

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: Rebecca Absalon Company Name: Iguana's Mexican Street Cafe
 Address: 1800 State St City: La Crosse State: WI Zip: 54601
 Phone #: (608) 519-3112 Cell #: (608) 785-1710 Fax #: ()
 Email: rabalon77@gmail.com

PROPERTY OWNER *If different from applicant
 Name: Edwards Investments Company Name: _____
 Address: 901 Rose St City: La Crosse State: WI Zip: 54603
 Phone #: (608) 807-2218 Cell #: () Fax #: ()
 Email: _____

ENCROACHMENT TYPE (Check one):

<input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY	<input checked="" 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: _____

Desired Start Date: _____
 Est. Completion Date: _____

CONTRACTOR/SIGN CO.: N/A **PERSON IN CHARGE:** _____
 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)
 Property Owner Signature: [Signature] 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 **

Tax Parcel ID #: 17-20259-90 Notary Public, _____ County, _____
 My commission expires: _____

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: [Signature] Date: 6/8/15

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 checked="" type="checkbox"/> Legal Description <input checked="" type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Initial Application Fee \$ 50 <input type="checkbox"/> Annual Permit Fee \$ 50 <input type="checkbox"/> All items due prior to approval	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____

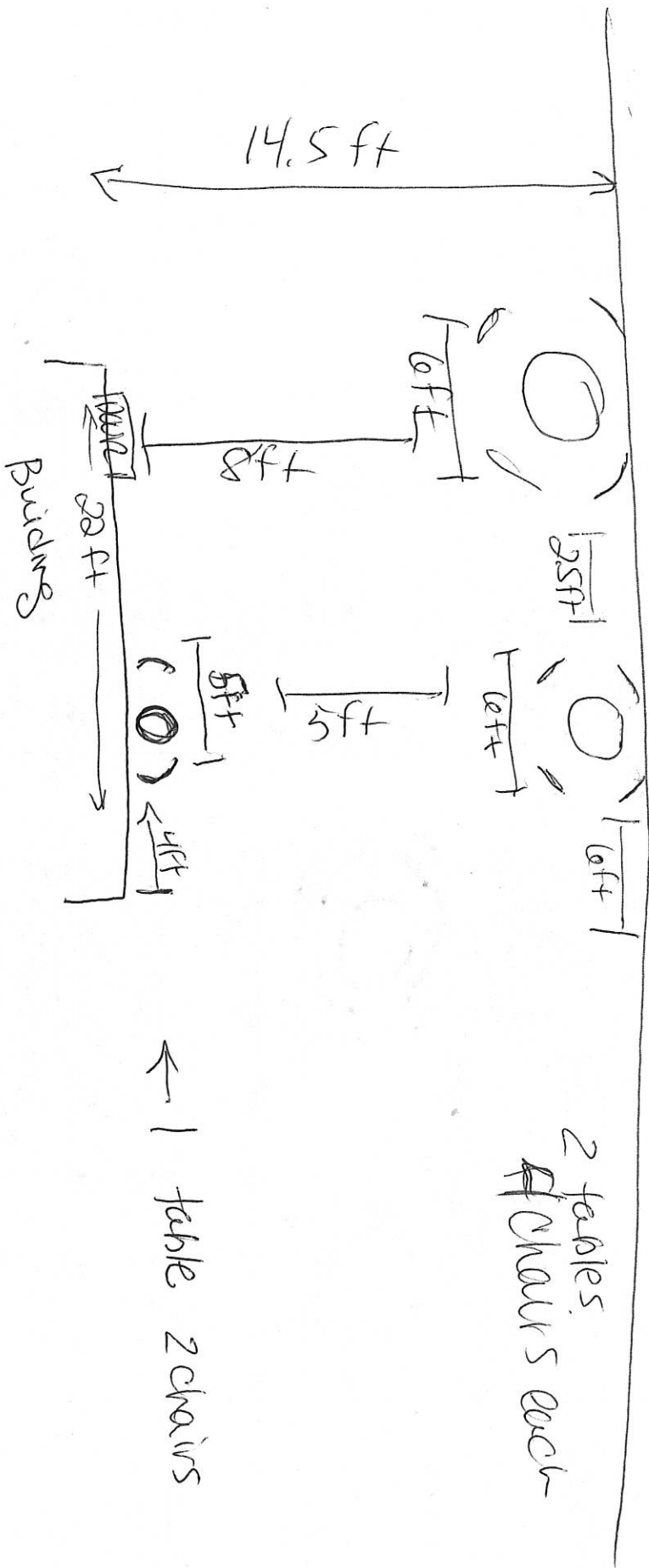
1795 State St

La Crosse, Wisconsin
Street View - Jul 2012



Google

Stake St



**JAE ENTERPRISES, LLC
LEGAL DESCRIPTIONS****Parcel I – 1800 State Street, La Crosse, WI**

Part of SE¼ of the SE¼ of Section 32, Township 16 North, Range 7 West City of La Crosse, La Crosse County, Wisconsin described as follows: Beginning at the Northwest corner of Lot 3 in Block 8 of Spier's First Addition to the City of La Crosse, La Crosse County, Wisconsin; thence West 16 feet; thence South 48 feet; thence East 16 feet; thence North 48 feet to the point of beginning.

Tax Parcel Number: 17-20259-090

Parcel II – 1201 La Crosse Street, La Crosse, WI

Lots 1, 2, 3, 4, 5, and 6, in Block 28 of T. Burns, H.S. Durand, S.T. Smith and F.M. Rublee's Addition to La Crosse, described as follows: Beginning at the Southwest corner of said Lot 1; thence East along the South line thereof 55 feet; thence Northerly along the wall of a building 27.18 feet to a point which is 57.4 feet East of the West line of said Lot 1; thence Westerly at right angles along a