

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

License Fee: \$ 150⁰⁰ (*additional \$50.00 tent fee, if applicable) Receipt #: 133681

-\$100.00 Cash Deposit at City Treasurer on: 2/24/16 NA _____

The undersigned licensee requests permission to expand the following licenses onto public property for the purpose set forth below (check all that apply):

- Combination "Class B" Beer & Liquor
- Class "B" Beer
- "Class C" Wine
- Class "A" Beer
- Class "A" Beer & "Class A" Liquor

CHECK ONE: Individual Partnership Corporation LLC

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): A & S Foster LLC

TRADE NAME: Bottoms Up

NAME OF AGENT (If Corporation/LLC): Shannan Gail Foster
(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 500 Copeland Ave.

BUSINESS PHONE NUMBER: 608.782.6008

DATE OF EXPANSION: June 4, 2016 TIME OF EXPANSION (start & end times): 11am - 10pm

*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes No If yes, add \$50.

ATTACH DETAILED DESCRIPTION OF EVENT AREA AND 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, if any. music, dunk tank,
(NOTE: If there will be live music in the expanded area, also apply for a Special Event Outdoor Cabaret license.)

CONTACT PERSON: Shannan Gail Foster
(Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 817 Liberty st.

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608.317.0495

REASON FOR EXPANSION REQUEST: Block party

NUMBER OF PEOPLE ATTENDING THIS EVENT: 200

AT THE TIME OF APPLICATION, applicant shall provide to the City Clerk a certificate of insurance describing the event and providing liability insurance in the amount of \$1,000,000.00 per occurrence and endorsed naming the City of La Crosse as an additional insured.

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] 2.4.16
Signature of **PRESIDENT** of Corporation/Partner/Individual/Member Date

Signature of **SECRETARY** of Corporation/Partner/Member Date

For Office Use Only:
Introduced - Council Meeting: 3/10/16 (applicant does not need to attend this meeting)
J & A Meeting: 4.5.16 (public hearing, attendance recommended) Council Meeting: 4/14/16 (final action)
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 **Application for Expansion of Alcohol Beverage License and Street Privilege Permit** requested by _____ . We further state that we support the attached application for the event to be held on June 4, 2016 .

NAME (Print) Yvonne Buzman ADDRESS 510 Copeland Ave 784-0688
SIGNATURE Yvonne Buzman DATE 2-4-16

NAME (Print) Matt Johnson ADDRESS 416 Island St
SIGNATURE Matt Johnson DATE 2/3/16

NAME (Print) MILES WILKINS ADDRESS 512-528 Copeland Ave. La Crosse
SIGNATURE Miles Wilkins DATE 2/4/16

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

NAME (Print) _____ ADDRESS _____
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SIGNATURE _____ DATE _____

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

1/2 block of Copeland Ave
abutting and adjacent to
under Copeland bridge:

RC

E Pottys

Bands

Copeland
Bridge

Copeland Ave
Side Street

K

R.R

Bar

Beer garden

----- = fence

E



CERTIFICATE OF LIABILITY INSURANCE

BOTTO-1

OP ID: LP

DATE (MM/DD/YYYY)
02/24/2016

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 Fiels Insurance Agency Inc. PO Box 537 1824 E. Main Street Onalaska, WI 54650 Steven J. Fiels	CONTACT NAME: Linda Phillips	
	PHONE (A/C, No, Ext): 608-783-7546	FAX (A/C, No): 608-783-5209
E-MAIL ADDRESS: lphill@fielsinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Midwest Family Mutual		23574
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 2** **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	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	BPWI0560107147	06/30/2015	06/30/2016	EACH OCCURRENCE \$ 300,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 1,000
	<input checked="" type="checkbox"/> Business Owners					PERSONAL & ADV INJURY \$ 300,000
GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 600,000 PRODUCTS - COMP/OP AGG \$ 600,000
A	AUTOMOBILE LIABILITY		BPWI0560107147	06/30/2015	06/30/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 300,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
						\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
DED RETENTION \$						\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	WCWI0560107148	06/30/2015	06/30/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 100,000
						E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
TAVERNS AND BARS/Workers Compensation Members of LLC excluded unless election of coverage was made/BP0448

CERTIFICATE HOLDER CITYLA1 City of La Crosse Becky 400 La Crosse St La Crosse, WI 54601	CANCELLATION 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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Germantown Mutual Insurance Company
 W209 N11845 Insurance Place ■ P.O. Box 1020
 Germantown, Wisconsin 53022-8220 ■ Phone (262)251-6680

**Additional Interest Schedule
 Tavern/Restaurant**

Policy Number: 1107363

Policy Period: 08/22/2015 - 08/22/2016
 12:01 A.M. standard time at
 your mailing address shown
 in the declarations

Named Insured and Address: (608)782-9135

Agency Name and Number:

A&S FOSTER LLC DBA BOTTOMS UP

00030
 FLEIS INSURANCE AGENCY, INC.
 1824 E. MAIN STREET
 P O BOX 537
 ONALASKA, WI 54650
 (608)783-5206

500 COPELAND AVE
 LA CROSSE, WI 54601

Assigned To: Prem 1/Bldg 1
Interest Type: Mortgagee
Name and Address: CITIZENS STATE BANK
 620 MAIN STREET
 PO BOX 219
 LACROSSE, WI 54601

Reference #: **Rank:** 1 **Payor:** N/A
Phone: **Fax:** **E-mail:**
Pol. Freq: **Cert. Freq:** **Cert. Freq. Date:**
Remarks:

Assigned To: Prem 1/Bldg 1
Interest Type: Addl Ins-State/Political-Premise Permits (BP0407)
Name and Address: CITY OF LACROSSE
 400 LA CROSSE ST
 LA CROSSE, WI 54601

Reference #: **Rank:** **Payor:** N/A
Phone: **Fax:** **E-mail:**
Pol. Freq: **Cert. Freq:** **Cert. Freq. Date:**
Remarks:
Applicable Form(s): BP0407 - Addl Ins-State/Political-Permits