

HEALTH & RECREATION COMMITTEE

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



Monday, March 20, 2023 at 6:15 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Temporary Class B License to Oshkosh Area Community Pantry, 2551 Jackson St., Oshkosh on June 8 through June 10, 2023 for Electric City Experience, Hydro Park and surrounding area, Farmer's Market Parking Lot and 1 Block of W. 2nd Street.
 - [b.](#) Request for \$10,000 from Jason Lipsky, Electric City Experience for event expenses.
 - [c.](#) Solicitor Licenses.
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, March 20, 2023 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.



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 \$ 10.00

Application Date: 3/15/23

☐ 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 June 8, 2023 and ending June 10, 2023 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
☐ Chamber of Commerce or similar Civic or Trade Organization
☐ Veteran's Organization ☐ Fair Association

(a) Name Oshkosh Area Community Pantry

(b) Address 2551 Jackson St. Oshkosh WI 54901
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 11/17/2008

(d) If corporation, give date of incorporation 9/30/2009

(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 Jennifer Heim 3387 Rosewood Ln. Oshkosh WI 54904

Vice President Rachel Hansen 344 Oak Manor Dr. Oshkosh WI 54904

Secretary Tracy Frost 1675 Brentwood Dr. Oshkosh WI 54904

Treasurer Karen Gram 1605 Crestview Dr. Oshkosh WI 54904

(g) Name and address of manager or person in charge of affair: Ryan Rasmussen 2630 Templeton Pl
Oshkosh WI 54904

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 100 Crooks Ave, Hydro Park & surrounding area, and Farm Market Parking Lot.

(b) Lot _____ Block and 1 block of W. 2nd St.

(c) Do premises occupy all or part of building? N/A

(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: N/A

3. Name of Event

(a) List name of the event Electric City Experience

(b) Dates of event June 8-10, 2023

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Oshkosh Area Community Pantry
(Name of Organization)

Officer [Signature] 3/15/23
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

To Kaukauna Health & Recreation Committee:

Electric City Experience is asking City of Kaukauna for a \$10,000.00 contribution towards expenses for the 2023 event.

We ask this to be paid directly to event vendors. The 2022 city contribution paid to the following three vendors and we would like to use the same three again this year.

Fox Cities Party Rental	\$5000
Ray's Sanitation	\$4000
Elite Tent Rental	\$1000

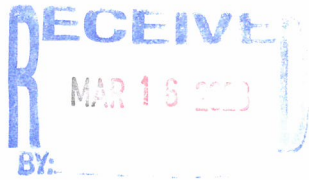
Thank you,

Jason Lipsky
Electric City Experience
920-968-9773

March 21, 2023

THE FOLLOWING APPLICANTS HAVE APPLIED FOR A SOLICITOR'S LICENSE FOR THE LICENSE YEAR 2023 AND HAVE BEEN RECOMMENDED FOR APPROVAL BASED ON THEIR RECORD CHECK BY THE POLICE DEPARTMENT:

Brazil	Duane	J.	105 Second Ave.	Weyauwega
Emunson	Austin	B.	N3029 State Road 47	Appleton
Retzlaff	Derek	J.	1094 Honeysuckle Ln.	Neenah
Voster-Guerra	Tristen	Y.	2340 Holly Rd.	Neenah
Ziegenbein	Nathan	L.	402 E. Wilson Ave.	Appleton



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - **\$15.00**Receipt No. CC 648 7265

Sellers Permit No. _____

Date Paid 3/15/23

Name of Applicant: <u>Tristen Voster - Guerra</u>	
Address: <u>2340 Holly Rd, Neenah, WI 54956</u>	
City, State, Zip: <u>Neenah, WI, 54956</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>10/28/2002</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920) 850-0559</u>
Driver's License Number: <u>V236-8190-2388-06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Door-to-Door marketing for free estimates on home remodeling projects</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: <u>Marketing entire city</u>	
Home Company Name: <u>Mad City Home Improvement LLC</u>	
Address: <u>5020 Voges Rd., Madison, WI 53718</u>	
Officer or Director of Company: <u>Matt Koch</u>	Principal Place of Business (State): <u>WI</u>

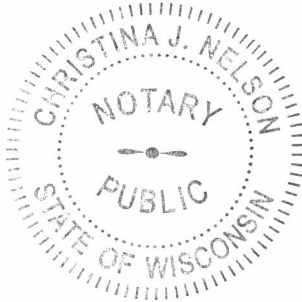
Reference	Name: <u>Matt Koch</u>
	Address: <u>2340 Holly Rd, Neenah, WI 54956</u>
	Telephone Number: <u>920-312-4585</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>De Pere</u>	

[Signature]

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



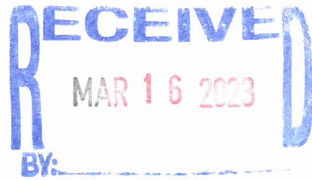
Subscribed and sworn to before me this

15 day of March, 2023.

