

# HEALTH & RECREATION COMMITTEE

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



Monday, August 19, 2024 at 6:15 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - [a.](#) Combination Class B License to Player's Pub, Tracy Blackwell Agent, 701 Dodge Street.
  - [b.](#) Extension of Class B Liquor License premise for Pub 55 on September 21, 2024 for "23 Cleats Car Show Event".
  - [c.](#) Special Event Application to Thomas McNeely, Electric Vehicle Association on October 5, 2024 at Hydro Park from 9am to 1pm for "National Drive Electric Week Fox Cities".
3. Adjourn.

## NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Health and Recreation Committee scheduled for Monday, August 19, 2024 at 6:15 P.M. to gather information about a subject over which they have decision making responsibility.

**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.\*



**APPLICANT/AGENT:** Player's Pub LLC/Tracy

**BUSINESS NAME:** Player's Pub

**BUSINESS ADDRESS:** 701 dodge Street, Kaukauna, wI 54130

**City Attorney/Paralegal Suggestions:**

Okay as presented.

Signed: Tim Greenwood

Title: City Attorney

Date: 8.14.2024

**APPLICANT/AGENT:** Player's Pub LLC/Tracy Blackwell (formerly Benchwarmers)  
**DRIVER'S LICENSE:** B424-8166-3807-04  
**DATE OF BIRTH:** 08/27/83  
**ADDRESS:** 209 W. 7<sup>th</sup> St., Kaukauna

**BUSINESS NAME:** Player's Pub  
**BUSINESS ADDRESS:** 701 Dodge Street

Police Department recommendation:

I hereby certify that we have checked municipal and state criminal records. It is our recommendation that the license be:

Approved

Denied

Signed: Brenda Sauer

Title: Assignment chief

If denied, please specify why \_\_\_\_\_



**APPLICANT/AGENT:** Player's Pub LLC/Tracy Blackwell (formerly Benchwarmers)  
**BUSINESS NAME:** Player's Pub  
**BUSINESS ADDRESS:** 701 Dodge Street

Planning and Community Development approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to planning and community development. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

**Approved**

Signed: David Kithl

**Denied**

Title: Director of Planning and Community Development

Date: 8/13/2024

If denied, please specify why \_\_\_\_\_

**APPLICANT/AGENT:** Player's Pub LLC/Tracy Blackwell (formerly Benchwarmers)  
**BUSINESS NAME:** Player's Pub  
**BUSINESS ADDRESS:** 701 Dodge Street

Building Inspector approval:

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to building inspection. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

**Approved**

Signed: [Signature]

**Denied**

Title: Senior Building Inspector

Date: 8/14/2024

If denied, please specify why \_\_\_\_\_



Form  
AB-200

## Alcohol Beverage License Application

For Municipal Use Only	Item 2.a.
Municipality	City of Kaukauna
License Period	08/21/24 - 06/30/25

License(s) Requested: (up to two boxes may be checked)

- ☐ Class "A" Beer ..... \$ \_\_\_\_\_ ☒ Class "B" Beer ..... \$ ~~83.70~~ 91.74
- ☐ "Class A" Liquor ..... \$ \_\_\_\_\_ ☒ "Class B" Liquor ..... \$ 320.87
- ☐ "Class A" Liquor (cider only) \$ \_\_\_\_\_ ☐ Reserve "Class B" Liquor \$ \_\_\_\_\_
- ☐ "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 412.61
Background Check Fee	\$ —
Publication Fee	\$ 25.00
Total Fees	Id. \$ 437.61

### Part A: Premises/Business Information

1. Legal Business Name (individual name if sole proprietorship)

Player's Pub LLC

2. Business Trade Name or DBA

Player's Pub

3. FEIN

99-4335701

4. Wisconsin Seller's Permit Number

456-1021392965-05

5. Entity Type (check one)

- ☐ Sole Proprietor ☐ Partnership ☒ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

6. State of Organization

WI

7. Date of Organization

8.7.24

8. Wisconsin DFI Registration Number

P 092504

9. Premises Address

701 Dodge St.

10. City

Kaukauna

11. State

WI

12. Zip Code

54130

13. County

Outagamie

14. Governing Municipality: ☒ City ☐ Town ☐ Village  
of: Kaukauna

15. Aldermanic District

2

16. Premises Phone

17. Premises Email

18. Website

19. Premises Description - Describe the building or buildings where alcohol beverages are produced, 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.

Back storage room / bar area.

20. Mailing Address (if different from premises address)

701 Dodge St.

~~Back storage room / bar area~~ TB

21. City

Kaukauna

22. State

WI

23. Zip Code

54130

### Part B: Questions

1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. ☐ Yes ☒ No  
If yes, list the details of violation below. Attach additional sheets if necessary.

Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Trial Date
Penalty Imposed	Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . . ☐ Yes ☒ No  
beverages.

