Application

ESTABLISHMENT AND OWNER INFORMATION

Business Owner (LLC, Corp, etc.) Jules Coffee House LLC

Business Name (Tradename) Jules

Business Address ~~325~~/327 Pearl Street

Phone Number [redacted] Email [redacted]

Name of Property Owner (if different than above) Tiffany Smith

Phone Number _____ Email [redacted]

Zoning Classification G-2 Commercial

Does this business currently hold a City of La Crosse alcohol license?

☐ YES ☒ NO

If YES answered above, will you be requesting an expansion of premises to the current alcohol license?
(Requires provisional approval by the City Clerk and final approval by the Common Council)

☐ YES ☒ NO

RECEIVED
MAR 31 2026
City Clerk's Office

SITE/PROJECT DESCRIPTION

Please describe the proposed outdoor dining area details below.

Describe area of outdoor dining (street, sidewalk, adjacent greenspace or off-street parking area, etc.):
Sidewalk directly in front of 327 Pearl Street

Number of tables in proposed outdoor dining area: ~~4~~ 3

Number of seats in proposed outdoor dining area: ~~12~~ 10

Existing indoor seating capacity: 48

Number of bathrooms: 2

Number of onsite, off-street parking spaces for your business currently: 0

PERMIT FEES, if applicable

Street Privilege Permit for outdoor dining areas in right-of-way (additional application required)

$75.00 original and $75.00 annual renewal

Expansion of Alcohol License for outdoor dining area (additional application required)
$150.00 annual

APPLICANT SIGNATURE

I hereby make an application for an Outdoor Dining Area as detailed above. I agree to abide by the requirements of all City ordinances and State laws. I understand that the approval of a La Crosse Outdoor Dining Area is approved by the Board of Public Works and that the permit can be revoked pursuant to Municipal Code. I agree to apply for any and all building permits that may be needed.

☒ Signature [signature] Date 3/30/2026

Signature may be typed if completing electronically

Application Submittal Checklist

Each application will need the following detail in order to be considered a complete application and be processed and reviewed:

1) A fully completed and signed application. (EACH PAGE MUST BE SIGNED AND DATED)
2) If the applicant is not the owner of the building/property, acknowledgment from the building/property owner must be attached as proof they are aware of the application being submitted to the City.
3) Nature of business, to include business hours, days and months of operation, the planned capacity of the outdoor dining area, and a lighting and signage plan.
4) A scaled site plan for an outdoor dining area, to include the location and boundary of the proposed outdoor dining area; the dimensions of the remaining width of the sidewalk outside the outdoor dining area; the dimension from the outdoor dining area to the curb and all buildings; and the location of awnings, dining appurtenances within the outdoor dining area. The plans shall also indicate: existing property lines; associated buildings and entrances; extent of sidewalk adjacent to businesses, face of curb, location of fire hydrants, bus shelters and/or stops, trees, utility poles, signs, benches, light poles, waste receptacles, driveways, alleys, vaults and any other obstructions within the public right-of-way at the proposed location of the outdoor dining area and for an additional 20 feet there from. Site Plan shall also include dimensions of the proposed outdoor dining area, the number of tables/seats and the distances between them, and the location of all fencing with a description of type and materials.
5) Plans for any proposed structures such as raised platforms, enclosures, and/or roofs.
6) Photos, attachments, and/or renderings or any other information that will help the City better understand, review and process your application.
7) Any other items pertaining to the Street Privilege Permit Process.

☒ Signature _____ Date 3/30/26

Signature may be typed if completing electronically

PERMIT APPLICATION

Revocable Occupancy / Street Privilege

City of La Crosse Engineering Department

Phone: (608) 789-7505 engineering@cityoflacrosse.org

Property Owner

Name: Tiffany Smith

Address: 325 Pearl St. City: La Crosse State: WI Zip: 54601

Phone: [redacted] Email: [redacted]

Application Preparer (if different from above)

Name: Paul Fisher

Relationship with owner: Tenant

Phone: [redacted] Email [redacted]

Proposed Encroachment

Description: Single Parking Space Directly infront of 327 Pearl Street

Encroachment address(es): 325/327 Pearl Street

Benefiting Tax Parcel ID number(s): 17-20017-110

I certify that I have reviewed the Municipal Code and understand all that is related to this permit request. I further certify that I have the full authority to make the foregoing application; the information in the application and the required submittals are complete and correct; the Work or Use performed shall comply with all the laws of the State of Wisconsin, and all ordinances, rules, regulations, policies and special conditions of the City of La Crosse. The applicant will perform the work covered by an approved permit with diligence and convenience to the public.

