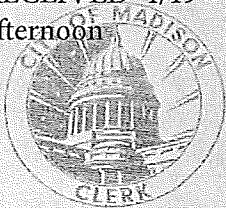


RECEIVED 4/19
afternoon



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)

LICPCH-2021-00146

(License number)

4

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: 4/16/21

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: Wanda Ventures Inc

Licensed Address: 602 University Ave

Liquor/Beer Agent Name: Jay Wonserski

46 % Alcohol, 54 % Food, % Other Alder, District #: Verveer Police Sector:

Corporate Information

Business Legal Name (as on WI State Sellers Permit): Wanda Ventures Inc (Wanda's)

Business Mailing Address: 602 University Ave Madison WI 53715

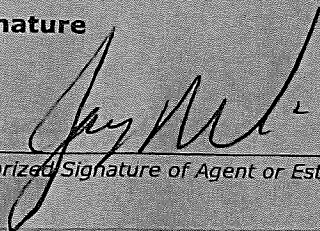
Business Contact Name, Position: Jay Wonserski, Owner

Business Phone: 608-444-9025 Business Email: fishbow194@hotmail.com

-Continue on Back-

Extension DetailsCurrent Capacity (indoor): 200Current Capacity (outdoor): 48Proposed Capacity (outdoor): 42 + additional 30 new

Description of Proposed Changes: Adding 5 tables on Frances St.
using 2 loading zone stalls and part of
street totaling 55 feet

Signature

Authorized Signature of Agent or Establishment Owner

4-13-2021
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

Hello,

Your request to expand your sidewalk café for Wando's (Wando Venture Inc), 602 University Ave. Madison, WI 53715 has been approved on 4/16/21 by the Street Vending Office. The Street Occupancy Permit for use of a portion of the parking lane as approved on 4/16/21 and a copy of the will be sent separately the week of April 19th. You are able to begin setting up your café within the approved expansion area and serving food on 4/16/21. Please email mblake-horst@cityofmadison.com when you have the café set-up in the street so a visit can be done to ensure everything is set correctly.

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@cityofmadison.com.

Please CC mblake-horst@cityofmadison.com on the email submission of the application. This email will serve as notification that your expansion is approved.



City Of Madison

Street Occupancy

Permit

Start Date

3/29/21

Expiration Date

4/14/22

Street Address of Job Site Frances St 602 University AveUse of Occupancy: ☐ Dumpster ☐ Storage Container ☐ Other Streets

Days Requested _____

Street Frances St (loading zone + extra) Length 55 ft Width 8 ftType of Occupancy Requested: ☐ Sidewalk ☐ Protected Sidewalk ☐ Terrace ☐ Bike Lane ☐ Travel Lane ☒ Parking Lane

Street _____ Length _____ ft Width _____ ft

Type of Occupancy Requested: ☐ Sidewalk ☐ Protected Sidewalk ☐ Terrace ☐ Bike Lane ☐ Travel Lane ☐ Parking Lane

Applicant Information:

Company Name

Applicant Name

Jay Wonserski

Company Address

602 University Ave

City, State, Zip Code

Madison, WI 53715

Telephone Number

W-608-256-5204 C-608-494-9025

Applicant Signature

[Signature]

Insurance Company

ILLINOIS Casualty Company

Insurance Expiration Date

12/27/21

Special Requirement for Occupancy - For Office Use Only

- ☐ An alternate sidewalk is available for pedestrians.
- ☐ Bulk materials will be placed on the sidewalk (i.e. sand, gravel, mulch).
- ☐ Heavy equipment will be driven over the curb or sidewalk.
- ☐ Material will be hoisted over public sidewalk. Height: _____ ft.
- ☐ Excavation depth of _____ ft. will take place next to the street or sidewalk.
- ☐ Protection measures required.
- ☐ "Sidewalk Closed Use other Side" signs are required at each end of the block.
- ☐ "No Parking Anytime" signs are required along the occupancy area of the street. Qty: _____
- ☐ Parking meter hoods must be purchased from the Madison Parking Utility for all meters effected by this occupancy. Qty: _____
- ☐ Reflective yellow sheeting, steady burn lights and/or cones are required on each corner of a dumpster / obstruction that is in the street.
- ☐ Corner vision clearances are to be maintained.
- ☐ No work will be performed between _____ am/pm and _____ am/pm.
- ☐ Illuminated enclosed sidewalks are required and must be in compliance with Madison General Ordinance (MGO) 10.055
- ☐ All materials shall be removed from right-of-way at the end of each day.
- ☐ Install barrier around excavation.
- ☐ Permit holder is responsible for all snow removal incidental to the conditions granted by the permit, including final cleanup to previous permit conditions per MGO 10.28
- ☐ Occupancy shall not obstruct parking or travel lanes.
- ☐ Other _____