[Signature]
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u><i>[Signature]</i></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - **\$15.00**

Sellers Permit No. _____

Receipt No. CC 6487265Date Paid 3-15-23

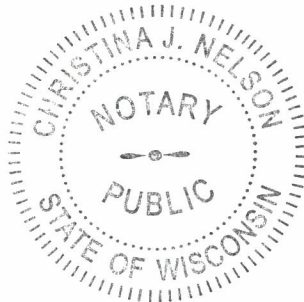
Name of Applicant: derek retzlaff	
Address: 1094 Honeysuckle Ln	
City, State, Zip: Neenah WI	County of Residence: Winnnebago
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): 07/17/1989	Place of Birth: Neenah
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: 920-376-2863
Driver's License Number: R324-1708-9257-04	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Door-to-Door marketing for free estimates on home remodeling projects	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: Marketing entire city	
Home Company Name: Mad City Home Improvement LLC	
Address: 5020 Voges Rd, Madison, WI 53718	
Officer or Director of Company:	Principal Place of Business (State):

Reference	Name: Matt Koch
	Address: 2340 Holly Rd Neenah
	Telephone Number: 920-312-4585
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Sheboygan, Appleton, Marshfield	


 Signature of Applicant


STATE OF WISCONSIN OUTAGAMIE COUNTY

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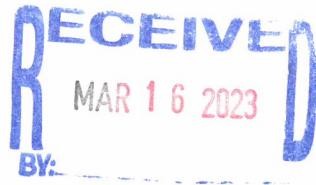
Subscribed and sworn to before me this

15 day of March, 2023


 City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: 		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - **\$15.00**

Sellers Permit No. _____

Receipt No. CC 6487265Date Paid 3/15/23

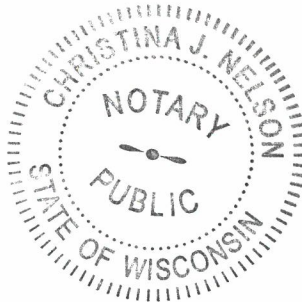
Name of Applicant: <u>Duane Brazil</u>	
Address: <u>109 2nd Ave.</u>	
City, State, Zip: <u>Weyauwega WI 54983</u>	County of Residence: <u>Waupaca</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>04/17/2001</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>715-802-3503</u>
Driver's License Number: <u>B624-1700-1137-07</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Door-to-Door marketing for free estimates on home remodeling projects</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: <u>Marketing entire city</u>	
Home Company Name: <u>Mad City Home Improvement LLC</u>	
Address: <u>5020 Voges Rd., Madison, WI 53718</u>	
Officer or Director of Company: <u>Matt Koch</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Matthew Koch</u>
	Address: <u>2340 Holly Rd., Neenah, WI 54956</u>
	Telephone Number: <u>920-312-4585</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>Marshfield, Berlin, De Pere</u>	

Duane Brozel
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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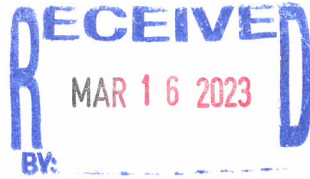
Subscribed and sworn to before me this

15 day of March, 2023

Christina J. Nelson
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>Paul Sauer</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - **\$15.00**

Sellers Permit No. _____

Receipt No. CC 6487265Date Paid 3/15/23

Name of Applicant: <u>Nathan Ziegenbein</u>	
Address: <u>402 E Wilson Ave</u>	
City, State, Zip: <u>Appleton, WI 54915</u>	County of Residence: <u>Calumet</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>N/A</u>	
Date of Birth (Month/Day/Year): <u>05/08/1996</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920) 475-6265</u>
Driver's License Number: <u>2251-6329-6168-03</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Door-to-Door marketing for free estimates on home remodeling projects</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: <u>Marketing entire city</u>	
Home Company Name: <u>Mad City Home Improvement LLC</u>	
Address: <u>5020 Voges Rd., Madison, WI 53718</u>	
Officer or Director of Company: <u>Matt Koch</u>	Principal Place of Business (State): <u>WI</u>

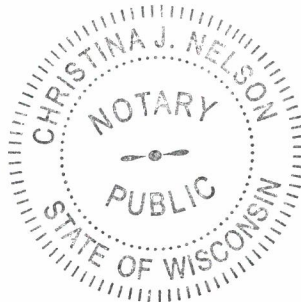
Reference	Name:
	Address:
	Telephone Number:
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where.	




Signature of Applicant


STATE OF WISCONSIN OUTAGAMIE COUNTY

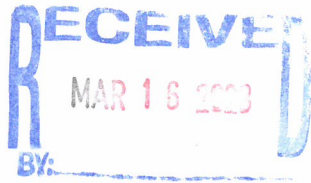
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15 day of March, 2023

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FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: 		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - **\$15.00**Receipt No. CC6487265

Sellers Permit No. _____

Date Paid 3-15-23

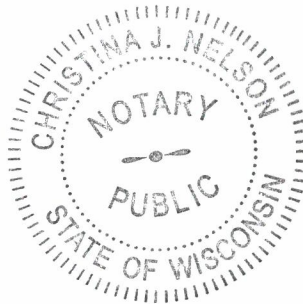
Name of Applicant: <u>Austin Brice Emunson</u>	
Address: <u>N3029 WI-47</u>	
City, State, Zip: <u>Appleton, WI, 54913</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>1411 Hammocks Beach rd swansboro NC</u>	
Date of Birth (Month/Day/Year): <u>03/20/01</u>	Place of Birth: <u>Havelock, NC</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>252-288-2248</u>
Driver's License Number: <u>E5 52-0020-1100-04</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Door-to-Door marketing for free estimates on home remodeling projects</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: <u>Marketing entire city</u>	
Home Company Name: <u>Mad City Home Improvement LLC</u>	
Address: <u>5020 Voges Rd., Madison, WI 53718</u>	
Officer or Director of Company: <u>Matt Koch</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: Matthew Koch
	Address: 2340 Holly Rd, Neenah, WI 54956
	Telephone Number: 920-312-4585
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Ashwaubenon, New London	

Austin B. Emunson
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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15 day of March, 2023.

Christina J. Nelson
City Clerk or Notary Public

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Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>Bruce Sauer</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.