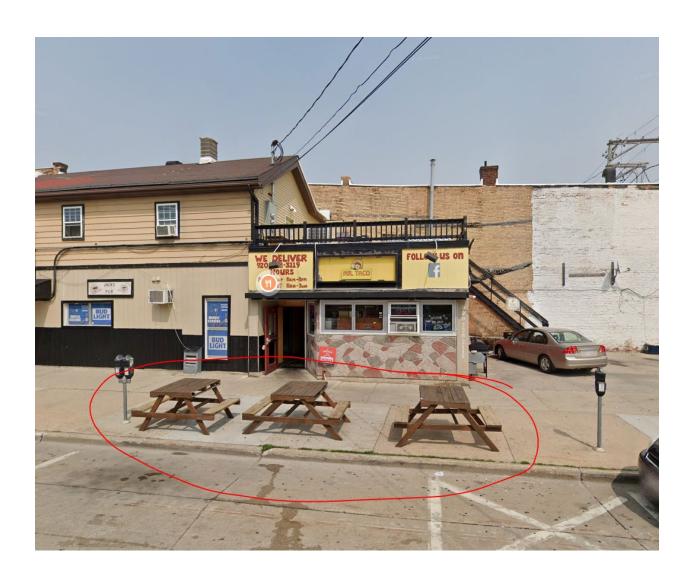


PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

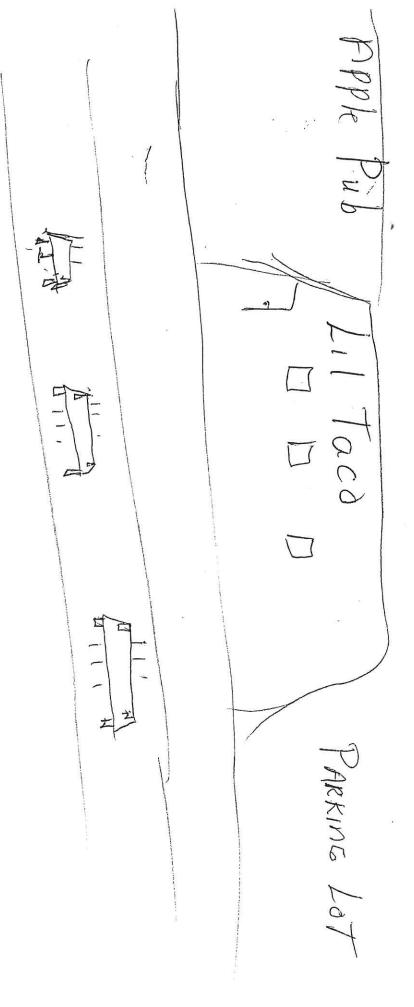
Permit #:	_	4 0	
Effective Date:			
Expiration Date:			
n Defundable Foot	110	5	_

Non-Refundable Fee: 4(), ()C
Paid (yes or no): 45/1565/0505

Rev. 10-05-2023	1000
Applicant Information	
Name (print): Julia Vina Somez Company: Lil T	GCO,
Address: 1625 Coolidge (T. Telephone: 900) 35	8-3119
	ales 3900@gmail.com
	Date: 05/20/24
Occupancy Information	
General Description:	
Street Address: 106 S. STate ST. Sidewalk/roadway	y obstruction requested Y or N
Multiple Streets:	
	or > Scommittee and Council Approval)
(Department use only)	
Occupancy Type Sub-Type Sub-Type Sorrdwick Rea	Location
Permanent - Obstruction (\$40) Temporary - Obstruction (\$40) Dumpster Sandwich Boa Table / Chairs	→ Sidewalk
1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
Amenity/Annual (\$40) Blanket/Annual (\$250) Obstruction / Other	Roadway
Block Party (\$15) POD / Container	
Land Container	
Additional Requirements Plan/Sketch Certificate of Insurance	Bond
Other:	
Traffic Control Requirements N/A Contact Traffic Divis	sion (920-832-2379) 1 business day prior to
	2 business days prior to a full road closure.
Arterial/CBD City Manual Page(s) Additional Requirem	
Collector State Manual Page(s)	
Local Other (attach plan)	
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 MUNCIPAL CITATION if conditions	
4. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions develop during the period	od 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 permit, warranties that all street occupancies will be performed in conformity to City ordinances, standards and policies, be programmer. By applying for and accepting this permit, the applicant assumes full liability and/or any costs incurred by the City for conformal permit is permit, the applicant assumes full liability and/or any costs incurred by the City for conformal permit.	perly barricaded and lighted, and be performed in a safe
compliance with said ordinances, standards, policies and permit conditions. No occupancy shall occur prior to approval of this p	
The Grantee shall guarantee at their expense, the repair or replacement of pavement, sidewalk and any other facilities within the or any sub-contractor working for them. The Grantee shall assume complete and full liability and responsibility, in accordance or damage to persons or property resulting from their facilities within the public right-of-way.	ie public right-of-way damaged or destroyed by the Grantee with existing ordinances and policies, in the event of injury
APPROVED BY: (Department of Public Works)	DATE:







