



PERMIT

2850 Airport Road
La Crosse, WI 54603
(608) 789-7464

SPECIAL ACTIVITIES

A) THIS SECTION TO BE COMPLETED BY APPLICANT IN INK

Legal Last Name Mandel	Legal First Name Todd	Legal Middle Name Allen
Company AVCAP		
Mailing Address 2906 Fanta Reed Road		
City La Crosse	State WI	Zip 54601
Daytime Phone 608-633-1496	Fax	E-Mail Address Todd.mandel@gmail.com
Requested Activity <input type="checkbox"/> Air Show <input type="checkbox"/> Aeronautical Activity <input type="checkbox"/> Commercial Photography <input type="checkbox"/> Airport Hunting <input type="checkbox"/> Posting of Signage <input type="checkbox"/> Picketing/Demonstration <input type="checkbox"/> Self Fueling <input checked="" type="checkbox"/> Other <u>5K Fun Run & Waffle Breakfast</u>		
Description of Special Activity Requested for Authorization Conduct a 5K Fun Run/Walk that utilizes portion of Runway 04/22 for the run.		
Insurance Provider West Bend Mutual	Insurance Limits 2,000,000 aggregate 1,000,000 per occurrence	

B) PERMIT ASSURANCES

As a requester for a special activities permit at the La Crosse Regional Airport, I agree to indemnify and save harmless and assume the defense of the City of La Crosse (City), its agents, employees, and officials, from and against any and all liabilities, damages, expenses, causes of action, suits, claims or judgments; and to pay all attorneys' fees, court costs, and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its agents, employees or officials by reason of or on account of damages to the property of, injury to, or death of, any person arising from my activity at the La Crosse Regional Airport, including acts of omission on my part.

I further assure that I will maintain at all times adequate public liability and property damage insurance in sufficient amounts as hereinafter promulgated by the State of Wisconsin to protect my activities and the City from legal liabilities resulting from this activity. I will provide the City of La Crosse a certificate of insurance listing the City of La Crosse as additionally insured without demand and prior to commencing activities under this permit. During the course of conducting activities as stipulated by this permit I will ensure that all federal, state, and local statutes, rules, and regulations shall be complied with at all times.

It is agreed and understood that any violation of the standards of this permit may result in its revocation and the City of La Crosse reserves the right to terminate this permit at any time for any reason.

Name of Applicant (Print) Todd Mandel	Signature of Applicant 	Date 2/13/17
--	----------------------------	-----------------

C) PERMIT VALIDITY

Issued permits are valid for a period as described on the permit approval page.

D) FEES

The City of La Crosse may charge a fee for the activity proposed within this permit application. Requestor is responsible for prompt payment of all fees in conjunction with approval of this permit.

E) THIS SECTION TO BE COMPLETED BY AIRPORT PERSONNEL

Application Process Completed		Date
Applicants information completed and correct to best of knowledge		
Reason for permit application stated and applicable		
Signatures completed		
If applicable, application fee paid and payment submitted to airport administration office: Amount \$ _____	Permit Start Date:	
	Permit End Date:	
<input type="checkbox"/> Cash		
<input type="checkbox"/> Check # _____		
<input type="checkbox"/> Bill Account _____		
Insurance certificate provided: Certificate Number _____		
Permit Issued	<input type="checkbox"/> Yes By _____	
	<input type="checkbox"/> No By _____	

PROVIDE A COPY OF THE COMPLETED PERMIT INCLUDING PERMIT NUMBER TO APPLICANT AS CERTIFICATION OF PERMIT ISSUANCE

Permit Number			
Permit Valid From		Permit Valid To	
Permit Terminated On		Permit Terminated By	

F) TERMS

The following special terms apply to this permit and are hereby made a condition of the granting of this permit: