Lorger than 35 days



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #:	21, 127_
Effective Date:	9/1-9/17
Expiration Date:	9/17-orlonger
Fee:	40.00
Paid (yes or no):	97721047

Rev.		

Rev. 04-10-15					
Applicant Inform	nation				
Name (print): Lind		Comp	pany: Paper Valley Hotel		
Address: 333	W. College Ave.	Teleph	Telephone: 920-735-2775 FAX:		
Арр	leton, WI 54911	221 - 221	-mail: lgarvey@appletonpvh.com		
Applicant Signatu	re: <u>Linda</u>	Throng.	Date: 9-8-2/		
Occupancy Info	rmation				
General Description:	Dumspters for building	g renovations. Occupy	ing 5 spaces for roll-off space		
	CAW 305, 307, 309, 3	311, 313			
Street Address:	333 W. College Ave		Tax Key No.:		
- or-	The state of the s				
Street:		From: 9-1-2021	то: 9-17-2021		
Multiple Streets:					
(Department use on	ly)	THE RESERVE THE PERSON NAMED IN COLUMN TO SERVE THE PERSON NAMED I			
Occupancy Typ	<u>)e</u>	Sub-Type	Location		
Permanent (\$40))	Sandwich Board	Sidewalk		
Temporary - ma	x. 35 days (\$40)	Tables / Chairs	Terrace		
Amenity/Annual	(\$40)	Dumpster	Roadway		
Blanket/Annual ((\$250)	POD / Container			
Block Party (\$15	5)	Obstruction / Other			
<u>Additional</u> Requ	irements				
Plan/Sketch		Certificate of Insurance	e Bond		
Other:					
Traffic Control I	Requirements	N/A	Contact Traffic Division (832-2379) 1 business 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 Pa	age(s)	Additional Requirements:		
Collector	State Manual Pa	age(s)			
Local	Other (attach plan)		**		
Approved by:	Da	ite:			
Permittee is response. Permittee shall add This permit is subj	subject to the following conditions in the conditions in the condition of the conditions in the condit	nits that may be required as pai ibmitted to the City of Appleton N and/or Issuance of a MUNCIP;	rt of this occupancy. as part of this application. AL CITATION if conditions of the permit are not met. as develop during the period the occupancy is permitted.		
6.			. :		
permit, warrantles that all manner. By applying for compliance with said ordi	street occupancies will be performed and accepling this permit, the applica inances, standards, policies and perr	d in conformity to City ordinances, st ant assumes full liability and/or any o mit conditions, No occupancy shall o	ie location and type described herein. The applicant, in exchange for receiving this tandards and policies, be properly barricaded and lighted, and be performed in a safe costs incurred by the City for corrective work required to bring the subject area into occur prior to approval of this permit by the Department of Public Works.		
any sub-contractor working	ntee at their expense, the repair or rej ng for them. The Grantee shall assu operty resulting from their facilities wi	me complete and full liability and res	nd any other facilities within the public right-of-way damaged or destroyed by the Grantee or sponsibility, in accordance with existing ordinances and policies, in the event of injury or		
APPROVED B	Y: Will s	o to MSC	5 Council DATE: 9/9/21		



PERMIT TO OCCUPY THE **PUBLIC RIGHT-OF-WAY**

Permit # 🟌	2	1-12	7-	
Effective Date:	11	26	21	7
Expiration Date:	8	126	12	1
Fee:	4	0.0	O	
Daid (voc or no):	a	11	210	W

