

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: Audra House Company Name: La Crosse Sign Co.
 Address: 1450 Oak Forest Dr City: Onalaska State: WI Zip: 54650
 Phone #: (608) 781 1450 Cell #: () Fax #: ()
 Email: audra.house@lacrossesign.com

PROPERTY OWNER *If different from applicant

Name: Fortney Fortney and Fortney LLP Company Name: Willow Boutique
 Address: 309 Pearl St. City: La Crosse State: WI Zip: 54601
 Phone #: (608) 784-122 Cell #: () Fax #: ()
 Email: _____

ENCROACHMENT TYPE (Check one):

- | | |
|---|--|
| <input checked="" type="checkbox"/> AWNING/ON-PREMISE SIGN/OVERHEAD HEATER/CANOPY | <input 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:

Double-sided non-illuminated blade sign. Sign will overhang the sidewalk at 309 Pearl St.

Desired Start Date: 10/1/16
 Est. Completion Date: 11/19/16

CONTRACTOR/SIGN CO.: La Crosse Sign Co **PERSON IN CHARGE:** Audra House
 Phone #: (608) 781 1450 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: _____

MARC FORTNEY
 Marc Fortney

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 **

STATE OF WISCONSIN)
) SS.
 COUNTY OF LA CROSSE)
 Personally came before me this 8th day of Sept, 2016, the above named Marc Fortney to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Mary Lin Wershofen
 Notary Public, La Crosse County, WI
 My commission expires: 9-17-2019



Tax Parcel ID #: 17-20017-60

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: _____ Date: _____

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 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"/> All items due prior to approval	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ <u>100</u> Payable to City Treasurer (See fee schedule) Check # <u>78712</u> Date Received: <u>9/13/16</u>

DOCUMENT NO.

1430785

LACROSSE COUNTY
REGISTER OF DEEDS
DEBORAH J. FLOCK

RETURN ADDRESS: Richard Thompson
201 Main Street, Suite 700
La Crosse, WI 54601

RECORDED ON
08/31/2005 02:53PM

REC FEE: 15.00
TRANSFER FEE: 1140.00
EXEMPT #:

PAGES: 3

WARRANTY DEED

THIS DEED, made between MSM Properties, Inc., a Wisconsin Corporation ("GRANTOR") and Fortney, Fortney & Fortney, LLP, a Limited Liability Partnership ("GRANTEE").

GRANTOR, for a valuable consideration, conveys and warrants to GRANTEE the following described real estate in La Crosse County, State of Wisconsin:

This Space Reserved for Recording

17-20017-060 and 17-20017-090
Parcel Identification Number


Lot 5 and the South 20 feet of Lot 4 in Block 23, EXCEPT the West 80 feet thereof, Town (now City) of La Crosse, La Crosse County, Wisconsin. See attached Exhibit "A" for complete legal description.

*CMM-k
SMMA*

This is not homestead property.

Exception to warranties: municipal and zoning ordinances and agreements entered under them, recorded easements for the distribution of utility and municipal services, recorded building and use restrictions and covenants, and general and special taxes levied in the year of closing.

Dated this 30th day of August, 2005.



Salem M. Markos, II, President (SEAL)



Charlotte M. Markos-Kann, Secretary (SEAL)

Signatures of Salem M. Markos, II, and Charlotte M. Markos-Kann, authenticated this 30th day of August, 2005.



David B. Russell
TITLE: MEMBER STATE BAR OF WISCONSIN

THIS INSTRUMENT WAS DRAFTED BY
Attorney David B. Russell
505 King, Suite 300
La Crosse, WI 54601

Exhibit "A" Legal Description

Lot 5 and the South 20 feet of Lot 4 in Block 23, EXCEPT the West 80 feet thereof, Town (now City) of LaCrosse, LaCrosse County, Wisconsin.

Together with a permanent easement described in Volume 808 of Records, page 897 and Volume 808 of Records, page 898.

Together with Party Wall Agreement recorded in Volume 808 of Records, page 869.

Together with and subject to an easement recorded in Volume 808 of Records, page 876.

Together with and subject to an easement recorded in Volume 808 of Records, page 887.

309-311-313-315 Pearl Street. (Tax Parcel Nos. 17-20017-060 and 17-20017-090).

Commerce control number

STIPULATION Rental Unit Energy Efficiency Standards

Type or print using black ink

Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m)].

The Department of Commerce does not discriminate on the basis of disability in the provision of services or in employment. If you need this printed material interpreted or in a different form or if you need assistance in using this service, please contact us, TTY 608-264-8777.

