

PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #:	
Effective Date:	5/12/23
Expiration Date:	
Fee:	40.00
Paid (yes or no):	1105

Rev. 04-10-15

I a I C I T. C		
Applicant Information	· · · · · · · · · · · · · · · · · · ·	IN II Ommanisan
Name (print): <u>Le Robbert</u>		any: KUL Properties
Address: 2401 W. Second	. 8 . JM:	ione: <u>920-95H-04Ido</u> FAX: <u>920-954-9158</u>
Appletou' bit o	<u> </u>	mail: Irobnert epelletumerica.com
Applicant Signature:		Date: 5-11-33
Occupancy Information		
	Time	Recircling, move dock
General Description: Washington		marcura, more cack
IOLE IS COM		S 101 51011 51511 0.80
Street Address: 1840 VVI KCC	ve St. Appleti	0n.W154914 Tax Key No.: 315146202
- or- Street:	From:	To:
	£3011(We will be a second of the sec
Multiple Streets:		
(pepartment use only)		
Occupancy Type:	Sub-Tvioe	Location
Permanent (\$40)	Sandwich Board	Sidewalk
Temporary - max. 35 days (\$40)	Tables / Chairs	Terrace 30 30 Assets
Amenity/Annual (\$40)	Dumpster	Roadway
Blanket/Arimual (\$250)	POD / Container	
Block Party (\$15)	Obstruction / Other	
Additional Requirements	MATERIAL SHIPS	ACTION TO SECURE AND ACTION ACTION AND ACTION ACTION AND ACTION ACTION AND ACTION AND ACTION ACTIO
Plan/Sketch	Certificate of Insurance	Bond
(other)		
	Barrier Brown Company	
Traffic Control Requirements W	A	Contact Traffic Division (832-2379) Libusiness day prior to any
Type of Street: Proposed Traffic Control:		lane closure, or 2 business days prior to a full road closure.
Arterial/CBD City Manual Page		Additional Requirements:
Collector State Manual Page	(s)	
Local Dther (attach plan)		
Approved by: - Date:		Carlot Carlot
This permit approval is subject to the following conditions: 1. Permittee is responsible to obtain any further permits		S this good wild.
 Permittee shall adhere to any plan(s) that were submit 	thed to the City of Appleton as	part of this application.
3. This permit is subject to IMMEDIATE REVOCATION as	d/or issuance of a MUNCIPAL	CITATION if conditions of the permit are not met.
This permit is subject to IMMEDIATE REVOCATION IF	anflavorable tramic conditions t	Jevelop during the period the occupancy is permitted.
This pairful is social to the applicant upon payment of the parmit (as and is expressly limited to the le	scation and type described herein. The applicant is exchange his receiving this
TORRING WAS DILLES IT AT SUSTING U.C. Durings will be purioused in a minimal. By applying for unit according this permit, the applying for unit according this permit, the applying to unit according this permit, the applying to unit according this permit.	conformity to Cify ordinancies; stead assumes full links to and or environ	Sards and policies, by properly harrisaded and lightled, and be performed in a sale.
		or prior to approval withis permit by the Elegentment of Public Works.
Tany and contractor working for them. The Greener shall assume a	okrolete und full bability and respoi	iny other facilities within the cubild alpheof-way damaged or destroyed by the Granies or usbility, in accordance with existing ardinences and policies, in the event of injury or
demage to persons or property resulting from the if ocities within	he public right-of-way.	
APPROVED BY:		DATE:



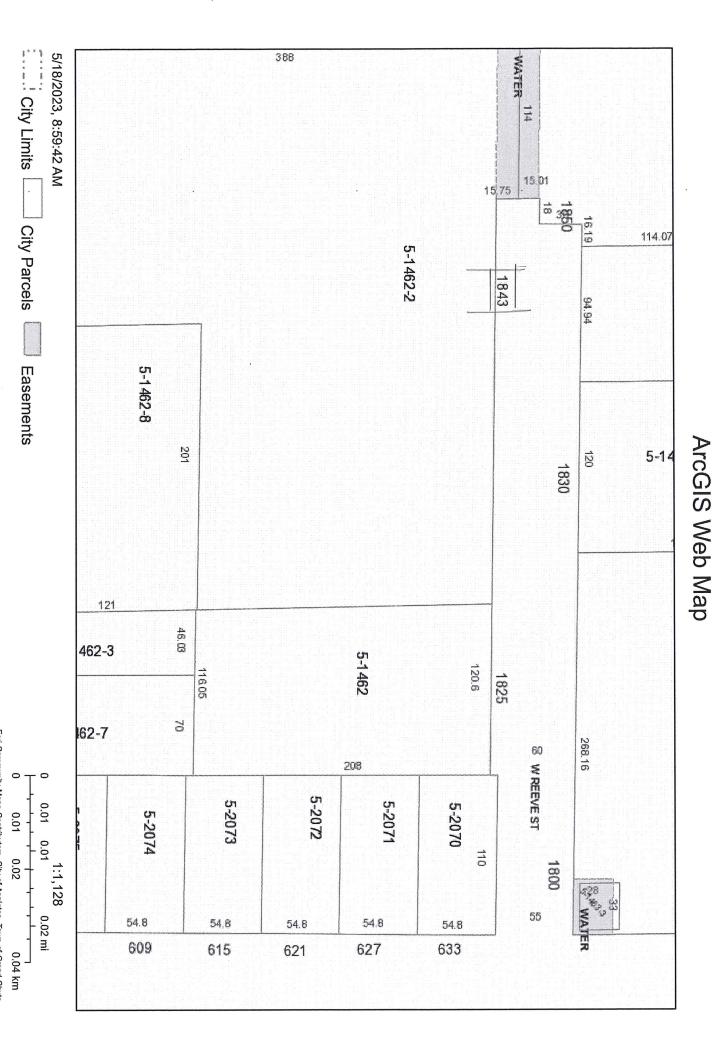
CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/17/2023

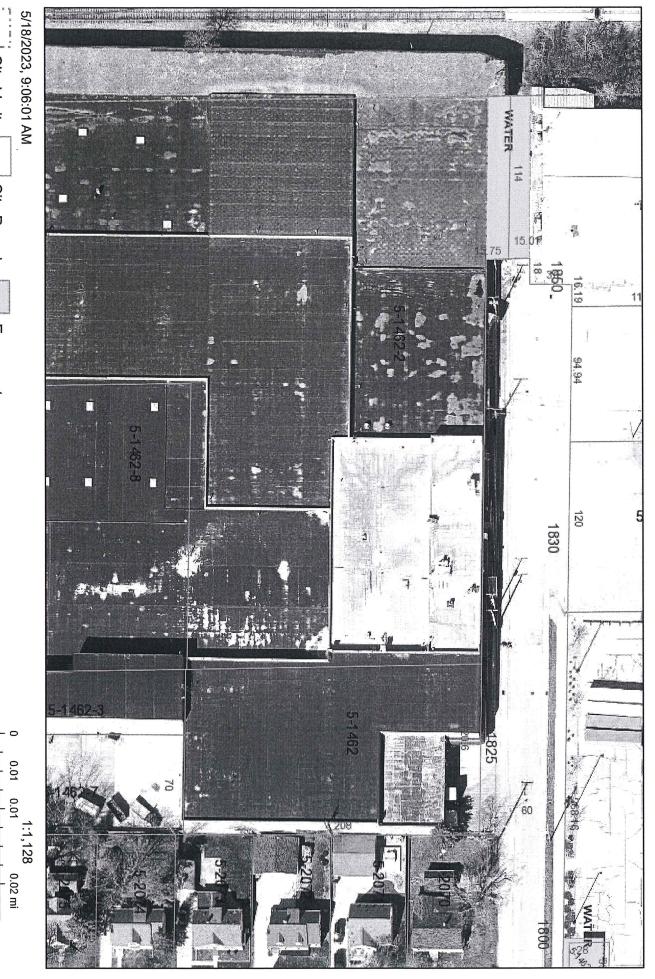
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN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

