

**BUZZARD BILLY'S/
STARLITE LOUNGE
222 PEARL STREET
LA CROSSE WI 54601
(608) 796-2277**

Board of Public Works
City of La Crosse

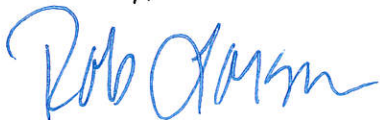
June 10, 2015

RE: Street Privilege Permit

Buzzard Billy's is requesting a Street Privilege Permit from the City of La Crosse for the purpose of putting bistro tables and chairs on the sidewalk in front of Buzzard Billy's located at 222 Pearl St. I have reviewed and understand all requirements and permit guidelines.

Thank you.

Sincerely,



Rob Larson
Managing Partner
Buzzard Billy's
608-796-2277
buzzardbillys@yahoo.com

REVOCABLE OCCUPANCY/

STREET PRIVILEGE PERMIT APPLICATION

City of La Crosse Public Works Department - Phone: (608)789-7599
 http://www.cityoflacrosse.org

On State Highway?:

Yes No

Permit Number:

#

APPLICANT

Name: Rob Larson Company Name: Buzzard Billys
 Address: 222 Pearl St City: La Crosse State: WI Zip: 54601
 Phone #: (608) 386-3699 Cell Phone #: (608) 796-2277 Fax #: (608) 784-0939 Email: buzzardbillys@yahoo.com

PROPERTY OWNER *If different from applicant

Name: Terry Peterslie Company Name: American House LLC
 Address: W7701 RT2 ONASKA City: Onaska State: WI Zip: 54650
 Phone #: () Cell Phone #: (608) 385-3458 Fax #: () Email: tjpeterslie@gmail.com

ENCROACHMENT TYPE (Check one):

- | | |
|--|---|
| <input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY | <input checked="" 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:

Adding 3-4 bistro tables in front of building on sidewalk

Desired Start Date:

6/15

Est. Completion Date:

CONTRACTOR/SIGN CO.: na PHONE: () FAX: ()

PERSON IN CHARGE OF WORK: na CELL PHONE: ()

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: Terry Peterslie

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 **

STATE OF WISCONSIN)
)ss.

COUNTY OF LA CROSSE)

Personally came before me this 10th day of June, 2015, ~~2012~~, the above named Terry Peterslie to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Notary Public, La Crosse County, WI

My commission expires: 11/1/17

Tax Parcel ID #: 17-20016-020

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.

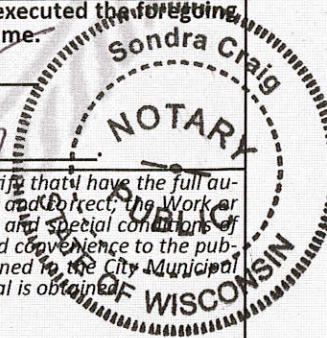
Signature of Applicant:

[Signature]

Date: 6/10/15

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Board of Public Works, Public Works Department, 400 La Crosse Street, 5th Floor, La Crosse, WI 54601, With questions, please contact Public Works at (608) 789-7599. You will then be given notice of when your request will be on the Board of Public Works agenda.

Approved By: _____	Required items to be provided by Applicant: Scale drawing of encroachment <input checked="" type="checkbox"/> Legal Description <u>GIS MAP</u> <input checked="" type="checkbox"/> Certificate of Insurance <input checked="" type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee <u>50</u> <input checked="" type="checkbox"/> All items due prior to approval	Gray Shaded Areas to be Completed by City Staff <input type="checkbox"/> Special Conditions of Approval Attached
Approval Date: _____		NON-REFUNDABLE ANNUAL PERMIT FEE \$ _____ Payable to City Treasurer (See fee schedule) Check #: _____ Date Received: _____



Subway East

chair(s)
table(T)

proposed
trash
recycle

BUZZARD BILLY'S
222 PEARL ST

STARBUCKS
ENTRANCE

opened people

BUZZARD BILLY'S
ENTRANCE

Holiday Inn
west

PEDESTRIAN WALKWAY

property line
116' from property line to
west edge Subway
drive way

PEARL ST
North

one square = one foot

property line

10'

10'