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

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . . ☐ Yes ☒ No  
If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . . ☐ Yes ☒ No  
If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity

4b. Business Entity FEIN

5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . . ☒ Yes ☐ No
6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . . ☐ Yes ☒ No
7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . . ☐ Yes ☒ No

### Part C: Individual Information

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B, Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Blackwell	Tracy	Owner	9202056337

### Part D: Attestation

One of the following must sign and attest to this application:

- sole proprietor
- one general partner of a partnership
- one corporate officer
- one member of an LLC

**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 business 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 this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized 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	Blackwell	First Name	Tracy	M.I.	R.
Title	Owner	Email	tracy81983@gmail	Phone	205 6337
Signature	Blackwell		Date	8/7/24	

### 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		Date Provisional License Issued (if applicable)	



Form  
AB-100Alcohol Beverage  
Individual Questionnaire

Date 8/7/24

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

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

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

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor)	Player's Pub LLC
2. Business Trade Name or DBA	Player's Pub
3. Entity Type (check one)	
<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation
	<input type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>	
1. Last Name	Blackwell
2. First Name	Tracy
3. M.I.	R.
4. Relationship to Business (Title)	owner
5. Email	Tracy 81983@gmail
6. Phone	920 2056337
7. Home Address	
209 W. 7th St.	
8. City	Kaukauna
9. State	WI
10. Zip Code	54130
11. Date of Birth	8-27-83
12. Drivers License/State ID Number	B424-8168-3807-04
13. Drivers License/State ID State of Issuance	WISCONSIN

<b>Part C: Address History</b>			
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			
Years	Months		
40	11		
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.			
Previous Address 1	City	State	Zip Code
209 W. 7th St.	Kaukauna	WI	54130
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.			
State	County	State	County
WI	Outagamie	WI	Calumet
State	County	State	County
WI	Winnebago		

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.

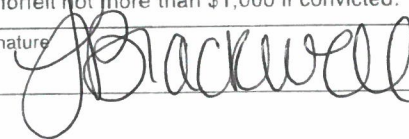
Law/Ordinance Violated <b>DUI</b>	Location <b>Appleton, WI</b>	Conviction Date <b>2007</b>
Penalty Imposed <b>lost license for 6 months</b>		Was sentence completed? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>8/7/24</b>
--	-----------------------



Form  
AB-101Alcohol Beverage  
Appointment of Agent

Date 8/7/24

## Agent Type (check one)

☒ Original (no fee)☐ Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

Player's Pub LLC

2. Business Trade Name or DBA

Player's Pub

3. Entity Type (check one)

☒ Limited Liability Company☐ Corporation☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

6. Describe the reason for appointing a successor agent, if successor is checked above.

## Part B: Agent Information

1. Last Name

Blackwell

2. First Name

Tracy

3. M.I.

R.

4. Email

Tracy81983@gmail.com

5. Phone

9202056337

6. Home Address

209 W. 7th St.

7. City

Kaukauna

8. State

WI

9. Zip Code

54130

10. Age

40

11. Drivers License/State ID Number

B424 8168 3807 04

12. Drivers License/State ID State of Issuance

WI

## Part C: Agent Questions

1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
Submit proof of completion.2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire? ..... ☒ Yes ☐ No  
Submit a completed Form AB-100 with this form.3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
See instructions for exceptions.

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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 <b>Blackwell</b>	First Name <b>Tracy</b>	M.I. <b>R.</b>
Title <b>owner</b>	Email <b>tracy81983@gmail</b>	Phone <b>920 2056337</b>
Signature <b>J Blackwell</b>		Date <b>8/7/24</b>

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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 <b>Blackwell</b>	First Name <b>Tracy</b>	M.I. <b>R.</b>
Signature <b>J Blackwell</b>		Date <b>8/7/24</b>





TO: Kaukauna City Planning Commission

RE: 23 Cleats Car Show

Good afternoon,

I am writing regarding another event we would love to sponsor and get the cities blessing on allowing us to hold at PUB 55 in Kaukauna on September 21, 2024. In a mutual conversation with a friend, I had the pleasure in meeting a 9-year-old young man that has his own non-profit organization (23 Cleats) and was amazed at what this young man has done to help other youths in need that are not able to afford athletic shoes. Bentley has done what he can to help do to financial constraints within their families, with the help of supporters such as myself and the Green Bay Packers as a main advocate for Bentley. I myself having a huge heart and always wanting to give back to the community as well of those in need I have been a huge advocate of Children's Hospital, Hunt of a Lifetime and now adding 23 cleats to my Pub family, I am asking the city to allow us to have this event.

This event will feature the following:

- Car and bike show in PUB parking lot.
  - Overflow parking will be at Aurora with their blessing.
  - I have attached a drawing showing the tentative layout of the show.
- We will have a band either indoors or outdoors weather permitting.
- We will have food and beverages available outside as well as our full menu inside of PUB 55.
- We have a security staff already set up for the event.
- We will have wristbands for beer purchases outside of the main bar.

Thank you for your time and consideration in allowing us to help this amazing young man.

