City of La Crosse Outdoor Café Restaurant Recovery Program Permit Application & Instructions

The City of La Crosse has created the following Outdoor Cafe program to temporarily allow restaurants, and other eligible businesses to expand their business footprint onto adjacent: public rights-of-way or privately-owned parking facilities or outdoor space if approved by the City of La Crosse. For eligible restaurants, and other businesses this may also include expanded alcohol license premises. All additional fees will be waived for this program. Eligible restaurants and business are those where the estimated or actual percent of gross receipts of beer, wine and liquor sold is 50% or less to total sales.

All administrative approvals are strictly temporary and expire on **November 13, 2020**. This program may be extended beyond this date upon approval by the Common Council. This program is subject to all local, State and Federal Heath Orders, laws and guidelines.

Application Review Process

The Planning and Development Department will be administering the application process for this program. Depending on the type of Outdoor Café that is being applied for, or if a Liquor License Expansion is also being requested, additional approvals may be needed by the Board of Public Works, the City Clerk's Department, and/or the Common Council.

Completed Applications and the required attachments may be submitted to the Planning and Development Department via electronically to:

 Jack Zabrowski
 or
 Tim Acklin, AICP

 zabrowskij@cityoflacrosse.org
 acklint@cityoflacrosse.org

Completed Applications and the required attachments may also be mailed or drop off to the Planning and Development Department at 400 La Crosse St, La Crosse, WI 54601. If City Hall is closed to the public applications may be dropped off in the metal drop box located on the north side of City Hall.

IT IS HIGHLY RECOMMENDED THAT APPLICATIONS ARE SUBMITTED ELECTRONICALLY. THIS WILL ENSURE A QUICKER PROCESS OF REVIEW.

If your application requires review by the Board of Public Works for a Street Privilege Permit, applications must be submitted to the Planning & Development Department no later than 5pm on Wednesday to ensure review and action on your application by the following Monday meeting of the Board of Public Works.

Existing Liquor License Expansion requests will be reviewed by the City Clerk's Department. If review is required by the Board of Public Works Department, and the application is approved, applications will then be forwarded to the Clerk's Department for review. Provisional approval may be granted until fine action is taken by the Common Council at their next meeting.

Signature	J.	the ide	•	Date	7/31/20
Signature may	be typed if	completing	electronically		
	1	V			

Application Submittal Checklist

<u>Each application will need the following in order to be considered a complete application and be processed and reviewed:</u>

- 1) A completed and signed application. (EACH PAGE MUST BE SIGNED AND DATED)
- 2) If the applicant is not the owner of the building/property they must attach acknowledgment from the building/property owner that they are aware of this application being submitted to the City.
- 3) A detailed site plan (drawn by hand or drawn electronically) illustrating the following:
 - a. The location and dimensions of the proposed outdoor seating area in relationship to the building
 - b. The location of property lines and the outdoor seating area.
 - c. Parking lot and driveway locations as well as impact on parking spaces.
 - d. The number of tables/seats and the distances between them.
 - e. Location of fencing. Include description of type and materials.
- 4) Proof of insurance. (The applicant for a permit to encroach on the public right-of-way shall procure and maintain for the duration of the permit a minimum liability and contractual liability policy in the amount of \$100,000.00 each person, \$300,000.00 each accident for bodily injury and \$100,000.00 for property damage. A certificate of such insurance shall be filed with the City Attorney as part of the application. The insurance shall name the City, its officials, employees and agents as additional insureds. The Board of Public Works may require greater insurance protection on a case-by-case basis.)
- 5) Photos, attachments, and/or renderings or any other information that will help the City better understand, review and process your application.
- 6) (OPTIONAL) manufacturer's brochures showing types of tables and seating are helpful and recommended.

<u>IMPORTANT PROGRAM INFORMATION</u>:(Refer to the Program Guidelines for more information)

- The applicant acknowledges that this is a temporary approval for outdoor seating and that it will expire/sunset on November 13, 2020, unless approved by the Common Council to extend the program.
- 2) The applicant acknowledges that **non-compliance** with the required standards, rules, requirements of the program and other existing City Ordinances will result in immediate revocation of your Outdoor Café Permit.
- 3) The applicant acknowledges that they have inspected the Right-of-Way at issue and determined it to be suitable for their needs and accept it "as is" and waive any claims against the City.
- 4) La Crosse Outdoor Café areas must be fenced with a temporary fence, but that fence must be made of a solid material, such as metal stanchions, no dig metal garden fencing. Fence or barrier height shall be a minimum of at least 32" in height.
- 5) Access to the La Crosse Outdoor Café area should, where possible, be made from the main entrance of the building (rather than accessible directly from outside).

