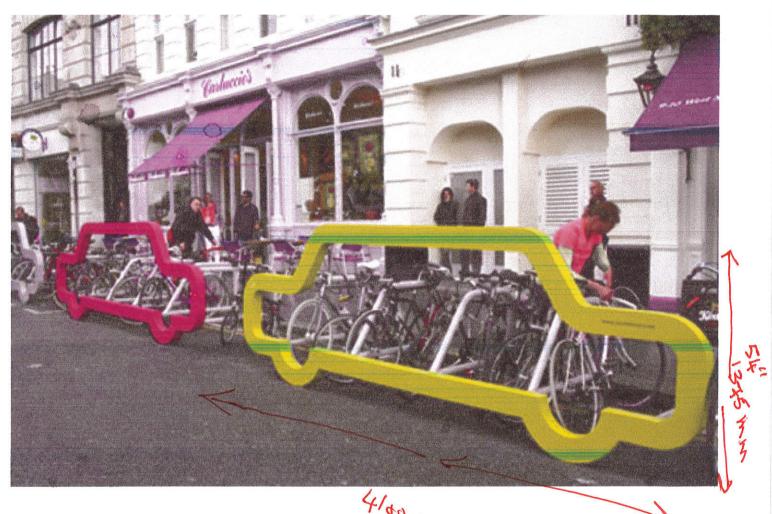
On State	Highway?
□Yes	□ No

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

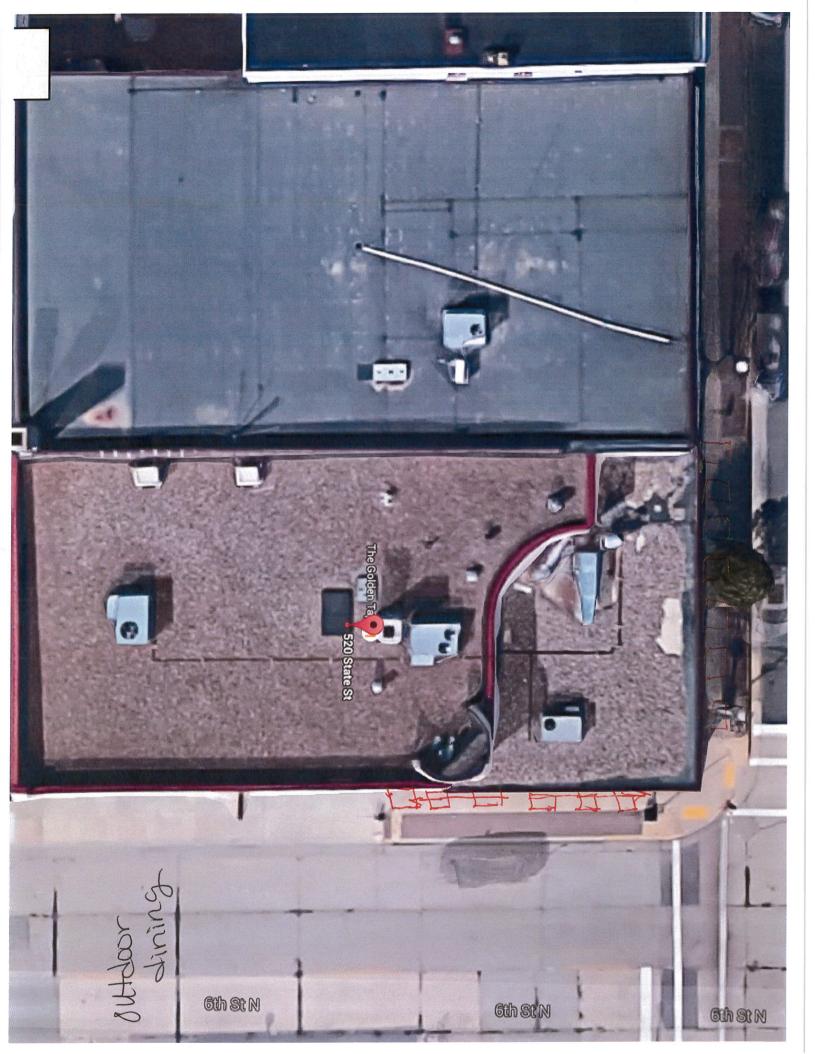
Permit Number:

APPLICANT	<u> </u>		Acoma /	1 2 F .	1 0
Name: Biran Tada	71	Company Nam	e	toldings	LLC
Address: 520 States	City: \@	16 - 10 - 11	State: 😃		Zip: 54601
Phone #: (608) 491 -20	Cell #:	(638) 361.	<u>-800 (</u>	Fax #: <u>(</u>	
Email: Branco (a) (a)	Ma-19W				
The control of the co	it from applicant				
Name:	City	Company Nam			Zio:
Address:	City:		State:		Zip:
Phone #: () Email:	_ Cell #:	R. Statistics	TERROR BUILDING	rax #. (
ENCROACHMENT TYPE (Check AWNING/ON-PREMISE SIGN FIRE ESCAPE/ RESCUE PLA VENDING MACHINE/NEWSB UNDERGROUND WIRES AND AUTOMATIC IRRIGATION SY OTHER:	/OVERHEAD HEATER/C TFORM/BALCONY OX D INFRASTRUCTURES STEM/SIDEWALK ENCI		AEST	DOOR DINING THETIC APPUR UNDWATER M THOUSE/HOUS PREMISE SIGN	RTENANCE IONITORING WELL SEBOAT
DESCRIPTION OF ENCROACH	MENT/WORK TO BE	PERFORMED:		Desired Start	Date:
installing Three C	er shape is	ike Rock	gin		
Front of the over	healdword	and outsi	La colora Vi	Est. Complet	ion Date:
	11-3		SOUTH CHARGE		
CONTRACTOR/SIGN CO.: 13		P STORY PER	RSON IN CHARG		
Phone #: ()	Cell #:	()		Fax #: <u>(</u>	
For timely review, City Ordinance					
Notwithstanding approval of the a					
conditions is verified. All necessa	ry permits from other	City Departments i	nust also be obtai	ned before the	encroachment can be
installed/erected.					
I authorize the applicant listed above	to apply for a Street Privi	ilege Permit STA1	TE OF WISCONSIN)	a :
through the City of La Crosse.	1.	te di jediji)SS.	
No. 1	46	COU	NTY OF LA CROSSE) 6	1 odl
Property Owner Signature		Perso	onally came before me e named	this 15 day of	Apri (, 20(6 , the
A signed letter from the property own	or management comp	\mathcal{D}	ion Indali		to me known to be the
used in lieu of this signature **	or management compe	perso	n(s) who executed the	foregoing instrum	nent and acknowledged the
Signature of Property Owner must be	notarized **	same	beche & ma	rtin	
			y Public, <u>LaCros&</u> C		
Tax Parcel ID #: 17-2016	4-040		ommission expires:		
I certify that I have reviewed the	AND THE RESERVE THE PROPERTY OF THE PROPERTY O	- 1 A	Market Barrier Barrier Barrier	No.	I further certify that I
have the full authority to make i					
complete and correct; the Work of					
rules, regulations, policies, and s					
covered by an approved permit w					
obtaining any final documents an					
subject to the conditions that appe					To the approach to
Signature of Applicant	A CONTRACTOR OF THE PARTY OF TH	to 20 digitor ditor	Date:		
Signature phi Applicant				-2016	
Lance			04/13	15010	
Please return this completed appli	cation along with requi	ired information an	d fees noted on ch	necklist to: City	of La Crosse, Legal
Department, 400 La Crosse Street	공사 보기 없었다. 어린 전 이번 하나 나라면서 그렇게 하나 하는 것이 되었다. 그런 이번				- Markitan and an analysis and an analysis and
(608)789-7511. You will then be g					
	Required items to be p		ont .		
Approved By:	Scale drawing of encroa		Gray Shaded	Areas to be Con	npleted by City Staff
and the second second second second second	Legal Description			onial Conditions	of Approval Attached
	Certificate of Insurance		Z Spe		of Approval Attached
Approval Date:	Initial Application Fee	\$ 50			IAL PERMIT FEE
	Annual Permit Fee	20 1	Fayat		rer (See fee schedule)
	All items due	prior to approval	Check#	RADY Da	te Received: 4/16/10



161.5°C





Outdoor draing

20 Actual teches + Chairs Set in front of business



Outdoor dining

State Bar of Wisconsin Form 1-2003 WARRANTY DEED

1630089 LACROSSE COUNTY REGISTER OF DEEDS CHERYL A. MCBRIDE

	WARRAN	ITY DEED	RECORDED ON
Document Number	Docum	ent Name	10/03/2013 03:32PM REC FEE: \$30.00 TRANSFER FEE: \$435.00
THIS DEED, made between	Dakota, LLC a Minnesota lin	nited liability company	EXEMPT #: PAGES: 1
	("Grant	** The above recording information verifies that this document has been electronically recorded and returned to the submittor."	
and Aroma Holdings, LLC, a	Wisconsin limited liability co	and returned to the hand test.	
estate, together with the rent La Crosse Conceded, please attach addendu	eration, conveys to Grantee thes, profits, fixtures and other ounty, State of Wisconsin ("Prum): 12. Block I of T. Burns G. Far	appurtenant interests, in operty") (if more space is num & P. Burns Addition	Recording Area Name and Return Address Aroma Heddings, LLC 1 River place br. Apt. 31 Lacrosse, NI 54001
			17-20164-040
			Parcel Identification Number (PIN)
			This is not homestead property. (is) (is not)
Dated 9-25-12 Dakota/LC	- MOMBER (SEA	L)	for road or highway purposes. (SEAL)
•	(\$EA	L)	(SEAL)
AUTHENTIC Signature(s)	CATION	ACH	KNOWLEDGMENT
authenticated on		STATE OF WISCONSIN	OUNTY)
•		Personally came before n	ne on 9-25-13.
TITLE: MEMBER CHIEF	H.CEUESCH	the above-named Her	
THIS INSTRUMENT DRAFTI Attorney Darla A. Krzoska	of Wisconsin	instrumentand acknowled	Colsen
Bosshard Parke Ltd.		Notary Public, State of W My Commission (is perm	isconsin aneni) (expires: 8/7/14/)
NOTE: THIS IS A ST WARRANTY DEED	(Signatures may be authenticate FANDARD FORM, ANY MODIFI © 2003 STA	d or acknowledged. Both are no CATIONS TO THIS FORM SHO TE BAR OF WISCONSIN	HECCESSIFY.) DULD BE CLEARLY IDENTIFIED. FORM NO. 1.2003

