



City of La Crosse, Wisconsin

APPLICATION FOR FARMERS MARKET OR TRADE SHOW

(Ch. 10, Article XVI)



Check One:

Farmers Market Trade Show

For period January 1, 2024 to December 31, 2024

Check this box if this is a renewal or you have previously held this license.

Date Received: 6/10/24 Fee: \$ 110 Invoice No. _____ \$110 cash

Applications must be received in the City Clerk's Office at least fifteen (15) days in advance of license being issued. The non-refundable license fee and required documentation must accompany this application at the time of filing.

BUSINESS INFORMATION – Person, Firm, Association or Corporation/LLC

Legal/Real Name of Business:	Trade Name:	Years in Business:
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Address:	Street	City	State	Zip Code
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Telephone Number:	Website:
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APPLICANT INFORMATION – Manager/Person in Charge

Name: First	Full Middle	Last
<u>Chao</u>	<u>Lee</u>	<u>Xiong</u>

Address:	Street	City	State	Zip Code
	<u>844 4th Ave N</u>	<u>Onalaska</u>	<u>WI</u>	<u>54650</u>

Telephone Number:	Email:
<u>(608) 769-7419</u>	<u>Yvangel1@yahoo.com</u>

The attached Personal Data Sheet must be completed for each officer/member of business and manager/person in charge

NATURE OF BUSINESS

Location of sales:
City Hall parking lot.

Dates of sales, if on a regular schedule:
Saturday's, 7am-2pm, June-September

Brief description of the goods offered or services:
a variety of fresh picked produce and flower bouquets

The above hereby makes application for a Farmers Market or Trade Show License within the City of La Crosse pursuant to Chapter 10, Article XVI of the Code of Ordinances of the City of La Crosse.

I understand that as license holder, I must collect the following information from each individual seller operating under this license:

- Name, permanent address, and telephone number and temporary address of applicant, if any.
- Name, address, and telephone number of the person, firm, association, or corporation that said person represents or is employed by, or whose merchandise, services, or donations are being taken for.
- Place where the applicant can be contacted for at least six (6) months after leaving the City of La Crosse.
- Nature of business to be conducted and a brief description of the goods offered or services, if any.
- Proposed method of delivery of goods, if applicable.
- A Wisconsin seller's permit as required by Wis. Stats. sec. 77.52.

Under penalty provided by law, applicant certifies the above information is true, correct, and complete, and that falsification may result in denial of such license. Further, applicant understands that refunds are not allowed for any portion of the application fee paid even if denied for past and/or pending offenses and/or for any outstanding debts owed to the City. Applicant agrees that there shall be full compliance with all local, state, and federal laws in the conduct of the activities for which permit may be granted.

Chao LEE, XIONG
Signature of Applicant

6-03-2024
Date

The issuance of a Farmers Market and Trade Show License is conditional at all times. A permit may be revoked,

PHOTOCOPIES OF THE FOLLOWING MUST ACCOMPANY THE APPLICATION AT THE TIME OF FILING:

- Certificate of Insurance along with a photocopy of the endorsement naming City of La Crosse as additional insured (a statement alone on the Certificate is not sufficient).
- Written authorization of the property owner(s) where business will be conducted, if applicable.

OFFICE USE ONLY		
Date Received in the City Clerk's Office:	Issue Date:	License #:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/04/2024

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).

PRODUCER Veracity Insurance Solutions, LLC. 260 South 2500 West, Suite 303 Pleasant Grove UT 84062		CONTACT NAME: FLIP Program Support PHONE (A/C, No, Ext): (844)-520-6992 FAX (A/C, No): E-MAIL ADDRESS: info@flipprogram.com
INSURED Chao Xiong 844 4th Ave N. Onalaska WI 54650		INSURER(S) AFFORDING COVERAGE INSURER A: Great American Alliance Insurance Co. NAIC # 26832 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

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	ADOL SUBR (NBR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	PLF046122-F252428	06/03/2024	06/03/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/PROP AGG \$ 2,000,000 ANIMAL BAILEE \$
	GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in MN) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/M <input type="checkbox"/> N/A				WC STATUTORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holder had been added as additional insured regarding the above mentioned policy per attached Additional Insured - Designated Person or Organization (CG 20 26 Ed. 04 13)

CERTIFICATE HOLDER City of La Crosse 400 La Crosse St La Crosse, WI 54601	CANCELLATION 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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ACORD 25 (2014/01)
INS025 (201401)

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

Schedule

Name of Additional Insured Person(s) or Organization(s):

City of La Crosse

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. SECTION II - WHO IS AN INSURED is amended to include as an Additional Insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- 1. in the performance of your ongoing operations; or
- 2. in connection with your premises owned by or rented to you.

However:

- 1. the insurance afforded to such additional insured only applies to the extent permitted by law; and
- 2. if coverage provided to the Additional Insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these Additional Insureds, the following is added to SECTION III – LIMITS OF INSURANCE:

If coverage provided to the Additional Insured is required by a contract or agreement, the most we will pay on behalf of the Additional Insured is the amount of insurance:

- 1. required by the contract or agreement; or
- 2. available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



**FOOD
LIABILITY
INSURANCE
PROGRAM**

http://www.fliinsurance.com
844-520-6992
Powered by Veracity Insurance
Solutions, LLC



Great American Alliance Insurance Company
301 E. Fourth Street, 25 S
Cincinnati, OH 45202-4201

**COMMERCIAL GENERAL LIABILITY COVERAGE PART - OCCURRENCE FORM
CERTIFICATE PAGE**

IT IS AGREED THAT THIS CERTIFICATE IS ISSUED TO THE CERTIFICATE HOLDER LISTED BELOW TO CERTIFY COVERAGE UNDER THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY LISTED BELOW.

INSURANCE COMPANY: GREAT AMERICAN ALLIANCE INSURANCE COMPANY NAMED INSURED: HOSPITALITY & ENTERTAINMENT TRADE ALLIANCE CERTIFICATE HOLDER: Chao Lee Xiong ADDRESS: 844 4th Ave N, Onalaska, Wisconsin 54650 POLICY PERIOD: 06/03/2024 to 06/03/2025 12:01 A.M. Standard Time at the Address of The Certificate Holder	POLICY NUMBER: PLF046122 CERTIFICATE NUMBER: F252428
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LIMITS OF INSURANCE

General Aggregate Limit (Other than Products-Completed Operations)	\$	2,000,000	
Products-Completed Operations Aggregate Limit	\$	2,000,000	
Personal and Advertising Injury Limit	\$	1,000,000	
General Each Occurrence Limit	\$	1,000,000	
Damage to Premises Rented to You Limit	\$	300,000	Any One Premises
Medical Expense Limit	\$	5,000	Any One Person
Professional Coverage Extension	\$	Not Purchased	Each Claim
	\$	Not Purchased	Aggregate
Professional Coverage Deductible	\$	Not Purchased	Each Claim
Liability Deductible			None

FORM OF BUSINESS: Sole Proprietor/Individual

PREMIUM:	\$169.00
BHTA FEE:	\$152.95
TOTAL POLICY COST: (The cost is 100% earned/non refundable)	\$321.95

CODE NUMBER: 11168 **PREMIUM BASIS:** Gross Sales **EXPOSURE:** Up to \$50,000

BUSINESS DESCRIPTION: Vendor, Distributor, or Manufacturer of food products; Farmers Market Vendor

THIS INSURANCE IS SUBJECT TO ALL THE TERMS AND CONDITIONS, INCLUDING APPLICABLE ENDORSEMENTS, OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY. A COPY OF THE COMMERCIAL GENERAL LIABILITY INSURANCE MASTER POLICY ACCOMPANIES THIS CERTIFICATE. ADDITIONAL COPIES WILL BE PROVIDED TO THE CERTIFICATE HOLDER. PLEASE READ THE POLICY AND ALL ENDORSEMENTS.

NO ADMISSION OF LIABILITY MAY BE MADE EITHER VERBALLY OR IN WRITING

FULL DETAIL OF ANY INCIDENT SHOULD BE SENT IMMEDIATELY BY EMAIL TO [CLAIMS@VDSINS.COM](mailto:claims@vdsins.com) OR BY LETTER TO VERACITY INSURANCE SOLUTIONS, LLC 260 SOUTH 2500 WEST SUITE 303, PLEASANT GROVE, UT 84062.

FORMS AND ENDORSEMENTS applicable to all Coverage Parts and made part of this Policy at time of issue are listed on the attached Forms and Endorsements Schedule IL 88 01 (11/85).

ADMINISTRATED BY:



Veracity Insurance Solutions, LLC
260 South 2500 West Suite 303
Pleasant Grove Utah 84062
888-568-0548

ADMINISTRATOR'S SIGNATURE:

Handwritten signature of Administrator



FLIP Insurance Card

NAMED INSURED
Chao Lee Xiong

EFFECTIVE DATES
06/03/2024 to 06/03/2025

CERT. NUMBER
F252428

GENERAL LIABILITY LIMIT
\$1,000,000/\$2,000,000
INSURED BY
Great American Alliance Ins

This card is for information purposes only. Refer to policy for exact coverages, limitations, and exclusions.

FLIP Insurance
260 South 2500 West, Suite 303
Pleasant Grove, UT 84062
888-568-0548
info@flipprogram.com
www.flipprogram.com
Claim reporting:
claims@vegacityins.com
This card is for information purposes only. Refer to policy for exact coverages, limitations, and exclusions.

FLIP Insurance Card