Rev. 04-10-15		
Applicant Information		
Name (print): DRIFTWOOD HOSPITALITY MANAGEMENT Compa		mpany:RED LION HOTEL PAPER VALLEY
Address: 333 W. COLLEGE AVE	Tele	phone: 920-733-5000 FAX:
APPLETON, WI 54911		e-mail: LHOFFMAN@DHMHOTELS.COM
Applicant Signature: Lori Holls	nan on behalf of Drif	ftwood Hospitality Date: 7/19/21
\mathcal{U}		
Occupancy Information	EDC ON COLLEGE AV	TENTLE
General Description: (2)30 YARD DUMPST	EKS ON COLLEGE AV	ENUE
Street Address 333 W. COLLEGE AV	VF.	
Street Address: 555 W. COLLEGE A	V L	Tax Key No.:
Street:	From:	To:
Multiple Streets:		
(Department use only)		
Occupancy Type	Sub-Type	<u>Location</u>
Permanent (\$40)	Sandwich Board	Sidewalk
Temporary - max. 35 days (\$40)	Tables / Chairs	☐ Terrace
Amenity/Annual (\$40)	X Dumpster	X Roadway
Blanket/Annual (\$250)	POD / Container	
Block Party (\$15)	Obstruction / Other	。 (表現)
Additional Requirements		
☐ Plan/Sketch	X Certificate of Insura	nce Bond
Other:		
Traffic Control Requirements	N/A	Contact Traffic Division (832-2379) 1 business day prior to ar
Type of Street: Proposed Traffic Control:		lane closure, or 2 business days prior to a full road closure.
☐ Arterial/CBD ☐ City Manual Page(s)		Additional Requirements:
Collector State Manual Page(s)		
☐ Local ☐ Other (attach plan)		
	ite:	
This permit approval is subject to the following conditi	ons:	
1. Permittee is responsible to obtain any further per	mits that may be required as	
2. Permittee shall adhere to any plan(s) that were s		
		CIPAL CITATION if conditions of the permit are not met. tions develop during the period the occupancy is permitted.
5.	or it utilavorable dame condic	don's develop during the period the occupancy is permitted
6.		
permit, warranties that all street occupancies will be performed	ed in conformity to City ordinances cant assumes full liability and/or ar	o the location and type described herein. The applicant, in exchange for receiving this s, standards and policies, be properly barricaded and lighted, and be performed in a safe ny costs incurred by the City for corrective work required to bring the subject area into all occur prior to approval of this permit by the Department of Public Works.
The Grantee shall quarantee at their expense, the renair or r	eplacement of pavement, sidewalk ssume complete and full liability ar	k and any other facilities within the public right-of-way damaged or destroyed by the Gran nd responsibility, in accordance with existing ordinances and policies, in the event of injur
APPROVED BY:	Suction the total of Public Works	MATE: 1/26/21

Paula Vandehey

From:

Linda Garvey <lgarvey@appletonpvh.com>

Sent:

Wednesday, September 8, 2021 5:21 PM

To:

Paula Vandehey; Lisa M. Lau

Cc:

Customer Service 5th Floor

Subject:

RE: Dumpsters

Attachments:

20210908162622147.pdf

CAUTION: This email originated from outside your organization. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Here we go, pause after Sep 17th for a short break, then License to Cruise and Octoberfest.

Hoping we will resume around the 27th.

Application is attached. Thanks everyone!

Linda Garvey | Hotel GM T 9207338000ext1660 | Igarvey@appletonpvh.com

Red Lion Hotel Paper Valley 333 W College Ave Appleton WI 54911 US redlion.com | Facebook | Twitter



From: Paula Vandehey [mailto:Paula.Vandehey@Appleton.org]

Sent: Wednesday, September 08, 2021 2:56 PM

To: Linda Garvey < lgarvey@appletonpvh.com>; Lisa M. Lau < Lisa.Lau@Appleton.org>

Cc: Customer Service 5th Floor < Customer Service 5th Floor @ Appleton.org >

Subject: RE: Dumpsters

Linda, If I can get the request (even via email) by tomorrow at noon I can add it to our special Municipal Services Committee before Council next Wednesday.

Paula

From: Linda Garvey < lgarvey@appletonpvh.com > Sent: Wednesday, September 8, 2021 2:49 PM

To: Lisa M. Lau < Lisa. Lau@Appleton.org>

Cc: Customer Service 5th Floor < Customer Service 5th Floor @Appleton.org >; Paula Vandehey

<Paula.Vandehey@Appleton.org>

Subject: RE: Dumpsters



CERTIFICATE OF LIABILITY INSURANCE

3/25/2021

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).

tills certificate does not comer rights to the certificate notati	01 111 1100 0. 00	(-)			
PRODUCER		CONTACT NAME: Amy Rosenbam			
MHBT, a Marsh & McLennan Agency, LLC company 301 Commerce Street Suite 2201 Fort Worth TX 76102	ж	PHONE (A/C, No, Ext): 817-877-3660	FAX (A/C, No): 817-877-3480		
		E-MAIL ADDRESS: amy.rosenbam@marshmma.com			
		INSURER(S) AFFORDING COVERAGE	NAIC#		
		INSURER A: Starr Indemnity & Liability Company	38318		
INSURED		INSURER B: Great American Insurance Company	16691		
Driftwood Hospitality Managment LLC		INSURER c : Evanston Insurance Company	35378		
Driftwood Hospitalitý Management II LLC 11770 US Hwy One East Tower		INSURER D:			
Suite 202		INSURER E :			
North Palm Beach FL 33408		INSURER F:			
	2227272125	DEVISION NII	MDED.		

COVERAGES	CERTIFICATE NUMBER: 2027956405	REVISION NUMBER.
THIS IS TO CERTIFY	THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISS	SUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED NOTWI	THSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY COL	NTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS

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.

