

Streatery Extension of Premises

Fee: Waived

Class A: Beer, Liquor, Cider
Class B: Beer, Liquor,
 Class C Wine

City of Madison Clerk
210 MLK Jr Blvd, Room 103
Madison, WI 53703
licensing@cityofmadison.com
608-266-4601

(Agenda Item Number)	
(Legistar file number)	
(License number)	403
(Alder District #)	
(Police Sector)	
Office Use Only	

Streatery extension of premises is available for existing licensed premises only. Extensions will not be granted for vertical drinking or beer garden additions. Application must be submitted to the Clerk's office. Staff will review the application and if it is complete and approved by Zoning and/or the street vending coordinator, provisionally approve and forward to the Alcohol License Review Committee for final approval recommendation. Any licensed establishment applying to extend their premises onto City property must provide a certificate of insurance for liquor liability including a separate additional insured endorsement naming the City of Madison with this application.

Are you requesting this temporary extension of licensed premises, in compliance with Emergency Order Resolution Legistar #60695 (Madison Streatery Program), adopted by the Common Council on June 16, 2020?: Yes No

Required detailed floor plans of extension area **included**: Yes

Required approval of expanded eating area obtained from Street Vending Coordinator or Zoning Administrator **included**: Yes, date approved: 9/18/20

Street Occupancy Permit obtained from Traffic Engineering: Yes No N/A

Does lease/deed cover area request for temporary extension?: Yes No

If no, **must attach** letter from landlord or property owner authorizing use of the property.

Licensed Premises Information

This application modifies existing alcohol license number: 42751-29542

Business dba Name: Wando Ventures INC.

Licensed Address: 602 UNIV. AVE

Liquor/Beer Agent Name: Jay Wanserski

91 % Alcohol, 8 % Food, 1 % Other Alder, District #: Veeveer Police Sector: _____

Corporate Information

Business Legal Name (as on WI State Sellers Permit): Wando Ventures Inc (WANDOS)

Business Mailing Address: 602 UNIV. AVE Madison 53715 456-0000 416543-03

Business Contact Name, Position: Jay Wanserski, owner

Business Phone: 608-444-9025 Business Email: FISHBOWL94@HOTMAIL.COM

-Continue on Back-

Extension Details

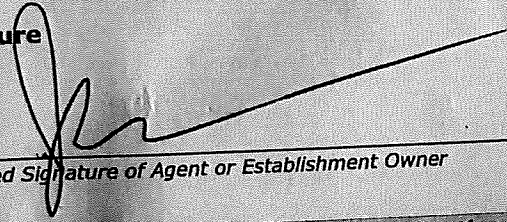
Current Capacity (Indoor): 206

Current Capacity (outdoor): 16

Proposed Capacity (outdoor): 40

Description of Proposed Changes: 3 Tables added on Frances in front of Red Shed

Signature



Authorized Signature of Agent or Establishment Owner

Date 9/18/20

Clerk's Office checklist for complete applications

- Floor Plans
- Copy of approval from Street Vending/Zoning
- Copy of Street Occupancy Permit included *if applicable*
- Letter from landlord/property owner authorizing temporary extension of lease area *if applicable*
- Certificate of Insurance for liquor liability with City of Madison named *if extending on city property*

Upon Application Submission, the Clerk's Office issued to the application:


- Orange sign Orange business card
- "License Renewals & Changes" brochure with next steps issued

Streatery Approval - Wondo's 602 University Ave. Inbox



Blake-Horst, Meghan 1:21 PM



to licensing, fishbowl94, me, Mi... 

Hello,

Your request to expand your sidewalk café for [Wondo's, 602 University Ave.](#) has been approved on [9/18/20](#) by the Street Vending Office. You are able to begin setting up your café within the approved expansion area in front of Red Shed ([406 N. Francis St.](#)) and serving food on [9/18/20](#).

Before you can serve alcohol in the expanded area, you will need to submit a [Temporary Premises Extension Permit application](#) to the Clerk's Office at licensing@citvofmadison.com. Please CC mblake-horst@citvofmadison.com on the email submission of the application. This email will serve as notification that your expansion is

Red Shed

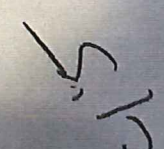
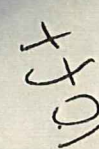
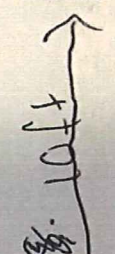
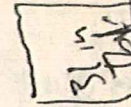
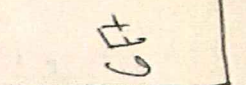
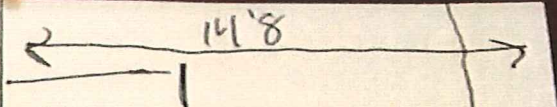
26'12"

Alley 10ft

5'10"

Alley

6ft for sidewalk



18 inches away from curb

From: Lynn Dieffenbach

<imd101693@gmail.com>

Sent: Wednesday, September 16, 2020 6:12 PM

To: fishbowl94@hotmail.com

<fishbowl94@hotmail.com>

Subject:

I Lynn Dieffenbach, as the current owner of the business operating as The Red Shed located at [406 N Frances Street](#), have no objection to Jay Wanserski pursuing authorization from The City of Madison to provide table service in front of the building of The Red Shed.

Mr. Wanserski and I discussed that I may in the future pursue authorization to use this space when The Red Shed is once again opened for business on or after October 3, 2020.

We also discussed that while using the space, Mr. Wanserski's staff will be responsible for crowd management and his business will be



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/14/2020

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 Thomas Bradley Insurance 1001 Fourier Dr, Suite 100 Madison, WI 53717	CONTACT NAME: Nancy Cassa
	PHONE (A/C, No, Ext): 6088457979
	FAX (A/C, No):
	E-MAIL ADDRESS: ncassa@thomasbradleyinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A : Illinois Casualty Company
	INSURER B : Progressive Insurance
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

INSURED WANDO'S VENTURE'S INC Jay Wanserski 602 University Ave Madison, WI 53715	CERTIFICATE NUMBER: 00000475-656405	REVISION NUMBER: 3
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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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		BP39553	12/27/2019	12/27/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 2,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			08077844-1	08/24/2020	08/24/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ 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		Y/N N/A	WC18561	12/27/2019	12/27/2020	<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

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

The City of Madison is listed as an additional insured.

CERTIFICATE HOLDER**CANCELLATION**

City of Madison
Attn: Risk Manager
210 Martin Luther King Jr. Blvd., Rm 406
Madison, WI 53703

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

Nancy Cassa

(NLC)

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