

HEALTH & RECREATION COMMITTEE

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



Monday, June 06, 2022 at 6:15 PM

AGENDA

In-Person and remote teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - a. Solicitor Licenses.
 - b. Request from Calmes' Pub, 1441 Arbor Way. Kaukauna to temporarily extend their premise for selling alcohol on June 18, 2022 for a special event.
 - c. Request for amplified music to Jean & Mark Landreman on Friday, July 22, 2022 from 7 to 9 p.m. at Riverside Park.
 - d. Request for amplified music to Savanna Koepke, Valley Eye Associates, 21 Park Place, Appleton at La Follette Park on August 19, 2022 from 4-9 PM.
 - e. Request for amplified music to Nathalie Keza on Saturday, July 2, 2022 from 2 to 10 pm in the Community Room.
 - f. Temporary Class "B" License to Center for Suicide Awareness, Hydro Park, on June 15, 2022 for Live Hydro Park Concert Series.
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 Monday, June 6, 2022 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.

ZOOM MEETING INFORMATION

Meeting ID: 234 605 4161
Passcode: 54130
One tap mobile
+13126266799,,2346054161#,,,,*54130# US (Chicago)
+16465588656,,2346054161#,,,,*54130# US (New York)

Dial by your location

- +1 312 626 6799 US (Chicago)
- +1 646 558 8656 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 346 248 7799 US (Houston)
- +1 720 707 2699 US (Denver)
- +1 253 215 8782 US (Tacoma)

Meeting ID: 234 605 4161

Passcode: 54130

June 7, 2022

The following applicants have applied for a solicitor's license for the license year 2022 and have been recommended for approval based on their record check by the police department:

Brandt	Ryan		606 Carney Blvd.	Marinette
Hennlich	Robert	S	269 Lincoln Ct.	Nekoosa
Limberger	David	M	1582 Quarry Park Dr. Apt. 3	De Pere
Limpert	Tyler	M	1505 S. Carpenter St.	Appleton
Raddatz	Jordin	C	709 Wisconsin Ave. #1	Wisconsin Dells



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

Investigation Fee - \$15.00

Sellers Permit No. 22-16Receipt No. CC 4884225Date Paid 5/19/22

Name of Applicant: <u>Ryan Brandt</u>	
Address: <u>606 Carney Blvd</u>	
City, State, Zip: <u>Marquette WI 54943</u> County of Residence: <u>Marquette</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>5/16/76</u>	Place of Birth: <u>Green Bay</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>715-201-3243</u>
Driver's License Number: <u>B653-7257-6/76-06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>TU, internet, home Phone</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>Everywhere residential</u>	
Home Company Name: <u>TDS Telecom</u>	
Address: <u>W 6174 Aerotech Drive</u>	
Officer or Director of Company: <u>Jim Butman</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Brad Schiferl</u>
	Address: <u>W 6174 Aerotech Dr.</u>
	Telephone Number: <u>920-882-0539</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.	

Brad Schiferl

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

20th day of May, 20 22

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><i>Brad Schiferl</i></u> <u>5/24/22</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
Sellers Permit No. 22-14

Receipt No. CC 4884225
Date Paid 5-19-22

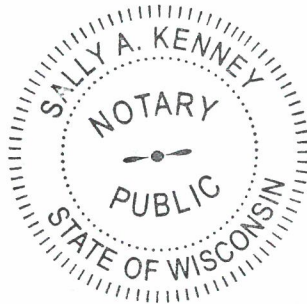
Name of Applicant: <u>ROBERT Heanlich</u>	
Address: <u>269 Lincoln Court Kaukauna WI</u>	
City, State, Zip: <u>Kaukauna WI 54457</u>	County of Residence: <u>Adams</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>12/01/85</u>	Place of Birth: <u>Wisconsin Rapids</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>715-660-0661</u>
Driver's License Number: <u>H542-7778-5441-09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Solicitors Permit</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>W6174 Respec G Drive Appleton WI 54914</u>	
Officer or Director of Company: <u>Jim Butman</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: Foray Brad Schuler
	Address: W6174 Kenrick Drive Appleton WI
	Telephone Number: 920-882-0537
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Wisconsin	

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

19th day of May, 2022

Sally A. Kenney
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: Brad Schuler 05/24/22		
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
Sellers Permit No. 22-15

Receipt No. CC 4884225
Date Paid 5-19-22

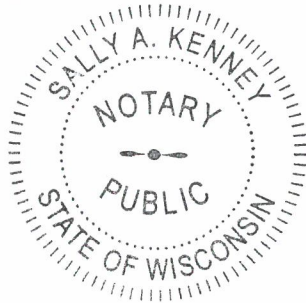
Name of Applicant: <u>DAVID Limmenger</u>	
Address: <u>125 Corrie way</u>	
City, State, Zip: <u>De Pere</u>	County of Residence: <u>Brown</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>1/6/28</u>	Place of Birth: <u>Boise Idaho</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>760 644 7487</u>
Driver's License Number: <u>LE16 1737 806 09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Internet and 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>W1674 cerotek Dr 549514</u>	
Officer or Director of Company: <u>Jim Botman</u>	Principal Place of Business (State):

Reference	Name: Brad Schider
	Address: W 1674 Berntsen Dr
	Telephone Number: 920 882 9539
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where. Hampshire, Little Chute	

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

19th day of May, 2022

Sally A. Kenney
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: Brad Sandeford 05/24/22		
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**
Sellers Permit No. 22-17

Receipt No. CC 4884225
Date Paid 5-19-22

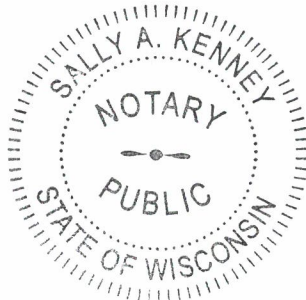
Name of Applicant: <u>Tyler Limpert</u>	
Address: <u>1505 S. Carpenter St.</u>	
City, State, Zip: <u>Appleton, WI 54915</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>1/23/1985</u>	Place of Birth: <u>Appleton, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-427-5849</u>
Driver's License Number: <u>LS16-8138-8023-05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Internet & 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 (Main, Crooks, Buchanan rd)</u>	
Home Company Name: <u>TDS</u>	
Address: <u>W6174 Aerobek Dr. Appleton, WI 54914</u>	
Officer or Director of Company: <u>Dan Marks</u> <u>Jim Burman</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Brad Schifano</u>
	Address: <u>W6174 Aeroter Dr. Appleton, WI 54914</u>
	Telephone Number: <u>920-882-0539</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.	

Brad Schifano
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

19th day of May, 2022

Sally A. Kenney
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>Brad Schifano</i></u> <u>05124122</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
Sellers Permit No. 22-13

Receipt No. CC 4884225
Date Paid 5-19-22

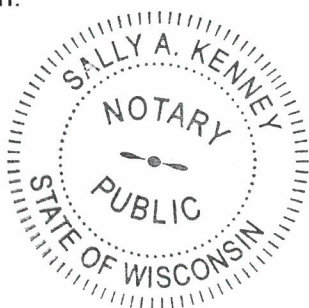
Name of Applicant: <u>JORDIN RADDATZ</u>	
Address: <u>535 SCHINDLER PL #2</u>	
City, State, Zip: <u>MENASHA WI 54952</u>	County of Residence: <u>WINNEBAGO</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>709 Wis Ave #1 WI Dellis WI 53965</u>	
Date of Birth (Month/Day/Year): <u>12/02/1992</u>	Place of Birth: <u>Bornbom</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>608-844-4552</u>
Driver's License Number: <u>R332 4239 2442 -07</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>TDS Service Int. 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>Residential</u>	
Home Company Name: <u>TDS Telecom</u>	
Address: <u>W6179 Aerotech Dr. Appleton WI</u>	
Officer or Director of Company: <u>J. Butman</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: Brad Schifera
	Address: W6174 Aerotech Dr Appleton WI
	Telephone Number: 920-882-0539
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Kimberly / Little Chute	


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

19th day of May, 2022

Sally A. Kenney
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>Brad Schifera</u> 05/24/22		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



MEMO

HEALTH & RECREATION COMMITTEE

To: Health & Recreation Committee
From: Sally Kenney, Clerk
Date: June 6, 2022
Re: Temporary Extension of Liquor License Premise

In January Calmes' Pub, now Pub 55 Bar & Grill, reach out to me to inquire about extending their liquor license premise for a one-day event. I contacted the Department of Revenue Alcohol and Tobacco licensing agent about the proper way to do this. I was given this response:

It would be permissible for a licensee to temporarily extend their premises but they would have to put a request in writing to the board requesting a specific location (in this case the parking lot), the date and times for their event. The board would then deny or approve that written request and add any conditions that they would like such as security, fencing, music ending by a certain time, etc. if you have any other questions please let me know.

Thank you,
Kurt

Kurt Goodreau
Special Agent,
Alcohol & Tobacco Enforcement

I then reached back out to Calmes' Pub and relayed this message. They then sent me a request letter which I placed on the February 28, 2022 Health & Recreation agenda. The committee reviewed the request and asked that additional information be brought back to the committee for further review. I reached out to the contact at Calmes' Pub and asked that a Special Events application be filled out. I did not hear back from them until May 19, 2022. The contact I had for Calmes' is no longer employed at the Pub.

The Special Events application form is included in this packet for your consideration.

Recommended Action

Approve the request from Pub 55 Bar & Grill (Calmes' Pub), 1441 Arbor Way, Kaukauna to temporarily extend the premise for selling alcohol on June 18, 2022 for a special event.

1/13/22

To whom it may concern,

Calmes' Pub, located at 1441 Arbor Way Kaukauna WI is submitting a formal request to temporarily extend the premise for selling alcohol to include our parking lot.

We are requesting this temporary extension for the date of June 18, 2022 as we will be hosting a special event for the day.

If there are extra provisions regarding this extension, we will be happy to abide by any and all provisions. If you should have any questions, or require additional information please do not hesitate to reach out.

Thank You,

Liz Teske

info@calmespub.com

920-759-9167

PUB 55'S FIRST ANNUAL

Music Festival



Pub Fest

Kaukauna Wisconsin



-Live Music All Day-
June 18, 2022

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: *MINDY BRICE*

Date of Birth: *Event organizers must be at least 18 years old.

Address: *921 Cortez Ct. Hobart WI 54155*

Phone Number: *(920) 246-6922*

Email Address: *mindy-brice@gmail.com*

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: *PUB55 formerly Calmes Pub.*

Organization's Address: *1441 Arbor Way, Kaukauna, WI 54130*

Organization's Phone Number: *(920) 759-9167*

Organization's Email Address or Website: *mindy-brice@gmail.com*
Calmes Pub.com

Applicant's Relationship to Organization:

owner.

SECTION 3 – EVENT INFORMATION

Name of Event: *PUBFEST 2022*

Event Location: *1441 ARBOR Way Kaukauna WI*

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

Event Start Time - End Time: *11am - midnight.*

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.

Mindy Brice 920 246 6922
Joel Vogels 920 841 2405

Total Anticipated Attendance for Event:

Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.): Charity Event to sponsor Childrens Wisconsin Live Music, Food Trucks, vendors

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

☐

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.

attached.

YES

☒

NO

☐

Fire Department Information: (920) 766-6320

1. Will the event be held indoors?

indoor + outdoor

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 <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Are you providing your own barricades? | YES <input checked="" type="checkbox"/> | NO <input 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 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 type="checkbox"/> | NO <input checked="" 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:

Printed name of Applicant:

SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

BUSINESSOWNERS DECLARATION

POLICY NO: BP21033102-0

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

JT Holdings 2021 LLC
DBA Calmes Pub
1441 Arbor Way
Kaukauna, WI 54130-7336

AGENCY AND MAILING ADDRESS 00177 000

Spectrum Insurance Group Fox Valley
LLC
PO Box 12495
Green Bay, WI 54307

POLICY PERIOD: FROM 09/30/2021 TO 09/30/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

THE NAMED INSURED IS: Limited Liability
Company (LLC)

BUSINESS DESCRIPTION: See Described Premises
section

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

DESCRIBED PREMISES

Prem. No.	Bldg. No.	Premises Address:	Description	Construction Type	Protection Class
1	1	1441 Arbor Way, Kaukauna, WI 54130	Tavern/Restaurant	Frame Construction	4