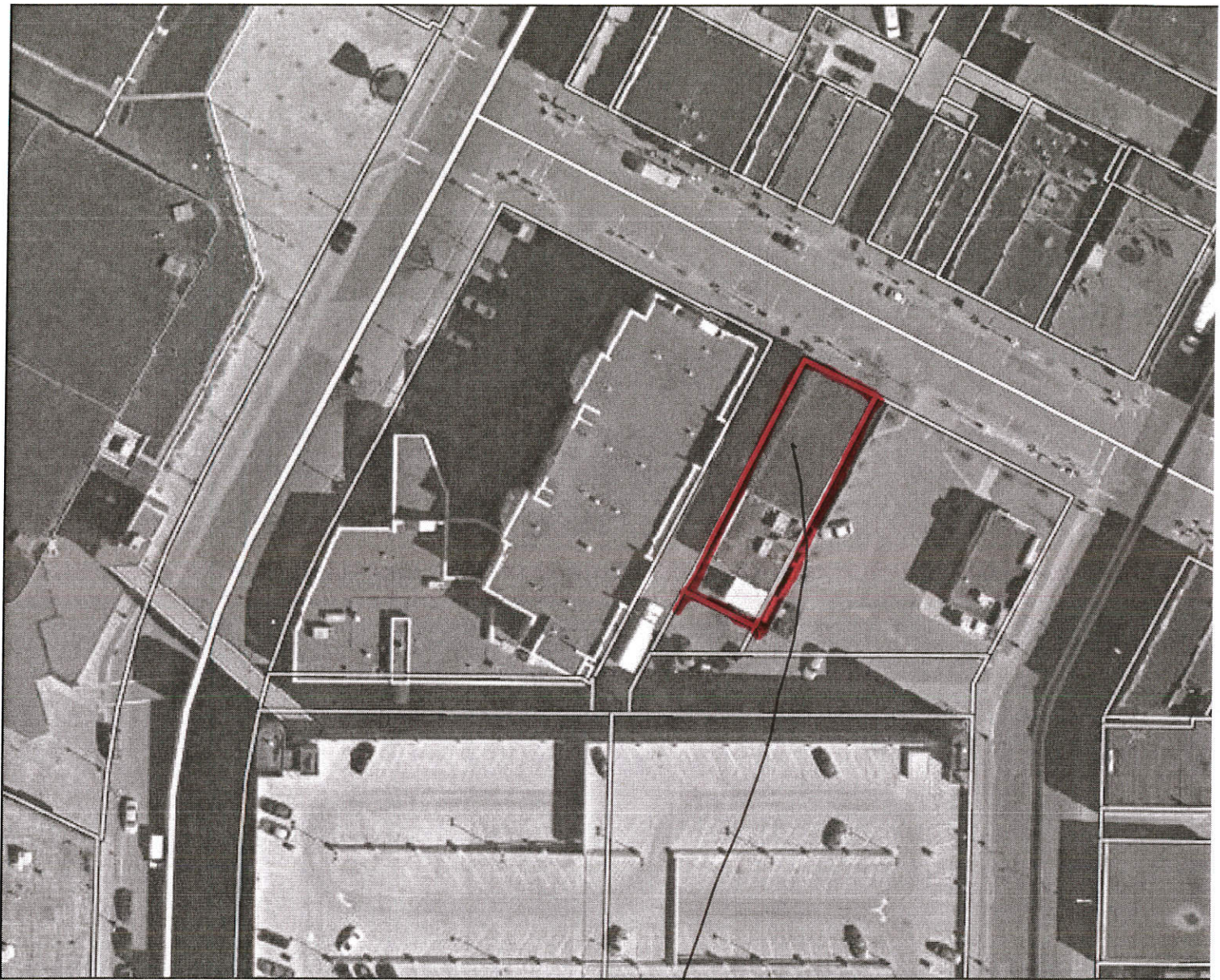
Street
lamp
27"
21"
116"

SIDEWALK

10'

13'
inside curb
building

7 1/2'
to driveway
between
Holiday Inn
& Buzzard's
(west)



June 11, 2015

Interstate

US Highways - Hwy 14-61

US Highways - Hwy 53

US Highways - Hwy 61 Shield Only

222 PEARL ST.

17-20016-20



OWNER: THE AMERICAN HOUSE LLC

C/O TJS

215 PEARL ST.

LA ROSSE 54601

BH 6-11-15
LAX PW DEPT.

ZONING: C2



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/8/2015

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).

