



REVOCABLE OCCUPANCY / STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Engineering Department

Phone: 608-789-7505 Email: engineering@cityoflacrosse.org <http://cityoflacrosse.org>

Property Owner: ~~608 Properties, LLC~~ 608 Investment Group
Address: ~~313 Main St~~ 307 Main St. City: La Crosse State: WI Zip: 54601
Phone # ~~608-406-6117~~ 608-881-6555 Email Address info@nomsipseats.com
Ryan @ 608InvestmentGroup.com
Application Preparer (if different from above) Samantha Kraemer
Relationship with Owner: Tenant - NOM sips&eats
Phone # 608-406-6117 Email Address info@nomsipseats.com

Description of Proposed Encroachment:

Use of the street-parking space immediately in front of 313 Main St. for use of dining extension.

Encroachment Address(es):

313 Main St.

Benefiting Tax Parcel ID #(s):

17-20019-045



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 covered by an approved permit with diligence and convenience to the public.

Signature of Owner : Samantha Kraemer Date: 4-10-2025

Print Name and Title: Samantha Kraemer, Owner of NOM SIPS & EATS

Please return this completed application along with required information and fees noted on checklist below to: City of La Crosse, Engineering Department, 400 La Crosse Street, La Crosse, WI 54601. You will then be given notice of when your request will be on the Board of Public Works agenda for consideration. Once approved an agreement document will be drafted by City and sent to Owner for signatures. Permit will then be valid once recorded with the County's Register of Deeds department. Applicant shall obtain all other necessary permits as required by City Departments. **Average completion time for validation 45 days.**

BELOW THIS LINE TO BE COMPLETED BY CITY STAFF ONLY

Required items to be provided by Applicant:

Scale Drawing of encroachment on letter size paper(s)	<input type="checkbox"/>
Legal Description of benefiting parcel(s)	<input type="checkbox"/>
Certificate of Insurance (City as additional Insured)	<input type="checkbox"/>
Initial Application / Annual Fee \$ _____	<input type="checkbox"/>
City Utility Potential Conflict Notification and Sign-Off	<input type="checkbox"/>

Board of Public Works

Approval Date:

Encroachment Type:

Permit Number:

All Fees are Non-Refundable & Subject to change by City Council




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/17/2025

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  Abbey Welsh 2360 Jackson St Ste B Stoughton WI 535895404		CONTACT NAME: Abbey Welsh PHONE (A/C, No, Ext): 608-205-1204 E-MAIL ADDRESS: abbey.welsh.wjx7@statefarm.com FAX (A/C, No): INSURER(S) AFFORDING COVERAGE INSURER A : State Farm Fire and Casualty Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 25143	
INSURED BUTTERNUT ROAD COFFEE TRUCK DBA NOM SIPS & EATS 313 MAIN ST LA CROSSE WI 546013251			

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	ADD INSD	SUB 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 checked="" type="checkbox"/> LOC OTHER:	Y	N	99-CY-P852-3	09/26/2024	09/26/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ 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 <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> 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)

CERTIFICATE HOLDER

CANCELLATION

City of La Crosse 400 La Crosse Street 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 This form was system-generated on 03/17/2025
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Application

ESTABLISHMENT AND OWNER INFORMATION

Business Owner (LLC, Corp, etc.) Butternut Road Coffee Truck, LLC.

Business Name (Tradename) DBA: NOM SIPS & EATS

Business Address 313 Main St.

Phone Number 608-406-6117 Email info@nomsipseats.com

Name of Property Owner (if different than above) Samantha Kraemer

Phone Number 608-406-6117 Email _____

Zoning Classification commercial

Does this business currently hold a City of La Crosse alcohol license?

☐ YES ☒ NO

If YES answered above, will you be requesting an expansion of premises to the current alcohol license?
(Requires provisional approval by the City Clerk and final approval by the Common Council)

☐ YES ☒ NO

SITE/PROJECT DESCRIPTION

Please describe the proposed outdoor dining area details below.

Describe area of outdoor dining (street, sidewalk, adjacent greenspace or off-street parking area, etc.):

~~Sidewalk and one street parking spot.~~

Number of tables in proposed outdoor dining area: 4

Number of seats in proposed outdoor dining area: 12

Existing indoor seating capacity: 14

Number of bathrooms: 1

Number of onsite, off-street parking spaces for your business currently: 0

PERMIT FEES, if applicable

Street Privilege Permit for outdoor dining areas in right-of-way (additional application required)

\$100.00 original and \$50.00 annual renewal

Expansion of Alcohol License for outdoor dining area (additional application required)

\$150.00 annual

APPLICANT SIGNATURE

I hereby make an application for an Outdoor Dining Area as detailed above. I agree to abide by the requirements of all City ordinances and State laws. I understand that the approval of a La Crosse Outdoor Dining Area is approved by the Board of Public Works and that the permit can be revoked pursuant to Municipal Code. I agree to apply for any and all building permits that may be needed.

