

On State Highway?
 Yes No

REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Legal Department - Phone: (608)789-7511
 http://www.cityoflacrosse.org

Permit Number:
#

APPLICANT
 Name: Richard W. Brown Company Name: Richard W. Brown LLC
 Address: 1506 Ambrosia City: La Crosse State: MO Zip: 55947
 Phone #: () Cell #: (608) 792-1089 Fax #: ()
 Email: ricknworkbkcr@gmail.com

PROPERTY OWNER *If different from applicant
 Name: _____ Company Name: _____
 Address: 1804 - 08 State City: La Crosse State: WI Zip: 54601
 Phone #: () Cell #: () Fax #: ()
 Email: _____

- ENCROACHMENT TYPE (Check one):**
- | | |
|-----------------------------------------------------------------------------------|------------------------------------------------------|
| <input checked="" type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY | <input type="checkbox"/> OUTDOOR DINING AREA |
| <input type="checkbox"/> FIRE ESCAPE/ RESCUE PLATFORM/BALCONY | <input type="checkbox"/> AESTHETIC APPURTENANCE |
| <input type="checkbox"/> VENDING MACHINE/NEWSBOX | <input type="checkbox"/> GROUNDWATER MONITORING WELL |
| <input type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES | <input type="checkbox"/> BOATHOUSE/HOUSEBOAT |
| <input type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT | <input type="checkbox"/> OFF-PREMISE SIGN |
| <input type="checkbox"/> OTHER: _____ | |

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
* Replace sign panel for new tenant/business
* Include wall signs at all exits in this building - 1804, 1806, 1808 State Street

Desired Start Date: _____
 Est. Completion Date: _____

CONTRACTOR/SIGN CO.: La Crosse Sign Co **PERSON IN CHARGE:** Jeff
 Phone #: () Cell #: () Fax #: ()

For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary permits from other City Departments must also be obtained before the encroachment can be installed/erected.

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse.

STATE OF WISCONSIN)
)SS.
 COUNTY OF LA CROSSE)
 Personally came before me this 20th day of July, 2017, the above named Richard W Brown to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: [Signature]
 A signed letter from the property owner or management company may be used in lieu of this signature **
 Signature of Property Owner **must be notarized ****
Rebecca J Martin
 Notary Public, La Crosse County, WI
 My commission expires: 10/11/19

I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed shall comply with all the laws of the State of Wisconsin, and all ordinances, rules, regulations, policies, and special conditions of the City of La Crosse. The applicant agrees to perform the work or use covered by an approved permit with diligence and convenience to the public. After approval, applicant shall be responsible for obtaining any final documents and follow all procedures as defined in the City Municipal Code. Approval of this application is subject to the conditions that appear in the actual permit to be signed after approval is obtained.

Signature of Applicant: _____ Date: _____

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when your request will be on the Board of Public Works agenda.

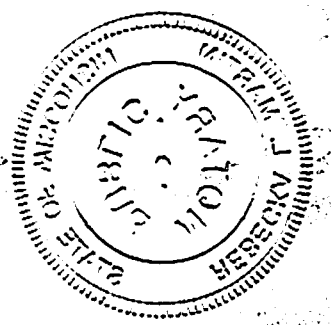
Approved By: _____ Approval Date: _____	Required items to be provided by Applicant	Gray Shaded Areas to be Completed by City Staff
	Scale drawing of encroachment <input type="checkbox"/> Legal Description <input type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>50</u> <input checked="" type="checkbox"/>	<input type="checkbox"/> Special Conditions of Approval Attached
All items due prior to approval		NON-REFUNDABLE ANNUAL PERMIT FEE \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

TO : SAC, NEW YORK
FROM : SAC, PHOENIX
SUBJECT: [Illegible]

[Illegible handwritten notes]

[Illegible signature]



[Illegible typed text]

[Illegible typed text]

LEGAL DESCRIPTION

Lot 2 EXCEPT the East 25 feet of the South 75 feet thereof, in Block 8 of First Addition to Spier's Addition



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2017

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 have ADDITIONAL INSURED provisions or 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).

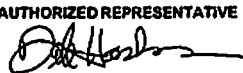
PRODUCER Wisconsin Insurance Center 1101 Main Street Onalaska WI 54650	CONTACT NAME: PHONE (A/C, No, Ext): (608) 788-6160 FAX (A/C, No): (608) 788-7012 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Auto Owners Insurance Company</td> <td>18988</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Auto Owners Insurance Company	18988	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:
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INSURER C:														
INSURER D:														
INSURER E:														
INSURER F:														
INSURED Richard W. Brown LLC 1506 Ambrosia Ct La Crescent MN 55947														

COVERAGES **CERTIFICATE NUMBER:** Cert ID 417 **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	ADDITIONAL INSURED	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y		61461859	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000	Y		4946185900	06/01/2017	06/01/2018	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				
A	Property - Commercial			61461859	06/01/2017	06/01/2018	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City of La Crosse is listed as an Additional Insured relating to a sign located at 1804-1808 State St, La Crosse, WI 54601.

CERTIFICATE HOLDER City of La Crosse 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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Awning Color

semi gloss

NA. 209990 - 10084 UNYL

.080 aluminum face
rapid acrylic backer



4' x 50' awning, 2' projection, 32" x 10' removable panels



1-30-08 Artist: Jeff Fredrick Sales: PF
 * RICHARD BROWN STATE ST (22933)

SCALE: 3/16" = 1'-0"

* COLORS ON SKETCH ARE A REPRESENTATION, ACTUAL COLOR MAY DIFFER
 This artwork is copyrighted and may not be otherwise used without permission.
 It is the property of La Crosse Sign Co., Inc., and must be returned to them.

© Copyrighted Artwork

APPROVED BY:


Replace Routed Face

10 ft



Approved by: _____ Date: _____ Landlord: _____ Date: _____

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lacrossesign.com		DESIGN		SALES		FILE		COLOR KEY	
 La Crosse Sign Group 1450 Oak Forest Drive • Onalaska, WI 54650 • 608-781-1450 2242 Mustang Way • Madison, WI 53718 • 608-222-5353 2502 Melby Street • Eau Claire, WI 54703 • 715-535-6189		Drawing by: Chris Clark Sign Type: Back-Lit Wall Sign Date Created: 6-8-2017 Last Modified: Scale: 1/2"=1'		Job Name: Global Grounds Job Address: 1808 State St. La Crosse, WI 54650 Salesperson: Jeff Brezinka Job Number: 95655		Version Number: 2 Job File Location: S:\G\Global Grounds\La Crosse\95655 Reface 2017\Design:		1 <input checked="" type="checkbox"/> TBD/Match Existing 2 <input type="checkbox"/> White 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

GLOBAL MATCH ALONG WITH APPROXIMATION. ACTUAL COLORS OF FINISHED PROJECT MAY VARY.