

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: Debra Lash Company Name: The Court Above Main  
 Address: 420 Main St City: LaCrosse State: WI Zip: 54601  
 Phone #: (608) 7846850 Cell #: (608) 7809999 Fax #: (608) 7846980  
 Email: info@theCourtAboveMain.com

**PROPERTY OWNER** \*If different from applicant  
 Name: DL Properties, LLC Company Name: Debra Lash  
 Address: 3400 Floral Lane City: LaCrosse 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:**  
In the alley, on the new addition @ 420 Main

Desired Start Date: Aug 2015  
 Est. Completion Date: Aug 2015

**CONTRACTOR/SIGN CO.:** \_\_\_\_\_ **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.

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 \*\*

Tax Parcel ID #: 31-16-N-07 17-20023-50

FRANK J. FRANKO  
 COUNTY OF LACROSSE  
 Notary Public  
 State of Wisconsin  
 My commission expires: 01-03-2016

Personally appeared before me this 28th day of July, 2015, the above named Debra Lash to me known to be the person who executed the foregoing instrument and acknowledged the same.

Notary Public, LaCrosse County, WI  
 My commission expires: 01-03-2016

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: 7-28-15

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/31/2015

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).

<b>PRODUCER</b> Coverra Insurance Services, Inc. 535 Industrial Drive P. O. Box 253 Sparta WI 54656	<b>CONTACT NAME:</b> Tracey Kast <b>PHONE (A/C, No, Ext):</b> 608-269-2127 <b>FAX (A/C, No):</b> 608-269-2130 <b>E-MAIL ADDRESS:</b> tkast@coverrainurance.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A :Secura 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> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A :Secura Insurance		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER E :														
INSURER F :														
<b>INSURED</b> WEDDTRE-01 The Wedding Tree, Your's Truly Inc Db 418 Main St La Crosse WI 54601														

**COVERAGES**                      **CERTIFICATE NUMBER: 121643648**                      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			BP3091373	6/1/2015	6/1/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 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 \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10,000			CU3095354	6/1/2015	6/1/2016	EACH OCCURRENCE \$1,000,000 AGGREGATE \$ \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N Y	WC3091913	6/1/2015	6/1/2016	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$100,000 E.L. DISEASE - EA EMPLOYEE \$100,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
City of La Crosse is listed as an additional insured. DLL Properties is the building owner.

<b>CERTIFICATE HOLDER</b> City of La Crosse 400 La Crosse St. La Crosse WI 54601	<b>CANCELLATION</b> 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 <i>Tracey Kast</i>
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LIMBERG TO DLL PROPERTIES, LLC

*That part of Lots 8, 9, and 10 in Block 34 of Town of LaCrosse, in the City of LaCrosse, LaCrosse County, Wisconsin, described as follows: Beginning at the Northwesterly corner of said Lot 10; thence South 65 degrees 00 minutes East along the Northerly line thereof 44 feet; thence South 25 degrees 00 minutes West, parallel with the East line of the North-South alley running through said Block, to a point 10 feet North of and perpendicular to the South line of said Lot 8, being also the South line of Section 31, Township 16 North, Range 7 West; thence West, parallel with and 10 feet North of said South line, to the Westerly line of said Lot 8, being on the Easterly line of the alley; thence North 25 degrees 00 minutes East along said Westerly line of Lots 8, 9, and 10 to the point of beginning. Together with party wall rights in said Lots 8, 9, and 10, described in and created by agreement recorded in Volume 49 of Deeds, Page 225. That part of Lot 6 in Block 13 of C. & F.J. Dunn, H.L. Dousman and Peter Cameron's Addition to the Town of LaCrosse, in the City of LaCrosse, LaCrosse County, Wisconsin, described as follows: Beginning on the North line of said Lot 6 at a point 44 feet East of the Northwest corner thereof; thence West along said North line 44 feet to said Northwest corner; thence South along the West line of said Lot 6 a distance of 2.5 feet; thence East 24 feet; thence Northeasterly in a straight line to the point of beginning.*

Property Address: 418-420 Main Street La Crosse

1451493

LACROSSE COUNTY  
REGISTER OF DEEDS  
DEBORAH J. FLOCK

RECORDED ON  
06/12/2006 04:48PM

REC FEE: 13.00  
TRANSFER FEE:  
EXEMPT #: 77.25(15S)

PAGES: 2

STATE BAR OF WISCONSIN FORM 3 - 1999  
QUIT CLAIM DEED

Document Number

This Deed, made between Debra Limberg, a single woman

and DLL Properties, LLC Grantor,

Grantee.

Grantor quit claims to Grantee the following described real estate in La Crosse County, State of Wisconsin (if more space is needed, please attach addendum):

See attached legal description.

Recording Area

Name and Return Address

DLL Properties, LLC  
~~126 Meadow Lane~~ N4783 Linse Road  
West Salem, WI 54636

Together with all appurtenant rights, title and interests.

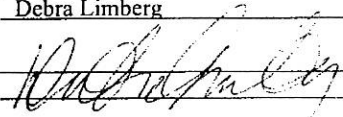
17-20023-050

Parcel Identification Number (PIN)

This is not homestead property.  
(is) (is not)

Dated this 7<sup>th</sup> day of June, 2006.

\* Debra Limberg



AUTHENTICATION

Signature(s) Debra Limberg

authenticated this 7<sup>th</sup> day of June, 2006

  
\* Steven P. Doyle

TITLE: MEMBER STATE BAR OF WISCONSIN  
(If not, \_\_\_\_\_  
authorized by § 706.06, Wis. Stats.)

THIS INSTRUMENT WAS DRAFTED BY

Attorney Steven P. Doyle

La Crosse, WI 54601

(Signatures may be authenticated or acknowledged. Both are not necessary.)

\* \_\_\_\_\_

\* \_\_\_\_\_

ACKNOWLEDGMENT

STATE OF WISCONSIN )

\_\_\_\_\_ ) ss.

\_\_\_\_\_ County )

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ the above named

to me known to be the person \_\_\_\_\_ who executed the foregoing instrument and acknowledged the same.

\* \_\_\_\_\_

Notary Public, State of Wisconsin

My Commission is permanent. (If not, state expiration date: \_\_\_\_\_)

\*Names of persons signing in any capacity must be typed or printed below their signature.