

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: Brent Sheckler <sup>PPB</sup> Nicholas Peters <sup>MP</sup> Company Name: Suppz Inc.  
 Address: 334 West Ave N Suite 1 City: La Crosse State: WI Zip: 54601  
 Phone #: (800) 9680993 Cell #: (608) 7322275 Fax #: ( )  
 Email: \_\_\_\_\_

**PROPERTY OWNER** \*If different from applicant  
 Name: Brian and Barbara Benson Company Name: Benson Properties  
 Address: 326 West Ave N City: La Crosse State: WI Zip: 54601  
 Phone #: (608) 7823776 Cell #: (608) 3855038 Fax #: (608) 7823871  
 Email: brian@bensonmanagement.com

**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:**  
OVERHEAD sign ABOVE SIDEWALK  
 Desired Start Date: \_\_\_\_\_  
 Est. Completion Date: \_\_\_\_\_

**CONTRACTOR/SIGN CO.:** Quality Sign **PERSON IN CHARGE:** \_\_\_\_\_  
 Phone #: (608) 7799441 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.

STATE OF WISCONSIN )  
 ) SS.  
 COUNTY OF LA CROSSE )  
 Personally came before me this 6 day of June, 2017, the above named \_\_\_\_\_  
 to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

Property Owner Signature: Brian Benson  
 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 \*\*

Debbie Spientok  
 Notary Public  
 My commission expires: 4/5/2020 State of Wisconsin

Tax Parcel ID #: 17-20216-120

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: 6/5/17

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: _____	<b>Required items to be provided by Applicant</b>	<b>Gray Shaded Areas to be Completed by City Staff</b>
	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"/> <b>All items due prior to approval</b>	<input type="checkbox"/> Special Conditions of Approval Attached <b>NON-REFUNDABLE ANNUAL PERMIT FEE</b> \$ _____ Payable to City Treasurer (See fee schedule) Check # _____ Date Received: _____

**Legal Description 334 West Ave N**

**As recorded in document number 1485338 in the City of La Crosse, La Crosse County, Wisconsin.**

Renewal Declaration

**POLICY NUMBER**      **POLICY PERIOD 12:01 AM STANDARD TIME**      **AGENT'S NUMBER**

00532-74160

11/02/16 TO 11/02/17

58906

(608) 781-1122

**AGENT'S NAME**

A & B Properties Inc  
C/O Brian Benson  
326 West Ave N  
La Crosse WI 54601-3575

Geyer Insurance Agency  
1825 Sunset Ln  
La Crosse WI 54601-3020

ITEM LOC COUNTY CLASS TERR  
5 001 639 99994 00000  
Cyber Liability

COVERAGE DESCRIPTION	LIMITS	PREMIUM
CYBER LIABILITY	50,000	\$67.00

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**TOTAL ADVANCE PREMIUM** ..... \$67.00

ANY DEFENSE COSTS WE PAY ARE INCLUDED IN THE SCHEDULE OF LIMITS. SUCH LIMITS OF INSURANCE ARE IN ADDITION TO, AND WILL NOT ERODE, THE LIMITS OF INSURANCE PROVIDED ELSEWHERE IN THE POLICY. ANY DEFENSE COSTS WE PAY ARE INCLUDED WITHIN, AND MAY COMPLETELY EXHAUST, THE CYBER LIABILITY LIMITS OF INSURANCE.



1635 W. National Ave. • Milwaukee, WI 53204  
414/383-1234 • 800/837-7833

Direct

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SUBLINE: 004

COVERAGE	LIMITS	PREMIUM
SNGL LMT LIAB	1,000,000 PER OCC.	\$55.00

FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART:

LOC	BLDG	ITEM NUMBER	DATE	DESCRIPTION	PREMIUM
001	001	2 GL-110	1.0	Addl Ins (St/Pol Subd Per)	\$50.00
TOTAL ADVANCE PREMIUM .....					<u>\$678.00</u>

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LOCATION ADDRESS (ES)

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LOCATION 001  
405-407 South 3rd Street  
LaCrosse County  
LaCrosse WI 54601

ITEM	LOC	COUNTY	CLASS	EXPOSURE	PROPERTY DAMAGE DED PER CLAIM
2	001	639	05813	31	
Miscellaneous Small Retail - NOC					

SUBLINE: 004

COVERAGE	LIMITS	PREMIUM
SNGL LMT LIAB	1,000,000 PER OCC.	\$401.00
MED PAYMENT	5,000 PER PERS	\$12.00

ITEM	LOC	COUNTY	CLASS	EXPOSURE	PROPERTY DAMAGE DED PER CLAIM
3	001	639	15202	62	
Warehouses - Storing Insureds Merchandise Only - No Sales - No Stores					

SUBLINE: 004

COVERAGE	LIMITS	PREMIUM
SNGL LMT LIAB	1,000,000 PER OCC.	\$148.00
MED PAYMENT	5,000 PER PERS	\$12.00

ITEM	LOC	COUNTY	CLASS	EXPOSURE	PROPERTY DAMAGE DED PER CLAIM
4	001	639	30650	1	
Personal Injury Applies To This Policy					



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COVERAGE DESCRIPTION:      GL-600

GENERAL AGGREGATE LIMIT.....\$ 2,000,000

THE MAXIMUM WE WILL PAY FOR ALL DAMAGES  
DURING THE POLICY PERIOD, REGARDLESS OF  
THE NUMBER OF OCCURRENCES.

