

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:
 # _____

APPLICANT
 Name: Greengrass Cafe Company Name: Greengrass Cafe
 Address: 1904 Campbell Rd City: La Crosse State: WI Zip: 54601
 Phone #: (608) 782 0825 Cell #: () Fax #: ()
 Email: greengrasscafe@gmail.com

PROPERTY OWNER *If different from applicant
 Name: Dot A Feathers LLC Company Name: Same
 Address: 1904 Campbell Rd City: La Crosse State: WI Zip: 54601
 Phone #: () Cell #: Same Fax #: ()
 Email: ()

ENCROACHMENT TYPE (Check one):

<input type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY	<input checked="" type="checkbox"/> OUTDOOR DINING AREA
<input type="checkbox"/> FIRE ESCAPE/ RESCUE PLATFORM/BALCONY	<input type="checkbox"/> AESTHETIC APPURTENANCE
<input type="checkbox"/> VENDING MACHINE/NEWSBOX	<input type="checkbox"/> GROUNDWATER MONITORING WELL
<input type="checkbox"/> UNDERGROUND WIRES AND INFRASTRUCTURES	<input type="checkbox"/> BOATHOUSE/HOUSEBOAT
<input type="checkbox"/> AUTOMATIC IRRIGATION SYSTEM/SIDEWALK ENCROACHMENT	<input type="checkbox"/> OFF-PREMISE SIGN
<input type="checkbox"/> OTHER: _____	

DESCRIPTION OF ENCROACHMENT/WORK TO BE PERFORMED:
None

Desired Start Date: 1 June 2015
 Est. Completion Date: _____

CONTRACTOR/SIGN CO.: n/a **PERSON IN CHARGE:** _____
 Phone #: () Cell #: () Fax #: ()

For timely review, City Ordinance requires that applications be submitted at least 45 days prior to the need for any encroachment. Notwithstanding approval of the application, a permit is not valid until it is signed, recorded and compliance with all other permit conditions is verified. All necessary permits from other City Departments must also be obtained before the encroachment can be installed/erected.

I authorize the applicant listed above to apply for a Street Privilege Permit through the City of La Crosse.

Property Owner Signature: [Signature] STATE OF WISCONSIN)
)SS.
 COUNTY OF LA CROSSE)
 Personally came before me this _____ day of _____, 20____, the above named Joshua Miner to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

A signed letter from the property owner or management company may be used in lieu of this signature **
 Signature of Property Owner **must be notarized****

Tax Parcel ID #: 17-20050-60 Notary Public, _____ County, _____
 My commission expires: _____

I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed shall comply with all the laws of the State of Wisconsin, and all ordinances, rules, regulations, policies, and special conditions of the City of La Crosse. The applicant agrees to perform the work or use covered by an approved permit with diligence and convenience to the public. After approval, applicant shall be responsible for obtaining any final documents and follow all procedures as defined in the City Municipal Code. Approval of this application is subject to the conditions that appear in the actual permit to be signed after approval is obtained.

Signature of Applicant: [Signature] Date: 4 June 15

Please return this completed application along with required information and fees noted on checklist to: City of La Crosse, Legal Department, 400 La Crosse Street, 6th Floor, La Crosse WI 54601. With questions please contact the Legal Department at (608)789-7511. You will then be given notice of when your request will be on the Board of Public Works agenda.