building wall 1.85 feet; thence Northerly along a building wall 10.82 feet to a point which is 56.55 feet East of the West line and 28 feet North of the South line of said Lot 1; thence East parallel with the South line of said Lot 1 to the East line of the West 62.5 feet of said Lots 1 and 2; thence North along the said line to a point that is 35 feet North of the South line and 22.29 feet West of the East line of said Lot 2; thence East 8.03 feet to a point 14.26 feet West of said East line; thence Northwesterly 261.6 feet to the North line of Lot 6 at a point 68.9 feet West of the Northeast corner thereof; thence West along said North line to the Northwest corner of said Lot 6; thence South along the West line of said Block 28 to the point of beginning EXCEPT that part of Lot 1, Block 28 of Burns, Durand, Smith and Rublee's Addition to the City of La Crosse, La Crosse County, Wisconsin, described as follows: Beginning at the Southwest corner of said Lot 1; thence North 89° 13' 41" East along the South line of said Lot 1, 55 feet; thence North 4° 15' 39" East, 18.10 feet; thence South 82° 20' 37" West, 57.00 feet to the West line of said Lot 1; thence South 0° 48' 19" East along said West line 11.20 feet to the point of beginning.

Tax Parcel Number: 17-20162-010



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/16/2015

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 COULEE REGION INSURANCE GROUP LLC RURAL MUTUAL INSURANCE PO BOX 206 310 W WISCONSIN STREET SPARTA WI 54656		CONTACT NAME: _____ PHONE (A/C, No., Ext): _____ E-MAIL ADDRESS: _____ FAX (A/C, No): _____															
INSURED IGUANAS MEXICAN STREE CAFE 1800 STATE ST LACROSSE WI 54601		INSURER(S) AFFORDING COVERAGE <table border="1"> <tr> <th>INSURER A:</th> <th>NAIC #</th> </tr> <tr> <td>RURAL MUTUAL INSURANCE</td> <td></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 A:	NAIC #	RURAL MUTUAL INSURANCE		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:																	
INSURER D:																	
INSURER E:																	
INSURER F:																	

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 SUBR INSD 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: _____		CPPG102272	04/24/2015	04/24/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED 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 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedules, may be attached if more space is required)

CERTIFICATE HOLDER CITY OF LACROSSE ATTN: REBECCA	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 