

# HEALTH AND RECREATION COMMITTEE

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



Tuesday, July 19, 2022 at 6:30 PM

## AGENDA

### In-Person

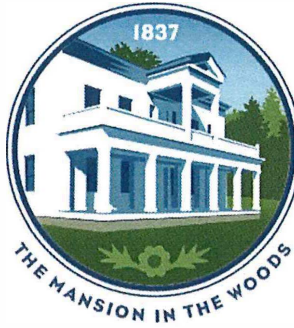
1. Correspondence.
2. Discussion Topics.
  - a. Request for live animals on park property, submitted by Patricia DeGoey, Friends of the Grignon Mansion for August 14, 20, and 21, 2022 at Grignon Mansion grounds.
  - b. Request for amplified music to Patricia DeGoey, Friends of Grignon Mansion, on August 14, 2022 at Grignon Mansion grounds from 10 am to 3 pm.
  - c. Request for amplified music to Brenda Lee Cole, Kaukauna Coffee and Tea for a book signing on July 30, 2022 at Friends and Family Sculpture Garden.
  - d. Request for amplified music to Sean Ryan for "Bike to the Beat" 2022 event, Grignon Mansion and Kaukauna Athletic Fields, on August 6, 2022 from 7:00 am to 3:00 pm.
  - e. Request for amplified music to Marty DeCoster on September 17, 2022 from 2 -11 pm for the annual Wisconsin Ave. Fall Block Party.
  - f. Temporary Class "B" License to Kaukauna Athletic Club on September 17, 2022 for the Wisconsin Avenue Block Party.
3. General Matters.
4. 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 Tuesday, July 19, 2022 at 6:30 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.**

CHARLES A. GRIGNON MANSION



CITY OF KAUKAUNA, WISCONSIN

July 11, 2022

Health and Recreation Committee  
 Attn: Alderperson Eggleston  
 144 W 2<sup>nd</sup> Street  
 Kaukauna, WI 54130

Alderperson Eggleston,

I would like to thank the committee for their past support of our events. This year we are again requesting permission to have horse drawn carriage rides, a DJ and artillery pieces at our Car Show and Civil War events. We have always gone to great lengths to make sure that nothing we do damages the soccer fields.

The Car Show is Sunday, August 14<sup>th</sup> from 10:00 – 3:00 PM. At this event we would like to have a horse drawn carriage ride as well as a DJ. The carriage ride will go around the outskirts of the soccer fields (weather permitting). The addition of the carriage ride shows the public the type of transportation that Charles and Mary Elizabeth would have used. The DJ would provide music for the event as well as the ability to make specific announcements during the event.

The Mansion will also be hosting a Civil War Living History Demonstration on August 20<sup>th</sup> and 21<sup>st</sup>. This year the 2<sup>nd</sup> Wisconsin Infantry re-enactors will be joined by small groups from the 41<sup>st</sup> VA Infantry, 1<sup>st</sup> Alabama Cavalry Troop, McAllister's Battery, 6<sup>th</sup> WI Light Artillery and Wyatt's Battery. There will be three artillery pieces again this year and a formal schedule of when the guns will be fired will be given to the City and the Police Department prior to the event. The Cavalry will do demonstration (weather permitting) on the outskirts of the soccer fields.

If you have any questions or concerns on this please contact me at 920-851-4287.

Thank you,  
  
 Patricia De Goey  
 Friends of the Grignon Mansion - President

To Health & Rec. Dept.

I am Brenda Lee Cole. I am hosting a book signing event at Kankana Coffee & Tea on July 30. I am requesting a permit for amplified music. We plan to have a guitar & keyboard at the park at 4:15 for about 30 min and have a 1 man guitar player/singer at the coffee shop from 6-9 p.m. I spoke to an officer about a month ago and he informed me about the necessary permit.