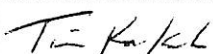
PRODUCER Robertson Ryan - La Crosse 602 State Street La Crosse, WI 54601	CONTACT NAME: PHONE (A/C, No, Ext): (608) 784-4854 FAX (A/C, No): (608) 784-4774 E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : SOCIETY INSURANCE</td> <td>15261</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> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : SOCIETY INSURANCE	15261	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER F :														
INSURED Buzzard Billy's Benchmark Redevelopment, Inc. 222 Pearl Street La Crosse, WI 54601														

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.

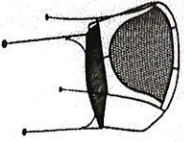
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Hired & Non-owned GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			ROP 372309	01/01/2015	01/01/2016	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 LIQUOR LIABILITY \$ 300,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						PROPERTY DAMAGE (Per 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 \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	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			PER STATUTE OTH-ER 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)

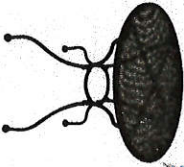
CERTIFICATE HOLDER City of La Crosse 400 La Crosse Street La Crosse, WI 54601	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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BACKYARD
Creations[®]

3-PIECE BISTRO SET
WROUGHT IRON COLLECTION

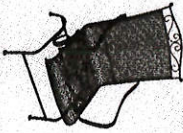


BARREL CHAIR 272-0699
26 1/2" W x 22 3/4" D x 32 1/4" H
Weight Capacity: 250 lbs

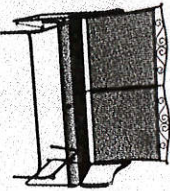


28" BISTRO TABLE 272-0700
28" W x 28" D x 28 3/4" H

ALSO AVAILABLE IN THE WROUGHT IRON COLLECTION



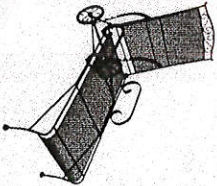
ACTION CHAIR 272-3134
22" W x 26" D x 37 3/4" H
Weight Capacity: 250lbs.



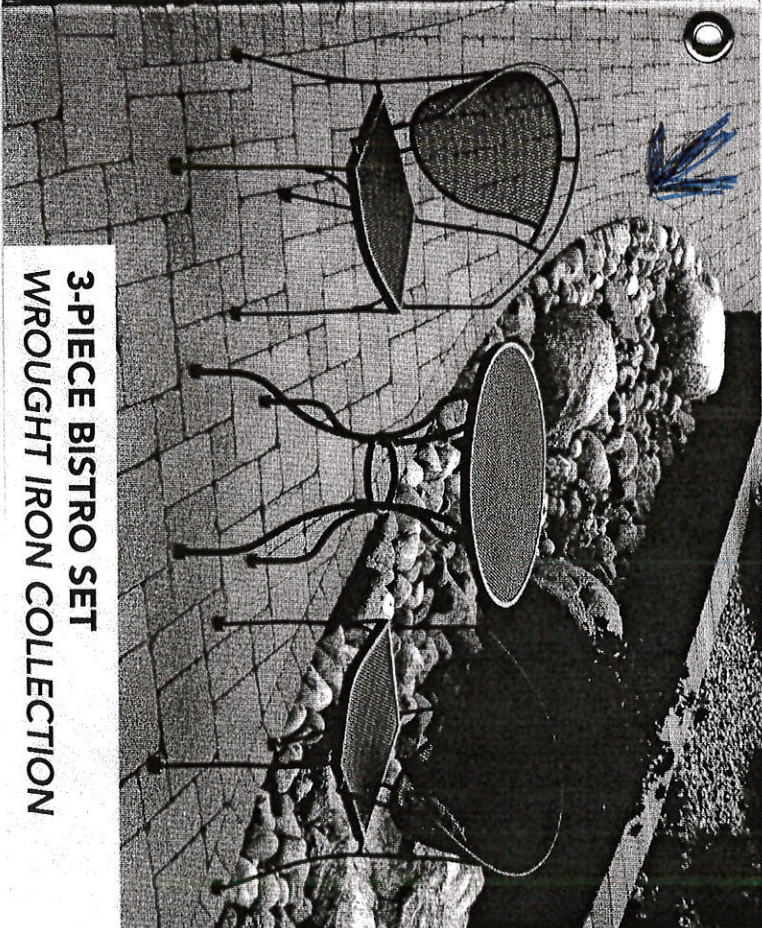
DOUBLE GLIDER 272-1726
45 1/2" W x 28 1/4" D x 37 1/4" H
Weight Capacity: 400 lbs



