

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: Matt Garves Company Name: La Crosse Sign Co Inc
 Address: 1450 Oak Forest Dr City: Onalaska State: WI Zip: 54650
 Phone #: (608) 781-1450 Cell #: () Fax #: (608) 781-1451
 Email: matt.garves@lacrosse.sign.com

PROPERTY OWNER *If different from applicant
 Name: Doerflinger's 2nd Century, Inc Company Name: Duluth Trading Company
 Address: 400 Main St City: La Crosse State: WI Zip: 54601
 Phone #: (608) 566-3260 Cell #: (608) 386-4537 Fax #: ()
 Email: mr.mrkeil@gmail.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:
Double sided, illuminated blade sign with rotating clock. Sign to overhang the sidewalk on the corner of Main St and 4th St.

Desired Start Date: 4/30/16
 Est. Completion Date: 4/30/16

CONTRACTOR/SIGN CO.: La Crosse Sign Co **PERSON IN CHARGE:** Matt Garves
 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)
)SS.
 COUNTY OF LA CROSSE)
 Personally came before me this 3 day of March, 2016, the above named Property Owner Mike Keil to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.
Christina P. Hoshauer
 Notary Public, La Crosse County, WI
 My commission expires: 12-1-2019

Property Owner Signature: [Signature]

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 **

Tax Parcel ID #: 17-20022-110



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 documents 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: 3/15/16

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 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"/> All items due prior to approval	<input type="checkbox"/> Special Conditions of Approval Attached NON-REFUNDABLE ANNUAL PERMIT FEE \$ <u>100</u> Payable to City Treasurer (See fee schedule) Check # <u>77289</u> Date Received: <u>3/15/16</u>



CERTIFICATE OF LIABILITY INSURANCE

OP ID: CAW

DATE (MM/DD/YYYY)

03/15/2016

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 Burkart-Heisdorf - Mt. Horeb 1807 Erie Avenue Sheboygan, WI 53081 Troy Carlson	Phone: 920-458-6174	CONTACT NAME:
	Fax: 920-458-1363	PHONE (A/C, No, Ext):
		FAX (A/C, No):
		E-MAIL ADDRESS:
		PRODUCER CUSTOMER ID #: DULUH-1
		INSURER(S) AFFORDING COVERAGE
		NAIC #
INSURED Duluth Holdings Inc. Mark DeOrio PO Box 409 Belleville, WI 53508-0409	INSURER A : Zurich North America	
	INSURER B : Accident Fund Ins Co of Am	10166
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	CPO 0178668-00	06/01/2015	06/01/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 10,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
						\$
A	AUTOMOBILE LIABILITY		CPO 0178668-00	06/01/2015	06/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	A <input checked="" type="checkbox"/> HIRED AUTOS					\$
	A <input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
						\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB		AUC 0178833-00	06/01/2015	06/01/2016	EACH OCCURRENCE \$ 20,000,000
	<input type="checkbox"/> EXCESS LIAB					AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE					\$
	<input checked="" type="checkbox"/> RETENTION \$ 0					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A	WCV8011561	06/01/2015	06/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of LaCrosse is an additional insured for general liability for the property located at 400 Main Street, La Crosse, WI 54601.

CERTIFICATE HOLDER

CANCELLATION

LACROS1

CITY OF LACROSSE
ATTN: CITY CLERK
400 LACROSSE ST.
LACROSSE, 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

Christine A. Wilson

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STATE BAR OF WISCONSIN FORM 3 - 1982
QUIT CLAIM DEED

DOCUMENT NO.

City of La Crosse, a Municipal Corporation, Grantor

quit claims to Doerflinger's Second Century, Inc., a Wisconsin corporation,
Grantee
the following described real estate in La Crosse County,
State of Wisconsin:

The Westerly 106.3 feet of Lot One (1), the Westerly 106.3 feet of the Northerly 20 feet of Lot Two (2), the Southerly 2/3 of Lot Two (2) and the Northerly 20 feet of Lot Three (3), all in Block Thirty-four (34) of the Town of La Crosse, in the City of La Crosse, La Crosse County, Wisconsin.

Also described as Lots One (1), Two (2) and Three (3), in Block Thirty-four (34) of the Town of La Crosse, in the City of La Crosse, EXCEPT the following parcels:

(1) The Northerly 80 feet of the Easterly 45 feet of said Lots 1 and 2 lying Westerly of the Westerly line of the alley in said Block 34.

