

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: Ryan Roberts Company Name: Kwik Trip, Inc
 Address: 1626 Oak St City: La Crosse State: WI Zip: 54603
 Phone #: (608) 793-5913 Cell #: (608) 343-3447 Fax #: ()
 Email: rroberts@kwiktrip.com

PROPERTY OWNER *If different from applicant

Name: _____ Company Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: () 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:

New monument sign to be located in the right of way. New sign location as shown on included site plan.

Desired Start Date:

Oct. 2016

Est. Completion Date:

Dec. 2016

CONTRACTOR/SIGN CO.: La Crosse Sign Co., Inc **PERSON IN CHARGE:** Cindy Bluske
Phone #: (608) 781-1450 **Cell #:** () **Fax #:** (608) 781-1451

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.

STATE OF WISCONSIN)

)

COUNTY OF LA CROSSE)

)

Property Owner Signature: [Signature] (AGENT)

Personally came before me this ____ day of _____, 20____, the above named

A signed letter from the property owner or management company may be used in lieu of this signature **

person(s) who executed the foregoing instrument and acknowledged the same.

Signature of Property Owner must be notarized **

Tax Parcel ID #: 17-10285-80

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: 7/20/16

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 type="checkbox"/> Certificate of Insurance <input type="checkbox"/> Initial Application Fee \$ _____ <input type="checkbox"/> Annual Permit Fee \$ _____ <input 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: _____

Tax Parcel Information:

Tax Parcel Number 17-10285-80

Site Address 1626 OAK ST

Site City LA CROSSE

Site State WI

Site ZIP 5 54603

Legal Description PRT NW-SW COM NW COR NW-SW S87D33M19SE 132.41FT TO E R/W LN OAK ST & S R/W LN RUBLEE ST & POB S87D33M19SE 444.18FT ALG S R/W LN TO NW COR PRCL IN V718 P570 ALG W LN PRCL S0D37M4SW 119.92FT TO SW COR ALG S LN PRCL S87D14M2SE 89.88FT TO SE COR ALG E LN N0D40M57SE 120.38FT TO NE COR & S R/W LN ALG S R/W LN S87D33M7SE 351.73FT ALG EXT S R/W LN S87D32M50SE 119.8FT S48D43M27SW 825.33FT TO N R/W LN GILLETTE ST N89D19M36SW 355.25FT ALG N R/W LN TO E R/W LN OAK ST ALG E R/W LN ALG CURV N5D29M13SW 64.87FT ALG CURV N37D59M54SE 6.6FT ALG CURV N57D33M5SW 5.69FT ALG CURV N2D30M25SW 510.92FT TO POB & COM NW COR NW-SW E ALG S LN RUBLEE ST 576.6FT TO POB S 120FT E 90FT N 120FT W 90FT TO POB & PRT N1/2 VAC GILLETTE ST ADJ ON S VAC IN DOC NO. 1657595 SUBJ TO ESMT IN DOC NO. 1657595

First Owner Name KWIK TRIP INC

Second Owner Name

Third Owner Name

Postal Address 1626 OAK ST

Postal City LA CROSSE

Postal State WI

Postal Zip 5 54603



CERTIFICATE OF LIABILITY INSURANCE

Page 1 of 1
DATE (MM/DD/YYYY)
07/28/2016

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 Willis of Minnesota, Inc. c/o 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191	CONTACT NAME:		
	PHONE (A/C, NO, EXT):	877-945-7378	FAX (A/C, NO): 888-467-2378
	E-MAIL ADDRESS:	certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	NAIC#	
INSURED Kwik Trip, Inc. P.O. Box 2107 LaCrosse, WI 54602	INSURER A:	Zurich American Insurance Company of Illi	27855-007
	INSURER B:	Axis Surplus Insurance Company	26620-002
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 24598452** **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 I/TR	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:	Y		GLO 9300140 14	9/30/2015	9/30/2016	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COM/OP AGG	\$ 2,000,000
								\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP 9300138 14	9/30/2015	9/30/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$	Y		EAU776335/01/2015	9/30/2015	9/30/2016	EACH OCCURRENCE	\$ 5,000,000
							AGGREGATE	\$ 5,000,000
								\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A		WC 9300141 15	9/30/2015	9/30/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Excess Workers' Comp. for the State of WI Only			EWS 5916228 10	9/30/2015	9/30/2016	\$1,000,000 Limit \$ 500,000 Retention	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Convenience Transportation, LLC is a Named Insured on the above policies.

