

....enhancing quality of life"

License Fees (See Section 5) \$ 480

Total Amount Paid

Investigation Fee – REQUIRED + \$7.00 Acct 100.2559 Receipt No.

FEES ARE NON-REFUNDABLE

FARM MARKET APPLICATION

SECTION 1 - ORGANIZ	ATION INFORM	ATION	– Answ	er all questions completely	. Please	PRINT clearly				
Name of Organization Festival Foods										
Street Address 1200 W. Northland Ave.				City State Zip WI 54942						
Telephone Number 920-968-2212	Contact Person Kyle Nelson			Contact Telephone No. Date of Birth						
SECTION 2 – EVENT IN	FORMATION									
Location/Site where Farm Mark South West Corner of parkin	ig lot along Northla			V. Northland Ave.						
List ALL dates the market will be Wednesdays- June 5,12,19		4 Augus	st 7,14,21	,28, September4,11,18,25, Octo	ber 2,9,16	3,23,30				
Number of Vendors 40				Estimated number of persons attending the event 500						
SECTION 3 – ADDITION	NAL INFORMATI	ON								
		NO	YES	Action to be taken						
Are you requesting any stree	✓	1111	If Yes, please indicate which street and from what point to what point?							
•	n, in the opinion of	_	•	al or collector streets; federal, state n, be reasonably accommodated or If Yes, please contact the Applete Operations Coordinator to discus (920.832.5500)	n adjacent on Police I	streets.				
Will portable restrooms be u	✓		Describe toilet facilities available to participants:							
Will the event be held in an a utilize any park facilities?	✓		If Yes, please explain. What Park Contact the Appleton Parks and park. (920.832.5905)	n to reserve this						
Will the event be held indoo	rs?	√		If Yes, what building (Provide str	Provide street address)					
Will a tent or any other temp be erected?		/	The Appleton Fire Department w structure plans (920.832.5810)	vill need to	d to review your					
Will food be prepared and/o event?	r served at the		V	If Yes, please explain: Contact the Appleton Health Dep	If Yes, please explain: Contact the Appleton Health Department (920.832.6429)					
Will alcoholic beverages be s	V		If Yes, contact the City Clerk to ollicense to sell/serve beer and/or	1						

<u> </u>			NO	YES	Action to be taken					
D		.61			A license WILL NOT be issued without an approved					
Do you have the this event?	e correct level c	or insurance	Tor	✓	Certificate of Insurance on file. For further questions you may contact the City's Risk Manager. (920.832.6300)					
SPECIAL NOTE	: Dumpsters	and barric	ading of stre	ets will N	IOT be provided by the City. You will be responsible to					
	•				ional information, please contact the City of Appleton's					
Traffic Section	(920.832.558	80)								
OFOTION 4	INCLIDANO	FNOTIOE	graph open government was a see							
SECTION 4 -	INSUKANU	E NOTICE								
Insurance Coverag	<u>(e</u> :				<u> </u>					
Insurance Carrier:	Zurich America	an Insurance	e Company							
				or Risk M	anagement Services, Inc. 952-358-7500					
			iui o. Gallagin	- TAISIA IVI	anagement cervices, me. 662 666 7666					
Policy Number: G	LO9801393 01									
Policy Period: 01/	01/2019 Throu	gh 03/01/20	20							
defend and hold h damage, expenses negligent act or or way or property un certify that this a Signature	armless the City s, costs, including mission of the ap nder this permit pplication/and a	of Appleton as attorneys fee plicant, anyon or license.	and its officers, es arising out of ne directly or in	officials, er the activit directly en	ce coverage for the duration of this permit/license and to indemnify, inployees and agents from and against any and all liability, loss, it ies performed as described herein, caused in whole or in part by any inployed by any of them, which may arise from the use of city right-of-ided therein, is true and accurate.					
SECTION 5 -	FEE SIRUC	JIUKE								
2 to 10 Vendor	rs	<u> </u>		T	\$120.00					
					40.00					
11 or more Ve	ndors				642.00 I					
					\$12.00 each					
					\$12.00 each (40 X \$12.00) = \$480.00					
Date	Sent	For	app	orovo						
		For	opt	provo	(40 X \$12.00) = \$480.00					
FOR OFFICE		Fov Deny	C/OF	orovo	(40 X \$12.00) = \$480.00					
FOR OFFICE	USE ONLY			provo	$(40 \times \$12.00) = \480.00					
FOR OFFICE	USE ONLY			orovo	$(40 \times \$12.00) = \480.00					
FOR OFFICE Department Police	USE ONLY			provo	$(40 \times \$12.00) = \480.00					
Department Police	USE ONLY				$(40 \times \$12.00) = \480.00					
Department Police Fire	USE ONLY			provo	$(40 \times $12.00) = 480.00					
Police Fire Health Inspection	USE ONLY				$(40 \times \$12.00) = \480.00					

Development

City Sealer

Common Council	
Expiration Date	License Number
	Common Council

8-10-12

Reasonable accommodations for persons with disabilities will be made upon request and if feasible.

