



# PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Non-Refundable Fee: \$40.00  
 Paid (yes or no): yes/155924976

Rev. 05-2024

### Applicant Information

Name (print): PATRICK FRAWLEY Company: FOSTER COCKTAIL COMPANY LLC | COMMODORE CLUB  
 Address: 231 E COLLEGE AVE Telephone: 920-858-9352  
APPLETON WI 54911 E-mail: FOSTERCOCKTAILCO@GMAIL.COM  
 Applicant Signature: [Signature] Date: 5/15/24

### Occupancy Information

General Description/Reason: TABLES AND CHAIRS IN FRONT OF COMMODORE CLUB  
 Street Address: 231 E COLLEGE AVE Sidewalk/roadway obstruction requested  Y or  N  
 - or -  
 Multiple Streets: \_\_\_\_\_  
 Date(s) From: \_\_\_\_\_ To: \_\_\_\_\_ 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  Committee and Council Approval  
 Other : \_\_\_\_\_ Date: \_\_\_\_\_

### Traffic Control Requirements

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

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. **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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Department of Public Works)



three small bistro  
tables with chairs  
close to this



**Insurance and Bond Coverage:**

Insurance Carrier: Society Insurance

Insurance Agent Name and Phone Number: Theresa Verpahl 920-739-0424

Policy Number: BP22007684

Policy Period: 03/16/24 - 03/16/25

\* 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: Foster Cocktail Company (Commodore Club)

Print Name: Patrick Frawley

Signature: Pat Frawley

Date: 05/09/24

\* Bonds are required for the following types of work only:

- Plumbing in the public right-of-way: \$5,000.00 Performance Bond (Code Section 4-265)
- Sewer lateral sealing in the public right-of-way: \$5,000.00 Performance Bond (Code Section 4-188(c))
- Moving of Buildings: \$2,000.00 Performance Bond (Code Section 4-207(5))
- Cement Finisher's License: \$2,000.00 Performance Bond (Municipal Code Section 9-33)



Step 1: Select Payments

Step 2: Review and Submit

Step 3: Confirmation and Receipt

### Step 3: Confirmation and Receipt

## Result: Payment Authorized Confirmation Number: 155924976

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

The City of Appleton thanks you for your payment. For questions about your account, please call 920-832-6474 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 payment of \$40.00 on PermitDescription PM	\$40.00

### Customer Information

First Name: Patrick  
 Last Name: Frawley  
 Address Line 1: 231 E College Ave  
 Address Line 2:  
 City: Appleton  
 State: Wisconsin  
 Zip Code: 54911  
 Phone Number: 9208589352  
 Email Address: fostercocktailco@gmail.com

Subtotal:	\$40.00
Convenience Fee:	\$1.50
<b>Total Payment:</b>	<b>\$41.50</b>

### Payment Information

Payment Date: 05/09/2024  
 Card Type: MasterCard  
 Card Number: \*\*\*\*\*2280

Print