## 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 . ^	1							
Name: Bran Tad	d/1'	Company Name:						
Address: 52 A E to to E	City: (a		State: U	1 1	7: 7 :			
Phono #: K. S. 136	City.	CUMBS.	State: <u>Q</u>		Zip: 54601			
Phone #: (608) 361-800	Cell #:		eni managang	Fax #:				
Email:		_						
PROPERTY OWNER *If differen	it from applicant	Δ.	1					
Name:		_ Company Name: 🛕	MAMO F	44/ 1/ has	13 (60			
Address:	City:		State:		Zin:			
Phone #: ( )	Cell #:	( )	Otato.	Fax #:	Asib.			
Email:	-			гах #.	7			
ENCROACHMENT TYPE (Chec  AWNING/ON-PREMISE SIGN FIRE ESCAPE/ RESCUE PLA VENDING MACHINE/NEWSB	/OVERHEAD HEATER/CA TFORM/BALCONY OX	NOPY	☐ AEST ☐ GROU	UNDWATER	URTENANCE MONITORING WELL			
UNDERGROUND WIRES AND	) INFRASTRUCTURES			THOUSE/HO				
AUTOMATIC IRRIGATION SY			□ OFF-I	PREMISE SI	GN			
OTHER: DAD IN	VIS NO STAGE	T TAHTO STORE	411					
DESCRIPTION OF ENCROACH	MENT/WORK TO BE PR	ERFORMED:		Desired St	art Date:			
2.614 1 =1261				Est. Comp	letion Date:			
			A A					
CONTRACTOR/SIGN CO.:		PERSON	IN CHARGE					
Phone #: ( )	Cell #:	/ \	I IN CHARGE	200	,			
	_			Fax #:	( )			
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 Privile	go Pormit						
through the City of La Crosse.	to apply for a Street Frivile	ge remm STATE OF	WISCONSIN	a) 1 a				
unough the City of La Crosse.			2.00.22 17	)SS.	* 17.70			
Property Owner Signature:			F LA CROSSE		A 6			
Property Owner Signature.				this day	of Occuments, the			
A		above name	ea l'					
A signed letter from the property own	<del>er or managemen</del> t compan	y may be	he executed the	formania a la ef	to me known to be the rument and acknowledged the			
used in lieu of this signature **		person(s) w	no executed the	roregoing inst	ument and acknowledged the			
Signature of Property Owner must be	notarized **	Jan Saling	1a XM	antia				
Tax Parcel ID#: 17-2010	040	Notary Publ	ic, <b>MC</b> Cosion expires:	ounty, In C	rouse			
					· / / 1 10 1			
I certify that I have reviewed the have the full authority to make to complete and correct; the Work of	the foregoing application	derstand all that is relant or; the information in	ated to this p	ermit reque	st. I further certify that I required submittals are			
have the full authority to make t complete and correct; the Work of	the foregoing application or Use performed shall o	derstand all that is relant in; the information in comply with all the lay	ated to this p the applications of the Stat	ermit reque on and the e of Wiscon	st. I further certify that I required submittals are nsin, and all ordinances.			
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## State Bar of Wisconsin Form 1-2003 WARRANTY DEED