Signature	46	fut'	Date	7/31/20
Signature may be typed i	con	pleting electronically		

<u>IMPORTANT PROGRAM INFORMATION CONTINUED</u>:(Refer to the Program Guidelines for more information)

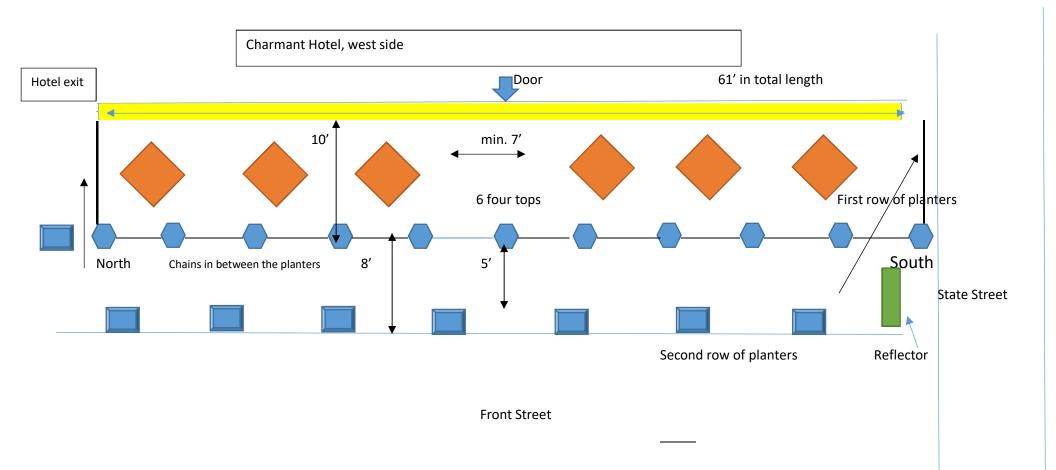
- 6) La Crosse Outdoor Café outdoor seating areas should have an emergency exit that meets applicable fire codes.
- 7) Per Section 2-292 of the Municipal Code those businesses wanting to participate in this program will not permitted to do so if any money or debt is owed to the City.
- 8) Under no circumstances is this program intended to promote gatherings or social spaces. It is intended to allow food & beverage patrons to be seated in accordance with physical distancing requirements to increase capacity. Tables shall be separated by at least 6' and should be set for groups no larger than six.
- 9) In no way can the overall capacity (inside + outside) exceed the establishment's overall permitted occupancy. No vertical drinking is allowed.
- 10) No vertical drinking or standing will be allowed in any version or part of this program, non-compliance will result in immediate revocation of your Outdoor Café Permit.
- 11) The applicant has inspected the ROW at issue and determined it to be suitable for their needs and accept it "as is" and waive any claims against the City.
- 12) The Planning & Development Department or the Board of Public Works may suspend or revoke any permit issued hereunder and order the removal of any encroachment placed in the right-of-way upon ten days' notice. The permit holder shall have a reasonable time, not to exceed five days, in which to file a written request with the City Planning and Development Department to be heard in said manner, and show cause why the proposed actions should not be taken. However, an encroachment may be removed without prior notice or opportunity to be heard where it constitutes an immediate danger in the public health, safety or welfare, where it is not in conformance with representations made in the application, where the certificate of insurance has expired or where placed within any right-of-way without a permit or contrary to the provisions of the permit or this article. In such cases, an opportunity for a post-removal hearing shall be provided.
- 13) Applicant will be required to remove any snow from their approved outdoor dining area.
- 14) Hours of Operation for the Outdoor Café is only permitted between the hours of 7am-11pm.

Questions on this process may be directed to the Planning and Development Department

Tim Acklin, AICP	Jack Zabrowski				
acklint@cityoflacrosse.org	zabrowskij@cityoflacrosse.org				
608-789-7391	608-789-8676				
Signature Signature may be typed if completing electronically	Date 7/3//20				