(2) The Southerly 40 feet of said Lot 3.

This conveyance is subject to a certain Development Agreement dated February 4, 2004 between the parties hereto, which includes a reverter clause.

This conveyance is subject to a certain Historic Preservation Covenant dated September 16, 2004 recorded with the La Crosse County Register of Deeds on September 17, 2004 as Document Number 1404076.

This conveyance is exempt from the transfer return and fee pursuant to Section 77.25(2), Wis. Stats.

This is not homestead property.

Dated this 9th day of NOVEMBER, 2004.

(SEAL)

* _____
(SEAL)

* _____

AUTHENTICATION

Signature(s) _____

authenticated this _____ day of _____, 2003.

TITLE: MEMBER STATE BAR OF WISCONSIN

COPY

1408844

LACROSSE COUNTY
REGISTER OF DEEDS
DEBORAH J. FLOCK

RECORDED ON
11/19/2004 02:22PM

REC FEE: 11.00
TRANSFER FEE:
EXEMPT #: 77.25(2)

PAGES: 1

#47

THIS SPACE RESERVED FOR RECORDING DATA

NAME AND RETURN ADDRESS

Kevin J. Roop
505 King Street, Suite 300
La Crosse, WI 54601

PARCEL IDENTIFICATION NUMBERS

17-40375-010, 17-40375-020, 17-40375-030
17-40375-040, 17-40375-050, 17-40375-060

John D. Medinger (SEAL)

* John D. Medinger, Mayor

Teri Lehrke (SEAL)

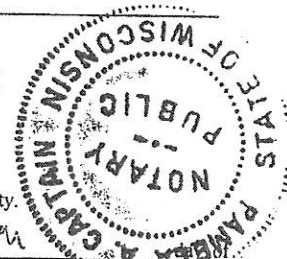
* Teri Lehrke, City Clerk

ACKNOWLEDGMENT

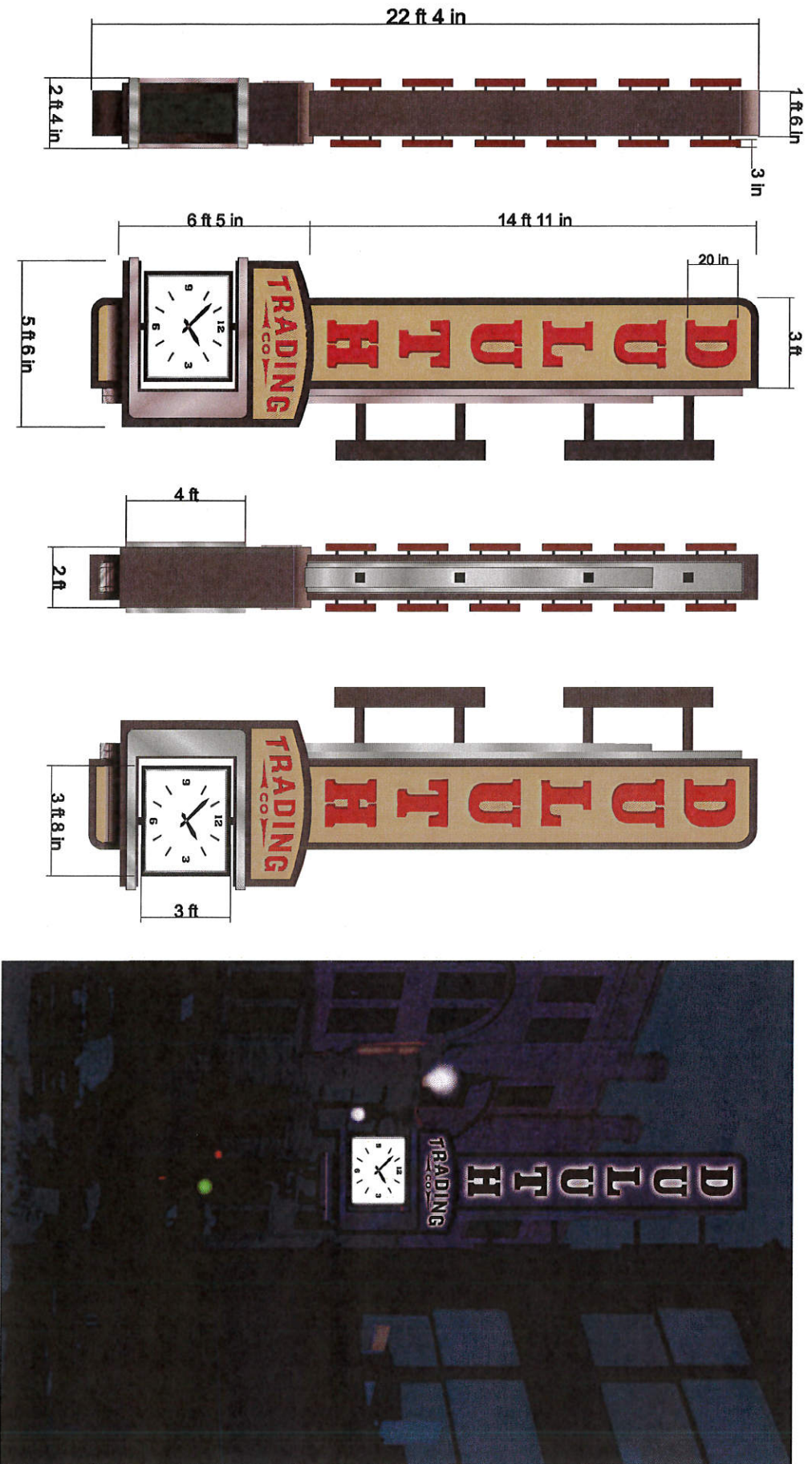
State of Wisconsin.

