



### STREET USE APPLICATION

Sponsored by: Menasha Marina  
 Responsible Person: Diane Schabach  
 Address: 1 Center St.  
Menasha  
 Phone: 967-5193-~~8533422~~ 8533422  
 Email Address: Menasha Marina@AOL.com

Street Use Date: 6-20-09  
 Start Time: 4pm  
 End Time: 10pm  
 Number of Units: \_\_\_\_\_

Street Route: (Attach Map) \_\_\_\_\_  
 Description of Use: 22 Annual Steak Ery for about 200 people - bratwurst & just on the corner of South Center in front of the marina office, shut off the street about 100 ft on either of the marina office.

Liability Insurance has been secured in the amount of \$ 1,000,000 with the City of Menasha named as the additional insured.  
 Insurance Company Scott Unland Services - West Bend Policy No. 0110126819  
 (Attached is a copy of the insurance certificate).

Date: 4-28-09 Applicant's Signature: Diane Schabach

**Permit Fee:** Each application for a Street Use Permit shall be accompanied by a fee of Twenty-Five Dollars (\$25.00). Make checks payable to City of Menasha. See highlighted portion of the attached City of Menasha Municipal Code.

**Note to events planning to use City Parks and/or greenspace:** Any multi-day event or event which plans to sell beer and/or wine to the public must appear before the Parks and Recreation Board.

*Police #3154 9*

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 TO BE COMPLETED BY CITY STAFF

Scheduled Park & Recreation Board Review Date: BT  
 Not Required:  Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Scheduled Common Council Review Date: 5/18/09  
 Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

APPROVAL:  
 Police Dept. \_\_\_\_\_ Fire Dept. \_\_\_\_\_ Public Works Dept. \_\_\_\_\_ City Attorney \_\_\_\_\_



For Steak Fry  
2 grills - picnic tables, tables  
and chairs to be placed  
on Center Street in front of  
Marina office  
Will use barricades to shut off street.

For Street Permit

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/17/2009

PRODUCER (920) 898-5755  
 SCOTT UMLAND INSURANCE SERVICES, LLC  
 2028 Jackson St.  
 P.O. Box 236  
 New Holstein WI 53061-0236

INSURED  
 Schabach, Diane  
 PO Box 74  
 Hilbert WI 54129-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: West Bend Mutual  
 INSURER B: Middlesex Insurance Compa  
 INSURER C:  
 INSURER D:  
 INSURER E:

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | ADD'L INSRD | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |
|----------|-------------|---|---------------|----------------------------------|-----------------------------------|--|
| A        | X           | GENERAL LIABILITY<br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR   | 0110126819    | 05/10/2009                       | 05/10/2010                        | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000 |
|          |             | AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS |               | / /                              | / /                               | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
|          |             | GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO   |               | / /                              | / /                               | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$  |
|          |             | EXCESS/UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE<br>RETENTION \$  |               | / /                              | / /                               | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$   |
| B        |             | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below   | 89-24211      | 05/23/2009                       | 05/23/2010                        | <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000                              |
|          |             | OTHER   |               | / /                              | / /                               |  |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 City of Menasha is listed as additional insured.

**CERTIFICATE HOLDER**

( ) - ( ) -  
 City of Menasha  
 140 Main Street  
 Menasha WI 54952-

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
