

**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: 2/23/15 License Fee: \$150<sup>00</sup>  
(\*additional \$50.00 tent fee, if applicable)

Receipt #: 123387

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): A+S Foster LLC

TRADE NAME: Bottoms Up

NAME OF AGENT (If Corporation/LLC): Shannan Gail Foster  
(Full Name - First, FULL Middle & Last)

BUSINESS ADDRESS/ADDRESS OF EXPANSION: 500 Copeland Ave.

BUSINESS PHONE NUMBER: 608.782.6008

DATE(S) OF EVENT: May 30, 15 TIME OF EVENT (start & end times): 10am - 10pm

\*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, cornhole tourney, food + bev. sales, dunk tank

CONTACT PERSON: Shannan Gail Foster  
(Full Name - First, FULL Middle & Last)

ADDRESS OF CONTACT PERSON: 817 Liberty St.

DAYTIME PHONE NUMBER OF CONTACT PERSON: 608.317.0495

REASON FOR EXPANSION REQUEST: Neighborhood Together

NUMBER OF PEOPLE ATTENDING THIS EVENT: 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] 2.23  
 Signature of PRESIDENT of Corporation/Partner/Individual/Member Date

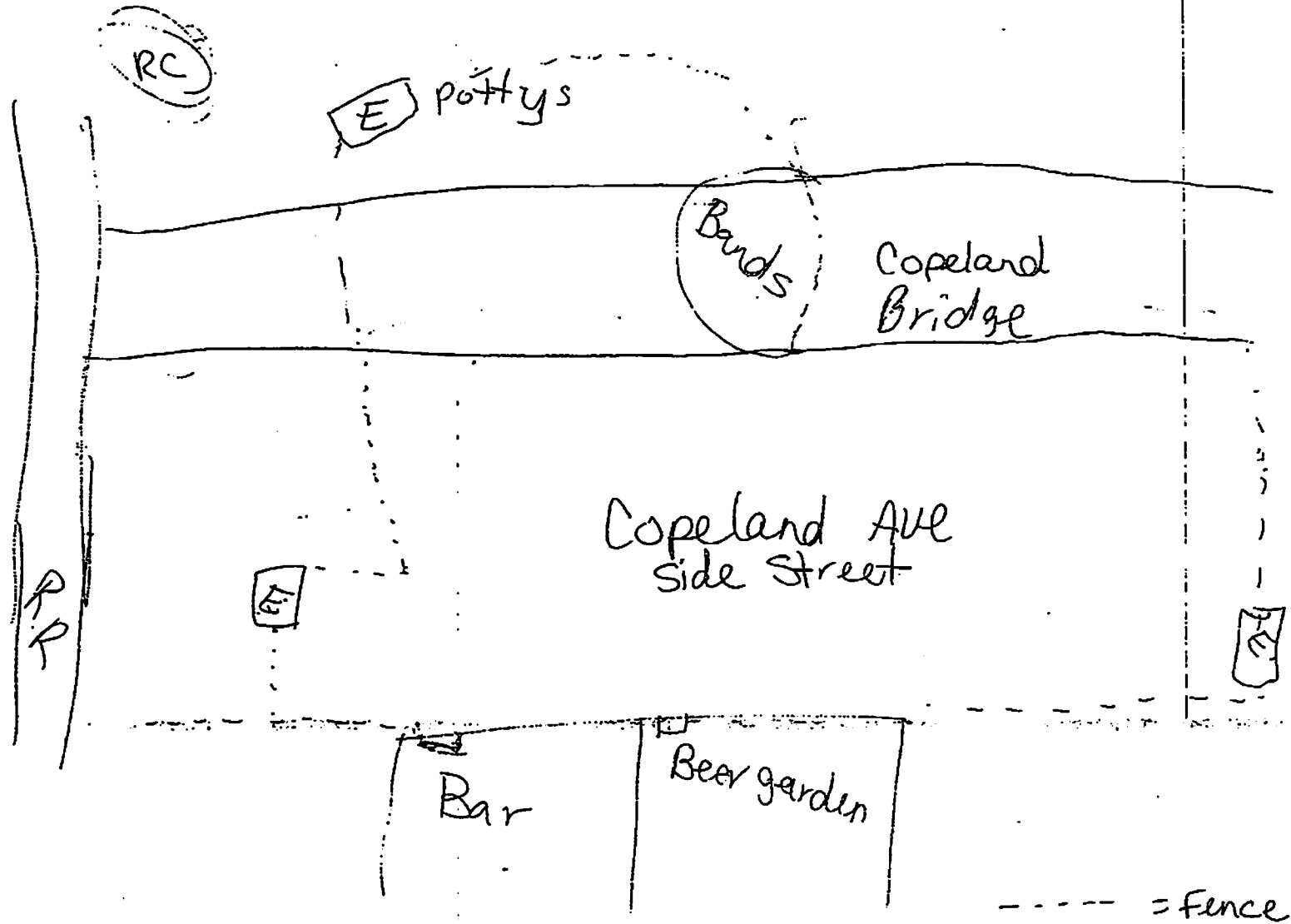
\_\_\_\_\_  
 Signature of SECRETARY of Corporation/Partner/Member Date

