

Streatery
Extension of
Premises

RECEIVED
4/30/21

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

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 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)

LICPCH-2021-00173
(License number)

4 400
(Alder District #) (Police Sector)
Office Use Only

licensing@cityofmadison.com

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: 4/26/2021

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: LICLIB -2020- 00742

Business dba Name: WONDERSTATE COFFEE

Licensed Address: 27 W. Main St Madison WI 53703

Liquor/Beer Agent Name: Kyle Beach

5 % Alcohol, 35 % Food, 60 % Other Alder, District #: 4 Police Sector: Central
↳ coffee

Corporate Information

Business Legal Name (as on WI State Sellers Permit): WONDERSTATE MADISON LLC

Business Mailing Address: 27 W. Main St Madison WI 53703

Business Contact Name, Position: Kyle Beach Manager

Business Phone: 608-283-9478 Business Email: madison@wonderstate.com

-Continue on Back-

Extension Details

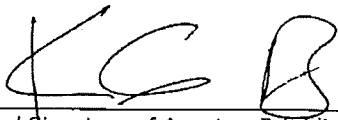
Current Capacity (indoor): 80

Current Capacity (outdoor): ~~20~~ 35

Proposed Capacity (outdoor): 35

Description of Proposed Changes: Alcohol service to newly licensed outdoor
cafe space.

Signature



Authorized Signature of Agent or Establishment Owner

4/29/21
Date

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

16' 1 1/2"

6' 9 1/8"

W Main St

Street Facing Enclosure

4' from curb

30'

Side Enclosure 18'

Side Enclosure 18'

Pedestrian Walkway 162" between raised concrete planter and sidewalk enclosure

16' 1 1/2"

Pedestrian walkway 16'5"

10' between patio and curb

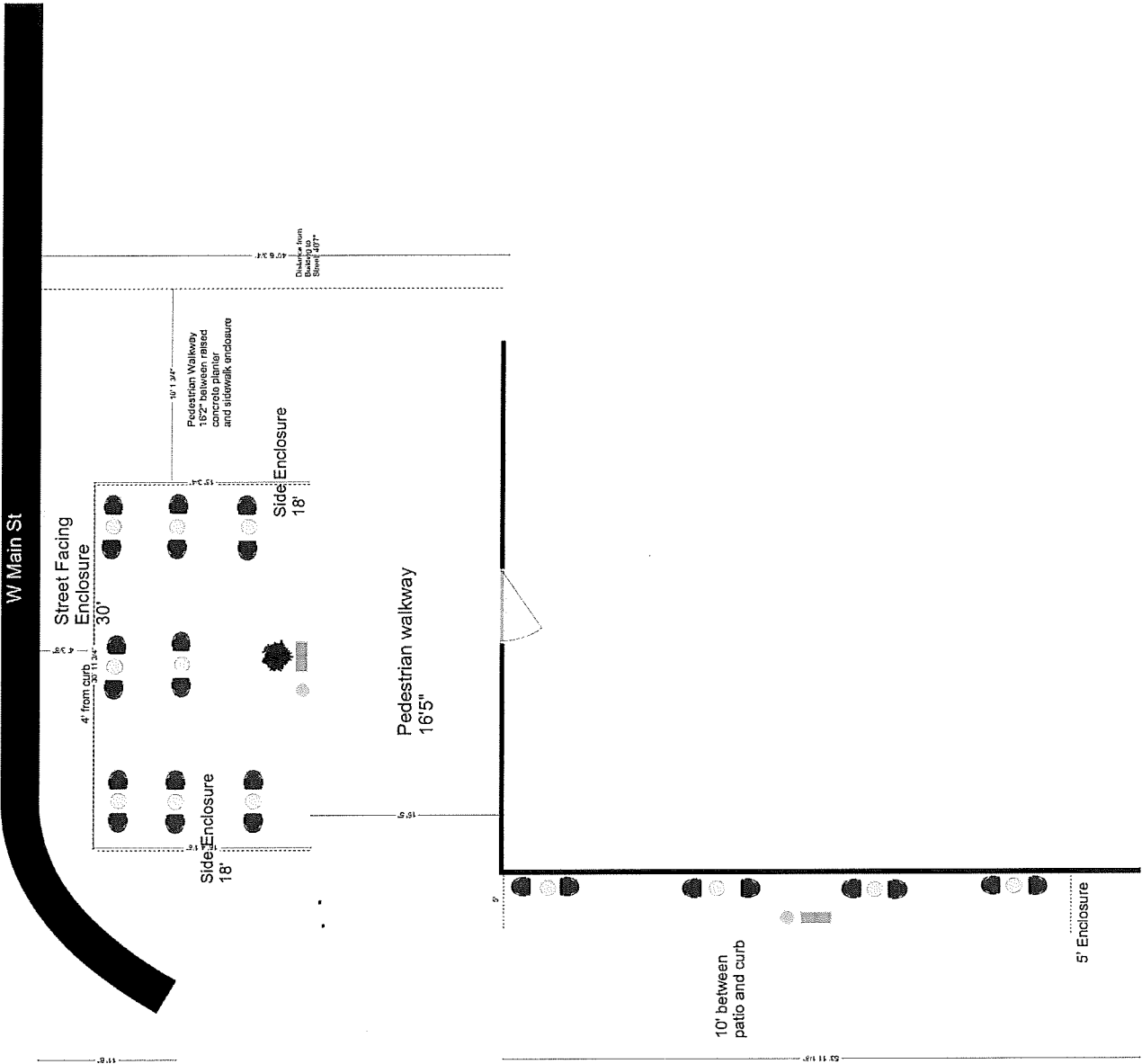
5' Enclosure

4' 2 3/8"

6' 7 7/8"

13' 3 1/4"

5' 1 1/2"






CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/07/2021

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  State Farm PATRICK MARSDEN STATE FARM 14 N CARROLL ST MADISON WI 53703 | CONTACT NAME: PATRICK MARSDEN PHONE (A/C No. Ext): 608-255-4544 E-MAIL ADDRESS: PATRICK.MARSDEN.JXAW@STATEFARM.COM FAX (A/C No.): |
| | INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : State Farm Fire and Casualty Company INSURER C : INSURER D : INSURER E : INSURER F : |
| INSURED WONDERSTATE MADISON LLC 1201 N MAIN ST STE 10 VIROQUA WI 54665 | |

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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| | <input checked="" type="checkbox"/> 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: | | X | 99-CL-C126-9 | 02/18/2021 | 02/18/2022 | EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 BUSINESS PROP \$ 751,500 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY | | | | | | COMBINED SINGLE LIMIT (Ea accident) \$ 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 RETENTION \$ | | | | | | EACH OCCURRENCE \$ AGGREGATE \$ \$ |
| | 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 | Y | 99-CM-Y704-2 | 09/02/2020 | 09/02/2021 | PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000 |
| | COMMERCIAL LIABILITY UMBRELLA | | | 99-B9-T684-3 | 01/19/2021 | 01/19/2022 | LIABILITY \$ 5,000,000 |

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

LOCATION ADDRESS: 27 W MAIN ST MADISON WI 53703

CITY OF MADISON LISTED AS ADDITIONAL INSURED

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|---|
| ADDITIONAL INSURED: CITY OF MADISON 210 MARTIN LUTHER KING JR BLVD 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 |
|--|---|

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