

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

Invoice #: 1103874

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

Legal/Real Name: WAFER, Inc.

Address of above: 403 Causeway Blvd, La Crosse WI 54603

Trade name of business: -food pantry - non profit

Address of premises to be licensed: 403 Causeway Blvd, La Crosse, WI.

Business phone number: 608-782-6003

Date of Event: April 28, 2019

Time of Event: 12pm to 6pm

Description (Location) of Event Area: 403 Causeway Blvd, + 70 + 80

Blvd Summer St, LA CROSSE WI.

*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: WAFER, INC

Address of owner: 403 Causeway Blvd, La Crosse WI 54603

Name of manager (FIRST, MIDDLE & LAST): Erin L. Waldhart

Home address of manager: 744 Garland St. E., West Salem WI.

Phone number: Daytime 608-782-6003 Home 786-1089

Date of Birth: _____

Other business to be conducted upon the premises: OPEN HOUSE

Nature of entertainment: music - local bands + players.

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.

Michael Vay 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 #: 1103874

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

Granted: _____ License #: _____