

# HEALTH AND RECREATION COMMITTEE

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



Monday, December 02, 2024 at 6:20 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - [a.](#) 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, December 2, 2024 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.\*



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

Investigation Fee - \$15.00

Receipt No. CC 9047339

Sellers Permit No. \_\_\_\_\_

Date Paid 11-11-24

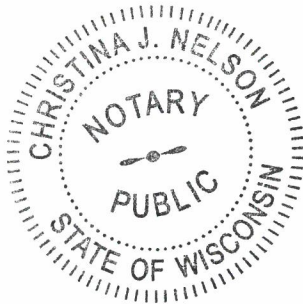
Name of Applicant: <u>Steve Heimbrugh</u>	
Address: <u>E 8508 Island Rd.</u>	
City, State, Zip: <u>Manawa, WI 54449</u>	County of Residence: <u>Kaukauna</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>10/25/73</u>	Place of Birth: <u>New London</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920 538-3069</u>
Driver's License Number: <u>H516 7967 3385 05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>telecommunications</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 checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Kaukauna</u>	
Home Company Name: <u>TDS telecom</u>	
Address: <u>W 6174 Hewtech Drive Appleton WI</u>	
Officer or Director of Company: <u>Dan Madsen</u>	Principal Place of Business (State): <u>Madison WI</u>

Reference	Name: Dan Madson
	Address: 5687 Cty Rd. C Vespa WI
	Telephone Number: 715 514-7871
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Sugmico	

Steve Nimbura  
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

11 day of 11, 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>Brian Sawyer</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. CC 904-7339

Sellers Permit No. \_\_\_\_\_

Date Paid 11-11-24

Name of Applicant: <u>Parker Ourada</u>	
Address: <u>205 Darby Rd. Combined Lakes, WI 54113</u>	
City, State, Zip: <u>Combined Lakes, WI, 54113</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:	
Date of Birth (Month/Day/Year): <u>09/25/1997</u>	Place of Birth: <u>Rockford, IL</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-429-5129</u>
Driver's License Number: <u>0630-6709-7345-05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided)	
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 checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>all over</u>	
Home Company Name: <u>TDS</u>	
Address: <u>W 6174 AeroTech Dr.</u>	
Officer or Director of Company: <u>Don Madison</u>	Principal Place of Business (State): <u>WI</u>



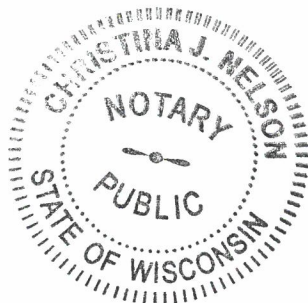
Reference	Name: <u>Parker Dan Madsen</u>
	Address: <u>5867 County Rd. C. Vesper, WI 54989</u>
	Telephone Number: <u>715-514-7871</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	



Signature of Applicant

**STATE OF WISCONSIN OUTAGAMIE COUNTY**

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Subscribed and sworn to before me this

11 day of 11, 2024


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

Receipt No. CC9047339

Sellers Permit No. \_\_\_\_\_

Date Paid 11-11-24

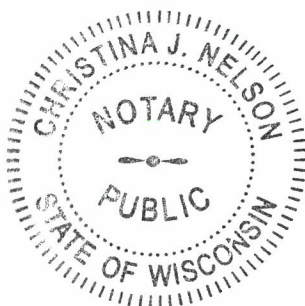
Name of Applicant: <u>Donald Erdmann</u>	
Address: <u>1838 Pershing Rd</u>	
City, State, Zip: <u>New London <sup>WI</sup> 54901</u>	County of Residence: <u>Waupaca</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>12/29/74</u>	Place of Birth: <u>Texas</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>715-460-4010</u>
Driver's License Number: <u>E635-1877-4469-06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecom Fiber</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 checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>All</u>	
Home Company Name: <u>TOS</u>	
Address: <u>W6174 Aero tek Dr.</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Dan</u>
	Address: <u>5687 Co Rd C Vesper, WI</u>
	Telephone Number: <u>715-574-7871</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>Hobart</u>	

*[Signature]*  
Signature of Applicant

### STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

11 day of 11, 2024

*[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**Receipt No. CC9047339

Sellers Permit No. \_\_\_\_\_

Date Paid 11-11-24

Name of Applicant: <u>Casey Kowalski</u>	
Address: <u>211360 Sandy Ln</u>	
City, State, Zip: <u>Mosinee, WI, 54455</u>	County of Residence: <u>Marathon</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>08/10/2000</u>	Place of Birth: <u>Mosinee</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u><del>715</del> 920-882-0866</u>
Driver's License Number: <u>K420-1180-0290-07</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecom Services</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 checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Residential Kaukauna</u>	
Home Company Name: <u>TDS</u>	
Address: <u>W6174 Aerotech Dr Appleton</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Dan Madsen</u>
	Address: <u>5687 County Rd C Vesper WI</u>
	Telephone Number: <u>715-514-7871</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