Prem. No.	Bldg. No.	Mortgageholder Name:	Mortgageholder Address:	Remarks:
1	1	Associated Bank NA Its Successors and/or Assigns	PO Box 12768, Kaukauna, WI 54130	

SECTION I - PROPERTY

Property Coverage Limits Of Insurance**

Prem. No.	Bldg. No.	Classification No.	Type Of Property	Valuation Option	Automatic Increase Limit (Percentage)	Business Personal Property - Seasonal Increase (Percentage)	Limit Of Insurance*
1	1	1	Business Personal Property-Casual Dining Restaurants - NOC - Full Cooking	Replacement Cost	4%	25%	\$ 270,400
1	1		Building Property of Others	Limited Replacement Cost	4%	%	\$ 1,144,000

SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

BUSINESSOWNERS DECLARATION

POLICY NO: BP21033102-0
INSURED: JT Holdings 2021 LLC

EFFECTIVE DATE: 09/30/2021
AGENT: Spectrum Insurance Group Fox
Valley LLC

Property Coverage Limits Of Insurance**

Prem. No.	Bldg. No.	Classification No.	Type Of Property	Valuation Option	Automatic Increase Limit (Percentage)	Business Personal Property – Seasonal Increase (Percentage)	Limit Of Insurance*
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*Includes Automatic Increase Limit Percentage(if applicable)

**Business Income actual loss sustained for 12 months included subject to policy provisions.

Deductibles (Apply Per Location, Per Occurrence)

Prem. No.	Property Deductible	Windstorm Or Hail Percentage Deductible
(Location 1, Building 1)	\$ 500	N/A %

Crime Coverages – Optional Higher Limits

Coverage	Additional Premium	Limit Of Insurance	Deductible
Money and Security (Location 1)	\$ 23	\$ 15,000 Inside the Premises	\$ 500
		\$ 10,000 Outside the Premises	

Equipment Breakdown Protection Coverage Deductibles

Prem. No.	Bldg. No.	Deductible
1	1	\$ 500

Additional Coverages – Optional Higher Limits/Extended Number Of Days (Per Policy)

Coverage	Additional Premium	Limit Of Insurance/Extended Number Of Days	Deductible
Extended Business Income – Extended Number Of Days	\$ 0	60	

10-29-21

BP-DECLARATION 01-15

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SECTION II – LIABILITY AND MEDICAL EXPENSES

Each paid claim for the following coverages reduces the amount of insurance we provide during the applicable annual period. Please refer to the Businessowners Liability Coverage Form and any attached endorsements.

Coverage	Limit Of Insurance	
Liability And Medical Expenses	\$	1,000,000 Per Occurrence
Medical Expenses	\$	5,000 Per Person
Damage To Premises Rented To You	\$	100,000 Any One Premises
Other Than Products/Completed Operations Aggregate	\$	2,000,000
Products/Completed Operations Aggregate	\$	2,000,000

TOTAL BUSINESSOWNERS POLICY PREMIUM	\$	4,018
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TOTAL PREMIUM	\$	4,018.00
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FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

BUSINESSOWNERS LIABILITY

DECLARATION

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

1 1441 Arbor Way, Kaukauna, WI 54130 7336

LOC	CLASSIFICATION	CODE	PREMIUM BASIS	EXPOSURE	PMS RATE	PDTS RATE	OTHER RATE	PD DED APPLIES
1	Restaurants - with sales of alcoholic beverages that are 30% or more but less than 75% of the total annual receipts of the restaurants - without dance floor	16916	Square Footage	7,000	1.707	0.132		
1	Halls (For-Profit)	44276	Square Feet	7,000	140.60 3	0		
1	Liquor Sales 40-75%, Within City With Population Greater Than 20K, No Entertainment	58161	Gross Sales	250,000			0.788	

TOTAL BUSINESSOWNERS LIABILITY PREMIUM	\$	2,533
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TOTAL PREMIUM	\$	2,533
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FORMS AND ENDORSEMENTS

APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

See Forms Schedule

NOTE: IF NO ENTRY APPEARS ON THE ABOVE ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

