

REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Public Works Department - Phone: (608)789-7599
http://www.cityoflacrosse.org

Permit Number:
#

On State Highway?:
 Yes No

APPLICANT

Name: Chad Mickelson Company Name: The Barrel Inn Bar & Grill
Address: 2005 West Avenue City: La Crosse State: WI Zip: 53560
Phone #: (608) 385-3700 Cell Phone #: () Fax #: () Email: chad.mickelson1@gmail.com

PROPERTY OWNER *If different from applicant

Name: Chad Mickelson Company Name: The Barrel Inn Bar & Grill
Address: 2005 West Avenue City: La Crosse State: WI Zip: 53560
Phone #: (608) 385-3700 Cell Phone #: () Fax #: () Email: chad.mickelson1@gmail.com

ENCROACHMENT TYPE (Check one):

- | | |
|--|--|
| <input 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 checked="" type="checkbox"/> OTHER: <u>Hanging Sign</u> | |

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
Removing existing lighted hanging sign and installing a new lighted hanging.

Desired Start Date: _____

Est. Completion Date: _____

CONTRACTOR/SIGN CO.: Hwy 35 Signs **PHONE:** (608) 779-9411 **FAX:** (608)519-3366
PERSON IN CHARGE OF WORK: Wes Lewis **CELL PHONE:** (608) 397-6561

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.

Property Owner Signature: _____

COUNTY OF LA CROSSE)
Personally came before me this _____ day of _____, 20____, the above named _____ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

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 **

Notary Public, La Crosse County, WI

My commission expires: _____

Tax Parcel ID #: _____

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, Board of Public Works, Public Works Department, 400 La Crosse Street, 5th Floor, La Crosse, WI 54601, With questions, please contact Public Works at (608) 789-7599. You will then be given notice of when your request will be on the Board of Public Works agenda.

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

DATE (MM/DD/YYYY)
11/28/2016

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 6086344090 Lium Insurance Agency, LLC 100 Majestic Dr. Suite 100 Westby, WI 54667	CONTACT NAME: Lium Insurance Agency, LLC PHONE (A/C, No., Ext): 6086344090 FAX (A/C, No.): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Wilson Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC #
INSURED Barrel Inn, Inc. 2005 West Avenue South La Crosse, WI. 54601		

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/>		32.004082-90	07/19/2016	07/19/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/>	<input type="checkbox"/>				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of La Crosse is an additional named insured.

CERTIFICATE HOLDER City of La Crosse 400 La Crosse Street 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 Ryan Lium <i>Ryan Lium</i>

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DOCUMENT NUMBER

WARRANTY DEED

1432527

LACROSSE COUNTY
REGISTER OF DEEDS
DEBORAH J. FLOCK

RECORDED ON
09/21/2005 01:33PM

REC FEE: 11.00
TRANSFER FEE: 210.00
EXEMPT #:

PAGES: 1

Ristow Process Piping, Ltd., by it's last
known director(s).

conveys and warrants to Barrel Inn, Inc.

~~Barrel Inn, Inc.~~

Return to:

Barrel Inn, Inc.
2005 West Avenue South
LaCrosse, WI 54601

the following described real estate in La Crosse County, State of Wisconsin:

Tax Parcel No: 17-50022-100

Lot 10 in Block 5 of E. D. Clinton and Blackwell's Addition (EXCEPT that part thereof included in the Chicago, Burlington and Quincy Railroad right-of-way) to the City of LaCrosse, LaCrosse County, Wisconsin.

This is not homestead property.
(is not)

Exceptions to warranties: Easements, covenants, zoning and restrictions of record, though no republication is intended herein.
General taxes for the year 2005.

Dated this 15th day of September, 2005.

Ristow Process Piping, Ltd.

_____(SEAL)

_____(SEAL)

* _____

* Thomas O. Ristow

_____(SEAL)

Thomas O. Ristow (SEAL)

* _____

* _____

AUTHENTICATION

ACKNOWLEDGEMENT

Signature(s) _____

STATE OF WISCONSIN }
LaCrosse COUNTY } SS

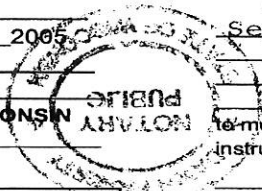
authenticated this _____ day of _____, 2005

Personally came before me this 15th day of September, 2005 the above named

* _____

Thomas O. Ristow

TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, authorized by 706.06, Wisconsin Statutes



to me known to be the person who executed the foregoing instrument and acknowledge the same.

