

HEALTH & RECREATION COMMITTEE

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



Monday, February 06, 2023 at 6:15 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Temporary Class B License to Holy Cross Parish/St. Ignatius Catholic School, 220 Doty Street, lower floor and cafeteria on Saturday, February 11, 2023 for "That Chili Thing".
 - [b.](#) Temporary Class B License to Holy Cross Parish/St. Ignatius Catholic School, 220 Doty Street, gym, lobby, & cafeteria, on March 24, 25, & 26, 2023 and March 31, April 1, & 2, 2023 for "Holy Cross Men's Open".
 - [c.](#) Solicitors Licenses.
3. Adjourn.

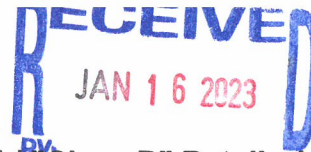
NOTICES

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, February 6, 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.



→ PD 1-20-23



Item 2.a.

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: 1-16-23

☐ 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 FEB 11TH and ending FEB 11TH 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 ST. IGNATIUS ANTIKOR ASSOCIATION (HOLY CROSS PARISH)

(b) Address 220 DOTY ST., KAUKAUNA, WI 54130
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1886

(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 MYRON GAESE

Vice President TOM ABRAHAM

Secretary JANE VANDEVOORT

Treasurer LEE H. VANDER SANDEN

(g) Name and address of manager or person in charge of affair: LEE H. VANDER SANDEN
616 SHERIDAN 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 220 DOTY ST., KAUKAUNA

(b) Lot Block

(c) Do premises occupy all or part of building? CATERIA (PART)

(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:
LOWER FLOOR = CATERIA

3. Name of Event

(a) List name of the event "THAT CHAVE THING"

(b) Dates of event FEB 11TH, 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.

Officer [Signature] 1-16-23
(Signature/date)

(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

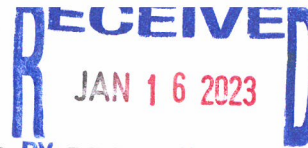
Officer _____
(Signature/date)

Date Filed with Clerk 1/16/23 receipt #66677

Date Reported to Council or Board

Date Granted by Council

License No.



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: 1-16-23

☐ 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 MARCH 24TH and ending APRIL 2ND 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 HOLY CROSS MEN'S OPEN = HOLY CROSS PARISH

(b) Address 309 DESNOYER ST., KAUKAUNA, WI 54130
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1886

(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 FATHER DON EVANS - (PASTOR)

Vice President _____

Secretary _____

Treasurer LEE H. VANDER SANDEN

(g) Name and address of manager or person in charge of affair: LEE H. VANDER SANDEN
66 SHERIDAN 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 220 DOTY ST.

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? PART

(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:

GYM / LOBBY / CAFETERIA

3. Name of Event

(a) List name of the event HOLY CROSS MEN'S OPEN

(b) Dates of event MARCH 24, 25, 26 + MARCH 31 APRIL 1, 2

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.

Officer [Signature] 1-16-23
(Signature/date)

Officer _____
(Signature/date)

(Name of Organization)

Officer _____
(Signature/date)

Officer _____
(Signature/date)

Date Filed with Clerk 1/16/23 receipt # 66677

Date Reported to Council or Board _____

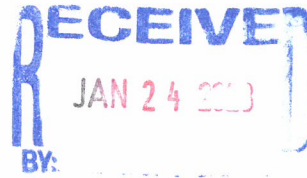
Date Granted by Council _____

License No. _____

February 7, 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:

Hagen	Kevin	J.	911 E. Airport Rd.	Menasha
Kitelinger	Maxwell	K.	311 Reaume Ave.	Kaukauna
Lange	Travis	J.	1332 Doblton St.	Green Bay
Rose	Adrianna	T.	1470 Grant St.	De Pere
Williams	Walter	S.	540 Jefferson St.	Oshkosh