BUSINESSOWNERS PACKAGE POLICY**PREMIUM SUMMARY**

TOTAL BUSINESSOWNERS PREMIUM	\$	4,018
BALANCE TO MINIMUM BUSINESSOWNERS PREMIUM	\$	0
TOTAL BUSINESSOWNERS LIABILITY PREMIUM	\$	2,533
TOTAL SURCHARGE	\$	0
TOTAL BUSINESSOWNERS PACKAGE POLICY PREMIUM	\$	6,551

THESE DECLARATIONS AND THE COMMON POLICY DECLARATIONS, IF APPLICABLE, TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE FORM(S) AND ENDORSEMENTS, AND SUPPLEMENTAL FORM DECLARATION(S), IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY

SOCIETY INSURANCE, A MUTUAL COMPANY

150 Camelot Drive P.O. Box 1029, Fond du Lac, WI 54936-1029

FORMS SCHEDULE

POLICY NO: BP21033102-0

ACCOUNT NUMBER:

NAMED INSURED AND MAILING ADDRESS

JT Holdings 2021 LLC
1441 Arbor Way
Kaukauna, WI 54130-7336

AGENCY AND MAILING ADDRESS

00177

000

Spectrum Insurance Group Fox Valley LLC
PO Box 12495
Green Bay, WI 54307

POLICY PERIOD: FROM 09/30/2021 TO 09/30/2022 AT 12:01 AM STANDARD TIME AT YOUR MAILING ADDRESS SHOWN ABOVE.

NOTE: IF NO ENTRY APPEARS ON THE FOLLOWING ENDORSEMENTS, INFORMATION REQUIRED TO COMPLETE THE FORM WILL BE SHOWN ON THE SUPPLEMENTAL FORM DECLARATION IMMEDIATELY FOLLOWING THE APPLICABLE ENDORSEMENT.

BUSINESSOWNERS POLICY FORMS	
BP0127 11-18	Wisconsin Changes
BP1068 11-11	Wisconsin - Hired Auto And Non-Owned Auto Liability
BP0417 01-10	Employment-Related Practices Exclusion
BP0489 01-10	Liquor Liability Coverage
BP0515 12-20	Disclosure Pursuant To Terrorism Risk Insurance Act
BP0589 01-10	Employment-Related Practices Liability Endorsement
BP1203 01-10	Loss Payable Clauses
BP1505 05-14	Exclusion - Access Or Disclosure Of Confidential Or Personal Information And Data-Related Liability - Limited Bodily Injury Exception Not Included
TBP453 11-16	Water Backup And Sump Overflow
TCE310 10-18	TopChoice Extension Endorsement
TBP9 10-08	Businessowners Common Policy Conditions
TBP84 05-15	Property Enhancement Endorsement Green Environmental and Energy Efficiency Improvements
TBP6 05-15	Businessowners Liability Coverage Form
TBP440 08-17	Asbestos - Exclusion
TBP2109 12-15	Exclusion - Unmanned Aircraft
TBP2 05-15	Businessowners Special Property Coverage Form
TBP18 05-15	Additional Coverage For Lessor of Described Premises
TBP12 05-15	Product Spoilage
EPL120 10-08	Liability to Non-Employees
SFE1 05-15	Franchise Ext SFE1

05/23/2022

Dear Sally,

Jean & Mark Landreman are requesting the use of amplified music at Riverside Park on Friday July 22, 2022.

The music by Sound Inc. will be played from 7 – 9pm for approx. 100 people.

Thank you for your consideration.

Jean Landreman

528 E 14th St.

Kaukauna WI 54130

920 / 427 / 9652

City of Kaukauna Recreation Department

PO Box 890

Kaukauna, WI 54130-0890

(920) 766-6335

FACILITY RESERVATION

Item 2.c.

Jean Landreman
528 E 14th St
Kaukauna, WI 54130
(920) 427-9652

RECEIPT NO: 102367

\$25.00

Discount: 0.00
0.00

Facility: Riverside Park Shelter - 1029 Riverside Drive

Facility Hours: 8:00AM to 11:00PM

Reservation: 07/22/22, Fri 6:00PM to 10:00PM
Celebration - Requesting Band - Submitting Request

25.00

Paid: Credit Card 25.00

0.00

Fee Details: Reservation Fee: \$25.00

Estimated Attendance: 100

Directions: Hwy 55 to Wisconsin Avenue. Park on the corner of
Riverside Drive and Wisconsin Avenue.

STATEMENT OF AGREEMENT

RULES AND PROVISIONS

1. The Renter agrees to clean and restore the above-mentioned facility within the specified rental period. The renter also agrees to promptly pay the cost of any extraordinary clean-up or repair of damage to the park or facility as a result of usage under this agreement as billed by the City.
2. No admission fee, donation, contribution or other charge shall be collected or be permitted to be collected by the Renter where intoxicating liquor or fermented malt beverages are consumed unless prior approval has been secured from the Health and Recreation Committee. Renter shall not permit intoxicating liquor or fermented malt beverages to be consumed on the rented premises by any person or persons who have not reached the legal Wisconsin drinking age.
3. City parks close and must be completely vacated by 11:00 p.m. No dogs or cats are allowed.
4. No bands, stereos, or any other amplifying devices are allowed in City parks unless prior approval has been granted by the Health and Recreation Committee.
5. Any motorized vehicles are not allowed to be parked or driven on the grass in City parks.
6. No alcoholic beverages allowed in City parks unless a permit has been issued by the Police Dept.
7. Staples MUST BE removed from picnic tables if they are used to secure tablecloths.
8. After Labor Day, a key must be obtained from the Recreation office to open bathrooms.

GENERAL INFORMATION

1. Volleyball nets and balls are available at no charge. Volleyball nets and ball must be picked up before 4:30 P.M. Friday at the Kaukauna Recreation Department Office & returned the next Monday.
2. There is a limit as to the amount of available electric current at each shelter. Do not split outlets as you will overload the circuits.
3. Rental of a park shelter does not include ball diamonds or other park amenities which remain open to the public.

I HEREBY EXPRESSLY ACKNOWLEDGE THE INHERENT RISK to have contact with surfaces that have been exposed to and/or individuals that have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through c

Kaukauana Health & Recreation Committee

To Whom it May Concern,

I am submitting an Amplified Music Request for an event. This event will be held 8/19/22 from 4:00PM-9:00PM at La Follette Park in Kaukauna. There will be roughly 200-250 people attending this event. We would like to have a DJ and plan on having 2 food trucks at the event as well. This is a staff event for the employees of Valley Eye Associates.

Thank you,

Savanna Koepke, O.S.C
Marketing Coordinator/Optometric Liaison
(920) 749-4066 | www.valleyeye.com
21 Park Place | Appleton, WI 54914



From: Nathalie Keza [<mailto:kezanathalie22@gmail.com>]
Sent: Wednesday, June 1, 2022 11:09 AM
To: Tammy Nieuwenhuis <tnieuwenhuis@kaukauna-wi.org>
Subject: Amplified Music Request

I'm requesting amplified music/DJ on July 2nd in the Community Room for a Wedding celebration

The event is from 2 to 10pm. We have 100 to 150 guests attending.

Nathalie keza
My number (9209037257)

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: 5.24.2022

☐ 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 June 15 4pm and ending June 15 10pm 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 - 501(c) 3
☐ Veteran's Organization ☐ Fair Association

(a) Name Center for Suicide Awareness
 (b) Address 181 W. Wisconsin Ave Kaukauna WI 54130
 (Street) ☐ Town ☐ Village ☒ City

(c) Date organized 3-2014

(d) If corporation, give date of incorporation

(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
 Vice President Aaron Wanserski - 181 W. Wisconsin Ave Kaukauna 54130
 Secretary Kaye Krueger - 181 W. Wisconsin Ave Kaukauna 54130
 Treasurer

(g) Name and address of manager or person in charge of affair:
 Barb Bigalke - 181 W. Wisconsin Ave Kaukauna 54130

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 Hydro Park - 100 Crooks Ave - Kaukauna 54130
 (b) Lot Block
 (c) Do premises occupy all or part of building?
 (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 Live Hydro Park Concert Series
 (b) Dates of event June 15 2022

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 Barb Bigalke
 (Signature/date)
 Officer Kaye Krueger
 (Signature/date)

Date Filed with Clerk

Date Granted by Council

Center for Suicide Awareness
 (Name of Organization)
 Officer
 (Signature/date)
 Officer
 (Signature/date)

Date Reported to Council or Board

License No.