



EXTENSION OF PREMISES PERMIT APPLICATION

APPLICATION DETAILS

APPLICATION DATE: 5/11/23 LICENSE YEAR: July 1, 23 - June 30, 2024
 BUSINESS NAME: DINO APPLICANT NAME: Dean Whitish
 BUSINESS ADDRESS: 110 Diagonal Dodgeville WI 53533
 PHONE: (608) 935-9380 EMAIL: _____

TO INCLUDE WITH YOUR APPLICATION:

- Proof of Liability Insurance
- Sketch or Plot Plan that must include: Street Name, Side(s) of Building, Outdoor Seating Layout, fencing location, and parking stalls needed
- Photos or product specs for the barricade or fencing that will be used
- If serving alcohol, your liquor license will have to be amended to include the expanded area

PROVIDE ADDITIONAL DETAILS DESCRIBING YOUR OUTDOOR LAYOUT (Include garbage collection plans):

Iron Fenced in Beer garden with entrance from front door of
Bar at 110 Diagonal St Dodgeville WI. Fencing will be the
same as last year that has one access point

Applicant understands Chapter 12.025 of the Dodgeville Municipal Code that governs 'Extension of Premises' in the City of Dodgeville and agrees to comply with those regulations.

Signature: Dean Whitish Date: 5/11/23

FOR OFFICE USE ONLY

Proof of Insurance Provided: YES NO Police Review : YES NO
 Public Works Review: YES NO Council Approval: YES NO
 Issue Date: _____ PERMIT #: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/11/2023

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 Town & Country Insurance Services, Inc. 316 S Main Street Blanchardville, WI 53516	CONTACT NAME: DARCEY SCHWARZ	FAX (A/C, No):	
	PHONE (A/C, No, Ext): 608-935-5942	E-MAIL ADDRESS: DSCHWARZ@TCINS1.COM	
INSURED WHITISH, DEAN, DBA DINO'S 110 DIAGONAL ST DODGEVILLE, WI 53533	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: GERMANTOWN		
	INSURER B: GERMANTOWN MUTUAL		
	INSURER C: ACUITY		14184
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES CERTIFICATE NUMBER: 00003095-168310 REVISION NUMBER: 3

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/SUBR		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
		INSD	WVD					
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			1024337	02/13/2023	02/13/2024	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 1,000,000
								\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$
	<input type="checkbox"/> OWNED AUTOS ONLY						BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS							\$
	<input type="checkbox"/> NON-OWNED AUTOS ONLY							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB			1024337	02/13/2023	02/13/2024	EACH OCCURRENCE	\$
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	DED							\$
	RETENTION \$							\$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			F71402	03/14/2023	03/14/2024	<input checked="" type="checkbox"/> PER STATUTE	
	<input type="checkbox"/> Y/N						E.L. EACH ACCIDENT	\$ 500,000
	<input type="checkbox"/> N/A						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)

Proof of Liability Insurance

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN