

License Fee: \$300<sup>00</sup>  
(\*additional \$50.00 tent fee, if applicable)

Invoice #: 133681

**APPLICATION FOR SPECIAL EVENT OUTDOOR CABARET LICENSE**  
(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)

Legal/Real Name: A & S Foster LLC

Address of above: 500 Copeland Ave.

Trade name of business: BottomsUp

Address of premises to be licensed: Same

Business phone number: 608.782.6008

Date of Event: Sat. June 4, 2016

Time of Event: 10am - 10pm

Description (Location) of Event Area: Under Viaduct

\*Will there be a tent in excess of 400 sq. ft.(20' X 20')? Yes  No  If yes, add \$50.00 to fee. (If in combination with a Special Event Expansion, this fee not applicable.)

Premises are owned by: Shannon Foster

Address of owner: 817 Liberty St.

Name of manager (FIRST, MIDDLE & LAST): Joseph Scaccio

Home address of manager: 913 Avon St.

Phone number: Daytime 608.782.6008 Home 608.780.1647

Date of Birth: \_\_\_\_\_

Other business to be conducted upon the premises: Food & Alcohol

Nature of entertainment: Bands

Payment Amount: 450.00

The above hereby makes application for a license to operate a Special Event Outdoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Section 10-138(3) of the Code of Ordinances for the City of La Crosse.

[Signature] 2.23.16  
(Signature of applicant & date)

**INSURANCE REQUIRED ... MUST BE SUBMITTED WITH THE APPLICATION**  
Prior to the issuance of the Special Event Outdoor Cabaret License, the applicant shall furnish evidence of a liability insurance policy in amounts of not less than \$1,000,000 aggregate coverage, and shall be in force and effect at the time such event is to take place. Said policy shall be endorsed naming the City of La Crosse as additional insured in connection with said event. If an entity is self-insured, it must provide evidence of alternative proof of coverage, in a form acceptable to the City Clerk.

Note: The certificate of insurance must describe the event and the additional insured endorsement must accompany the certificate.

OFFICE USE ONLY: \_\_\_\_\_ Munis Customer #: 113116

Attach list of all property owners within 1000 feet of the proposed licensed premises.

Granted: \_\_\_\_\_ License #: \_\_\_\_\_