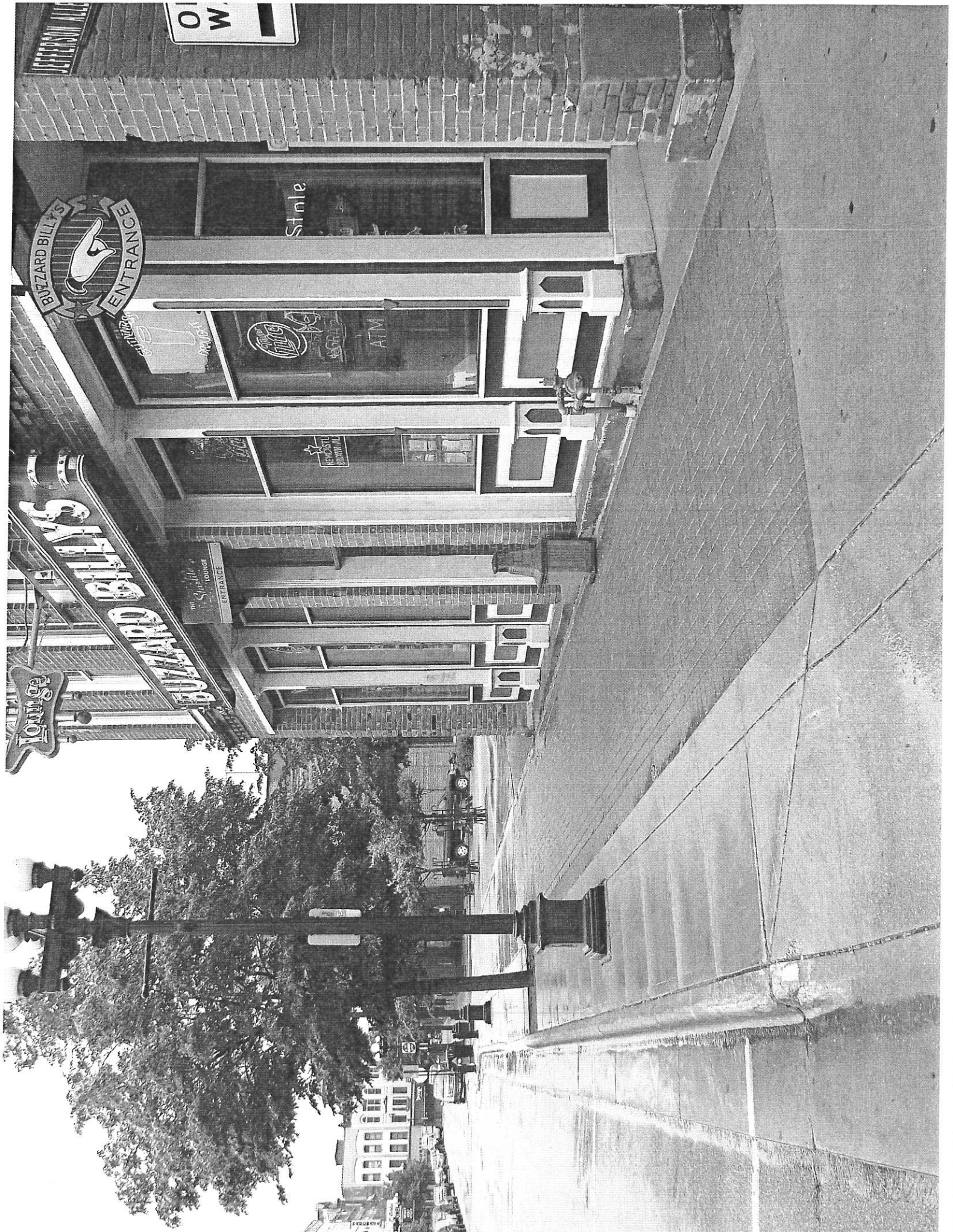
DINING TABLE 272-0469
42" W x 42" D x 28 1/4" H



LOUNGE CHAIR 272-3136
26 1/4" W x 72 3/4" D x 43 1/4" H
Weight Capacity: 300lbs.



