

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: Vicky Stadther Company Name: McDonald's Corporation  
 Address: 1650 W 82nd Street, Suite 900 City: Bloomington State: MN Zip: 55431  
 Phone #: (952) 488-4152 Cell #: (612) 275-5559 Fax #: ( )  
 Email: Vicky.Stadther@us.mcd.com

**PROPERTY OWNER** \*If different from applicant  
 Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: ( ) Cell #: ( ) Fax #: ( )  
 Email: \_\_\_\_\_

**ENCROACHMENT TYPE (Check one):**

<input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY	<input 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 checked="" 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 type="checkbox"/> OTHER: _____	

**DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:**  
Installation of conduits across W George Street. Conduit will be for irrigation and  
for electric to light poles on the parking lot site.

Desired Start Date: \_\_\_\_\_  
 Est. Completion Date: \_\_\_\_\_

**CONTRACTOR/SIGN CO.:** McKee Assoc. Inc **PERSON IN CHARGE:** Jim Lehr  
 Phone #: (608) 271-4900 Cell #: (608) 576-4905 Fax #: (608) 271-4957

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 )  
 ) SS.  
 COUNTY OF LA CROSSE )  
 Personally came before me, the Notary Public, the  
 above named Vicky Stadther My Commission Expires 1-31-2010  
 person(s) who executed the foregoing instrument and Kathleen Ann McGoUGH the  
 same.

Property Owner Signature: [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 \*\*

Tax Parcel ID #: 17-10264-25  
 Notary Public, Lincoln County, WI  
 My commission expires: 1-31-2010

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: [Signature] Date: 4-17-17

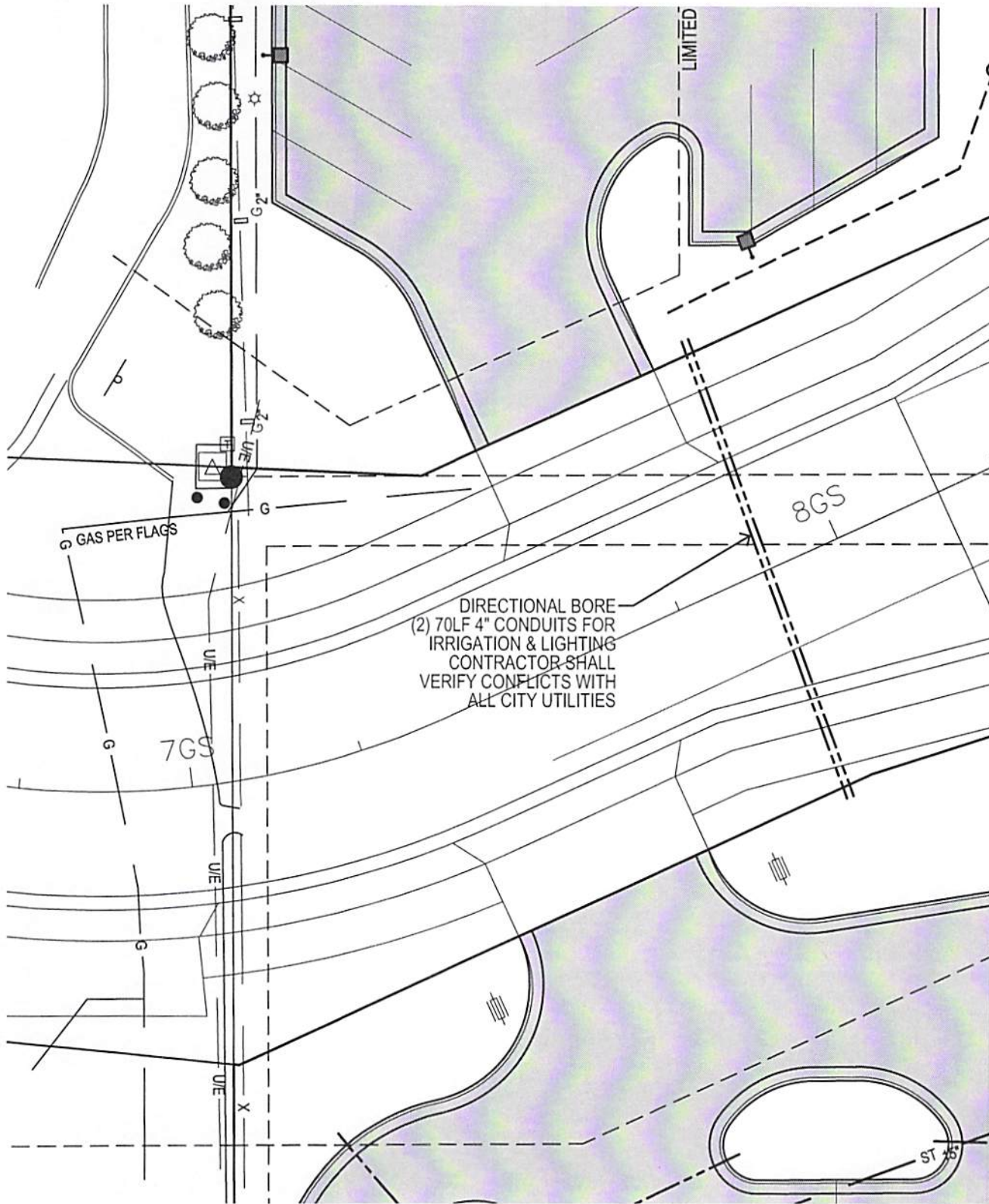
Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when 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 checked="" type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>60</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> <u>\$100</u> Payable to City Treasurer (See fee schedule) Check # <u>4748</u> Date Received: <u>4/24/17</u>

