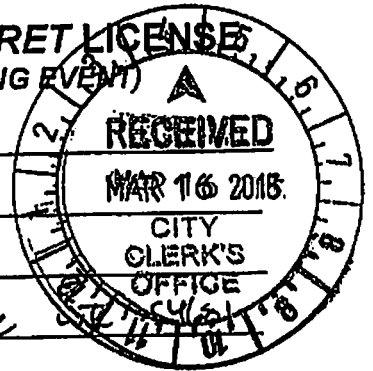


License Fee: \$
(*additional \$50.00 tent fee, if applicable)

Invoice #:

APPLICATION FOR SPECIAL EVENT OUTDOOR CABARET LICENSE (MUST HAVE LICENSE POSTED ON PREMISE BEFORE BEGINNING EVENT)



Legal/Real Name: City of LaCrosse

Address of above: 400 LaCrosse St, LaCrosse WI 54601

Trade name of business: Municipality

Address of premises to be licensed: 2423 21st Pl S, LaCrosse

Business phone number: 608-789-7533

Date of Event: May 8, 2015

Time of Event: 7pm - 10pm

Description (Location) of Event Area: Area just north of ball field, not to exceed field 1 at Erickson Park

*Will there be a tent in excess of 400 sq. ft. (20' X 20')? Yes No If yes, add \$50.00 to fee. (If in combination with a Special Event Expansion, this fee not applicable.)

Premises are owned by: City of LaCrosse

Address of owner: 400 LaCrosse St, LaCrosse WI 54601

Name of manager (FIRST, MIDDLE & LAST): Jarod F. Fitch, Everette

Home address of manager: 903 West Ave South, LaCrosse WI 54601

Phone number: Daytime 608-789-7597 Home 608-385-0271

Date of Birth: _____

Other business to be conducted upon the premises: Pre Season Softball Tournament, Concessions

Nature of entertainment: Live Band

The above hereby makes application for a license to operate a Special Event Outdoor Cabaret at the above address within the City of La Crosse pursuant to provisions of Chapter 10, Article IV of the Code of Ordinances for the City of La Crosse.

Jarod F. Fitch 03-16-15
(Signature of applicant & date)

INSURANCE REQUIRED ... MUST BE SUBMITTED WITH THE APPLICATION
Prior to the issuance of the Special Event Outdoor Cabaret License, the applicant shall furnish evidence of a liability insurance policy in amounts of not less than \$1,000,000 aggregate coverage, and shall be in force and effect at the time such event is to take place. Said evidence of insurance shall include a certificate of insurance naming the City of La Crosse as additional insured in connection with said event. If an entity is self-insured, it must provide evidence of alternative proof of coverage, in a form acceptable to the City Clerk. Exempt Per Res #2005-11-045

OFFICE USE ONLY: _____ Munis Customer #:

Attach list of all property owners within 1000 feet of the proposed licensed premises.

Granted: _____ License #: _____

April cm.