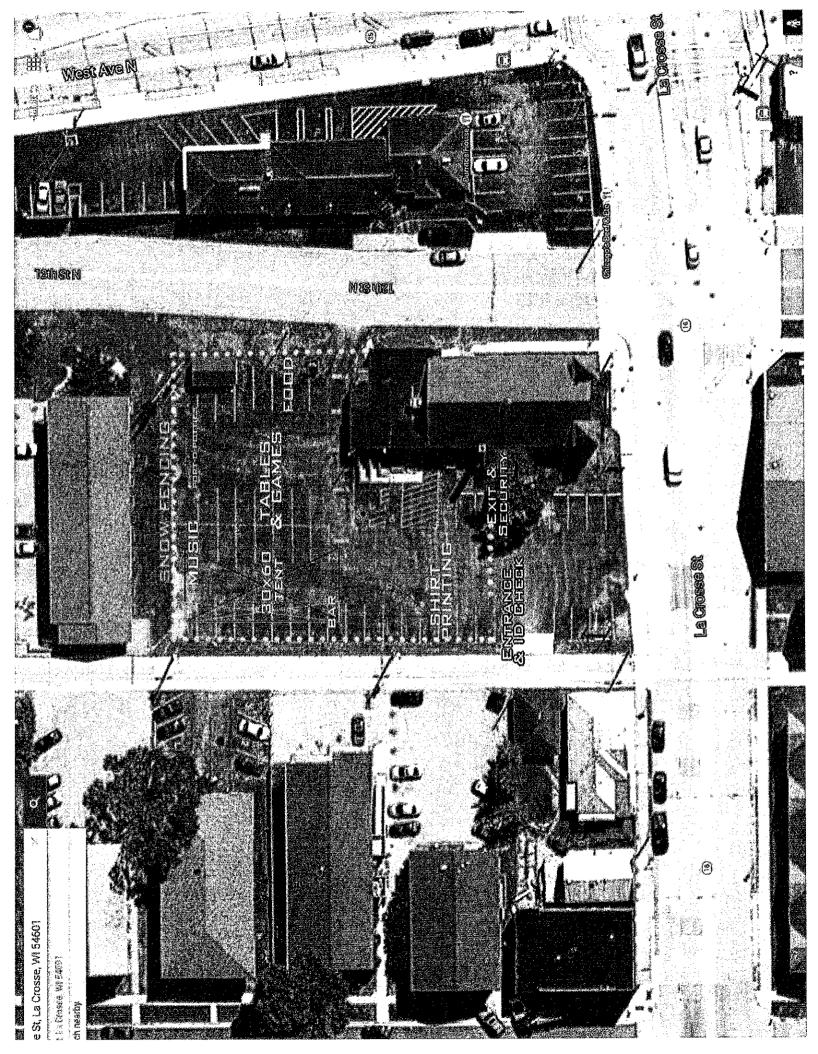
Invoice #:

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 9-26-2019	
Гіme of Event:10:00 а.m 10:00 р.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 No (If yes, add \$50.00 for tent inspection fee. If in combination with a Special Event Expansion, the fee is not approximately separately the second sec	plicable.)
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:	A
Other business to be conducted on the premises: Oktoberfest Event	
Nature of entertainment: Music, Food Sales, Liquor and Beer Sales, Apparel Sales, Games	
the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La	ddres Evelden Cosse.
Signature of Applicant & Date John D. Schmals 8-8-14	
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 evidence of insurance shall include a certificate of insurance naming the City of La Crosse as additional insured in conne	place. Said :: ction with said :: Clerk. 吕易贺
OFFICE USE ONLY: Munis Customer #:	7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Address of premises to be licensed: 1129 La Crosse Street, La Crosse, WI 54601 1139 La Crosse Street, La Crosse, WI 54601 1140 All Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse pursuant to provisions of Chapter 20 of the Code of Ordinances for the City of La Crosse and Illiance of the Code of Code	
Granted: License #:	Nagari salifik





CERTIFICATE OF LIABILITY INSURANCE

DATE (MWOD/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(les) 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 fleu of such endorsement(s).

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Freisinger Insurance 1523 Rose St Suite #1					PHONE (808)784-2587 (A/C, No); (608)519-3867 E-MAIL ADDRESS; Kristiolson@centurytel.net						
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	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000	
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City of La Crosse 400 La Grosse Street					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
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