

REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

Phone: 608-789-7505 Email: engineering@cityoflacrosse.org http://cityoflacrosse.org

Encroachment Owner: Koloni, Inc.											
Address: 325 N. Main St.	City: Pocahontas S	tate: <u>IA</u>	Zip: <u>50574</u>								
Phone # 6513619104	Email Address	kyle@kolonishare.com									
Application Preparer (if different from above) Kyle Sheker											
Relationship with Owner: Co-Owner	of Koloni	luda Okalaniahana aa									
Phone # 6513619104 Email Address kyle@kolonishare.com											
Description of Proposed Encroachment: Koloni is requesting access to both public and private property for the purposes of operating a bike share program in La Crosse. The exact locations and detailed information are laid out in the attachments.											
Encroachment Address(es): Refer to	attachment for the five loca	ations.									
Benefiting Tax Parcel ID #(s):											
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 covered by an approved permit with diligence and convenience to the public.											
Signature of Owner or designee: Kyle Print Name and Title: Kyle Sheker, Co-Found		Date: <u><</u>	3/18/2020								
Please return this completed application along with required information and fees noted on checklist below to: City of La Crosse, Engineering Department, 400 La Crosse Street, La Crosse, WI 54601. You will then be given notice of when your request will be on the Board of Public Works agenda for consideration. Once approved an agreement document will be drafted by City and sent to Owner for signatures. Permit will then be valid once recorded with the County's Register of Deeds department. Applicant shall obtain all other necessary permits as required by City Departments. Average completion time for validation 45 days.											
BELOW THIS LINE T	O BE COMPLETED BY	CITY STAFF ONL	Y 								
		1									
Required items to be provided by Appl	cant:	The contract of the contract o	of Public Works								
Scale Drawing of encroachment on letter size	paper(s)	Apı	proval Date:								
Legal Description of benefiting parcel(s)		Encro	achment Type:								
Certificate of Insurance (City as additional Insu	ired)										
Initial Application / Annual Fee \$		Per	mit Number:								
City Utility Potential Conflict Notification and S	ign-Off										
All Fees are Non-Refundable & Subject to cha	ange by City Council		A SHARE HAVE THE COLOR OF THE C								

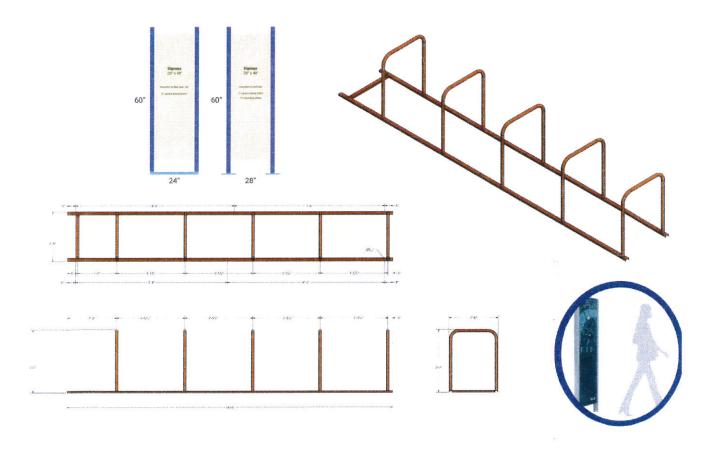
Permit Location Information

There are eight (8) total locations where Koloni, and their non-profit partner - La Crosse Neighborhoods, Inc., are requesting to locate a bike rack for the purposes of public bike sharing within the city of La Crosse.

Three (3) of these locations are on City of La Crosse Parks Department land, which were already approved by the Board of Park Commissioners on 2/20/20. Three (3) other locations are on Private property.

The purpose of this permit request is for the other five (5) locations.

Each location will have an orange (16'x3') bike rack with one, two-sided (20"W x 48"H) rack sign as shown.

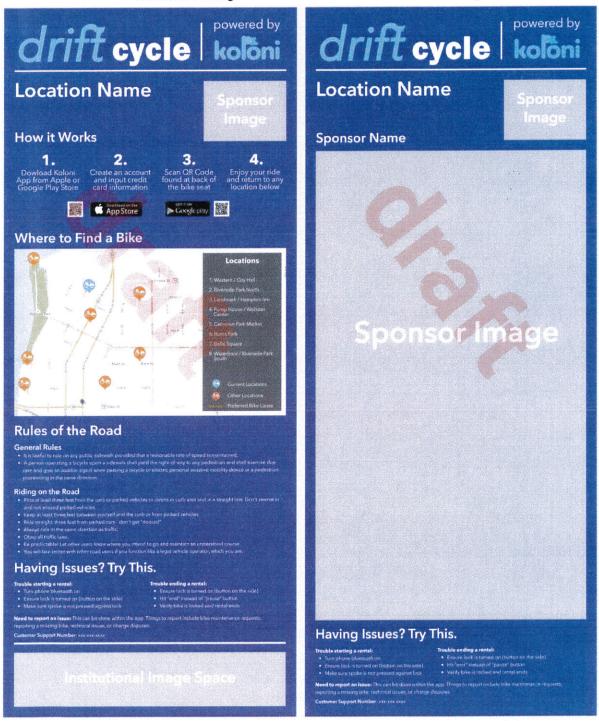


The outward facing side will include program names, instructions, info, rules & a map.

The inward facing side will include sponsor information.