Sellers names: msm PROPERTIES, INC.		Rental building location - Street Address: 305 & 315 Pearl St.	
Street address: 2104 Barnaky Rd.		City: LaCrosse	County: LaCrosse
City: LaCrosse WI	State WI	Zip Code: 54601	Number of rental buildings on this property: 1
Sellers telephone number including area code: 608-788-7566			Number of rental units in building: 2

Legal description of rental unit property. You may attach a separate sheet:
Lot 5 and the south 20 feet of Lot 4 in Block 23, EXCEPT the west 80 feet thereof, Town (now City) of LaCrosse, LaCrosse County, WISCONSIN

Return to:
**The Title Company Inc.
750 N. 3rd St.
LaCrosse WI 54601
LAX51557**

PIN: **17-20017-060 & 17-20017-090**

PARCEL IDENTIFICATION NUMBER:(PIN)

Instructions: Information concerning the seller and the property should be filled in above. Information concerning the buyer and the buyer's signature should be filled in below. The Stipulation must then be submitted to the Department of Commerce or to a Commerce agent for validation. A list of these agents is available by calling (608) 267-4405. General questions should be directed to (608) 267-2240. If there is not a Commerce agent in your area, send the Stipulation and a non-refundable \$50 filing fee (do not send cash) to the address listed below.* Make the check payable to the Wis. Dept. of Commerce. The validated Stipulation will be returned to the buyer as noted below, or to another party as designated in the "Return to" block above. **SEE BACK OF THIS FORM FOR ADDITIONAL INFORMATION.**

This document is valid only if no previous Stipulation or Waiver is currently on file for this property.

STIPULATION AGREEMENT

Fiscal Code: 7646

I (we) agree to bring the above described property into compliance with Comm 67 energy standards no later that one year from date of validation.

Print Buyers names: FORTNEY, FORTNEY & FORTNEY LLP	Buyers signatures: 	Date signed: 8/30/05
Buyers street address: 308 So. 3rd St	Buyers city, state, and zip code: LaCROSSE, WI 54601	Buyer telephone number including area code: 608-784-1225

Validated by: <input type="checkbox"/> Department of Commerce <input checked="" type="checkbox"/> Commerce agent	Auth or Tax Rev #: A32-000	Date Validated: AUG. 31, 2005	Commerce Transfer Authorization Number: S-117035	STATE OF WI TRANSFER AUTHORIZATION NUMBER S-117035
Official's Signature: Cheryl A. McBride	Print officials name: Cheryl A. McBride	Expiration date one year from date validated: AUG. 31, 2006	Municipality and County: LaCrosse	

TRANSFER OF STIPULATION If the residential property described above is transferred within one year of the validation date of this Stipulation and before the building(s) has been certified in compliance with Comm 67, the new buyer must sign below and forward a copy of this document to Commerce at the address listed below.* By signing below the new buyer accepts responsibility to comply with this Stipulation by the expiration date listed above. Transfer of the property after the expiration date is not valid without conformance to the energy standards.

Print new buyers name:	New buyers signature:	Date signed:
New buyers street address:	New buyers city, state and zip code:	New buyers telephone number including area code:

TRANSFER OF STIPULATION If the residential property described above is transferred within one year of the validation date of this Stipulation and before the building(s) has been certified in compliance with Comm 67, the new buyer must sign below and forward a copy of this document to Commerce at the address listed below.* By signing below the new buyer accepts responsibility to comply with this Stipulation by the expiration date listed above. Transfer of the property after the expiration date is not valid without conformance to the energy standards.

Print new buyers name:	New buyers signature:	Date signed:
New buyers street address:	New buyers city, state and zip code:	New buyers telephone number including area code:

*This instrument was drafted by: Wisconsin Department of Commerce, Rental Weatherization, PO Box 7302, Madison, WI 53707-7302 Telephone: (608) 267-2240
SBD-7115 (R.3/01)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/09/2016

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 Hausmann-Johnson Insurance Inc 700 Regent St., PO Box 259408 Madison, WI 53725-9408 John Erikson, CIC, CRM existing	CONTACT NAME: John Erikson, CIC, CRM PHONE (A/C, No, Ext): 608-257-3795 FAX (A/C, No): 608-257-4324 E-MAIL ADDRESS: _____ INSURER(S) AFFORDING COVERAGE INSURER A: Society Insurance NAIC # 15261 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Fortney, Fortney & Fortney LLP PO Box 1621 La Crosse, WI 54602	

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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER: _____			TRM388557	08/13/2016	08/13/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 _____ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/>			CAP451516	08/13/2016	08/13/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			UXL410100	08/13/2016	08/13/2017	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 _____ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A <input type="checkbox"/>			WC409999	08/13/2016	08/13/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Blanket Building/Contents			TRM388557	08/13/2016	08/13/2017	SpcFrm/RC 20,973,200 Ded. 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: 309 Pearl St, LaCrosse, WI - Willow Boutique
 The certificate holder is listed as additional insured with respect to Commercial General Liability for the above location

CERTIFICATE HOLDER <p style="text-align: center;">CITYLAC</p> City of LaCrosse Legal Department Sixth Floor City Hall 400 La Crosse Street 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
--	--

B: Vinyl Window Graphics



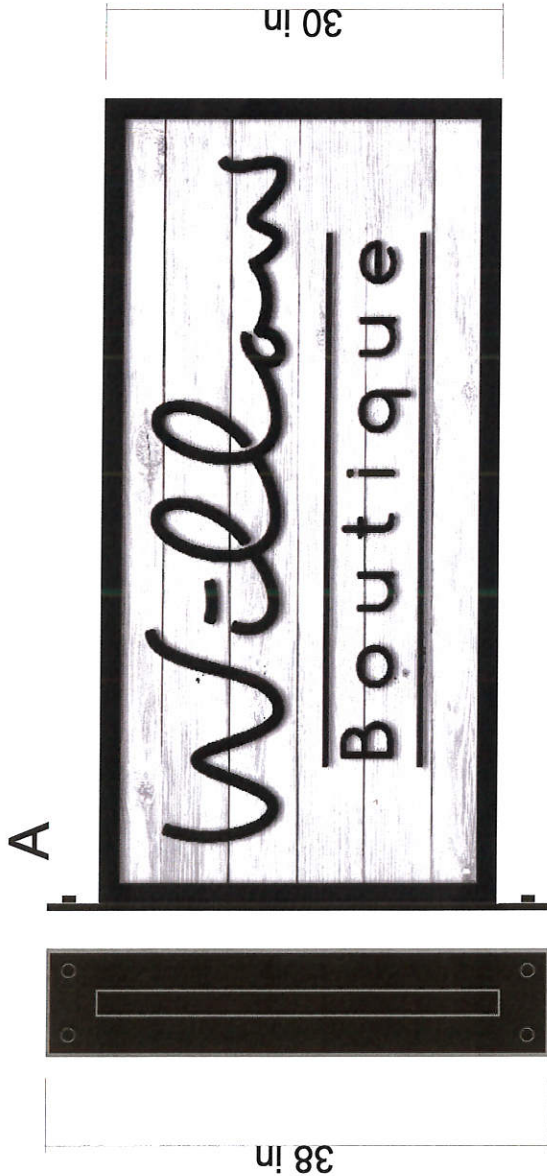
Approved by: _____ Date: _____ Landlord: _____ Date: _____

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DESIGN		SALES		FILE		COLOR KEY	
Drawing by: Chris Clark	Job Name: Willow Boutique	Revision Number: 3	<input checked="" type="checkbox"/> 1	Digital Print			
Sign Type: Window Graphics	Job Address: 309 Pearl St.	Job File Location:	<input type="checkbox"/> 2				
Date Created: 8-23-2016	La Crosse, WI 54601	S:\W\Willow Boutique\La Crosse	<input type="checkbox"/> 3				
Last Modified: 9-7-2016	Salesperson: Audra House	1309 Pearl St\91522 New Store	<input type="checkbox"/> 4				
Scale: 3/8"=1'	Job Number: 91522	Signage\Design	<input type="checkbox"/> 5				

LA CROSSE SIGN CO.
MAKE A STATEMENT!
 1450 Oak Forest Drive • Onalaska, WI 54650 • 608-781-1450
 2242 Mustang Way • Madison, WI 53718 • 608-222-5353
 2502 Melby Street • Eau Claire, WI 54703 • 715-835-6189

A: Blade Sign Digitally Printed Faces



B



C



D



Approved by: _____ Date: _____ Landlord: _____

Date: _____

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*COLORS ON SKETCH ARE ONLY A REPRESENTATION. ACTUAL COLOR OF FINISHED PRODUCT MAY DIFFER.

DESIGN	SALES	FILE	COLOR KEY
Drawing by: Chris Clark	Job Name: Willow Boutique	Revision Number: 3	<input checked="" type="checkbox"/> 1 Digital Print
Sign Type: Blade Sign	Job Address: 309 Pearl St.	Job File Location:	<input type="checkbox"/> 2 Fantan MP02770
Date Created: 8-23-2016	La Crosse, WI 54601	S:\WW\Willow Boutique\La Crosse	<input type="checkbox"/> 3
Last Modified: 9-7-2016	Salesperson: Audra House	\309 Pearl St\91522 New Store	<input type="checkbox"/> 4
Scale: 3/4"=1'	Job Number: 91522	Signage\Design	<input type="checkbox"/> 5

LA CROSSE SIGN CO.
MAKE A STATEMENT!
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