

CITY OF ONALASKA MEETING NOTICE

COMMITTEE/BOARD: Administrative & Judiciary Committee
DATE OF MEETING: April 2, 2014 (Wednesday)
PLACE OF MEETING: City Hall – 415 Main Street (Room 112)
TIME OF MEETING: 6:00 P.M.

PURPOSE OF MEETING

1. Call to Order and roll call.
2. Approval of minutes from the previous meeting.
3. Public Input: (limited to 3 minutes/individual)

Consideration and possible action on the following items:

Administrative

4. Approval of Operator's Licenses
5. Approval of Fleis Nightfall Frolic 5K Run/Walk on Friday, April 25, 2014 from 5pm-9:00pm starting at Rowe Park
6. Approval of Change of Agent for:
 - a. Kwik Trip #350, 9421 State Road 16, Onalaska to Toby Wood
 - b. Applebee's Neighborhood Grill & Bar, 9364 Highway 16, Onalaska to Chris Stern.
7. Approval of High 5 for Paws Walk on Saturday, May 3, 2014 from 9am-11:30am starting at Onalaska American Legion
8. Approval of Memorial Day Parade for Onalaska American Legion Post 336 on Monday, May 26, 2014 from approximately 9:30-10:00am starting the American Legion, 731 Sandlake Road, Onalaska.
9. Approval of request for a variance to the city noise ordinance for Onalaska Community Days to accommodate live entertainment on the ground from 7:30-11:30pm on August 22-23, 2014

PLEASE TAKE FURTHER NOTICE that members of the Common Council of the City of Onalaska who do not serve on the Board may attend this meeting to gather information about a subject over which they have decision making responsibility.

Therefore, further notice is hereby given that the above meeting may constitute a meeting of the Common Council and is hereby noticed as such, even though it is not contemplated that the Common Council will take any formal action at this meeting.

NOTICES MAILED TO:

Mayor Joe Chiisen

* Ald. Erik Sjolander - Vice Chair Admin & Chair Jud

Ald. Jim Olson

Ald. Jack Pogreba.

Ald. Jim Bialecki

* Ald. Harvey Bertrand

*Ald. Diane Oldani Wulf- Chair Admin.&Vice Chair Jud

City Attorney Dept Heads Charter Com. WXOW

La Crosse Tribune Onalaska Holmen Courier Life

WIZM WKTY WLXR WKBH WKBT WLSU

*Committee Members

Dan Wick

Marcie Jenson

Ralph Amundsen

James and Nancy Thompson

Date Notices Mailed and Posted: 3-27-14

In compliance with the Americans with Disabilities Act of 1990, the City of Onalaska will provide reasonable accommodations to qualified individuals with a disability to ensure equal access to public meetings provided notification is given to the City Clerk within seventy-two (72) hours prior to the public meeting and that the requested accommodation does not create an undue hardship for the City.

10. Approval of amendment to the Class B Liquor License for the Onalaska American Legion Post No. 336 for Onalaska Community Days, August 22-23, 2014 to include outside grounds.
11. Request for burial of ashes for Nancy and James Thompson with ashes of infant buried in Block 107, Lot 4, Grave 1 in the Onalaska Cemetery.
12. Miscellaneous licensing reporting

Judiciary

No Report

Adjournment

10. Approval of amendment to the Class B Liquor License for the Onalaska American Legion Post No. 336 for Onalaska Community Days, August 22-23, 2014 to include outside grounds.
11. Request for burial of ashes for Nancy and James Thompson with ashes of infant buried in Block 107, Lot 4, Grave 1 in the Onalaska Cemetery.
12. Miscellaneous licensing reporting

Judiciary

No Report

Adjournment

PACKET: 00757 License Packet april operators

SEQUENCE: License #

ID	PERIOD	-----NAME-----		LICENSE CODE
03700	3/05/14- 6/30/15	HARRIS	ZACHARY	OPRATOR OPERATORS - 2 YEAR
03702	3/06/14- 6/30/15	WEIKER	KELLIE M	OPRATOR OPERATORS - 2 YEAR
03745	3/20/14- 6/30/15	INGLETT	JOSEPH	OPRATOR OPERATORS - 2 YEAR
03746	3/20/14- 6/30/15	LARIVEE	JESSICA	OPRATOR OPERATORS - 2 YEAR
03759	3/24/14- 6/30/15	KERSKA	TYLER	OPRATOR OPERATORS - 2 YEAR



CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 fax (608) 781-9534 • www.cityofonalaska.com

SPECIAL EVENTS PERMIT APPLICATION

Date: 3/4/14

Cost: \$ _____

(Please Print)

Application is for:

- Bicycle Races
- Marathons
- Parades
- Procession(s)
- Runs
- Block Party¹
- Other:

