

License Fee: \$225.00 ~~50~~
(*additional \$50.00 tent fee, if applicable)

Invoice #: 119389

APPLICATION FOR SPECIAL EVENT OUTDOOR CABARET LICENSE

Legal/Real Name: The Concordia Aid Society, Inc.

Address of above: 1129 La Crosse Street, La Crosse, WI 54601

Trade name of business: Concordia Ballroom

Address of premises to be licensed: 1129 La Crosse Street, La Crosse, WI 54601

Business phone number: 608-784-8310

Date of Event: ~~09/25/2014 to 09/27/2014~~ 9-26-2014

Time of Event: 10:00 a.m. - 10:00 p.m.

Description (Location) of Event Area: Concordia Ballroom Parking Lot

*Will there be a tent in excess of 400 sq. ft. (20'x20')? Yes X No
(If yes, add \$50.00 for tent inspection fee. If in combination with a Special Event Expansion, the fee is not applicable.)

Premises are owned by: The Concordia Aid Society, Inc.

Address of owner: 1129 La Crosse Street, La Crosse, WI 54601

Name of manager (FIRST, MIDDLE & LAST): G. Jeffrey George

Home address of manager: 548 North 24th Street, La Crosse, WI 54601

Phone number: Daytime 608-784-8310 Home 608-782-6461

Date of Birth: [REDACTED]

Other business to be conducted on the premises: Oktoberfest Event

Nature of entertainment: Music, Food Sales, Liquor and Beer Sales, Apparel Sales, Games

The above hereby makes application for a license to operate a Special Event Outdoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse.

Signature of Applicant & Date John D. Schmatz 8-8-14

INSURANCE REQUIRED ... MUST BE SUBMITTED WITH THE APPLICATION

Prior to the issuance of the Special Event Outdoor Cabaret License, the applicant shall furnish evidence of a liability insurance policy with amounts of not less than \$1,000,000 aggregate coverage, and shall be in force and effect at the time such event is to take place. Evidence of insurance shall include a certificate of insurance naming the City of La Crosse as additional insured in connection with said event. If an entity is self-insured, it must provide evidence of alternative proof of coverage, in a form acceptable to the City Clerk.

OFFICE USE ONLY:

Munis Customer #:

Attach list of all property owners within 1000 feet of the proposed licensed premises.

