Check Off Sheet

Name: Sloopy & Bar & Grill, Inc.						
Trade Name: 5100py's Bar & Grill						
Address: 163 Copeland Aul						
Council Meeting: 9-11-14 (Intra. in 8-14-14) Type of License: SEOC & Expansion (927-14 Event Date)						
Type of License: SEOC & Expansion (927-14 Event Date)						
Fire: HOLD / OK						
Health: HOLD / OK						
Inspection: HOLD / OK						
Water: HOLD / OK						
Municipal Court: HOLD / OK						
Police: HOLD / OK						
Attorney: HOLD IOK						
-HOLD / OK Beer and/or Liquor Bills						
HOLD / OK Taxes - Personal Property ONLY and/or Room Tax						
HOLD / OKTraining Course Completed (Individual/Partnership/Agent):						
Date:						
HOLD / OK WI Seller's Permit Number:						
Mailed from City Clerk's Office on:						
Comments: PW-OKAY PER DALE HEXOM						

License Fee: \$225 00 \tag{\$50.00 tent fee, if applicable}

APPLICATION FOR SPECIAL EVENT OUTDOOR CABARET LICENSE

Legal/Real Name: Sloopy's Bar & Grill, Inc.
Address of above: 163 Copeland Ave La Crosse, WI 54603
Trade name of business: 500py5 Bar + 6811
Address of premises to be licensed: 163 Copeland Huenue La Crosse, W. 546
Business phone number: (605) 745-0345
Date of Event: 9-27-14
Time of Event: 3:00pm - 10:00 pm Sept. 27 2014
Description (Location) of Event Area: See 14tathment
*Will there be a tent in excess of 400 sq. ft. (20'x20')? Yes No No (If yes, add \$50.00 for tent inspection fee. If in combination with a Special Event Expansion, the fee is not applicable.)
Premises are owned by Oule Sank th Most
Address of owner: 1516 Losey Blvd, 5. La Crosse, WI 5460
Name of manager (FIRST, MIDDLE & LAST): War David Ded
Home address of manager: 231 Avon Street LaCrosse, WI 5460
Phone number: Daytime (605) 376-5222 Home Same
Date of Birth:
Other business to be conducted on the premises:
Nature of entertainment: Live Music
The above hereby makes application for a license to operate a Special Event Outdoor Cabaret at the above address with the City of La Crosse pursuant to provisions of Chapter 30 of the Code of Ordinances for the City of La Crosse.
Signature of Applicant & Date Control Con
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 to evidence of insurance shall include a certificate of insurance naming the City of La Crosse as additional insured in connection with event. If an entity is self-insured, it must provide evidence of alternative proof of coverage, in a form acceptable to the City Clerk.
OFFICE USE ONLY: Munis Customer #: F 20 4 4
A 44 - 1. 11-4 - F - 11
Granted: 4/11/14 License #:

	EGRESS EXIT EGRESS	EXIT			
Garage	STAGE	Porta			
Beer Garden/Patio 20 feet by 32 feet	Parking Lot ' Covered By Tent and Fenced In	Portable Toilets			
Sloopy's Bar & Grill Building					

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SLOOP-3

OP ID: BH



CERTIFICATE OF LIABILITY INSURANCE

06/30/2014

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). Phone: 608-783-5206 | CONTACT | Bonnie Hammes | Phone | Fax: 608-783-5209 | Phone | Fax: 608-783-7518 | EMAIL | ADDRESS: bhamme@fleisinsurance.com PRODUCER FAX (AJC, No): 608-783-5209 Fleis Insurance Agency Inc. PO Box 537 1824 E. Main Street Onalaska, WI 54650 Steven J. Fleis NAIC # INSURER(S) AFFORDING COVERAGE 19950 INSURER A: Wilson Mutual INSURED Sloopy's Bar & Grill Inc INSURER B : 163 Copeland Ave INSURER C:

