

**EXPANSION OF ALCOHOL BEVERAGE LICENSE FOR SPECIAL EVENT**  
*(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING SPECIAL EVENT)*

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

Receipt #: 103506

TYPE OF LICENSE (Check all that apply):

- Combination "Class B" Beer & Liquor  
 Class "B" Beer  
 "Class C" Wine

- Class "A" Beer  
 Class "A" Beer & "Class A" Liquor

**\*\*NOTE\*\*** *If applicant wants live music in this expanded area, they may need to apply for an Outdoor Cabaret or Special Event Outdoor Cabaret license.*

CHECK ONE:  Individual  Partnership  Corporation  LLC

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): Walleser Estates LLC

TRADE NAME: Cass Bar

NAME OF AGENT (If Corporation/LLC): Chad Walleser

(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 620 Cass St. S. LA

BUSINESS PHONE NUMBER: 608-782-6570

DATE OF EXPANSION: May 11 2013

TIME OF EXPANSION (beginning & ending times): 11:00 am - 2:30 am May 12  
*(or Midnight like last year)*

\*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes  No  If yes, add \$50 to license fee.

ATTACH DETAILED DESCRIPTION OF EVENT AREA AND ATTACH A DIMENSIONAL DRAWING.

Detailed description and dimensional drawing MUST include dimensions of area, where the fencing will be placed, where entrance(s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.

CONTACT PERSON: Chad Walleser

(Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 402 7th St. S. LA

DAYTIME PHONE NUMBER OF CONTACT PERSON: 507-429-0078

REASON FOR EXPANSION REQUEST: Live Music, Beer, Brats

NUMBER OF PEOPLE ATTENDING THIS EVENT: 200?

I agree to abide by all applicable State and local regulations to include, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

Chad Walleser 4-5-13  
Signature of PRESIDENT of Corporation/Partner/Individual/Member Date

\_\_\_\_\_  
Signature of SECRETARY of Corporation/Partner/Member Date

**For Office Use Only:**

Introduced - Council Meeting: 4/11/13 (Applicant does not need to attend this meeting)

Applicant should attend the following meetings:

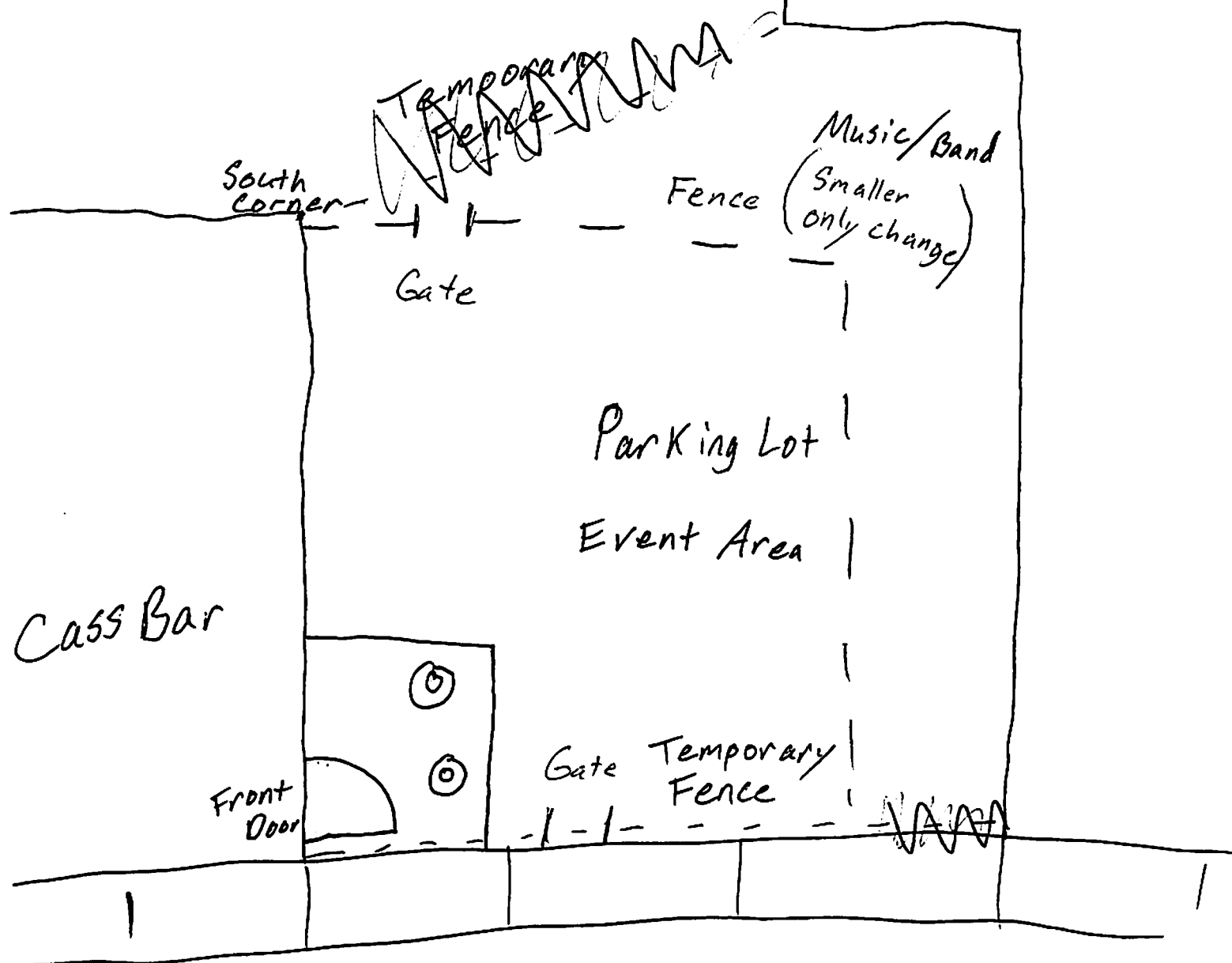
J & A Meeting: 4/30 Committee of the Whole: 5/7 Council Meeting: 5/9

Original - Council Copy Copy - Applicant Copy - Licensing Clerk

Routed 4/8/2013

Event located in parking lot  
on west side of Cass Bar building  
+ East side of Good year.

Good Year



Cass St.



CASSB-1

OP ID: LP

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/05/13

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).

<b>PRODUCER</b> Fleis Insurance Agency Inc. PO Box 537 1824 E. Main Street Onalaska, WI 54650 Gary F. Luecke	608-783-5206	<b>CONTACT NAME:</b> Linda Phillips <b>PHONE (A/C, No, Ext):</b> 608-783-7546 <b>FAX (A/C, No):</b> 608-783-5209 <b>E-MAIL ADDRESS:</b> lphill@fleisinsurance.com
	608-783-5209	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Society Insurance A Mutual Co NAIC #: 15261 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
<b>INSURED</b> Cass Bar Wallerer Estates LLC dba 402- 7th St S La Crosse, WI 54601		

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

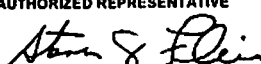
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADD'L SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Business Owners  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X	TRM 534197	04/01/13	04/01/14	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CAP 549848	04/01/13	04/01/14	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DED    RETENTIONS \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC 534198	04/01/13	04/01/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Sports bar

**CERTIFICATE HOLDER**

**CANCELLATION**

CITYLA1  City of La Crosse 400 La Crosse St La Crosse, WI 54601	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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