Thank you for your prompt attention

Sincerely, -

Brenda Lee Cole

920-203-8219

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: Sean Ryan

Date of Birth: \*Event organizers must be at least 18 years old. 11/17/1970

Address: 1971 Prescott Place

Phone Number: (920) 606-2458

Email Address: director@fall50.com

**SECTION 2 – ORGANIZATION INFORMATION**

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

Organization's Name: Fox Communities Credit Un

Organization's Address: 3401 E. Calumet Street, Ap

Organization's Phone Number: (920) 993-3735

Organization's Email Address or Website: hwessley@foxcu.org

Applicant's Relationship to Organization: Event Contractor

**SECTION 3 – EVENT INFORMATION**

Name of Event: Bike to the Beat

Event Location: Fox Valley to De Pere

Event Date: \*If a multi-day event, please list all days. Saturday, August 6, 2022

Event Start Time - End Time: 7:00 am - 3:00 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.

Sean Ryan (920) 606-2458

**Total Anticipated Attendance for Event:**

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

3,000 riders

#### 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 checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Will there be portable restrooms?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Do you have proper insurance for your event and have you provided it to the City?<br>*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 checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 3. Will there be a tent larger than 200 SF?              | YES <input checked="" type="checkbox"/> | NO <input 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"/> |
| 3. Did you include a map of the event location/route? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 4. For park events, have you reserved the park?       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 5. Will there be rides at the event?                  | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |

**Police Department: (920) 766-6333**

- |  |   |  |
|--|---|--|
| 1. Do you have a plan for medical emergencies?   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 2. Is security needed for the event?             | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 3. Will the event need any parking restrictions? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |

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

- |   |   |                             |
|---|---|-----------------------------|
| 1. Will alcoholic beverages be served/sold? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
|---|---|-----------------------------|

**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.

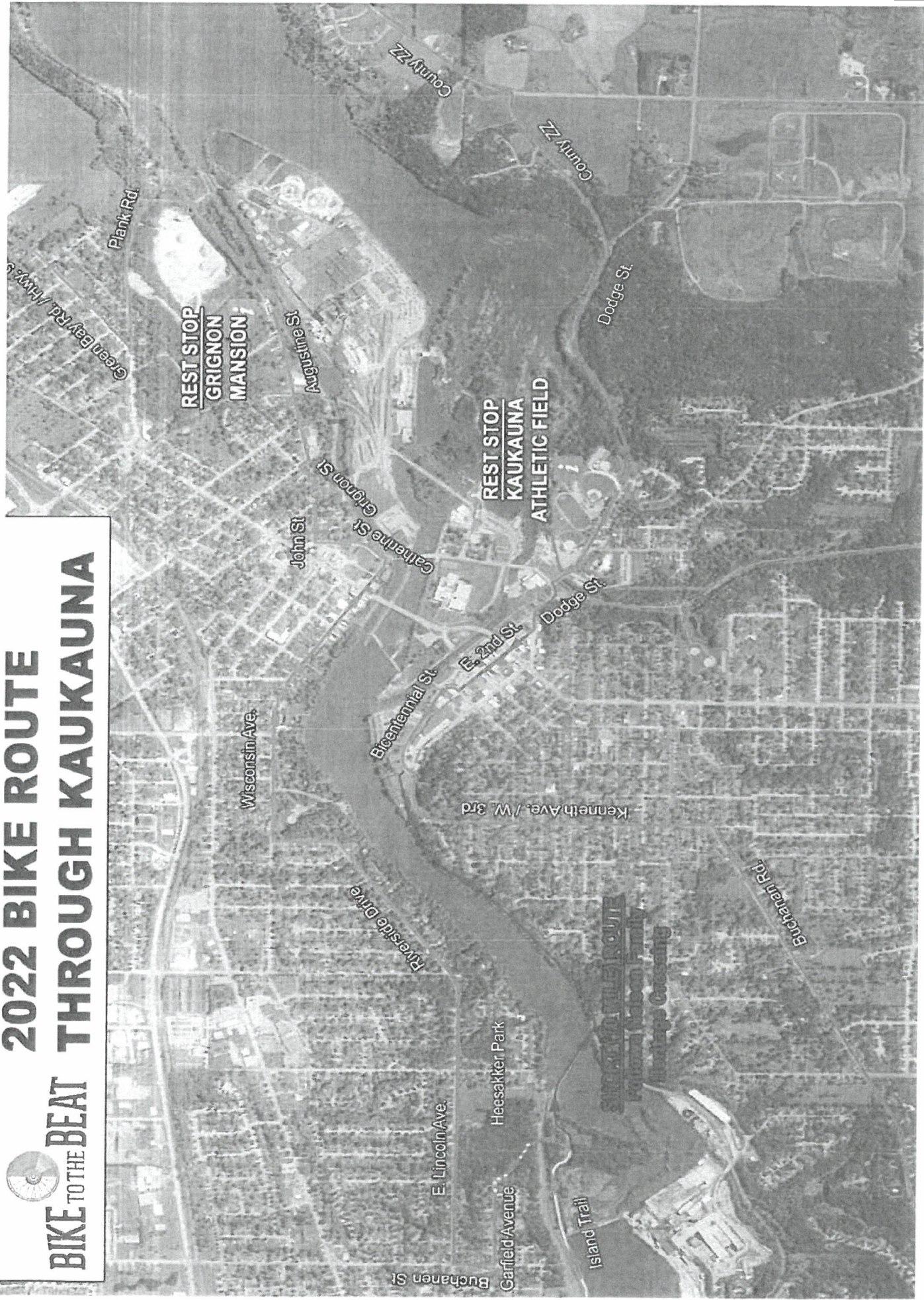
By signing below, I agree to follow any state and/or local guidelines in place to prevent the spread of COVID-19.

