



City Of Verona

PUBLIC SAFETY AND WELFARE COMMITTEE
MONDAY, MARCH 9, 2020 AT 6:15 P.M.
COUNCIL CHAMBERS
VERONA CITY CENTER
111 LINCOLN STREET, VERONA, WI 53593
AGENDA

1. Call to order
2. Roll Call
3. Approval of Minutes from the January 27, 2020 Public Safety and Welfare Committee meeting
4. Public Comment
5. Discussion and Possible Action Re: A Change of Agent request from Kwik Trip, Inc. for Kwik Trip #456, 2145 CTH PB, Verona, WI 53593
6. Discussion and Possible Action Re: A Special Event Permit application from Stacey Burkart, Verona Area Public Library Director, for the Word on the Street 5K Run/Walk and Kids' Run on Saturday, May 2, 2020
7. Discussion and Possible Action Re: A Special Event Permit application from Lauren Birkel, Glacier Edge Elementary School PTO, for the Color Run 2020 on Wednesday, May 6, 2020
8. Discussion and Possible Action Re: Ordinance No. 20-959 amending Section 7-1-8 of the Code of Ordinances of the City of Verona related to animals on public property
9. Discussion Re: Update on SBR Endurance Performance Winter Wonderland Triathlon
10. Adjournment

Heather Reekie, Chairperson

POSTED: Verona City Hall
Verona Public Library
Miller & Sons Market
City Web Page at: www.ci.verona.wi.us

IF YOU NEED AN INTERPRETER, MATERIALS IN ALTERNATIVE FORMATS OR OTHER ACCOMODATION TO ACCESS THE MEETING, PLEASE CONTACT THE CITY CLERK AT 608-845-6495 AT LEAST 48 HOURS PRECEDING THE MEETING. EVERY REASONABLE EFFORT WILL BE MADE TO ACCOMMODATE YOUR REQUEST.

**`CITY OF VERONA
PUBLIC SAFETY AND WELFARE COMMITTEE
JANUARY 27, 2020
VERONA CITY HALL
MINUTES**

1. Call to order: Heather Reekie called the meeting to order at 6:30 p.m.
2. Roll Call: Heather Reekie, Katie Kohl and Evan Touchett were present. Also present: Police Chief Bernie Coughlin, and City Clerk Ellen Clark.
3. Approval of Minutes: Motion by Touchett, seconded by Kohl, to approve the minutes from the January 13, 2020 Public Safety and Welfare Committee meeting. Motion carried 3-0.
4. Public Comment: There was no public comment.

Discussion and Possible Action Re: Ordinance No. 20-955 amending Section 27 of Chapter 1 of Title 10, Motor Vehicles and Traffic for the Code of Ordinances of the City of Verona.

Coughlin explained the proposed parking restrictions along Westridge Parkway just north of W. Verona Avenue are due to the transportation improvements currently under construction for the new high school campus. The restricted areas identified in this ordinance are to protect the future bike lane and travel lane assignments, which will be epoxy painted pavement markings on Westridge Parkway at the intersection of W. Verona Avenue.

Motion by Reekie, seconded by Touchett, to recommend to the Common Council to approve Ordinance No. 20-955 amending Section 27 of Chapter 1 of Title 10, Motor Vehicles and Traffic for the Code of Ordinances of the City of Verona. Motion carried 3-0.

5. Adjournment: Motion by Kohl, seconded by Touchett, to adjourn at 6:32 p.m. Motion carried 3-0.

Ellen Clark, City Clerk

PUBLIC SAFETY & WELFARE COMMITTEE - 2020-03-09

5. A Change of Agent request from Kwik Trip, Inc. for Kwik Trip #456, 2145 CTH PB, Verona, WI 53593.

Kwik Trip, Inc. has requested a change of agent for their Combination Class “A” and “Class A” Liquor License at Kwik Trip #456 from Alexander Abel to Jim M. Thomson.