								icies may require an endo	rsemer	it. A stateme	ent on this ce	rtificate does not confer	rights t	.o trie
certificate holder in lieu of such endorsement(s).							ε(Ο).		CONTACT Patricia Selle					
R & R Insurance Services, Inc						PHONE (920) 931 - 3267 FAX (920) 931 - 3267								
N14 W23900 Stone Ridge Drive									(A/C, No. Ext): (9207931-3207 (A/C, No): (9207931-3207 E-MAIL ADDRESS: Patti.Selle@rrins.com					
									INSURER(S) AFFORDING COVERAGE					NAIC #
Wat	ıkes	ha			WI 531	88			INSURERA: Encova Insurance					13331
INSU	RED	-						· · · · · · · · · · · · · · · · · · ·	INSURERB: First Dakota Indemnity Company					10351
Pellet America Corporation						INSURER C:								
2601 W 2nd St						INSURER D:								
						INSURER E :								
Appleton WI 54914-4414							4414		INSURER F:					
CO	VER	AGES			CER	TIFIC	ATE	NUMBER: 22/23				REVISION NUMBER:		
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 IN	VSUR.	ANCE		ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	х	COMMERCIAL GEI	NERA	L LIAB	ILITY			5000501932		5/15/2022	5/15/2023	EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MAD	E	x o	CCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
												MED EXP (Any one person)	\$	15,000
												PERSONAL & ADV INJURY	\$	1,000,000
	GEN	N'L AGGREGATE LIM		PLIES F	PER:			AI PNC #CG2001 (04-13)				GENERAL AGGREGATE	\$	2,000,000
	Х	POLICY PR	CT		LOC			Blkt AI #CGCWMG0031 (08-	17)			PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:						Blkt WOS #CGCWMN0003 (11	-18)			COMBINED SINGLE LIMIT	\$	
	-	OMOBILE LIABILITY	<i>(</i>					5000501932		5/15/2022	5/15/2023	(Ea accident)	\$	1,000,000
A	X	X ANY AUTO ALL OWNED SCHEDULED					•					BODILY INJURY (Per person)	\$	
		AUTOS	<u></u>	AUTO			Blkt AI #CACWMG0014 (04					BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
	Х	HIRED AUTOS	х	AUTO				Blkt WOS #CACWMG0007 (04	-17)			(Per accident)	\$	1 000 000
	v	UMBRELLA LIAB	щ	x o				5000517000		E /1 E /0000	E /1 E /0002	Underinsured motorist combined sir		1,000,000
	X UMBRELLA		H	\dashv	CCUR			5000517099		5/15/2022	5/15/2023	EACH OCCURRENCE	\$	4,000,000
A		CEAIWIO-WADE										AGGREGATE	\$	4,000,000
		KERS COMPENSAT	N D	10,000			WC020-0063884-2022A		5/15/2022	5/15/2023	X PER OTH-	•		
		ND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE								.,,	-,,	E.L. EACH ACCIDENT	\$	500,000
В	OFFI	CER/MEMBER EXCLI	UDED)?	Y	N/A						E.L. DISEASE - EA EMPLOYEE	\$	500,000
	If yes	s, describe under CRIPTION OF OPER	ATIO	NS belo	w			Marlyn Robbert is exclud	ed.			E.L. DISEASE - POLICY LIMIT	\$	500,000
	SESSIVITION OF SEIGNMENTS SOON										hairan ya mara a			
														-
DESC	CRIPT	ION OF OPERATION	S/LC	CATIO	NS / VEHICLES	S (ACC	ORD 10	1, Additional Remarks Schedule, m	ay be atta	ched if more space	ce is required)			
														1
CERTIFICATE HOLDER CANCELLATION														
OEI	VIII	IOATE HOLDE							CANC	LLLATION				
City of Appleton 100 North Appleton St						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
Appleton, WI 54911				AUTHORIZED REPRESENTATIVE										
					Anthony Sartori/PV731									
Ar.									Anthony Sartori/PV731					



ArcGIS Web Map



...... City Limits

City Parcels

Easements

0.01

0.02 mi

0.01

0.02

0.04 km