PREMIUM:

BODILY INJURY/PROPERTY DAMAGE  
EACH OCCURRENCE LIMIT.....\$ 1,000,000      \$ 573.00

MEDICAL PAYMENTS LIMIT.....\$ 5,000      \$ INCLUDED  
per person

FIRE LEGAL LIABILITY LIMIT.....\$ 50,000      \$ INCLUDED

PERSONAL & ADVERTISING INJURY LIMIT.....\$ 1,000,000      \$ 55.00

NON-OWNED AUTO LIABILITY LIMIT.....\$NO COVERAGE      \$NO COVERAGE

HIRED AUTO LIABILITY LIMIT.....\$NO COVERAGE      \$NO COVERAGE

DEPOSIT PREMIUM.....\$ 678.00

SEE NEXT PAGE(S) FOR SCHEDULE OF LIABILITY HAZARDS

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**LOCATION ADDRESS (ES)**

LOCATION 001  
405-407 South 3rd Street  
LaCrosse County  
LaCrosse WI 54601

**COVERAGES**

ITEM NUM	LOC NUM	BLDG NUM	CLASS CODE	PROT CLASS	COUNTY	CONST CODE	DED AMT	REPLACEMENT COST
1	001	001	19920	02	630	MA	\$1,000	NO

MORTGAGEES THAT APPLY: 1  
Building - Book & Magazine  
Including Ordinance Or Law Coverage  
Including Equipment Breakdown

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**LIMIT:            \$200,000**  
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**COINSURANCE:    80.00%**  
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COVERAGE DESCRIPTION	RATE	PREMIUM
500 Building - Fire/Lightning		\$496.00
501 Building - Extended Coverage		\$154.00
506 Building - Special Perils		\$65.00
<b>TOTAL ADVANCE PREMIUM .....</b>		<b>\$715.00</b>



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ADDITIONAL INSURED(S)

AI# INTEREST  
1 GL-110/\*50

NAME AND ADDRESS  
City of La Crosse  
Attn: Legal Dept  
400 La Crosse St  
La Crosse WI 54601-3374

MORTGAGEE(S):

MT# LOAN NUMBER  
1 6626238

NAME AND ADDRESS  
Associated Bank  
ISAOA  
PO Box 12768  
Green Bay WI 54307-2768



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SCHEDULE OF FORMS AND ENDORSEMENTS:

ENDORSEMENT NO	EDITION DATE	DESCRIPTION
AN 11 09	11-09	Hired/NonOwned Liability
CL 0197	01-01	Amendatory Endorsement-WI
CL 0600	01-15	Certified Terrorism Loss
CL 0605	01-15	Certified Terrorism Loss
CL 0700	10-06	Virus/Bacteria Exclusion
CL 1045B	01-15	Discl Notice of Terrorism
CL 1660	06-06	Cond NBC Terror Exclusion
CL-100	1.0	Common Policy Conditions
CL-300	1.0	Amendatory Endorsement
CP 0171	10-08	Exclusion - Water Damage
CP 0475	07-03	Amendatory Endorsement-WI
CP 0640	07-03	Limited Fungus Cov-Prop
CP 0643	01-08	Excl-War/Military Action
CP-100	1.0	Comm Prop Cov Conditions
CP-12	1.0	Bldg & Pers Prop Cov Part
CP-138	1.0	Ord/Law Ext Incr Cst Cons
CP-85	1.0	Special Perils Part
CP-998	10-99	Equipment Breakdown Cov.
GL 0163	01-08	Excl-War/Military Action
GL 0209	10-05	Asbestos Exclusion
GL 0215	10-05	Silica Exclusion
GL 0250	01-15	Certified Terrorism Loss
GL 0348	06-02	Excl Wet/Dry Rot Fungi
GL 0950	12-99	Known Injury or Damage
GL 1021	09-09	Other Insurance Amendment
GL 1022	09-09	Info Dist/Rec Viol Excl
GL 1280	06-06	Conditional NBC Terror Ex
GL 1353	09-14	DATA BREACH EXCLUSION
GL-224	1.0	Liab Cov-Designated Prem
GL-452	2.0	Amendatory - WI
GL-600	1.0	Comm Liab Cov (Prem Only)
GL-890	1.0	Lead Liability Exclusion
GL-894	1.0	Punitive Damages Excl
GL-901	10-15	Cyber Liability Insurance
GL-904	1.1	Pers/Advertis Inj Liab



