the Easterly 1/2 of said Lot 4 and the point of beginning of this description: Thence Northeasterly, parallel with the Easterly line of said Lot 4, a distance of 60 feet, more or less, to the midpoint of the Northerly line of said Lot 4; thence Southeasterly along said Northerly line 75 feet, more or less, to the Northeasterly corner of said Lot 4; thence Southwesterly along the Easterly line of said Lots 4 and 5, a distance of 120 feet, more or less, to the Southeasterly corner of said Lot 5; thence Northwesterly along the Southerly line of said Lot 5, being also the Northerly right-of-way line of State Street, 75 feet; thence Northeasterly, parallel with and 75 feet Westerly of the Easterly line of said Lot 5, a distance of 60 feet, more or less, to the Northerly line of said Lot 5 at a point 75 feet Northwesterly of the Northeasterly corner thereof; thence along the Southerly line of said Lot 4 to the point of beginning

CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company | | American Family Mutual Insurance Company, S.I., if selection box is not checked.

6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address Orange Pearl Salon Inc. 215 State St La Crosse, WI 54601

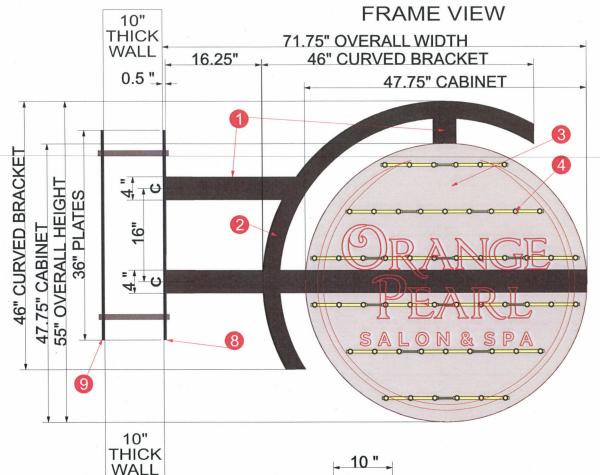
Agent's Name, Address and Phone Number (Agt./Dist.) Paul D Klipp Po Box 157 Onalaska, WI 54650 (608) 783-2197 (411/014)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.

This certificate does not amend, extend or alter the coverage afforded by the policies listed below. This is to certify that 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. POLICY DATE TYPE OF INSURANCE **POLICY NUMBER LIMITS OF LIABILITY** EFFECTIVE (Mo, Day, Yr EXPIRATION (Mo, Day, Yr) Homeowners/ **Bodily Injury and Property Damage** Mobilehomeowners Liability Each Occurrence \$ 000, **Bodily Injury and Property Damage Boatowners Liability** Each Occurrence S ,000 Bodily Injury and Property Damage Personal Umbrella Liability Each Occurrence \$,000 Farm Liability & Personal Liability Each Occurrence \$,000 Farm/Ranch Liability Farm Employer's Liability Each Occurrence \$.000 Statutory Workers Compensation and Each Accident \$,000 **Employers Liability †** Disease - Each Employee \$.000 Disease - Policy Limit ,000 \$ General Aggregate ,000 \$ **General Liability** Products - Completed Operations Aggregate \$,000 ☐ Commercial General Liability (occurrence) Personal and Advertising Injury \$.000 Each Occurrence \$,000 ,000 Damage to Premises Rented to You \$,000 Medical Expense (Any One Person) \$ Each Occurrence †† \$ 2,000,000 48-XW867001 07/12/2017 07/12/2018 **Businessowners Liablility** 1,000,000 Aggregate†† \$ Common Cause Limit \$.000 **Liquor Liability** ,000 Aggregate Limit \$ **Automobile Liability** Bodily Injury - Each Person \$,000 ☐ Any Auto Bodily Injury - Each Accident \$,000 ☐ All Owned Autos ☐ Scheduled Autos \$ Property Damage ,000 ☐ Hired Auto ☐ Nonowned Autos Bodily Injury and Property Damage Combined \$ 000 **Excess Liability** Commercial Blanket Excess \$.000 Each Occurrence/Aggregate Other (Miscellaneous Coverages) DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS †The individual or partners Have City of La Crosse is an Additional Insured shown as insured elected to be covered under this policy. Have not ++Products-Completed Operations aggregate Is equal to each occurrence limit and is included in policy aggregate. CERTIFICATE HOLDER'S NAME AND ADDRESS CANCELLATION Should any of the above described policies be cancelled before the expiration date City of La Crosse of, the company will endeavor to mail *(days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days 400 La Crosse St La Crosse, WI 54601 X This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue. DATE ISSUED UTHORIZED REPRESENTATIV 07/13/2017

