HEALTH AND RECREATION COMMITTEE

City of Kaukauna
Council Chambers
Municipal Services Building
144 W. Second Street, Kaukauna

Monday, November 16, 2026 at 6:00 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.

2. Discussion Topics.
   a. Mike Slowinski-The Amazing Generation Event.
   b. Amplified music application to Kailey Starkey for a wedding reception in the SPAR community room on November 28, 2026, from 7AM - 10PM.
   c. Temporary Class B License to St. Katharine Drexel Parish for Saturday Night Bingo at St. Mary's Church on November 21, 2026, from 5 PM - 9 PM.

3. Adjourn.

NOTICES

Health and Recreation Committee - Notice is hereby given this is a public meeting of the Health and Recreation Committee. As such, all members or a majority of the City's Common Council and Standing Committees will likely be in attendance. While members of the Common Council or any Standing Committees may participate in discussions, only the Health and Recreation Committee will take formal action.

IF REQUESTED THREE (3) DAYS PRIOR TO THE MEETING, A SIGN LANGUAGE INTERPRETER WILL BE MADE AVAILABLE AT NO CHARGE.

MEETING ACCESS INFORMATION:

You can access this meeting by one of three methods: from your telephone, computer, or by an app. Instructions are below.

To access the meeting by telephone:

1. Dial 1-312-626-6799
2. When prompted, enter Meeting ID 234 605 4161 followed by #
3. When prompted, enter Password 54130 followed by #

To access the meeting by computer:

1. Go to http://www.zoom.us
2. Click the blue link in the upper right hand side that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow Zoom to access your microphone or camera if you wish to speak during the meeting

To access the meeting by smartphone or tablet:

1. Download the free Zoom app to your device
2. Click the blue button that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow the app to access your microphone or camera if you wish to speak during the meeting

Members of the public will be muted unless there is an agenda item that allows for public comment or if a motion is made to open the floor to public comment.

REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Bailey Starkey Date of Birth: 10-31-2003

Address: [redacted] Phone number: [redacted]

Organization Name, if applicable: _____

Email address: [redacted]

Event Information

Name of Event: Wedding Reception

Event location (s): Kaukauna Community Room Date of Event: 11-28-26

Event Start time- End time: 7:00am - 10:00pm

Number of people attending: 150

This application will be formally reviewed by the Health and Recreation Committee. Please allow up to 3 weeks for a response. If you do not hear from City staff: request is approved.

For questions: specialevents@kaukauna.gov

Form **AB-220**

Temporary Alcohol Beverage License

Municipality

License(s) Requested	Fees	
☑ Temporary "Class B" Wine ☑ Temporary Class "B" Beer	License Fees	$ 10.00
	Background Check	$
	Total Fees	**$ 10.00**

Part A: Organization Information

1. Organization Name
St Katharine Drexel Parish

2. Organization Permanent Address
112 W. 8th St.

3. City	4. State	5. Zip Code
Kaukauna	WI	54130

6. Mailing Address (if different from permanent address)

7. FEIN	8. Date of Organization/Incorporation	9. State of Organization/Incorporation
39-1035889	06/12/2001	WI

10. Phone	11. Email
[redacted]	[redacted]

12. Organization type *(check one)*

☐ Bona Fide Club ☑ Church ☐ Fair Association/Agricultural Society ☐ Veteran's Organization
☐ Lodge/Society ☐ Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? ☑ Yes ☐ No

14. Wisconsin Seller's Permit Number (if applicable)
008-0000263788-05

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Ferris	Fr. Luke	Priest	[redacted]
Vanderloop, Sr.	David	Board Trustee	
			-
			-
			-

Continued →

Part C: Event Information

1. Name of Event (if applicable) Saturday Night Bingo			
2. Dates of Operation 11/21/26		3. Hours of Operation 5:00 - 9:00	
4. Premises Address 112 W. 8th St.			
5. City Kaukauna		6. State WI	7. Zip Code 54130
8. County Outagamie	9. Governing Municipality ☑ City ☐ Town ☐ Village of: Kaukauna		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Joan Roberts		12. Email and/or Phone Number for Organizer of Event [redacted]	
13. Organizer Website www.kaukaunacatholicparishes.org		14. Event Website	

15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.

Event will be held in the gym at St. Mary's Church.

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Last Name Ferris	First Name Luke	M.I.	
Title Priest	Email [redacted]	Phone [redacted]	
Signature Luke A Ferris		Date 10/14/26	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor): St. Katharine Drexel Parish
2. Business Trade Name or DBA:
3. Entity Type *(check one)*: ☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Ferris	Rev. Luke	

4. Relationship to Business (Title)	5. Email	6. Phone
Priest	[redacted]	[redacted]

7. [redacted]me Address: [redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Kaukauna	WI	54130	07/24/19

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 12/2008

2. List in chronological order all of your addresses **within the last 5 years**. Attach additional sheets if necessary.

	City	State	Zip Code
Previous Address 1: [redacted]	Green Bay	WI	54304
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
IL	Cook	IN	Spencer	IN	St. Joseph		

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☐ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

Law/Ordinance Violated	Location	Conviction Date

Penalty Imposed	Was sentence completed? ☐ Yes ☐ No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☐ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000 if convicted.

Signature	Date
[signature]	10/14/26

Form **AB-100**

Alcohol Beverage Individual Questionnaire

Date 10/6/2026

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)
St. Katharine Drexel Parish

2. Business Trade Name or DBA

3. Entity Type *(check one)*
☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☑ Nonprofit Organization

Part B: Individual Information

1. Last Name	2. First Name	3. M.I.
Vanderloop, Sr	David	G

4. Relationship to Business (Title)	5. Email	6. Phone
Board Trustee	[redacted]	[redacted]

7. Home Address
[redacted]

8. City	9. State	10. Zip Code	11. Date of Birth
Kaukauna	WI	54130	9/17/1954

12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance
[redacted]	WI

Part C: Address History

1. Do you currently live in Wisconsin? ☑ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

2. List in chronological order all of your addresses **within the last 5 years**. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
1 SAME AS ABOVE			
2			
3			
4			
5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	OUTAGAMIE						

Continued →

Part D: Criminal History

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Signature	Date
[signature]	10/16/2026