



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # :
Effective Date: 6/30/25
Expiration Date: 6/30/26
Non-Refundable Fee: 9043-0006
Paid (yes or no): 40.00

Rev. 05-2024

Applicant Information

Name (print): Frederick Stuedemann Company: Vault 202 Brewery + Taphouse LLC
Address: 202 W. College Ave Telephone: 515.720.4197
Appleton, WI 54911 E-mail: Fritz@Vault202brewery.com
Applicant Signature: [Signature] Date: 8-15-25

Occupancy Information

General Description/Reason: We would like to place tables/chairs or picnic tables out front of our space for customers to enjoy outdoor seating. We did include in our liquor license.
Street Address: _____ Sidewalk/roadway obstruction requested ☐ Y or ☐ N
- or -
Multiple Streets: _____

Date(s) From: _____ To: 6/30/26 35 days or < ☐ 35 days or > ☒
(Requires Committee and Council Approval)

(Department use only)

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

- ☒ Sidewalk
☐ Terrace
☐ Roadway

Additional Requirements

☒ Plan/Sketch ☒ Certificate of Insurance ☐ Bond
☒ Other: Letter requesting table & chairs Committee and Council Approval
Date: _____

Traffic Control Requirements

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

Approved by: _____ Date: _____

☐ N/A ☐ 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: _____

August 15, 2025

To Whom It May Concern,


We would like to submit our application for a Permit to Occupy the Public Right-Of-Way for Tables/Chairs.

We are hoping to have tables/chairs outside in front of our space so that our customers can enjoy outdoor seating as weather permits. We did include outdoor space with our beer and liquor license application.

Included with this letter are our application, certificate of insurance and a plan/sketch.

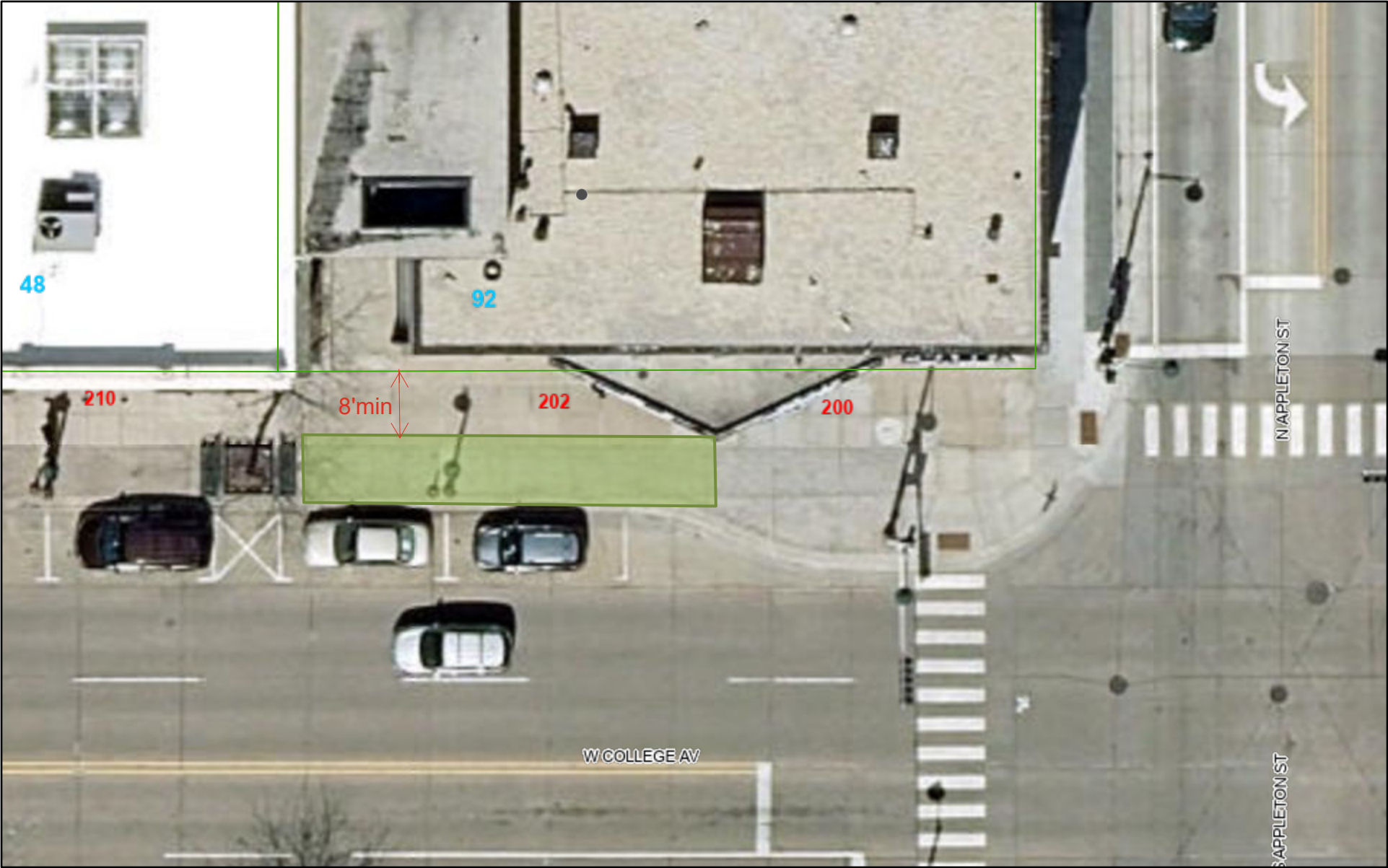
Please let us know if you have any questions or if you need any further information.

