



# \* AMENDED HEALTH & RECREATION COMMITTEE

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

Monday, September 16, 2024 at 6:15 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - a. Special Event Application to Iris Kriefall, Kaukauna Clinic on October 5, 2024 from 7:30 -11 am for Kaukauna Clinic Drive-Thru Flu Clinic.
  - b. Special Event Application to Dawn Gasparick on October 6, 2024 from 11 am to 2 pm for Halloween Dress Up at the Kaukauna Dog Park.
  - c. Special Event Application and Amplified Music Request to Samantha Behnke, Girl Scout Troop 2284 on October 25, 2024 from 5-9 pm for Girl Scout Dance - Halloween.
  - d. **\* Special Event Application and Amplified Music request to Officer Adam Vander Hyden, Kaukauna School District on October 2, 2024 from 5:45-6:46 pm for Homecoming Parade.**
  - e. **\* Special Event Application and Amplified Music request to Andrea Renkas, Motherhood Alliance, LLC on October 19, 2024 from 8:00 am -3:00 pm for Trunk or Treat Community Event.**
  - f. Temporary Class B License to Holy Cross Church, 309 Denoyer Street on October 27, 2024 for Oktoberfest.
  - g. Live! from Hydro 2024 Recap.
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, September 16, 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.\*

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: Iris Kriefall

Date of Birth: \*Event organizers must be at least 18 years old. 11/02/1985

Address: 305 E 12th Street | Kaukauna, WI | 54130

Phone Number: 920-766-4656, ext 203

Email Address: iris.kriefall@kaukaunaclinic.com

### SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Kaukauna Clinic

Organization's Address: 305 E 12th Street | Kaukauna, WI | 54130

Organization's Phone Number: 920-766-4656

Organization's Email Address or Website: www.kaukaunaclinic.com

Applicant's Relationship to Organization: Human Resources Manager

### SECTION 3 – EVENT INFORMATION

Name of Event: Kaukauna Clinic Drive-Thru Flu Clinic

Event Location: 305 E 12th Street with access to Horse Shoe Valley Park parking lot.

Event Date: \*If a multi-day event, please list all days. 10/5/2024

Event Start Time - End Time: 7:30am - 11am

**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.

**Diana Chorozny 920-427-2971**

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

**75-100 people**

**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**

- 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:

Printed name of Applicant:

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: **DAWN GASPARICK**  
Date of Birth: \*Event organizers must be at least 18 years old. **3/6/1956**  
Address: **W5112 Natures way Dr. Sherwood, wi. 54169**  
Phone Number: **815-988-2647**  
Email Address: **goltzdr@gmail.com**

## SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name:  
Organization's Address:  
Organization's Phone Number:  
Organization's Email Address or Website:  
Applicant's Relationship to Organization:

## SECTION 3 – EVENT INFORMATION

Name of Event: **Haloween Press up At the Dog Park**  
Event Location: **Kaukauna Dog Park**  
Event Date: \*If a multi-day event, please list all days. **October 6, 2024**  
Event Start Time - End Time: **11-2**





**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.

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

**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**

- 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: *Dawn R. Gasparick*

Printed name of Applicant: *DAWN R GASPARICK*



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: Samantha Behnke

Date of Birth: \*Event organizers must be at least 18 years old. 09/06/1987

Address: 204 Plank Rd Kaukauna WI 54130

Phone Number: 920-645-1821

Email Address: troopgs2284@gmail.com

**SECTION 2 – ORGANIZATION INFORMATION**

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

Organization’s Name: Troop 2284 Girl Scouts

Organization’s Address: 204 Plank Rd Kaukauna WI

Organization’s Phone Number: 920-645-1821

Organization’s Email Address or Website: troopgs2284@gmail.com

Applicant’s Relationship to Organization: Troop Leader

**SECTION 3 – EVENT INFORMATION**

Name of Event: Girl Scout Dance- Halloween

Event Location: Community Room- Rec

Event Date: \*If a multi-day event, please list all days. 10/25/2024

Event Start Time - End Time: 5pm-9pm

**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.

Samantha Behnke 920-645-1821

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

120

**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**

- 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: 

Printed name of Applicant: Samantha Behnke

REQUEST FOR AMPLIFIED MUSIC/NOISE



City of Kaukauna  
144 W Second St  
Kaukauna, WI 54130

Applicant Information

Name: Samantha Behnke Date of Birth: 09-06-1987  
Address: 204 Plank Rd Kaukauna WI Phone number: 920-645-1821  
Organization Name, if applicable: Girl Scouts Troop 2284  
Email address: troopgs2284@gmail.com

Event Information

Name of Event: Girls Fall Ball  
Event location (s): Kaukauna Community Room Date of Event: 10-25-2024  
Event Start time- End time: 5:30-8:30 pm  
Number of people attending: 200

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.

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: Officer Adam Vander Hyder

Date of Birth: \*Event organizers must be at least 18 years old. 10/19/1984

Address: 144 W. 2nd St, Kaukauna, WI 54130

Phone Number: 920-766-6333

Email Address: avanderhyden@kaukauna.gov

**SECTION 2 – ORGANIZATION INFORMATION**

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

Organization's Name: Kaukauna School District

Organization's Address: 1701 CTH CE, Kaukauna, WI

Organization's Phone Number: 920-766-6100

Organization's Email Address or Website:

Applicant's Relationship to Organization: School Resource Officer

**SECTION 3 – EVENT INFORMATION**

Name of Event: Homecoming Parade

Event Location: Wisconsin Ave / STH 55 / R

Event Date: \*If a multi-day event, please list all days. 10/02/24

Event Start Time - End Time: 5:45 PM - 6:45 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.

KPD, Officer Vander Hyden in charge 920-419-6585

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

3,000-4,000

**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**

- 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: 

Printed name of Applicant: Adam Vander Hyden



REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna  
144 W Second St  
Kaukauna, WI 54130

**Applicant Information**

Name: Adam Vander Hyden      Date of Birth: 10/19/84

Address: 144 W. 2<sup>nd</sup> St. Kaukauna, WI 54130 Phone number: 920-766-6333

Organization Name, if applicable: Kaukauna Area School District

Email address: avanderhyden@kaukauna.gov

**Event Information**

Name: Homecoming parade

Event location (s): Upper Riverside Park / Wisconsin Ave / Lawe St

Date of Event: 10/02/24

Event	Start	5:45PM	time-	End	6:45PM	time:
-------	-------	--------	-------	-----	--------	-------

---

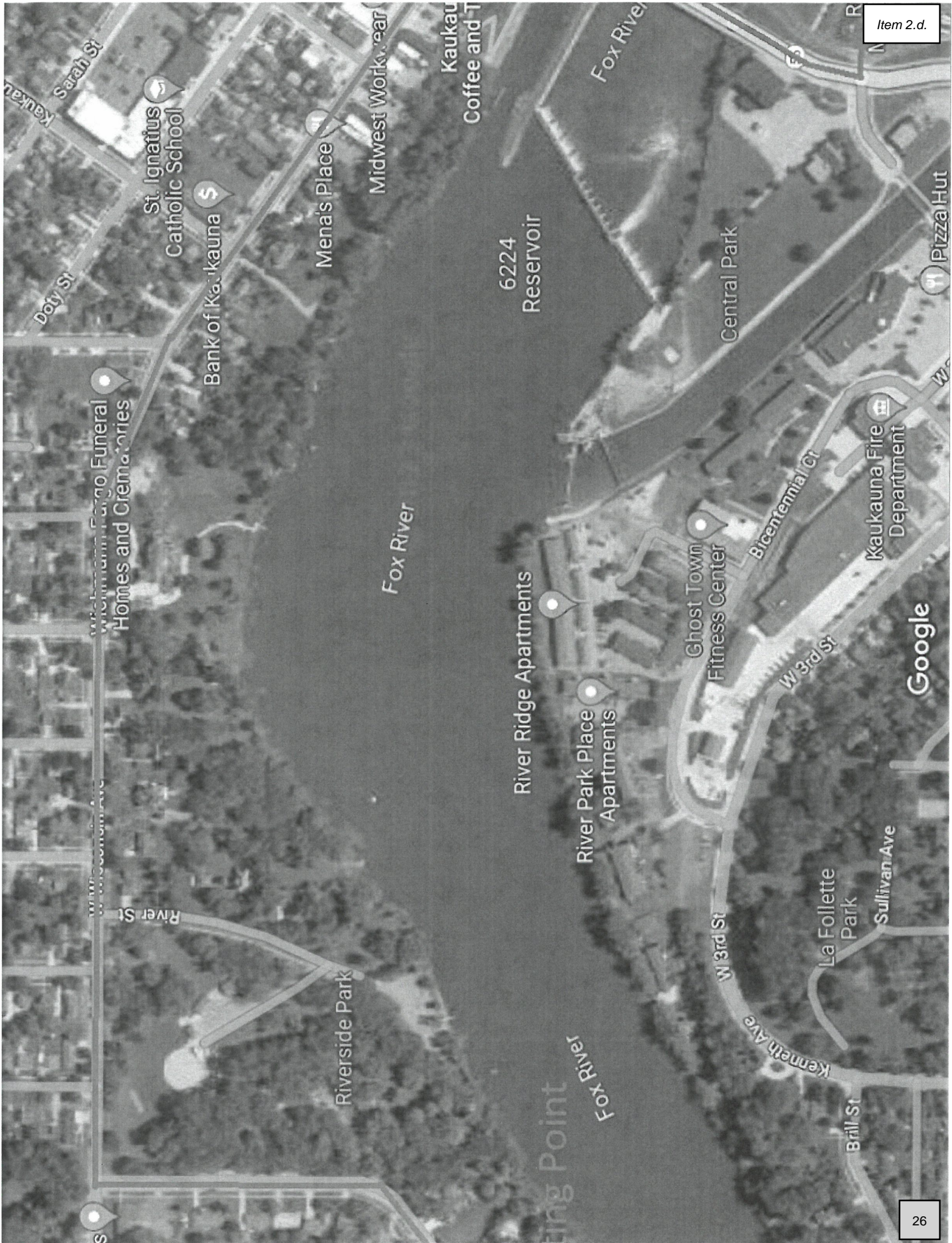
Number of people attending: 3,000-4,000

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: [rrussove@kaukauna.gov](mailto:rrussove@kaukauna.gov)







REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna  
144 W Second St  
Kaukauna, WI 54130

**Applicant Information**

Name: Adam Vander Hyden      Date of Birth: 10/19/84

Address: 144 W. 2<sup>nd</sup> St. Kaukauna, WI 54130    Phone number: 920-766-6333

Organization Name, if applicable: Kaukauna Area School District

Email address: avanderhyden@kaukauna.gov

**Event Information**

Name: Homecoming parade

Event location (s): Upper Riverside Park / Wisconsin Ave / Lawe St

Date of Event: 10/02/24

Event	Start	5:45PM	time-	End	6:45PM	time:
-------	-------	--------	-------	-----	--------	-------

---

Number of people attending: 3,000-4,000

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: rrussove@kaukauna.gov







## 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: Andrea Renkas

Date of Birth: \*Event organizers must be at least 18 years old. 10/19/1986

Address: 3312 N Shawnee Ln, Appleton, WI 54914

Phone Number: 715-850-0599

Email Address: hello@motherhoodalliance.com

### SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Motherhood Alliance, LLC

Organization's Address: Same as above

Organization's Phone Number: 715-850-0599

Organization's Email Address or Website: motherhoodalliance.com

Applicant's Relationship to Organization: Co-Owner

### SECTION 3 – EVENT INFORMATION

Name of Event: Motherhood Alliance Dye Free Allergy Friendly  
Trunk or Treat Community Event

Event Location: 101 Crooks Ave, Kaukauna

Event Date: \*If a multi-day event, please list all days. 10/19/24

Event Start Time - End Time: 8-3pm (inc. setup/clean up)

11-2p actual  
event

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.

Andrea Renkas 715-850-0599

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

First time event. We represent various health & wellness businesses in NEWI who will be participating with their trunks, treats (Candy and non-candy) + activities. Event open to the community.

**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  Candy given away
- 2. Will there be a band or amplified music/noise? YES  NO  (small boom box possibly)
- 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  8x8 pop up tent only
- 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**

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.

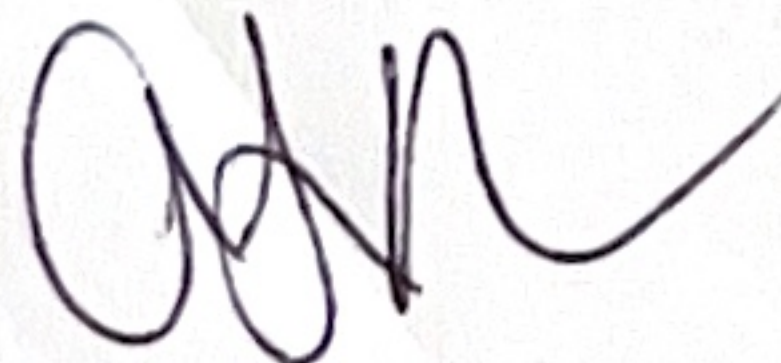
**Section 5 – Indemnification and Disclaimer**

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:



Printed name of Applicant: Andrea Renkas



REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna  
144 W Second St  
Kaukauna, WI 54130

Applicant Information

Name: Andrea Renkas Date of Birth: 10/19/86  
Address: 3312 N Shawnee Ln Phone number: 715 8500599  
Appleton, WI 54914  
Organization Name, if applicable: Motherhood Alliance, LLC  
Email address: hello@motherhoodalliance.com

Event Information

Name of Event: Motherhood Alliance Dye Free Allergy Friendly Trunk or Treat  
Event location (s): 101 Crooks Ave Date of Event: 10/19  
Event Start time- End time: 11-2p (music playing)  
Number of people attending: 200+?