*Joel Vogels*

Owner PUB 55

We also would like to extend our Alcohol permit for the September 21st date only for patrons to be able to walk our parking lot area to view the band and vehicles in the show.









23's Cleats for Kidz is a heartfelt initiative dedicated to providing children with the opportunity to engage in sports and outdoor activities by ensuring they have access to quality cleats. Our mission is to make a positive impact on the lives of young individuals, fostering a sense of empowerment, joy and community spirit.

At 23's Cleats 4 Kidz, we believe that every child deserves the chance to pursue their passions, and having the right footwear is a critical part of that journey. Whether it's on the soccer field, football field, baseball diamond or any other sports arena, we aim to equip kids with the tools they need to feel confident, comfortable and ready to take on new challenges.

Our commitment goes beyond providing cleats; we strive to create an environment where children feel supported and encouraged to explore their potential. By collecting and distributing cleats, we hope to contribute to the overall well-being and development of young individuals, fostering a love for physical activity and teamwork.

Join us at 23's Cleats 4 Kidz as we lace up dreams, one pair of cleats at a time. Together, we can make a lasting impact on the lives of children, inspiring them to step into a brighter, more active future.

UPDATED 04.01.2021



## **SPECIAL EVENT APPLICATION FORM**

**EVENT APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE OF AN EVENT**

### **SECTION 1 – APPLICANT INFORMATION**

Information about the person applying to have a special event or applying on behalf of an organization.

Name: Thomas McNeely

Date of Birth: \*Event organizers must be at least 18 years old. 09/29/1955

Address: 76 Opportunity Way Appleton WI 54015

Phone Number: 920-260-9697

Email Address: pcc28@netnet.net

### **SECTION 2 – ORGANIZATION INFORMATION**

Information about the organization having the special event, if applicable.

Organization's Name: The Electric Vehicle Associa

Organization's Address: PO BOX 274 Cardiff, CA

Organization's Phone Number: wisceva@gmail.com

Organization's Email Address or Website: driveelectricweek.org

Applicant's Relationship to Organization: city captain

### **SECTION 3 – EVENT INFORMATION**

Name of Event: National Drive Electric Week Fox Cities

Event Location: Hydro Park

Event Date: \*If a multi-day event, please list all days. 10/05/2024

Event Start Time - End Time: 9am to 1pm



**Security Contact Name and Phone Number:** \*The name and contact information of the individual who emergency responders may contact in case of an emergency during the event.

Thomas McNeely 920-360-9697

**Total Anticipated Attendance for Event:**  
**Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.):**

40 participants

#### SECTION 4 – APPLICANT CHECKLIST

Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. \*Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

#### General Information:

- |   |   |  |
|---|---|--|
| 1. Will food be prepared and/or served at the event?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 2. Will there be a band or amplified music/noise?   | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 3. Will there be portable restrooms?  | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 4. Do you have proper insurance for your event and have you provided it to the City?<br>*Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 attendees. | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |

#### Fire Department Information: (920) 766-6320

- |  |   |  |
|--|---|--|
| 1. Will the event be held indoors?                       | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 2. Will a tent or temporary structure be erected?        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 3. Will there be a tent larger than 200 SF?              | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 4. Will fireworks/pyrotechnics be used during the event? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |

**Street and Parks Department: (920) 766-6337**

- |   |   |  |
|---|---|--|
| 1. Are you requiring street closure for the event?    | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 2. Are you providing your own barricades?             | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 3. Did you include a map of the event location/route? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 4. For park events, have you reserved the park?       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 5. Will there be rides at the event?                  | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |

**Police Department: (920) 766-6333**

- |  |   |  |
|--|---|--|
| 1. Do you have a plan for medical emergencies?   | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 2. Is security needed for the event?             | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 3. Will the event need any parking restrictions? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |

**City Clerk's Office: (920) 766-6300**

- |   |                              |  |
|---|------------------------------|--|
| 1. Will alcoholic beverages be served/sold? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|---|------------------------------|--|

**Section 5 – Insurance Requirements**

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

**General Liability Coverage:**

1. Commercial General Liability
  - a. \$1,000,000 general aggregate – per project
  - b. \$1,000,000 products – completed operations aggregate
  - c. \$1,000,000 personal injury and advertising injury
  - d. \$1,000,000 each occurrence limit
2. Claims made form of coverage is not acceptable.



3. Insurance must include:

- a. Premises and Operations Liability
- b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
- c. Personal injury
- d. Explosion, collapse, and underground coverage
- e. Products/Completed Operations
- f. The general aggregate must apply separately to this project/location

4. Additional Provisions

- a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
- b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
- c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
- d. Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
- e. Carriers – The insurance coverage required must be provided by an insurance carrier with the “best” rating of “A-VII” or better. All carriers shall be admitted carriers in the State of Wisconsin.

**Section 5 – Indemnification and Disclaimer**

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

By signing below, I agree to follow any state and/or local guidelines in place to prevent the spread of COVID-19.

Signature of Applicant: Thomas McNeely

Printed name of Applicant: Thomas McNeely