



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: Effective Date: Expiration Date: Non-Refundable Fee: Paid (yes or no):

Rev. 05-2024

Applicant Information

Name (print): John C. Greiner Company: Jack's Apple Pub
Address: 535 W College Ave Telephone: 920-585-6815
Appleton, WI 54911 E-mail: milkeyway9@aol.com
Applicant Signature: Date: 5/14/2024

Occupancy Information

General Description/Reason: Temporary sidewalk closure
Street Address: 535 W College Ave Sidewalk/roadway obstruction requested [X] Y or [] N
Multiple Streets: and State Street
Date(s) From: TBD To: 35 days or < [X] 35 days or > [] (Requires Committee and Council Approval)

Occupancy Type

- Permanent - Obstruction (\$40)
Temporary - Obstruction (\$40)
Amenity/Annual (\$40)
Blanket/Annual (\$250)
Block Party (\$15)

Sub-Type

- Awning
Dumpster
Sign
Obstruction / Other
POD / Container

Location

- Sandwich Board
Table / Chairs
Sidewalk
Terrace
Roadway

Additional Requirements

[X] Plan/Sketch [X] Certificate of Insurance [] Bond [] Committee and Council Approval
Other : Date:

Traffic Control Requirements

Type of Street: Proposed Traffic Control:
[] Arterial/CBD [] City Manual Page(s)
[] Collector [] State Manual Page(s)
[X] Local [X] Other (attach plan)
Approved by: Date:
Contact Traffic Division (920-832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure.
Additional Requirements:

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. Dumpsters/PODs/Containers shall be located within 12" of face of curb.
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:

(Department of Public Works)

DATE:

DEPARTMENT OF PUBLIC WORKS

METER BAG APPLICATION

Fee is \$9.00 per day plus tax or any part thereof.

THIS FEE WILL BE CHARGED FOR EVERY DAY THE METER BAG IS RESERVED
(excluding Sundays and City Observed Holidays).

NOTE: Meter bags shall not be used on red meters. If a red meter is found bagged, the bag will be removed and the vehicle will be ticketed.

Company Name Jack's Apple Pub

Agent John Greiner

Company Address 535 W College Ave Appleton, WI 54911

Phone Number | Email milkeyway9@aol.com

Reason Construction project

Location State Street - 2 stalls

Meter Zone & Space#

Date(s) TBD

Amount Due
(\$9.00 per bag per day plus tax)

Approved by
Department of Public Works Representative

Today's Date

Statement of Insurance Coverage

Insurance Coverage:

Insurance Carrier: acvity
Insurance Agent Name and Phone Number: Pat H. Ademino - 920-734-3110
Policy Number: 207221
Policy Period: 10-23-23 - 10-23-24

Bond Coverage:

* Bond Carrier: N/A
* 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: Mason Doctor
Print Name: Kevin Schuh
Signature: [Signature]
Date: 5/13/24

* 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)



CERTIFICATE OF LIABILITY INSURANCE

HICKO-4

OP ID: CMW

DATE (MM/DD/YYYY)
05/14/2024

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 ADEMINO & ASSOCIATES 1001 TRUMAN P O BOX 99 KIMBERLY, WI 54136-0099 PATRICK HEURING	920-734-3110 CONTACT NAME: PATRICK HEURING PHONE (A/C, No, Ext): 920-734-3110 FAX (A/C, No): 920-734-6027 E-MAIL ADDRESS: pheuring@ademino.com
INSURED HICKORY FARM/MASON DOCTOR KEVIN M SCHUH DBA W2918 SCHMIDT RD BRILLION, WI 54110	INSURER(S) AFFORDING COVERAGE INSURER A : ACUITY INSURANCE NAIC # 14184 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES

CERTIFICATE NUMBER:

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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		Z07221	10/23/2023	10/23/2024	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 - COMP/OP AGG \$ 2,000,000
A	X AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			Z07221	10/23/2023	10/23/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CITY OF APPLETON IS AN ADDITIONAL INSURED IN REGARDS TO GENERAL LIABILITY.

CERTIFICATE HOLDER

CANCELLATION