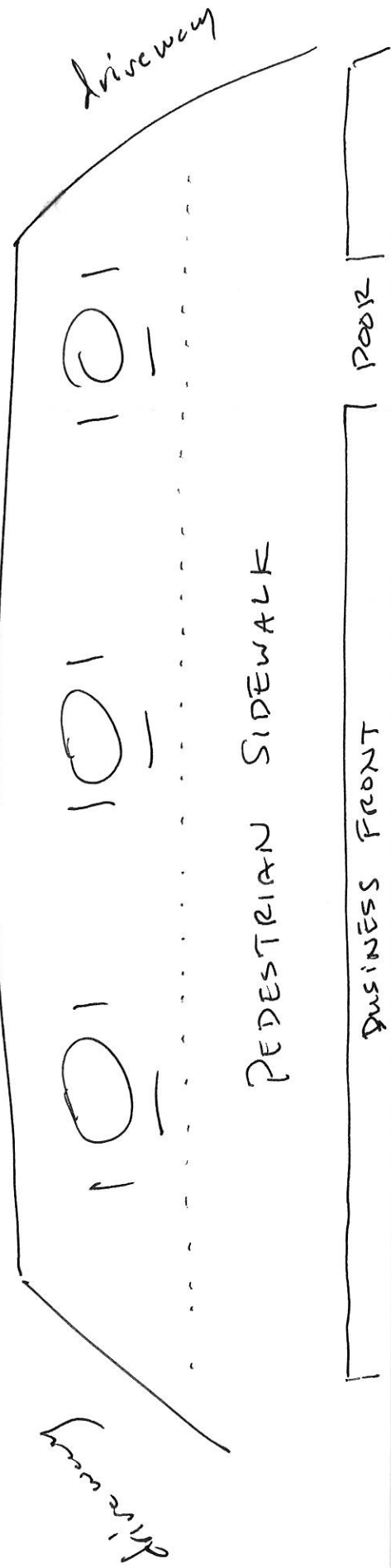
Approved By: _____ Approval Date: _____	Required items to be provided by Applicant	Gray Shaded Areas to be Completed by City Staff
	Scale drawing of encroachment <input checked="" type="checkbox"/> Legal Description <input checked="" type="checkbox"/> Certificate of Insurance <input checked="" type="checkbox"/> Initial Application Fee \$ <u>50</u> <input checked="" type="checkbox"/> Annual Permit Fee \$ <u>50</u> <input checked="" type="checkbox"/>	<input type="checkbox"/> Special Conditions of Approval Attached
All items due prior to approval		NON-REFUNDABLE ANNUAL PERMIT FEE
		\$ _____ Payable to City Treasurer (See fee schedule)
		Check # _____ Date Received: _____

3 folding tables (plastic)
w/ 3 chairs / table



Greengrass Cafe
1904 Campbell Rd

Campbell Rd



CERTIFICATE OF LIABILITY INSURANCE

American Family Insurance Company
 American Family Mutual Insurance Company if selection box is not checked.
 6000 American Pky Madison, Wisconsin 53783-0001

Insured's Name and Address
 Dot and Feathers LLC
 1904 Campbell Rd
 La Crosse, WI 54601

Agent's Name, Address and Phone Number (Agt./Dist.)
 Jason Lassen Agency INC
 2200 STAPHORST LN STE 104
 HOLMEN, WI 54636
 (608) 526-9400 (009/014)

This certificate is issued as a matter of information only and confers no rights upon the Certificate Holder.
 This certificate does not amend, extend or alter the coverage afforded by the policies listed below.

COVERAGES
 This is to certify that 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.

TYPE OF INSURANCE	POLICY NUMBER	POLICY DATE		LIMITS OF LIABILITY
		EFFECTIVE (Mo, Day, Yr)	EXPIRATION (Mo, Day, Yr)	
Homeowners/ Mobilehomeowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Boatowners Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Personal Umbrella Liability				Bodily Injury and Property Damage Each Occurrence \$,000
Farm/Ranch Liability				Farm Liability & Personal Liability Each Occurrence \$,000
				Farm Employer's Liability Each Occurrence \$,000
Workers Compensation and Employers Liability †				Statutory *****
				Each Accident \$,000
				Disease - Each Employee \$,000
				Disease - Policy Limit \$,000
General Liability <input type="checkbox"/> Commercial General Liability (occurrence) <input type="checkbox"/> <input type="checkbox"/>				General Aggregate \$,000
				Products - Completed Operations Aggregate \$,000
				Personal and Advertising Injury \$,000
				Each Occurrence \$,000
				Damage to Premises Rented to You \$,000
				Medical Expense (Any One Person) \$,000
				Businessowners Liability
Liquor Liability				Common Cause Limit \$,000
				Aggregate Limit \$,000
Automobile Liability <input type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Auto <input type="checkbox"/> Nonowned Autos <input type="checkbox"/>				Bodily Injury - Each Person \$,000
				Bodily Injury - Each Accident \$,000
				Property Damage \$,000
				Bodily Injury and Property Damage Combined \$,000
Excess Liability <input type="checkbox"/> Commercial Blanket Excess <input checked="" type="checkbox"/> Commercial Umbrella	48XV0689-02	08/27/2014	08/27/2015	Each Occurrence/Aggregate \$ 1,000,000

