



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: Effective Date: Expiration Date: Non-Refundable Fee: \$40.00 Paid (yes or no): yes/6852-0003

Rev. 05-2024

Applicant Information

Name (print): John C Greiner Company: Jack's Apple Pub Address: 535 W College Ave Telephone: 920-585-6815 Appleton, WI 54911 E-mail: milkeyway9@aol.com Applicant Signature: Date: 5/14/2024

Occupancy Information

General Description/Reason: Brick Veneer and Awning Street Address: 535 W College Ave Sidewalk/roadway obstruction requested Y or N Multiple Streets: State St Date(s) From: To: 35 days or < 35 days or > (Requires Committee and Council Approval)

Occupancy Type

- Permanent - Obstruction (\$40) Temporary - Obstruction (\$40) Amenity/Annual (\$40) Blanket/Annual (\$250) Block Party (\$15)

Sub-Type

- Awning Dumpster Sign Obstruction / Other Brick Veneer POD / Container Sandwich Board Table / Chairs

Location

- Sidewalk Terrace Roadway

Additional Requirements

Plan/Sketch Certificate of Insurance Bond Committee and Council Approval Date:

Traffic Control Requirements

Type of Street: Proposed Traffic Control: 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:

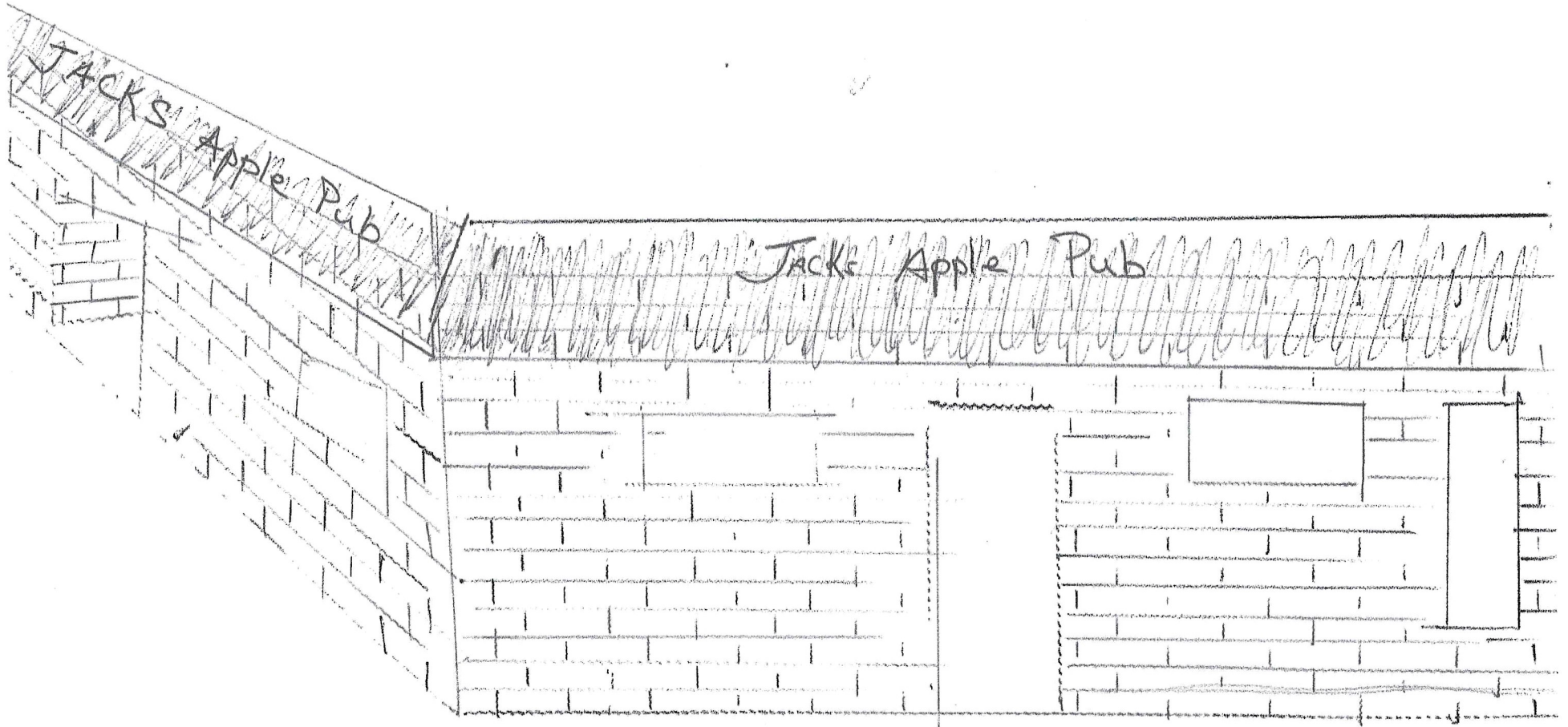
- 1. Permittee is responsible to obtain any further permits that may be required as part of this occupancy. 2. Permittee shall adhere to any plan(s) that were submitted to the City of Appleton as part of this application. 3. This permit is subject to IMMEDIATE REVOCATION and/or issuance of a MUNICIPAL 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. 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.