Signature of Applicant: Sean P. Ryan

Printed name of Applicant: Sean P. Ryan



# 2022 BIKE ROUTE THROUGH KAUKAUNA







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/30/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> M3 Insurance Solutions, Inc. 828 John Nolen Drive Madison WI 53713		<b>CONTACT NAME:</b> <b>PHONE</b> (A/C, No, Ext): 800-272-2443 <b>FAX</b> (A/C, No): 608-273-1725 <b>E-MAIL</b> ADDRESS: info@m3ins.com	
<b>INSURED</b> Fox Communities Credit Union 3401 E Calumet St Appleton WI 54915		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> West Bend Mutual Insurance Com <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>FOXCOMM-02</b>		<b>NAIC #</b> 15350	

## COVERAGES

CERTIFICATE NUMBER: 631001815

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVP	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		B06231900	8/6/2022	8/7/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000  COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$  EACH OCCURRENCE \$ AGGREGATE \$  PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A					
A	Liquor Liability		B06236200	8/6/2022	8/7/2022	Aggregate \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

City of Kaukauna  
144 W Second St  
Kaukauna WI 54130

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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To: the Health and Recreation Committee,

This is a request for amplified music for our event, the Wisconsin Ave. Fall Block Party. It will be held on Saturday, September 17th 2022, between the hours of 2pm and 11pm. Music will consist of local live band music playing at comfortable crowd levels, projecting from Lawe St. towards Desnoyer St. This is our sixth year of organizing this event, and with no problems or concerns from previous years, we don't expect to have any this year either.

Thank you for your consideration,

Event coordinator,

Marty DeCoster

## 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: 7-14-2022

☐ 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 9-17-22 and ending 9-17-22 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 Kaukauna Athletic Club  
 (b) Address P.O. Box 183 Kaukauna, WI 54130  
 (Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1938

(d) If corporation, give date of incorporation 5-24-1976

(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 Mike Knott - 414 W 10th St Kaukauna, WI 54130

Vice President Tom Smith - 1100 Kristy St Kaukauna, WI 54130

Secretary Larry Duda - 116 W 14th St Kaukauna, WI 54130

Treasurer Larry Duda - " " " " " "

(g) Name and address of manager or person in charge of affair: Marty DeCoster

### 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 Block of Wisconsin Ave.  
 (b) Lot \_\_\_\_\_ Block \_\_\_\_\_  
 (c) Do premises occupy all or part of building? Street Event  
 (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:

### 3. Name of Event

- (a) List name of the event Wisconsin Ave. Block Party  
 (b) Dates of event 9-17-22

### 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 Mike Knott 7-14-22 (Signature/date) Officer \_\_\_\_\_ (Name of Organization)  
 (Signature/date)

Officer \_\_\_\_\_ (Signature/date) Officer \_\_\_\_\_ (Signature/date)

Date Filed with Clerk 07-14-2022 Date Reported to Council or Board 07-19-2022

Date Granted by Council \_\_\_\_\_ License No. \_\_\_\_\_