3-PIECE BISTRO SET
WROUGHT IRON COLLECTION



01 W.

BUZZARD BILLY'S
ENTRANCE

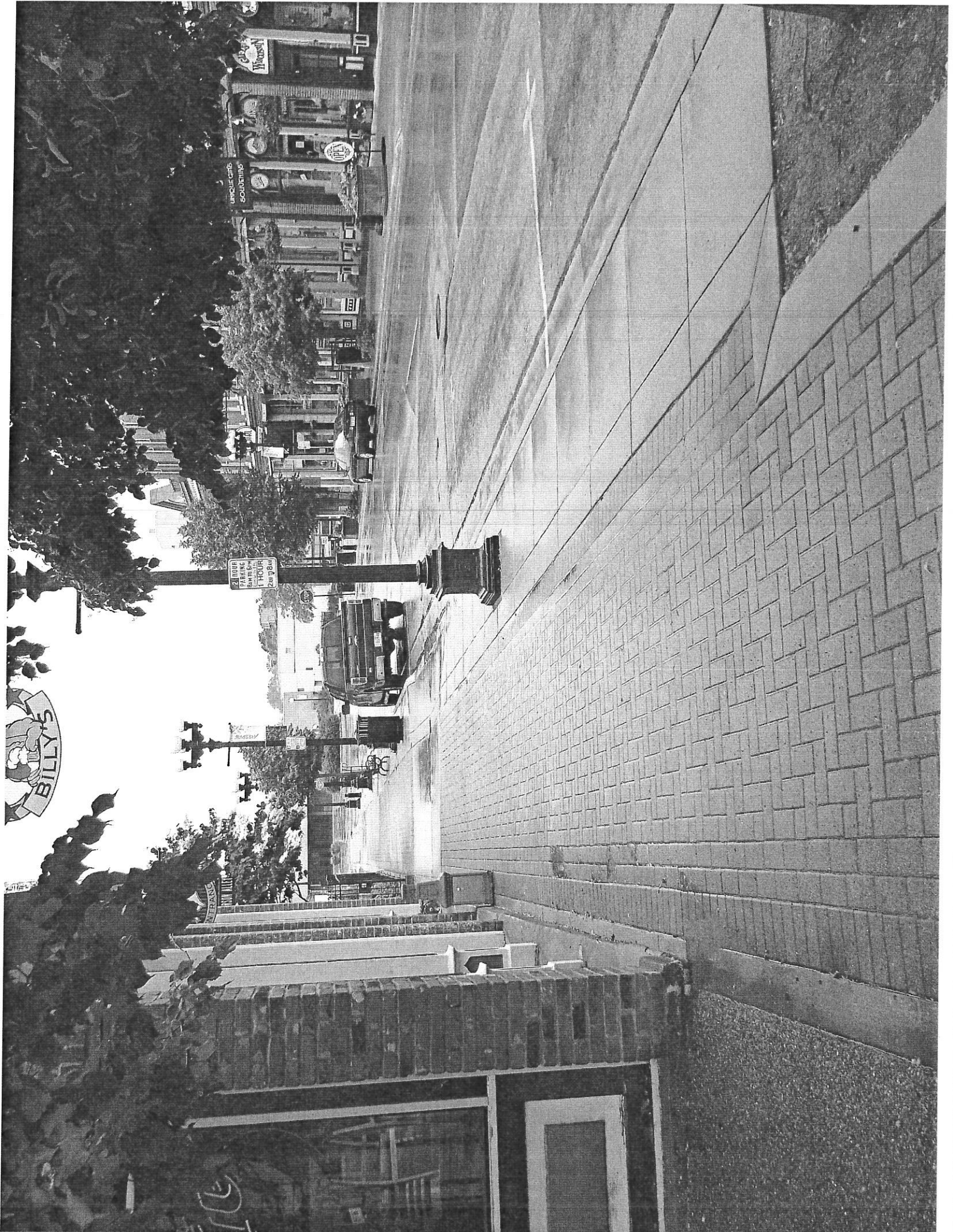
BUZZARD BILLY'S
Lounge

ENTRANCE

Stole

ATM

ENTRANCE



2 HOUR
PARKING
8am to 5pm
1 HOUR
2pm to 5pm

BILLY'S

RESTAURANT

UNIQUE CABS
SOLUTIONS

WALKER

50