



"meeting community needs
.....enhancing quality of life"

REQUEST for Alcohol License Premises Amendment

FEES ARE NON-REFUNDABLE		Date Received <u>FEB 29 2024</u>
License Fee	\$10.00/event	Acct: CLCAGP
Receipt	<u>6418-04</u>	

Sent for review MAR 01 2024

SECTION 1 - LICENSE INFORMATION

Name of Establishment <u>OB'S BRAU HAUS</u>	
Address of Establishment <u>523 + 525 W. COLLEGE AVE, APPLETON, WI, 54911</u>	
Name of Agent <u>CHRISTOPHER WELLS</u>	Phone Number

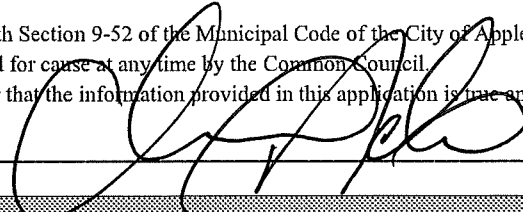
SECTION 2 - PREMISES AMENDMENT

Please describe the change in premises:
 A drawing/diagram of the proposed area must also be submitted with this application.
TO ADD FOUR PICNIC TABLES FOR DINING OUTDOORS PRINKS OUTSIDE IN FRONT OF OB'S BRAU HAUS FROM 4P-10P (THIS IS IN ADDITION TO THE EXISTING PREMISES DESCRIPTION)

Is this change Permanent? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	If this is temporary please specify the reason for the amendment: <u>WOULD BE DURING SPRING/SUMMER/FALL MONTHS (TABLES WOULD BE MOVED ON 'OFF' MONTHS + SPECIAL EVENTS)</u>
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Please list the date(s) and time(s) that this temporary premises amendment will be utilized:
MARCH - OCTOBER FROM 4PM - 10PM

SECTION 3 - PENALTY NOTICE

I certify that I am familiar with Section 9-52 of the Municipal Code of the City of Appleton and agree that any license granted under this application may be suspended for cause at any time by the Common Council.
 Under penalty of law, I swear that the information provided in this application is true and correct to the best of my knowledge and belief.
 Signature of Applicant: 

FOR OFFICE USE ONLY					
Department	Approve	Deny	By	Reason	
Comm. Dev.					
Finance					
Fire					
Health					
Inspections					
Police					
S&L	Council	Date Issued	Exp. Date	License Number	



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: 23-137-A
Effective Date: 8/17/23
Expiration Date: 06/30/2024
Fee: \$40.00
Paid (yes or no): YES/5407-0004

Rev. 04-10-15

Applicant Information

Name (print): CHRISTOPHER NEUS Company: OB'S BRAU HAUS / NAC LLC
Address: 523 W COLLEGE AVE Telephone: FAX: N/A
Applicant Signature: Date: 7/26/23

Occupancy Information

General Description: PICNIC TABLES (WOODEN) w/ ATTACHED BENCH SEATING
Street Address: 523/525 W COLLEGE AVE Tax Key No.:
Street: From: To:
Multiple Streets:

(Department use only)

Table with 3 columns: Occupancy Type, Sub-Type, Location. Includes options like Permanent (\$40), Temporary - max. 35 days (\$40), etc.

Additional Requirements

- Plan/Sketch Certificate of Insurance Bond
Other:

Traffic Control Requirements

Type of Street: Proposed Traffic Control:
Arterial/CBD City Manual Page(s)
Collector State Manual Page(s)
Local Other (attach plan)
Approved by: Date:
Contact Traffic Division (832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure.
Additional Requirements:
Division 4 Design Standards; Sec. 23-522 and Page 659 too

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.
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.

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.

APPROVED BY: [Signature] DATE: 8/17/2023
(Department of Public Works)

Insurance and Bond Coverage:

Insurance Carrier: BADGER MUTUAL

Insurance Agent Name and Phone Number: GUNDY & THEIL Insurance (920) 789-6241

Policy Number: 04767-69776

Policy Period: 6/9/22 - 9/1/23

* Bond Carrier: _____

* Bond Agent Name and Phone Number: _____

* Bond Number: _____

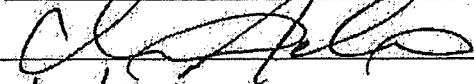
* Bond Period: _____

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 and bonding requirements of the City of Appleton. I hereby certify that I, or the company I represent have insurance and a bond in the amounts required to obtain this permit/license. I have named the City of Appleton as an additional Insured for purposes of this permit/license and have provided the name of my insurance and bond carriers, the policy numbers and policy periods above. Further, I agree to maintain appropriate insurance coverage for the duration of this permit/license and to indemnify against any and all liability, loss, damage and expenses and costs including attorneys' 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, anyone directly or indirectly employed by any of 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.

Company Name: NAC LLC

Print Name: CHRISTOPHER A. NEALS

Signature: 

Date: 7/18/23

* Bonds are required for the following types of work only:

- Plumbing in the public right-of-way: \$5,000.00 Permit Bond (Code Section 4-265)
- Demolition of Buildings: \$5,000.00 Permit Bond (Code Section 4-188(a)(2))
- Sewer lateral sealing in the public right-of-way: \$5,000.00 Permit Bond (Code Section 4-188(c))
- Moving of Buildings: \$5,000.00 Permit Bond (Code Section 4-207(5))
- Cement Finisher's License: \$5,000.00 License Bond (Municipal Code Section 9-33)
- Excavation or place facilities in the public right-of-way: \$5,000.00 Permit Bond (Code Section 16-110)



FOUR TOTAL
PICNIC TABLES w/ ATTACHED SEATING

patio heaters on sidewalk



PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit #: 23-123-A
Effective Date: 7/20/23
Expiration Date: 06/30/2024
Fee: \$40.00
Paid (yes or no): yes/5375-0003

Rev. 04-10-15

Applicant Information

Name (print): CHRISTOPHER NELLS
Company: OB'S BRAU HAUS / NAC LLC
Address: 523/525 W COLLEGE AVE.
Telephone:
FAX: NA
Appleton, WI, 54911
e-mail:
Applicant Signature: [Signature]
Date: 7/12/23

Occupancy Information

General Description: Patio heaters on sidewalk, close to building
Street Address:
Tax Key No.:
Street: From: To:
Multiple Streets:

(Department use only)

Table with columns: Occupancy Type, Sub-Type, Location. Includes checkboxes for Permanent, Temporary, Amenity/Annual, Blanket/Annual, Block Party, Sandwich Board, Tables/Chairs, Dumpster, POD/Container, Obstruction/Other, Sidewalk, Terrace, Roadway.

Additional Requirements

Plan/Sketch
Certificate of Insurance
Bond
Other:

Traffic Control Requirements

Type of Street: Arterial/CBD, Collector, Local
Proposed Traffic Control: City Manual Page(s), State Manual Page(s), Other (attach plan)
Approved by:
Date:
Contact Traffic Division (832-2379) 1 business day prior to any lane closure, or 2 business days prior to a full road closure.
Additional Requirements:

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4. This permit is subject to IMMEDIATE REVOCATION if unfavorable traffic conditions develop during the period the occupancy is permitted.
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APPROVED BY: [Signature]
DATE: 7/20/23
(Department of Public Works)

OB's Brau Haus

Gastro · Brew · Pub · Nightlife



Insurance and Bond Coverage:

Insurance Carrier: BADGER MUTUAL

Insurance Agent Name and Phone Number: QUINCY THIEL Insurance (920) 759-6241

Policy Number: 04767-69770

Policy Period: 6 9/1/22 - 9/1/23

* Bond Carrier: _____

* Bond Agent Name and Phone Number: _____

* Bond Number: _____

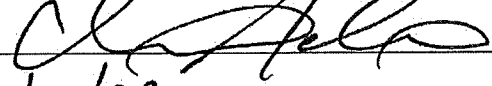
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I certify that this application, and all information and documentation provided therein, is true and accurate.

Company Name: NAC LLC

Print Name: CHRISTOPHER A NEELS

Signature: 

Date: 7/18/23

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- Moving of Buildings: \$5,000.00 Permit Bond (Code Section 4-207(5))
- Cement Finisher's License: \$5,000.00 License Bond (Municipal Code Section 9-33)
- Excavation or place facilities in the public right-of-way: \$5,000.00 Permit Bond (Code Section 16-110)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2023

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 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 Thiel Insurance Group, LLC 620 N Richmond Street Appleton WI 54911		CONTACT NAME: Cindy Casey PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: cindyc@thielinsurancegroup.com	
INSURED NAC LLC Appleton WI 54915		INSURER(S) AFFORDING COVERAGE INSURER A: Badger Mutual Insurance Co INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CL2371802307 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			00767-69770	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <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 checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			00767-69770	09/01/2022	09/01/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	00767-69770	09/01/2022	09/01/2023	<input 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

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

CERTIFICATE HOLDER

CANCELLATION

City of Appleton Dept of Public Works
100 N Appleton Street

Appleton

WI 54911

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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