La Crosse, WI 54603			INSURER D:								
			INSURER E:								
					INSURER F :						
COVERAGES CERTIFICATE NUMBER:			REVISION NUMBER:								
l It	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EME AIN.	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER I	DOCUMENT WITH RESPEC	יטוו	WHICH I HIS		
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	GENERAL LIABILITY	IUSA	HVU					s	1,000,000		
lA	COMMERCIAL GENERAL LIABILITY	l x l		APPLIED FOR	06/23/2014	06/23/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000		
l''	CLAIMSMADE X OCCUR	`				Î		\$	5,000		
1	X Business Owners				Ì	ļ	PERSONAL & ADVINJURY	ş	1,000,000		
1	A Scanner						GENERAL AGGREGATE	s	2,000,000		
1	GEN'L AGGREGATE LIMIT APPLIES PER					į	PRODUCTS - COMP/OP AGG	\$	2,000,000		
	POUCY PRO LOC							s			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	10,000,000		
	ANY AUTO							\$			
	ALL OWNED SCHEDULED						BODILY INJURY (Per accident)	s			
	X HIRED AUTOS X AUTOS NON-OWNED						PROPERTY DAMAGE (Per accident)	\$			
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	EXCESS LIAB CLAIMS-MADE							\$			
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\vdash	WORKERS COMPENSATION						X WCSTATU- OTH-				
A	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE		APPLIED FOR	06/23/2014	06/23/2015		\$	100,000			
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	NI A	AIN	NIA	A	ATT EILE TON			EL DISEASE - EA EMPLOYEE	\$	100,000
	If yes, describe under	1						s	500,000		
	DÉSCRIPTION OF OPERATIONS below	\vdash					PROPERTY	· · · · · · · · · · · · · · · · · · ·	5,000		
									,		
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)											
Officers excluded: Mark Goede & Jackie Miller Event Sept 27,2014											
					7						
1											
1											

CERTIFICATE HOLDER		CANCELLATION
City of La Crosse	CITYLA1	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City Clerk 400 La Crosse St La Crosse, WI 54601		AUTHORIZED REPRESENTATIVE Atom & Dein

HOLDER CODE CITYLA1
INSURED'S NAME Sloopy's Bar & Grill inc PAGE 2 SLOOP-3 NOTEPAD: OP ID: BH DATE 06/30/14 A request has been sent to the company to add City of La Crosse as an additional insured. a market district the second district to



TERI LEHRKE, WCPC, City Clerk
400 LA CROSSE STREET
LA CROSSE, WISCONSIN 54601
PHONE (608) 789-7510
FAX (608) 789-7552
www.cityoflacrosse.org

NOTICE OF APPLICATION FOR SPECIAL EVENT OUTDOOR CABARET LICENSE IN THE CITY OF LA CROSSE

TO WHOM IT MAY CONCERN:

This is to notify you that the following business has applied for a Special Event Outdoor Cabaret license under Sec. 10-138(3) of the Code of Ordinances of the City of La Crosse to provide live entertainment in a designated outdoor area on Saturday, September 27th, 2014.

Sloopy's Bar & Grill, Inc. d/b/a Sloopy's Bar & Grill at 163 Copeland Ave., La Crosse, WI 54603 (Event will be held in the parking lot located behind Sloopy's)

This application will be considered at the following meetings:

Judiciary and Administration Committee – Tuesday, September 2nd, 2014 at 7:30 p.m. Common Council Meeting – Thursday, September 11th, 2014 at 7:30 p.m.

Both meetings are held in the Council Chambers in the City Hall at 400 La Crosse Street, La Crosse, WI.

You are further notified that any person affected may be heard, and may appear in person or by attorney, or may file a letter of objection in the office of the City Clerk.

This notice is given pursuant to the order of the Common Council of the City of La Crosse.

Dated this 25th day of August, 2014.

Teri Lehrke, WCPC, City Clerk

City of La Crosse

Seri Lehrhe