Thank you for your consideration.

A handwritten signature in black ink, appearing to read 'F. Stuedemann', with a long horizontal flourish extending to the right.

Frederick Stuedemann
Vault 202 Brewery & Taphouse LLC

202 W College Tables/Chairs



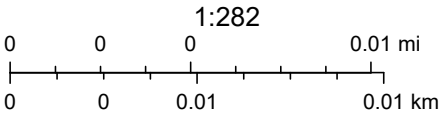
8/18/2025, 3:21:02 PM

Override 1 Zoning

Lot Dim Text

City Parcels Address Text

Parcels



← College Ave →

2ND FLOOR PLAN

Tables

← Sandwich Board

Chase Bank

1ST BASEMENT PLAN

NORTH

PRELIMINARY
NOT FOR CONSTRUCTION

FLOOR PLAN
AF-101

FOR
REFERENCE
ONLY

Appleton
St.



VANITY ROOM, BATHROOM AND TAPROOM
FRITZ STUEDEMANN
200 WEST COLLEGE AVE
APPLETON, WI 54911

WALL INFORMATION

1. WALLS TO REMAIN
2. WALLS TO BE DEMOLISHED
3. WALLS TO BE RECONSTRUCTED

PLAN NOTES

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2015 INTERNATIONAL RESIDENTIAL CODE.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2015 INTERNATIONAL RESIDENTIAL CODE.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2015 INTERNATIONAL RESIDENTIAL CODE.

Hoffman
Flooring, Design & Construction, Inc.
608.234.2270 | hoffman.net



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/11/2025

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 R&R Insurance Services, Inc. P.O. Box 1610 Waukesha, WI 53187-1610	CONTACT NAME: Commercial Lines Client Care		
	PHONE (A/C, No, Ext): (262)953-7235	FAX (A/C, No): (262)953-1306	
	E-MAIL ADDRESS: ClientCare@rrins.com		
INSURED Vault 202 Brewery and Taphouse LLC 202 W College Ave Appleton, WI 54911-5827	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Cincinnati Insurance Companies		10677
	INSURER B: SFM Mutual Insurance Company		11347
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 685137 **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 checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			ETD0749454	06-10-2025	06-10-2026	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 \$ 1,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ETD0749454	06-10-2025	06-10-2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			ETD0749454	06-10-2025	06-10-2026	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 <input checked="" type="checkbox"/> N	N/A	194841.201	06-10-2025	06-10-2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Liquor Liability			ETD0749454	06-10-2025	06-10-2026	Occurrence Basis 1,000,000 General Aggregate 1,000,000

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

CERTIFICATE HOLDER

City of Appleton
100 N Appleton St, 5th Floor
Appleton, WI 54911

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