



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : _____

Effective Date: _____

Expiration Date: _____

Non-Refundable Fee: 40.00

Paid (yes or no): 8534.0004

Rev. 05-2024

Applicant Information

Name (print): Pheng VUE

Company: Bowl Ninety One

Address: 100 E College Ave
Appleton WI 54911

Telephone: 920 815 3184

E-mail: pheng@bowl91.com

Date: 05/05/2025

Applicant Signature: [Signature]

Occupancy Information

General Description/Reason: Provide Customer with outdoor seating in front of our restaurant

Street Address: 100 E College Ave Appleton WI 54911 Sidewalk/roadway obstruction requested ☐ Y or ☐ N

- or -

Multiple Streets: _____

Date(s) From: April To: October 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 : _____

Committee and Council Approval

Date: _____

Traffic Control Requirements

☐ N/A

Type of Street:

- ☐ Arterial/CBD
☐ Collector
☐ Local

Proposed Traffic Control:

- ☐ City Manual Page(s) _____
☐ State Manual Page(s) _____
☐ 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**

HOLD HARMLESS, INDEMNIFICATION, AND DEFENSE AGREEMENT AND STATEMENT OF INSURANCE COVERAGE

The Applicant and/or the Organization agrees to indemnify, defend, and hold harmless the City of Appleton and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses, and costs, including attorney fees, arising out of the activities performed as described below. This obligation applies to the extent caused by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by them, or anyone for whose acts they may be liable, except to the extent caused by the sole negligence or willful misconduct of the City.

Proposed Activities: _____

Insurance Coverage Details (if applicable):

- Insurance Carrier: State Farm
- Insurance Agent Name and Phone Number: Jordyn Hendzel 920 882 4200
- Policy Number: 99-CW-K729-4
- Policy Period: 01/01/2025 - 01/01/2026

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 requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license and have provided the name of my insurance carrier, the policy number, and the policy period above. Further, I agree to:

1. Maintain appropriate insurance coverage for the duration of this permit/license.
2. Indemnify against any and all liability, loss, damage, and expenses, 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 or anyone directly or indirectly employed by 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.**

Bowl Ninety One
Name of Applicant/Organization
100 E College Ave
Address
Pheng @ bowl 91 . com
Email Address

Pheng VUE
Print Name
[Signature]
Signature
05/06/2025
Date

