Application Submittal Checklist

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

- 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 _____

Signature may be typed if completing electronically

Date 5.73.74

Application

ESTABLISHMENT AND OWNER INFORMATION
Business Owner (LLC, Corp., etc.) RAR Restaurents Inc
Business Name (Tradename) Pissi on Front
Business Address 501 Front St. L. Crume WI 54601
Phone Number 608.784-4877 Email chris a piggys. cum
Name of Property Owner (if different than above)
Phone Number Email
Zoning Classification
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) YYES □ 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.): Reconficient Approx 31' x 15' -/ 6 +-66-
08 4. Tabiles of 4 stalls leaving 34 it
the remember
Number of tables in proposed outdoor dining area:
Number of seats in proposed outdoor dining area:
Existing indoor seating capacity:
Number of bathrooms:
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 Date Date
Signature may be typed if completing electronically



City of La Crosse, Wisconsin

APPLICATION FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE INTO OUTDOOR DINING AREA

The undersigned licensee requests permission to expand the following alcohol beverage license(s) into outdoor

Fee: \$ 150.00

dining area pursuant to Sec. 4-45(b) and/or 4-109(b) of the Municipal Code. Check all license that apply.
☐ Combination "Class B" Beer & Liquor
Class "B" Beer
☐ "Class C" Wine
BUSINESS INFORMATION
Legal/Real Name of Business:
RtR Restaurents Inc
Dusiliess Address.
SOI Front St. South Le Crasse WI 54601 Business Phone Number: Business Email:
608-784-4877 chrises piggs.com
PREMISES INFORMATION
Trade Name of Business:
Piggs; - Front
Address of Premise:
SUI Front St. South LeCrosse WI 54601
EXPANSION INFORMATION
Dates of Expansion - must be between April 1 and October 31 (unless otherwise permitted by the Board of Public Works)
June 1, 2024 — Sept 30, 2024 Description of Proposed Expansion – Where Alcohol Will be Present (square feet, physical location, etc.):
Description of Proposed Expansion – Where Alcohol Will be Present (square feet, physical location, etc.):
Approx 465 sy 84 31×15' fenced are . ben parlas
1st of Access to crotesum. NW corner of parking lut
AGENT INFORMATION
Agent Name: First Middle Last
Chris Michael Roderson
Agent Home Address: Street City State Zip Code
710 Grove St. Onclisha WI 54650
Phone Number: Email:
608-792-9999 chris el piggys
The above hereby makes application to expand its alcohol beverage license into outdoor dining area pursuant to Sec. 4-45(b)
and/or 4-109(b) and the provisions of Sec. 40-106(3) of the Municipal Code. I agree to abide by all applicable state and loca

regulations including, but not limited, to the sale and service of alcoholic beyorages and adherence to noise levels.

Pisso,