• Type name below signatures.

Co,,	 	4) 100 d d engines	•	2	٠,	٠,.

PROPERTY ADDRESS: 520 STATE STREET, LA CROSSE, WI 64801

Legal Description:
A Parcel of land located in the SW ½ of the SW ½ of Section 32, Township 16 North, Range 7 West, City of La Crosse, La Crosse County, Wisconsin.
Seld Parcel being further described as the East 53 feet of Lots 1 and 2, Block 1 of T. Burns, G. Fambin & P. Burns Addition to La Crosse.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/15/2016

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 be endorsed. If SUBROGATION IS WAIVED, subject to

	the terms and conditions of the polic certificate holder in lieu of such endo				endors	ement. A sta	tement on t	his certificate does not	confe	r rights to the
PR	ODUCER	7130111	oneja	7.	CONT/ NAME:	ACT Linda P	hillips			
Fleis Insurance Agency Inc. PO Box 537					PHONE (A/C, No, Ext): 608-783-7546 (A/C, No): 608-783-5206					
118	24 E. Main Street				E-MAIL	ss: lphill@f	leisinsurar	ice.com		
On	alaska, WI 54650 even J. Fleis				ADDIN					NAIC #
Steven J. Fleis					INSURER(S) AFFORDING COVERAGE INSURER A : Society Insurance					15261
INS	URED The Golden Tap	INSUR		mountaile			10201			
	Aroma Holdings LLC D	BA								1
	520 State St				INSUR					
	La Crosse, WI 54601					INSURER D:				
					INSURI					
	OVERAGES CE	RTIF	CAT	E NUMBER: 2	INSUR	ERF.		REVISION NUMBER:		
I	HIS IS TO CERTIFY THAT THE POLICIE NDICATED. NOTWITHSTANDING ANY F ERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	S OF REQUII PER POLI	INSU REME FAIN, CIES	RANCE LISTED BELOW HA NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	I OF AN DED BY	Y CONTRACT THE POLICIE	OR OTHER S DESCRIBE PAID CLAIMS	ED NAMED ABOVE FOR T DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO O ALL	WHICH THIS
A	TYPE OF INSURANCE X COMMERCIAL GENERAL LIABILITY	INSD	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	T	4 000 000
~		\ v		DOD 500467		04/20/2046	04/20/2047	EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
	CLAIMS-MADE X OCCUR X Business Owners	X		ROP 588467		01/30/2016	01/30/2017	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	V Presidence of the president of the pre	-		21				MED EXP (Any one person)	\$	5,000
		-						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- OTHER:							PRODUCTS - COMP/OP AGG	\$	2,000,000
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	ANY AUTO			ROP 588467		01/30/2016	01/30/2017	BODILY INJURY (Per person)	\$.,,,
	ALL OWNED SCHEDULED			The control of the co		0.700,2010		BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
	HIRED AUTOS AUTOS							(Per accident)	\$	
	UMBRELLA LIAB OCCUR							FACILOCCUPPENCE	\$	
	EXCESS LIAB CLAIMS-MADE							EACH OCCURRENCE	\$	
	DED RETENTION \$	1						AGGREGATE		
	WORKERS COMPENSATION							X PER OTH-	\$	
Α	AND EMPLOYERS' LIABILITY	,	WC15012104		04/13/2015	04/13/2016		•	100,000	
А	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	NIA		VVC13012104		04/13/2013	04) 13)2010	E.L. EACH ACCIDENT	\$	100,000
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE	\$	500,000
	DÉSCRIPTION OF OPERATIONS below	-		2 1 2				E.L. DISEASE - POLICY LIMIT	\$	300,000
	e e				0					
DES	I CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	CORD	101, Additional Remarks Schedu	le, mav be	attached if more	space is require	ed)		
Γhe	Golden Tap Restaurant/Workers ali/BP0407									
CE	RTIFICATE HOLDER			-	CANC	ELLATION				
	City of La Crosse Becky			CITYLA1	ACC	EXPIRATION DRDANCE WIT	DATE THE	ESCRIBED POLICIES BE CA REOF, NOTICE WILL B Y PROVISIONS.		
	400 La Crosse St			AUTHORIZED REPRESENTATIVE						

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La Crosse, WI 54601