Requestor Information			
Organization/Requestor Name: <u>Onalaska Park & Rec Dept.</u>		Phone: <u>(608) 781-9560</u>	
Officer of Corporation or Director of Event: <u>Dan Wick</u>			
Address of Organization: <u>415 Main St</u>			
City: <u>Onalaska</u>	State: <u>WI</u>	Zip: <u>54650</u>	
Contact Person: <u>Dan Wick</u>		Phone: <u>()</u>	
Address: <u>same as above</u>			
City:	State:	Zip:	
Purpose/Description of Event: <u>Charity 5K Run/Walk - John Pleis Scholarship</u>			

EVENT INFORMATION			
Name of Event: <u>Pleis Nightfall Frolic 5K</u>	Date of Event: <u>4/25/14</u>	Time (beginning): <u>5:00</u>	Time (ending): <u>9:00</u> <small>am/pm</small>
Starting Point or Block to Be Closed: <u>Rowe Park - no closing necessary</u>			
Route or Specific Location (List Abutting Streets): <u>Rowe Park - Oak Forest Drive - Pinecrest Ln - Wilson St - Hilltopper Drive</u>			
Termination Point: <u>Rowe Park</u>			
Estimated Maximum Number of Units/Persons Attending Event: <u>200 - 250</u>			

¹Attach signatures of at least 51% of all households abutting the proposed block to be closed for said party

**** NOTE ** CERTIFICATE OF INSURANCE REQUIRED,**
 With the City of Onalaska listed as additional Insured.
Original Certificate of Insurance must accompany this application

SPECIAL EVENTS REQUIRED INFORMATION

The following information must be completed and received by the City of Onalaska City Clerk's Office no less than 30 days (60 days for special events) prior to the scheduled event for processing. Failure to provide complete information could void your permit and cancel your event. Also, a Special Event Permit is not valid until insurance has been provided, all fees have been paid, and all necessary approval signatures have been obtained.

TELL US ABOUT YOUR EVENT:

1. Will food be prepared and/or served at the event? YES NO

If yes, please explain in detail what food service you will provide:

Donations of post-race food - bagels, bananas,
chocolate milk

(Please contact the La Crosse County Health Department (608) 785-9872 to sell/serve food)

2. Will alcoholic beverages be served/sold? YES NO

If yes, a "Special Class B" license will allow you to serve/sell beer and/or wine.

(The Office of the City Clerk (608) 781-9530 will assist you with obtaining the license)

3. Will you be having a band or amplified music? YES NO

If yes, a Variance Permit may be needed.

Radio station doing announcing & entertainment
(Please contact the Onalaska Police Department (608) 781-9550 for additional information on noise and noise ordinance)

4. Do you require any special parking restrictions? YES NO

If yes, please indicate what type, when and where:

5. Will you require the use of any City Services and/or equipment?

Barricades YES NO If yes, approximately how many: 15

Cones YES NO If yes, approximately how many: 100

Street Sweeper YES NO If yes, approximate time needed: _____ a.m./p.m.

(Please contact the Onalaska Public Works Department (608) 781-9537 to make arrangements)

6. Will temporary signage be used? YES NO

If yes, please indicate what type and where:

Yard signs

(Please contact the Onalaska Planning Department (608) 781-9590 to inquire about City Regulations)

7. Will there be a fireworks display? YES NO

If yes, please indicate what type and where:

(Please contact the Office of the Fire Department (608) 781-9546 to inquire about City Regulations)

8. Do you have a plan in place to deal with any medical emergencies that may occur during your event? YES NO

If yes, please explain:

(The Onalaska Police Department (608) 781-9550 will assist you with defining your safety/security needs)

9. An emergency/evacuation plan is needed. Please submit a plan not less than fourteen (14) business days prior to the event.

(The Onalaska Police Department (608) 781-9550 will assist you with your plan)

10. Other special assistance requested:

I understand the filing of this application does not ensure the issuance of this license. I also understand that all Special Events sponsors must comply with all applicable city Ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for park facilities, food sales permits, tent, signage and fireworks permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for denial of the event.

Hold Harmless Indemnification and Defense.

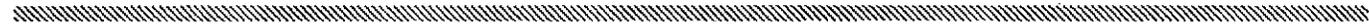
The applicant and/or the organization agrees to indemnify, defend and hold harmless the City of Onalaska and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them, or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.