City of La Crosse is included as an Additional Insured as respects to General Liability and Umbrella/Excess Liability where required by written contract prior to loss.

CERTIFICATE HOLDER

CANCELLATION

City of La Crosse
 Attn: Rebecka Martin
 400 La Crosse Street
 La Crosse, WI 54601

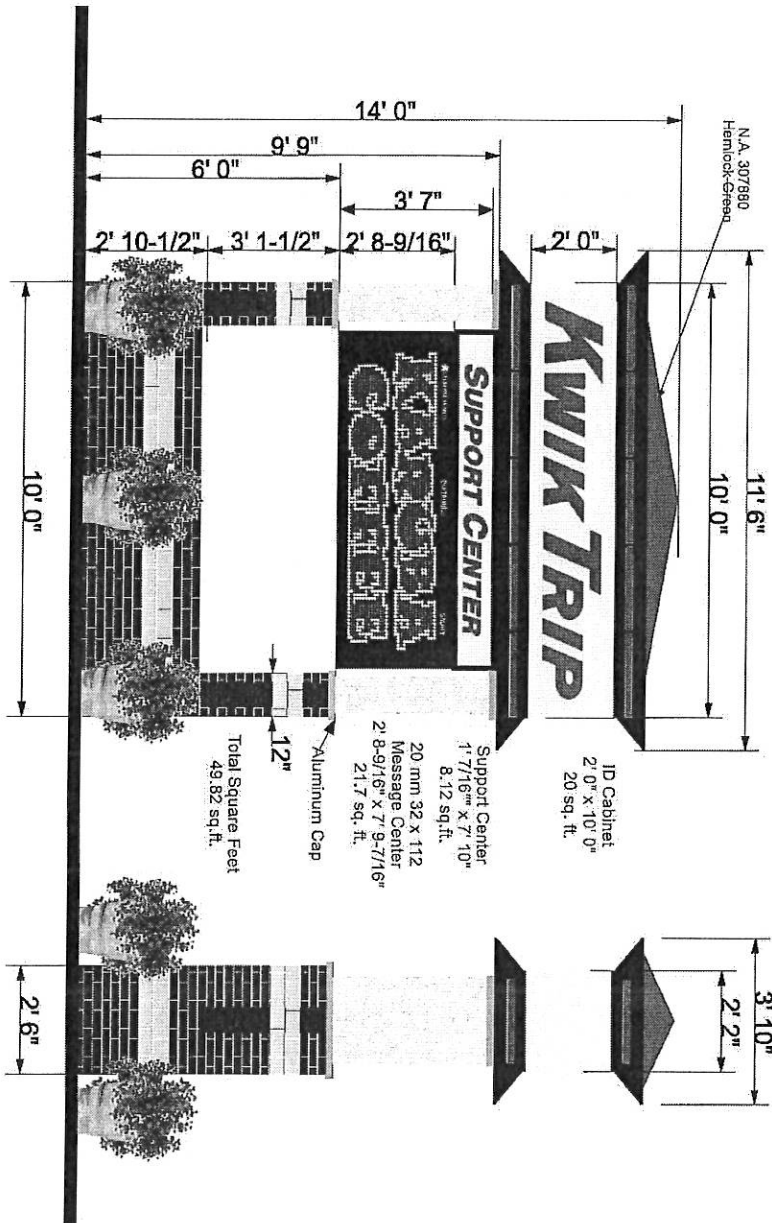
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

DOUBLE FACED MONUMENT

OPTION 6

#850 LA CROSSE, WI



Approved by: _____ Date: _____

Landlord: _____

Date: _____

DESIGN

SALES

FILE

COLOR KEY

LACROSSE SIGN CO.
MAKE A STATEMENT!
 1450 Oak Forest Drive • Onalaska, WI 54650 • 808-781-1450
 2242 Wausau Way • Wausau, WI 53718 • 808-222-5393
 2302 Meiby Street • Eau Claire, WI 54703 • 715-835-6189

Drawing by: Danielle Waas
 Sign Type: Monument
 Date Created: 6/29/2016
 Last Modified: 6/20/2016
 Scale: 1/4" = 1'

Job Name: Kwik Trip
 Job Address: 1626 Oak St.
 La Crosse, WI 54602
 Salesperson: Cindy Bluske
 Job Number: 89958

Revision Number:
 Job File Location: S\1 - Kwik Trip\ZZ-Corporate
 Signage\Support Center
 Freestanding Sign 2016\Design\850 Corporate Atl 89958 Option 6

REPRODUCTION OF THIS DRAWING IS STRICTLY PROHIBITED

This drawing is copyrighted and may not be duplicated or used without permission. It is the property of La Crosse Sign Co., Inc. and must be returned to them.

DATE	BY	REVISION

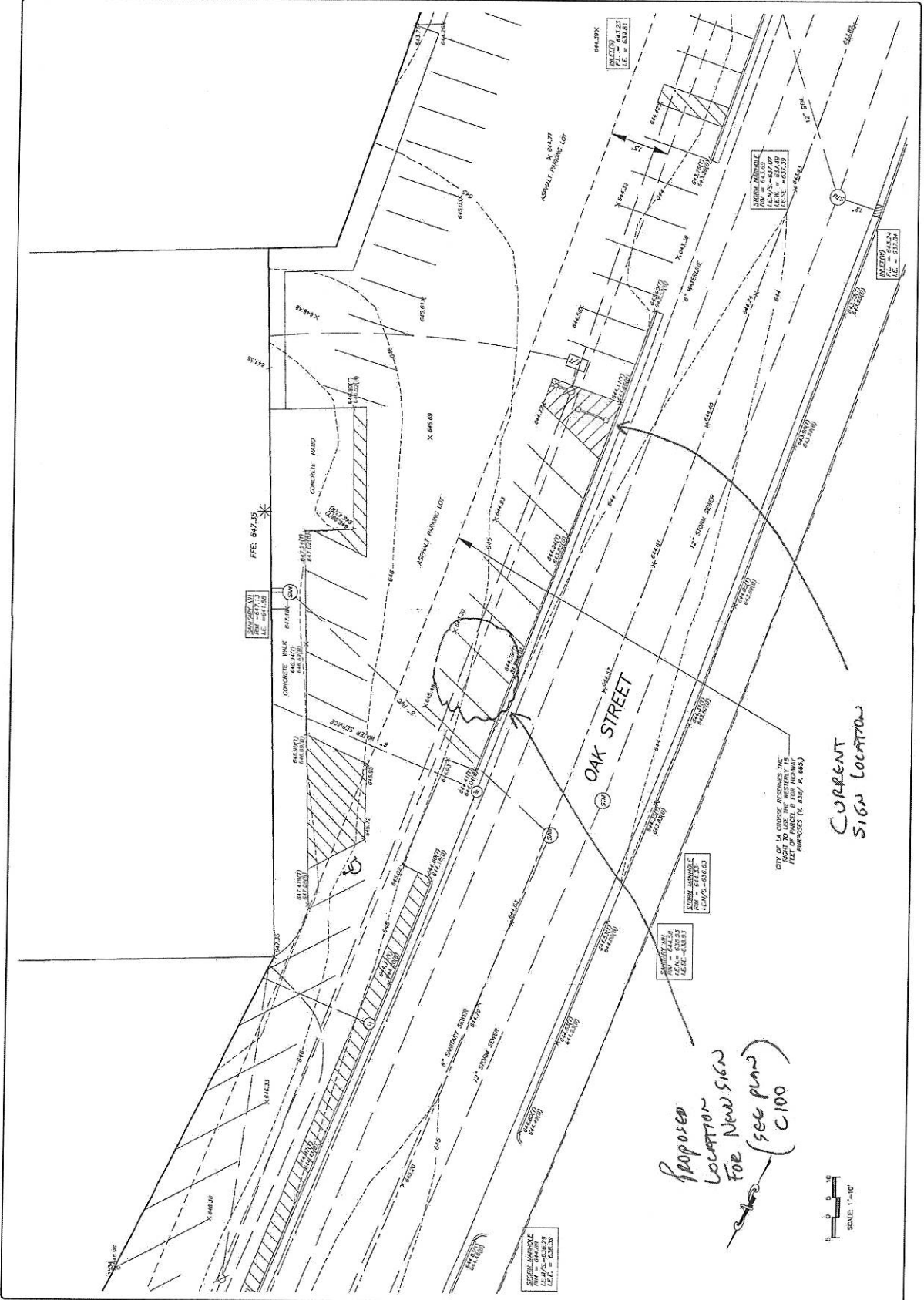
PARAGON ASSOCIATES
 Environmental Design & Consulting
 ONE BOWLING GREEN, LA CROSSE, WI 54603
 608.781.1110 Fax: 608.781.1937 Paringa-Architects

PREPARED FOR:
 KWIK TRIP INC. - SUPPORT
 LOBBY EXPANSION
 1626 OAK STREET
 LA CROSSE, WISCONSIN
 EXISTING CONDITIONS.

LA CROSSE, WISCONSIN
 1626 OAK ST
 KWIK TRIP SUPPORT CENTER - LOBBY EXPANSION

DATE	11-10-08
SCALE	1" = 10'
DRAWN BY	LA/C
CHECKED BY	LA/C
DATE	07/17/2018
SCALE	1" = 10'
DRAWN BY	LA/C
CHECKED BY	LA/C
DATE	11-10-08
SCALE	1" = 10'
DRAWN BY	LA/C
CHECKED BY	LA/C

C010



Proposed Location for New Sign (see plan C100)

SCALE: 1" = 10'

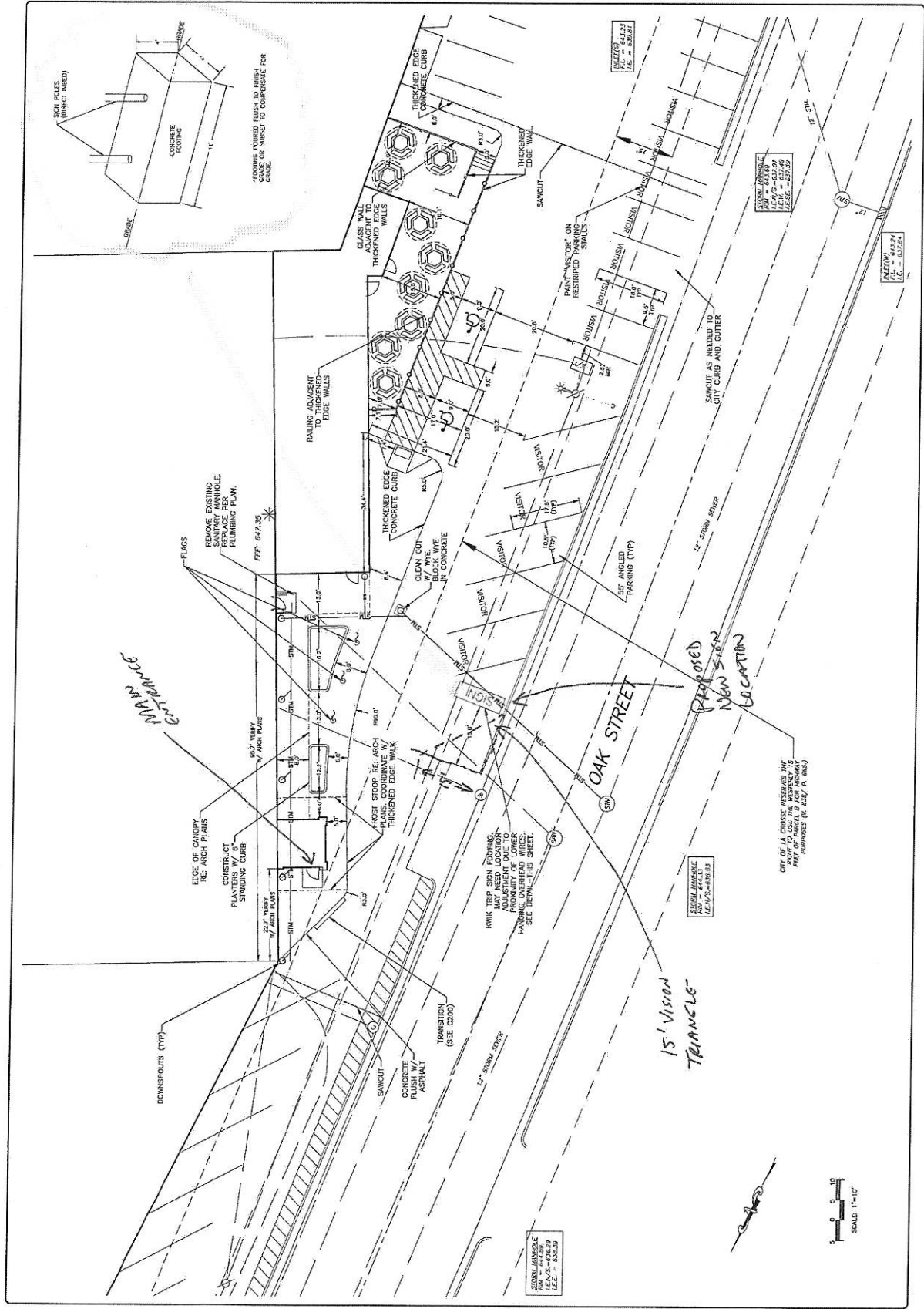
NO.	
REVISION	

PARAGON ASSOCIATES
 Environmental Design & Consulting
 1826 OAK STREET
 LA CROSSE, WI 54603
 TEL: 608/781.3110 FAX: 608/781.3197 PERSONNEL: maschke