Outward Facing

Inward Facing



LOCATION 1

Name: Waterfront / Riverside Park South / Convention Center

Type: Public Property - City of La Crosse

Address: 308 Front St South Tax Parcel: 17-20002-80

Scope of Work: A gravel pad is planned to be installed in the current grass area in coordination with

Dan Trussoni of the Parks Department. . Exact size yet to be determined but estimated as: 5'W X

20'D

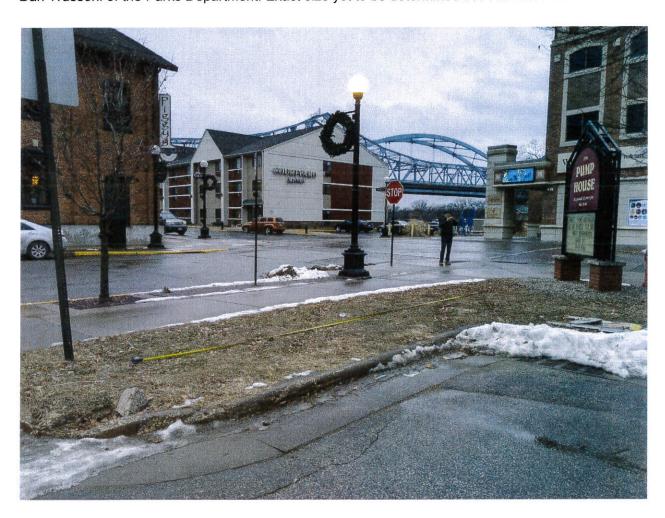


LOCATION 2

Name: Pump House / Weber Center/ Marriott
Type: Public Property - City of La Crosse

Address: 105 King St Tax Parcels: 17-20026-60

Scope of Work: A gravel pad is planned to be installed in the current grass area in coordination with Dan Trussoni of the Parks Department. Exact size yet to be determined but estimated as: 5'W X 20'D





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/24/2020

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						CONTACT Stephanie Webbink					
Webbink Insurance Agency LLC					PHONE (712) 335-4233 FAX (A/C, No.): (712) 335-3170						
DBA Webbink & Powers Insurance					E-MAIL ADDRESS: stephanie@powersins.com						
704	W Elm Ave, PO Box 190				INSURER(S) AFFORDING COVERAGE				NAIC#		
Poo	ahontas			IA 50574-0188	INSURERA: Risk Placement Services, Inc.						
INSL	RED		***************************************		INSURER B: Progressive Northern				38628		
	Koloni Inc				INSURER C:				***************************************		
					INSURER D:						
	325 N Main St				INSURER E:						
	Pocahontas			IA 50574							
<u></u>		TIEIC	ATE	NUMBER: CL1910801311	******************	REVISION NUMBER:					
				14011111111111111111111111111111111111		TO THE INSUR					
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											
C	ERTIFICATE MAY BE ISSUED OR MAY PERTA	IN, TI	HE INS	SURANCE AFFORDED BY THE	POLICI	ES DESCRIBED	HEREIN IS S	UBJECT TO ALL THE TERMS,			
		ADDL	SUBR		KEDUC	POLICY EFF	POLICY EXP	LIMITS			
INSR LTR	TYPE OF INSURANCE	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	1 1 000	0.000		
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED 100 I			
	CLAIMS-MADE OCCUR							PREMISES (Ea occurrence) \$ 1001			
		٧,		NNDOSAGA		07/01/2019	07/01/2020	MED EXP (Ally dite person)	0,000		
Α		Y		NN923161		07/01/2019	07/01/2020	PERSONAL & ADV INJORT			
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERALAGGREGATE			
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$ Inclu	deo		
	OTHER:				-			\$ COMBINED SINGLE LIMIT \$ 1,000	2000		
	AUTOMOBILE LIABILITY							(Ea accident)			
	ANY AUTO							BODILY INJURY (Per person) \$ 1,000			
В	OWNED SCHEDULED AUTOS			00912279-0		07/16/2019	07/16/2020	BODILY INJURY (Per accident) \$ 1,000 PROPERTY DAMAGE \$ 1,000	,		
	HIRED NON-OWNED AUTOS ONLY					1		(Per accident)	0,000		
								Policy Fee \$			
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$.,,,,		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$			
	DED RETENTION \$							ss			
	WORKERS COMPENSATION							PER OTH- STATUTE ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE			PC-IA-000171-1	11/12/2019	11/12/2020	E.L. EACH ACCIDENT \$ 500,0	000			
Α	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A		PC-IA-000171-1	11/12/2019	11/12/2020	E.L. DISEASE - EA EMPLOYEE \$ 500,0	000			
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$ 500,0	000		
								3			
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICLE	S (AC	ORD 10	01, Additional Remarks Schedule, n	nay be at	tached if more sp	ace is required)				
Add	itional Insured: City of La Crosse										
CET	TIEICATE HOLDER				CANC	ELLATION					
UEF	RTIFICATE HOLDER				UNITO	LLLATION	***************************************				
								SCRIBED POLICIES BE CANCELLED	BEFORE		
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN											
City of La Crosse ACCORDANCE WITH THE POLICY PROVISIONS.											
400 La Crosse St											
					(MI	11.	1-11/2			
	La Crosse			WI 54601	>	Steph	-VV4	RE			
						- 	1988-2015	ACORD CORPORATION. All rigi	hts reserved		