



# PERMIT TO OCCUPY THE PUBLIC RIGHT-OF-WAY

Permit # : \_\_\_\_\_  
 Effective Date: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Non-Refundable Fee: \$40.00  
 Paid (yes or no): yes/156510505

Rev. 10-05-2023

### Applicant Information

Name (print): Julia Ning Gomez Company: Lil Taco  
 Address: 1625 Coolidge Ct. Telephone: 920) 358-3119  
Appleton, WY 82401 E-mail: Julianing3900@gmail.com  
 Applicant Signature: [Signature] Date: 05/20/24

### Occupancy Information

General Description: Tables + Chairs  
 Street Address: 106 S. State St. Sidewalk/roadway obstruction requested  Y or  N  
 - or -  
 Multiple Streets: \_\_\_\_\_  
 Date(s) From: 2024 To: 2025 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

### Location

- Sidewalk
- Terrace
- Roadway

### Additional Requirements

- Plan/Sketch
- Certificate of Insurance
- Bond
- Other : \_\_\_\_\_

### Traffic Control Requirements

Type of Street: \_\_\_\_\_ Proposed Traffic Control: N/A  
 Arterial/CBD  City Manual Page(s) \_\_\_\_\_  
 Collector  State Manual Page(s) \_\_\_\_\_  
 Local  Other (attach plan) \_\_\_\_\_  
 Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 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: \_\_\_\_\_

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.

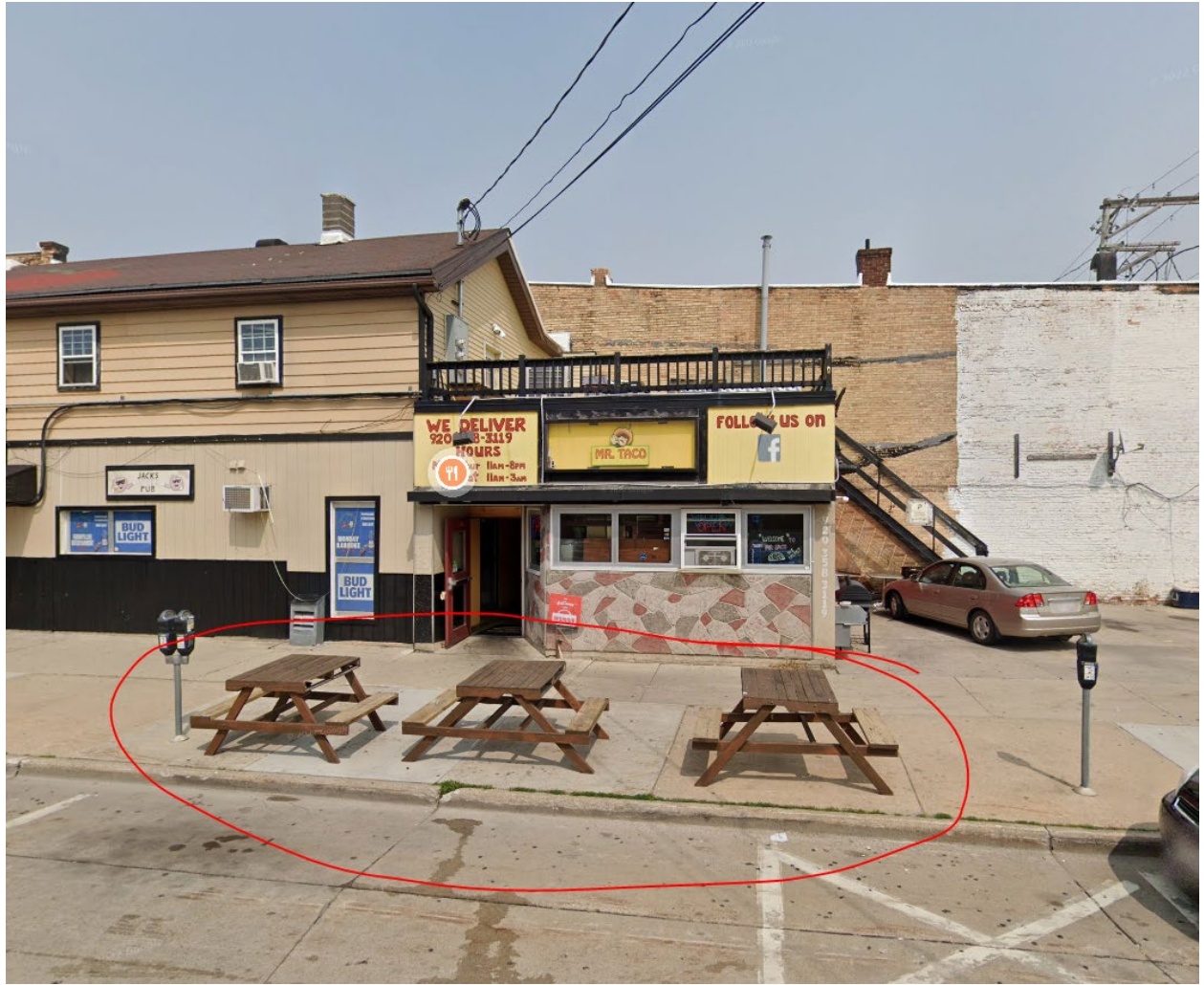
This permit is issued to the applicant upon payment of the permit fee and is expressly limited to the location and type described herein. The applicant, in exchange for receiving this permit, warrants that all street occupancies will be performed in conformity to City ordinances, standards and policies, be properly barricaded and lighted, and be performed in a safe manner. 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.