PREPARED FOR:
 KWIK TRIP INC. SUPPORT
 LOBBY EXPANSION
 1826 OAK STREET
 LA CROSSE, WISCONSIN

SITE PLAN
 1826 OAK ST
 LA CROSSE, WISCONSIN
 KWIK TRIP SUPPORT CENTER - LOBBY EXPANSION

DATE	07/17/2018
PROJECT NO.	1826 OAK ST
SCALE	1" = 10'
SHEET	C100



ENTRANCE

15' Vision TRIANGLE

PROPOSED NEW SIGN LOCATION

CITY OF LA CROSSE RESERVES THE RIGHT TO CONSIDER THE FEET OF PARCEL B FOR HIGHWAY PURPOSES (1/2004 P. 104)

SCALE: 1"=10'

C200

DATE	07/17/2018
PROJECT NO.	1826 OAK ST
SCALE	1" = 10'
DRAWN BY: [Signature]	
CHECKED BY: [Signature]	
APPROVED BY: [Signature]	

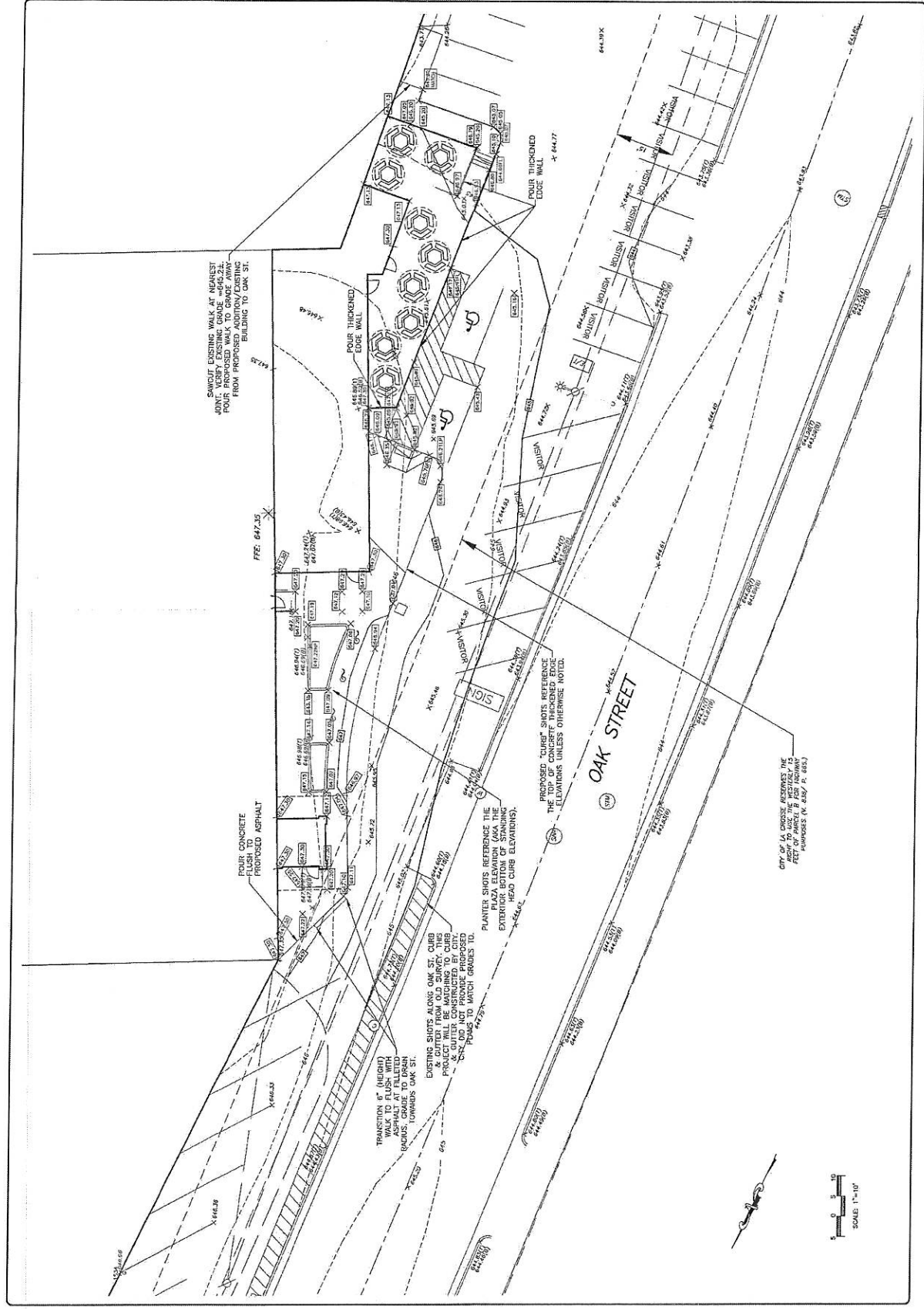
LA GROSSÉ, WISCONSIN
LA GROSSÉ, WISCONSIN
LA GROSSÉ, WISCONSIN

GRADING PLAN
KWK TRIP SUPPORT CENTER - LOBBY EXPANSION

PREPARED FOR:
KWK TRIP INC. - SUPPORT
LOBBY EXPANSION
1826 OAK STREET
LA GROSSÉ, WI 54603

PARAGON ASSOCIATES
Environmental Design & Consulting
252 CEDARLAND AVENUE - LA GROSSÉ, WI 54603
TEL: 608.781.3110 FAX: 608.781.3187 P: paragon@paragon-associates.com

NO.	DATE	REVISION



SAW-CUT EXISTING WALK AT NEAREST JOINT. VERIFY EXISTING GRADE = 444.22. POUR CONCRETE TO GRADE AWAY FROM PROPOSED CONCRETE BUILDING TO OAK ST.

FOUR CONCRETE PROPOSED ASPHALT

TRANSITION 6" (HEIGHT) ASPHALT TO FLUSH WITH EXISTING GRADE TO DRAIN TOWARDS OAK ST.

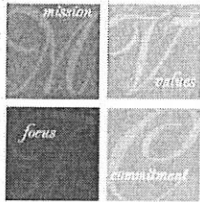
EXISTING SHOTS ALONG OAK ST. CURB & GUTTER FROM OLD SURVEY. THIS PROJECT CUTTER FROM OLD SURVEY. THIS PROJECT CUTTER FROM OLD SURVEY. THIS PROJECT CUTTER FROM OLD SURVEY.