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

Investigation Fee - **\$15.00**Receipt No. 66760

Sellers Permit No. _____

Date Paid 1/24/23

Name of Applicant: <u>Kevin Hagen</u>	
Address: <u>911 E Airport Rd</u>	
City, State, Zip: <u>Menasha, WI, 54952</u>	County of Residence: <u>United States</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>12/17/2001</u>	Place of Birth: <u>Appleton Wisconsin</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-538-1239</u>
Driver's License Number: <u>H250-5100-1457-04</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Windows / Patio doors</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>Kaukauna</u> Not Selling Anything	
Home Company Name: <u>Renewal By Anderson</u>	
Address: <u>1300 S Lynndale Drive</u>	
Officer or Director of Company:	Principal Place of Business (State):

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

JAN 24 2023

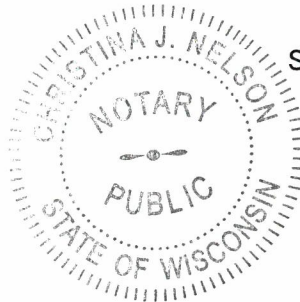
BY: JB

Reference	Name: Ana R wad Montgomery
	Address: 1300 S Lynndale Dr, Appleton, WI, 54913 54914
	Telephone Number: (715) 614 2527
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Appleton, WI	

Ana R wad Montgomery
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

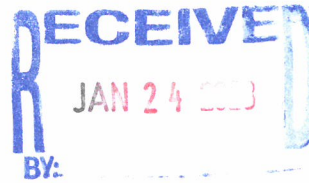
24 day of Jan., 2023

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><i>Paul Sanchez</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. 66760
Date Paid 1/24/23

Name of Applicant: <u>Walter Williams</u>	
Address: <u>540 Jefferson St</u>	
City, State, Zip: <u>Oshkosh, WI, 54901</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: <u>231 W Irving Ave</u> <u>919 Wright St</u>	
Date of Birth (Month/Day/Year): <u>09/13/1997</u>	Place of Birth: <u>Oshkosh</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-274-6522</u>
Driver's License Number: <u>W452-9179-7333-09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Window and patio door replacement</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>Residential</u>	
Home Company Name: <u>Renewal by Andersen</u>	
Address: <u>1300 S Lynndale Dr Appleton, WI, 54914</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

RECEIVED
920.766.6300
www.cityofkaukauna.com
JAN 24 2023

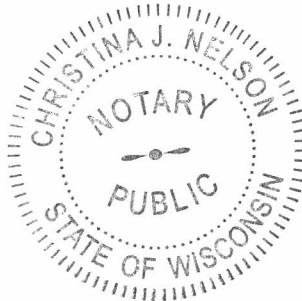
BY: TB

Reference	Name: <u>Anakwad Montgomery</u>
	Address: <u>1300 S Lynndale DR Appleton, WI, 54914</u>
	Telephone Number: <u>(715) 614-2527</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>Howard, WI</u>	

Wade W. W. W.
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.



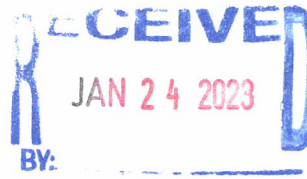
Subscribed and sworn to before me this

24 day of Jan, 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>[Signature]</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. 66760
Date Paid 1/24/23

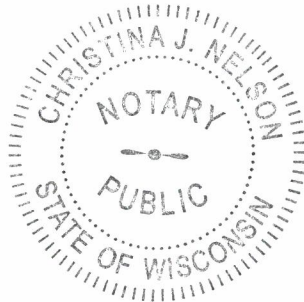
Name of Applicant: <u>Travis Lange</u>	
Address: <u>1332 Dobbin st.</u>	
City, State, Zip: <u>Green Bay WI 54302</u>	County of Residence: <u>Brown</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>X</u>	
Date of Birth (Month/Day/Year): <u>12-1-88</u>	Place of Birth: <u>MINNEAPOLIS, MN</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-461-9508</u>
Driver's License Number: <u>L520-8108-8441-09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>windows / patio Doors</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>Kaukauna</u>	
Home Company Name: <u>Renewal By Anderson</u>	
Address: <u>1300 S. Lynndale DR.</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Anakwad Montgomery</u>
	Address: <u>1300 S Lynndale Dr, Appleton, WI, 54914</u>
	Telephone Number: <u>(715) 614-2527</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>Appleton, WI</u>	

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.



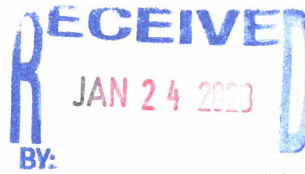
Subscribed and sworn to before me this

24 day of Jan, 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>[Signature]</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

Receipt No. 66760

Sellers Permit No. _____

Date Paid 1/24/23

Name of Applicant: <u>Adrianna Rose</u>	
Address: <u>1470 Grant St</u>	
City, State, Zip: <u>Dodge WI 53115</u>	County of Residence: <u>Brown</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>2810 Howard Lnns #1060 Green Bay, WI 54303</u>	
Date of Birth (Month/Day/Year): <u>07/25/1980</u>	Place of Birth: <u>Las Vegas, NV</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>(920) 501-9246</u>
Driver's License Number: _____	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>marketing</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>Residential</u>	
Home Company Name: <u>Renewal By Andersen</u>	
Address: <u>1300 S Lynndale Dr Appleton, WI 54914</u>	
Officer or Director of Company: _____	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

RECEIVED
920.766.6300
www.cityofkaukauna.com
JAN 24 2023

BY: TB

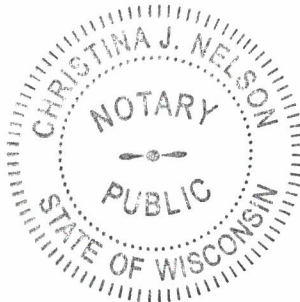
Reference	Name: <u>Anakwad Montgomery</u>
	Address: <u>1300 S. Lynndale Dr Appleton, WI 54914</u>
	Telephone Number: <u>(715) 604-2527</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>Appleton, WI</u>	

 Adrian Rose

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.



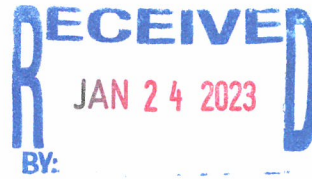
Subscribed and sworn to before me this

24 day of Jan, 2024

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>Bruce Sanchez</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**Receipt No. 66760

Sellers Permit No. _____

Date Paid 1/24/23

Name of Applicant: <u>Maxwell Kitzelinger</u>	
Address: <u>311 Reavue Avenue</u>	
City, State, Zip: <u>Kaukauna, WI, 54130</u>	County of Residence:
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>06/19/2000</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920) 815-9928</u>
Driver's License Number: <u>K345-5510-0219-09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Window & patio door Appointments</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>Residential</u>	
Home Company Name: <u>Renewal By Andersen</u>	
Address: <u>1300 S Lynndale drive, Appleton, WI 54914</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

JAN 24 2023

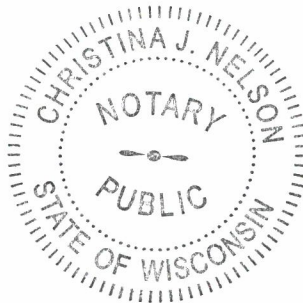
BY: TB

Reference	Name: <u>Anakwad Elm</u>
	Address: <u>1300 S Lynndale Dr., Appleton, WI, 54914</u>
	Telephone Number: <u>(715) 614-2527</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>Howard, WI</u>	

Anakwad Elm
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

24 day of Jan, 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><i>Paul S. Szwed</i></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.