Statement of Insurance Coverage

Insurance Coverage:
Insurance Carrier: Pekins Insurance
Insurance Agent Name and Phone Number: Rich 900)685-0900
Policy Number: 006136043
Policy Period: 07/25/23 To 07/25/24
Bond Coverage:
* 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 certificant 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: Lil Taco
Print Name: Jeglia Nino Gamez
Signature:
Date:

- * 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

DATE (MM/DD/YYYY) 05/21/2024

NEGA THE IS	CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ITIVELY AMEND, EXTEND OR ALTER THE COVERAGE AF SSUING INSURER(S), AUTHORIZED REPRESENTATIVE O	FORDE R PROD	D BY THE UCER, AN	POLICIES BELO ID THE CERTIFIC	W. THIS CERTIF CATE HOLDER.	ICATE OF INSURAN	NCE DOES NOT CONSTITUTE A CONTRAC	CT BETWEEN
IMPOR	RTANT: If the certificate holder is an ADDITIONAL INSURE es may require an endorsement. A statement on this certi	ED, the p	oolicy(ies) oes not co	nfer rights to the	certificate holde	er in lieu of such en	bject to the terms and conditions of the p dorsement(s).	olicy, certain
PRODUC	CER .			CONTACT N	IAME: RICHARD	L. CHRISTL		
ALLIANCE INS. & FINANCIAL SERVICES, LLC			PHONE FAX (A/C, No, Ext): (920) 685-0900 (A/C, No): (920) 685-0444				ri .	
08600-A0				E-MAIL ADDRESS: PRODUCER				
OMRO, V				CUSTOMER				
						NSURER(S) AFFOR	DING COVERAGE	NAIC#
INSURE	D			INSURER A		PEKIN INSURANC	E COMPANY	24228
	LC DBA LIL TACO			INSURER B			The second secon	
	FATE ST ON, WI 54911-5841			INSURER D				
				INSURER E				
				INSURER F				
COVERA	AGES CERTIFICATE NUMBER:					REVISION NUMBE	R:	
THIS ANY F AFFO	IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST REQUIREMENT, TERM OR CONDITION OF ANY CONTRAC ORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT CLAIMS.	TOPOT	THER DOC	CUMENT WITH RE	ESPECT TO WHIC ONS AND CONDI	CH THIS CERTIFICA FIONS OF SUCH PC	TE MAY BE ISSUED OR MAY PERTAIN, TH	IE INSURANCE
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
Α	GENERAL LIABILITY	"		006136043	07/25/2023	07/25/2024	EACH OCCURRENCE	\$ 1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
,	CLAIMS - MADE X OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
				44	(g) 21		GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
l t	POLICY PROJECT LOC							\$
	AUTOMOBILE LIABILITY ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per person)	\$
	SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS							
								•
	UMBRELLA LIAB OCCUR				į		EACH OCCURRENCE	s
	EXCESS LIAB CLAIMS-MADE				1		AGGREGATE	3
	DEDUCTIBLE							
	RETENTION \$							\$
Α	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			006136051	07/25/2023	07/25/2024	X WC STATU- TORY LIMITS OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE N OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$ 100,000
	(Mandatory in NH)					1	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 100,000
	BUSINESSOWNERS						EACH OCCURRENCE	\$
	BOSHAFSSOAMAEVS				1		PROD & COMP OPS AGGREGATE	\$
					1		GENERAL AGGREGATE	\$
-	GARAGE LIABILITY						EACH ACCIDENT (AUTO ONLY)	\$
	100 mm (T. 750 fb) (T. 199						EACH ACCIDENT (OTHER THAN AUTO ONLY)	s
							AGGREGATE	\$
DESCR	RIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Atta	ch ACO	RD 101, A	dditional Remar	ks Schedule, if m	ore space is requir	red)	

CERTIFICATE HOLDER	CANCELLATION	
CITY OF APPLETON100 N APPLETON STREETAPPLETON, WISCONSIN 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.	
***	ALLIANCE INS. & FINANCIAL SERVICES, LLC - 08600-A00	

Payment Entry Form

Result: Payment Authorized Confirmation Number: 156510505

Your payment has been authorized successfully and payment will be processed.

The City of Appleton Inspections thanks you for your payment. For questions about your account, please call 920-832-6413. Thank you for using our bill payment services.

Please save or print a copy of this receipt for record keeping purposes.

My Bills

State: Zip Code: Phone Number: Email Address: Estimated Costs: 40

Description	on		Amount
Street Occupa	ncy Permit payment of \$40.00 on Numb	per And StreetName 106 S STATE ST	\$40.00
Customer Information		Subtotal:	\$40.00 \$1.50
		Convenience Fee:	
First Name:	JULIA	Total Payment:	\$41.50
Last Name:	NINO GOMEZ	Company and the Company and Co	711100
Address Line 1	:		
Address Line 2	2:		
City:			

Payment Information

Payment Date: 05/21/2024

Card Type:

Visa

Card Number: ********3267

Signature:	Date: /	
By signing this receipt you agree to the terms and condi-	tions of this service	

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as City of Appleton GOV. If you have any questions about the charges please call 1-888-891-6064.