Signature of Applicant

3/4/14
Date

Fees are Non-Refundable. Submit completed application along with any required information to:

Onalaska City Clerk's Office
415 Main Street
Onalaska, WI 54650



FOR OFFICE USE ONLY

Name & Date of Event: Flea's Nightfall Frolic 4/25/14

City Clerk	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3-4-14</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3/4/14</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3/5/14</u>
Public Works	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3-4-14</u>
Health Dept	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Planning	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>working w applicant for sign permits</u>	Date: <u>3/6/14</u>
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3/17/14</u>

Site Diagram Sketch Attached: YES NO

GIS Dept. Map Prepared: ____/____/____

Insurance Required: YES NO Certificate of Insurance on File: YES NO COI Expires: ____/____/____

Special Class B License Required: YES NO Date of Special Class B Application: ____/____/____

Approved By A&J: ____/____/____ Date License Issued: ____/____/____ License No: _____

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

To the governing body of: [] Town of City of Onalaska [] Village of [] City of County of La Crosse

The undersigned duly authorized officer(s)/members/managers of Kwik Trip, Inc. (registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kwik Trip 350

located at 9421 State Rd. Hwy. 16, Onalaska, WI 54650 (trade name)

appoints Toby L. Wood (name of appointed agent)

114 Creekside Ct., Coon Valley, WI 54623 (home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

[X] Yes [] No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies). Agent of Kwik Trip 829 in LaCrosse until new agent approved

Is applicant agent subject to completion of the responsible beverage server training course? [] Yes [X] No Since 1970

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

Place of residence last year 114 Creekside Ct., Coon Valley, WI 54623

For: Kwik Trip, Inc. (name of corporation/organization/limited liability company)

By: [Signature] (signature of Officer/Member/Manager)

And: [Signature] (signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, Toby L. Wood (print/type agent's name), hereby accept this appointment as agent for the

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] (signature of agent) 114 Creekside Ct., Coon Valley, MN 54623 (date) Agent's age 44

(home address of agent) Date of birth 11/25/69

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on 3/3/14 by [Signature] Title Chief of Pol. a (date) (signature of proper local official) (town chief/village president, police chief)

SCHEDULE FOR APPOINTMENT OF AGENT BY CORPORATION/ORGANIZATION OR LIMITED LIABILITY COMPANY

Submit to municipal clerk.

PAID BY: CHRISTOPHER J STERN

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by the officer(s) of the corporation/organization or members/managers of a limited liability company and the recommendation made by the proper local official.

Town

To the governing body of:

Village

of Onalaska

County of La Crosse

City

The undersigned duly authorized officer(s)/members/managers of Apple Hospitality Group, LLC

(registered name of corporation/organization or limited liability company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Applebee's Neighborhood Grill & Bar

(trade name)

located at

9364 Highway 16, Onalaska WI 54650

appoints

Chris Stern

(name of appointed agent)

W8122 Holland Drive, Holmen, WI 54636

(home address of appointed agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes

No

If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course?

Yes

No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin?

17 YEARS

Place of residence last year

HOLMEN WI

For: Apple Hospitality Group, LLC

(limited liability company)

By:

Mark Dillon, President

(signature of Officer/Member/Manager)

ACCEPTANCE BY AGENT

I, CHRIS STERN, hereby accept this appointment as agent for the

(print type agent's name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Chris Stern

(signature of agent)

(date)

Agent's age 48

W8122 Holland Drive, Holmen, WI 54636

(home address of agent)

Date of birth : 8/24/1965

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY
(Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on

(date)

by

(signature of proper local official)

Title

(town chair, village president, police chief)



CITY OF ONALASKA

MAR 05 2014

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 fax (608) 781-9534 www.cityofonalaska.com

SPECIAL EVENTS PERMIT APPLICATION

Cost: \$ _____

Date: 3-2-2014

(Please Print)

Application is for:

- Bicycle Races
- Marathons
- Parades
- Procession(s)
- Runs
- Block Party¹
- Other:

Requestor Information			
Organization/Requestor Name: <u>Paws 4 Independence</u>		Phone: <u>(507) 459-2820</u>	
Officer of Corporation or Director of Event: <u>Marcie Jensen or Tammy Gensch</u>			
Address of Organization: <u>15612 Prairie Ridge Rd.</u>			
City: <u>Caledonia</u>	State: <u>MN</u>	Zip: <u>55921</u>	
Contact Person: <u>Marcie Jensen</u>		Phone: <u>(507) 459-2820</u>	
Address: <u>15612 Prairie Ridge Rd</u>			
City: <u>Caledonia</u>	State: <u>MN</u>	Zip: <u>55921</u>	
Purpose/Description of Event: <u>1 mile walks for veterans and other disabilities that we train service dogs for</u>			

EVENT INFORMATION			
Name of Event: <u>High 5 For Paws</u>	Date of Event: <u>May 3</u>	Time (beginning) <u>9:00</u> <u>am/pm</u>	Time (ending) <u>11:30</u> <u>am/pm</u>
Starting Point or Block to Be Closed: <u>American Legion</u>			
Route or Specific Location (List Abutting Streets): <u>Sandlake Rd To Lake St To 10 Ave N, To Redwood St, back To Sand Lake Rd</u>			
Termination Point: <u>American Legion</u>			
Estimated Maximum Number of Units/Persons Attending Event: <u>75 people</u>			

¹Attach signatures of at least 51% of all households abutting the proposed block to be closed for said party

**** NOTE ** CERTIFICATE OF INSURANCE REQUIRED,**
 With the City of Onalaska listed as additional Insured.
Original Certificate of Insurance must accompany this application

SPECIAL EVENTS REQUIRED INFORMATION

The following information must be completed and received by the City of Onalaska City Clerk's Office no less than 30 days (60 days for special events) prior to the scheduled event for processing. Failure to provide complete information could void your permit and cancel your event. Also, a Special Event Permit is not valid until insurance has been provided, all fees have been paid, and all necessary approval signatures have been obtained.

