

License Fee: \$200.00
(*additional \$50.00 tent fee, if applicable)

Invoice #: 113119 *cust*
103506

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

Legal/Real Name: Walleser Estates LLC **DUPLICATE RECEIPT**

Address of above: 402 7th St. S. 405 CITY CLERK/LICENSES 3506
TF404373358 001 130408
4/08/13 9:05AM PAID 200.00

Trade name of business: Cass Bar

Address of premises to be licensed: 620 Cass St.

Business phone number: 608-782-6570

Date of Event: May 11 2013

Time of Event: 11:00 am - 2:30 am May 12
(on Midnight like last year)

Description (Location) of Event Area: Cass Bar Parking Lot

*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: ~~Chad Walleser~~ Chad Walleser

Address of owner: 402 7th St. S. LA

Name of manager (FIRST, MIDDLE & LAST): Chad Walleser

Home address of manager: 402 7th St. S. LaCrosse WI 54601

Phone number: Daytime 507-429-0078 Home _____

Date of Birth: 6-24-88

Other business to be conducted upon the premises: _____

Nature of entertainment: Live music, Beer, Brats

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 20 of the Code of Ordinances for the City of La Crosse.

Chad Walleser
(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:

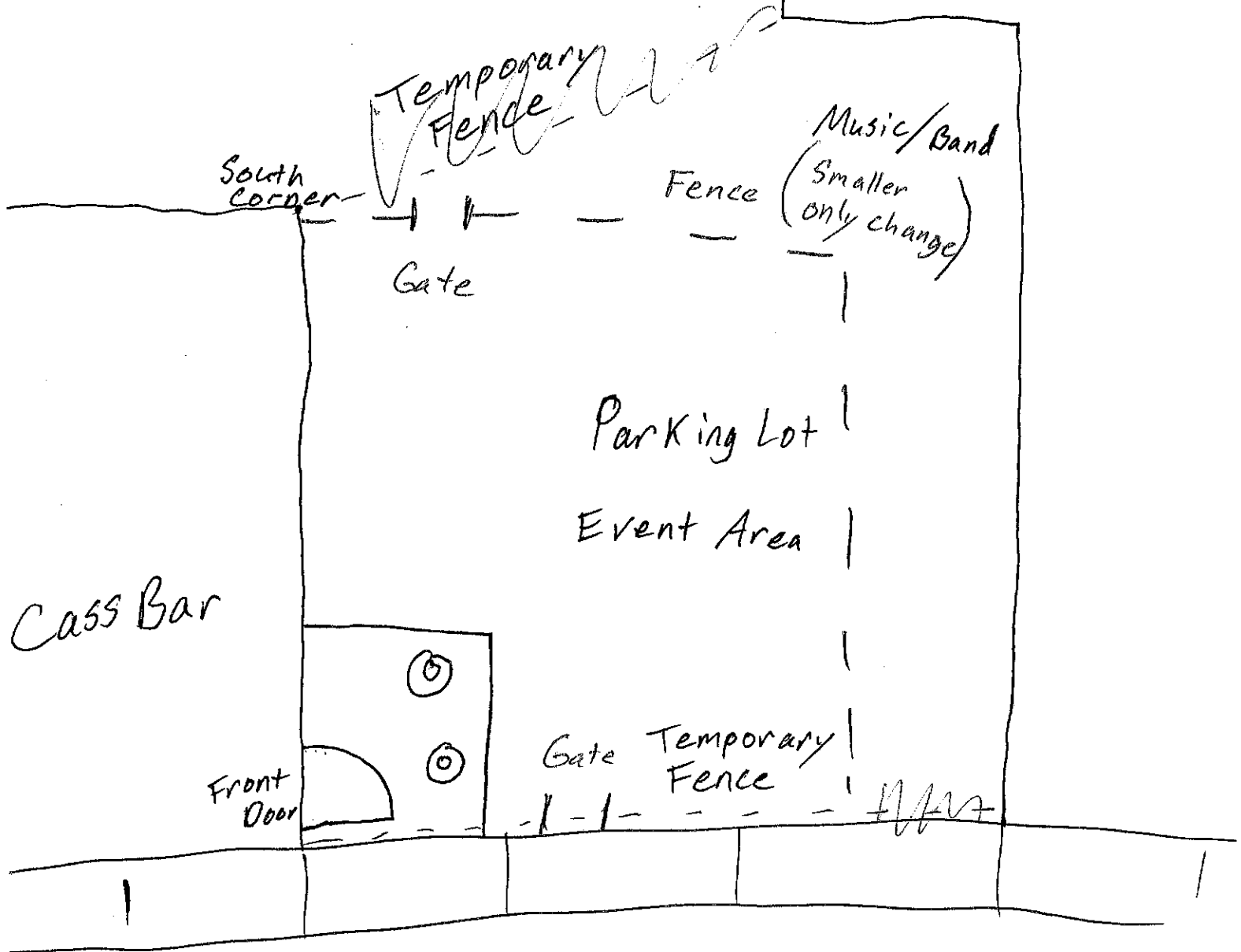
Munis Customer #:

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

Granted: _____ License #: _____

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

Good Year



Cass St.