Application

ESTABLISHMENT AND OWNER INFORMATION
Business NameTHE CHARMANT HOTEL LLC
Business Address 101 STATE STREET, LA CROSSE, WI 54601 Name of Business Owner (LLC, Corp., etc) 00N NEBER WEBER HOLDING. Phone Number 608.519.8800 Email Maa66 Ld & Fueth a mout to tel. com
Name of Business Owner (LLC, Corp, etc) OON WEBER HOLDING.
Phone Number 608.519.8800 Email
Name of Property Owner (if different than above)
Phone Number Email
Does this business currently hold a City of La Crosse liquor license?
If yes, answer questions below. If no, skip to CHOOSE TYPE OF OUTDOOR CAFÉ.
If YES answered above, will you be requesting an expansion of premises to the current Liquor License? (Requires provisional approval by the City Clerk and approval by the Common Council) YES \[\sum \text{NO} \text{NO} \text{Skip to CHOOSE TYPE OF OUTDOOR CAFÉ} \)
Please specify how you want to expand your current Liquor License. Into adjacent Right-of-Way (public sidewalk, on-street parking spaces, street, public plazas) Into existing business or adjacent off-street parking lot or open space.
CHOOSE TYPE OF OUTDOOR CAFÉ (see program guide for definitions) Street Café (Requires Board of Public Works Approval of a Street Privilege Permit) Sidewalk Café (Requires Board of Public Works Approval of a Street Privilege Permit) Urban City Plaza (Requires Board of Public Works Approval of a Street Privilege Permit) Café Zone (Requires Board of Public Works Approval of a Street Privilege Permit) Outdoor Dining on Adjacent Private Parking Lot or Outdoor Space
SITE/PROJECT DESCRIPTION
Please describe the proposed outdoor seating area details below.
Number of tables in proposed outdoor seating area:
Number of seats in proposed outdoor seating area: 24
Existing inside seating capacity:
Your existing building capacity will apply across ALL seating areas through the use of this permit.
Number of bathroom fixtures:
Number of onsite, off-street parking spaces for your business currently:
PERMIT FEES There are no fees for this application.
APPLICANT SIGNATURE
I hereby make an application for an Outdoor Café Permit 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 Café Restaurant Recovery Area Permit is conditional and that the permit can be revoked or
suspended at any time. I agree to apply for any and all building permits that may be needed in the
construction of this La Crosse Optdoor Café Restaurant Recovery Area.
A / A / I
∑ Signature
Signature may be typed if completing electronically



Questions: Will we need to keep a certain space between the wall/door and the tables (yellow space)?

Will we need to move some planters from the "second row" to the "first row" to fully enclose the six tables?











TKAKUSKA



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/31/2020

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.

		BROGATION IS WAIVED, subjectificate does not confer rights							require an endorseme	ent. As	tatement on
PRODUCER Robertson Ryan - Milwaukee 330 East Kilbourn Avenue, Suite 650 Milwaukee, WI 53202					CONTACT NAME:						
					PHONE (A/C, No, Ext): (414) 271-3575 FAX (A/C, No): (414) 2					271-0196	
					E-MAIL ADDRESS:						
					INSURER(S) AFFORDING COVERAGE					NAIC #	
						INSURER A: THE HANOVER INSURANCE COMPANY					22292
INSU	RED					INSURER B : National Union Fire Insurance of Pittsburgh PA 19445					19445
		The Charmant Hotel LLC				INSURE	INSURER C : EMPLOYERS ASSURANCE				
101 State Street				INSURER D:							
La Crosse, WI 54601					INSURER E :						
						INSURER F:					
COV	/ER	RAGES CEI	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
INI	DIC	IS TO CERTIFY THAT THE POLIC ATED. NOTWITHSTANDING ANY I	REQUI	REME	ENT, TERM OR CONDITION	N OF A	ANY CONTRAC	CT OR OTHER	R DOCUMENT WITH RESI	PECT TO	WHICH THIS
		IFICATE MAY BE ISSUED OR MAY JSIONS AND CONDITIONS OF SUCH								TO ALL	THE TERMS,
INSR LTR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIN	IITS	
Α	X	COMMERCIAL GENERAL LIABILITY					,	,	EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR					8/17/2019	8/17/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
[MED EXP (Any one person)	\$	10,000

INSR	INSR I TR TYPE OF INSURANCE		POLICY NUMBER	POLICY EFF	POLICY EXP	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR			8/17/2019	8/17/2020	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
						MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	\$	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	2,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	2,000,000
	OTHER:					LIQUOR LIABILIT	\$	1,000,000
Α	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
	X ANY AUTO			8/17/2019	8/17/2020	BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$	
							\$	
В	X UMBRELLA LIAB X OCCUR					EACH OCCURRENCE	\$	10,000,000
	EXCESS LIAB CLAIMS-MADE			8/17/2019	8/17/2020	AGGREGATE	\$	
	DED RETENTION \$					Aggregate	\$	10,000,000
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					X PER OTH-ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N	N/A		8/17/2019	8/17/2020	E.L. EACH ACCIDENT	\$	500,000
	(Mandatory in NH)	N/A				E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					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) The City of La Crosse, its officials, employees and agents are listed as Additional Insureds.

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				