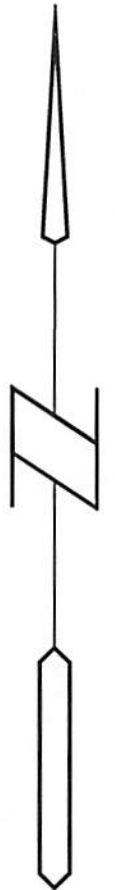
**PROPERTY DESCRIPTION:**

**PARCEL 1A:**

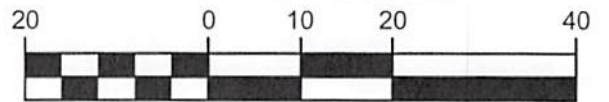
PART OF GOVERNMENT LOT 1 OF SECTION 17, TOWNSHIP 16 NORTH, RANGE 7 WEST, BEING A PART OF BLOCK 40 NOW VACATED OF NORTHERN ADDITION TO THE VILLAGE OF NORTH LA CROSSE, IN THE CITY OF LA CROSSE, LA CROSSE COUNTY, WISCONSIN, DESCRIBED AS FOLLOWS: COMMENCING AT THE NORTHEAST CORNER OF SAID GOVERNMENT LOT 1; THENCE SOUTH 89 ° 34' WEST ALONG THE NORTH LINE THEREOF 379.25 FEET TO THE SOUTHWESTERLY RIGHT OF WAY LINE OF WEST GEORGE STREET; THENCE SOUTH 54 ° 26' EAST ALONG SAID RIGHT OF WAY LINE 73.07 FEET TO THE POINT OF BEGINNING OF THIS DESCRIPTION; THENCE CONTINUING ALONG SAID RIGHT OF WAY LINE SOUTH 54° 26' EAST 216.49 FEET TO THE P.C. OF A 251.33 FOOT RADIUS CURVE; THENCE CONTINUING ALONG SAID RIGHT OF WAY LINE, ON THE ARC OF SAID CURVE, CONCAVE TO THE SOUTHWEST, THE CHORD OF WHICH BEARS SOUTH 35 ° 03' EAST AND MEASURES 170 FEET; THENCE SOUTH 89° 47' WEST 272.72 FEET; THENCE NORTH 0° 13' WEST 266.12 FEET TO THE POINT OF BEGINNING. EXCEPTING THEREFROM THAT PORTION SET FORTH IN AWARD OF DAMAGES RECORDED ON OCTOBER 31, 2016, AS DOCUMENT NO. 1684393.



DIRECTIONAL BORE  
 (2) 70LF 4" CONDUITS FOR  
 IRRIGATION & LIGHTING  
 CONTRACTOR SHALL  
 VERIFY CONFLICTS WITH  
 ALL CITY UTILITIES



GRAPHIC SCALE





# CERTIFICATE OF LIABILITY INSURANCE

MCKEE-2 OP ID: JS2

DATE (MM/DD/YYYY)

04/19/2017

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 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).


<b>PRODUCER</b> Hausmann-Johnson Insurance Inc 700 Regent St., PO Box 259408 Madison, WI 53725-8408 Marc Flood, CIC	<b>CONTACT NAME:</b> Marc Flood, CIC <b>PHONE (A/C, No, Ext):</b> 608-257-3795 <b>FAX (A/C, No):</b> 608-257-4324 <b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> McKee Associates, Inc. Midwest Homes, Inc. Midwest Homes Realty, Inc. Midwest Lease Associates 925 Watson Ave Madison, WI 53713-3254	<b>INSURER A:</b> Cincinnati Insurance Company <b>NAIC #</b> 10677	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER: 2017** **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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	EPP0076136	05/14/2015	05/14/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		EBA0021573	05/14/2016	05/14/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		EPP0076136	05/14/2015	05/14/2018	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	EWC0381227	05/14/2016	05/14/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Builders Risk \$250 Deductible		EPP0076136	05/14/2015	05/14/2018	Per Bldg 300,000 Tot Limit 300,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
**RE: McDonald's 1140 W. George Street, La Crosse, WI - When specified in written contract, the City of La Crosse is listed as Additional Insured with respect to Commercial General Liability.**

<b>CERTIFICATE HOLDER</b>  City of La Crosse 400 La Crosse Street La Crosse, WI 54601	<b>CANCELLATION</b>  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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