Signature of owner or designee: Paul Fisher Date: 3/30/26

Print name and title: Paul Fisher Jules Coffee House Owner

Below this line to be completed by City staff only

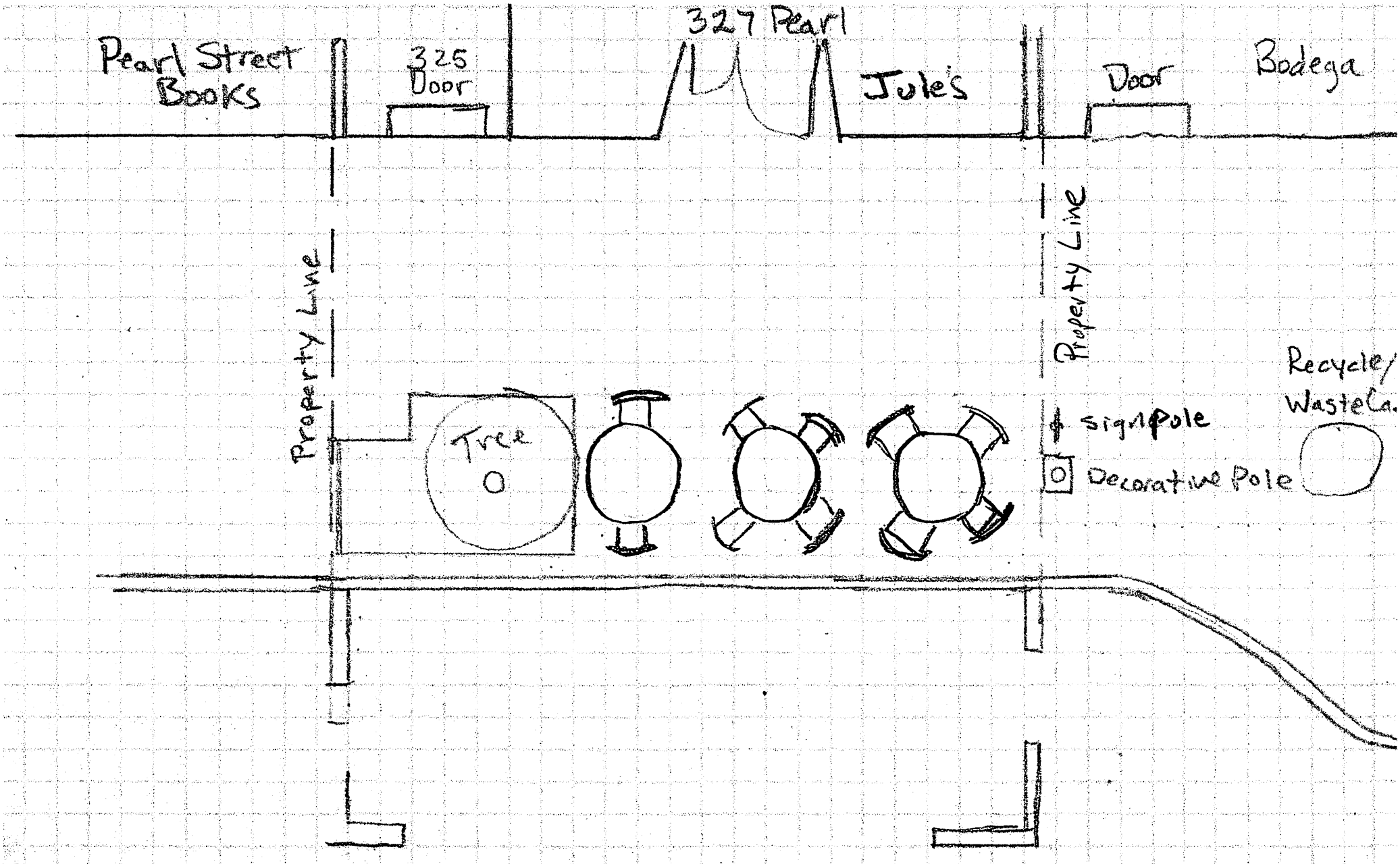
Required items to be provided by Applicant:

- ☐ Scale drawing of encroachment on letter-size paper(s)
- ☐ Legal description of benefiting parcel(s)
- ☐ Certificate of Insurance (City as additional insured)
- ☐ Initial application / annual Fee $ _____
- ☐ City Utility Potential Conflict Notification and Sign-Off