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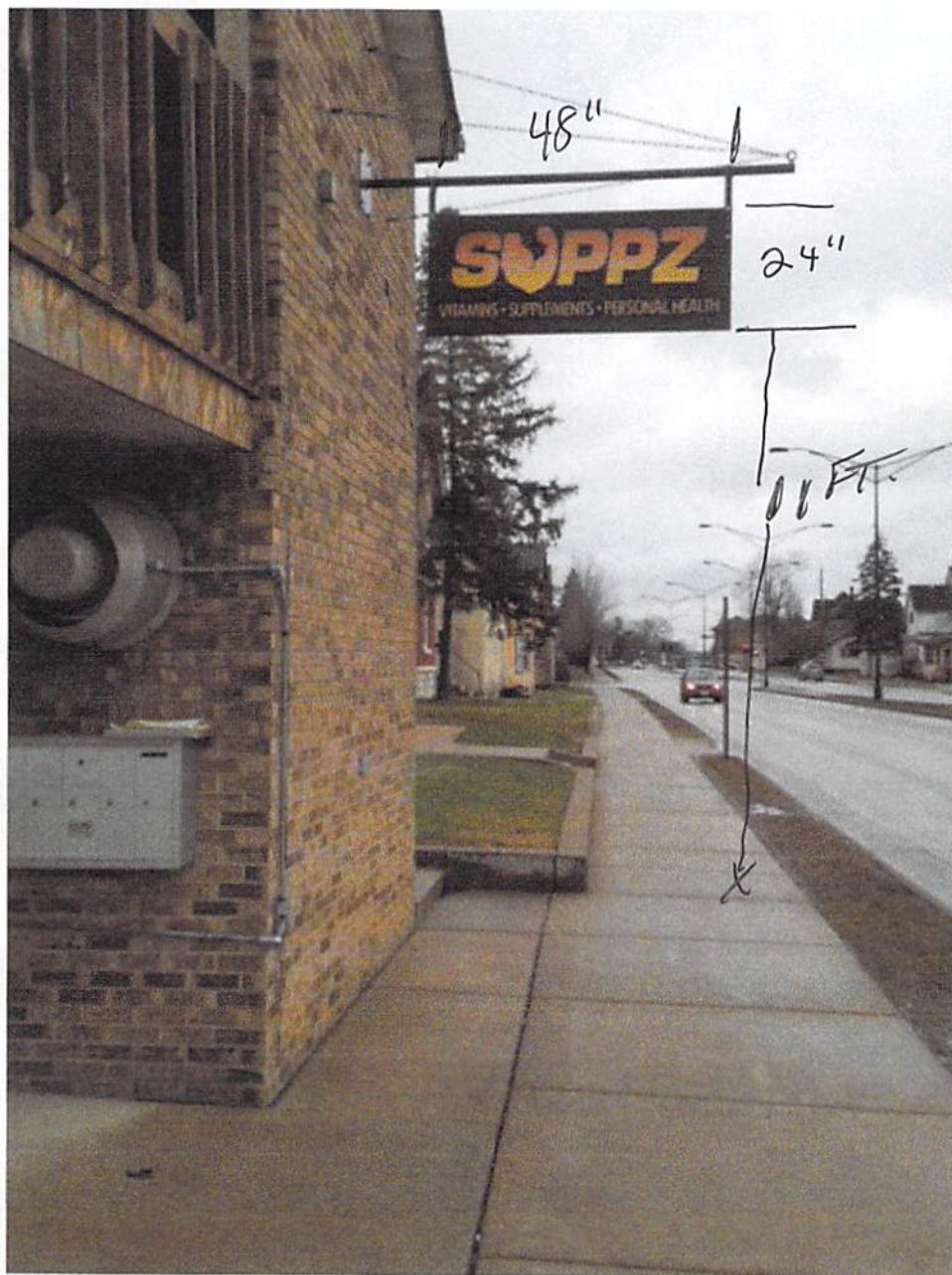
Geyer Insurance Agency  
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THE NAMED INSURED IS Corporation

COVERAGES

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS/POLICIES FOR WHICH A PREMIUM IS INDICATED.

COVERAGE PART/POLICY ATTACHED	PREMIUM
COMMERCIAL TERRORISM COVERAGE .....	\$0.00
COMMERCIAL PROPERTY COVERAGE .....	\$715.00
COMMERCIAL GENERAL LIABILITY COVERAGE .....	\$678.00
COMMERCIAL CYBER COVERAGE .....	\$67.00
<b>TOTAL ADVANCE PREMIUM .....</b>	<b>\$1,460.00</b>



334 WEST AVE N.  
The old MAGIC COIN