\* Plan to use single speaker / boom box.

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.

SEP 9 2024

### Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ \_\_\_\_\_

Application Date: 9/9/2024

Town  Village  City of Kaukauna

County of Outagamie

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning Oct 27<sup>th</sup> 2024 and ending Oct 27<sup>th</sup> 2024 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. **Organization** (check appropriate box) →
- Bona fide Club
  - Church
  - Lodge/Society
  - Veteran's Organization
  - Fair Association or Agricultural Society
  - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Holy Cross Church

(b) Address 309 Desnoyer St. Kaukauna, WI  
(Street)  Town  Village  City

(c) Date organized Jan 2024

(d) If corporation, give date of incorporation \_\_\_\_\_

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President \_\_\_\_\_

Vice President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

(g) Name and address of manager or person in charge of affair: Lawrence Ortner, 306 Fillmore St. Kaukauna, WI 54130

2. **Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:**

(a) Street number 309 Desnoyer St. Kaukauna, WI 54130

(b) Lot \_\_\_\_\_ Block \_\_\_\_\_

(c) Do premises occupy all or part of building? Below Gym / Cafeteria Area

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: Below Gym / Cafeteria Area

3. **Name of Event**

(a) List name of the event OKtoberfest

(b) Dates of event Oct 27<sup>th</sup> 2024

### DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Jeremy Schmal  
(Signature / Date)

Holy Cross Parish  
(Name of Organization)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

License No. \_\_\_\_\_



## Live! from Hydro 2024 Recap

### Observations and Notes

Live from Hydro is all about music. If the music is something people want to hear, and they know what music to expect when they get there, they will attend in large numbers.

This year we moved the Farmers Market on Wednesday nights with a similar time to the Live! Concerts looking to drive participation to both events. This was a success as both events saw crossover participation.

We were able to take strides to close the revenue and expenditure gap. Past years, the gap was over 10,000, and this year we managed less than a 1,000 gap. Included in the tightening of the gap are new sponsorships, beer sales, and Live! Merchandise sales.

We started a Live! Instagram account this year. Posts to the account were the same as posts to Facebook and are a step in the right direction toward increasing visibility to a variety of age demographics. We are still pushing to reach wider audiences and will continue to keep this as part of our focus for years to come.

It is our goal for future years that the entertainment management company will assist with social media promotion, descriptions of the band's social media pages, etc. This will encourage music lovers from all over the fox valley area to attend.

As the final notes fade and the summer sun sets, we reflect on an incredible season of music, community, and unforgettable moments. Thank you to all the artists, volunteers, and especially our amazing audience for making this concert series a resounding success. We can't wait to see you all again next year for more spectacular performances and shared experiences. Until then, keep the music alive in your hearts!

### Income

#### Sponsors

- Abel Insurance,
- Kaukauna Utilities
- Bank of Kaukauna
- Ahlstrom-Thilmany Mill
- Unison Credit Union

UA400  
 Bassett Mechanical  
 East Wisconsin Savings Bank  
 ATF Tire & Service Center  
 Dawes Rigging & Crane  
 Van De Hey Financial Services  
 St.Paul Elder Services  
 Baisch Engineering  
 Heid Music  
 Network Health  
 Carstens Ace Hardware  
 Kobussen Busses  
 Eagle Graphics – donated tshirts,coozies, and signs  
 Kaukauna Lions Club (Beer and Food Sales)

Total Sponsorships	<b>\$22,700</b>
Beverage Sales	\$26,271
Merchandise Sales	\$546

**Total Income \$49,517**

**Expenses**

Talent and production contract	\$40,000.00	
Beverage purchases	\$ 5,015.50	
Signs	\$ 772	
Advertising	\$ 13.99	
Printing	\$ Free	
Misc.	\$ 43.97	(wristbands, towels)
Lion’s share of sales	\$ 2,627	

**Total Expenses \$ 48,693.56**

**2024 Comparison:**

Income (Sponsorship)	\$22,700
Income (Beer sales)	\$26,271
Expenses	\$48,693.56

**2023 Comparison**

Income (Sponsorship)	\$17,200
Income (Beer sales)	\$23,477
Expenses	\$51,452.16