

License Fee: \$ 225<sup>00</sup>  
(\*additional \$50.00 tent fee, if applicable)

Invoice #: 123638

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

Legal/Real Name: A & S FOSTER LLC

Address of above: 817 Liberty St.

Trade name of business: Bottom's Up

Address of premises to be licensed: 500 Copeland Ave, La Crosse WI 54603

Business phone number: 782-6008

Date of Event: Saturday May 30<sup>th</sup>, 2015

Time of Event: 10:00 A.M. to 10:00 P.M.

Description (Location) of Event Area: 1/2 block of Copeland Ave. extending under Copeland bridge.

\*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: Shannan Foster

Address of owner: 817 Liberty st.

Name of manager (FIRST, MIDDLE & LAST): Shannan Gail Foster

Home address of manager: 817 Liberty St., La Crosse WI 54603

Phone number: Daytime 317-0495 Home 317-0495

Date of Birth: \_\_\_\_\_

Other business to be conducted upon the premises: food + beverage sales, dunk tank, corn hole.

Nature of entertainment: bands

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.

[Signature] 3.3.15  
(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.

**OFFICE USE ONLY:** \_\_\_\_\_ **Munis Customer #:** \_\_\_\_\_

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

City of La Crosse, WI  
General Billing - 123638 - 2015  
001584 Number # - 05/03/2015  
113116 - A&S FOSTER LLC  
Granted: \_\_\_\_\_