TELL US ABOUT YOUR EVENT:

1. Will food be prepared and/or served at the event? YES NO

If yes, please explain in detail what food service you will provide:

at The American Legion, Brats and Hot Dogs

(Please contact the La Crosse County Health Department (608) 785-9872 to sell/serve food)

2. Will alcoholic beverages be served/sold? YES NO

If yes, a "Special Class B" license will allow you to serve/sell beer and/or wine.

(The Office of the City Clerk (608) 781-9530 will assist you with obtaining the license)

3. Will you be having a band or amplified music? YES NO

If yes, a Variance Permit may be needed.

(Please contact the Onalaska Police Department (608) 781-9550 for additional information on noise and noise ordinance)

4. Do you require any special parking restrictions? YES NO

If yes, please indicate what type, when and where:

5. Will you require the use of any City Services and/or equipment?

Barricades YES NO If yes, approximately how many: _____

Cones YES NO If yes, approximately how many: _____

Street Sweeper YES NO If yes, approximate time needed: _____ a.m./p.m.

(Please contact the Onalaska Public Works Department (608) 781-9537 to make arrangements)

6. Will temporary signage be used? YES NO

If yes, please indicate what type and where:

on the corners of where they need to turn. We will also have volunteers placed to direct and observe

(Please contact the Onalaska Planning Department (608) 781-9590 to inquire about City Regulations)

7. Will there be a fireworks display? YES NO

If yes, please indicate what type and where:

(Please contact the Office of the Fire Department (608) 781-9546 to inquire about City Regulations)

8. Do you have a plan in place to deal with any medical emergencies that may occur during your event? YES NO

If yes, please explain: we have certified CPR and First Aid Responders. we also have two RN's

(The Onalaska Police Department (608) 781-9550 will assist you with defining your safety/security needs)

9. An emergency/evacuation plan is needed. Please submit a plan not less than fourteen (14) business days prior to the event.

N/A - (The Onalaska Police Department (608) 781-9550 will assist you with your plan) we will go inside the american Legion and follow their instructions

10. Other special assistance requested:

NONE

I understand the filing of this application does not ensure the issuance of this license. I also understand that all Special Events sponsors must comply with all applicable city Ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for park facilities, food sales permits, tent, signage and fireworks permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for denial of the event.

Hold Harmless Indemnification and Defense.

The applicant and/or the organization agrees to indemnify, defend and hold harmless the City of Onalaska and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them, or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

Maria J
Signature of Applicant

3-3-2014
Date

Fees are Non-Refundable. Submit completed application along with any required information to:

Onalaska City Clerk's Office
415 Main Street
Onalaska, WI 54650

FOR OFFICE USE ONLY

Name & Date of Event: High 5 For Paws 5-3-14

City Clerk	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3-5-14</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3/5/14</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>See Attached</u>	Date: <u>3/6/14</u>
Public Works	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Health Dept	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Planning	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>applicant to obtain temporary signage permit for community event (no charges). attached signage</u>	Date: <u>3/12/14</u>
Parks & Rec	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____

Site Diagram Sketch Attached: YES NO

GIS Dept. Map Prepared: 3/12/2014 (missing sidewalks on Lake St)

removed within 24 hours of event.

Insurance Required: YES NO Certificate of Insurance on File: YES NO COI Expires: 5/4/14

Special Class B License Required: YES NO Date of Special Class B Application: ___/___/___

Approved By A&J: ___/___/___ Date License Issued: ___/___/___ License No: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE
03/03/2014

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley, CA 95945 Phone (530) 477-6521, Email info@theeventhelper.com	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Paws4Independence Marcie Jenson 15612 Prairie Ridge Rd. Caledonia, MN 55921	INSURER A: Essex Insurance Company	39020
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <u>Host Liquor Liability</u> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> Retail Liquor Liability	3DS5402-630613	05/03/2014	05/04/2014	EACH OCCURRENCE INCLUDES BODILY INJURY & PROPERTY DAMAGE \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 DEDUCTIBLE \$ 1,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Each Occurrence) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<input type="checkbox"/> WC STAT. LIM. <input type="checkbox"/> OTH. \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Certificate holder listed below is named as additional insured per attached CG 20 26 07 04.

CERTIFICATE HOLDER

City of Onalaska
 415 Main St
 Onalaska, WI 54650

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

 Existing Sidewalks
 Proposed Paws 4 Independence Route



Note: Missing Sidewalks along this section of the Proposed Route (Especially along the North side of Lake St)

This map is to be used for reference purposes only. Every effort has been made to make this map as accurate as possible.

City of
ONALASKA

 GIS Department
 Map Designer: Joe Bartlett
 Print Date: 7/2014
 Last Updated: Jan 2014
 Scale: 1" = 300'

Hi Chief,

Normally I would frown on having the route on Sand Lake Road. We do not allow the Legion to have their run on Sand Lake Road. We require them to get off of Sand Lake at Redwood Street (So we are only on the busy road for 1 block).

It appears to me this is not a run, it is only a walk. With that in mind I would think they could use the sidewalks. Also, if they would reverse the route it would not require them to cross Sand Lake Road. The current route as requested requires them to cross the road twice in order to walk on the proper side of the road.

Tim



CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 fax (608) 781-9534 • www.cityofonalaska.com

SPECIAL EVENTS PERMIT APPLICATION

RECEIVED

Date: 3/10/14

MAR 10 2014

Cost: \$ _____

(Please Print) CITY OF ONALASKA

Application is for:

- Bicycle Races
- Marathons
- Parades
- Procession(s)
- Runs
- Block Party¹
- Other:

Requestor Information			
Organization/Requestor Name: ONALASKA AMERICAN LEGION POST 336		Phone: (608) 783-3300	
Officer of Corporation or Director of Event: RALPH AMUNDSEN, COMMANDER			
Address of Organization: 731 SAND LAKE ROAD (P.O. BOX 326)			
City: ONALASKA	State: WI	Zip: 54650	
Contact Person: RALPH AMUNDSEN		Phone: (608) 386-6464	
Address: 4/0 POST 336, P.O. BOX 326			
City: ONALASKA	State: WI	Zip: 54650	
Purpose/Description of Event: ANNUAL MEMORIAL DAY PARADE FOR COMMUNITY EVENT			

EVENT INFORMATION			
Name of Event: MEMORIAL DAY CELEBRATION	Date of Event: 5/26/14	Time (beginning): 930 ^{am}pm	Time (ending): 955 ^{am}pm
Starting Point or Block to Be Closed: AMERICAN LEGION POST 336 @ 731 SAND LAKE ROAD			
Route or Specific Location (List Abutting Streets): SOUTH ON SAND LAKE ROAD TO ONALASKA CEMETARY			
Termination Point: ONALASKA CEMETARY			
Estimated Maximum Number of Units/Persons Attending Event: 10 units (Honor Guard OHS BAND POLICE FIRE OTHER VEHICLES)			

¹Attach signatures of at least 51% of all households abutting the proposed block to be closed for said party

**** NOTE ** CERTIFICATE OF INSURANCE REQUIRED,**
 With the City of Onalaska listed as additional Insured.
Original Certificate of Insurance must accompany this application

SPECIAL EVENTS REQUIRED INFORMATION

The following information must be completed and received by the City of Onalaska City Clerk's Office no less than 30 days (60 days for special events) prior to the scheduled event for processing. Failure to provide complete information could void your permit and cancel your event. Also, a Special Event Permit is not valid until insurance has been provided, all fees have been paid, and all necessary approval signatures have been obtained.

TELL US ABOUT YOUR EVENT:

1. Will food be prepared and/or served at the event? YES NO
If yes, please explain in detail what food service you will provide: _____

(Please contact the La Crosse County Health Department (608) 785-9872 to sell/serve food)

2. Will alcoholic beverages be served/sold? YES NO
If yes, a "Special Class B" license will allow you to serve/sell beer and/or wine.

(The Office of the City Clerk (608) 781-9530 will assist you with obtaining the license)

3. Will you be having a band or amplified music? YES NO
If yes, a Variance Permit may be needed.

(Please contact the Onalaska Police Department (608) 781-9550 for additional information on noise and noise ordinance)

4. Do you require any special parking restrictions? YES NO

If yes, please indicate what type, when and where: ALONG SAND LAKE ROAD FROM

731 SAND LAKE UNTIL SCHAFER SOUTH ON SAND LAKE TO CEMETARY

5. Will you require the use of any City Services and/or equipment?

Barricades YES NO If yes, approximately how many: _____

Cones YES NO If yes, approximately how many: _____

Street Sweeper YES NO If yes, approximate time needed: _____ a.m./p.m.

(Please contact the Onalaska Public Works Department (608) 781-9537 to make arrangements)

6. Will temporary signage be used? YES NO

If yes, please indicate what type and where: _____

(Please contact the Onalaska Planning Department (608) 781-9590 to inquire about City Regulations)

7. Will there be a fireworks display? YES NO

If yes, please indicate what type and where: _____

(Please contact the Office of the Fire Department (608) 781-9546 to inquire about City Regulations)

8. Do you have a plan in place to deal with any medical emergencies that may occur during your event? YES NO

If yes, please explain: ONALASKA FIRE DEPT. PLANS ON RESCUE VEHICLE

AND TEAM ON SITE

9. An emergency/evacuation plan is needed. Please submit a plan not less than fourteen (14) business days prior to the event.

(The Onalaska Police Department (608) 781-9550 will assist you with your plan)

10. Other special assistance requested: _____

I understand the filing of this application does not ensure the issuance of this license. I also understand that all Special Events sponsors must comply with all applicable city Ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulations. Fees for park facilities, food sales permits, tent, signage and fireworks permits are in addition to the fees submitted for the Special Events Application. I further understand that an incomplete application may be cause for denial of the event.

Hold Harmless Indemnification and Defense.

The applicant and/or the organization agrees to indemnify, defend and hold harmless the City of Onalaska and its officers, officials, employees and agents from and against any and all liability, loss, damage, expenses, costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them, or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

Joseph M. Amundson
Signature of Applicant

3/10/14
Date

Fees are Non-Refundable. Submit completed application along with any required information to:

Onalaska City Clerk's Office
415 Main Street
Onalaska, WI 54650

FOR OFFICE USE ONLY

Name & Date of Event: Memorial Day Parade - 5/26/14

City Clerk	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3-10-14</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3-10-14</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>See comments from Sgt. Berg</u>	Date: <u>3-14-14</u>
Public Works	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>COMMENTS ADDED TO SGT. BERG</u>	Date: <u>3-17-14</u>
Health Dept	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: _____
Planning	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>any signs to comply w/temp sign regulations - BR</u>	Date: <u>3/19/14</u>
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>3/19/14</u>

Site Diagram Sketch Attached: YES NO

GIS Dept. Map Prepared: 3/19/2014 CSB

Insurance Required: YES NO Certificate of Insurance on File: YES NO COI Expires: 2/5/15

Special Class B License Required: YES NO Date of Special Class B Application: ___/___/___

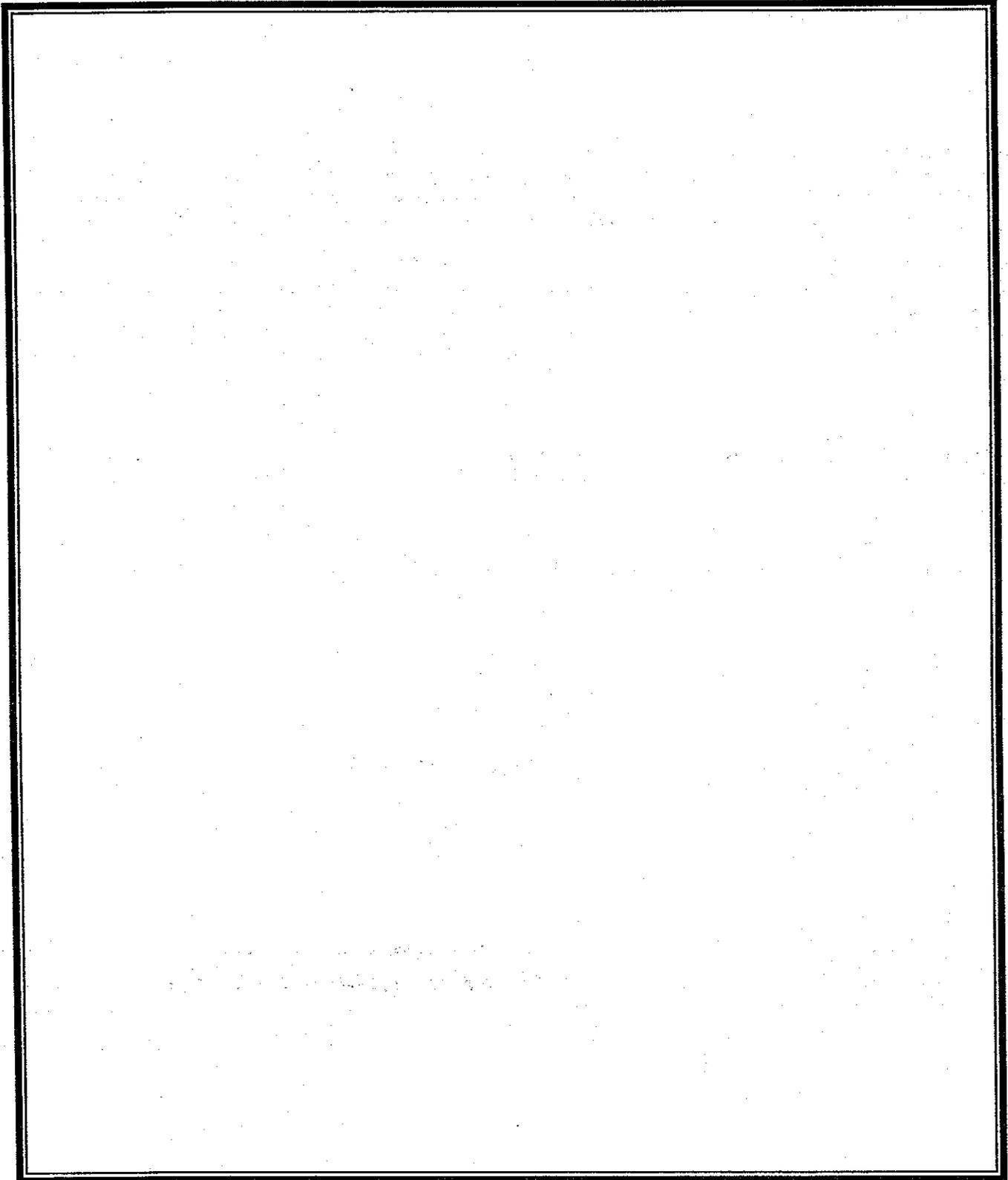
Approved By A&J: ___/___/___ Date License Issued: ___/___/___ License No: _____



