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			. 1	1 /		
Name: Pillon Da	Company Name: Graphic House Inc					
Address: 400 5 71 nd 2 Phone #: (7/5) 847 040	Ore City: way	isau	_State:V_I_	Zip: <u>54401</u>		
			Fax	#: ()		
	house inc. com					
PROPERTY OWNER Widtferent Name:		mnany Nama		1.1		
Address:	City:	mpany Name:	State:	71		
Phone #: ()	Cell #: (1	Fax:	Zip:		
Email:	Laborated Laboratory		_	<i>T</i> - 1		
ENCROACHMENT TYPE (Check AWNING/ON-PREMISE SIGN/ FIRE ESCAPE/ RESCUE PLAT VENDING MACHINE/NEWSBO UNDERGROUND WIRES AND AUTOMATIC IRRIGATION SYS OTHER: Dranage DESCRIPTION OF ENCROACHM	OVERHEAD HEATER/CANOR FORM/BALCONY OX INFRASTRUCTURES STEM/SIDEWALK ENCROAC	HMENT	AESTHETIC GROUNDW BOATHOUS OFF-PREM	DINING AREA C APPURTENANCE FATER MONITORING WELL SE/HOUSEBOAT ISE SIGN red Start Date:		
of way	De Process	-t pagren	Est.	Completion Date:		
CONTRACTOR/SIGN CO.:	raphic House The	PERSON	IN CHARGE:	Dillon Bay		
Phone #: (715) 842 0407	Cell #: ()	Fax	7		
installed/erected. I authorize the applicant listed above t through the Cily of La Crosse.	ough the City of La Crosse. STATE OF WISCONSIN) SCOUNTY OF LA CROSSE)					
Property Owner Signature:		Personally ca above name	Personally came before me this day of, 20, the			
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 **			to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.			
Tax Parcel ID #:			Notary Public, County, My commission expires:			
I certify that I have reviewed the I have the full authority to make the complete and correct; the Work of rules, regulations, policies, and specovered by an approved permit when the conditions that apperais to the conditions that apperais to the conditions that apperais to the conditions that apperais the conditions that appears the conditions the conditions that appears the conditions that appears the conditions that appears the conditions that appears the conditions the conditions that appears the conditions the conditions the conditions the conditions that appears the conditions the condition	he foregoing application; to r Use performed shall com pecial conditions of the City ith diligence and convenier of follow all procedures as far in the actual permit to be	he information in a ply with all the law y of La Crosse. The public of the public of the City	the application and its of the State of the applicant agree After approval, application of the Municipal Code.	nd the required submittals are Wisconsin, and all ordinances, es to perform the work or use plicant shall be responsible for		
				attacking of La Casasa Lagar		
Please return this completed application Department, 400 La Crosse Street (608)789-7511. You will then be g	, 6th Floor, La Crosse WI 5	4601. With question	ons please contac	t the Legal Department at		
Required items to be provided Approved By: Scale drawing of encroachment		ded by Applicant	- Islay Shaded Areas to be completed by Oily Stan			
	Legal Description Certificate of Insurance			Conditions of Approval Attached		
Approval Date:	Initial Application Fee \$ _ Annual Permit Fee \$ _ All items due prior	to approval		BLE ANNUAL PERMIT FEE City Treasurer (See fee schedule) Date Received:		



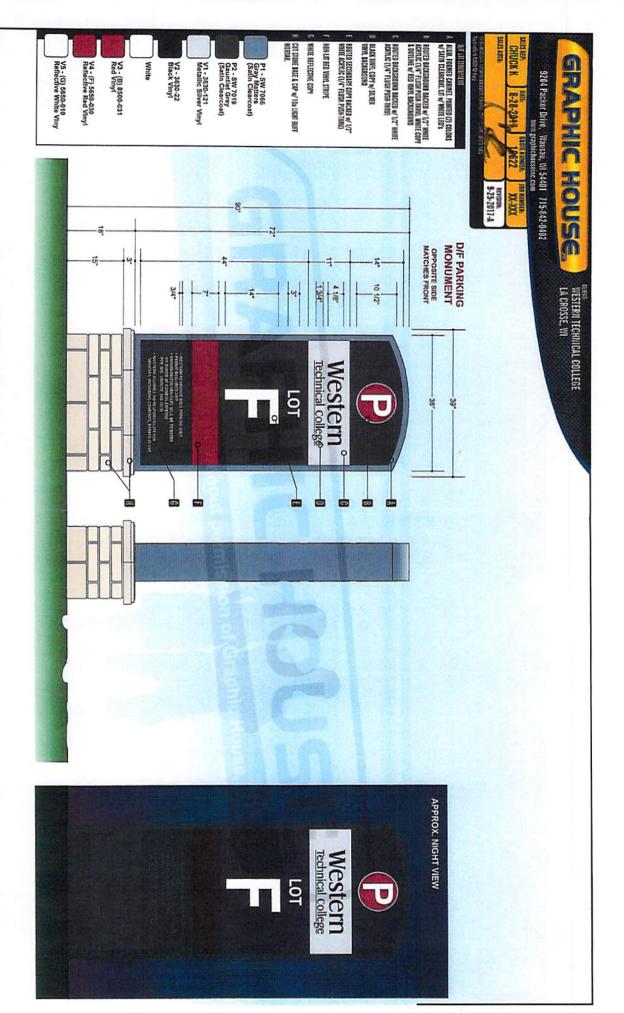
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/5/2017

