

**REQUEST FOR EXPANSION OF ALCOHOL BEVERAGE LICENSE & STREET PRIVILEGE PERMIT
(MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)**

\$100.00 Cash Deposit at City Treasurer on: 6/9/15 License Fee: \$ 150.00
(*additional \$50.00 tent fee, if applicable)

Receipt #: 126377

The undersigned licensee requests permission to expand the following licenses onto public property for the purpose set forth below (check appropriate box): Combination "Class B" Beer & Liquor Class "B" Beer

CHECK ONE: Individual Partnership Corporation Limited Liability Company

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): LA CROSSE'S PUB & REST LLC

TRADE NAME: DUBLIN SQUARE IRISH PUB & RESTAURANT

NAME OF AGENT (If Corporation/LLC): TIMOTHY JERALD LARSEN
(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 103 3RD STREET N, LA CROSSE, WI 54601

BUSINESS PHONE NUMBER: 608-579-2509

DATE(S) OF EVENT: SUNDAY, AUGUST 30TH 2015 TIME OF EVENT (start & end times): 1PM - 8 PM

*WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes No If yes, add \$50 for tent inspection fee.

ATTACH DETAILED DESCRIPTION OF EVENT AREA AND ATTACH A DIMENSIONAL DRAWING. Detailed description and dimensional drawing MUST include dimensions of area, where the fencing will be placed, where entrances (s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.

DESCRIBE ENTERTAINMENT TO BE PROVIDED (may need to apply for an Outdoor Cabaret or Special Event Outdoor Cabaret license):

LIVE MUSIC, BEAN BAG TOURNAMENT

CONTACT PERSON: MATTHEW ALAN BOSHEKA
(Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 1335 MARKET STREET, LA CROSSE, WI 54601

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608-397-1855

REASON FOR EXPANSION REQUEST: BLOCK PARTY - WELCOME BACK STUDENTS

NUMBER OF PEOPLE ATTENDING THIS EVENT: 100-200

I further state that I have received a copy of the Ordinance, Resolution and Conditions for permitting the sale, possession and consumption of alcohol on streets, and agree to abide by the same, and with all applicable state and local regulations including but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

[Signature]
Signature of PRESIDENT of Corporation/Partner/Individual/Member

[Signature]
Signature of SECRETARY of Corporation/Partner/Member

CITY OF LA CROSSE, WI
General Billing - 126377 - 2015
001878-0039 Mark P
110819 - LA CROSSE'S PUB & REST LLC
Date: 06/09/2015 02:30 PM
Payment Amount: \$175.00

For Office Use Only:

Date insurance filed: 6-9-15

Introduced - Council Meeting: 6-11-15 (Applicant does not need to attend this meeting)

Applicant should attend the following meetings:

J & A Meeting: 6-30-15 Committee of the Whole: _____ Council Meeting: 7-1-15

Original - Council Copy Copy - Applicant Copy - Licensing Office

We, the undersigned, represent at least two-thirds (2/3) of the abutting and adjacent property owners who are affected by the attached *Application for Expansion of Alcohol Beverage License and Street Privilege Permit* requested by Lacrosse's Finest LLC dba Dublin Square. We further state that we support the attached application for the event to be held on August 30, 2015

NAME (Print) Michael Gordy ADDRESS 100 3rd St South
SIGNATURE [Signature] DATE 6-8-15
The Old Crow

NAME (Print) Jackie Miller ADDRESS 814 Main Street, LaCrosse, WI
SIGNATURE [Signature] DATE 6/8/15
The Breakfast Club

NAME (Print) Mikael Wolf ADDRESS 221 main st LAC 54601
SIGNATURE [Signature] DATE 6/8/15
Lindys

NAME (Print) Terrence L Daggins ADDRESS 109 N 3rd St LaCrosse WI
SIGNATURE [Signature] DATE 6/9/15
Johns Bar

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

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NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

NAME (Print) _____ ADDRESS _____
SIGNATURE _____ DATE _____

3rd Street

Outdoor Patio

Barricade

Dublin Square

60' x 60'