Dawn Faherty

Drafted by James T. Gull - La Crosse, WI

* Dawn Faherty

Notary Public State of Wisconsin

My commission expires: 9-15-06

* Names of persons signing in any capacity should be typed or printed below their signatures

Wor Order

DATE: 10/29/15

DUE DATE: _____

ORDERED BY: Mrs Lewis

CUSTOMER

Banner Inn / Chad Mickelson

ADDRESS

2005 West Ave, LaCrosse, WI 54601

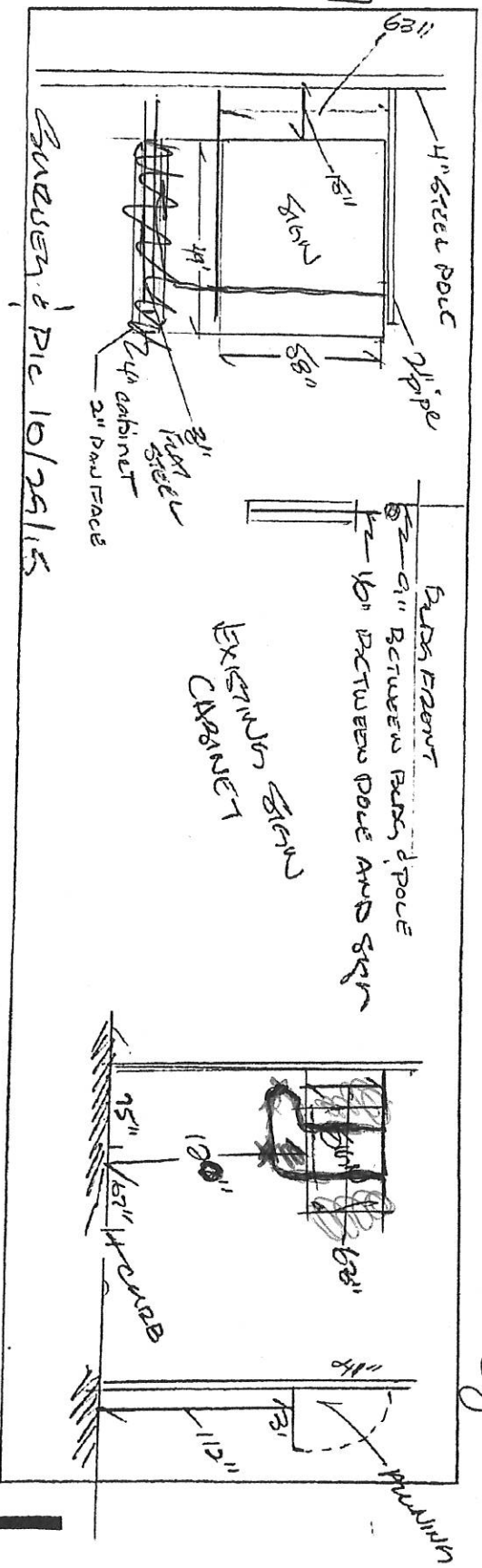
PHONE

608-385-3700

EMAIL

chad.mickelson@gmail.com

*EXISTING
Now*

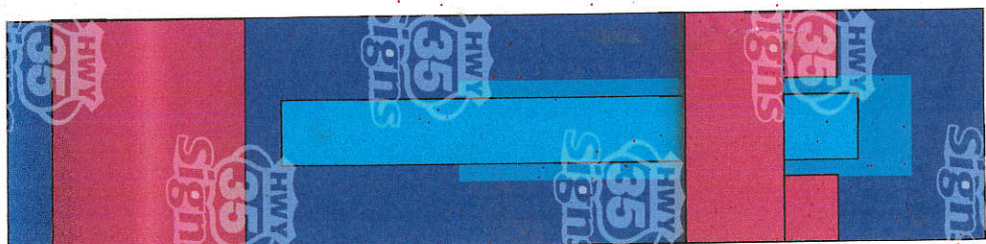