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.

APPROVED BY: DATE: (Department of Public Works)

Jack's Apple Pub  
535 W College Ave  
Appleton, WI 54911



Brick is 4 inch thick.

Removing current brick on front facing College Avenue, Replacing with new brick 10 feet high, to the bottom of awning.

Brick facing State Street 10 feet high to the bottom of awning.



Edit with Acrobat

44.	<b>52.</b>	
41.		
11.		

57.

10.		
9.	<b>35.</b>	
8.		
7.		

57.


SEVENTH

	<b>33.</b>	

57.

	7.		

57.


57.

57.

57.

College Ave

Block 53

Plywood barricades  
4 feet tall.

Apple  
Pub

State Street side  
closed off first for  
approx 2-3 weeks  
then College Avenue  
side for 2-3 weeks.

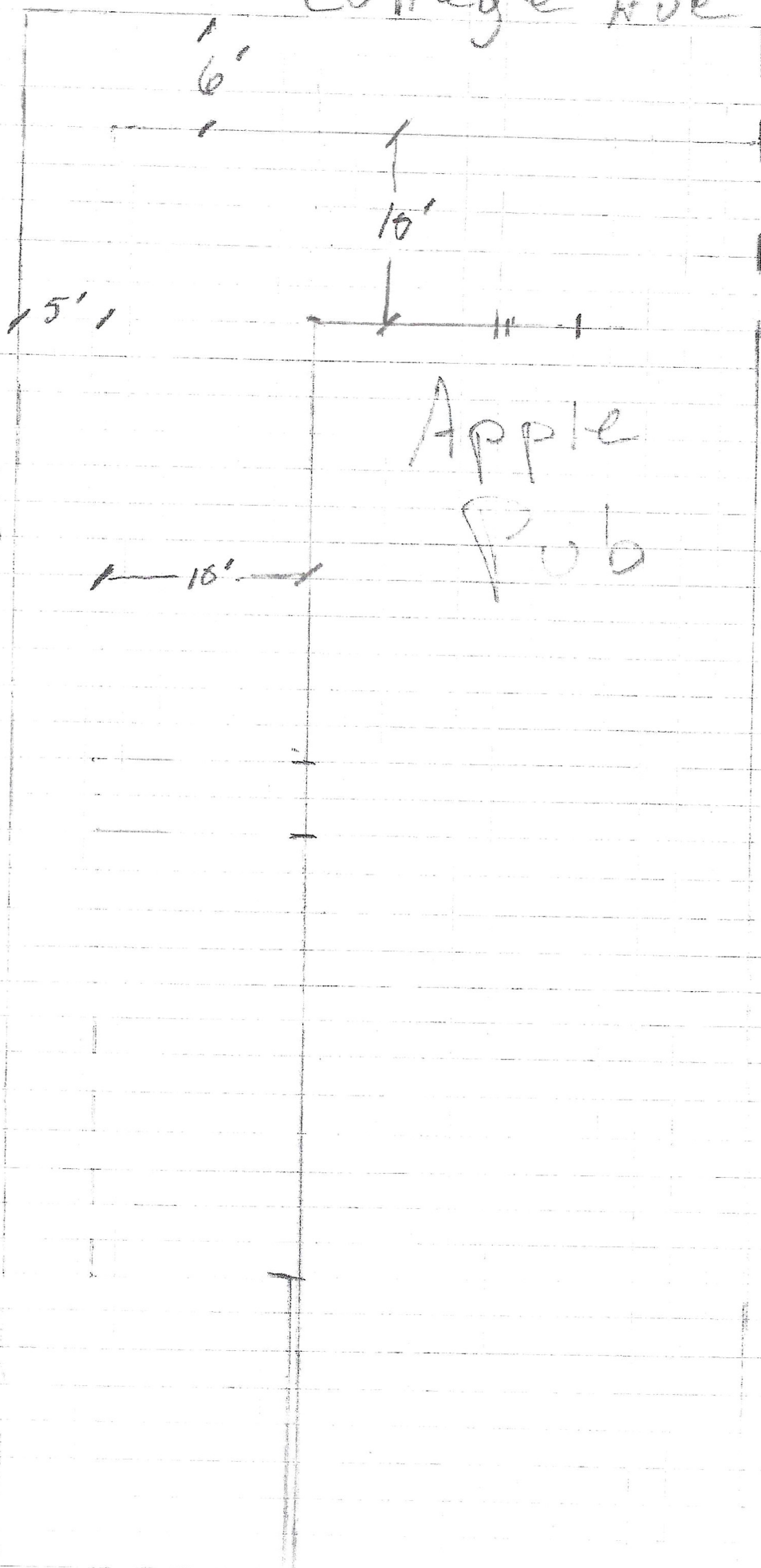
state st.

