

HEALTH AND RECREATION COMMITTEE

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



Monday, October 20, 2025 at 6:20 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Special event application to Kaukauna Area School District for Multilingual Family Fall Fest on October 29, 2025, from 5pm-7pm at 1000 Islands Environmental Center.
 - [b.](#) Special Event and Amplified Noise Request to VFW Post 3319 for the Veterans Day Ceremony at the Ring of Honor Veterans Park and SPaR Building Community Room on November 11, 2025, from 11am-1pm.
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, October 20, 2025, at 6:20 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.

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: Grace Luebben (EL Teache

Date of Birth: *Event organizers must be at least 18 years old. 06/14/1994

Address: 101 Oak St, Kaukauna, WI 54130

Phone Number: 715-979-1414

Email Address: luebbeng@kaukaunasd.org

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Kaukauna Area School Dist

Organization's Address: 1701 County Rd CE, Kauka

Organization's Phone Number: (920) 766-6100 ex. 5413

Organization's Email Address or Website: luedekek@kaukaunasd.org

Applicant's Relationship to Organization: EL Teacher

SECTION 3 – EVENT INFORMATION

Name of Event: Multilingual Family Fall Festival

Event Location: 1000 Islands Environmental

Event Date: *If a multi-day event, please list all days. 10/29/2025

Event Start Time - End Time: 5:00 pm - 7:00 pm

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.

Grace Luebben 715-979-1414

Total Anticipated Attendance for Event:

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

100 attendees-we invited m

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 ☐ | NO ☒ |
| 2. Will there be a band or amplified music/noise? | YES ☐ | NO ☒ |
| 3. Will there be portable restrooms? | YES ☐ | NO ☒ |
| 4. Do you have proper insurance for your event and have you provided it to the City? | | |
| *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 ☒ | NO ☐ |

Fire Department Information: (920) 766-6320

- | | | |
|--|---|--|
| 1. Will the event be held indoors? | YES ☒ | NO ☐ |
| 2. Will a tent or temporary structure be erected? | YES ☐ | NO ☒ |
| 3. Will there be a tent larger than 200 SF? | YES ☐ | NO ☒ |
| 4. Will fireworks/pyrotechnics be used during the event? | YES ☐ | NO ☒ |

Street and Parks Department: (920) 766-6337

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

Police Department: (920) 766-6333

- | | | |
|--|---|--|
| 1. Do you have a plan for medical emergencies? | YES ☒ | NO ☐ |
| 2. Is security needed for the event? | YES ☐ | NO ☒ |
| 3. Will the event need any parking restrictions? | YES ☐ | NO ☒ |

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

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|---|------------------------------|--|
| 1. Will alcoholic beverages be served/sold? | YES ☐ | NO ☒ |
|---|------------------------------|--|

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: Grace Luebben

Printed name of Applicant: Grace Luebben

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: *Don Milbach*

Date of Birth: *Event organizers must be at least 18 years old. *24 AUG 64*

Address: *1422 HILLCREST DRIVE KAUKAUNA WI 54130*

Phone Number: *608 547 5492*

Email Address: *demilbach25@gmail.com*

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: *VFW Post 3319 ELECTRIC CITY*

Organization's Address: *PO Box 163 KAUKAUNA WI 54130*

Organization's Phone Number:

Organization's Email Address or Website: *vfw 3319.com*

Applicant's Relationship to Organization: *SR VICE COMMANDER*

SECTION 3 – EVENT INFORMATION

Name of Event: *VETERANS DAY CEREMONY*

Event Location: *RING OF HONOR VETERANS PARK AND COMMUNITY ROOM*

Event Date: *If a multi-day event, please list all days. *EVENT SET UP AT COMMUNITY ROOM MON. 10 NOVEMBER 2025 / EVENT TUES. 11 NOV*

Event Start Time - End Time: *SET UP 5PM - 6PM
EVENT 11AM - 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. *DON MILBACH 608 547 5492*

Total Anticipated Attendance for Event:
Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.): *200*

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 ☒ NO ☐
2. Will there be a band or amplified music/noise? *PA SYSTEM* YES ☒ NO ☐
3. Will there be portable restrooms? YES ☐ NO ☒
4. Do you have proper insurance for your event and have you provided it to the City?
 *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. *NEED TO ADD DOCUMENT* YES ☒ NO ☐

Fire Department Information: (920) 766-6320

1. Will the event be held indoors? *IF THERE IS RAIN* YES ☒ NO ☐
2. Will a tent or temporary structure be erected? YES ☐ NO ☒
3. Will there be a tent larger than 200 SF? YES ☐ NO ☒
4. Will fireworks/pyrotechnics be used during the event? YES ☐ NO ☒

Street and Parks Department: (920) 766-6337

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|---|---|--|
| 1. Are you requiring street closure for the event?
<i>CATHEREN / LAKE ST</i> | YES ☒ | NO ☐ |
| 2. Are you providing your own barricades? | YES ☐ | NO ☒ |
| 3. Did you include a map of the event location/route? | YES ☐ | NO ☒ |
| 4. For park events, have you reserved the park? | YES ☒ | NO ☐ |
| 5. Will there be rides at the event? | YES ☐ | NO ☒ |

Police Department: (920) 766-6333

- | | | |
|---|---|-----------------------------|
| 1. Do you have a plan for medical emergencies?
<i>CALL 911</i> | YES ☒ | NO ☐ |
| 2. Is security needed for the event? | YES ☒ | NO ☐ |
| 3. Will the event need any parking restrictions? | YES ☒ | NO ☐ |

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

- | | | |
|---|------------------------------|--|
| 1. Will alcoholic beverages be served/sold? | YES ☐ | NO ☒ |
|---|------------------------------|--|

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2. Claims made form of coverage is not acceptable.

3. Insurance must include:

- a. Premises and Operations Liability
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- 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.

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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:

 3 OCT 2025

Printed name of Applicant:

DON E MILBACH
SR VICE COMMANDER
POST 3319