Casay Kowalski  
Signature of Applicant

### STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

11 day of 11, 2024

Christine 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 Sanderson</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

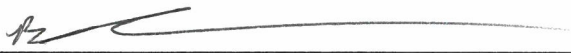
Receipt No. CC 9047339

Sellers Permit No. \_\_\_\_\_

Date Paid 11-11-24

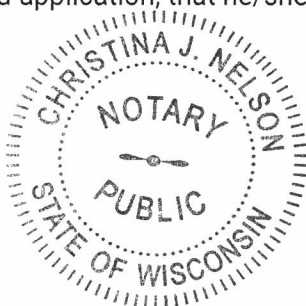
Name of Applicant: <u>Bo William Dietz</u>	
Address: <u>5025 N Providence Ave</u>	
City, State, Zip: <u>Appleton WI 54913</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>3530 Cherryvale Ave Apt 93 Appleton WI 54913 / 3768 E Rubyred Dr Appleton WI 5493</u>	
Date of Birth (Month/Day/Year): <u>5/23/94</u>	Place of Birth: <u>Marinette, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-205-5563</u>
Driver's License Number: <u>D320-0799-4183-01</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecommunications</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 checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Kaukauna, WI</u>	
Home Company Name: <u>TDS</u>	
Address: <u>W6174 Aerotech Dr Appleton WI <del>54913</del></u>	
Officer or Director of Company: <u>Dan Madsen</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Dan Matheson</u>
	Address: <u>5687 County Rd C Vespa WI 54489</u>
	Telephone Number: <u>715-514-7871</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

  
Signature of Applicant

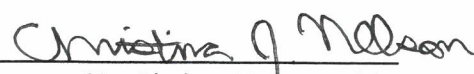
### STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

11 day of 11, 2024

  
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></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. CC9047339


Sellers Permit No. \_\_\_\_\_

Date Paid 11-11-24

Name of Applicant: <u>JANET JOHNSON</u>	
Address: <u>727 LAWE ST</u>	
City, State, Zip: <u>KAUKAUNA, WI 54130</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:	
Date of Birth (Month/Day/Year): <u>12/9/61</u>	Place of Birth: <u>MADISON, WI</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>608 206-7803</u>
Driver's License Number: <u>J525-4326-1949</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>INTERNET PHONE TV</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 checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>KAUKAUNA</u>	
Home Company Name: <u>TDS</u>	
Address: <u>W 6174 AEROTECH DR APPLETON, WI</u>	
Officer or Director of Company: <u>DAV LADSEN</u>	Principal Place of Business (State): <u>WI</u>



Reference	Name: <del>DIANE</del> ALICE VERBATEN
	Address: 616 LINCOLN AVE KAUKAUNA
	Telephone Number: 920 450-9033
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

  
 Signature of Applicant


#### STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

11 day of 11, 2024.

  
 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**Receipt No. CC9047339

Sellers Permit No. \_\_\_\_\_

Date Paid 11-11-24

Name of Applicant: <u>Keshawn Braxton</u>	
Address: <u>508 E. Tatt. Ave.</u>	
City, State, Zip: <u>Appleton, WI 54915</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:	
Date of Birth (Month/Day/Year): <u>12/11/1995</u>	Place of Birth: <u>Madison, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920) 701-0738</u>
Driver's License Number: <u>B623-5019-5451-04</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Internet</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 checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City:	
Home Company Name: <u>TDS</u>	
Address: <u>W6174 Aerotech Dr.</u>	
Officer or Director of Company: <u>Daniel Maden</u>	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

NOV 11 2024

BY: TB

Reference	Name: <u>Daniel Madson</u>
	Address: <u>5687 County Rd. C Vespa, WI 54489</u>
	Telephone Number: <u>7155147871</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

  
Signature of Applicant


### STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

11 day of 11, 2021.

  
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></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.

November 19, 2024

THE FOLLOWING APPLICANTS HAVE APPLIED FOR A SOLICITOR'S LICENSE FOR THE LICENSE YEAR 2024 AND HAVE BEEN RECOMMENDED FOR APPROVAL BASED ON THEIR RECORD CHECK BY THE POLICE DEPARTMENT:

Braxton	Keshaun	A	508 E Taft Ave	Appleton
Dietz	Bo	W	728 N Division St	Appleton
Erdmann	Donald	G	1838 Pershing Rd	New London
Heimbruch	Steven	R	E8508 Island Rd	Manawa
Johnson	Janet	L	727 Lawe St	Kaukauna
Kowalski	Casey	T	211360 Sandy Ln	Mosinee
Ourada	Parker	J	205 Darboy Rd	Combined Locks