Motion: To recommend to the Common Council to approve a Change of Agent request for Kwik Trip #456, 2145 CTH PB, Verona, WI 53593

6. A Special Event Permit application from Stacey Burkart, Verona Area Public Library Director, for the Word on the Street 5K Run/Walk and Kids’ Run on Saturday, May 2, 2020.

This is the fourth year for this event. This fundraising event for the Verona Public Library will run from 8 a.m. – 10 a.m. The route begins and ends at the library. Participants will cross E. Verona Avenue at Franklin Street and Lincoln Street. An officer will be staffed at the Franklin Street crossing location. Sidewalk chalk will be used for pavement markings.

Motion: To approve a Special Event Permit for the Word on the Street 5K Run/Walk and Kids’ Run on Saturday, May 2, 2020.

7. A Special Event Permit application from Lauren Birkel, Glacier Edge Elementary PTO, for the Glacier Edge Color Run on Wednesday, May 6, 2020.

This is the fourth year for this event, which is a fundraiser for the Glacier Edge Elementary School. The event will run from 5 p.m. – 7 p.m. The one-mile route begins and ends at the Glacier Edge playground. There will be color stations along the course at Tower Park and Tollefson Park. The run will take place on the sidewalks. Approval of this event will be contingent upon approval by the Parks, Recreation & Forestry Commission.

Motion: To approve a Special Event Permit for the Glacier Edge Color Run on Wednesday, May 1, 2019, contingent upon approval by the Parks, Recreation & Forestry Commission.

8. Ordinance No. 20-959 amending Section 7-1-8 of the Code of Ordinances of the City of Verona related to animals on public property.

The proposed Ordinance amendment allows service dogs, rescue dogs, and Police and Fire K9’s to be located on public grounds and cemeteries. The proposed change reflects current practice of what animals the City allows on public property. Staff recommends the Common Council approve the Ordinance amendment relating to animals on public property.

Motion: To recommend to the Common Council to approve Ordinance No. 20-959 amending Section 7-1-8 of the Code of Ordinances of the City of Verona related to animals on public property.



Legal

PHONE 608-781-8988

FAX 608-793-6120

1626 Oak St., P.O. Box 2107
La Crosse, WI 54602

www.kwiktrip.com

February 14, 2020

City Clerk
City of Verona
111 Lincoln Street
Box 188
Verona, WI 53593

RE: Appointment of Agent Change
Kwik Trip 456
2145 CTH B.

Dear City Clerk:

Jim Thomson has been assigned to take over leadership responsibilities of our Kwik Trip 456 convenience store located in the City of Verona. Therefore, we would like to appoint Jim as the new agent of the store.

Enclosed, please find a completed Appointment of Agent and Auxiliary Questionnaire forms reflecting the change. In addition, enclosed is a \$17.00 check to cover the administrative fee for this service. I respectfully request that you please include this item on the agenda of your next City Council meeting for consideration.

If you require anything further, please contact me at (608) 791-7385 or JChristianson@kwiktrip.com. Thank you for your assistance with this matter.

Yours truly,

Jay Christianson
Licensing Agent

Enclosures

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town
 Village of Verona County of Dane
 City

The undersigned duly authorized officer/member/manager of KWIK TRIP, INC.
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as Kwik Trip 456
(Trade Name)

located at 2145 County Rd., B, Verona, WI 53593

appoints Jim M. Thomson
(Name of Appointed Agent)

9514 Union Valley Road., Black Earth, WI 53515
(Home Address of Appointed Agent)

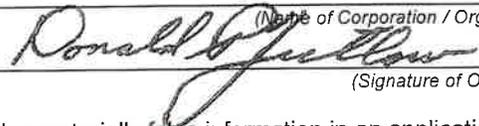
to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No
How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 44 years, 7 months

