

HEALTH AND RECREATION COMMITTEE

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



Monday, June 05, 2023 at 6:15 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Solicitor's License to Frank Bartow McDonald V, 12250 E. Hwy 25, Ocklawaha, FL, for the sale of Educational Resources (Books, websites, apps.).
 - [b.](#) Fireworks application submitted by G&M Fireworks, LLC for the sale of fireworks in the Piggly Wiggly parking lot, 300 E. Ann Street.
 - [c.](#) Request from Brandi and Joe Bruley to hold a fund raiser at Riverside Park on July 8, 2023.
 - [d.](#) Carnival License to Jennifer M. Schmitt, S & J Enterprizes, 1028 Thrush Street, Green Bay, for Electric City Experience at Hydro Park/City Parking Lot on June 8, 9 & 10, 2023.
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, June 5, 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.

Join Zoom Meeting

<https://us06web.zoom.us/j/2346054161?pwd=SWRkZ3k5V2t0MDkzN241d0RvR3h1QT09>

Meeting ID: 234 605 4161

Passcode: 54130

One tap mobile

+13052241968,,2346054161#,,,,*54130# US

+13092053325,,2346054161#,,,,*54130# US

Dial by your location

+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 646 558 8656 US (New York)

+1 646 931 3860 US

+1 301 715 8592 US (Washington DC)

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 669 444 9171 US

+1 689 278 1000 US

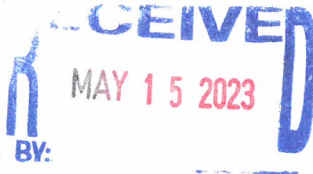
+1 719 359 4580 US

+1 720 707 2699 US (Denver)

Meeting ID: 234 605 4161

Passcode: 54130

Find your local number: <https://us06web.zoom.us/j/kdbmLdH1Z>



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

Investigation Fee - \$15.00

Receipt No. CC679657

Sellers Permit No. _____

Date Paid 5-15-23

2730 S
Le Capitaine Cir
Green Bay, WI

Name of Applicant: <u>Frank "Mac" Burton McDonald</u>	
Address: <u>12250 E Hwy 25</u>	
City, State, Zip: <u>Ocklawaha, FL, 32179</u>	County of Residence: <u>Marion</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>02/07/2000</u>	Place of Birth: <u>Jacksonville, FL</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>352-425-9592</u>
Driver's License Number: <u>M 235 262 000 470</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Educational Resources</u> <u>Books, websites, apps.</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>Throughout city</u>	
Home Company Name: <u>Southern Advantage</u>	
Address: <u>2451 Atrium Way, Nashville</u>	
Officer or Director of Company:	Principal Place of Business (State): <u>TN</u>

The company that
publishes the
books.

CITY OF KAUKAUNA

RECEIVED

MAY 19 2023

BY: TB144 W 2nd Street
Kaukauna, WI 54130920.766.6300
www.cityofkaukauna.com

Reference	Name: Amy Groom
	Address: 205 Blue Lake Dr., Longwood, FL 32779
	Telephone Number: (407) 947-8816
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where. ★ Have applied in Seymour, WI	

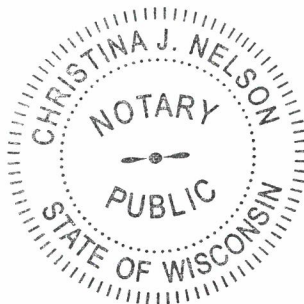
Frank McGold

(today)

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

15th day of May, 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: <i>Brian S. Smith</i>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



NON-DISPLAY FIREWORKS - PERMIT APPLICATION

KAUKAUNA FIRE DEPARTMENT – FIRE PREVENTION DIVISION

ALL permits are issued as required by the City of Kaukauna. This permit is not transferable. This permit may be revoked for any violation of City, State, Local or International codes or ordinances adopted by the City of Kaukauna. This permit will be required to be signed and posted in a conspicuous location where permitted items are being sold, possessed, stored, handled or manufactured. This permit will expire on 12-31 of each year. Further more, this permit covers the possession, manufacture, storage, handling or sale of explosive materials or fireworks permitted within state statute 167.10 (1) (e), (f), (g), (i), (j), (k), (l), (m) and (n). All other fireworks are prohibited within the City limits of Kaukauna.

Location: StoneRidge Piggly Wiggly, 300 East Ann St, Kaukauna, WI 54130		
Permit Date: 5/10/23	Permit Fee: \$25	
Received By:		
Issued To: <i>Tammy Mastey</i>		
Business Name: G&M Fireworks, LLC		
Contact Name: Tammy Mastey	Contact Phone: 608-290-3424	
Application Signature: <i>Samara Mastey</i>	DocuSigned by:	Date: 5/9/23
City of Kaukauna Representative: <i>SK</i>		Date: 5/22/23

FOR OFFICE USE ONLY

Review Date:	Inspector:	
Initial Inspection Date:	Inspector:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reinspection Date:	Inspector:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments:		

To Whom It May Concern,

Thank you for allowing us to host our Adoption Potluck Fundraiser at Riverside Park in Kaukauna. After working with Roger Russove and speaking to our County Sheriff, we have made the following arrangements for our event.

This event is by invitation only, and will include our friends, families, and co-workers. There will be no fees charged, but each guest has been asked to bring a dish to pass, and we will have “minimum donation” signs up for each of the tables or areas of the event.

There will be no alcohol served, only bottled water for a small donation (or free if someone needs it), and each guest is encouraged to bring their own beverages.

We will not be selling anything, but asking for donations from anyone that attends; there will be opportunities for those who donate to receive a random prize. These prizes are items that have been donated by friends, families, and other people we know. We spoke with our County Sheriff, who provided us with details about raffles, which he said we should not sell items or tickets, but instead should give out those items or tickets as a thank you to anyone who donates, which will be how we handle things. Our signage will indicate “Requested Donations = Thank You Tickets”, indicating how many tickets they will receive in thanks based on how much they donate. Those tickets will be placed in baskets for prizes they like, and a winner will be drawn from those tickets randomly. We will also have a “Donate-Contest”, where our friends can write their names down and how much they are willing to donate, and as a thank would get to take home a larger valued prize. The person who writes down the largest donation amount will receive that item as a thank you for their donation.

We will have a craft area where guests can donate money and in return will be taught how to make the craft, providing them with the supplies to do so. We will also offer our guests the option to take any excess food home with them, as a thank you for their donations. We will likely have an amplification system set up for the day with music playing, and so we have returned the proper document to Roger Russove. We will not need any support to direct traffic or parking, since the park has ample space for this; we will not be setting up any bounce houses, but we may have a few small canopies set up (no larger than 8 feet by 8 feet) if we need extra shade from the July sun.

There will not be any vendors or businesses set up to sell items, and there will not be any required fees associated with our event, only requests for donations with a recommended amount, and MANY ways we will thank our guests for their donations.

Thank you again,

Brandi and Joseph Bruley

CITY OF KAUKAUNA

APPLICATION FOR CIRCUS, CARAVAN, MENAGERIE, CARNIVAL, OR EXHIBITION

Fee - \$20.00 per day (Circus, caravan, menagerie, or carnival) Receipt Number
\$10.00 per day (show, exhibition, entertainment, or performance) Date Paid 5-30-2023

Name of Applicant Jennifer M Schmitt
(First Name) (Middle Initial) (Last Name)

Address 1028 Thrush St

City, State, Zip Green Bay WI 54303

Male ☐ Female ☒ Date of Birth 3/22/89 Telephone Number 9208832362
(Month/Day/Year)

Social Security Number 373084881 Driver's License Number S530-4338-96401

Date(s) of Event: June 8th - 10th

Type of Event: Electric City Experience

Location of Event: Kaukauna (Hydro Park/City Parking)

Company Name (If applicable): SDV Enterprises

Address _____

References: Name We were here the last few years

Address _____

Telephone Number _____

Have you held a similar license in any other community: Yes ☒ No ☐

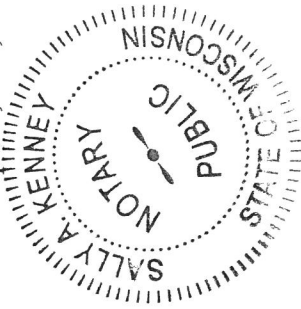
If yes, please state where: Kaukauna

A certificate showing public liability insurance coverage shall be filed with the City Clerk-Treasurer along with this application.

STATE OF WISCONSIN)
OUTAGAMIE COUNTY)

Jennifer Schmitt
Signature of Applicant

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 30th day of May, 2023.

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Kaukauna Police Department

Approved: ☒ Denied: _____ Reason denied: _____

Signed: Jan Zuff
City Council Action

Date Granted/Denied: _____ License No. _____

To: Special Events Committee

Electric City Experience would like to expand use of the parking lot referred to as the "Engineering Parking Lot" to the east of the Municipal Services Building and adjacent to Eagle Plaza. We would plan to use this area for additional carnival rides. We do not know at this time which ride would be in that space. The carnival operators lay out their plan when they arrive the week of the event. The parking lot would begin use on Tuesday June 6 and be cleared by Sunday June 11.

Thank you,

Jason Lipsky
Electric City Experience
920-968-9773



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/17/22

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).

PRODUCER Specialty Insurance, LTD. P.O. Box 16901 West Haven, CT 06516 http://specialtyinsuranceld.com	CONTACT NAME: Thomas Plouffe / Michael Plouffe PHONE (A/C, No, Ext): 203-931-7095 FAX (A/C, No): 203-931-0682 E-MAIL ADDRESS: certificates@specialtyinsuranceld.com <table style="width: 100%;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: Northfield Insurance Company</td> <td>27987</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Northfield Insurance Company	27987	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
INSURED S&J Enterprises N578 Military Road P.O. Box 342 Sherwood, WI 54169															

COVERAGES**CERTIFICATE NUMBER:****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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X		WH077443	6/2/22	6/2/23	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
							MED EXP (Any one person) \$ 1,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC						\$
	OTHER:						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY	<input type="checkbox"/> NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						\$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N					E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

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

PROOF OF INSURANCE

CERTIFICATE HOLDER**CANCELLATION**

PROOF OF INSURANCE

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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