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 CONTACT NAME: Kay Hannah Arthur J. Gallagher Risk Management Services, Inc. PHONE (A/C, No, Ext): 262-792-2217 E-MAIL ADDRESS; Kay_Hannah@ajg.com FAX (A/C. No): 262-792-1712 245 South Executive Drive, Suite 200 Brookfield WI 53005 INSURER(8) AFFORDING COVERAGE NAIC # INSURER A : DISTRICTS MUT INS 12006 INSURED INSURER B: Western Technical College INSURER C 400 Seventh Street North INSURER D P O Box 908 La Crosse WI 54602-0908 INSURER E : INSURER F : **COVERAGES CERTIFICATE NUMBER: 922448384** 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. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY DMI-C0717-15-14 7/1/2017 Α х 7/1/2018 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 CLAIMS-MADE X OCCUR \$500,000 B!/PD Ded:\$5,000 MED EXP (Any one person) \$Excluded PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE \$ POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 7/1/2017 7/1/2018 DMI-C0717-15-14 \$1,000,000 ANY AUTO х **BODILY INJURY (Per person)** OWNED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY BODILY INJURY (Per accident) s HIRED AUTOS ONLY PROPERTY DAMAGE (Per accident) X \$ \$ HMRRELLA LIAR **FACH OCCURRENCE** OCCUR EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DED RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 1000002157 7/1/2017 7/1/2018 X | PER STATUTE ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$100,000 N N/A E.L. DISEASE - EA EMPLOYEE \$100,000 (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$500,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Additional Insured / Additional Insured - Lessors of Equipment & Vehicles / Additional Insured - Lessors of Premises Coverage are capped at the limit of \$50,000 in accordance with the Wis. Statutes 893.80 (General Liability) and \$250,000 in accordance with Wis. Statutes 345.05 (Auto Liability) regardless of limits shown. Renewal form to maintain permit from January 1 - December 31, 2017 (Eighth Street) City of La Crosse is included as an Additional Insured under the General Liability policy as required by permit. **CERTIFICATE HOLDER 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. City of La Crosse 400 La Crosse Street La Crosse WI 54601 AUTHORIZED REPRESENTATIVE





CLEST HAS DESIDED THE LOCATION AN HAVILY THE SCHARE IS TO BE HIGHLICA. THE CLUENT HAS THE SOLE RESPONSABILITY FOR THE STRUCTURAL INTEGRITY OF ALL DISTING STRUCTURES TO SUPPORT THE SCHARES

SHOW STORY BETTER BETTER

PLEASE REVIEW SPECS & PROOF CAREFULLY - CHECK FOR THYGOMERICAL ERRORS & OMESIONS, LAKKUT ACCURACY, ETC. CUSTOMER HAS SOLE RESPONSIBILITY TO CORRECT ANY ERRORS. DISCLAIMER: THE INK COLORS SHOWN IN THIS RENICERNS PROVIDE CONCEPTUAL COLORS & GRAPHICS LOCATIONS ONLY THE COLORS MAY NOT MATCH THE ACTUAL AUTOMOTIVE PAINTS, PANTONE OR VAYIL COLORS THAT WILL BE USED ON OR IN THE SIGNEY SHOWN, ALL SYZES, SHAPES, COLORS, ETC. ARE CONCEPTUAL BLAST WAST FROM ACTUAL PRODUCT