Description of special requirements

Use of loading zone extended for Streets

General Requirements of and for Street Occupancy

- a) Walkways open to the public must be in compliance with the most current ADA (American Disabilities Act) guidelines.
- b) Construction machinery, equipment and vehicles loading or unloading is permitted in the occupancy area.
- c) Parking of personal vehicles is prohibited within occupancy area.
- d) All signing, barricading and associated traffic control measures shall be placed in conformance with Federal Highway Administration "Manual on Uniform Traffic Control Devices" and City of Madison standards.
- e) The conditions of this occupancy permit are subject to change at any time due to varying traffic and pedestrian conditions, changes in scheduling, and public safety concerns relating to use of occupancy.
- f) The occupancy permit fee shall be doubled for untimely renewals or applications made after the occupation has already begun.

FOR OFFICE USE ONLY

Approval by Traffic Engineering

Permit Fee \$ _____

Issued by Board of Public Works



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2021

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 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 <table style="width: 100%;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Illinois Casualty Company</td> <td>15571</td> </tr> <tr> <td>INSURER B: Progressive Insurance</td> <td>10194</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>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Illinois Casualty Company	15571	INSURER B: Progressive Insurance	10194	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															
INSURED WANDO VENTURE'S INC Jay Wanserski 602 University Ave Madison, WI 53715															

COVERAGES

CERTIFICATE NUMBER: 00000475-656405

REVISION NUMBER: 5

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 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	12/27/2020	12/27/2021	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 <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED 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	12/27/2020	12/27/2021	<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.

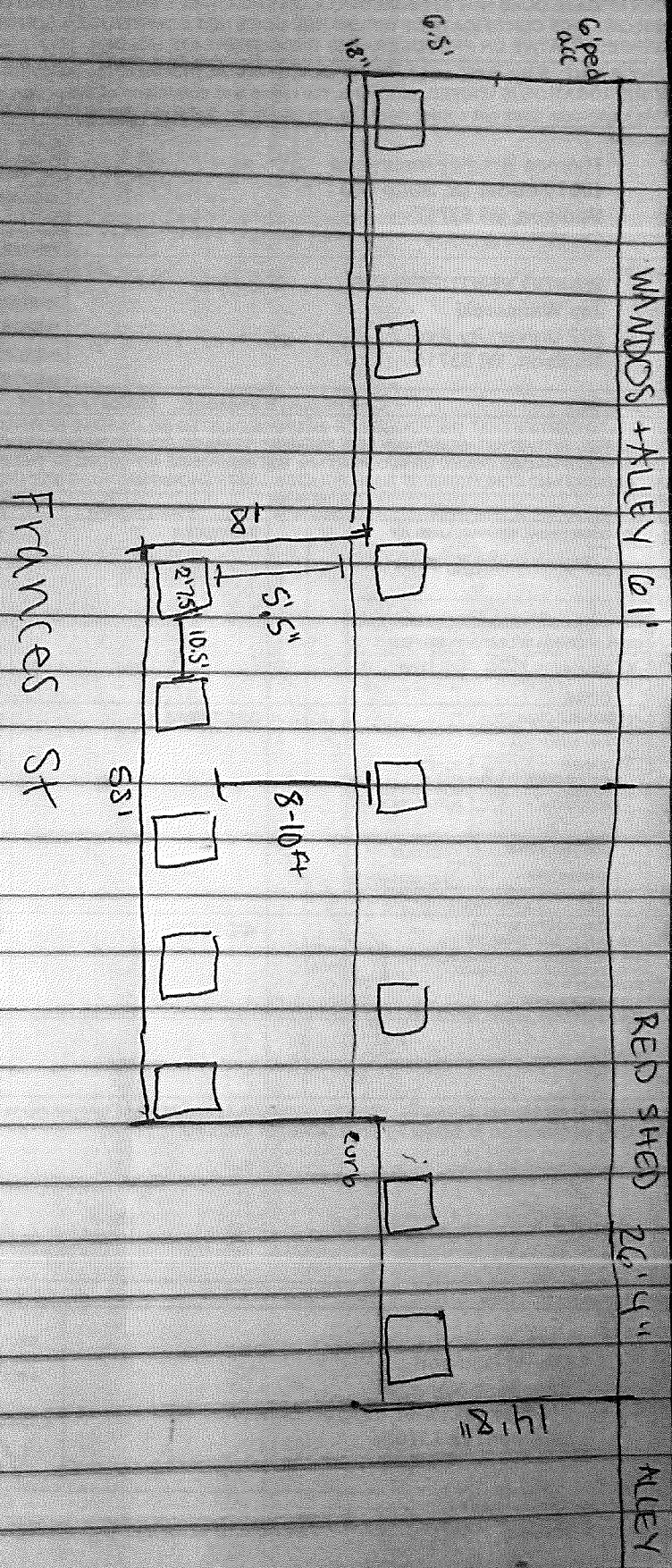
CERTIFICATE HOLDER

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 <div style="text-align: right;">(NLC)</div>
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university



