

1-08-2020 4:32 PM

F O R M S R E G I S T E R

#4

PACKET: 03035 License Packet Jan Operator
SEQUENCE: License #

ID	PERIOD	NAME	LICENSE CODE
01546	12/04/19- 6/30/21	TOOKE TAMARA	OPRATOR OPERATORS - 2 YEAR
05077	12/16/19- 6/30/21	SPIRES SABRINA	OPRATOR OPERATORS - 2 YEAR
06022	12/06/19- 6/30/21	EVERY AUSTIN	OPRATOR OPERATORS - 2 YEAR
06025	12/09/19- 6/30/21	MOORE MICHELE	OPRATOR OPERATORS - 2 YEAR
06043	12/13/19- 6/30/21	KIOUS COURTNEY KAY	OPRATOR OPERATORS - 2 YEAR
06053	12/30/19- 6/30/21	AASEN ZACHARY	OPRATOR OPERATORS - 2 YEAR

#5



Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

0200 03/27/20 LA CROSSE AREA BUILDERS
CLASS Application Date: 11/27/2019

Town Village City of Onalaska

County of La Crosse
Paid By: LA CROSSE AREA BUILDERS A

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
 - A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.
- at the premises described below during a special event beginning 03/27/2020 and ending 03/29/2020 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

APPLIED 10.00
TENDERED 10.00
CHANGE 0.00

1. Organization (check appropriate box) →
- Bona fide Club
 - Church
 - Lodge/Society
 - Veteran's Organization
 - Fair Association or Agricultural Society
 - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name La Crosse Area Builders Association

(b) Address 816 2nd Ave. S., Onalaska, WI 54650
(Street) Town Village City

(c) Date organized 09/07/1971

(d) If corporation, give date of incorporation 02/08/1995

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President Joleen Swenson - 1213 Denton St, La Crosse, WI 54601

Vice President Duane Schulze - 2009 Charles Ave., Onalaska, WI 54650

Secretary Andrew Lamprecht - 707 Deerwood St., Holmen, WI 54636

Treasurer Andrew Lamprecht - 707 Deerwood St., Holmen, WI 54636

(g) Name and address of manager or person in charge of affair: Tena Bailey (LABA Executive Officer) - 27934 Cty Rd 3, Winona, MN 55987

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 255 Riders Club Rd, Onalaska, WI 54650

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Yes, part of the building

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Our event will be held in the two larger arenas

3. Name of Event

(a) List name of the event LABA Home Show

(b) Dates of event 03/27/2020 - 03/29/2020

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Joleen Swenson 11-27-19
(Signature / Date)

La Crosse Area Builders Association
(Name of Organization)

Date Filed with Clerk 12-3-19

Date Reported to Council or Board 1-14-20

Date Granted by Council 1-14-20

License No. _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/4/2019

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.

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 Coverra Insurance Services, Inc. 3803 Creekside Ln Holmen WI 54636	CONTACT NAME: Nichole Csete PHONE (A/C, No, Ext): 608-526-2127 E-MAIL ADDRESS: ncsete@coverrainsurance.com	FAX (A/C, No): 608-519-2818
	INSURER(S) AFFORDING COVERAGE	
INSURED LaCrosse Area Builders Association Inc 816 2Nd Ave S Onalaska WI 54650-3268	INSURER A : West Bend Mutual	
	INSURER B : Travelers Insurance	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

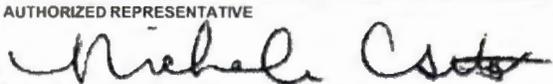
COVERAGES **CERTIFICATE NUMBER:** 1405188728 **REVISION NUMBER:**

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:			A244291	5/6/2019	5/6/2020	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$ 1,000,000
							PRODUCTS - COMP/OP AGG	\$
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <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 type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			2094090	5/6/2019	5/6/2020	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$
								\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			UB5K663383	5/6/2019	5/6/2020	<input checked="" type="checkbox"/> PER STATUTE	
							<input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 500,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 500,000
A	Liquor Liability			A244291	5/6/2019	5/6/2020	General Aggregate	1,000,000
							Each Occurrence	1,000,000

