

EXPANSION OF ALCOHOL BEVERAGE LICENSE FOR SPECIAL EVENT

License Fee: \$ 100 (2 Days) (\*additional \$50.00 tent fee, if applicable)

Receipt #: 155427

The undersigned licensee requests permission to expand the following licenses onto private property for the purpose set forth below (check all that apply):

- Combination "Class B" Beer & Liquor, Class "A" Beer, Class "B" Beer, "Class C" Wine, Class "A" Beer & "Class A" Liquor

NOTE: If there will be live music in this expanded area, also apply for a Special Event Outdoor Cabaret license.

CHECK ONE: Individual, Partnership, Corporation, LLC

LEGAL/REAL NAME (Individual/Partnership/Corporation/LLC): Pump House Regional Arts Center

TRADE NAME: Pump House Regional Arts Center

NAME OF AGENT (If Corporation/LLC): Ryan Mark Soberg (Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 119 King Street, La Crosse, WI 54601

BUSINESS PHONE NUMBER: 608-785-1434

DATE OF EXPANSION: Friday, June 8, 2018 - Saturday, June 9, 2018

TIME OF EXPANSION (beginning & ending times): Friday, June 8, 5:00 pm-Saturday, June 9, 10 pm

WILL THERE BE A TENT IN EXCESS OF 400 SQ. FT. (20' x 20')? Yes \_\_\_ No [x] If yes, add \$50.

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 entrance(s) and exit(s) will be and size of each, dimensions of tent (if a tent is used), and placement of port-a-potties.

CONTACT PERSON: McKenzie Jo Olson (Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 628 4th St. S, Apt 24, La Crosse, WI 54601

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608-567-1137 Payment Amount: 100.00

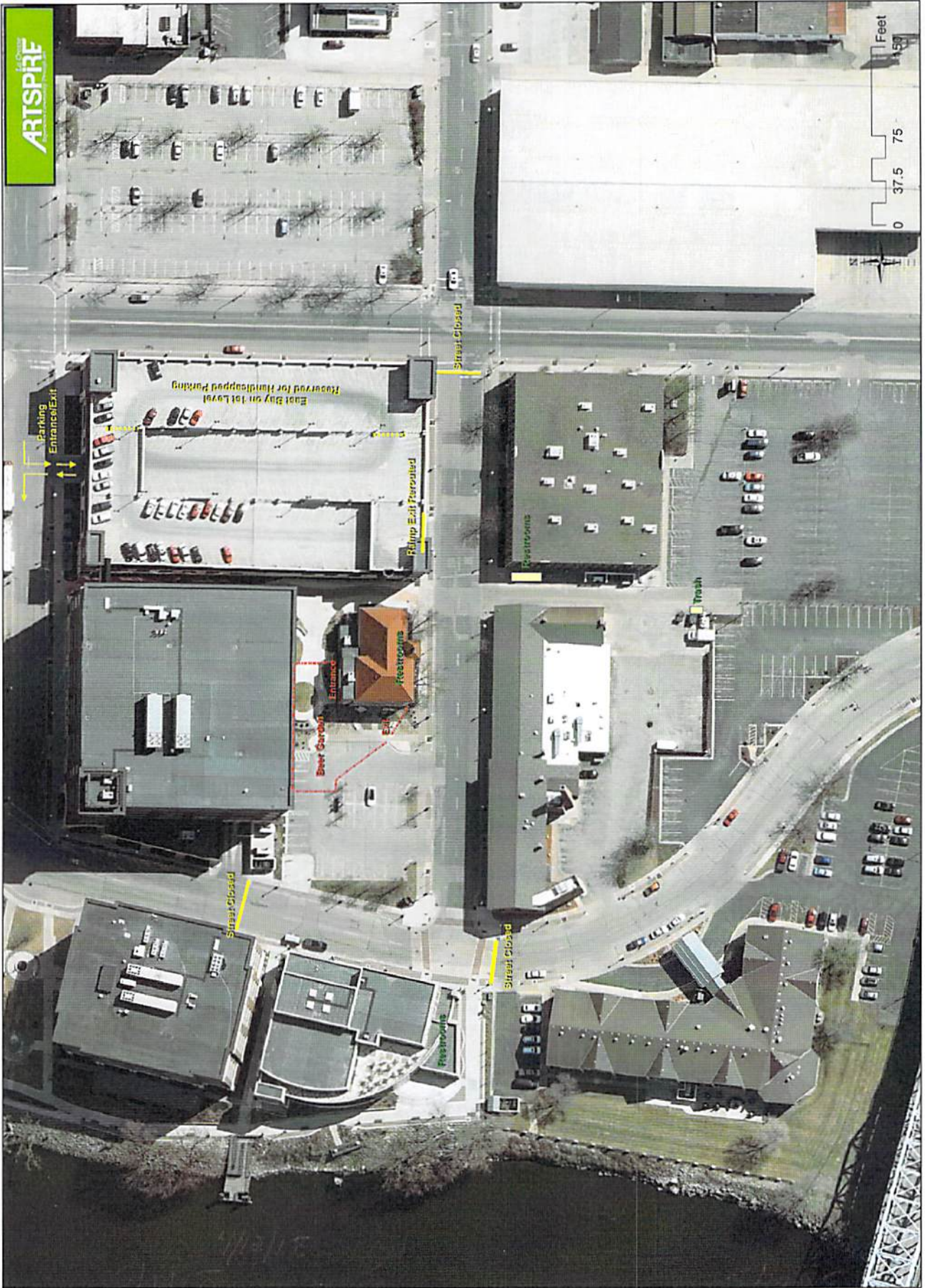
REASON FOR EXPANSION REQUEST: Art Celebration - Artspire La Crosse

NUMBER OF PEOPLE ATTENDING THIS EVENT: 1500

I agree to abide by all applicable State and local regulations to include, but not limited to, the sale and service of alcoholic beverages, fencing, and adherence to noise levels.

Signatures and dates of Ryan M. Soberg (President) and Kimberly A. Dorkhan (Secretary)

For Office Use Only: Introduced - Council Meeting: 4/12/18, J & A Meeting: 5/1/18, Council Meeting: 5/10/18



0 37.5 75 150 Feet



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/22/2018

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 have ADDITIONAL INSURED provisions or 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).

<b>PRODUCER</b> Wisconsin Insurance Center 1101 Main Street  Onalaska WI 54650	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (608) 781-6733      FAX (A/C. No): E-MAIL: ADDRESS:	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC# INSURER A: West Bend Mutual Insurance Com      19350 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
<b>INSURED</b> The Pump House  119 King St  La Crosse WI 546014030	(608) 785-1434	

**COVERAGES**

CERTIFICATE NUMBER: Cert ID 769

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 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"/> CLAMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			A399469	06/07/2018	06/10/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 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 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			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)

**CERTIFICATE HOLDER**

City Of La Crosse  
 400 La Crosse St  
 La Crosse WI 546013374

**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

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