PLANTER BOXES REFERENCE THE PLAZA ELEVATION (AS NOTED) EXTERIOR BOTTOM OF STANDING HEAD CURB ELEVATIONS.

PROPOSED 'CURB' SHOTS REFERENCE THE TOP OF CONCRETE THICKENED EDGE ELEVATIONS UNLESS OTHERWISE NOTED.

CHECK FOR CONFLICTS WITH THE RECORD DRAWING FOR THE PROJECT TO WHICH THIS PLAN IS REFERRED. CONTACT THE ENGINEER FOR ANY QUESTIONS.

SCALE 1" = 10'



Stephen F. Matty
Legal Department
City of La Crosse
400 La Crosse Street - 6th Floor
La Crosse, WI 54601

July 26, 2016

Dear Mr. Matty,

Kwik Trip Inc. is requesting to be placed on the next Board of Public Works agenda for consideration of a Street Privilege permit for the placement of a new monument sign at the entrance to the Kwik Trip Support Center/General Offices.

The proposed new sign is part of the project scope for the building addition currently underway. We have worked with Matt in Engineering and Brent in Inspections on sign design and placement of the sign thus far. With the building addition on the support center the sign placement is crucial for visitors.

We appreciate your time and consideration, please feel free to contact me with any questions or concerns at (608)793-5913.

Sincerely,

Ryan Roberts
Project Manager



Our Mission: "To serve our customers and community more effectively than anyone else by treating our customers, co-workers and suppliers as we, personally, would like to be treated, and to make a difference in someone's life."

Kwik Trip & Kwik Star Stores • Tobacco Outlet Plus • Convenience Transportation, LLC • Hearty Platter Restaurants & Cafés