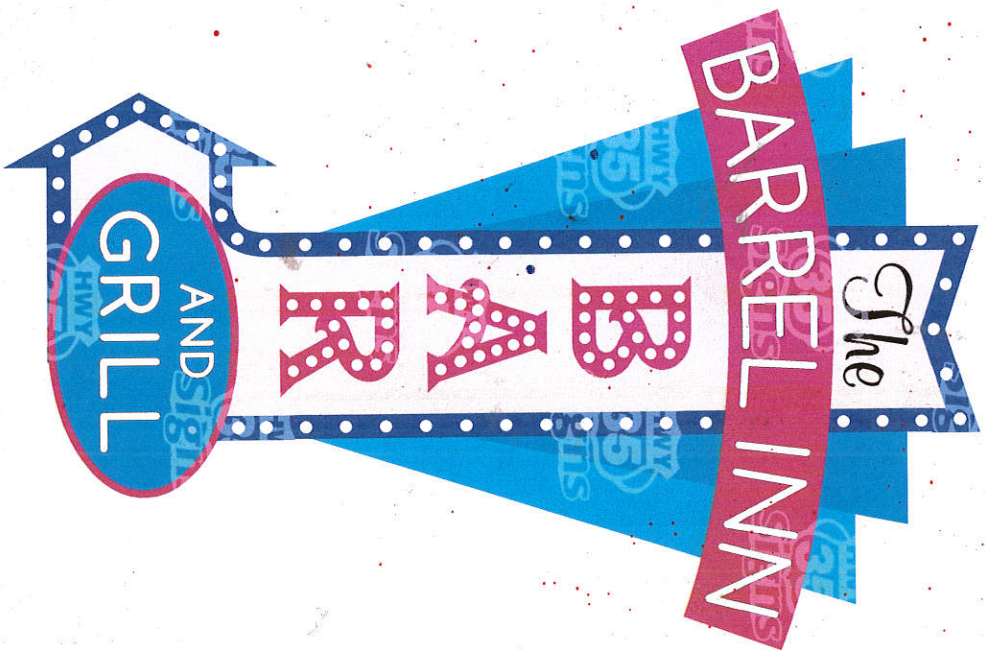
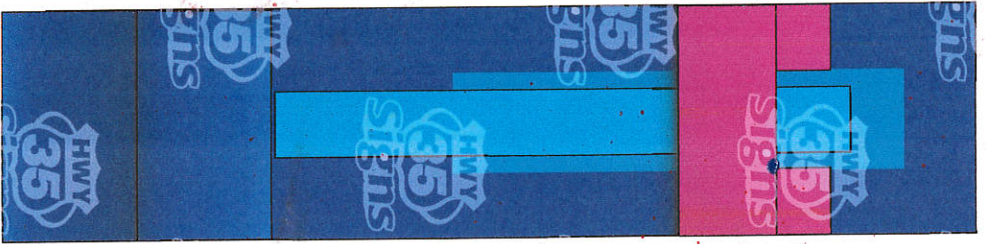


Quantity _____ Single or Double sided Size _____ H X _____ W

Vinyl colors (sample attached) Printed Pantones

Substrate: aluminum 040 063 080: MDO: Coroplast 4mil 10 mil: Polycarb .118 .177: Sintara: Banner: Alumicoir

Substrate color _____ in stock or need to order



★ Due to the different types of computer screens, printers, and print surfaces colors may appear different.

CLIENT: Barrel Inn Bar & Grill

FILE: Barrel Inn BLUE 120415.cdr

SCALE: 0.5" = 1'

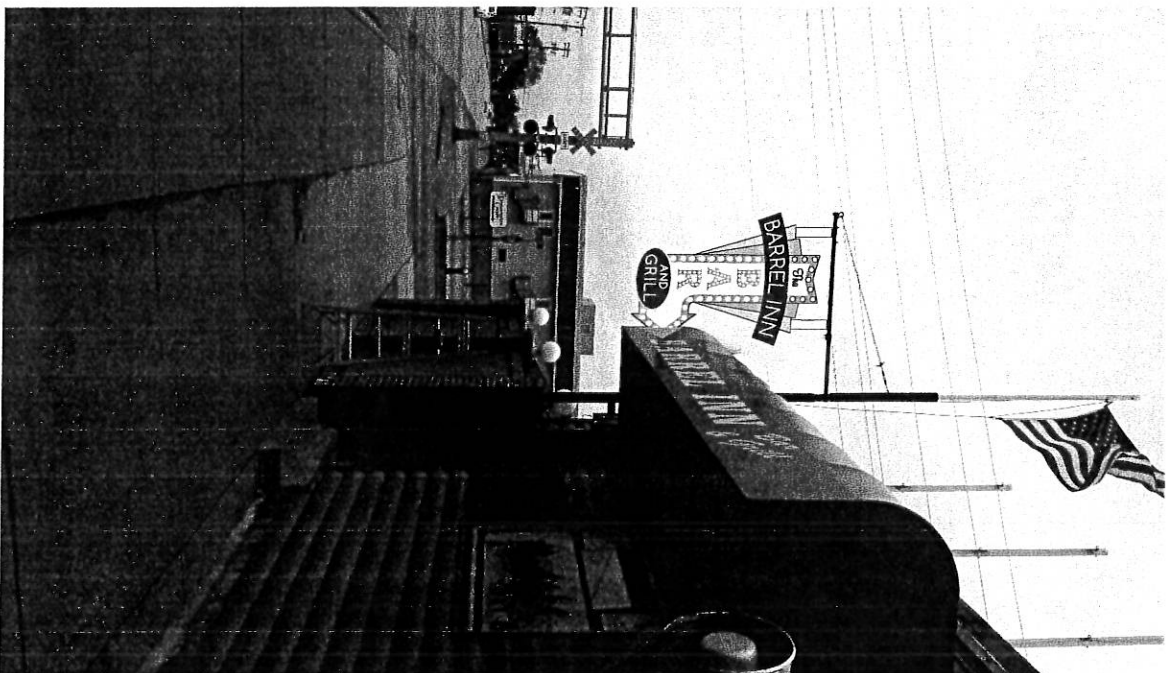
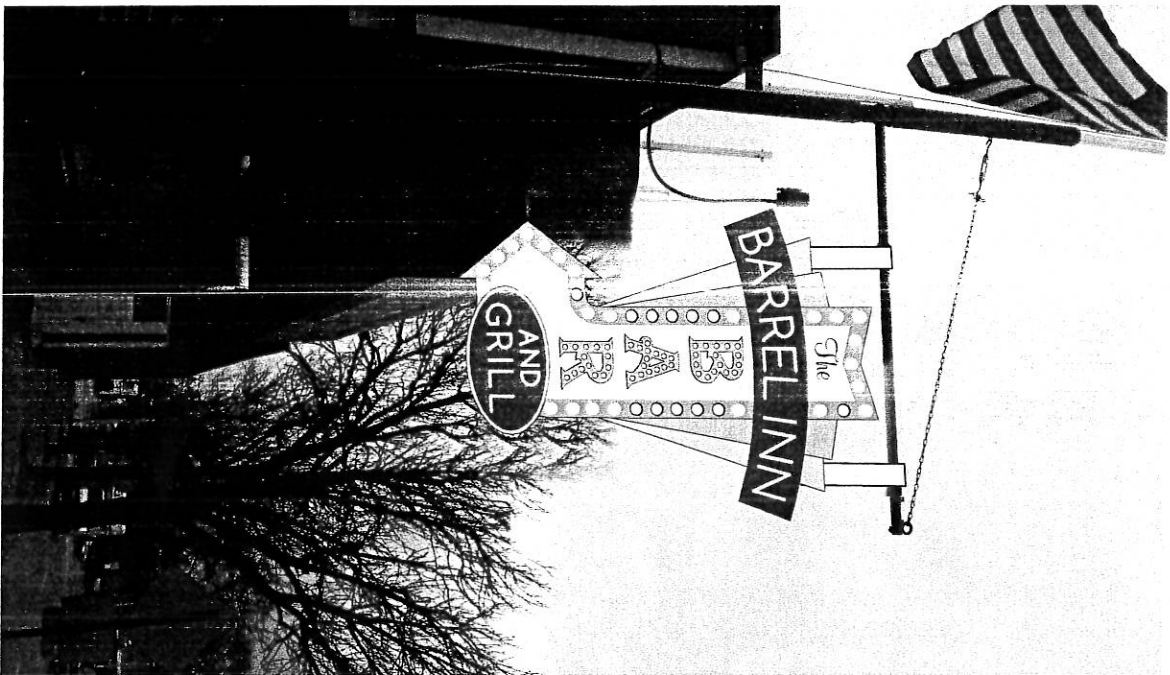
SIGN: Hanging sign

