

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: 5/8/14 License Fee: \$ 150<sup>00</sup>  
(\*additional \$50.00 tent fee, if applicable)

Receipt #: 116062

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): S&T'S Chances R LLC

TRADE NAME: Chances R

NAME OF AGENT (If Corporation/LLC): Todd Henry Thompson  
(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 417 Jay St Lacrosse, WI 54601

BUSINESS PHONE NUMBER: 608-782-5105

DATE(S) OF EVENT: SAT. July 26th 2014 TIME OF EVENT (start & end times): 11 AM - 10 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): NONE

CONTACT PERSON: Todd Henry Thompson  
(Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 720 Losey Blvd. South Lacrosse, WI 54601

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608-780-7209

REASON FOR EXPANSION REQUEST: Reunion Party for Previous Rainbows End

NUMBER OF PEOPLE ATTENDING THIS EVENT: Between 100-200 People

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

5-8-14  
Date

\_\_\_\_\_  
Signature of SECRETARY of Corporation/Partner/Member

CITY OF LA CROSSE, WI  
General Billing - 116062 - 2014  
0001580025 Mark P.  
9246 S & T'S CHANCES R LLC  
05/08/2014 03:15:50  
Payment Amount: 50

Cust # 9246

**For Office Use Only:**  
Date insurance filed: 5/8/14  
Introduced - Council Meeting: June 12th (Applicant does not need to attend this meeting).  
Applicant should attend the following meetings:  
J & A Meeting: July 1st @ 7:30 Committee of the Whole: July 8th @ 7:30 Council Meeting: July 18th @ 7:30  
Original - Council Copy Copy - Applicant Copy - Licensing Clerk

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 \_\_\_\_\_ . We further state that we support the attached application for the event to be held on \_\_\_\_\_ .

NAME (Print) Ginger Anderson ADDRESS 415 Jay  
SIGNATURE Ginger Anderson DATE 5/1/14

NAME (Print) Drew Williams ADDRESS 135 S. 4th St.  
SIGNATURE Drew Williams DATE 5/1/14

NAME (Print) Mike Keil ADDRESS 116A 5th Ave S  
SIGNATURE Mike Keil DATE 5/4/14

NAME (Print) DANIEL D. Braun ADDRESS 206 5th Ave S  
SIGNATURE Daniel D. Braun DATE 5/7/14

NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

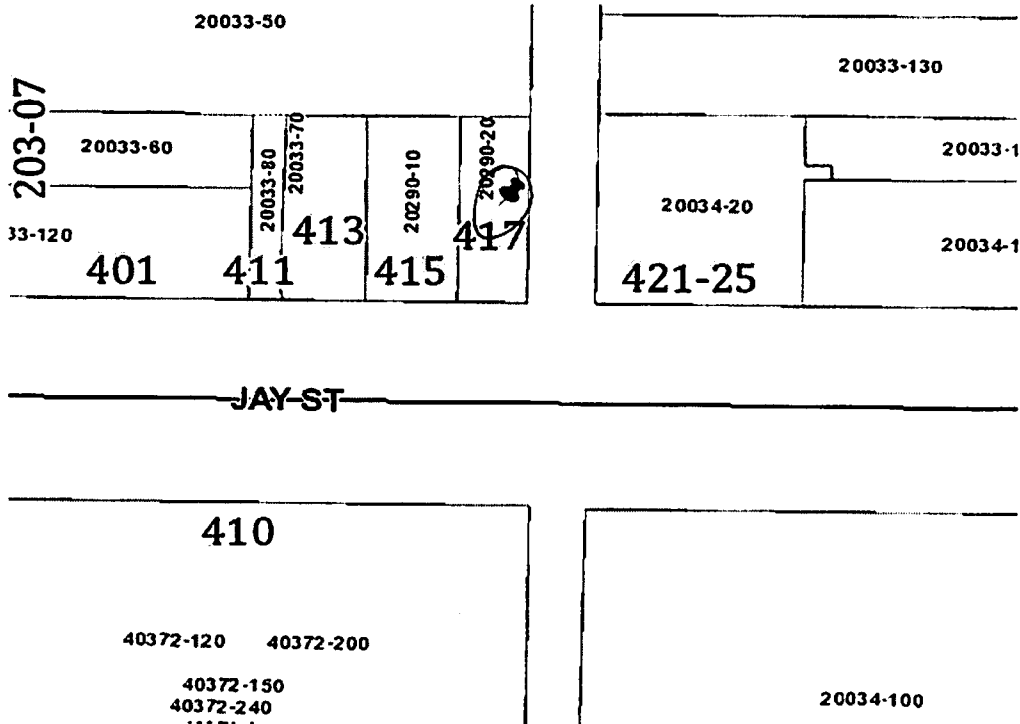
NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Adjacent/Abutting Property Owners for 417 Jay Street (17-20290-20)

