RECEIVED JUN 25 2018

REQUEST FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE & STREET PRIVILEGE PERMIT (MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

License Fee: \$ 150.00 (*additional \$50.00 tent fee, if applicable) Receipt #: 157 926
\$100.00 Cash Deposit at City Treasurer on: 7/9/18 NA
The undersigned licensee requests permission to expand the following licenses onto public property for the purpose set forth below (check all that apply):
Combination "Class B" Beer & Liquor Class "A" Beer Class "A" Beer Class "A" Beer Class "A" Beer & "Class A" Liquor Class "A" Beer & "Class "A" Bee
CHECK ONE: Individual Partnership Corporation LLC
LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): The Charmant Hotel, LLC
TRADE NAME: The Charmant Hotel
NAME OF AGENT (If Corporation/LLC): Sean Castady (Full Name - First, FULL Middle & Last)
BUSINESS ADDRESS/ADDRESS OF EXPANSION: 101 State St
BUSINESS PHONE NUMBER: 608-519-8815
DATE OF EXPANSION: 8-17-18 TIME OF EXPANSION (start & end times): 10am-11pm
*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes No If yes, add \$50.
ATTACH DETAILED DESCRIPTION OF EVENT AREA <u>AND</u> ATTACH A DIMENSIONAL DRAWING. Detailed description and dimensional drawing MUST include dimensions of area, where the fencing will be placed, where entrances (s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-pottles.
DESCRIBE ENTERTAINMENT TO BE PROVIDED, if any. Live Music Performance (NOTE: If there will be live music in the expanded area, also apply for a Special Event Outdoor Cabaret license.)
CONTACT PERSON: Sean William Castady (Full Name – First, FULL Middle & Last)
ADDRESS OF CONTACT PERSON: 346 Tellin Ct
DAYTIME PHONE NUMBER OF CONTACT PERSON: 3109103722
REASON FOR EXPANSION REQUEST: More space for live music viewing
NUMBER OF PEOPLE ATTENDING THIS EVENT: 1000
AT THE TIME OF APPLICATION, applicant shall provide to the City Clerk a certificate of insurance describing the event and providing liability insurance in the amount of \$1,000,000.000 per occurrence and endorsed naming the City of La Crosse as an additional insured.
I further state that I have received a copy of the Ordinance, Resolution and Conditions for permitting the sale, possession and consumption of alcohol on streets, and agree to abide by the same, and with all applicable state and local regulations including, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.
Signature of PRESIDENT of Corporation/Partner/Individual/Member Date
Sell 6-27-18
Signature of SECRETARY of Corporation/Partner/Member Date
For Office Use Only: Introduced - Council Meeting: (applicant does not need to attend this meeting) J & A Meeting: (public hearing, attendance recommended) Original - Council Copy Copy - Applicant Copy - Licensing Clerk

CITY OF LA CROSSE, WI General Billing - 157926 - 2018 005139-0006 Courtney... 07/09/2018 04:33PM 186679 - CHARMANT HOTEL

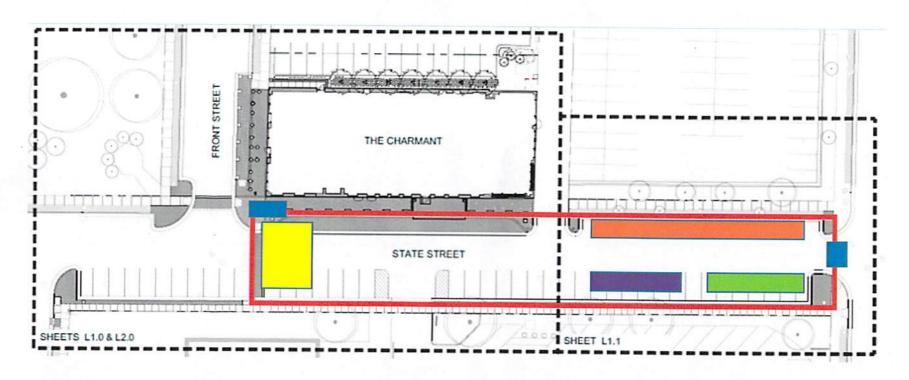
Payment Amount:

150.00

The Charmant Hotel, LLC	. We further state that we support the attached application for
the event to be held on 8-17-18	· · · · · · · · · · · · · · · · · · ·
NAME (Print) Dan Trusson's	ADDRESS Riverside Park - City of La Crosse DATE 6/28/18
NAME (Print) Kristine H. Cleary SIGNATURE FANTURE & Cleary	IN HOUMONING Plaza PURCAG - CM & ADDRESS 100 2n St N - Parcel # 20007-10 / DATE a Purch
NAME (Print) Kristile H. Cleary SIGNATURE LUBERT	ADDRESS 100 Harborview Plaza - Parcel # 20001-10 DATE (4/26/18
NAME (Print) Kristine H. Cleary SIGNATURE KNISH KI	ADDRESS 121 State St - Parcel # 20008-50 2nd SIATU
NAME (Print) Kristine + Gle SIGNATURE Kushe H	ADDRESS 129 State St - Parcel 20008-50, DATE 6/26/18
NAME (Print) SIGNATURE	ADDRESS DATE
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Charmant Hotel - River Roast 2018 Layout 8.17.18

Stage	Restrooms	Entrance/Exits
Fencing	F&B Area	Ticket Purchase



RiverRoast is an annual event that highlights live music for the local La Crosse community to enjoy. This event is free to the public and it serves as a thank you to the community for being so supportive of our establishment. We also like to highlight local vendors we work with and use their product in the F&B offerings. We will have music starting at 5pm and ending at 10pm with a few different bands (TBD). We have received approval from the Board of Public Works for a street permit and are requesting an expanded license for alcohol to be served on State St.

CHARHOT-01

TKAKUSKA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/18/2018

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(les) 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). CONTACT Robortson Ryan - Milwaukee 330 East Kilbourn Avenue, Suite 650 Milwaukee, WI 53202 PHONE (A/C, No, Ext): (414) 271-3575 FAX (A/C, No): (414) 271-0196 ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : THE HANOVER INSURANCE COMPANY 22292 INSURED INSURER B : The Charmant Hotel LLC INSURER C : 101 State Street INSURER D ; La Crosse, WI 54801 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LOUITS COMMERCIAL GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** CLAIMS-MADE X OCCUR ZD1A708994 08/17/2017 | 08/17/2018 DAMAGE TO RENTED PREMISES (Ea occurrence) 100,000 10,000 MED EXP (Any one person) 1.000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: 2,000,000 GENERAL AGGREGATE X POLICY PRO: 2,000,000 PRODUCTS - COMP/OP AGG LIQUOR LIABILIT OTHER: 1,000,000 AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT ANY AUTO **BODILY INJURY (Per person)** SCHEDULED AUTOS AUTOS DALY BCDILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) HIRED ONLY MONSYMEP UMBRELLA LIAR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PER STATUTE ANY PROPRIETOR PARTNER EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) **E.L. EACH ACCIDENT** If yes, describe under DESCRIPTION OF OPERATIONS helos E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT CESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 161, Additional Remarks Schedule, may be attached it more space is required)
The City of La Crosse is listed as Additional Insured. CERTIFICATE HOLDER 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. City of La Crosse 400 La Crosse Street La Crosse, WI 54601 **AUTHORIZED REPRESENTATIVE**



THE CHARMANT HOTEL LLC

ZD1 A708994 02

ROBERTSON-RYAN AND ASSOC.

General Liability of Additional Interest

Designated Person/Org CG2026

City of La Crosse 400 La Crosse Street La Crosse WI 54601 POLICY NUMBER:

COMMERCIAL GENERAL LIABILITY CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):		
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.		

- A. Section Ii Who is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
 - In the performance of your ongoing operations; or
 - 2. In connection with your premises owned by or rented to you.

However:

- The insurance afforded to such additional insured only applies to the extent permitted by law: and
- If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

- Required by the contract or agreement; or
- 2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.