

**CITY OF RICHLAND CENTER
APPLICATION FOR PEDDLER'S LICENSE**

Name Lyle Farrell
Address N3486 Kreuziger Way
Juneau, WI 53039
Phone () 414-520-8298 414-687-8494 c

Date of Birth 7 / 26 / 1965
Height 5'08"
Weight 220

Goods to be sold: Whole produce sales
GA peaches & pecans, MI blueberries, NM pistachio

Starting Date: 7/22/24 8:30am to 11:00am only
Ending Date: _____

Vehicle Identification:
License # Rental Vehicle TBD
Make _____
Model _____
Year _____
Color _____

Local Property Owners References:
1. Community Center (Shane Stibbe)
1050 Orange St., Richland Center, WI
Phone () 608-647-8108 x7

2. _____
Phone () _____

Other References:

EVENT NAME: Tree-Ripe Fruit Co. Citrus Stop

Employer's Name:
Tree-Ripe Fruit Co.
Address: 440A S Lapham St
Oconomowoc, WI 53066
Phone () 888-873-3747
Self Employed: Yes No

Driver's License or Photo ID (Copy must be attached)
A certificate of Insurance must be provided. Attached: Yes No

Last 3 Cities where this same business was conducted: 1. Green Bay, WI
2. Sturgeon Bay, WI 3. Neenah, WI

Have you ever been convicted of any crime, felony or misdemeanor, or violation of any municipal ordinances: Yes No If "yes" explain: _____

I certify that all the above information given by me is true and correct and understand that any false or incomplete information could result in denial of a license.

Applicant's Signature: _____ Date: 5/22/24

Witness - City Clerk / Treasurer: _____ Date: _____

Police Chief: _____ Date: _____

Approved: _____ Denied: _____ Date Paid: 5/28/24 Amount Paid: 5.00

COMMERCIAL DRIVER LICENSE

USA WISCONSIN

4d F640-5236-5266-06 9 CLASS ABCDM

1 FARRELL
2 LYLE CHARLES

3 N3486 KREUZIGER WAY
JUNEAU, WI 53039

15 SEX M 16 HGT 5'-08" 17 WGT 220 lb

18 EYES BLU 19 HAIR RED

3 DOB 07/26/1965 9a END NPT

4b ISS 04/22/2024

5 DD OTR102-24042214505575 4b EXP 07/26/2032

JUL 65

CONOR





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/2/2024

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 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 J W & ASSOCIATES 721 N 4th Street Watertown, WI 53098	CONTACT NAME: June Wolter PHONE (A/C, No, Ext): (920) 261-1123 E-MAIL ADDRESS: june@myctal.com FAX (A/C, No): (920) 699-1099													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC#</th> </tr> </thead> <tbody> <tr> <td>INSURER A: United States Liability Ins Co</td> <td>25895</td> </tr> <tr> <td>INSURER B: National Indemnity Ins Co</td> <td>62345</td> </tr> <tr> <td>INSURER C: Artisan and Truckers Casualty Co</td> <td>42994</td> </tr> <tr> <td>INSURER D: United States Liability Ins Co</td> <td>25895</td> </tr> <tr> <td>INSURER E: American Safety Ins Co.</td> <td>33103</td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC#	INSURER A: United States Liability Ins Co	25895	INSURER B: National Indemnity Ins Co	62345	INSURER C: Artisan and Truckers Casualty Co	42994	INSURER D: United States Liability Ins Co	25895	INSURER E: American Safety Ins Co.	33103	INSURER F:
INSURER(S) AFFORDING COVERAGE	NAIC#													
INSURER A: United States Liability Ins Co	25895													
INSURER B: National Indemnity Ins Co	62345													
INSURER C: Artisan and Truckers Casualty Co	42994													
INSURER D: United States Liability Ins Co	25895													
INSURER E: American Safety Ins Co.	33103													
INSURER F:														
INSURED G.W. PAINE, INC. DBA: TREE-RIPE Fruit Co. 440 A. South Lapham Street Oconomowoc, WI 53066 888-873-3747														

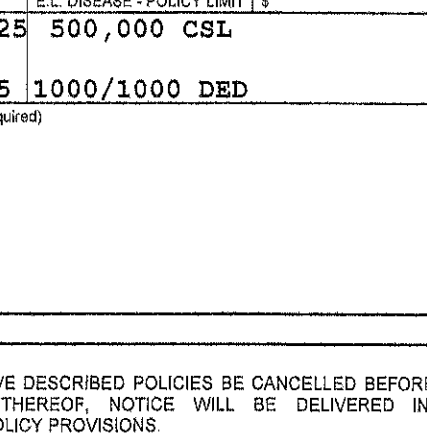
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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
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	Y	CL16538911	5/1/24	5/1/25	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 - COM/OP AGG \$ incl
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						70APS118256
D	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	Y	XL15601051	5/1/24	5/1/25	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 PER STATUTE OTH-ER
C	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	03099498-5	5/16/24	5/16/25	500,000 CSL
E	Physical Damage			BA275000	5/1/24	5/1/25	1000/1000 DED

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

Proof of Coverages

CERTIFICATE HOLDER G.W.Paine, Inc dba Tree-Ripe Fruit Co. 440 A South Lapham St Oconomowoc, WI 53066 920-988-2020	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 
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

© 1988-2013 ACORD CORPORATION. All rights reserved.

City of Richland Center
450 South Main Street
Richland Center WI 53581

(608) 647-3466

Receipt No: 1.000986

May 28, 2024

TREE-RIPE FRUIT

LICENSES & PERMITS - PEDDLER'S LICENSE	5.00
10-44190-000 SUNDRY LICENSES	

Total:	5.00
--------	------

CITY CHECKS	Check No: 8116	5.00
Payor: TREE-RIPE FRUIT		

Total Applied:	5.00
----------------	------

Change Tendered:	.00
------------------	-----

05/28/2024 12:32 PM