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

CERTIFICATE HOLDER **CANCELLATION**

Onalaska Omni Center 255 Riders Club Rd. Onalaska WI 54650	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 
--	---



CITY OF ONALASKA

415 Main Street • Onalaska, WI 54650-2953 • (608) 781-9530 fax (608) 781-9534 •
www.cityofonalaska.com

RECEIVED

DEC 26 2019

#6

CITY OF ONALASKA

SPECIAL EVENT PERMIT APPLICATION GENERAL EVENT INFORMATION

Official Name of Special Event: Sole Burner - Coulee Region

Start Date: April 26, 2020

End Date: April 26, 2020

	MON	TUES	WED	THURS	FRI	SAT	SUN
Setup							6am
Start							8am
End							1pm
Cleanup							2pm

Location of Event: Park/Public Property _____
 Public Street/Sidewalk/Alley/Right of Way _____
 Private Property 2700 Midwest Dr.
 Other _____

Please List Streets (and include map) That May be Closed or Otherwise Affected by the Event:

Midwest Dr., Theater Rd., Rudy St., Braund, PH, Sycamore, Gilster, Mayfair Court Rd., Court Rd.

Location of Event Parking: Available at UHC and area businesses that are closed on Sundays

Estimated Attendance Per Day:

0-299 300-499 500-999 1,000-4999 5,000+

Estimated Attendance Entire Event:

0-299 300-499 500-999 1,000-4999 5,000+

Number of Booths:

0-24 25-49 50-74 75-100 100+

Advertising Will Consist of:

- Pre-event advertising through yard or other signs
- Temporary directional / other signage during the event (no more than 24 hrs in advance)
- Promotional Brochure / Flyer – copy must be provided with application

Type of Event:

- Festival / Music Concert
- Rally / Memorial
- Parade
- Run / Walk Greater than 5K
- Public Assembly
(For political purposes)
- Other _____
- Religious / Educational
- Street / Block Party
- Fun Run / Walk A Thon
- March Utilizing Public Property
- Sport (fishing, soccer, etc.)

Event Will Have:

- Bounce House
- Rock Wall
- Amplified Sound
- Vehicles
- Animals
- Other high-risk activity _____
- Bungee Jump
- Dunk Tank
- Marching Units
- Water Slides

Permit & Other Requirements:

<input type="checkbox"/> Alcohol will be served, sold, raffled, etc.	Class B Permit
<input type="checkbox"/> Food & Non Alcoholic Beverages	Health Permit
<input checked="" type="checkbox"/> Non-Food related sales and/or display booths	
<input checked="" type="checkbox"/> Tent and/or canopy	Fire Dept. Planning / Inspection Diggers Hotline must be contacted minimum of 3 days before digging
<input type="checkbox"/> Large Generator(s) requiring a separate Electric panel box to be wired off of it	Inspections permit
<input type="checkbox"/> Fires or candles	Fire Dept.
<input type="checkbox"/> Fireworks	Fire Dept.
<input type="checkbox"/> Activities in park outside normal operating hours	Waiver required by City Council
<input checked="" type="checkbox"/> Barricades / Detours (city streets, roads, etc.)	Approval by Police & Public Works
<input type="checkbox"/> State Hwy Closures	DOT permit required - organizer contracts with private company to install
<input type="checkbox"/> Cooking Equipment	Fire Dept.
<input type="checkbox"/> Solid Waste & Recycling	Disposal Containers & Haul Away

Arrangements Have Been Made For:

- Restrooms & Hand Washing
- Event Insurance
- Fire Extinguishers
- Drinking Water
- Weather Contingencies
- Tent Heating
- Public Safety / EMS Services
- Advertising Banners / Signs
- Grey Water & Grease Removal
- LP Gas

In the Event of Severe Weather:

Open and Available Shelter Locations Will Include:

United Healthcare building will be open to all participants, volunteers and staff in the case of severe weather or emergency.

Identify Who Will Cancel the Event if Necessary: (name, title, phone number, and e-mail)

Alex Deshler, Community Development Manager, 608-792-8312, alex.deshler@cancer.org

Public Safety Site Plan:

Attach a schematic drawing of the event site location. The drawing must be legible and drawn to scale. The public safety plan must include the following items if they will be provided, or if they are required.

• Booths, stages and event structures
• First Aid Station(s)
• Information / Ticket Booths
• Fences
• Tents
• Boundaries of the Event
• Exits & Gates (gates must be numbered)
• Fire Extinguishers
• Severe Weather Shelters
• Fire / EMS access Road

• Security Staff
•
• Emergency Contact Event Personnel
• Assembly Area & Approximate Occupant Amounts
• Event Parking
• Barricades
• Generators
• Temporary Roadways
• Signed detour route per MUTCD

Provide any additional information the City should consider or may be relevant to a review of this application.

Organization(s) Sponsoring Event:

Name: United Healthcare
Address: 2700 Midwest Dr.
City: Onalaska State WI Zip 54650

Check this box if this organization is tax exempt and provide proof with this application and include a copy of your organization's WI Sales and Use Tax Exempt Certificate.

Check this box to send invoices to this organization.

Name: American Cancer Society
Address: 1285 Rudy St. Ste. 103
City: Onalaska State WI Zip 54650

Check this box if this organization is tax exempt and provide proof with this application and include a copy of your organization's WI Sales and Use Tax Exempt Certificate.

Check this box to send invoices to this organization.

CONTACT INFORMATION

****Primary and/or Secondary Contacts Must Be Onsite at All Times of the Event****

Primary Contact: Alex Deshler
Daytime Phone: 608-792-8312 Cell #: 608-792-8312
Email: alex.deshler@cancer.org
Address 1285 Rudy St. Ste. 103
City: Onalaska State WI Zip 54650

Secondary Contact: Shelly Lafky
Daytime Phone: _____ Cell #: _____
Email: shelly.lafky@cancer.org
Address 1285 Rudy St. Ste. 103
City: Onalaska State WI Zip 54650

EMERGENCY CONTACT INFORMATION

The public will be notified of a safety and/or security issue(s) in the following manner:

- Contacting Local Police and Fire Services
- Local Radio Station
- Other Posted online - we have a website and social media
- Onsite PA System
- Word of Mouth

If a Private Security Firm has Been Contracted, List Their Information Below:

Security Provider: _____

Contact Person: _____ Phone Number: _____

Location of Provider at Event Site: _____

Location of Missing Persons Station: _____

EVENTS PERMIT FEE SCHEDULE

Permit fees shall be based upon the anticipated number of participants expected to attend the listed event, as determined by the City Clerk, and based upon the following fees. Permit fee is due when the application is submitted. Permit fee is nonrefundable if event is cancelled. If event is rescheduled for a date within 6-months, the permit fee would apply to the rescheduled date; if the event is rescheduled for a date later than 6-months of the original event date the permit fee is nonrefundable.

PERMITTYPE

PERMIT FEE

PARADES	\$0
SPECIAL EVENT	0 – 299 Participants = \$0 300 – 499 Participants* = \$250.00 500 – 999 Participants* = \$350.00 Over 1,000 Participants* = \$500.00 Events two (2) or more days: = \$100.00**

*Please invoice
ACS for this!
1205 Rudy St. Ste. 103
Onalaska, WI 54650*

Thanks!

*Attendance shall be based on the highest attendance over the last two years of the event. New events with no prior participation shall automatically fall under subsection (c) 300 to 499 people unless event organizers anticipate 1,000 or more people in attendance.

**Multi day events (e) shall be in addition to the fee based on the number of attendees.

If the Event Takes Place on City Property (Parks, City Streets, or Other City Owned Facilities) in Whole or In Part:

I have reviewed the proposed location for the event and determined suitability for our proposed use.

There are no requested changes, upgrades or safety concerns identified
OR

I am requesting the following changes or upgrades:

I understand and acknowledge that it is the event organizer's responsibility to inspect the area the event is to take place and notify the City's Inspection Department (608.781.9541) of any safety concerns.

I have reviewed and have considered the Contingency Plan information provided by the City of Onalaska along with this application.

I have reviewed and understand the City's Insurance Requirements for Special Events as described in this document.

I have enclosed the event's Public Safety Site Plan.

I have enclosed other information that we believe is necessary or helpful to describe the planned event.

SIGNATURE

I am allowed to sign this application on behalf of the event sponsor. The information contained in this application for a Special Event permit is true, correct, and complete to the best of my knowledge. If there are any changes to the Special Event, I agree that I will promptly notify the City of Onalaska of these changes and request approval of them.

Alex Deshler

(Sign Name)

12/10/19

(Date)

Alex Deshler

(Print Name)

Comm. Development Manager, ACS

(Print Title with Organization)

Return Completed Applications To:

Cari Burmaster, City Clerk

415 Main Street, Onalaska, WI 54650

(W) 608.781.9530 (F) 608.781.9534 cburmaster@cityofonalaska.com



CITY OF ONALASKA
INDEMNIFICATION, HOLD HARMLESS and REIMBURSEMENT AGREEMENT
(to be returned to City Clerk with Application Packet)

Special Event Name: Sole Burner - Coulee

Special Event Location: 2700 Midwest Dr. Onalaska, WI 54650

Event Organizer(s):
Alex Deshler; American Cancer Society

The Event Organizer(s) (individually and collectively referred to as "Organizer") agree that said Organizer, not the City of Onalaska ("City"), shall be solely responsible for all incidents related to the Special Event, as named above. This responsibility of the Organizer to the City includes but is not limited to actions of the Organizer, its officers, employees, agents, and volunteers, along with event vendors, contractors, subcontractors, participants and visitors.

In consideration for the City's approval of the Special Event, except to the extent such claims arise from the negligence or misconduct of the City, the Organizer of the Special Event agrees to indemnify and hold harmless the City of Onalaska and its officers, council members, agents, employees and authorized volunteers, from, for, and against and agrees to defend the same from and against, any and all suits, claims, grievances, damages, costs, expenses, judgments and/or liabilities, including costs of defense and reasonable attorney fees, and further agrees to pay any settlement entered into or on behalf of, judgment entered against, the foregoing individuals and/or entities. The Organizer shall reimburse the City for costs incurred due to extraordinary damage to City property during the Special Event held by Organizer. Extraordinary damage shall be defined as damage to a City park or other City property in excess of normal wear and tear and which required repair in excess of routine maintenance. Request for Reimbursement for Extraordinary Damage shall be provided to the Organizer in the form of a detailed written accounting of the Extraordinary Damages and their repair cost as evidenced by written receipts or estimates. The accounting shall be submitted via first class mail, return receipt requested to the address Organizer provides on the Special Events Application. The Organizer shall remit payment no later than thirty (30) days from receipt of the accounting.

The Organizer shall abide by the City's insurance requirements for the event, including the addition of the City of Onalaska, and its officers, council members, agents, employees, and authorized volunteers as additional insured's for the event.

One or more waivers by either party of any provisions, terms or conditions of this Agreement shall not be construed by either party as a waiver of a subsequent breach of the same by the other party.

In the event any provisions of this Agreement shall be held to be invalid and unenforceable, the remaining provisions shall be valid and binding on the parties.

This Agreement shall be governed and construed in accordance with the laws of the State of Wisconsin.

This Agreement constitutes the entire Indemnification, Hold Harmless and Reimbursement Agreement between the parties and any change, amendment or modification must be made in writing and executed by both parties.

The individual(s) signing this Agreement has the authority to enter into this Agreement on behalf of the Organizer of the Special Event and have read and understand the Agreement.

EVENT ORGANIZER

CITY OF ONALASKA

12/10/19

(date)

Alex Deshler

(signature)

Alex Deshler

(print name)

Organizer

(title)

(date)

City Clerk

Mayor

(signature)

(print name)

(title)

SPECIAL EVENT CONTINGENCY PLAN For Review Only

Event sponsors should review and consider the following issues when they are planning or preparing for an event. Many of these issues are required by one or more regulations, or are components of larger regulations. Considering other issues which may not be required should contribute to the planning and operation of the event. Developing responses to these questions should result in more productive and fruitful discussions with the various departments with the City during their review of the Special Events Application.

Weather related issues: rain, snow, severe storms, tornadoes, etc.

If the weather forecast includes bad weather, will the event be cancelled? If so, how will attendees be notified?
Develop a plan for the sudden onset of severe weather. Where will the people go and who is designated to assist in their safe arrival at the safe refuge place?
Is there an area of safe refuge in case of tornado?

Medical issues

Where will ambulance access to the event be in case one is needed? Who will conduct crowd control in the event of a medical emergency?
Will a first aid station, with trained first aid provider, be provided at the event? Where?
If applicable, is there adequate shade to prevent heat stroke? Will water be provided? Where?

Crowd Control

Who will monitor the barricades?
Who will work the entry gates? Maintain egress and access?
Who will patrol the area to prevent incidents from getting out of control?
Develop a plan for those patrolling the crowd of what to do if they encounter unruly behavior. Have communication equipment.

Security

Will there be Police Officers providing security? If so, contact the Police Department for applicable requirements or guidelines relating to the number necessary.
If volunteers or private agencies provide security, will they have appropriate phone numbers for EMS, Fire, and Police?
If applicable, what will security officials do if non-paying attendees breach the gate/perimeter? If a complaint is received, for example, for loud music, how and who will handle the complaint? Provide communications equipment. Portable radios, cell phones, and access to land lines.
If applicable, secure monies in an area not accessible to the attendees.

Logistics

Where will there be, or will there be, a staging area for support staff? What time will the crowd be disbursed and by whom?
Who will conduct clean up?
Remember to maintain fire lanes and access roads.
Appoint one person to oversee and take responsibility for the event. Who? Will an adequate amount of restroom facilities be provided? Where?
Is there adequate safe parking provided? Where?



CITY OF ONALASKA
Special Event Insurance Requirements.

(a) The applicant shall provide primary coverage insurance for the event. Any insurance or self-insurance maintained by the City of Onalaska, its officers, council members, agents, employees or authorized volunteers will not contribute to a loss. The applicant shall, no later than five (5) days prior to the start of the event, provide proof of insurance as follows:

1. General Liability Coverage. Coverage shall be occurrence coverage. Claims-made coverage is prohibited.

a. Commercial General Liability.

- (i) \$1,000,000 general aggregate – per event;
- (ii) \$1,000,000 products – completed operations aggregate;
- (iii) \$1,000,000 personal injury and advertising injury;
- (iv) \$1,000,000 each occurrence limit.

b. Insurance must include:

- (i) Premises and operations liability;
- (ii) Contractual liability, including coverage for the joint negligence of the City of Onalaska, its officers, council members, agents, employees, authorized volunteers and the named insured;
- (iii) Personal injury;
- (iv) Explosion, collapse and underground coverage;
- (v) Products and completed operations;
- (vi) The general aggregate must apply separately to the event and location.

2. Business Automobile Coverage. Such coverage is required if motor vehicles are used in relation to and before, during or after the event. This requirement does not apply to cover personal vehicles used by attendees or event personnel to arrive or depart from the event. Coverage limits shall be no less than \$250,000 each person, \$500,000 each accident for bodily injury, \$100,000 for property damage or \$500,000 combined single limit for bodily injury and property damage each accident.

3. Worker's Compensation and Employers Liability. Proof of such coverage shall be required consistent with Wis. Stats. Chap. 102 or any applicable Worker's Compensation Statutes of a different state. Coverage limits shall be no less than \$100,000 each accident, \$500,000 disease policy limit and \$100,000 disease per employee.
4. Liquor Liability. If the event holder sells alcoholic beverages, liquor liability insurance with coverage limits of no less than \$500,000 each occurrence and \$500,000 aggregate.
5. Fireworks Liability. If the event includes a firework display, then the event holder shall carry an additional \$1,000,000 in coverage.

- (b) All insurance shall be in full force prior to commencing the event and remain in force throughout the entire event, including the cleanup period after the event.
- (c) The City of Onalaska, and its officers, council members, agents, employees, and authorized volunteers shall be additional insureds on general liability, business automobile and liquor liability policies. The additional insured policy endorsement must accompany the certificate of insurance.
- (d) All policies shall require 30 day written notice to the City of Onalaska of cancellation, non-renewal or material change in the insurance coverage.
- (e) Insurance must be provided by an insurances carrier with the "Best" rating of "A-VII" or better. All carriers shall be admitted carriers in the State of Wisconsin.
- (f) All insurance must be primary and non-contributory to any insurance or self-insurance carried by the City of Onalaska.

FOR OFFICE USE ONLY

City Clerk	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>need COI + payment</u>	Date: <u>12-26-19</u>
Fire Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>12-26-19</u>
Police Dept	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: <u>Coordinate with Sgt. Berg for traffic control, possible overtime costs</u>	Date: <u>12-30-19</u>
Public Works	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>12-30-19</u>
Planning	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>12-30-19</u>
Parks & Rec	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	Reason: _____	Date: <u>1/2/20</u>
Site Diagram Sketch Attached:	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Date: _____

GIS Dept. Map Prepared: _____/_____/_____

Insurance Required: YES NO Certificate of Insurance on File: YES NO COI Expires: _____/_____/_____

Special Class B License Required: YES NO Date of Special Class B Application: _____/_____/_____

Approved By A&J: _____/_____/_____ Date License Issued: _____/_____/_____

License No: _____



**Alcohol Beverage Service and Sales at Unlicensed Retail Establishments,
Including Salons, Spas, and Barbershops**
Alcohol Beverage Laws
Fact Sheet 3107

revenue.wi.gov

This fact sheet provides information about serving alcohol beverages at unlicensed retail establishments where other business activities are conducted, such as nail and hair salons, spas, barbershops, bridal shops, and similar establishments.

Consumption of Alcohol Beverages

Alcohol beverages may **not** be offered for consumption on the premises of unlicensed retail establishments open to the public.

Class B Retail Alcohol Beverage Licenses May Not Be Granted

Salons, spas, barbershops, bridal shops and similar establishments cannot obtain Class "B" or "Class B" retail alcohol beverage licenses for on premises consumption of beer, wine, champagne, and other types of intoxicating liquor. Class "B" and "Class B" retail alcohol beverage licenses may only be issued to taverns and certain other businesses, such as hotels and restaurants (sec. 125.32(3m), Wis. Stats.).

Samples of Alcohol Beverages Given to Customers

Although salons, spas, barbershops, bridal shops, and similar establishments cannot obtain a Class B retail alcohol beverage license, such establishments may, if approved by the municipality, obtain a Class A retail alcohol beverage license allowing limited samples of alcohol beverages for consumption on the premises.

- **Class "A" licensed premises** (a retail license authorizing off-premises consumption of fermented malt beverages - beer)
 - Samples must be provided free of charge
 - Two samples of fermented malt beverages per person per day not to exceed three fluid ounces per sample
 - Samples must be provided between the hours of 11 a.m. and 7 p.m.
 - Samples may not be provided to underage persons
 - Fermented malt beverages provided as taste samples must be sold by a wholesaler and invoiced to the retailer
 - Samples must be served by licensed operators (bartenders) or servers under the immediate supervision of a licensed operator, licensee, or agent of a retail corporation or LLC licensee