☒ Signature Samantha Kraemer Date 4-10-2025

Signature may be typed if completing electronically

Application Submittal Checklist

Each application will need the following detail in order to be considered a complete application and be processed and reviewed:

- 1) A fully completed and signed application. (EACH PAGE MUST BE SIGNED AND DATED)
- 2) If the applicant is not the owner of the building/property, acknowledgment from the building/property owner must be attached as proof they are aware of the application being submitted to the City.
- 3) Nature of business, to include business hours, days and months of operation, the planned capacity of the outdoor dining area, and a lighting and signage plan.
- 4) A scaled site plan for an outdoor dining area, to include the location and boundary of the proposed outdoor dining area; the dimensions of the remaining width of the sidewalk outside the outdoor dining area; the dimension from the outdoor dining area to the curb and all buildings; and the location of awnings, dining appurtenances within the outdoor dining area. The plans shall also indicate: existing property lines; associated buildings and entrances; extent of sidewalk adjacent to businesses, face of curb, location of fire hydrants, bus shelters and/or stops, trees, utility poles, signs, benches, light poles, waste receptacles, driveways, alleys, vaults and any other obstructions within the public right-of-way at the proposed location of the outdoor dining area and for an additional 20 feet there from. Site Plan shall also include dimensions of the proposed outdoor dining area, the number of tables/seats and the distances between them, and the location of all fencing with a description of type and materials.
- 5) Plans for any proposed structures such as raised platforms, enclosures, and/or roofs.
- 6) Photos, attachments, and/or renderings or any other information that will help the City better understand, review and process your application.
- 7) Any other items pertaining to the Street Privilege Permit Process.

☒ Signature Samantha Kraemer Date 4-10-2025
Signature may be typed if completing electronically

Outdoor Dining Extension Application Submittal Checklist:

1. Fully completed and signed application.
2. The owner of the building, Ryan Johnson with 608 Properties, LLC. is aware of this application being submitted to the city.
3. Nature of business: to extend the current dining operation of NOM sips&eats and Meringue Bakery and add more dining capacity. Bakery and smoothie café.

Business hours: Tuesday-Friday 8AM-4PM, Saturday 9AM-2PM, Sunday 9AM-12PM.

Lighting/Signage plan: No additional lighting (dining during daylight), mobile signage right outside of dining extension with current menu and specials to be brought inside during non-service hours.

4. Outdoor Dining Area Plan:

NOM Sips&Eats is located at 313 Main St., Downtown La Crosse, WI. We are proposing to take the place of the parking space immediately out front of the building for a wooden structure for outdoor dining (shown below, Figure 4). The wooden dining structure is 7'-0" x 13'-0" in dimensions. The parking spot in question is 8'-0" x 18'-0".

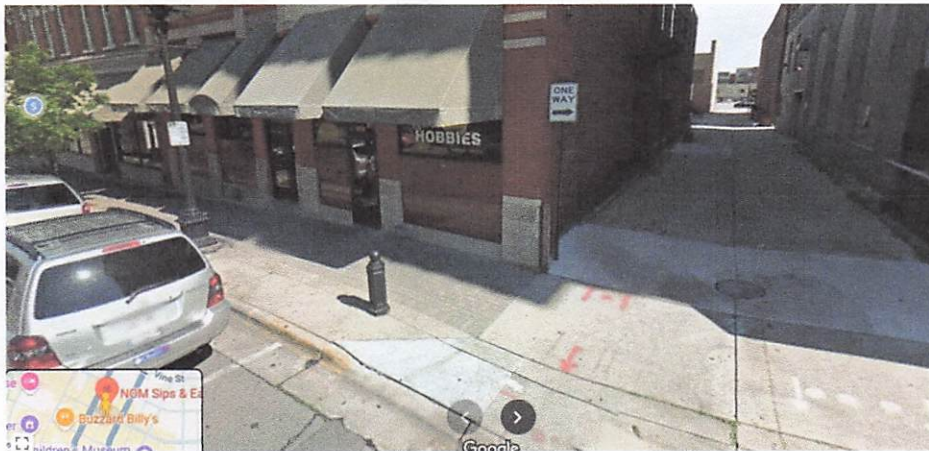


Figure 1. Current Sidewalk, Parking, and Alleyway 313 Main St.

