



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

*** Approved the first 35 days ***
EXP 2/10/26

Permit # : 25-232-T

Effective Date: 1/5/26

Expiration Date: 4/30/25

Non-Refundable Fee: 40.00

Paid (yes or no): 188111230

Rev. 05-2024

Applicant Information

Name (print): Peter Rank

Company: CopperLeaf Hotel + Spa

Address: 300 West College Avenue

Telephone: 920-749-0303

E-mail: peterr@copperleafhotel.com

Applicant Signature:

Date: 12/15/2025

Occupancy Information

General Description/Reason: Dumpster to be placed on North Superior Street near the intersection with West Johnson Street in the area we currently use for bus parking.

Reason: Bathroom renovations

Street Address: North Superior Street

Sidewalk/roadway obstruction requested ☐ Y or ☐ N

- or -

Multiple Streets: near West Johnson Street (bus parking for hotel)

Date(s) From: 1/5/26

To: 4/30/26

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

☐ Sandwich Board

☐ Tables/Chairs

Location

☐ Sidewalk

☐ Terrace

☒ Roadway

Additional Requirements

☐ Plan/Sketch

☒ Certificate of Insurance

☐ Bond

Committee and Council Approval

☐ Other : _____

Date: _____

Traffic Control Requirements

Type of Street:

☐ Arterial/CBD

☐ Collector

☐ Local

Proposed Traffic Control:

☐ City Manual Page(s) _____

☐ State Manual Page(s) _____

☐ Other (attach plan) _____

☒ N/A

☐ 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: Mark Lahay/ CS

(Department of Public Works)

DATE: 12/15/25



DEPARTMENT OF
**PUBLIC
WORKS**

HOLD HARMLESS, INDEMNIFICATION, AND DEFENSE AGREEMENT AND STATEMENT OF INSURANCE COVERAGE

The Applicant and/or the Organization agrees to indemnify, defend, and hold harmless the City of Appleton and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses, and costs, including attorney fees, arising out of the activities performed as described below. This obligation applies to the extent caused by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by them, or anyone for whose acts they may be liable, except to the extent caused by the sole negligence or willful misconduct of the City.

Proposed Activities: Place Dumpster in Public Right of Way

Insurance Coverage Details (if applicable):

- Insurance Carrier: Secura Insurance
- Insurance Agent Name and Phone Number: Brian Reimer 920.886.3437
- Policy Number: CP3186651
- Policy Period: 12/31/2025 to 12/31/2026

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 requirements of the City of Appleton. I hereby certify that I, or the company I represent, have insurance in the amounts required to obtain this permit/license and have provided the name of my insurance carrier, the policy number, and the policy period above. Further, I agree to:

1. Maintain appropriate insurance coverage for the duration of this permit/license.
2. Indemnify against any and all liability, loss, damage, and expenses, including attorney 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 or anyone directly or indirectly employed by 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.**

CopperLeaf Hotel + Spa

Name of Applicant/Organization

300 West College Avenue

Address

peterr@copperleafhotel.com

Email Address

Peter Rank

Print Name

Signature

12/15/25

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/15/2025

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).

PRODUCER The McClone Agency, Inc. PO Box 389 Menasha WI 54952	CONTACT NAME: Certificate Department PHONE (A/C, No, Ext): 800-236-1034 E-MAIL ADDRESS: certificate@mcclone.com FAX (A/C, No): 920-725-3233
INSURED Fox Cities Hotel Investors, LLC DBA Copperleaf Hotel And RB Hospitalities LLC P.O. Box 2016 Appleton WI 54912-2016	INSURER(S) AFFORDING COVERAGE INSURER A: SECURA Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
License#: 100197661 FOXCITI-01	NAIC # 22543

COVERAGES**CERTIFICATE NUMBER:** 1170529064**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 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP3186651	12/31/2025	12/31/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			A3186652	12/31/2025	12/31/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ 10,000			CU3186654	12/31/2025	12/31/2026	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A	WC3186653	12/31/2025	12/31/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**Conger Industries
2290 S. Ashland Ave.
Green Bay WI 54304

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

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