



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

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

Rev. 04-10-15

Applicant Information

Name (print): Joshua Sickler Company: my Authors Kitchen
 Address: 125 E College Ave Telephone: (920) 851-6300 FAX: _____
 e-mail: jsickler69@gmail.com
 Applicant Signature: _____ Date: _____

Occupancy Information

General Description: Tables & Chairs out on side walk
 Street Address: 125 East College Ave. Tax Key No.: _____
 - or -
 Street: _____ From: _____ To: _____
 Multiple Streets: _____

(Department use only)

Occupancy Type	Sub-Type	Location
<input checked="" type="checkbox"/> Permanent (\$40)	<input type="checkbox"/> Sandwich Board	<input checked="" type="checkbox"/> Sidewalk
<input type="checkbox"/> Temporary - max. 35 days (\$40)	<input checked="" type="checkbox"/> Tables / Chairs	<input type="checkbox"/> Terrace
<input type="checkbox"/> Amenity/Annual (\$40)	<input type="checkbox"/> Dumpster	<input type="checkbox"/> Roadway
<input type="checkbox"/> Blanket/Annual (\$250)	<input type="checkbox"/> POD / Container	
<input type="checkbox"/> Block Party (\$15)	<input type="checkbox"/> Obstruction / Other	

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.

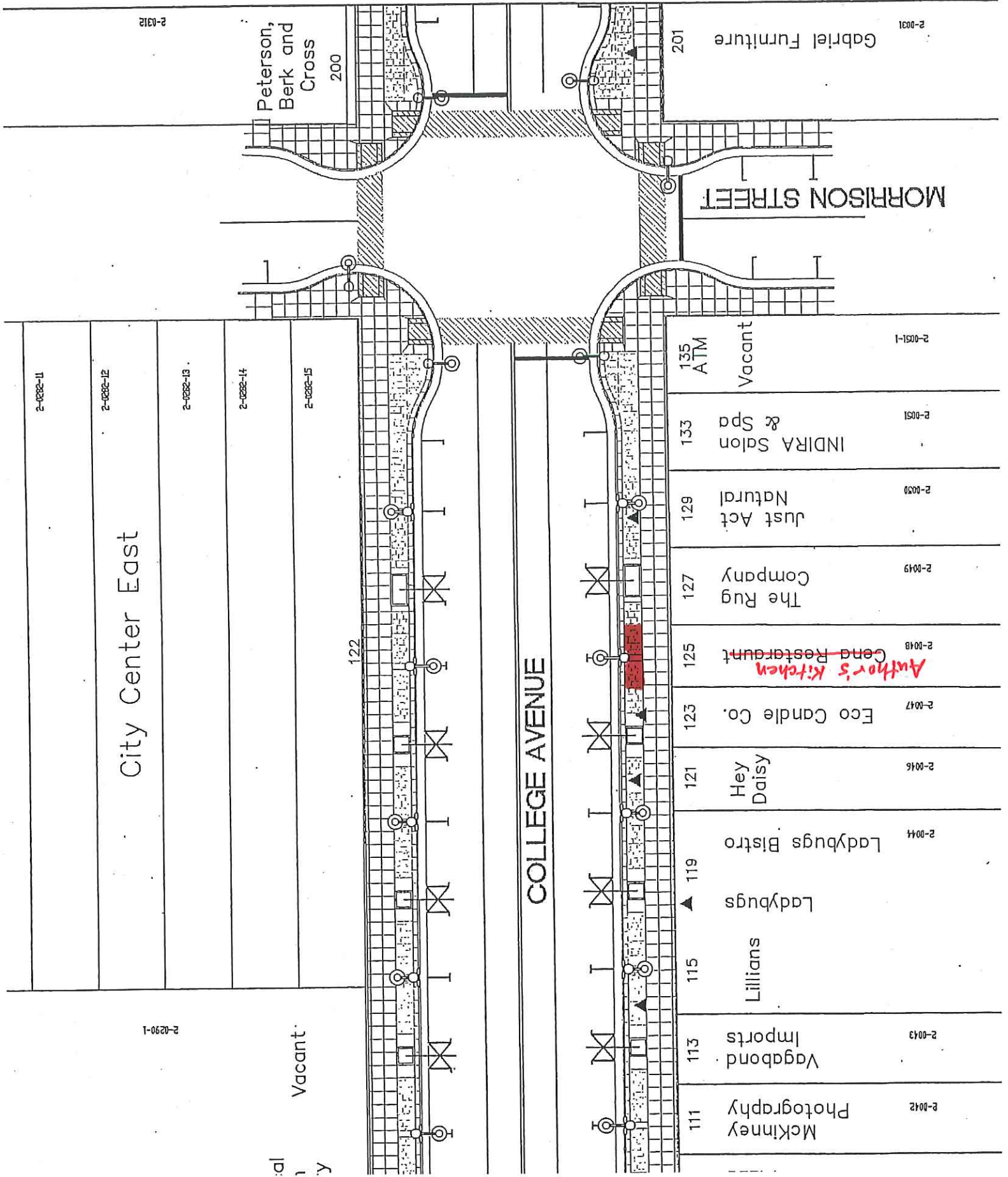
This permit is issued to the applicant upon payment of the permit fee and is expressly limited to the location and type described herein. The applicant, in exchange for receiving this permit, warrants that all street occupancies will be performed in conformity to City ordinances, standards and policies, 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: _____
 (Department of Public Works)

DATE: _____

City Center East



2-0312

Peterson,
Berk and
Cross
200

201

Gabriel Furniture

2-0031

MORRISON STREET

2-0082-11

2-0082-12

2-0082-13

2-0082-14

2-0082-15

122

COLLEGE AVENUE

135
ATM

Vacant

2-0051-1

133

INDIRA Salon
& Spa

2-0051

129

Just Act
Natural

2-0030

127

The Rug
Company

2-0049

125

~~Eco Restaurant~~
Author's Kitchen

2-0018

123

Eco Candle Co.

2-0047

121

Hey
Daisy

2-0046

▲ 119

Ladybugs
Bistro

2-0044

115

Lillians

113

Vagabond
Imports

2-0043

111

McKinney
Photography

2-0042

Vacant

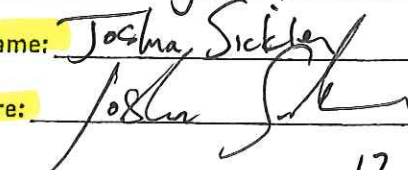
2-0290-1

Insurance and Bond Coverage:

Insurance Carrier: Badger Mutual
Insurance Agent Name and Phone Number: Guy (920) 851-7912
Policy Number: 00758-55345
Policy Period: 12/10/20
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: MJ Author's Kitchen
Print Name: Joshua Sickley
Signature: 
Date: 12-3-2019