Stock No. 06668 Rev. 7/02

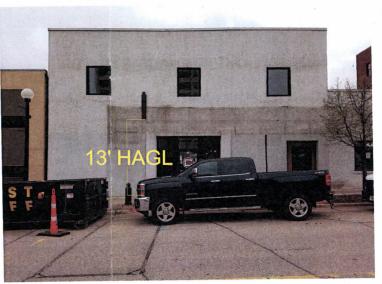
NEW DOUBLE FACED, INTERNALLY ILLUMINATED PROJECTING SIGN

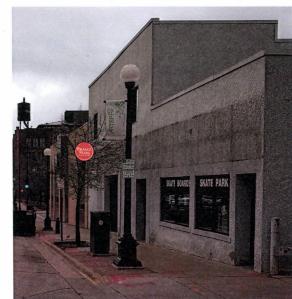


36 " 28 " 16"









Approved by:

10 "

Landlord:

PLATES

Date:

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*COLORS ON SKETCH ARE ONLY A REPRESENTATION, ACTUAL COLOR OF FINISHED PRODUCT MAY DIFFER

lacrossesign.com La Crosse Sign Group

1450 Oak Forest Drive • Onalaska, WI 54650 • 608-781-1450 2242 Mustang Way • Madison, WI 53718 • 608-222-5353 2502 Melby Street • Eau Claire, WI 54703 • 715-835-6189

DESIGN	SALLS			
Drawing by: Danielle Hadley	Job Name: Orange Pearl	Revision N		
Sign Type: Projecting	Job Address:	Job File Lo S:\O\Orano La Crosse 2017\Prod Artwork\Ar		
Date Created: 6/20/2017	215 State St La Crosse, WI 54601			
Last Modified:	Salesperson: Jeff Brezinka			
Scale:	Job Number: 95170			

Number: .ocation: nge Pearl Salon\ e\95170 - New Location duction\Approved Art 95170

FILE

COLOR KEY a Orange (230-44)

b White of Acrylic

PMS Black 7c

SPECIFICATION NOTES

- NEW DOUBLE FACED, INTERNALLY ILLUMINATED **PROJECTING SIGN** -Qty: 1
- Overall Size: 4' 7" x 5' 11-3/4"

 Horizontal/Vertical Mounting Arms: 4" x 4" x 1/4" aluminum
- -Horizontal/Vertical Mounting Arms Finish: satin paint
- 2-Curved Bracket: 3" x 5" x 1/8" aluminum tube kerf cut & rounded -Curved Bracket Skin: .080 mill
- finish aluminum -Curved Bracket Finish: satin
- 8 -Internal Aluminum Cabinet Panels (2): .125 mill finish aluminum
- 1 -Lighting: US TD3 LEDs 5 -Cabinet Faces: 3/16" white acrylic #7328
- -Faces Decoration: cut vinyl 6 -Trim Cap: 1" Bronze
- -Cabinet Returns: .080 mill finish -Cabinet Returns Finish: satin
- 3 -Exterior Plate: 1/2" aluminum -Exterior Plate Finish: satin paint
- nterior Plate: 1/2" steel -Interior Plate Finish: satin paint