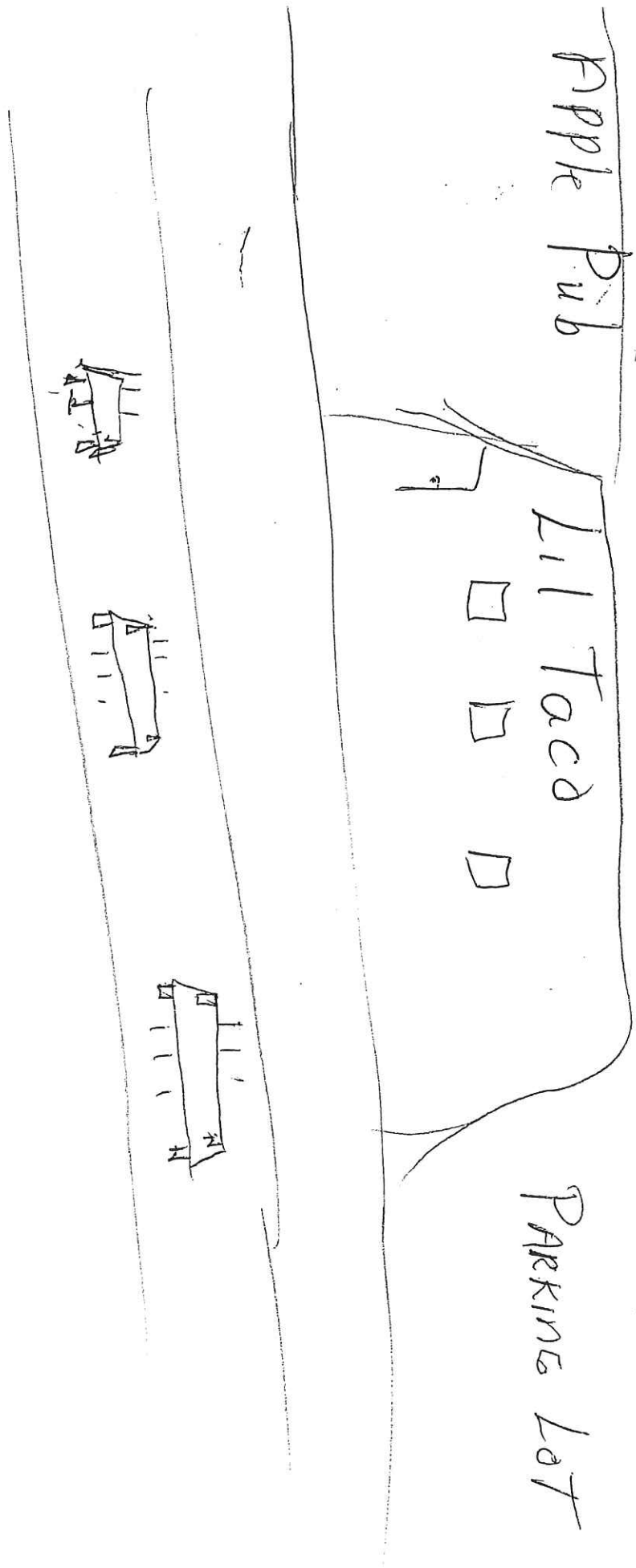
The Grantee shall guarantee at their expense, the repair or replacement of pavement, sidewalk and any other facilities within the public right-of-way damaged or destroyed by the Grantee or any sub-contractor working for them. The Grantee shall assume complete and full liability and responsibility, in 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: \_\_\_\_\_