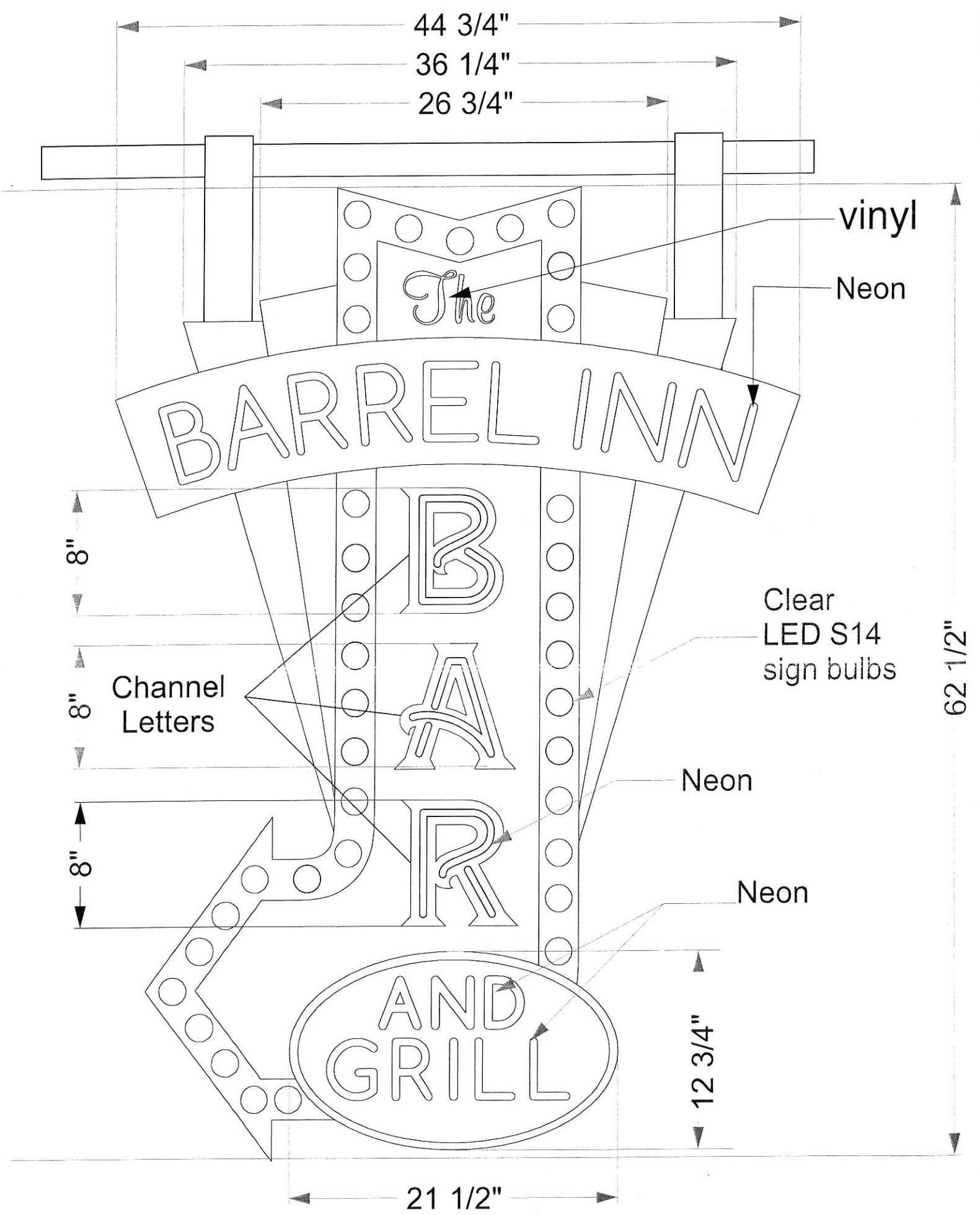


wes@qualitysignon2nd.com

C - 608.397.6561

O - 608.779.9411





Cabinet house is all 0.125" aluminum