**For Office Use Only:**

Date insurance filed: 2-23-15  
 Introduced - Council Meeting: 3-12-15 (Applicant does not need to attend this meeting)  
 Applicant should attend the following meetings:  
 J & A Meeting: 3-31-15 Committee of the Whole: \_\_\_\_\_ Council Meeting: 4-9-15  
 Original - Council Copy Copy - Applicant Copy - Licensing Clerk

CITY OF LA CROSSE, WI  
 General Bill 1109 - 123387 - 2015  
 001520 06063 L.A.F. 02/23/2015 11:32AM  
 1531 P.S. - A&S FOSTER LLC  
 Payment Amount: 150.00

1/2 block of Copelana Ave  
abutting and adjacent to 500 Copeland Ave extending  
under Copeland bridge.



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 Bottoms Up. We further state that we support the attached application for the event to be held on May 30, 2015.

NAME (Print) Matt Johnson ADDRESS 416 Island St  
SIGNATURE [Signature] DATE 2/9/15

NAME (Print) YVONNE GUZMAN ADDRESS 510 COPELAND AVE  
SIGNATURE [Signature] DATE 2-23-15

NAME (Print) MILES WILKINS ADDRESS 512-528 Copeland  
SIGNATURE [Signature] DATE 2-23-15

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

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

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

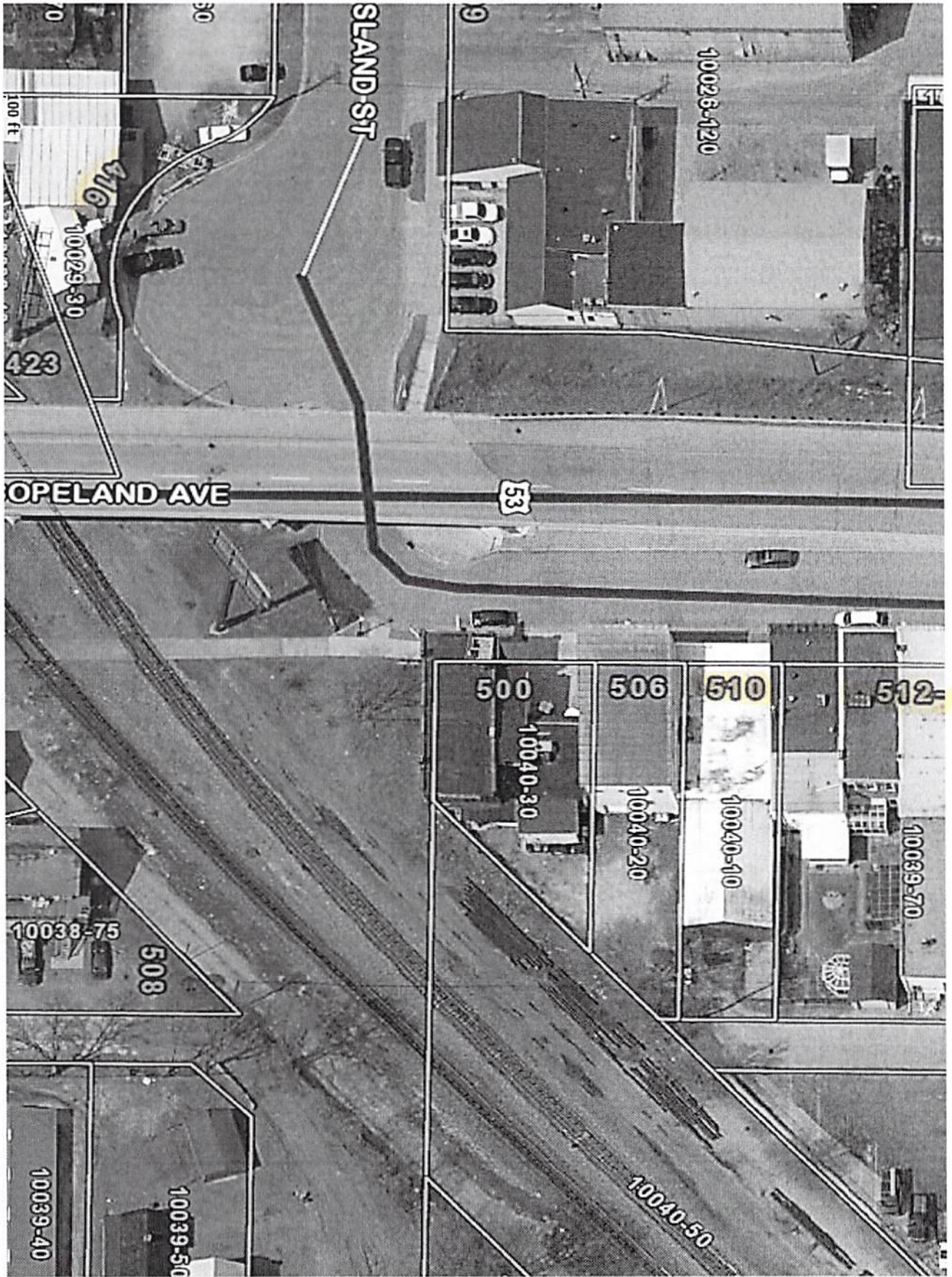
NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
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NAME (Print) \_\_\_\_\_ ADDRESS \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



SLAND ST

OPELAND AVE

53

10023-120

416  
10029-30

423

500

10040-30

506

10040-20

510

10040-10

512

10039-70

10038-75

508

10039-40

10039-50

10040-50

100 ft



# CERTIFICATE OF LIABILITY INSURANCE

BOTTO-1