Fenced Alcohol Area

Entrance
Exit Outdoor Patio

Portable Toilet

Main Street
Exit Only

Exit Only

Portable Toilet

Main Street

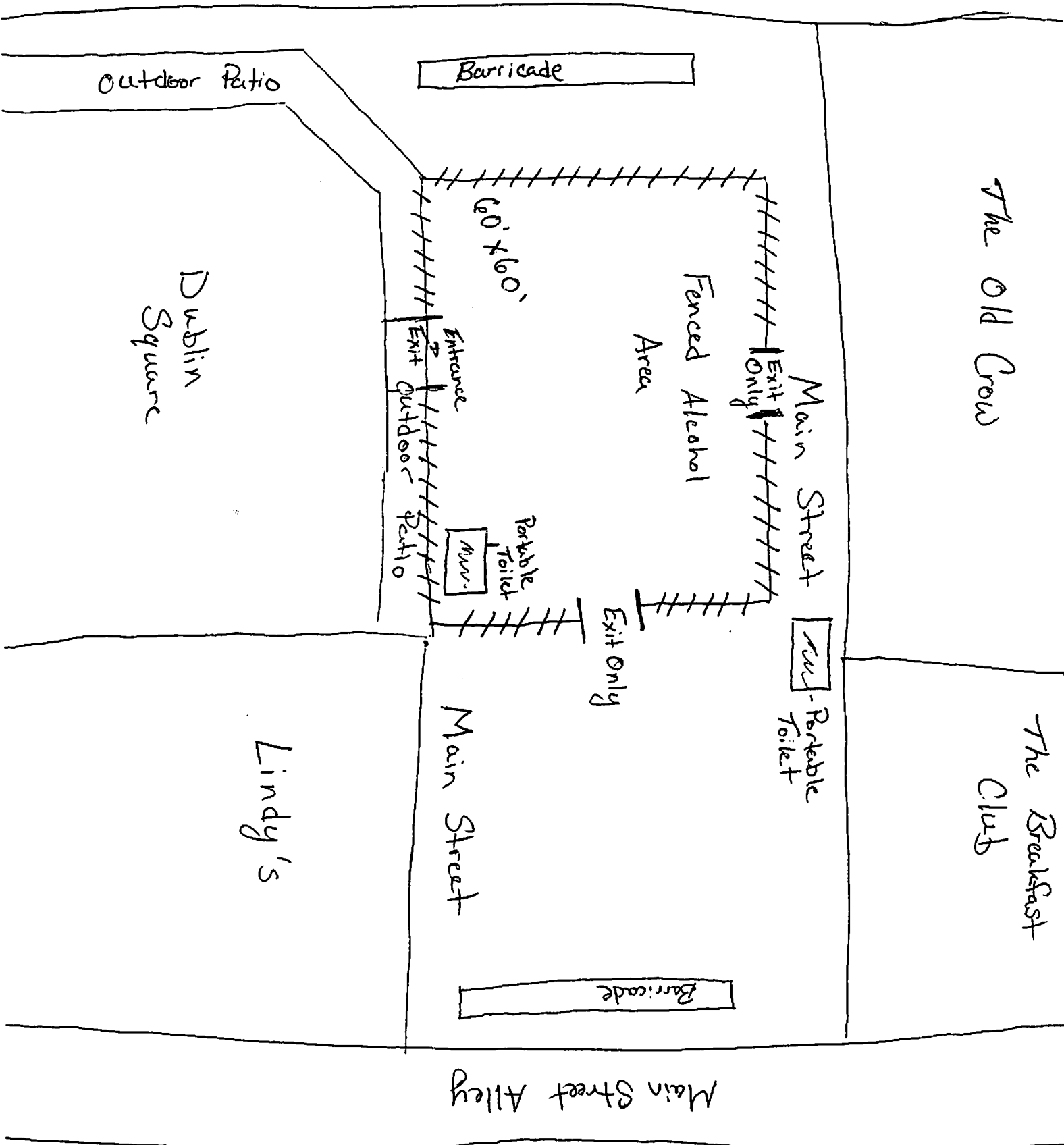
Lindy's

Barricade

Main Street Alley

The Old Crow

The Breakfast Club





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/01/2015

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 Meritrust Insurance 1523 Rose St Suite #1 La Crosse, WI 54603	CONTACT NAME: Kristi Olson	FAX (A/C, No): (608)519-3867	
	PHONE (A/C, No, Ext): (608)784-2587	E-MAIL ADDRESS: KristiOlson@centurytel.net	
INSURED La Crosse Finest LLC DBA Dublin Square 103 N. 3rd St La Crosse, WI 54601	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Society Insurance		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 00000000-0 REVISION NUMBER: 1

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 SUBR INSD 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	Y	ROP581062	03/29/2015	03/29/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER					
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE	Y	UXL581064	03/29/2015	03/29/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
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 N/A	WC581063-1	03/29/2015	03/29/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L EACH ACCIDENT \$ 100,000 E.L DISEASE - EA EMPLOYEE \$ 100,000 E.L DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability	Y	ROP581062	03/29/2015	03/29/2016	1,000,000 Each Cause/Agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Block Party on Sunday August 30, 2015.

CERTIFICATE HOLDER City of La Crosse 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  (KKO)
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garrett.stolt@gmail.com