



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : _____
 Effective Date: _____
 Expiration Date: _____
 Fee: \$40.00
 Paid (yes or no): yes/6653-0002

Rev. 04-10-15

Applicant Information

Name (print): Kyle Jones Company: Chandelier LLC
 Address: 215 W College Ave Telephone: 3307050238 FAX: _____
Appleton, WI 54911 e-mail: kyle@eclecticandle.com
 Applicant Signature: [Signature] Date: 04/08/2024

Occupancy Information

General Description: A sandwich board and a cart featuring seasonal and discount items offered by Appleton General Store. Maybe one table with chairs if space permits.
Tables and Chairs
 Street Address: 215 W College Ave Tax Key No.: _____
 - or -
 Street: _____ From: _____ To: _____
 Multiple Streets: _____

(Department use only)

Occupancy Type

- Permanent (\$40)
- Temporary - max. 35 days (\$40)
- Amenity/Annual (\$40)
- Blanket/Annual (\$250)
- Block Party (\$15)

Sub-Type

- Sandwich Board
- Tables / Chairs
- Dumpster
- POD / Container
- Obstruction / Other

Location

- Sidewalk
- Terrace
- Roadway

Additional Requirements

- Plan/Sketch
- Certificate of Insurance
- Bond
- Other : _____

Traffic Control Requirements

N/A

Type of Street:	Proposed Traffic Control:
<input type="checkbox"/> Arterial/CBD	<input type="checkbox"/> City Manual Page(s) _____
<input type="checkbox"/> Collector	<input type="checkbox"/> State Manual Page(s) _____
<input type="checkbox"/> Local	<input type="checkbox"/> Other (attach plan) _____

Contact Traffic Division (832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure.
 Additional Requirements: _____

Approved by: _____ Date: _____

This permit approval is subject to the following conditions:

1. Permittee is responsible to obtain any further permits that may be required as part of this occupancy.
2. Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of this application.
3. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNICIPAL CITATION if conditions of the permit are not met.
4. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions develop during the period the occupancy is permitted.
- 5.
- 6.

This permit is issued to the applicant upon payment of the permit fee and is expressly limited to the location and type described herein. The applicant, in exchange for receiving this permit, warrants that all street occupancies will be performed in conformity to City ordinances, standards and policies, be properly barricaded and lighted, and be performed in a safe manner. By applying for and accepting this permit, the applicant assumes full liability and/or any costs incurred by the City for corrective work required to bring the subject area into compliance with said ordinances, standards, policies and permit conditions. No occupancy shall occur prior to approval of this permit by the Department of Public Works.

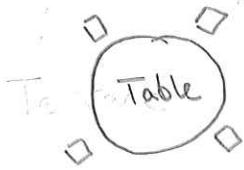
The Grantee shall guarantee at their expense, the repair or replacement of pavement, sidewalk and any other facilities within the public right-of-way damaged or destroyed by the Grantee or any sub-contractor working for them. The Grantee shall assume complete and full liability and responsibility, in accordance with existing ordinances and policies, in the event of injury or damage to persons or property resulting from their facilities within the public right-of-way.

APPROVED BY: _____ DATE: _____
 (Department of Public Works)

College Ave

Table

Terrace



Cart

Garden Bed

Table

Sidewalk

Chandelier LLC

Entrance

Insurance and Bond Coverage:

Insurance Carrier: Society Insurance

Insurance Agent Name and Phone Number: Family Insurance Center 920-722-2799

Policy Number: BP22022148-1

Policy Period: 07/22/2023-07/22/2024

* Bond Carrier: _____

* Bond Agent Name and Phone Number: _____

* Bond Number: _____

* Bond Period: _____

I confirm that I have the authority to sign and certify the information contained herein as the permittee/licensee or duly authorized representative of the entity obtaining this permit/license. I have reviewed and understand the insurance and bonding requirements of the City of Appleton. I hereby certify that I, or the company I represent have insurance and a bond in the amounts required to obtain this permit/license. I have named the City of Appleton as an additional insured for purposes of this permit/license and have provided the name of my insurance and bond carriers, the policy numbers and policy periods above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify against any and all liability, loss, damage and expenses and costs including attorneys' 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, anyone directly or indirectly employed by any of them, which may arise from the use of city right of way or property under this permit or license.

I certify that this application, and all information and documentation provided therein, is true and accurate.

Company Name: Chandelier LLC

Print Name: _____

Signature: _____

Date: 04/08/2024

* Bonds are required for the following types of work only:

- Plumbing in the public right-of-way: \$5,000.00 Permit Bond (Code Section 4-265)
- Demolition of Buildings: \$5,000.00 Permit Bond (Code Section 4-188(a)(2))
- Sewer lateral sealing in the public right-of-way: \$5,000.00 Permit Bond (Code Section 4-188(c))
- Moving of Buildings: \$5,000.00 Permit Bond (Code Section 4-207(5))
- Cement Finisher's License: \$5,000.00 License Bond (Municipal Code Section 9-33)
- Excavation or place facilities in the public right-of-way: \$5,000.00 Permit Bond (Code Section 16-110)

THIS POLICY
IS NON-ASSESSABLE



Small details. Big difference.™

a mutual company

**BUSINESSOWNERS
POLICY**

www.societyinsurance.com

SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

BUSINESSOWNERS RENEWAL DECLARATION

POLICY NO: BP22022148-1

RENEWAL OF BP22022148-0

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS 00899 000

Chandelier LLC
DBA Broken Chandelier
215 W College Ave
Appleton, WI 54911-5826

Family Insurance Center LLC
1017 Orchard Dr
Seymour, WI 54165

POLICY PERIOD: FROM 07/22/2023 TO 07/22/2024 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS: Limited Liability Company (LLC)

