## REQUEST FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE & STREET PRIVILEGE PERMIT (MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

\$100.00 Cash Deposit at City Treasurer on: 4-29-13 License Fee: \$ 100.00 (*additional \$50.00 tent fee, if applicable)
Receipt #: 104855
The undersigned licensee requests permission to expand the following licenses onto public property for the purpose set forth below (check appropriate box):    Combination "Class B" Beer & Liquor    Class "B" Beer
CHECK ONE:   Individual   Partnership   Corporation   Limited Liability Company
LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): SCTS Chances R LCC
TRADE NAME: Chances Tours II
NAME OF AGENT (If Corporation/LLC):  (Full Name - First, FULL Middle & Last)  BUSINESS ADDRESS/ADDRESS OF EXPANSION:  (Full Name - First, FULL Middle & Last)  (CCCVO) Let UT 5460)
BUSINESS PHONE NUMBER: 608 - 782-5105
DATE(S) OF EVENT: July 20th 7013 TIME OF EVENT (start & end times): 3pm - 10pm
*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes No If yes, add \$50 to license fee.
ATTACH DETAILED DESCRIPTION OF EVENT AREA <u>AND</u> ATTACH A DIMENSIONAL DRAWING. Detailed description and dimensional drawing MUST include dimensions of area, where the fencing will be placed, where entrances (s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.
DESCRIBE ENTERTAINMENT TO BE PROVIDED (may need to apply for an Outdoor Cabaret or Special Event Outdoor Cabaret license):
CONTACT PERSON: TOOO Thomps 4855
ADDRESS OF CONTACT PERSON: 120 LOSey 3100 South Carrosseus 54
DAYTIME PHONE NUMBER OF CONTACT PERSON: 608 - 780 - 72 09
REASON FOR EXPANSION REQUEST: Kelling Party for Previous Kainbus
NUMBER OF PEOPLE ATTENDING THIS EVENT: Between 100-200 People
I further state that I have received a copy of the Ordinance, Resolution and Conditions for permitting the sale, possession and consumption of alcohol on streets, and agree to abide by the same, and with all applicable state and local regulations including, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.
Signature of PRESIDENT of Corporation/Partner/Individual/Member Date
Signature of SECRETARY of Corporation/Partner/Member Date
For Office Use Only:  Date insurance filed: Introduced - Council Meeting:  Applicant should attend the following meetings:  J & A Meeting:  T Committee of the Whole:  Original - Council Copy  Copy - Applicant  Copy - Licensing Clerk

We, the undersigned, represent at least two-thirds (2/3) of the abutting and adjacent property owners who are affected by the attached <i>Application for Expansion of Alcohol Beverage License and Street Privilege Permit</i> requested by We further state that we support the attached application for the event to be held on
NAME (Print) David Vaslow ADDRESS 423 Jay St La Crosse, WI 54601 SIGNATURE Del Valor
NAME (Print) Grayer Ancherson ADDRESS 415 Jay SIGNATURE Way Anduso DATE 4/24/13
NAME (Print) Williams ADDRESS 135 S. 4th SIGNATURE Kelsey Williams DATE 40413
NAME (Print) Dave Cornell ADDRESS 133 54th SIGNATURE DATE 4-24-13
NAME (Print) Debratash ADDRESS 418 Main St 4-24-13  DATE 4-24-13
NAME (Print) B Corrie Brenke ADDRESS 115 S. 44 St. SIGNATURE BRENKE DATE 4 24 13
NAME (Print) Glovia P Schhe (GM) ADDRESS 125 S 4th St (moving 5/13/2013) SIGNATURE Slovia Rochie (GM) ADDRESS 125 S 4th St (moving 5/13/2013)
NAME (Print) Ronny Bassler ADDRESS 129 5 4th Starture PRINTY FASSLER DATE 4/24/13
NAME (Print) Mithael R Keil ADDRESS 116 5th Ave 5 1185th Ave 5* SIGNATURE DATE 4,24,13
NAME (Print) Jahu Thows Address 127-5544 Ay DATE 4-79-13
NAME (Print) BYF BFRG ADDRESS 2 4 4 5 5 5 DATE 4/29/13
NAME (Print) JOSH POST ADDRESS 412 Main St. SIGNATURE JOSH POST DATE 4/29/13
* proporty will be owned by Mike Keil as of 5/15/13

Sua Gr No

com:Ronda Kuecker FaxID:Westland Insurance Date:5/20/2013 09:57 AM Page: 1 of 1

<b>ACORD</b>	

## CERTIFICATE OF LIABILITY INSURANCE

STCHA-1

OP ID: RJ

DATE (MM/DD/YYYY) 05/20/13

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 lieu of such endorsement(s).

	to moraot in hoa or sacir emacreement by				
PRODUCER Westland Insurance-Onalaska 1844 E Main St Onalaska, Wi 54650 Trent J Lee, CIC		608-784-2775	CONTACT NAME:		
		608-374-5303	PHONE (A/C. No. Ext):	(AJC, No):	
		608-374-5303	E-MAIL ADDRESS:		
			INSURER(S) AFFORDING COV	ERAGE	NAIC #
			INSURER A: Germantown Mutual Insu	rance Co	14036
INSURED	S&T's Chances R LLC Todd and Susan Thompson 417 Jay Street La Crosse, WI 54601		INSURER B:		
			INSURER C:		
			INSURER D:		
	24 010000, 111 0 100 1		INSURER E:		
			INSURER F:		

**REVISION NUMBER:** COVERAGES **CERTIFICATE 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	TYPE OF INSURANCE	ADDL	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	8	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY			1102950	07/25/12	07/25/13	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR			1			MED EXP (Any one person)	\$	5,000
				!			PERSONAL & ADV INJURY	\$	1,000,000
ĺ				!			GENERAL AGGREGATE	\$	2,000,000
ĺ	GEN'L AGGREGATE LIMIT APPLIES PER:			1			PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO LOC			1				\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO			!			BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS			!			BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS			1			PROPERTY DAMAGE (Per accident)	\$	
1		I		1				\$	
	UMBRELLA LIAB OCCUR			7			EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE			1			AGGREGATE	\$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WCSTATU OTH-		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE	AIN		9601470	07/01/12	07/01/13	E.L. EACH ACCIDENT	\$	100,000
	(Mandatory in NH)	ויייוו		1		İ	E L. DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	ş	500,000
				1					
				1					
				1					
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)								

Certificate Holder Named Additional Insured; Regarding Outdoor Event on July 20, 2013.

CERTIFICATE HOLDER	CANCELLATION	

CERTIFICATE HOLDER

CITYO-4

City of La Crosse 400 La Crosse St 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** Trent J Lee, CIC

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