OP ID: LP

DATE (MM/DD/YYYY)  
02/23/2015

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).

<b>PRODUCER</b> Fleis Insurance Agency Inc. PO Box 537 1824 E. Main Street Onalaska, WI 54650 Steven J. Fleis	Phone: 608-783-5208 Fax: 608-783-5209	<b>CONTACT NAME:</b> Linda Phillips <b>PHONE (A/C No., Ext):</b> 608-783-7546 <b>FAX (A/C No.):</b> 608-783-5209 <b>E-MAIL ADDRESS:</b> lphill@fleisinsurance.com
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> A&S Foster LLC dba Bottoms Up 500 Copeland Ave La Crosse, WI 54603-2954	<b>INSURER A:</b> Capitol Indemnity Corporation	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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			CP02061080	06/30/2014	06/30/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		<input checked="" type="checkbox"/>				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
	<input checked="" type="checkbox"/> Business Owners						PERSONAL & ADV INJURY \$ 1,000,000
GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			CP02061080	06/30/2014	06/30/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS		<input checked="" type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC02061717	06/30/2014	06/30/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N				E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Tavern/500 Copeland Ave La Crosse WI/Workers Compensation Members of LLC  
 Excluded/CG2026/Event 05-30-15

<b>CERTIFICATE HOLDER</b>  CITYLA1  City of La Crosse Becky 400 La Crosse St La Crosse, WI 54601	<b>CANCELLATION</b>  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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