Tax ID	Property Owner	Property Address	Mailing Address	City, State Zip
17-20033-50	FRED THOMAS WAKEEN	135 4TH ST S	135 4TH ST S	LA CROSSE, WI 54601
17-20290-10	CARRIAGE HOUSE PROPERTIES LLC	415 JAY ST	447 COUNTRY CLUB LN	ONALASKA, WI 54650
17-20033-130	DOERFLINGERS SECOND CENTURY INC	118 5TH AVE S	116 5TH AVE S APT A	LA CROSSE, WI 54601
17-20034-20	THE VASLOW JOINT REVOCABLE TRUST	421 JAY ST	7831 RUSH ROSE DR 0-313	CARLSBAD, CA 92009
17-20034-100	CENTURYTEL OF WISCONSIN LLC <i>Turnt</i>	206 5TH AVE S	206 5TH AVE S	LA CROSSE, WI 54601
17-40372-115	CITY OF LA CROSSE <i>P.W.</i>	410 JAY ST	400 LA CROSSE ST	LA CROSSE, WI 54601



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NAME (Print) DALE HEXOX ADDRESS FOR THE MARKET SO RAMP  
SIGNATURE [Signature] DATE 5-22-14

NAME (Print) Debra Lash ADDRESS 418 Main St Cross  
SIGNATURE [Signature] DATE 5-27-14

NAME (Print) Josh Post ADDRESS 412 Main St  
SIGNATURE [Signature] DATE 5-27-14

NAME (Print) Penny Fessler ADDRESS 129 4th St  
SIGNATURE [Signature] DATE 5-27-14

NAME (Print) GREG SALIARAS ADDRESS 123 4th St S Plant  
SIGNATURE [Signature] DATE 5-27-14 Soccer

NAME (Print) Corrie Brezke ADDRESS 115 South 4th Street  
SIGNATURE [Signature] DATE 5/27/14

NAME (Print) Kay RIEL ADDRESS ~~78~~ 133 So 4th St  
SIGNATURE [Signature] DATE 5-29-14

NAME (Print) Cyle Rader ADDRESS 112 5th Ave  
SIGNATURE [Signature] DATE 6-3-14

NAME (Print) John Thomas ADDRESS 172 5th Ave  
SIGNATURE [Signature] DATE 6-3-14

NAME (Print) DALE BERG ADDRESS 121 4th St S  
SIGNATURE [Signature] DATE 6/3/14

NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Adjacent/Abutting Property Owners for 417 Jay Street (17-20290-20)

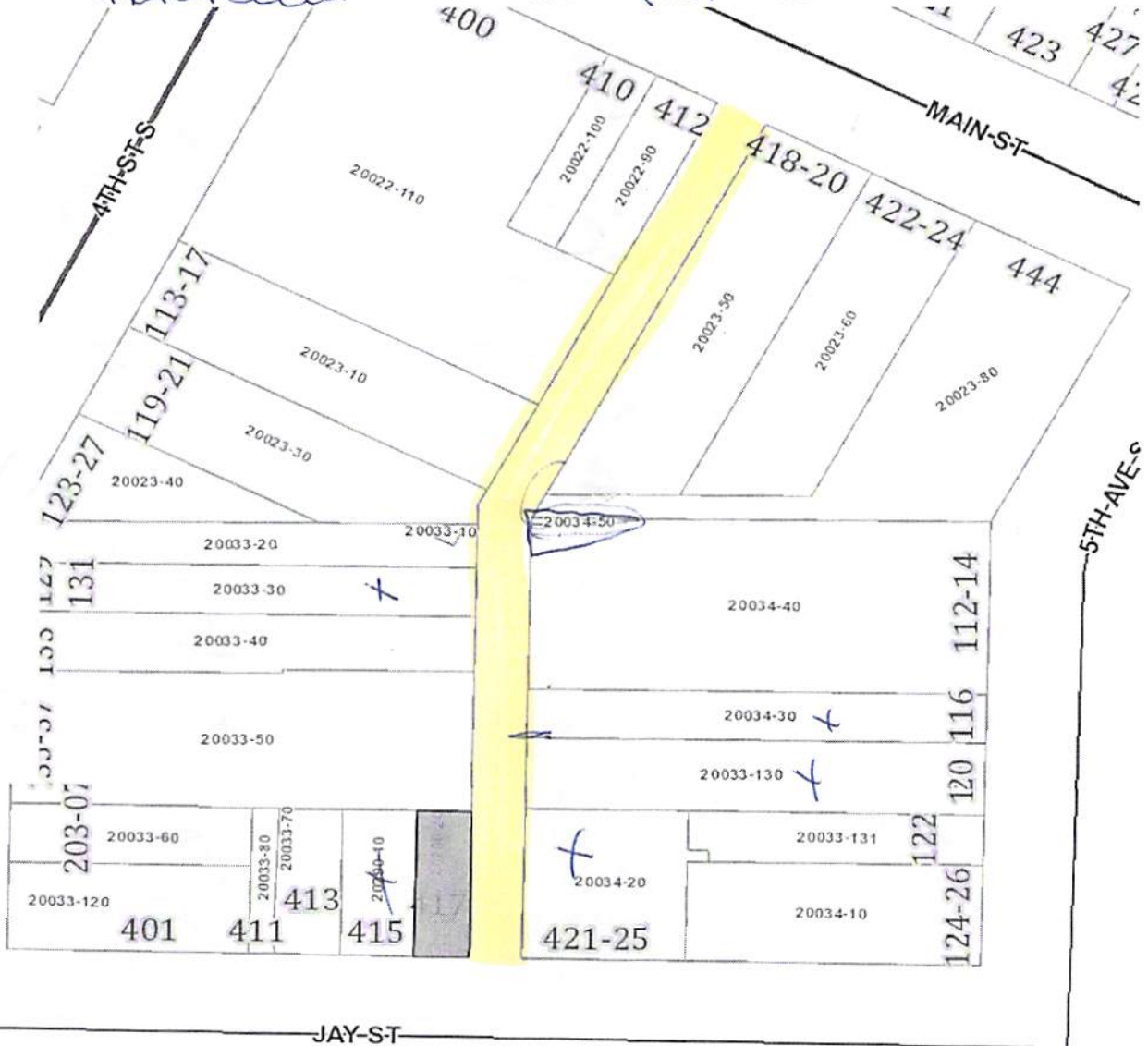
Chances R

Tax ID	Property Owner	Property Address	Mailing Address	City, State Zip
17-20033-50	FRED THOMAS WAKFEN	135 4TH ST S	135 4TH ST S	LA CROSSE, WI 54601
17-20290-10	CARRIAGE HOUSE PROPERTIES LLC	415 JAY ST	447 COUNTRY CLUB LN	ONALASKA, WI 54650
17-20033-130	DOERFLINGERS SECOND CENTURY INC	118 5TH AVE S	116 5TH AVE S APT A	LA CROSSE, WI 54601
17-20034-20	THE VASLOW JOINT REVOCABLE TRUST	421 JAY ST	7831 RUSH ROSE DR 0-313	CARLSBAD, CA 92009
17-20034-100	CENTURYTEL OF WISCONSIN LLC	206 5TH AVE S	206 5TH AVE S	LA CROSSE, WI 54601
17-40372-115	CITY OF LA CROSSE	410 JAY ST	400 LA CROSSE ST	LA CROSSE, WI 54601
17-20033-40	ROBERT L RIEL	133 4TH ST S	1818 LA FOND AVE	LA CROSSE, WI 54603
17-20034-40	I & B OF LA CROSSE LLC	112 5TH AVE S	2000 HILLCREST PKWY	ALTOONA, WI 54720
17-20033-30	PENNY L FASSLER	129 4TH ST S	129 4TH ST S	LA CROSSE, WI 54601
17-20033-20	DALE D BERG	125 4TH ST S	121 4TH ST S	LA CROSSE, WI 54601
17-20034-50	DLL PROPERTIES LLC	418 MAIN ST	3400 FLORAL LN	LA CROSSE, WI 54601
17-20023-30	DALE D BERG	119 4TH ST S	121 4TH ST S	LA CROSSE, WI 54601
17-20023-80	I & B OF LA CROSSE LLC	444 MAIN ST	2000 HILLCREST PKWY	ALTOONA, WI 54720
17-20023-10	2ND & MAIN LLC	115 4TH ST S	119 19TH ST S	LA CROSSE, WI 54601
17-20023-50	DLL PROPERTIES LLC	418 MAIN ST	3400 FLORAL LN	LA CROSSE, WI 54601
17-20022-110	DOERFLINGERS SECOND CENTURY INC	400 MAIN ST	116 5TH AVE S APT A	LA CROSSE, WI 54601
17-20022-90	MAIN STREET RENAISSANCE INC	412 MAIN ST	504 MAIN ST SUITE 200	LA CROSSE, WI 54601