CITY OF ONALASKA

PLANNING DEPARTMENT, 415 MAIN STREET, ONALASKA, WI 54650
PHONE: (608) 781-9590 FAX: (608) 781-9506
www.cityofonalaska.com

SITE DIAGRAM SKETCH



Please sketch the proposed location of the event above or attach a site diagram. Note all buildings, parcel lines, right-of-ways, streets and alleys. Include on this map or attach a sketch of the proposed event barricades, concession stands, portable restrooms, bleachers and other structures that will be brought in for the event.



CERTIFICATE OF LIABILITY INSURANCE

AMERI-9 OP ID: LP

DATE (MM/DD/YYYY)
01/27/2014

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).

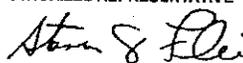
PRODUCER Fleis Insurance Agency Inc. PO Box 537 1824 E. Main Street Onalaska, WI 54650 Steven J. Fleis	Phone: 608-783-5206 Fax: 608-783-5209	CONTACT NAME: Linda Phillips PHONE (A/C, No, Ext): 608-783-7546 FAX (A/C, No): 608-783-5209 E-MAIL ADDRESS: lphill@fleisinsurance.com
	INSURER(S) AFFORDING COVERAGE	
INSURED American Legion Post 336 Attn: Finance Officer PO Box 326 Onalaska, WI 54650	INSURER A: Capitol Indemnity Corporation	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 1 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	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	CP00061156	02/05/2014	02/05/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		CP00061156	02/05/2014	02/05/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$ 10,000		CP00061156	02/05/2014	02/05/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WC00061156	02/05/2014	02/05/2015

DESCRIPTION OF OPERATIONS/LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
CLUBS/CG2011

CERTIFICATE HOLDER CITYON1 City of Onalaska 415 Main St Onalaska, WI 54650	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 

Capitol Indemnity Corporation
P.O. Box 5900, Madison, WI 53705

ADDITIONAL INTEREST SCHEDULE

POLICY NUMBER CP00061156	POLICY PERIOD 02/05/2014 - 02/05/2015 <i>12:01 A.M. Standard Time at the address of the insured stated herein.</i>	AGENCY/PRODUCER CODE 07335
NAMED INSURED AND ADDRESS AMERICAN LEGION POST 336 PO Box 326 Onalaska, WI 54650-0326	AGENCY/PRODUCER FLEIS INSURANCE AGENCY, INC. P.O. BOX 537 Onalaska WI 54650	

SCHEDULE

Name of Person or Organization:	CITY OF ONALASKA INSPECTION DEPT
Address:	415 Main St Onalaska WI 54650-2953
Insured Item:	\$ 50.00 - Additional Insured
Interest:	CG 20 11 - Additional Insured Manager Or Lessors Of Premises
Interest Type:	Designation Of Premises (Part Leased To You)
Description:	ADDITIONAL INSURED

Countersigned 12/19/2013 By _____
Authorized Representative

Chief,

I think Mike Fries or Jim Nelson used to organize this parade. When I looked over the request I noticed a few things are different then the previous years:

-The request asks for no parking along the parade route. In the past we have never restricted parking. It's a small parade and the parking does not cause a problem that I am aware of.

-The request says barricades and signs are not needed. This is incorrect as we usually close 12th Avenue South from Main Street to Green Street to keep the traffic noise down during the ceremony. In the past the Street Department would set out the signs however the Police Department took care of this last year.