Mason Doctor  
W2918 Schmidt Rd  
Brillion, WI 54110

920-202-4021

masondoctor.repairs@gmail.com

Kevin Schuh





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/16/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  <b>Monday &amp; Associates, Inc</b> <b>2500 N. Richmond Street</b> <b>Appleton, WI 54911</b>	<b>CONTACT NAME:</b> Connor Mattson <b>PHONE (A/C, No. Ext):</b> (920)731-2018 <b>E-MAIL ADDRESS:</b> cmattson@mondayantassociates.com	<b>FAX (A/C, No):</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  <b>Jack's Apple Pub, LLC</b> <b>2201 Badger Rd</b> <b>Kaukauna, WI 54130</b>	<b>INSURER A :</b> <b>Badger Mutual Insurance Company</b>	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**

CERTIFICATE NUMBER: 00014228-28099

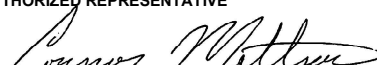
REVISION NUMBER: 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		00765-61227	08/01/2023	08/01/2024	EACH OCCURRENCE \$ <b>1,000,000</b> DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>100,000</b> MED EXP (Any one person) \$ <b>5,000</b> PERSONAL & ADV INJURY \$ <b>1,000,000</b> GENERAL AGGREGATE \$ <b>2,000,000</b> PRODUCTS - COMPI/OP AGG \$ <b>2,000,000</b> \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ <b>10,000</b>			00765-61227	08/01/2023	08/01/2024	EACH OCCURRENCE \$ <b>1,000,000</b> AGGREGATE \$ <b>1,000,000</b> \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	00765-61227	08/01/2023	08/01/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ <b>500,000</b> E.L. DISEASE - EA EMPLOYEE \$ <b>500,000</b> E.L. DISEASE - POLICY LIMIT \$ <b>500,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Workers Comp: Jack Greiner****CERTIFICATE HOLDER****CANCELLATION**

<b>City of Appleton</b> <b>100 North Appleton St</b> <b>Appleton, WI 54911</b>	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  (CMA)

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