Place of residence last year 1107 Hillview Rd., Black Earth, WI 53515

For: KWIK TRIP, INC.
(Name of Corporation / Organization / Limited Liability Company)

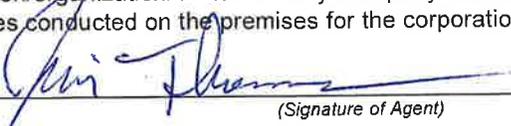
By: 
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, Jim M. Thomson, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

 2/12/20 Agent's age 44
(Signature of Agent) (Date)

9514 Union Valley Road., Black Earth, WI 53515 Date of birth 7/15/1975
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Thomson		Jim		Martin	
Home Address (street/route)		Post Office		City	State Zip Code
9514 Union Valley Road				Black Earth	WI 53515
Home Phone Number		Age	Date of Birth		Place of Birth
608-886-3226		44	7/15/1975		Tomah, WI
Driver's License Number					

The above named individual provides the following information as a person who is (check one):

- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Agent** of **Kwik Trip, Inc.**

(Officer / Director / Member / Manager / Agent)

(Name of Corporation, Limited Liability Company or Nonprofit Organization)

which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

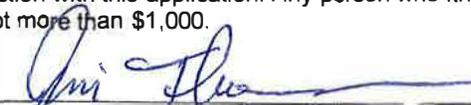
- 1. (a) How long have you continuously resided in Wisconsin prior to this date? 44 years and 7 months
- (b) Have you resided in the City of Milwaukee continuously for one year immediately prior to this date? Yes No
- 2. (a) Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, or laws of any other states? Yes No
- (b) Have you ever been convicted of any violations of any county or municipal ordinances? Yes No
If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.)
- 3. Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
If yes, describe status of charges pending.
4. Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
If yes, identify.
- (Name, Location and Type of License/Permit)
5. Do you hold and/or are you an officer, director, stockholder, agent or employee of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
(If yes, identify.)

(Name of Wholesale Licensee or Permittee)

(Address by City and County)

READ CAREFULLY BEFORE SIGNING: I, The undersigned, shall not willfully refuse to provide those services offered under this license, or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; I shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. I also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named on the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Signature of Named Individual)
Jim M. Thomson
 Wisconsin Department of Revenue

OFFICIAL USE ONLY

I have reviewed the attached application and have found the following legal violations have occurred involving the applicant:

NO C.I.B RECORD Yes No

RECOMMENDATION: APPROVE DENY

Signature of Chief of Police

Date

WISCONSIN SELLER / SERVER CERTIFICATION

Trainee Name: Jim Martin Thomson

School Name: 360training.com, Inc.

Date of Completion: 01/23/2019

Certification #: WI-184848

I, 

**Certify that the above named person
successfully completed an approved
Learn2Serve Seller/Server course.**

COMPLIES WITH WISCONSIN STATUTES 125.04, 125.17,134.66



learn²
serve

Corporate Headquarters

6801 N Capital of Texas Hwy, Suite 150
Austin, TX 78731
P: 877.881.2235

KWIK TRIP™

Certificate of Completion

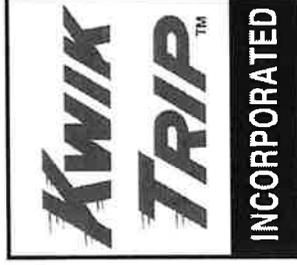
This certifies that

Jim Thomson

Has successfully completed

Learn2Serve Alcohol Certification (WI)

Completed on 1/23/2019 08:41 AM America/Chicago



CITY OF VERONA

APPLICATION FOR A SPECIAL EVENT PERMIT

For Parades, Runs, Walks, Bicycle Events, Triathlons, Festivals, Neighborhood Events, etc.