La Crosse County.

Personally came before me this 9th day of NOVEMBER, 2004, the above-named John D. Medinger, Mayor and Teri Lehrke, City Clerk, to me known to be the persons who executed the foregoing instrument and acknowledged the same.



B: Blade Sign with Halo Lit Dimensional Letters and Rotating Lighted Clock



Approved by: _____

Date: _____

Landlord: _____

Date: _____

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

DESIGN

SALES

FILE

COLOR KEY



1450 Oak Forest Drive • Onaska, WI 54650 • 608-761-1450
 2242 Mustang Way • Madison, WI 53718 • 608-222-5353
 2502 Welby Street • Eau Claire, WI 54703 • 715-835-6189

Drawing by: Chris Clark
 Sign Type: Blade Sign
 Date Created: 2-15-2016
 Last Modified: 3-1-2016
 Scale: 3/16"=1"

Job Name: Duluth Trading Co.
 Job Address: 400 Main St.
 La Crosse, WI 54601
 Salesperson: James Fuchsel
 Job Number: 89071

Revision Number: 6
 Job File Location:
 S:\D\Duluth Trading Company\
 La Crosse\89071 Blade Sign\
 Design

- 1 ■ Graphite
- 2 □ White
- 3 ■ Benjamin Moore HC-98 Providence Olive
- 4 ■ Satin Aluminum
- 5 ■ PMS 7621/Cardinal 230-53

©2016 LA CROSSE SIGN COMPANY. ALL RIGHTS RESERVED. AN EQUAL OPPORTUNITY EMPLOYER.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/8/2016

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.

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PRODUCER Winona Agency, Inc 174 Center Street P. O. Box 919 Winona MN 55987-0919	CONTACT NAME: Kristina Blaney PHONE (A/C, No, Ext): (507) 452-3366 E-MAIL ADDRESS: kblaney@wainsurancegroup.com	FAX (A/C, No): (507) 452-2597
	INSURER(S) AFFORDING COVERAGE	
INSURED Doerflingers Second Century, Inc 116 A 5th Ave S La Crosse WI 54601	INSURER A: Selective Insurance-22038 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 12572

COVERAGES

CERTIFICATE NUMBER: 15-16 All lines

REVISION NUMBER:

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INSR LTR	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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		S 2047972	11/10/2015	11/10/2016	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 - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input 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						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"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			S 2047972	11/10/2015	11/10/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

City of La Crosse is listed as an additional insured. Awnings over sidewalk are included for coverage.

CERTIFICATE HOLDER**CANCELLATION**

City of La Crosse Attn: Legal Department 400 Main 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 P Arendt, CIC, CRM/KR <i>Patrick W Arendt</i>
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