Tim

WHO WOULD PUT OUT?

EXTRA COST

I AGREE NEED SIGNS

rjh

3-17-14

3-19-14- Police Dept. will put out signs/barricades and contact Ralph regarding parking per Chief Trotter.



Legion Post 336 - Starting Point

Cemetery Memorial - End Point



City of ONALASKA



GIS Department

Map Designer: Joe Warshaw
Print Date: 2014
Last Updated: Jan 2014
Scale: 1" = 500'

This map is to be used for reference purposes only. Every effort has been made to make this map as accurate as possible.

Struck - Klandrud Post No. 336

American Legion

P.O. Box 326

Onalaska, Wisconsin

54650



March 12, 2014

City of Onalaska
Judicial and Administrative Committee

We, the American Legion Family, are hosting our 9th Annual "Onalaska Community Days" on Friday, August 22 and Saturday, August 23, 2014.

We have changed the name from Legion Community Days to "Onalaska Community Days" to encourage even more community participation. We have eliminated Sunday from the program, and are not having a parade or fireworks as part of the celebration. We are continuing partnering with the Onalaska Fire Department for the Fireman's dance for Saturday night.

At this time, we therefore, are asking for a variance so that our bands on Friday night and Saturday night, August 22 and 23, may play at our refreshment tent until 11:30 P.M. Your consideration and assistance is greatly appreciated. *+ liquor license Amendment*

Cordially



Ralph Amundsen, Commander Post 336

Member of Onalaska Community Days Board

Administrative & Judiciary Committee

Block 107- Lot 4-Graves 1 & 2 are owned by Peter Mahlum(deceased) and Nancy Mahlum. They divorced and Nancy remarried James Thompson. There is an infant daughter buried on the site. We would like permission to also place the ashes of James & Nancy when they decease. The reason we ask this is we would like to place a headstone with all the names and if not possible are there any other alternatives for this site. We appreciate your consideration.

Thank You .

James & Nancy Thompson
2126 Esther Drive
Onalaska WI 54650
608-783-1380
JIMBO2126@charter.net

RECEIVED

MAR 19 2014

CITY OF ONALASKA

LICENSES: ALL

SORTED BY: LICENSE NUMBER

EFFECTIVE

LICENSE CODES: Include: RECBURN-E

EXPIRATIC

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE

ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
03712	RECBURN-E	STREETON 517 10TH PL N	TERRY ACTIVE	REC BURN REC BURN	3/11/2014	3/14/2014
03726	RECBURN-E	BULERA 2723 TURNBERRY LN	TIM & ACTIVE	REC BURN REC BURN	3/12/2014	3/14/2014
03732	RECBURN-E	PUESTOW 443 MAYFAIR PL	RON ACTIVE	REC BURN REC BURN	3/17/2014	
03733	RECBURN-E	KANE 1420 EAST AVE N	DONALD ACTIVE	REC BURN REC BURN	3/17/2014	
03742	RECBURN-E	SEIBEL 605 E. SPRUCE ST.	DAVID ACTIVE	REC BURN REC BURN	3/20/2014	3/25/2014
03743	RECBURN-E	KENDHAMMER 1576 E YOUNG DR	PATRIC ACTIVE	REC BURN REC BURN	3/20/2014	3/25/2014
03750	RECBURN-E	PHILLIPS 825 12TH AVE S	JIM & ACTIVE	REC BURN REC BURN	3/21/2014	3/25/2014
03751	RECBURN-E	KRONBERG 1097 WINDSONG LN	MICHEL ACTIVE	REC BURN REC BURN	3/21/2014	3/25/2014
03761	RECBURN-E	STREICHER 343 4TH AVE. N.	THOMAS ACTIVE	REC BURN REC BURN	3/25/2014	

REPORT TOTALS: 9 LICENSES

CITY OF ONALASKA
LICENSE

No. 03753

\$ 40.00

STATE OF WISCONSIN
COUNTY OF LA CROSSE

WHEREAS, CHARLES NEUMANN

has paid the sum of 40.00 Dollars to the Treasurer of said City of Onalaska, as required by the resolutions and ordinances of the said City of Onalaska and complied with all the requirements necessary for obtaining this License,

NOW THEREFORE, by order of the City of Onalaska and by virtue hereof, the said CHARLES NEUMANN
is hereby licensed and authorized to: SOLICITOR

FOR THE PERIOD from 3/26/2014 to 6/24/2014 subject to all the conditions and provisions of said provisions and of said resolutions and ordinances.

CHARLES NEUMANN
611 WELSHIRE DR. #B
LA CRESCENT MN 55947

Given under my hand and the corporate seal of the City of
Onalaska, this 26th day of MAR 2014

Caroline L. Burmaster
CITY CLERK / DEPUTY CITY CLERK