Plan

Draw a plan of the street, sidewalk and show the area that will be occupied below.

x - Tables

Wandos

Red Shed

Ped Walk

x x x x x x x

1st
Sherid St

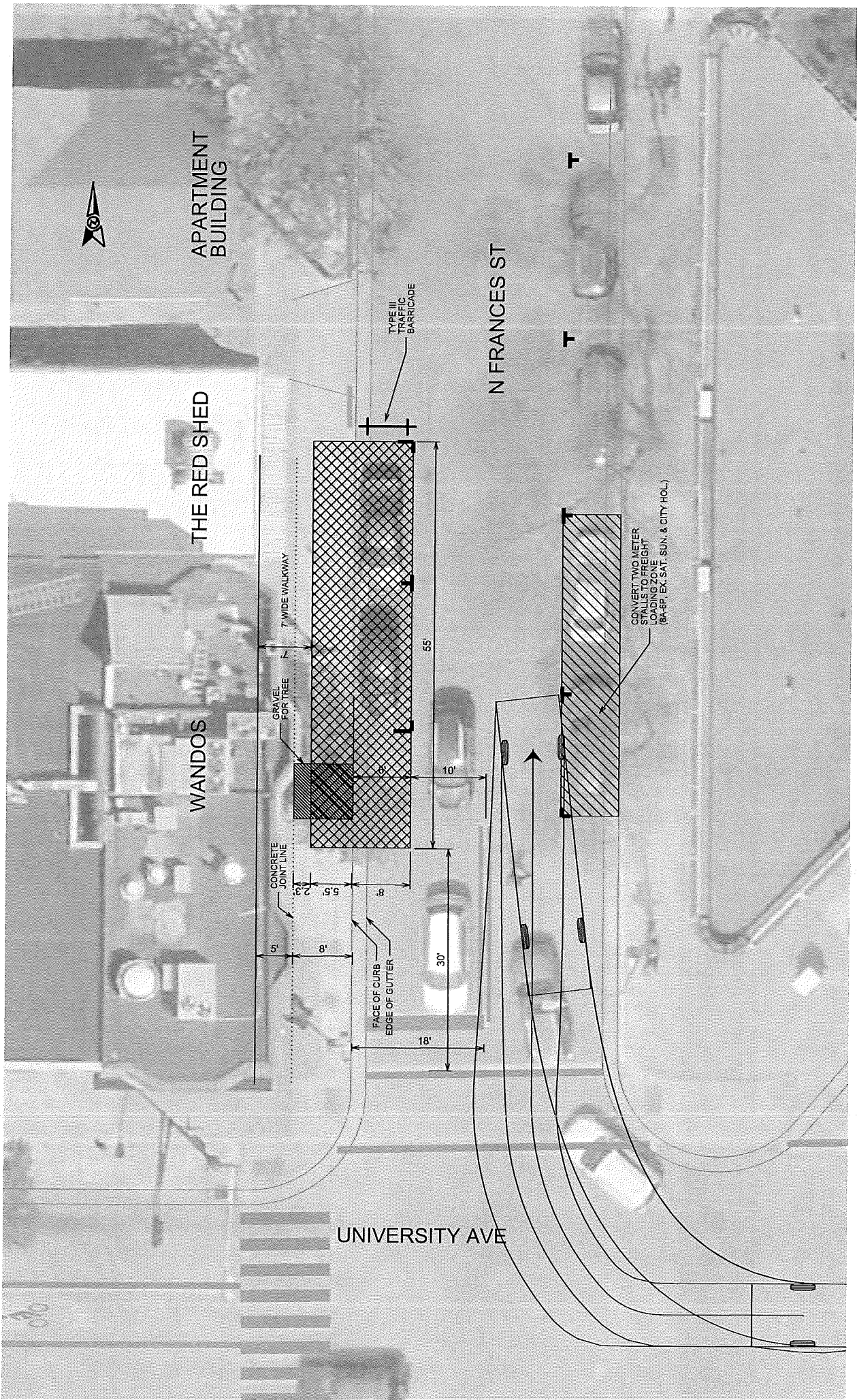
FRANCES

Leading Fence

University Ave



North Arrow



APARTMENT
BUILDING

THE RED SHED

WANDOS

N FRANCES ST

UNIVERSITY AVE

7' WIDE WALKWAY

CONCRETE
JOINT LINE

5'

8'

5.5'

3'

FACE OF CURB
EDGE OF GUTTER

18'

30'

10'

55'

TYPE III
TRAFFIC
BARRICADE

CONVERT TWO METER
STALLS TO FREIGHT
LOADING ZONE
(8A-6P, EX. SAT, SUN. & CITY HOL.)