- **"Class A" licensed premises** (a retail license authorizing off-premises consumption of intoxicating liquor, including wine and champagne)
 - Samples must be provided free of charge
 - Two samples of wine per person per day not to exceed three fluid ounces per sample
 - One sample of distilled spirits per person per day not to exceed one half ounce
 - Samples must be provided between the hours of 11 a.m. and 7 p.m.
 - Samples may not be provided to underage persons
 - Wine or spirits provided as taste samples must be sold by a wholesaler and invoiced to the retailer
 - Samples must be served by licensed operators (bartenders) or servers under the immediate supervision of a licensed operator, the licensee, or an agent of a retail corporation or LLC licensee

Note: Businesses should check with their insurance agent if they are planning to serve alcohol at their establishments. Businesses must also comply with all other laws and regulations applicable to holding a retail alcohol beverage license; see Publication 302, Wisconsin Alcohol Beverage and Tobacco Laws for Retailers.

Any Questions?

If you are unable to find an answer to your question about alcohol beverage service and sales at salons, spas, and barbershops, and similar establishments on the department's website, email, write, or call the department.

Visit our website: revenue.wi.gov
Email: DORAlcoholTobaccoEnforcement@wisconsin.gov
Write: Wisconsin Department of Revenue
Alcohol & Tobacco Enforcement
P.O. Box 8933
Madison, WI 53708-8933
Telephone: 608-266-6701
Fax: 608-261-7049

Last updated August 20, 2018

1/08/2020 4:43 PM

L I C E N S E M A S T E R R E P O R T

LICENSES: ALL

SORTED BY: LICENSE NUMBER

EFFECTIVE

LICENSE CODES: Include: RECBURN-E

EXPIRATIC

CLASSES: All

COMMENT:

STATUS: ACTIVE

PAY STATU

CITY LIMITS: INSIDE, OUTSIDE



ID	CODE	NAME/ PROPERTY ADDRESS	STATUS	CLASS/ REPORT	ORIG/ RENEW	TERM/ PRINTED
00191	RECBURN-E	CONWAY 501 11TH AVE S	RICK ACTIVE	REC BURN REC BURN	5/11/2012	1/06/2020
01711	RECBURN-E	MICKSCHL 421 HICKORY ST	RICK ACTIVE	REC BURN REC BURN	3/29/2016	1/02/2020
02569	RECBURN-E	WEBER 655 GREEN CT	MARK & ACTIVE	REC BURN REC BURN	4/02/2018	12/30/2019
03589	RECBURN-E	DUIN 1016 PARKRIDGE DR	STEVE ACTIVE	REC BURN REC BURN	1/02/2014	12/30/2019
03591	RECBURN-E	BUTZLER 416 3RD AVE N	JEFFRE ACTIVE	REC BURN REC BURN	1/02/2014	12/17/2019
03772	RECBURN-E	RAASCH 1201 LAUDERDALE PL	ROBERT ACTIVE	REC BURN REC BURN	3/28/2014	12/27/2019
03949	RECBURN-E	HASKELL 219 10TH AVE S	GREG ACTIVE	REC BURN REC BURN	5/09/2014	1/07/2020
04032	RECBURN-E	BJORNSON 457 3RD AVE N	DANELL ACTIVE	REC BURN REC BURN	5/30/2014	1/02/2020
04067	RECBURN-E	MCGARRY 1220 COUNTY ROAD PH	RICHAR ACTIVE	REC BURN REC BURN	6/10/2014	12/30/2019
04278	RECBURN-E	HABECK 633 GAIL AVE	DENNIS ACTIVE	REC BURN REC BURN	9/19/2014	1/03/2020
04841	RECBURN-E	THORN 111 FAIRWAY COURT	MANUEL ACTIVE	REC BURN REC BURN	5/21/2018	1/07/2020
06061	RECBURN-E	BURKE 728 BRAUND ST	BRADLE ACTIVE	REC BURN REC BURN	1/06/2020	

REPORT TOTALS: 12 LICENSES