

HEALTH & RECREATION COMMITTEE

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



Monday, September 18, 2023 at 6:15 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Amplified Music request to Adam Vander Hyden, Kaukauna Area School District, on October 4, 2023 from 5:45 pm to 6:45 pm at Upper Riverside Park/Wisconsin Ave./Lawe Street for the Homecoming Parade.
 - [b.](#) Amplified music request and use of City parking lot to Kristy Stumpf, Uptown Girl Beauty & Boutique on October 14, 2023 from 9 am to 5 pm for Fall Boutique Blowout Tent Sale.
 - [c.](#) Class B Beer and Liquor license for Prime Steer Supper Club LLC, Gary L. Natrop Agent, 704 E. Hyland Ave., Kaukauna.
 - d. Permission to allow St. Ignatius to sell Christmas trees in Farmer's Market Lot.
 - e. Introduction of Carly Zimmer, Recreation Program Manager.
 - [f.](#) Request from Brittany Simonson, Kaukauna Utilities for the use of Hydro Park/KU Parking Lot on October 5, 2023 from 4-6 PM for the Customer and Community Appreciation Event.
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 18, 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.



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. 2nd 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: 10/04/23

Event	Start	5:45PM	time-	End	6:45PM	time:
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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: russove@kaukauna.gov



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: Kristy Stumpf (Uptown Girl)

Date of Birth: *Event organizers must be at least 18 years old. 7/4/69

Address: N8340 Firelane 12 Menasha, WI 54952

Phone Number: 920-277-0900

Email Address: uptowngirlbandb@gmail.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Uptown Girl Beauty & Boutique

Organization's Address: 116 W. Wisconsin Ave. Kaukauna, WI

Organization's Phone Number: 920-423-3247 54130

Organization's Email Address or Website: uptowngirlbeautyandboutique.com

Applicant's Relationship to Organization: Owner

SECTION 3 – EVENT INFORMATION

Name of Event: Fall Boutique Blowout Tent Sale

Event Location: Parking lot behind Uptown Girl B&B

Event Date: *If a multi-day event, please list all days. Sat Oct. 14, 2023

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

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.

Kristy Stumpf 920-277-0900

Total Anticipated Attendance for Event:

500-2000

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

- please see attached

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 ☐ FOOD TRUCKS
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.

* In contact w/ Insurance Agent at this time 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 ☐ *-portion of parking lot*
3. Did you include a map of the event location/route? YES ☒ NO ☐ *-see attached*
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 ☐ *- see attached*

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:

FIRST ANNUAL FALL BOUTIQUE BLOWOUT TENT SALE

SATURDAY, OCTOBER 14th

9am-5pm

WHAT?

A collection of small boutiques, gift and home décor vendors local to the Fox Valley will have their own booth doing sales throughout the morning and afternoon. We will have a large tent covering the portion of the parking lot closest to Lawe Street. We will have two-three food trucks parked in that lot serving food.

WHO?

We will likely require that portion of lot to be closed from Friday afternoon until Monday morning due to scheduling of the tent rental company. Vendors will begin set up at 7am and tear down by 6pm.

We estimate about 500-2000 shoppers to stop by and shop throughout the day. Each boutique and vendor will be inviting their customer base. We will also do advertising on social media and in local publications.



KEY

Orange: Tent/Vendor Area

Green: Food Truck Parking



MEMO

CLERK

To: Health & Recreation Committee
From: Sally Kenney, Clerk
Date: September 18, 2023
Re: Prime Steer Liquor License

The Prime Steer Supper Club currently holds a Class B Beer and Liquor License but has changed from an LTD to an LLC. After contacting the Wisconsin Department of Revenue Alcohol & tobacco Enforcement Unit, we were told they needed to apply for a new license.

All license information is the same other than the EIN number for an LLC rather than an LTD.

Per State Statute Chapter 125 this new license will be published in the paper and will not be issued until a 15-day period is over.

The City Legal Department has review and approved the license change.

Recommended Action: Approve the Class B Beer and Liquor License to Prime Steer Supper Club LLC, Gary L. Natrop Agent.



CITY OF KAUKAUNA
OFFICIAL NOTICE

NOTICE is hereby given that the following has given application to the Common Council of the City of Kaukauna for the 2023-2024 License Year, the granting of which is now pending. Published pursuant to Section 125.04 (3) (g) of the Wisconsin Statutes.

COMBINATION "CLASS B" FERMENTED MALT BEVERAGE AND LIQUOR LICENSE
CORPORATION

Prime Steer Supper Club LLC
Gary L. Natrop, Agent
224 Shady Ridge Ct.
Wrightstown, WI

Prime Steer Supper Club
704 E. Hyland Ave.

Dated this 20th day of September, 2023
Sally Kenney
City Clerk



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: Brittany Simonson

Date of Birth: *Event organizers must be at least 18 years old. 02/23/1989

Address: 777 Island Street

Phone Number: 920-419-6192

Email Address: bsimonson@ku-wi.org

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Kaukauna Utilities

Organization's Address: 777 Island Street

Organization's Phone Number: 920-766-5721

Organization's Email Address or Website: <https://www.kaukaunautilities.com/>

Applicant's Relationship to Organization: Communications Coordinator

SECTION 3 – EVENT INFORMATION

Name of Event: Customer and Community Appreciation Event

Event Location: Hydro Park/KU Parking Lot

Event Date: *If a multi-day event, please list all days. Thursday, October 5th

Event Start Time - End Time: 4-6pm

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.

Brittany Simonson - 920-419-6192

Total Anticipated Attendance for Event: 100

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

100 - Bringing in a food truck. Customers will receive voucher to food truck after updating contact info. KU will have booth under pavilion.

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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Will there be a band or amplified music/noise? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will there be portable restrooms? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

Fire Department Information: (920) 766-6320

- | | | |
|--|------------------------------|--|
| 1. Will the event be held indoors? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Will a tent or temporary structure be erected? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will there be a tent larger than 200 SF? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 4. Will fireworks/pyrotechnics be used during the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

Street and Parks Department: (920) 766-6337

- | | | |
|---|---|--|
| 1. Are you requiring street closure for the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Are you providing your own barricades? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
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| 5. Will there be rides at the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

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

- | | | |
|---|------------------------------|--|
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|---|------------------------------|--|

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 - f. The general aggregate must apply separately to this project/location
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 - b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
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 - e. Carriers – The insurance coverage required must be provided by an insurance carrier with the “best” rating of “A-VII” or better. All carriers shall be admitted carriers in the State of Wisconsin.

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Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

By signing below, I agree to follow any state and/or local guidelines in place to prevent the spread of COVID-19.

Signature of Applicant: Brittany Simonson

Printed name of Applicant: Brittany Simonson