1630089

LACROSSE COUNTY REGISTER OF DEEDS CHERYL A. MCBRIDE

	WARRANT	TY DEED	RECORDED ON
Document Number	Documen	nt Name	10/03/2013 03:32PM REC FEE: \$30.00 TRANSFER FEE: \$435.00
THIS DEED, made between	Dakota, LLC a Minnesota limi	ted liability company	EXEMPT #: PAGES: 1
and Aroma Holdings, LLC, a	("Granton Wisconsin limited liability com	"," whether one or more),	** The above recording information verifies that this document has been electronically recorded and returned to the submitter.**
	The state of the s		
estate, together with the rent	leration, conveys to Grantee the its, profits, fixtures and other a county, State of Wisconsin ("Pro	appurtenant interests, in	Recording Area Name and Return Address
The East 53 feet of Lots 1 and	t 2, Block 1 of T. Burns G. Farm	um & P. Burns Addition	Aroma Hadings Land
to the City of La Crosse, (r	recorded as Burns, Farnum ar		I kiverplace Br. Apr. Si
Crosse County, Wisconsin.			Name and Return Address Aroma Holdings, LLC 1 River place br. Apt. 31 Lacrosse, WI 54601
			17-20164-040
			Parcel Identification Number (PIN)
			This is not homestead property.  (is) (is not)
Dakota/LLC  Dakota/LLC  By: (Herbert J Franta T	*** IN CM GCK_(SEAL itle: Member	)	(SEAL)
*	(SEAL	)	(SEAL)
AUTHENTI	CATION	ACK	NOWLEDGMENT
Signature(s)		STATE OF WISCONSIN	1 )
authenticated on	•	Lacosse	COUNTY )
*		Personally came before n	ne on 01-25-13
TITLE: MEMBERON JA	PAR. CUESCH	the above-named_Her	bert J. Franta
authorized by W.S. STATE STATE THIS INSTRUMENT DRAFT Attorney Darla A. Krzoska Bosshard Parke Ltd.	person(s) who executed the foregoing diged the same.  COSCO  (isconsin anent) (expires: 8716		
NOTE: THIS IS A S	(Signatures may be authenticated STANDARD FORM. ANY MODIFIC © 2003 STAT	d or acknowledged. Both are no CATIONS TO THIS FORM SH TE BAR OF WISCONSIN	I necessary.) OULD BE CLEARLY IDENTIFIED. FORM NO. 1-2003

\* Type name below signatures.

GOLDE-2

OP ID: LP

ACORD'

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/30/2015

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(8), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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

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).											
PRO	DUCER		, ,	Phone: 608-783-5206	CONTA	CT Linda P	hillips	***************************************			
Fleis Insurance Agency Inc. PO Box 537 Fax: 608-783-520				Fax: 608-783-5209	PHONE (A/C, No. Ext): 608-783-7546 (A/C, No.): 608783509					83509	
182	4 E. Main Street				E-MAIL ADDRE	ss: lphill@f	leisinsuran	ce.com	OT KON		
Onalaska, WI 54650 Steven J. Fleis										NAIC #	
200011 0.11010				INSURE	RA: Society	Insurance				15261	
INS	The Golden Tap Aroma Holdings LLC DBA				INSURER B:						
	520 State St				INSURER C:						
	La Crosse, WI 54601	6.0			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.									WHICH THIS		
LIR		INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	9	
Α	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY			ROP 588467		04/00/0045		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurren		\$	1,000,000
^	CLAIMS-MADE X OCCUR	X		NOP 300407		01/30/2015	01/30/2016			3	100,000
	X Business Owners							MED EXP (Any one pers		3	5,000 1,000,000
	<u> </u>							PERSONAL & ADV INJU	-	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OF		\$	2,000,000
	X POLICY PRO- LOC							PRODUCTS - COMPION	AGG	3	2,000,000
	AUTOMOBILE LIABILITY							COMBINED S NGLE LIN	117	9	1,000,000
Α	ANY AUTO			ROP 588467		01/01/2015	01/01/2016	(Ea accident)  SOCILY INJURY (Per pe	erson)	3	1,000,000
	ALL OWNED SCHEDULED							BODILY INJURY (Per ac		\$	
	X HIRED AUTOS X NON-OWNED AUTOS	1						PROPERTY DAMAGE		\$	
								(Ldi decidant)		\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE		\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DED RETENTIONS									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N							X WCSTATU.	OTH-		
A	ANY PROPRIETOR/PARTNER/EXECUTIVE Y IN OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC15012104		04/13/2015	04/13/2016	E.L. EACH ACCIDENT		\$	100,000
	(Mandatory In NH)							E.L. DISEASE - EA EMP	LOYEE	\$	100,000
	DÉSCRIPTION OF OPERATIONS below	-						E.L DISEASE - POLICY	UMIT	\$	500,000
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (A	ttach A	CORD 101, Additional Remarks S	chedule,	If more space is	required)				
Jad	Golden Tap Restaurant/Wor ali/BP0407	kers	s Co	mpensation office	r Exc	lusion Bi	jan				
CERTIFICATE HOLDER CANCELLATION											
	in retite treswell			CITYLA1	CANC	ELLATION					
SHOULD ANY OF THE ABOVE DESCRIBE THE EXPIRATION DATE THEREOF, ACCORDANCE WITH THE POLICY PROVI						REOF. NOTICE W	BE CA	NCELI E DE	LED BEFORE LIVERED IN		
Becky				AUTHORIZED REPRESENTATIVE							
	400 La Crosse St										1

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La Crosse, WI 54601