SR TR		TYPE OF INSURANCE	ADDL INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
A	Х	CLAIMS-MADE X OCCUR	Υ	Y	1000100161211	3/19/2021	3/19/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 2,000,000 \$ 300,000
8	х	No Ded/SIR						MED EXP (Any one person)	\$ Excluded
Ì		no Bedient						PERSONAL & ADV INJURY	\$2,000,000
1	GEN	I'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$4,000,000
Ī		POLICY PRO- X LOC						PRODUCTS - COMP/OP AGG	\$4,000,000
Ì		OTHER:						Policy Aggregate	\$ 10,000,000
	AUT	OMOBILE LIABILITY	Υ	Υ	1000198205211	3/19/2021	3/19/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
1	X	ANY AUTO			1000198206211	3/19/2021	3/19/2022	BODILY INJURY (Per person)	\$
t		OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
ŀ	Х	HIRED X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
1		AUTOS ONLY AUTOS ONLY							\$
	Х	UMBRELLA LIAB X OCCUR	- Y	Υ	1000589669211	3/19/2021	3/19/2022	EACH OCCURRENCE	\$ 5,000,000
Ì		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$ 5,000,000
ı		DED RETENTION \$							\$
		RKERS COMPENSATION		Υ	1000004553	3/19/2021	3/19/2022	X PER OTH-	
		PROPRIETOR/PARTNER/EXECUTIVE N			5			E.L. EACH ACCIDENT	\$1,000,000
		CER/MEMBEREXCLUDED?	N/A					E.L. DISEASE - EA EMPLOYEE	\$1,000,000
- 1	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$1,000,000
3	Liqu *Crir	or Liability me Employee Theft LI Claims Made	Y	Y	1000100161211 SAAE5897640100 MKLV4MML000116	3/19/2021 4/1/2021 3/19/2021	3/19/2022 3/19/2022 3/19/2022	Each Common Cause Aggregate *Crime & EPLI	1,000,000 2,000,000 See Remarks

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) GL Policy Includes Blanket Contractual Liability

GL Policy Includes Crime for Guest Property (Innkeepers) \$25,000 Each Occurrence/\$100,000 Aggregate

Certified Acts of Terrorism is included

Garagekeepers Legal Liability Applies to specific locations on file with company: GKLL Limit \$500,000 \$2,500 Deductible Comp/Collision

See Attached...

CERTIFICATE HOLDER	CANCELLATION		
RLH Corporation Red Lion Hotels Corporation P. O. Box 100085 - R3 Dulth GA 30096	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 SELF Many		

AGENCY CUSTOMER	ID:	DRIFT	VEN

LOC #:



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MHBT, a Marsh & McLennan Agency, LLC company POLICY NUMBER		NAMED INSURED Driftwood Hospitality Managment LLC Driftwood Hospitality Management II LLC 11770 US Hwy One East Tower	
		Suite 202 North Palm Beach FL 33408	
CARRIER	NAIC CODE	EFFECTIVE DATE:	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE	TO ACORD FORM

FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Excess Liability: Policy No. USL014028216 - Policy Period: 3/19/21-22 - Fireman's Fund Insurance Company - NAIC 21873 - Limit: \$25,000,000 Excess \$50,000,000

Excess Liability: Policy No. CX00G1421 - Policy Period: 3/19/21-22 - Aspen American Insurance Company - NAIC 43460 - Limit: \$25,000,000 Excess \$75,000,000

RE: Red Lion Hotel Paper Valley - 333 West College Avenue, Appleton, WI 54911
Additional Named Insured: 333 West College Ave, LLC
Certificate Holder Includes: Red Lion Hotels Corporation, Red Lion Hotels Franchising, Inc., all related entities, subsidiaries and affiliates of these companies, including their employees, officers and directors, now existing or which may hereafter exist

ACORD 101 (2008/01)

Step 1: Select Payments

Step 2: Review and Submit

Step 3: Confirmation and Receipt

Step 3: Confirmation and Receipt

Result: Payment Authorized Confirmation Number: 97721047

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

The City of Appleton Inspections thanks you for your payment. For questions about your account, please call 920-832-6413. 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 Permit payment of \$40,00 on Permit Description Temporary - \$40		\$40,00
Customer Information	Subtotal:	\$40.00
	Convenience Fee:	\$1.50
First Name: David	Total Payment:	\$41.50

Last Name: Buddemeyer

Address Line 1: 11770 US Highway One

Address Line 2: Ste 200

North Palm Beach

State:

Florida 33408

Phone Number: 561-207-2700

Email Address: Ihoffman@dhmhotels.com

Payment Information

Payment Date: 07/26/2021

Card Type: Optima

Card Number: ******138

Print

Finished