

License Fee: 310⁰⁰
(*additional \$50.00 tent fee, if applicable)

Invoice #: 163905

APPLICATION FOR SPECIAL EVENT OUTDOOR CABARET LICENSE
(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

Legal/Real Name: A+S Foster, LLC

Address of above: 500 Copeland Ave

Trade name of business: Bottoms Up

Address of premises to be licensed: 500 Copeland Ave.

Business phone number: 608-782-6008

Date of Event: Sat. June 1st 2019

Time of Event: 8 Am - 11 pm

Description (Location) of Event Area: Whole block of 500 Copeland

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

Premises are owned by: A+S Foster, LLC

Address of owner: 817 Liberty St

Name of manager (FIRST, MIDDLE & LAST): Shannan Gail Foster

Home address of manager: 817 Liberty St. La Crosse 54603

Phone number: Daytime 608-317-0495 Home _____

Date of Birth: [REDACTED]

Other business to be conducted upon the premises: alcohol sales, yard games

Nature of entertainment: live music

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 Section 10-138(3) of the Code of Ordinances for the City of La Crosse.

[Signature] 2.28.19
(Signature of applicant & date)

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 in 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. Said policy shall be endorsed 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.

Note: The certificate of insurance must describe the event and the additional insured endorsement must accompany the certificate.

OFFICE USE ONLY: _____ Munis Customer #: _____

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

Granted: _____ License #: _____