Chief / Lt. Daniel Jenkins
Jill — [illegible] ok
Brett — BPH ok

1000633356.

CITY OF STOUGHTON

FEE: $30.00

SPECIAL EVENT LICENSE APPLICATION

I. APPLICANT

Name	Address	Home Telephone #	Work Telephone #
ELISE MCLAURY	2757 Esquire Dr Stoughton WI 53589	608-843-9235	(608) 843-9235

II. ORGANIZATION

Name	Address	Telephone #
Stoughton Sports Boosters	2364 Jackson PMB135 Stoughton WI	N/A

III. EVENT

Type of event: [X] Outdoor [ ] Indoor [ ] Parade

Name of Event: VIKING BOOSTER TREK 5K Fun Run/Walk

Date and time
From 9AM 10/30/22
To 11AM 10/30/22

Location: SHS & Local Streets - Lincoln towards Sandhill and back to HS.

Will there be any activity taking place that involves music, amplifiers, loudspeakers, etc?
[ ] Yes (attach additional sheet with description and times of activities) [X] No

License applying for: $10.00 individually or for both
[ ] Temporary Class "B" beer [ ] Temporary Class "B" wine

Persons proposed to sell fermented malt beverages and/or wine (attach additional sheet if necessary)

Name	Address	Prior relevant experience(s)

ATTACH: A sketch showing the layout for handling fermented malt beverages and/or wine.
A copy of the application or license of each person(s) who will be holding the beverage operator's license who requires the supervision of the sale of fermented malt beverages and/or wine.
A list of adjacent property owners and a copy of the form used to notify them of the event. (outdoor event only)

I, Elise McLaury (applicant), agree to promptly pay the City for the City's charges incurred either in regulating this license or remedying any unsatisfactory post-event maintenance by the above named person or organization as required.

Signature: Elise M Laury Date: 8/18/2022

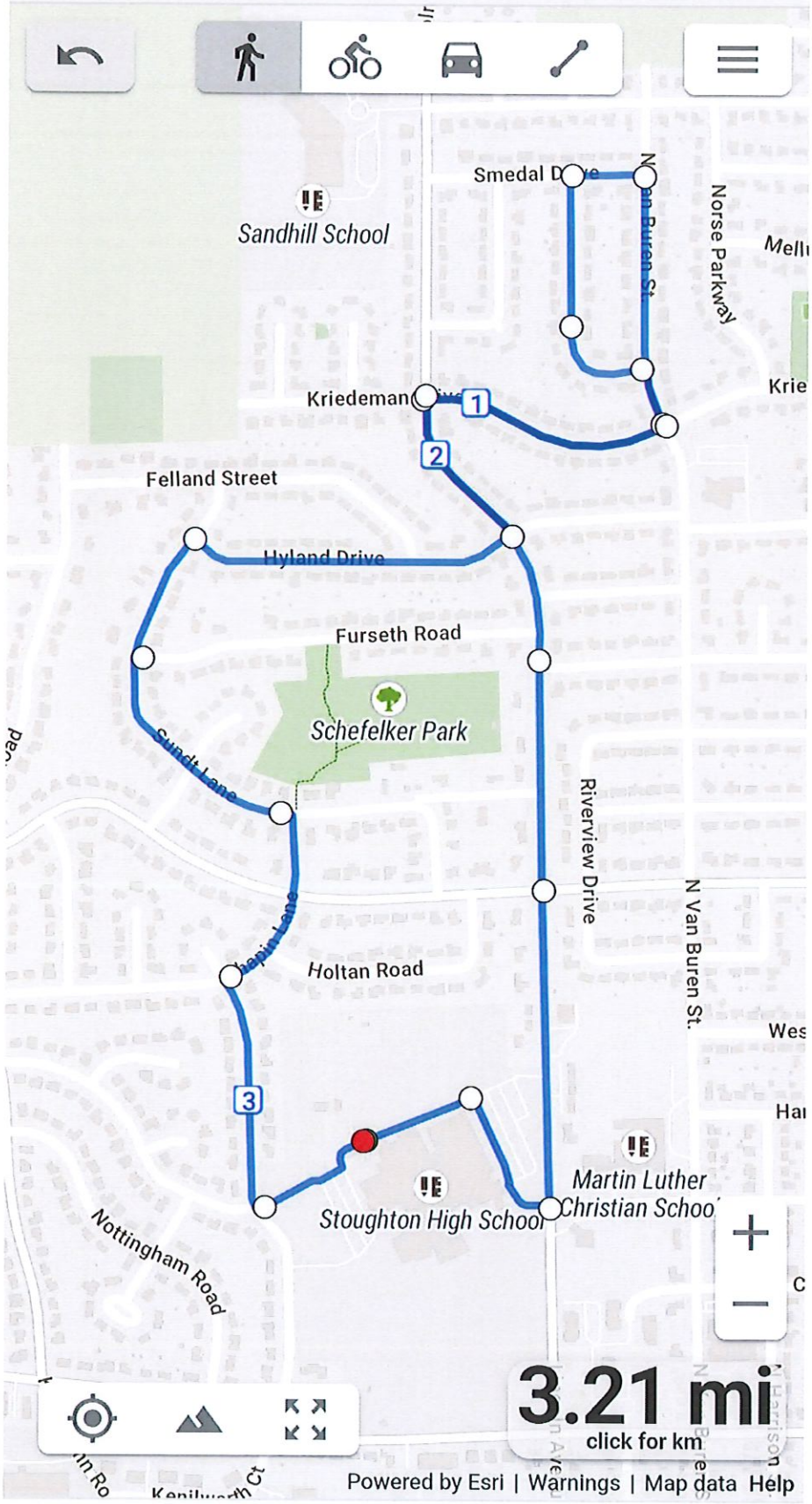
Office Use: Date Paid 8/18/22 Amount Paid $30.00 Receipt Number 1000633356

S:\City Clerk\LICENSING\Forms\Special Event Permit Form

Court ✓ Utility ✓

2:30 64%

negomap.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/22/2022

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
R & S INSURANCE
1520 Vernon Street
P.O. Box 608
Stoughton WI 53589

CONTACT NAME: Nikki Rostowiske
PHONE (A/C, No, Ext): (608) 873-9250 FAX (A/C, No): (608) 873-3305
E-MAIL ADDRESS: Nikki@rs-ins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Secura Insurance Company	22543
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Stoughton Sports Boosters, Inc
2364 Jackson St PMB 136
Stoughton WI 53589

COVERAGES CERTIFICATE NUMBER: CL2282207826 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	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:	Y		CP3330191	11/01/2021	11/01/2022	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					[ ] PER STATUTE [ ] OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

City of Stoughton is Additional Insured per form CG 2026.

CERTIFICATE HOLDER

City of Stoughton
207 S Forrest Street
Stoughton WI 53589

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

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CITY OF STOUGHTON

Receipt: 100063356 08/18/22

207 S FORREST ST
STOUGHTON, WI 53589

Cashier: TAMMY
Received Of: STOUGHTON SPORTS BOOSTERS

2364 JACKSON
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

VIKING BOOSTER TREK 5K

The sum of: 30.00

906	MISC LICENSES		30.00
	100-51420-44150	30.00	
		Total	30.00

xxxxxxxxxxxxxxxxx CHECK/MONEY ORDER 3259 30.00

08/18/2022 13:12