5. Proposed structures: wooden seating area, as shown above in Figure 4.
6. All attachments and photos are shown above (Figures 1-4).
7. In addition to this dining structure, we would also like to use the sidewalk space immediately outside of NOM Sips&Eats for (2) café tables for dining.

8. Details and diagram shown in Figure 5.

9. Written permission from adjacent building owner for dining extension.

(The adjacent business is also the owner of 313 Main St. aka our landlord)

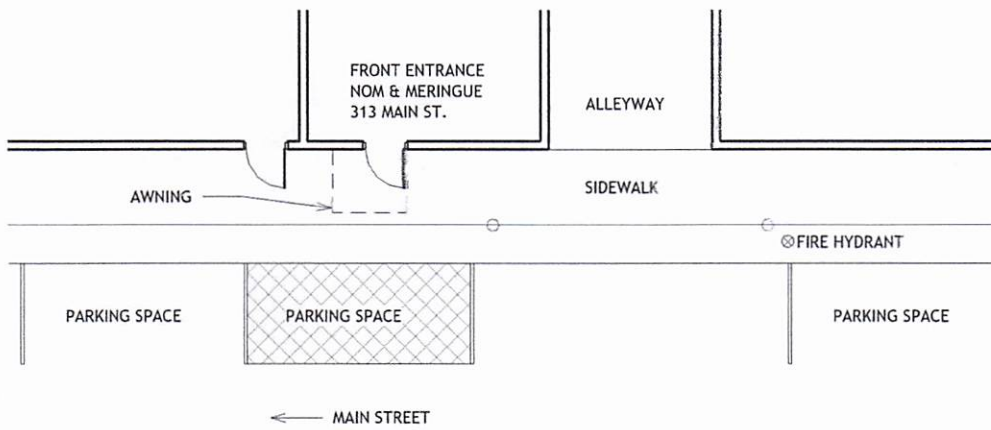


Figure 2. Plan View: Current Sidewalk, Parking and Alleyway 313 Main St.

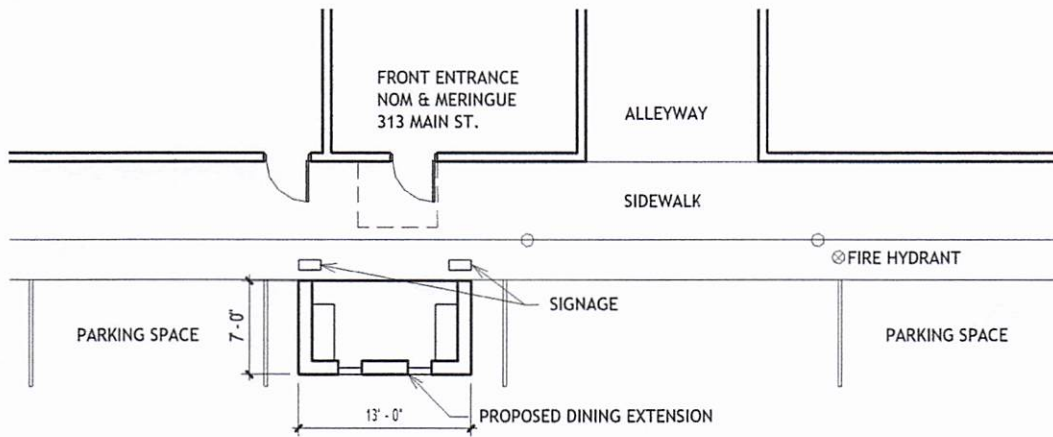


Figure 3. Plan View: Proposed Dining Extension 313 Main St.



Figure 4. Wooden Structure for Dining Extension

Outdoor Seating

From Ryan Johnson <ryan@608investmentgroup.com>

Date Tue 5/13/2025 5:19 PM

To Sam Sveum <info@nomsipseats.com>

Sam,

Feel free to proceed with your application for outdoor seating. You can use this email as permission from Landlord, however if you need me to sign your application or additional documents just let me know. No problem.

Thanks,

Ryan Johnson

608 Investment Group

307 Main St., Suite 301

La Crosse, WI. 54601

(608) 881-6555

Ryan@608InvestmentGroup.com



Please be advised our office email has changed. Please update on your end. Thank you.