(Department of Public Works)

DATE: \_\_\_\_\_





## Statement of Insurance Coverage

### Insurance Coverage:

Insurance Carrier: Pekins Insurance

Insurance Agent Name and Phone Number: Rich 920)685-0900

Policy Number: 006136043

Policy Period: 07/25/23 To 07/25/24

### Bond Coverage:

\* 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: Lil Taco

Print Name: Julia Nino Gomez

Signature: 

Date: 05/20/24

\* 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)



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/21/2024

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 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).

<b>PRODUCER</b>  ALLIANCE INS. & FINANCIAL SERVICES, LLC 08600-A00 103 W MAIN ST OMRO, WI 54963	<b>CONTACT NAME:</b> RICHARD L. CHRISTL <b>PHONE</b> (A/C, No, Ext): (920) 685-0900 <b>FAX</b> (A/C, No): (920) 685-0444 <b>E-MAIL ADDRESS :</b> <b>PRODUCER</b> <b>CUSTOMER ID #:</b>														
<b>INSURED</b> JECHU LLC DBA LIL TACO 106 S STATE ST APPLETON, WI 54911-5841	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: PEKIN INSURANCE COMPANY</td> <td style="text-align: center;">24228</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: PEKIN INSURANCE COMPANY	24228	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER F:															

**COVERAGES**      **CERTIFICATE NUMBER:**      **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			006136043	07/25/2023	07/25/2024	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS - MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS							
	<input type="checkbox"/> NON-OWNED AUTOS							
	UMBRELLA LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR						AGGREGATE	\$
	EXCESS LIAB							\$
	<input type="checkbox"/> CLAIMS-MADE							\$
	DEDUCTIBLE							\$
	RETENTION							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			006136051	07/25/2023	07/25/2024	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
			N/A				E.L. EACH ACCIDENT	\$ 100,000
							E.L. DISEASE - EA EMPLOYEE	\$ 500,000
							E.L. DISEASE - POLICY LIMIT	\$ 100,000
	BUSINESSOWNERS						EACH OCCURRENCE	\$
							PROD & COMP OPS AGGREGATE	\$
							GENERAL AGGREGATE	\$
	GARAGE LIABILITY						EACH ACCIDENT (AUTO ONLY)	\$
							EACH ACCIDENT (OTHER THAN AUTO ONLY)	\$
							AGGREGATE	\$

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

**CERTIFICATE HOLDER**

CITY OF APPLETON 100 N APPLETON STREET APPLETON, WISCONSIN 54911

**CANCELLATION**

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

ALLIANCE INS. & FINANCIAL SERVICES, LLC - 08600-A00

# Payment Entry Form

## Result: Payment Authorized Confirmation Number: 156510505

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 Number And StreetName 106 S STATE ST	\$40.00
<b>Subtotal:</b>	<b>\$40.00</b>
<b>Convenience Fee:</b>	<b>\$1.50</b>
<b>Total Payment:</b>	<b>\$41.50</b>

### Customer Information

First Name: JULIA  
 Last Name: NINO GOMEZ  
 Address Line 1:  
 Address Line 2:  
 City:  
 State:  
 Zip Code:  
 Phone Number:  
 Email Address:  
 Estimated Costs: 40

### Payment Information

Payment Date: 05/21/2024  
 Card Type: Visa  
 Card Number: \*\*\*\*\*3267

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 By signing this receipt you agree to the terms and conditions of this service.

You will see one line item on your credit or debit card statement indicating the amount you paid and will be identified as *City of Appleton GOV*. If you have any questions about the charges please call 1-888-891-6064.