Return application to: City Clerk, 100 North Appleton Street, Appleton, WI 54911-4799

RFMCGILL

CORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/02/2019

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.

cortificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed

lf	SU	BROGATION IS V	WAIVED, subject	ct to	the	terms and conditions of ificate holder in lieu of su	the po	licy, certain	policies may	require an endorse	ment.	A st	atement on	
	DUCE						CONTA NAME:	СТ						
Arthur J. Gallagher Risk Management Services, Inc. 3600 American Blvd. West, Suite 500					PHONE (A/C, No, Ext): (952) 358-7500				FAX (A/C, No): (952) 358-7501					
Blo	omir	ngton, MN 55431	i, Suite 500				E-MAIL ADDRE	SS:						
								INS	SURER(S) AFFOR	RDING COVERAGE			NAIC#	
							INSURE	RA: Zurich	<u>American lı</u>	nsurance Compai	any 16535		16535	
INSURED							INSURER B : XL Specialty Insurance Company 37885						37885	
		Skogen's Fo					INSURER C:							
3800 Emerald Drive East							INSURER D:							
		Onalaska, W	11 54650				INSURE	RE:						
							INSURER F:							
		RAGES				E NUMBER:				REVISION NUMBE				
IN C	IDIC/ ERTI XCLU	ATED. NOTWITHS IFICATE MAY BE IS	TANDING ANY R SSUED OR MAY	EQUI PER POLI	IREMI TAIN, CIES.	SURANCE LISTED BELOW ENT, TERM OR CONDITIO THE INSURANCE AFFOR LIMITS SHOWN MAY HAVE	N OF A DED BY	NY CONTRA 7 THE POLIC REDUCED BY	CT OR OTHEF IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH R ED HEREIN IS SUBJE	ESPEC'	т то	WHICH THIS	
INSR LTR		TYPE OF INSU	RANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS		0.000.000	
Α	X	COMMERCIAL GENERAL LIABILITY								EACH OCCURRENCE	\$		2,000,000	
		CLAIMS-MADE		Х		GLO9801393 01		03/01/2019	03/01/2020	DAMAGE TO RENTED PREMISES (Ea occurrence	:e) \$		100,000	
	X	Liquor Liab \$1N	1/\$2M							MED EXP (Any one perso	n) \$		Excluded	
										PERSONAL & ADV INJUI	RY \$		2,000,000	
	GEI	N'L AGGREGATE LIMIT								GENERAL AGGREGATE	\$		2,000,000	
	X	POLICY PROJECT JECT OTHER: \$10,000,0	X LOC 00 Aggregate							PRODUCTS - COMP/OP	AGG \$		2,000,000	
	 	TOMOBILE LIABILITY								COMBINED SINGLE LIMI (Ea accident)				
		ANY AUTO								BODILY INJURY (Per per				
		OWNED AUTOS ONLY	SCHEDULED AUTOS							BODILY INJURY (Per acc				
		HIRED AUTOS ONLY	NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$			
		ACTOCONET									\$			
В	Х	UMBRELLA LIAB	BRELLA LIAB X OCCUR							EACH OCCURRENCE	\$		25,000,000	
		EXCESS LIAB CLAIMS-MADE				US00088595LI19A		01/01/2019	03/01/2020	AGGREGATE	\$		25,000,000	
		DED X RETENTION \$ 10,000									\$			
Α	WOF	VORKERS COMPENSATION IND EMPLOYERS' LIABILITY NY PROPRIETOR/PARTNER/EXECUTIVE INFIGER/MEMBER EXCLUDED? Wandatory in NH) Lyes, describe under LESCRIPTION OF OPERATIONS below					0;	03/01/2019	03/01/2020	X PER STATUTE	TH- R			
	ANY					WC9801392 01				E.L. EACH ACCIDENT	\$		1,000,000	
										E.L. DISEASE - EA EMPL	OYEE \$		1,000,000	
	If yes									E.L. DISEASE - POLICY I	IMIT \$		1,000,000	
	<u></u>			<u></u>	<u> </u>				L					
DES Cert	CRIPT ifica ITIO	rion of operations / te holder reads as NAL INSURED as I	LOCATIONS / VEHIC City of Appleton regards the Farm	LES (<i>i</i> , and ners l	its o Warke	o 101, Additional Remarks Schedu fficers, council members, et to be located in the park	agents, ing lot	e attached if moi employees, a of the Northia	re space is required and authorized and Ave Festi	ed) d volunteers and wi val Foods in Appleto	ll be sh on, Wl.	own	as	
									4					
CE	RTIF	ICATE HOLDER					CANO	CELLATION						
City of Appleton 100 North Appleton Street Appleton, WI 54911-4799						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								