All required application materials must be submitted at least 45 days prior to the event. Failure to meet this requirement may result in the denial of the application pursuant to Section 7-7-1(h) of the City of Verona Code of Ordinances

Application Fee: \$30.00

Applicant Information

APPLICANT NAME: Stacey Burkart **APPLICANT PHONE:** 608-845-7180 x125

APPLICANT ADDRESS: 500 Silent Street, Verona, WI 53593

Agency Information

AGENCY/ORGANIZATION NAME: Verona Public Library **PHONE:** 608-845-7180

AGENCY ADDRESS: 500 Silent Street, Verona, WI 53593

Event Information

TYPE OF EVENT & NAME OF EVENT: Word on the Street 5K Run/Walk & Kids' Run

EVENT DATE(S): Saturday, May 2, 2020 **EVENT TIME(S):** 8:00 - 10:00am

DO YOU INTEND TO CLOSE A PORTION OF ANY OF THE CITY OF VERONA STREETS FOR YOUR EVENT?

YES NO

**If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.*

If you are NOT intending to close any City Streets but intend to use City Streets you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities. Applicant Initial Here: SB

ADDITIONAL INFORMATION REQUIRED

Please include the following information/materials regarding the event with your application:

1. Route Map or Map of Event Layout- include any street closures (if applicable)
2. Route Description (if applicable)
3. Certificate of Insurance
4. A copy of the applicant's Driver's License

(Application Continues on Reverse)

Event Contacts

PLEASE LIST NAMES, LOCATIONS AND MOBILE PHONE NUMBERS OF ON-SITE EVENT CONTACT PERSONS

NAME	LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)	TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)	CELL PHONE
Stacey Burkart	Race start	6:00 - 11:00am	608-575-7041
Elizabeth Strutz	Volunteer table	7:00 - 11:00am	608-515-4335
Julie Harrison	Race start	7:00 - 11:00am	608-843-4488
Leah Portz	Race start	7:00 - 11:00am	608-576-6619

Application Procedures

1. Application and all required materials shall be submitted to the City Clerk a minimum of 45 days prior to the event.
2. Upon verification of the application the City Clerk shall submit the application to the Police Chief for further review
3. The applicant may be contacted by the Police Chief to review street closures and the need for on-site police officers or City staff at the event.
4. The applicant is subject to a background check.
5. All police traffic control/city staff time incurred shall be billed to the applicant upon the completion of the event.
6. The applicant may be required to attend a Public Safety and Welfare Committee meeting or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the City Clerk will notify the applicant.

Applicant Signature

PLEASE READ CAREFULLY BEFORE SIGNING

I understand the application and event requirements and agree to adhere to all applicable federal, state, and municipal laws in addition to the requirements on the application. I agree to pay any invoices received from the City of Verona for staff time at the event within 30 days of the invoice date. I understand that the failure to adhere to any application requirements or any federal, state or municipal laws involving the event will result in the denial of the application or immediate termination of the event. The violation of federal, state or municipal laws will be subject to applicable fines and penalties.

Stacey Burkart
Applicant Signature

2/10/20
Date

CITY OF VERONA

Date: _____

CR#: _____

Account #: 100-44910

APPLICATION FOR A SPECIAL EVENT/NEIGHBORHOOD EVENT PERMIT

For Parades, Runs, Walks, Bicycle Events, Triathlons, Festivals, Neighborhood Events, etc.

All required application materials must be submitted at least **45 days prior to the event. Failure to meet this requirement may result in the denial of the application pursuant to Section 7-7-1(h) of the City of Verona Code of Ordinances**

Application Fee:

\$150.00 + any additional fees

Non-Profit Organization: \$50.00 + any additional fees

REQUIRED INFORMATION

Please include the following information/materials regarding the event with your application:

- A copy of the applicant's Driver's License
- Route map and description and/or map of event layout
-
- Certificate of Insurance – at least 30 days prior to event

