

# HEALTH AND RECREATION COMMITTEE

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



Monday, May 04, 2026 at 6:20 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - a. Elect Vice-Chair.
  - b. Elect Secretary.
  - c. Temporary Class B License to Kaukauna Lions Club, on June 3, 10, 17, 24; July 1, 8, 15, 22, 29; and August 5, 2026 (rain date August 12), for Hydro Live Concert Series.
3. Adjourn.

## NOTICES

Health and Recreation Committee - Notice is hereby given this is a public meeting of the Health and Recreation Committee. As such, all members or a majority of the City's Common Council and Standing Committees will likely be in attendance. While members of the Common Council or any Standing Committees may participate in discussions, only the Health and Recreation Committee will take formal action.

**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.\*

Form  
AB-220

Temporary Alcohol Beverage License

Municipality

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$
	Background Check	\$
	<b>Total Fees</b>	<b>\$</b>

**Part A: Organization Information**

1. Organization Name  
Kaukauna Lions Club

2. Organization Permanent Address

3. City  
Kaukauna

4. State  
WI

5. Zip Code  
54130

6. Mailing Address (if different from permanent address)  
P.O. Box 34

7. FEIN  
39-1627882

8. Date of Organization/Incorporation  
June 1936

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
[REDACTED]

11. Email  
[REDACTED]

12. Organization type (check one)  
 Bona Fide Club       Church       Fair Association/Agricultural Society       Veteran's Organization  
 Lodge/Society       Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? .....  Yes  No

14. Wisconsin Seller's Permit Number (if applicable)

**Part B: Individual Information**

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.  
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Goff	Patrick	President	[REDACTED]
Goff	Katherine	Secretary	[REDACTED]
Diedrick	Shannon	Board Member	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) <i>Hydro Live</i>			
2. Dates of Operation <i>6/3, 6/10, 6/17, 6/24, 7/1, 7/8, 7/15, 7/22, 7/29, 8/5/26</i>		3. Hours of Operation <i>5pm - 10pm</i>	
4. Premises Address <i>Hydro Park 100 Crooke Ave.</i>			
5. City <i>Kaukauna</i>		6. State <i>WI</i>	7. Zip Code <i>54130</i>
8. County <i>Outagamie</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Kaukauna</i>		10. Aldermanic District
11. Organizer of Event (if not the named applicant) <i>Kaukauna Community Enrichment</i>		12. Email and/or Phone Number for Organizer of Event [REDACTED]	
13. Organizer Website <i>City of Kaukauna</i>		14. Event Website <i>Hydro Live Concert Series</i>	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  <i>Bathroom Shelter Overhang.</i>			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name <i>Diedrick</i>		First Name <i>Shannon</i>	M.I. <i>L</i>
Title <i>board member</i>	Email [REDACTED]		Phone [REDACTED]
Signature <i>Shannon L. Dweilt</i>		Date <i>4-29-26</i>	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk <i>4/29/2026</i>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form  
**AB-100**

# Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>			
1. Legal Business Name (individual name if sole proprietor) <i>Kaukauna Lions Club</i>			
2. Business Trade Name or DBA <i>Kaukauna Lions Club</i>			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization

<b>Part B: Individual Information</b>					
1. Last Name <i>Diedrick</i>		2. First Name <i>Shannon</i>		3. M.I. <i>L</i>	
4. Relationship to Business (Title) <i>board member</i>		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City <i>Kaukauna</i>		9. State <i>WI</i>	10. Zip Code <i>54130</i>	11. Date of Birth <i>04-22-86</i>	
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance <i>WI</i>		

<b>Part C: Address History</b>							
1. Do you currently live in Wisconsin? .....			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, provide the month and year when you permanently moved to Wisconsin .....			(MM/YYYY) <i>08/2012</i>				
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <i>NPA</i>	City	State	Zip Code				
Previous Address 2	City	State	Zip Code				
Previous Address 3	City	State	Zip Code				
Previous Address 4	City	State	Zip Code				
Previous Address 5	City	State	Zip Code				
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State <i>AZ</i>	County <i>PIMA</i>	State <i>HI</i>	County <i>Hawaii</i>	State	County	State	County
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No  
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Shawn J. Dault* Date 04-28-20

Form  
AB-100

# Alcohol Beverage Individual Questionnaire

Date

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
Kokomo Lions Club

2. Business Trade Name or DBA  
~~XXXXXXXXXX~~

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name: Golf      2. First Name: Patrick      3. M.I.

4. Relationship to Business (Title): President      5. Email: [REDACTED]      6. Phone: [REDACTED]

7. Home Address: [REDACTED]

8. City: Appleton      9. State: WI      10. Zip Code: 54915      11. Date of Birth: 09/30/1977

12. Drivers License/State ID Number: [REDACTED]      13. Drivers License/State ID State of Issuance: Wisconsin

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No  
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 09/30/1977

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1			
Previous Address 2			
Previous Address 3			
Previous Address 4			
Previous Address 5			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
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Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
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Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 04/28/2026
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Form AB-100

# Alcohol Beverage Individual Questionnaire

Date 4/28/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
Kaukauna Lions Club

2. Business Trade Name or DBA

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name: Goff      2. First Name: Katherine      3. M.I.: E

4. Relationship to Business (Title): Secretary      5. Email: [REDACTED]      6. Phone: [REDACTED]

7. Home Address: [REDACTED]

8. City: Appleton      9. State: WI      10. Zip Code: 54915      11. Date of Birth: 07/30/79

12. Drivers License/State ID Number: [REDACTED]      13. Drivers License/State ID State of Issuance: WI

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No  
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 07/1979

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
1. N/A			
2.			
3.			
4.			
5.			

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Calumet	WI	Racine				
WI	Winnebago						

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

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Signature <i>Matthew E [Signature]</i>	Date 04/28/2026
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