

REQUEST FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE & STREET PRIVILEGE PERMIT
(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

\$100.00 Cash Deposit at City Treasurer on: 1/31/14 License Fee: \$ 150.00
(*additional \$50.00 tent fee, if applicable)

Receipt #: 112388

The undersigned licensee requests permission to expand the following licenses onto public property for the purpose set forth below (check appropriate box): Combination "Class B" Beer & Liquor Class "B" Beer

CHECK ONE: Individual Partnership Corporation Limited Liability Company

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): A+S Foster LLC

TRADE NAME: Bottoms Up

NAME OF AGENT (If Corporation/LLC): Shannan Gail Foster
(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 500 Copeland Ave.

BUSINESS PHONE NUMBER: 608-317-0495

DATE(S) OF EVENT: May 31, 2014 TIME OF EVENT (start & end times): 10Am - 10pm

*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes No If yes, add \$50 for tent inspection fee.

ATTACH DETAILED DESCRIPTION OF EVENT AREA AND ATTACH A DIMENSIONAL DRAWING. Detailed description and dimensional drawing MUST include dimensions of area, where the fencing will be placed, where entrances (s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.

DESCRIBE ENTERTAINMENT TO BE PROVIDED (may need to apply for an Outdoor Cabaret or Special Event Outdoor Cabaret license): Live music, dunk tank, food, games
CITY OF LA CROSSE, WI
General Permit 112388 - 2014

CONTACT PERSON: Shannan Gail Foster
(Full Name - First, FULL Middle & Last) 000394-0001 Mark P. 01/31/2014 02:37PM
113116 A&S FOSTER LLC

ADDRESS OF CONTACT PERSON: 817 Liberty St. Payment Amount: 150.00

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608-317-0495

REASON FOR EXPANSION REQUEST: Block Party

NUMBER OF PEOPLE ATTENDING THIS EVENT: 100

I further state that I have received a copy of the Ordinance, Resolution and Conditions for permitting the sale, possession and consumption of alcohol on streets, and agree to abide by the same, and with all applicable state and local regulations including, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

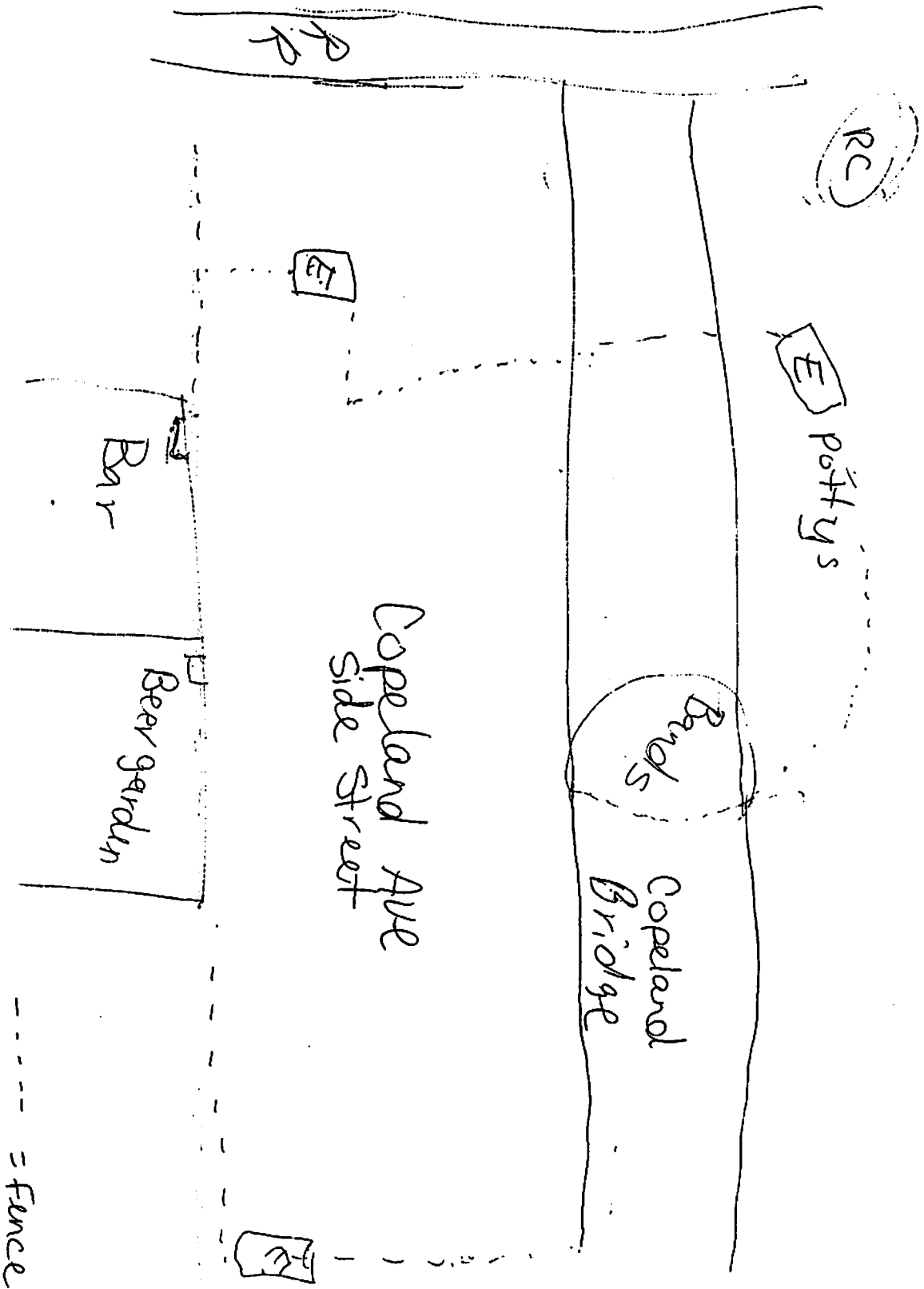
[Signature] 1-31-14
Signature of PRESIDENT of Corporation/Partner/Individual/Member Date

Signature of SECRETARY of Corporation/Partner/Member Date

For Office Use Only:

Date insurance filed: 1/31/14
Introduced - Council Meeting: 2/13/14 (Applicant does not need to attend this meeting)
Applicant should attend the following meetings:
J & A Meeting: 3/4/14 Committee of the Whole: 3/11/14 Council Meeting: 3/13/14
Original - Council Copy Copy - Applicant Copy - Licensing Clerk

1/2 block of Copelana Ave
abutting and adjacent to 500 Copeland Ave extending
under Copeland bridge.



We, the undersigned, represent at least two-thirds (2/3) of the abutting and adjacent property owners who are affected by the attached *Application for Expansion of Alcohol Beverage License and Street Privilege Permit* requested by Bottoms UP. We further state that we support the attached application for the event to be held on May 31, 2014.

NAME (Print) YVONNE GUZMAN ADDRESS 510 COPELAND AVE
SIGNATURE *Yvonne Guzman* DATE 12-17-13

NAME (Print) Matt Johnson Ridee Customs ADDRESS 416 Island St
SIGNATURE *Matt Johnson* DATE 12-17-13

NAME (Print) Nathan Brooks ADDRESS 424 Copeland Ave.
SIGNATURE *Nathan Brooks* DATE 1-21-14

NAME (Print) MILES WILKINS ADDRESS 512-528 Copeland Ave
SIGNATURE *Miles Wilkins* DATE 1/22/14

NAME (Print) JAMES DANIELSON ADDRESS 2610 VAN LOON RD
SIGNATURE *James Danielson* DATE 1-22-14

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

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SIGNATURE _____ DATE _____

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____



CERTIFICATE OF LIABILITY INSURANCE

BOTTO-1

OP ID: LP

DATE (MM/DD/YYYY)
01/28/2014

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 Fleis Insurance Agency Inc. PO Box 637 1824 E. Main Street Onalaska, WI 54650 Steven J. Fleis	Phone: 608-783-5206 Fax: 608-783-5209	CONTACT NAME: Linda Phillips PHONE (AG, No, Ext): 608-783-7546 FAX (AG, No): 608-783-5209 E-MAIL ADDRESS: lphill@fleisinsurance.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Capitol Indemnity Corporation</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 : Capitol Indemnity Corporation		INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED A&S Foster LLC dba Bottoms Up 500 Copeland Ave La Crosse, WI 54603-2954															

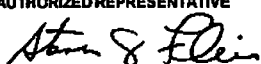
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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 INBR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		CP02061080	06/30/2013	06/30/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			CP02061080	06/30/2013	06/30/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	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	WC02061717	06/30/2013	06/30/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER 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)
 Tavern/500 Copeland Ave La Crosse WI/Workers Compensation Members of LLC
 Excluded/CG2026/Event 05-31-14

CERTIFICATE HOLDER**CANCELLATION**

CITYLA1 City of La Crosse 400 La Crosse St La Crosse, WI 54601	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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POLICY NUMBER CP02061080	POLICY PERIOD 06/30/2013 - 06/30/2014 <i>12:01 A.M. Standard Time at the address of the insured stated herein.</i>	AGENCY/PRODUCER CODE 07335
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NAMED INSURED AND ADDRESS A & S Foster LLC Bottoms Up 500 Copeland Ave La Crosse, WI 54603-2954	AGENCY/PRODUCER FLEIS INSURANCE AGENCY, INC. P.O. BOX 537 Onalaska WI 54650
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SCHEDULE

Name of Person or Organization: Citizens State Bank
Address: 620 Main St PO BOX 219 La Crosse WI 54601-1302
Insured Item:
Interest: Mortgagee
Interest Type: Mortgagee
Description:

Name of Person or Organization: City of La Crosse
Address: 400 La Crosse St La Crosse WI 54601-3374 La Crosse
Insured Item: \$ 50.00 - Additional Insured
Interest: CG 20 26 - Additional Insured Designated Person or Organization
Interest Type: Name Of Additional Insured Persons Or Organizations
Description:

Countersigned 05/17/2013 By _____
Authorized Representative