APPLICANT INFORMATION

Name: Lauren R. Birkel Phone: 608-692-9893
First M.I. Last

Address: 6426 Demarco Trail

Driver License #: _____ Email: _____ DOB: 01-23-1982
lbirkel@orangeshoe.com

AGENCY/ORGANIZATION INFORMATION

Name: Glacier Edge Elementary School - PTO Phone: 608-497-2100

Address: 800 Kimball Lane (Attn: PTO), Verona, WI 53593

If this is a non-profit organization, please provide your EIN number for verification: 27-0961979

EVENT INFORMATION

Name of Event: Color Run 2020 Type of event: Fundraiser Run/Walk

Event date(s): May 6, 2020 Event time(s): 5pm-7pm

Set up Start Time: 3pm Tear Down End Time: 7pm

(Application Continues on Reverse)

Last updated

Date: _____

Initials: _____

Informational Questions		No	Yes	Notes
1	Was a Special Event Permit previously approved in times past for this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Will there be outdoor amplified sound?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional application required.
3	Will alcohol be sold, served or consumed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Additional licenses may be required.
4	Are you requesting any City streets to be closed to traffic?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Below*
5	Will your event use County, State or US Highways?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, please provide a map clearly marking the highways that will be used. Additional permission from the County is required.
6	Will park, conservancy land, or trails be used? If so, have you reserved a park, pavilion, or any other city facilities for the event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contact Parks Department: 845-6695 If using park facilities, the application will not go before the Public Safety Committee without Parks Department approval.
7	Will items or services be sold or given away at this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, please attach a list of types of items or services.
8	Does this event involve a plan for tents, stages, inflatable bounce houses or temporary structures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Include on event layout map.
9	Does your event include the use of fireworks, rockets, lasers, other pyrotechnics, or open flame?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Must receive written approval from Fire Chief or his designee. 608-845-9401
10	Do you plan to provide portable toilets at your event?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Will your event have dedicated coverage by an Emergency Medical Provider?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Is this a race or timed event where participants need the right of way on City streets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If traffic control is desired, a police officer is required, per WI Law.
13	Will there be a clear path of travel (min. 18' wide) for emergency vehicles throughout your event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Does your event include running or biking that will need a dedicated lane of travel on City streets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Posting of No Parking signs by PD will be needed and billed to event.

***If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.**

If you are NOT intending to close any City Streets, or request the right of way, but intend to use City Streets, you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities.

***Applicant Initial Here: LB**

EVENT CONTACTS

PLEASE LIST NAMES, LOCATIONS AND CELL PHONE NUMBERS OF ON-SITE EVENT CONTACT PERSONS

NAME as shown on ID	DOB	LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)	TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)	CELL PHONE
Lauren R S Birkel	1-23-1982	Glacier Edge/Start-Finish Area	2:30pm	608-692-9893
Brodie F Birkel	06-16-1980	Glacier Edge/Route	3pm	608-692-9873

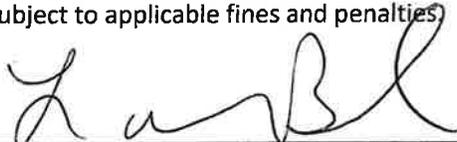
APPLICATION PROCEDURES

1. Application and all required materials shall be submitted to the City Clerk a minimum of **45 days prior to the event.** (*Section 7-7-1(h) of the City of Verona Code of Ordinances*)
2. Upon verification of the application the City Clerk shall submit the application to the Police Chief for further review.
3. The applicant will be contacted by the Police Department Staff to review event route and the need for on- site police officers or City staff at the event.
4. The applicant is subject to a background check.
5. All police traffic control/city staff time incurred shall be billed to the applicant upon the completion of the event.
6. The applicant may be required to attend a Public Safety and Welfare Committee meeting and/or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the permit will be issued.

APPLICANT SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING

I understand the application and event requirements and agree to adhere to all applicable federal, state, and municipal laws in addition to the requirements on the application. I agree to pay any invoices received from the City of Verona for staff time at the event within 30 days of the invoice date. I understand that failure to adhere to any application requirements or any federal, state or municipal laws involving the event will result in the denial of the application or immediate termination of the event. The violation of federal, state or municipal laws will be subject to applicable fines and penalties.