Added  
5/22

Planet Soccer

123 fourth Pre. side note

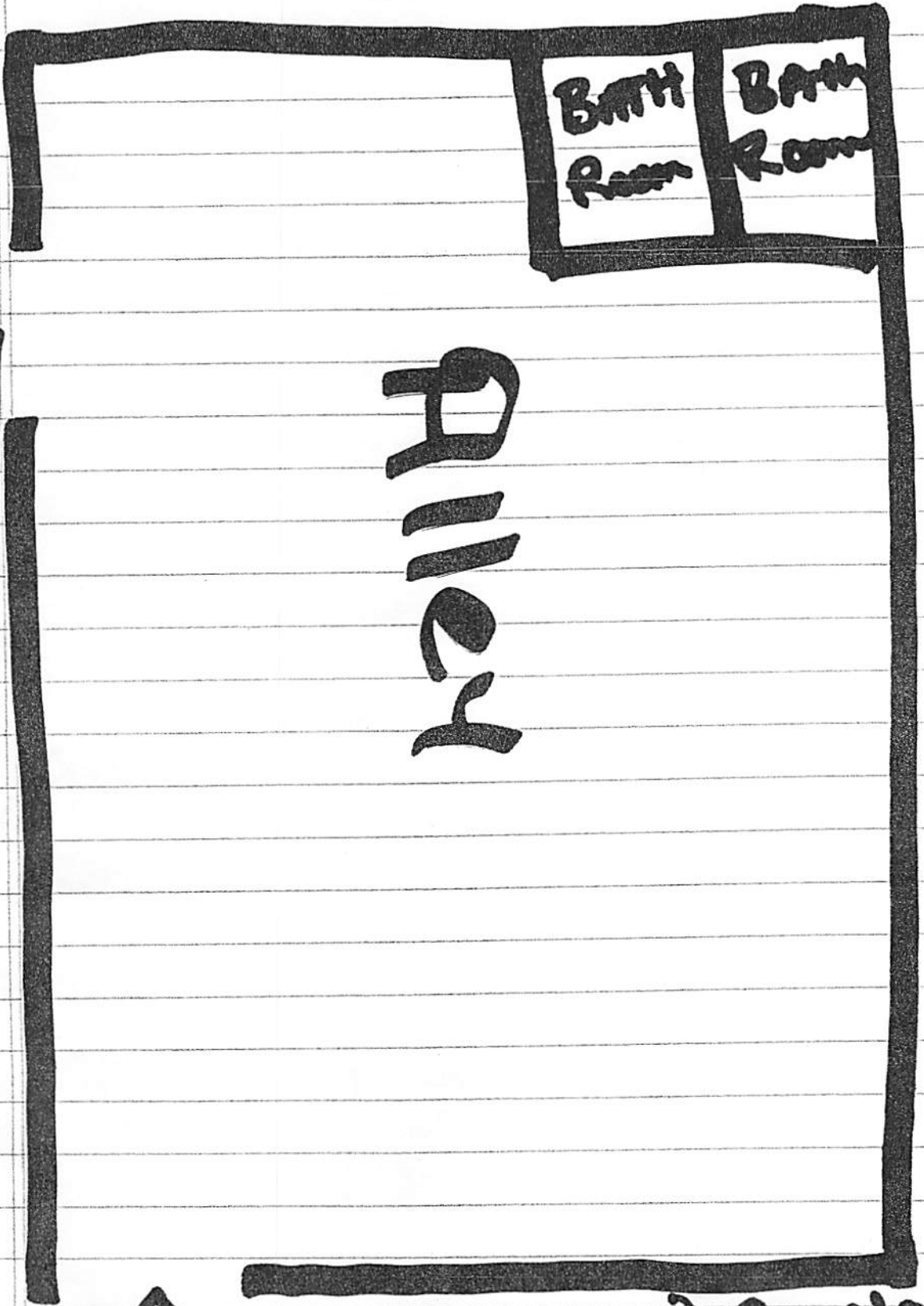


789-7510

17-40372-115

17-20034-100 +

Sign for NO ~~THRU~~ Traffic  
THRU



Back Door Entrance

Hallway

BATH ROOM

BATH ROOM

Side Walk

Sign for NO ~~THRU~~ Traffic  
THRU



# CERTIFICATE OF LIABILITY INSURANCE

STCHA-1

OP ID: PR

DATE (MM/DD/YYYY)

05/01/14

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).

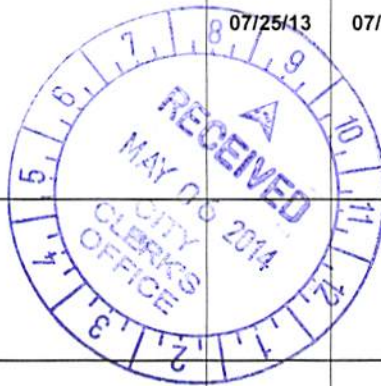
PRODUCER Westland Insurance-Onalaska 1844 E Main St Onalaska, WI 54650 Trent J Lee, CIC	608-784-2775	CONTACT NAME:	
	608-374-5303	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A : <b>Germantown Mutual Insurance Co</b>	NAIC # <b>14036</b>
		INSURER B :	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED  
**S&T's Chances R LLC**  
Todd and Susan Thompson  
417 Jay Street  
La Crosse, WI 54601

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			1102950	07/25/13	07/25/14	EACH OCCURRENCE \$ 1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000			
							PERSONAL & ADV INJURY \$ 1,000,000			
							GENERAL AGGREGATE \$ 2,000,000			
							PRODUCTS - COMP/OP AGG \$ 2,000,000			
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$			
	UMBRELLA LIAB						EACH OCCURRENCE \$			
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$			
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			9001470	07/01/13	07/01/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A							E.L. EACH ACCIDENT \$ 100,000
										E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000			
							PROPERTY 35,000			



DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate Holder Named Additional Insured;  
Regarding Outdoor Event on July 26, 2014.

**CERTIFICATE HOLDER****CANCELLATION**

CITYO-4  City of La Crosse 400 La Crosse St 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 Trent J Lee, CIC

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