Granted: _____

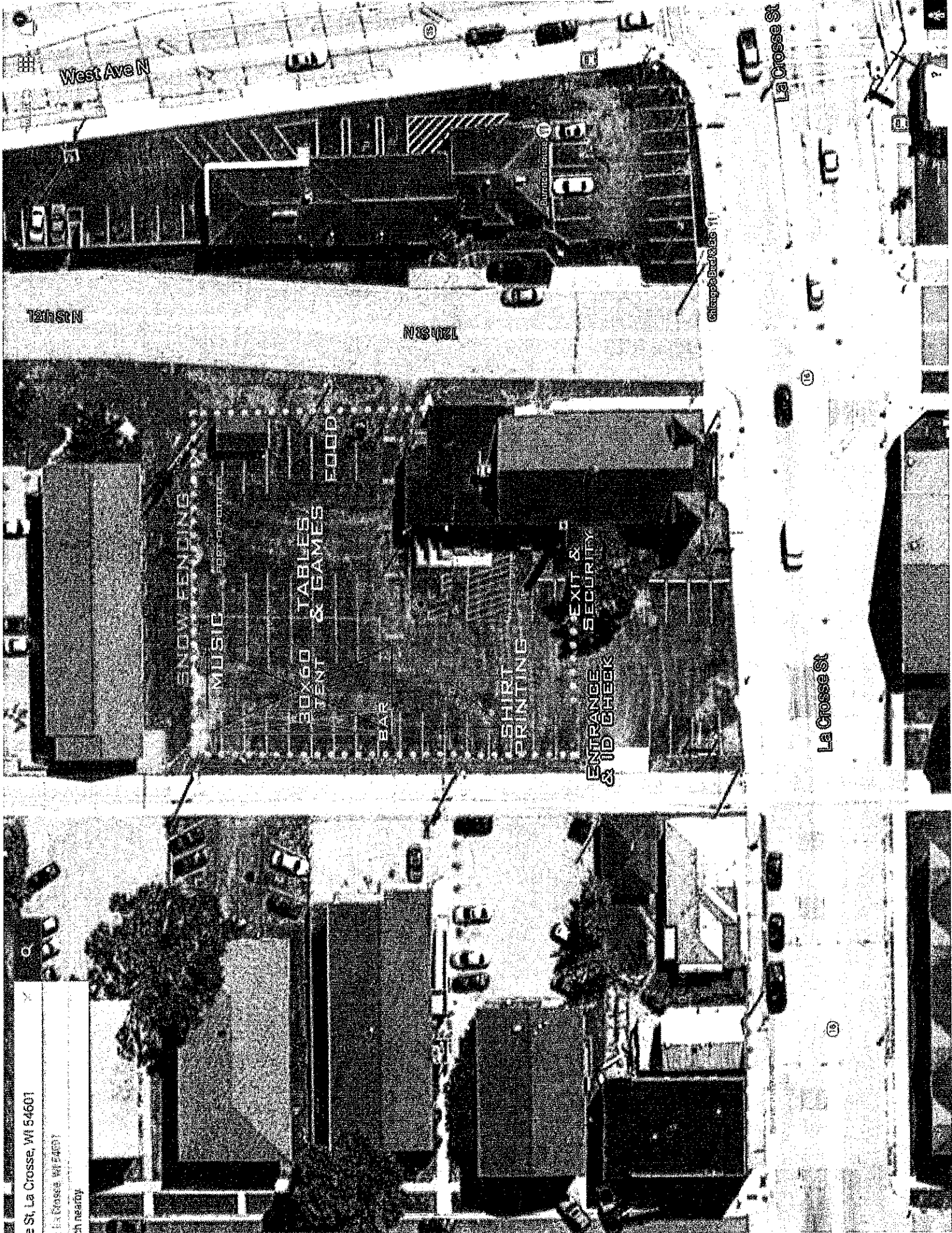
License #: _____

CITY OF LA CROSSE, WI
General Billing 5-11-2014
00975-0068 Mark Pope 08/08/2014 02:43PM
3501 CONCORDIA AID SOCIETY INC
Payment Amount: 340.00

e St, La Crosse, WI 54601

La Crosse, WI 54601

ch nearby



West Ave N

12th St N

12th St N

La Crosse St

La Crosse St

SNOW FENDING

MUSIC

30x60 TABLES & GAMES

BAR

SHIRT PRINTING

ENTRANCE & ID CHECK

EXIT & SECURITY

FOOD

FOOT LOCKERS

CITICORP BUILDING



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/07/2014

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).

PRODUCER Frelsinger Insurance 1523 Rose St Suite #1 La Crosse, WI 54603	CONTACT NAME: Kristi Olson	PHONE (A/C, No, Ext): (608)784-2587	FAX (A/C, No): (608)519-3867
	E-MAIL ADDRESS: KristiOlson@centurytel.net		
INSURED Concordia Aid Society Jeff George 1129 La Crosse St La Crosse, WI 54601	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A:	Capitol Indemnity	
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 00000949-27192 REVISION NUMBER: 1

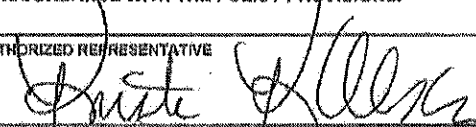
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y		CP00137312-04	05/01/2014	05/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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 N/A				WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Wisconsin Red Oktoberfest Party 9-24-14 - 9-27-14.

CERTIFICATE HOLDER

CANCELLATION

City of La Crosse 400 La Crosse Street La Crosse, WI 54601	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  (KKO)