

January 2, 2024

Danielle L. Block
City of Appleton – Public Works
100 N. Appleton Street
Appleton, WI 54911

Dear Ms. Block,

Appleton Downtown, Inc., along with Creative Downtown Appleton, Inc., will once again be hosting Avenue of Ice in 2024. Downtown businesses are invited to sponsor an ice carving, which will be displayed on the colored, stamped, amenity strip adjacent to the sidewalk, in front of their business locations. Carvings will begin to be displayed on February 23, 2024 and will remain up until they melt.


As we have done in previous years, we would like to work with your department to place planters within the amenity strip of College Avenue to display the ice carvings. My office will provide you with a complete list of the participating businesses and their locations prior to February 23rd.

The ice carvings will be created and placed on the planters by Krystal Kleer Ice Carvings. Should you need additional information from Krystal Kleer, their contact information is as follows:

Paul Salmon
920-470-9491
krystalkleerice@gmail.com

Enclosed please find our Permit to Occupy the Public Right-of-Way application and fee to cover the amenity strip from 900 W. College Avenue through 300 E. College Avenue. We further request access and use of the landscape power, if necessary. We will not require any street closures. Please feel free to contact our Events Director, Carissa Hackel, if additional information is needed.

Thank you for your consideration.

Sincerely,

Meghan Petters
Administrative & Events Assistant
Appleton Downtown, Inc.



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

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

Rev. 10-05-2023

Applicant Information

Name (print): _____ Company: _____
 Address: _____ Telephone: _____
 _____ E-mail: _____
Applicant Signature: _____ **Date:** _____

Occupancy Information

General Description: _____

Street Address: _____ Sidewalk/roadway obstruction requested Y or N

- or -
Multiple Streets: _____

Date(s) From: _____ To: _____ 35 days or < 35 days or >
(Requires Committee and Council Approval)

(Department use only)

<u>Occupancy Type</u>	<u>Sub-Type</u>	<u>Location</u>
Permanent - Obstruction (\$40)	Awning	Sidewalk
Temporary - Obstruction (\$40)	Dumpster	Terrace
Amenity/Annual (\$40)	Sign	Roadway
Blanket/Annual (\$250)	Obstruction / Other	
Block Party (\$15)	POD / Container	

Additional Requirements

Plan/Sketch Certificate of Insurance Bond
 Other : _____

Traffic Control Requirements N/A

Type of Street: _____ *Proposed Traffic Control:* _____
 Arterial/CBD City Manual Page(s) _____
 Collector State Manual Page(s) _____
 Local 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)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/18/2023

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 Truyma Haase Zahn Insurance Group 114 S Main St PO Box 6 Seymour, WI 54165	CONTACT NAME: PHONE (A/C No. Ext): (920) 833-6871 FAX (A/C, No): (920) 833-6870 E-MAIL ADDRESS: info@thzins.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Appleton Downtown Inc PO Box 2272 Appleton, WI 54912	INSURER A: Secura Insurance NAIC # 22543	
	INSURER B: The Hartford HARTF1	
	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.

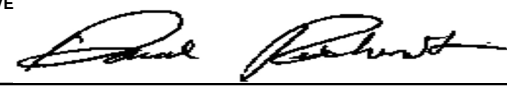
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		CP3301626	04/15/2023	04/15/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000			CU3301635	04/15/2023	04/15/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	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/A	83WECAC9T18	04/15/2023	04/15/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Directors & Officers Liability			CP3301626	4/15/2023	4/15/2024	Per Occurrence \$1,000,000
A	Liquor Liability			CP3301626	4/15/2023	4/15/2024	Per Occurrence \$1,000,000

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

City of Appleton as additional insured - when required by contract per form CGT1000

Commercial Umbrella follows forms of underlying policies.

CERTIFICATE HOLDER**CANCELLATION**

City of Appleton 100 N Appleton St Appleton, WI 54911	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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