On State	Highway?
□Yes	□ No

## REVOCABLE OCCUPANCY/ STREET PRIVILEGE PERMIT APPLICATION City of La Crosse Legal Department - Phone: (608)789-7511 http://www.cityoflacrosse.org

Permit Number:

Name: CFAR Address: 764	155 1115		
Address: 104		ompany Name:	
	300 H 211 City: LA	CROSSE State:	LU   Zip: 54601
Phone #: (606) 4 Email: GEMSTA	985599 Cell #: ( PWEB @ YAHOO, COM	)	Fax #: ( )
PROPERTY OWNER	*If different from applicant		
Name:Address:	C	ompany Name:	
Phone #: ( )	City:	State:	Zip:
Email:	Cell #: <u>(</u>		Fax #: ( )
ENCROACHMENT TY	PE (Check one):		The state of the s
□ AWNING/ON-PRE	MISE SIGN/OVERHEAD HEATER/CANOL	PY 🔲 OUT	DOOR DINING AREA
VENDING MACHIN	SCUE PLATFORM/BALCONY	☐ AES1	THETIC APPURTENANCE
☐ UNDERGROUND	WIRES AND INFRASTRUCTURES	<b>₩</b> GRO	UNDWATER MONITORING WELL
L AUTOMATIC IRRIG	GATION SYSTEM/SIDEWALK ENCROAC	HMENT GFF-	THOUSE/HOUSEBOAT PREMISE SIGN
OTTIER.			THE WIPE SIGN
test bone	CROACHMENT/WORK TO BE PERF	ORMED:	Desired Start Date:
	N N N N N N N N N N N N N N N N N N N		Est. Completion Date:
CONTRACTOR/SIGN (			
Phone #: ( )		PERSON IN CHARGE	the second second
	Cell#: (	)	Fax #: ( )
Notwithstanding approv	Ordinance requires that applications be	submitted at least 45 days pric	or to the need for any encroachme
conditions is verified. A	al of the application, a permit is not vall necessary permits from other City Do	alid until it is signed, recorded a	and compliance with all other per
installed/erected.	Il necessary permits from other City De	epartments must also be obtain	ed before the encroachment can
I authorize the applicant lis	ted above to apply for a Street Privilege Pe	ermit CTATE OF WAR	
through the City of La Cros	sse.	ermit STATE OF WISCONSIN	*) 1
Property Owner Signature:	A DAY SA MA	COUNTY OF LA CROSSE	)SS.
Property Owner Signature:	Day Mills	Personally came before me the	Special I have
A signed letter from the pro	perty owner or management company may	Personally came before me the above named by be	) and any of, 20, the
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## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2015

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(les) 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).

COI	incate notasi ili ilea di Sacii enta	1196111	enius	].							
PRODUCER					CONTACT Producer HOUSE						
Townsend Associates				PHONE (A/C, No. Ext): (608) 788-4258 FAX (A/C, No): (608) 788-3488							
3629 C MORMON COULEE RD				E-MAIL ADDRESS:							
1							URER(S) AFFO	RDING COVERAGE		NAIC#	
LA C	ROSSE WI 54	1601			INSURE	RA:West B	end Mutu	al		14303A	
INSURE	٥				INSURER B:						
GEARY L MILLER					INSURER C:						
1704 21ST ST S					INSURER D:						
8					INSURER E:						
LA C	ROSSE WI 54	601-	-650	6	INSURER F:						
COVE	RAGES CEI	RTIFI	CATI	NUMBER:CL1562300	the second second			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										ICY PERIOD	
וסאו	CATED. NOTWITHSTANDING ANY R	EQUI	REME	NT. TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS	
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INSR LTR	TYPE OF INSURANCE	ADDI	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)			•		
	COMMERCIAL GENERAL LIABILITY	INSU	WAD	POLICI NOMBER		(MM/DD/YYYY)	(MM/UU/TTT)		s	300000	
A	CLAIMS-MADE OCCUR	l						DAMAGE TO RENTED		30000	
<b>^</b>	- ODGON	х		HHT 6806279		5/23/2015	5/23/2016	PREMISES (Ea occurrence)	\$		
-	<b></b>	1	l			3,23,2013	3/23/2010	MED EXP (Any one person)	\$	-	
	ACCREATE LOST ADDITES OFF.		l					PERSONAL & ADV INJURY	\$		
100	POLICY PRO- POLICY LOC		1					GENERAL AGGREGATE	\$		
-								PRODUCTS - COMP/OP AGG	\$		
AI	OTHER:	-						COMBINED SINGLE LIMIT	\$		
-	7							(Ea accident)	\$		
-	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per person)	\$		
-	AUTOS AUTOS NON-OWNED					1		PROPERTY DAMAGE	\$		
-	HIRED AUTOS AUTOS					1		(Per accident)	\$		
		1							\$		
_	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
_	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTION S								\$		
	RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N							PER OTH- STATUTE ER			
AN'	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$		
(Ma	ndatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$		
DÉ	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
					I						
					1					1	
	TION OF OPERATIONS / LOCATIONS / VEHIC				e, may be	attached if more	space is requir	red)			
# 27 Pettibone Slough - La Crosse WI											
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CERTI	ICATE HOLDER 3 ON	JUN.	201	hanpait	CANC	ELLATION					
-	, division		-142	- Carolin Circ	OAITO	LLLA HON					
					SHOL	ILD ANY OF TH	HE ABOVE DE	SCRIBED POLICIES BE CA	NCELLE	ED BEFORE	
	City of La Crosse				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN						
400 La Crosse St				ACCC	KUANCE WIT	H THE POLICY	Y PROVISIONS.		1		
	La Crosse, WI 54601			-	(ITP)	ZED DEPOCEEN	TATIVE				
OUTHORIZED REPRESENTATIVE											
					1	1 HTT ~	1000 C	M all		1	
1 MM - tallabell											
	© 1988-2014 ACORD CORPORATION. All rights reserved										