Applicant Signature

02-10-2020

Date

***Once application is approved, the permit will be issued to applicant via email.
A copy of the permit must be available at event for conformation.***

OFFICE USE ONLY
PLEASE DO NOT WRITE ON THIS PAGE

CHIEF OF POLICE

Date Received by Police: _____

The event application has been reviewed and the following issues need to be addressed:

Meeting with Applicant: Yes No If YES, Date of Meeting: _____

Barricades needed? Yes No

Traffic Control/Officers Needed:

CIB Information:

CERTIFICATION OF APPLICATION BY CHIEF OF POLICE:

Approved Denied _____ _____
Signature of Chief of Police Date

MUNICIPAL CLERK

Application Received Date: 2/20/20

45 Day Application Requirement Met: YES NO

Date Submitted to Police on: 2/20/20

All required documents submitted: YES NO

Items Still Required: _____

PUBLIC SAFETY & WELFARE COMMITTEE: Date of meeting: _____ APPROVE DENY

COMMON COUNCIL: Date of meeting: _____ APPROVE DENY

Signature of Municipal Clerk: _____ Date: _____

Copy provided to applicant: Yes No Date: _____

Copy provided to: EMS: Yes No | Fire: Yes No | PD: Yes No | PW: Yes No



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/01/2019

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 TRICOR, Inc. - Platteville 1370 N. Water Street Platteville, WI 53818	CONTACT NAME: Melodee Richard, CISR	
	PHONE (A/C, No, Ext): (608) 473-1094 1109	FAX (A/C, No): (608) 723-6440
E-MAIL ADDRESS: mrichard@tricorinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Employers Mutual Companies		21415
INSURER B :		
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

INSURED

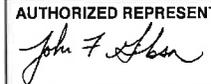
Verona Area School District
 700 N Main St
 Verona, WI 53593

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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: General Aggregate	X		5D30809	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			5E30809	05/01/2019	05/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			5J30809	05/01/2019	05/01/2020	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> 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)
 The City of Verona is an additional insured on the general liability by policy form CG7501 10/13 (copy attached) for the Color Run 5/1/19

CERTIFICATE HOLDER City of Verona 111 Lincoln St Verona, WI 53593	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 

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION – VICARIOUS LIABILITY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However, the insurance afforded to such additional insured only applies to the extent permitted by law.

B. This insurance does not apply to any “bodily injury”, “property damage” or “personal and advertising injury” resulting from any act or omission by, or willful misconduct of the additional insured shown in the Schedule, whether the sole or a contributing cause of the loss. The coverage afforded to the additional insured is limited solely to the additional insured’s “vicarious liability” that is a specific and direct result of your conduct.

“Vicarious liability” as used in this endorsement means liability that is imposed on the additional insured solely by virtue of its relationship with you, and not due to any act or omission of the additional insured.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
 2. Available under the applicable Limits of Insurance shown in the Declarations;
- whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

CITY OF VERONA

AMPLIFICATION DEVICE PERMIT APPLICATION

Please answer the following questions.

Name of Business or Event:

Glacier Edge Elementary Color Run (PTO)

Email Address:

lbirkel@orangeshoe.com

Hours during which amplification will be used:

From 5 : 00 a.m./p.m. to 7 : 00 a.m./p.m.

Requested duration of the permit (e.g. May-Oct)

May 6, 2020

What type of music will be playing?

- Live Band
- Recorded Music
- Acoustic
- Other:

Announcements to Participants

Type of amplification:

Speaker

Please attach a sketch of the outdoor area indicating where music will be located/played.

*See color Run Map - speakers will be right behind Glacier Edge.

Applicant Signature

[Signature]

Signature

2-17-2020

Date