

License Fee: \$ 215.00  
(\*additional \$50.00 tent fee, if applicable)

**COPY** Invoice #: 124794  
124798- Tent

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

Legal/Real Name: Heidi Odegaard - Mayo Clinic Health System  
Address of above: 700 West Ave S. La Crosse, WI 54601  
Trade name of business: Big Blue Dragon Boat Festival  
Address of premises to be licensed: Copeland Park, La Crosse, WI  
Business phone number: 608.392.7749  
Date of Event: 7/17/15  
Time of Event: 5:00p - 10:00p  
Description (Location) of Event Area: Copeland Park

\*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: City of La Crosse  
Address of owner: 400 La Crosse St. La Crosse, WI  
Name of manager (FIRST, MIDDLE & LAST): Heidi Lynn Odegaard  
Home address of manager: 3501 Leonard St La Crosse WI  
Phone number: Daytime 608.558.9591 Home Same  
Date of Birth: \_\_\_\_\_  
Other business to be conducted upon the premises: \_\_\_\_\_  
Nature of entertainment: Fundraiser

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 Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

Heidi Odegaard 3/17/15  
(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 evidence of insurance shall include a certificate of insurance 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.

OFFICE USE ONLY:

Munis Customer #: 213711

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

Granted: \_\_\_\_\_ License #: 10