Other (Miscellaneous Coverages)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / RESTRICTIONS / SPECIAL ITEMS
 The city of La Crosse, WI is listed as an additional insured.
 †The individual or partners Have shown as insured elected to be covered under this policy. Have not
 ††Products-Completed Operations aggregate is equal to each occurrence limit and is included in policy aggregate.

CERTIFICATE HOLDER'S NAME AND ADDRESS	CANCELLATION
City of La Crosse 400 La Crosse St La Crosse, WI 54601	<input checked="" type="checkbox"/> Should any of the above described policies be cancelled before the expiration date thereof, the company will endeavor to mail *(days) written notice to the Certificate Holder named, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives. *10 days unless different number of days shown. <input type="checkbox"/> This certifies coverage on the date of issue only. The above described policies are subject to cancellation in conformity with their terms and by the laws of the state of issue.
DATE ISSUED 06/05/2015	AUTHORIZED REPRESENTATIVE Payton Vander Velden

"(p.o.c.)" were paid outside the closing, they are shown here for info

D. Name & Address of Borrower
DOT and Feathers LLC
124 17th Street South
La Crosse, WI 54601

E. Name & Address of
The Feniger Group L
1501 St. Andrew Street
La Crosse, WI 54603

G. Property Location

Lot 4, Edwards Subdivision of Reppys Outlot No., City of La Crosse, La
Crosse County
1904 Campbell Rd
La Crosse, WI 54601

J. Summary of Borrower's Transaction

100. Gross Amount Due from Borrower

101. Contract Sales Price

102. Personal Property

103. Settlement Charges to borrower

\$215,500.00

Green Grass
Cafe

COPY

Part of Lot 4 of Edward's Subdivision of Reppy's Outlot No. 4 to the City of La Crosse, La Crosse County, Wisconsin, described as follows: Commencing at the Southwest corner of said Lot 4 thence North 01 degrees 31 minutes 49 seconds West, along the West line thereof 66.33 feet to the point of beginning of this description: Thence North 89 degrees 26 minutes 54 seconds East 25.72 feet; thence North 00 degrees 33 minutes 06 seconds West 7.79 feet; thence North 89 degrees 26 minutes 54 seconds East 18.46, feet to the East line of said Lot 4; thence North 02 degrees 00 minutes 07 seconds West, along said East line 65.24 feet to the South line of an alley; thence West along said South line 6.16 feet to the Southeasterly right-of-way line of Campbell Road; thence South 48 degrees 46 minutes 29 seconds West along said Southeasterly right-of-way line 48.89 feet to the Northwesterly corner of said Lot 4; thence South 01 degrees 31 minutes 49 seconds East along the West line of said Lot 4 a distance of 41.20 feet to the point of beginning. AND

Part of Lot 4, Edward's Subdivision to Reppy's Outlot 4, City of La Crosse, La Crosse County, Wisconsin, described as follows: Commencing at the Southwest corner of said Lot 4; thence along the West line thereof, North 01 degrees 31 minutes 49 seconds West 66.33 feet, thence North 89 degrees 26 minutes 54 seconds East 25.72 feet to the point of beginning: Thence North 00 degrees 33 minutes 06 seconds West 7.79 feet; thence North 89 degrees 26 minutes 54 seconds East 18.46 feet to the East line of said Lot 4; thence along said East Line, South 02 degrees 00 minutes 07 seconds East 7.79 feet; thence South 89 degrees 26 minutes 54 seconds West 18.66 feet to the point of beginning. SUBJECT to easements, covenants and restrictions of record.