



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : _____
 Effective Date: _____
 Expiration Date: _____
 Non-Refundable Fee: \$40.00
 Paid (yes or no): yes/156510505

Rev. 10-05-2023

Applicant Information

Name (print): Julia Ning Gomez Company: Lil Taco
 Address: 1625 Coolidge Ct. Telephone: 920) 358-3119
Appleton, WY 82401 E-mail: Julianing3900@gmail.com
 Applicant Signature: [Signature] Date: 05/20/24

Occupancy Information

General Description: Tables + Chairs
 Street Address: 106 S. State St. Sidewalk/roadway obstruction requested Y or N
 - or -
 Multiple Streets: _____
 Date(s) From: 2024 To: 2025 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 : _____

Traffic Control Requirements

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

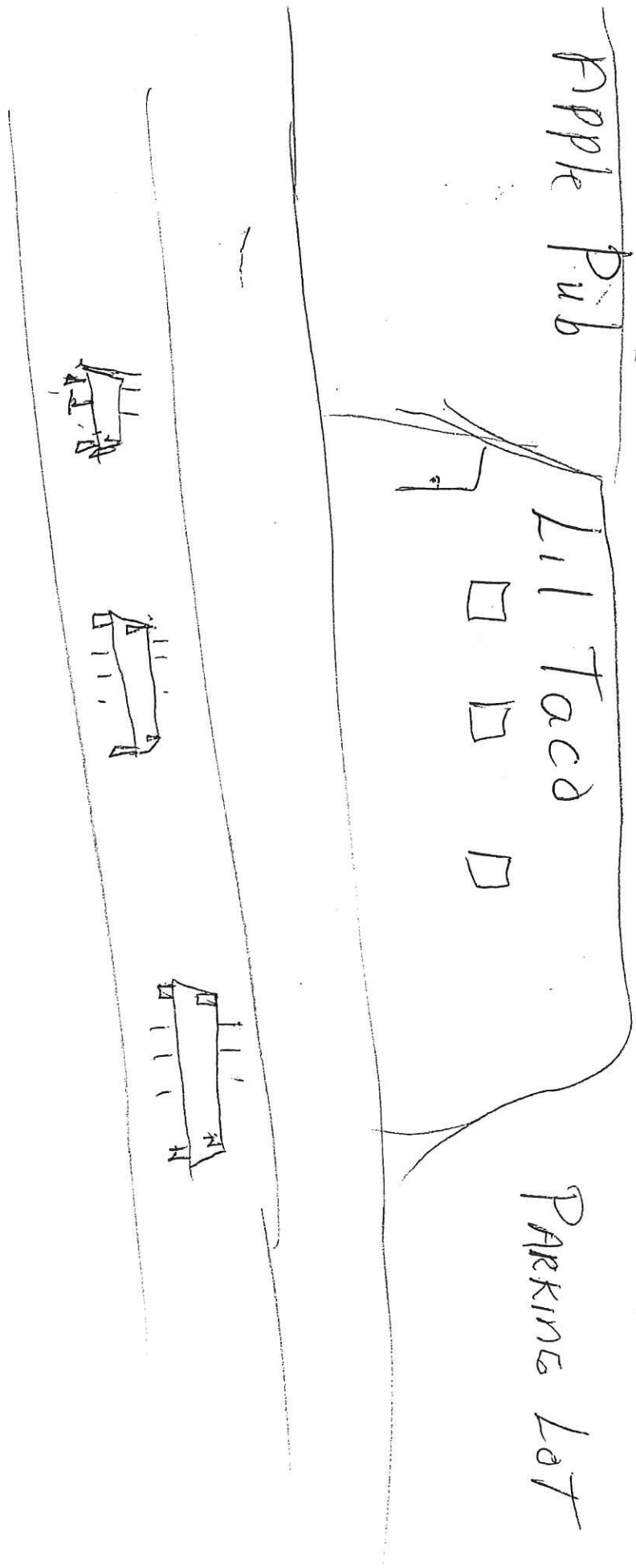
The Grantee shall guarantee at their expense, the repair or replacement of pavement, sidewalk and any other facilities within the public right-of-way damaged or destroyed by the Grantee or any sub-contractor working for them. The Grantee shall assume complete and full liability and responsibility, in 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: _____

(Department of Public Works)

DATE: _____





Statement of Insurance Coverage

Insurance Coverage:

Insurance Carrier: Pekins Insurance
Insurance Agent Name and Phone Number: Rich 920)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 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: Lil Taco
Print Name: Julia Nino Gomez
Signature: [Signature]
Date: 05/20/24

* 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 HOLDER

CITY OF APPLETON 100 N APPLETON STREET APPLETON, WISCONSIN 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

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

Description	Amount
Street Occupancy Permit payment of \$40.00 on Number And StreetName 106 S STATE ST	\$40.00
Customer Information	
Subtotal:	\$40.00
Convenience Fee:	\$1.50
Total Payment:	\$41.50

Customer Information

First Name: JULIA
 Last Name: NINO GOMEZ
 Address Line 1:
 Address Line 2:
 City:
 State:
 Zip Code:
 Phone Number:
 Email Address:
 Estimated Costs: 40

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 conditions 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.