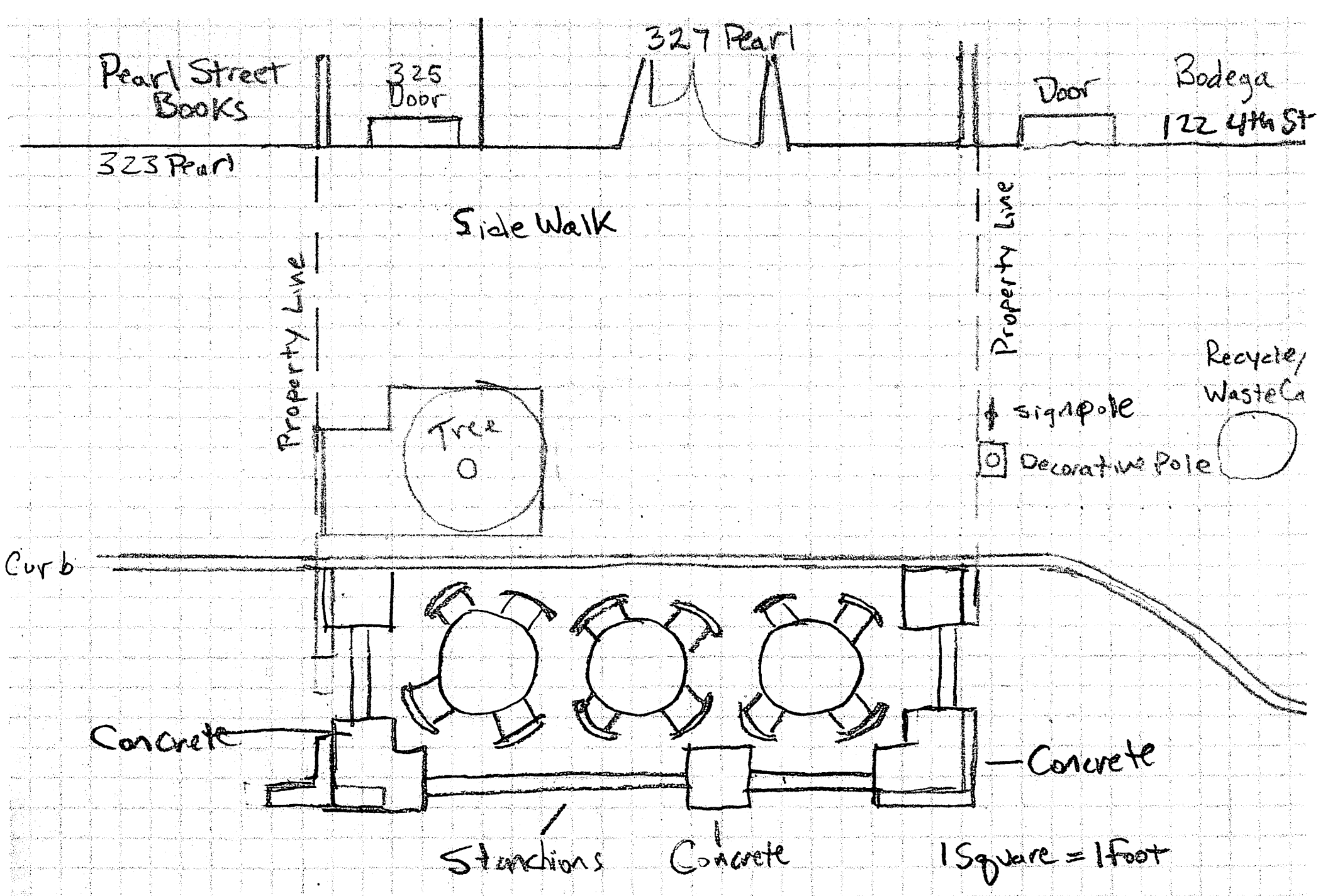
Encroachment type: _____ Permit number: _____

Board of Public Works approval date: _____

All fees are non-refundable.



Store Hours 7:30 AM - 5:01 PM M - Sat.



Store Hours: M-Sat 7:30-5:00

* Extended Hours During Temporary Street Events

City of La Crosse City Engineering,

I have been made aware of Jules Coffee House LLC pursuing a Revocable Occupancy / Street privilege

temporary parking spot in front of 325 / 327 Pearl Street. This is for outdoor seating and I approve.

Meraki Properties LLC
325 Pearl St.
La Crosse, WI.
Tiffany Smith

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/31/2026

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).

PRODUCER Miller-Hartwig Insurance PO Box 1177 Lakeville MN 55044	CONTACT NAME: Brian Carter PHONE (A/C, No, Ext): 952-500-3650 FAX (A/C, No): E-MAIL ADDRESS: bcarter@millerhartwig.com
INSURED JULECOF-01 Jules Coffee House LLC DBA Jules Paul Fisher 327 Pearl St. La Crosse WI 54601	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Society Ins a Mut Co — 15261 INSURER B : Employers Compensation Ins Co — 11512 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 487731249 **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	X COMMERCIAL GENERAL LIABILITY	Y	Y	BP10079652	3/1/2026	3/1/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 1,000
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		Y	EIG471958305	3/1/2026	3/1/2027	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A (Mandatory in NH)						E.L. EACH ACCIDENT	$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Addition

Additional Insured:
Meraki Properties, LLC
Tiffany Smith
327 Pearl Street
La Crosse, WI 54601

My Insurance agency is working on Adding City if La Crosse as "Additional Insured." I was not able to have that today 3/31 But will have proof of Ins with in the week. Thank you
Paul Fisher

CERTIFICATE HOLDER

Meraki Properties, LLC
Tiffany Smith
327 Pearl Street
La Crosse WI 54601

OLICIES BE CANCELLED BEFORE TICE WILL BE DELIVERED IN NS.

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COVERAGES **CERTIFICATE NUMBER:** 348201877 **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.

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	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
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	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N		Y	EIG471958305	3/1/2026	3/1/2027	X PER STATUTE [ ] OTH-ER	
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	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 100,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Additional Insured:
City of La Crosse, Engineering Department
400 La Crosse Street
La Crosse, WI 54601

CERTIFICATE HOLDER

City of La Crosse, Engineering Department
400 La Crosse Street
La Crosse WI 54601

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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