BUSINESS DESCRIPTION: See Described Premises section

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

DESCRIBED PREMISES

Prem. No.	Bldg. No.	Premises Address:	Description	Construction Type	Protection Class
1	1	215 W College Ave, Appleton, WI 54911	Tavern	Frame Construction	2

SECTION I – PROPERTY

Property Coverage Limits Of Insurance**

Prem. No.	Bldg. No.	Classification No.	Type Of Property	Valuation Option	Automatic Increase Limit (Percentage)	Business Personal Property – Seasonal Increase (Percentage)	Limit Of Insurance*
1	1		Buildings	Replacement Cost	4%	%\$	8,320
1	1	1	Business Personal Property-Bar > 75% Alcohol - NOC - No Cooking	Replacement Cost	4%	25%\$	15,600

*Includes Automatic Increase Limit Percentage(if applicable)

**Business Income actual loss sustained for 12 months included subject to policy provisions.

Deductibles (Apply Per Location, Per Occurrence)

Prem. No.	Property Deductible	Windstorm Or Hail Percentage Deductible

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BUSINESSOWNERS RENEWAL DECLARATION

POLICY NO: BP22022148-1 INSURED: Chandelier LLC
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EFFECTIVE DATE: 07/22/2023 AGENT: Family Insurance Center LLC
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(Location 1, Building 1)	\$	1,000	N/A %
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Equipment Breakdown Protection Coverage Deductibles		
Prem. No.	Bldg. No.	Deductible
1	1	\$ 1,000

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)			
Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days	Deductible
Extended Business Income – Extended Number Of Days	\$ 0	60	

SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to the Businessowners Liability Coverage Form and any attached endorsements.

Coverage		Limit Of Insurance
Liability And Medical Expenses	\$	1,000,000 Per Occurrence
Medical Expenses	\$	5,000 Per Person

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BUSINESSOWNERS RENEWAL DECLARATION

POLICY NO: BP22022148-1
INSURED: Chandelier LLC

EFFECTIVE DATE: 07/22/2023
AGENT: Family Insurance Center LLC

Coverage	Limit Of Insurance
Damage To Premises Rented To You	\$ 100,000 Any One Premises
Other Than Products/Completed Operations Aggregate	\$ 2,000,000
Products/Completed Operations Aggregate	\$ 2,000,000

TOTAL BUSINESSOWNERS POLICY PREMIUM	\$ 451
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TOTAL PREMIUM	\$ 451.00
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FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

BUSINESSOWNERS LIABILITY

RENEWAL DECLARATION

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

1 215 W College Ave, Appleton, WI 54911 5826

LOC	CLASSIFICATION	CODE	PREMIUM BASIS	EXPOSURE	PMS RATE	PDTS RATE	OTHER RATE	PD DED APPLIES
1	Distributors - no food or drink - Not Otherwise Classified	12362	Gross Sales	50,000	0.212	0.765		
1	Restaurants - with sale of alcoholic beverages that are 75% or more of the total annual receipts of the restaurants - with tables - without dance floor - no table service	16931	Square Footage	3,500	4.578	0.218		
1	Liquor Sales, Over 25% But Less Than Or Equal To 40%	58161	Gross Sales	750,000			0.806	

TOTAL BUSINESSOWNERS LIABILITY PREMIUM	\$ 2,416
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See Forms Schedule

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SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

BUSINESSOWNERS PACKAGE POLICY

PREMIUM SUMMARY

TOTAL BUSINESSOWNERS PREMIUM	\$	451
BALANCE TO MINIMUM BUSINESSOWNERS PREMIUM	\$	49
TOTAL BUSINESSOWNERS LIABILITY PREMIUM	\$	2,416
TOTAL SURCHARGE	\$	0
TOTAL BUSINESSOWNERS PACKAGE POLICY PREMIUM	\$	2,916

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

FORMS SCHEDULE

POLICY NO: BP22022148-1

RENEWAL OF BP22022148-0

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

AGENCY AND MAILING ADDRESS

00899

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Chandelier LLC 215 W College Ave Appleton, WI 54911-5826
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Family Insurance Center LLC 1017 Orchard Dr Seymour, WI 54165

POLICY PERIOD: FROM 07/22/2023 TO 07/22/2024 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

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BUSINESSOWNERS POLICY FORMS	
BP0127 11-18	Wisconsin Changes
BP0417 01-10	Employment-Related Practices Exclusion
BP0489 01-10	Liquor Liability Coverage
BP0497 01-06	Waiver Of Transfer Of Rights Of Recovery Against Others To Us
BP0515 12-20	Disclosure Pursuant To Terrorism Risk Insurance Act
BP1505 05-14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
TBP453 11-16	Water Backup And Sump Overflow
TSA710 10-18	TopShelf Extension Endorsement for Association Members
TBP9 10-08	Businessowners Common Policy Conditions
TBP84 05-15	Property Enhancement Endorsement Green Environmental and Energy Efficiency Improvements
TBP6 05-15	Businessowners Liability Coverage Form
TBP440 08-17	Asbestos - Exclusion
TBP2109 12-15	Exclusion - Unmanned Aircraft
TBP2 05-15	Businessowners Special Property Coverage Form
SAI42 09-02	Additional Insured - Designated Premises - Limited
TBP12 05-15	Product Spoilage