

# HEALTH & RECREATION COMMITTEE

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



Monday, September 30, 2024 at 6:15 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - a. Special Event Application to Jessica Poch, St. Ignatius Catholic School on October 24, 2024 from 4-7 pm for Trunk-n-Treat.
  - b. Special Event Application to Tracy Dollevoet, Immanuel United Church of Christ on October 26, 2024 from 12-4 pm for Trunk or Treat.
  - c. Special Event Application to Tracy Blackwell, Player's Pub on October 12, 2024 from 9 am to 5 pm at Bayorgon Ball Diamond for Kickball Games.
  - d. Special Event Application to Jessica Decet, Fox Family Endurance Ever on May 2, 2024 from 2-7 and May 3, 2024 from 6-11 am pm for Fox Heritage Run.
  - e. Special Event Application to Andrea Renkas, Motherhood Alliance, LLC on October 19, 2024 from 8 am to 3 pm for Trunk or Treat Community Event.
3. Adjourn.

## NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Health and Recreation Committee scheduled for Monday, September 30, 2024 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.**

## **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.\*

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: St. Ignatius Catholic School (Jessica Poch) admin assistant  
Date of Birth: \*Event organizers must be at least 18 years old.  
Address: 220 Doty St. Kaukauna, WI 54130  
Phone Number: 920-766-0186  
Email Address: office@stignatiuskaukauna.org

**SECTION 2 – ORGANIZATION INFORMATION**

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

Organization's Name: St. Ignatius Catholic School  
Organization's Address: 220 Doty St. Kaukauna, WI 54130  
Organization's Phone Number: 920-766-0186  
Organization's Email Address or Website: office@stignatiuskaukauna.org  
Applicant's Relationship to Organization: office secretary, employee

**SECTION 3 – EVENT INFORMATION**

Name of Event: Trunk-n-Treat  
Event Location: school parking lot  
Event Date: \*If a multi-day event, please list all days. 10.24.24  
Event Start Time - End Time: 4pm - 7pm

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.

Drew Mullay : 920-716-0856  
Alex Wolf : 262-312-0928

Total Anticipated Attendance for Event:

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

200- event is open to the public

**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. YES  NO

**Fire Department Information: (920) 766-6320**

- 1. Will the event be held indoors? YES  NO
- 2. Will a tent or temporary structure be erected? YES  NO
- 3. Will there be a tent larger than 200 SF? YES  NO
- 4. Will fireworks/pyrotechnics be used during the event? YES  NO

**Street and Parks Department: (920) 766-6337**

- 1. Are you requiring street closure for the event? YES  NO
- 2. Are you providing your own barricades? YES  NO
- 3. Did you include a map of the event location/route? YES  NO
- 4. For park events, have you reserved the park? YES  NO
- 5. Will there be rides at the event? YES  NO

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

- 1. Do you have a plan for medical emergencies? YES  NO
- 2. Is security needed for the event? YES  NO
- 3. Will the event need any parking restrictions? YES  NO

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

- 1. Will alcoholic beverages be served/sold? YES  NO

**Section 5 – Insurance Requirements**

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

**General Liability Coverage:**

- 1. Commercial General Liability
  - a. \$1,000,000 general aggregate – per project
  - b. \$1,000,000 products – completed operations aggregate
  - c. \$1,000,000 personal injury and advertising injury
  - d. \$1,000,000 each occurrence limit
- 2. Claims made form of coverage is not acceptable.

- 3. Insurance must include:
  - a. Premises and Operations Liability
  - b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
  - c. Personal injury
  - d. Explosion, collapse, and underground coverage
  - e. Products/Completed Operations
  - f. The general aggregate must apply separately to this project/location
- 4. Additional Provisions
  - a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
  - b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
  - c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
  - d. Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
  - e. Carriers – The insurance coverage required must be provided by an insurance carrier with the “best” rating of “A-VII” or better. All carriers shall be admitted carriers in the State of Wisconsin.

**Section 5 – Indemnification and Disclaimer**

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

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

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

Signature of Applicant: *Jessieca A. Poch*

Printed name of Applicant: *Jessieca A. Poch*

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: Tracy Dollevoet

Date of Birth: \*Event organizers must be at least 18 years old. 06-07-1970

Address: 510 Sullivan Avenue

Phone Number: 920-740-1693

Email Address: office@immanuelucc-kaukauna.com

#### **SECTION 2 – ORGANIZATION INFORMATION**

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

Organization's Name: Immanuel United Church of Christ

Organization's Address: 510 Sullivan Avenue

Organization's Phone Number: 920-766-2137

Organization's Email Address or Website: office@immanuelucc-kaukauna.com

Applicant's Relationship to Organization: Church Secretary

#### **SECTION 3 – EVENT INFORMATION**

Name of Event: Trunk or Treat

Event Location: 510 Sullivan Avenue

Event Date: \*If a multi-day event, please list all days. 10-26-2024

Event Start Time - End Time: 12:00 p.m.-4:00 p.m.

**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.

734-474-4181

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

225

**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.  
YES  NO

**Fire Department Information: (920) 766-6320**

- 1. Will the event be held indoors? YES  NO
- 2. Will a tent or temporary structure be erected? YES  NO
- 3. Will there be a tent larger than 200 SF? YES  NO
- 4. Will fireworks/pyrotechnics be used during the event? YES  NO



**Street and Parks Department: (920) 766-6337**

- 1. Are you requiring street closure for the event? YES  NO
- 2. Are you providing your own barricades? YES  NO
- 3. Did you include a map of the event location/route? YES  NO
- 4. For park events, have you reserved the park? YES  NO
- 5. Will there be rides at the event? YES  NO

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

- 1. Do you have a plan for medical emergencies? YES  NO
- 2. Is security needed for the event? YES  NO
- 3. Will the event need any parking restrictions? YES  NO

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

- 1. Will alcoholic beverages be served/sold? YES  NO

**Section 5 – Insurance Requirements**

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

**General Liability Coverage:**

- 1. Commercial General Liability
  - a. \$1,000,000 general aggregate – per project
  - b. \$1,000,000 products – completed operations aggregate
  - c. \$1,000,000 personal injury and advertising injury
  - d. \$1,000,000 each occurrence limit
- 2. Claims made form of coverage is not acceptable.

- 3. Insurance must include:
  - a. Premises and Operations Liability
  - b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
  - c. Personal injury
  - d. Explosion, collapse, and underground coverage
  - e. Products/Completed Operations
  - f. The general aggregate must apply separately to this project/location
- 4. Additional Provisions
  - a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
  - b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
  - c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
  - d. Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
  - e. Carriers – The insurance coverage required must be provided by an insurance carrier with the “best” rating of “A-VII” or better. All carriers shall be admitted carriers in the State of Wisconsin.

**Section 5 – Indemnification and Disclaimer**

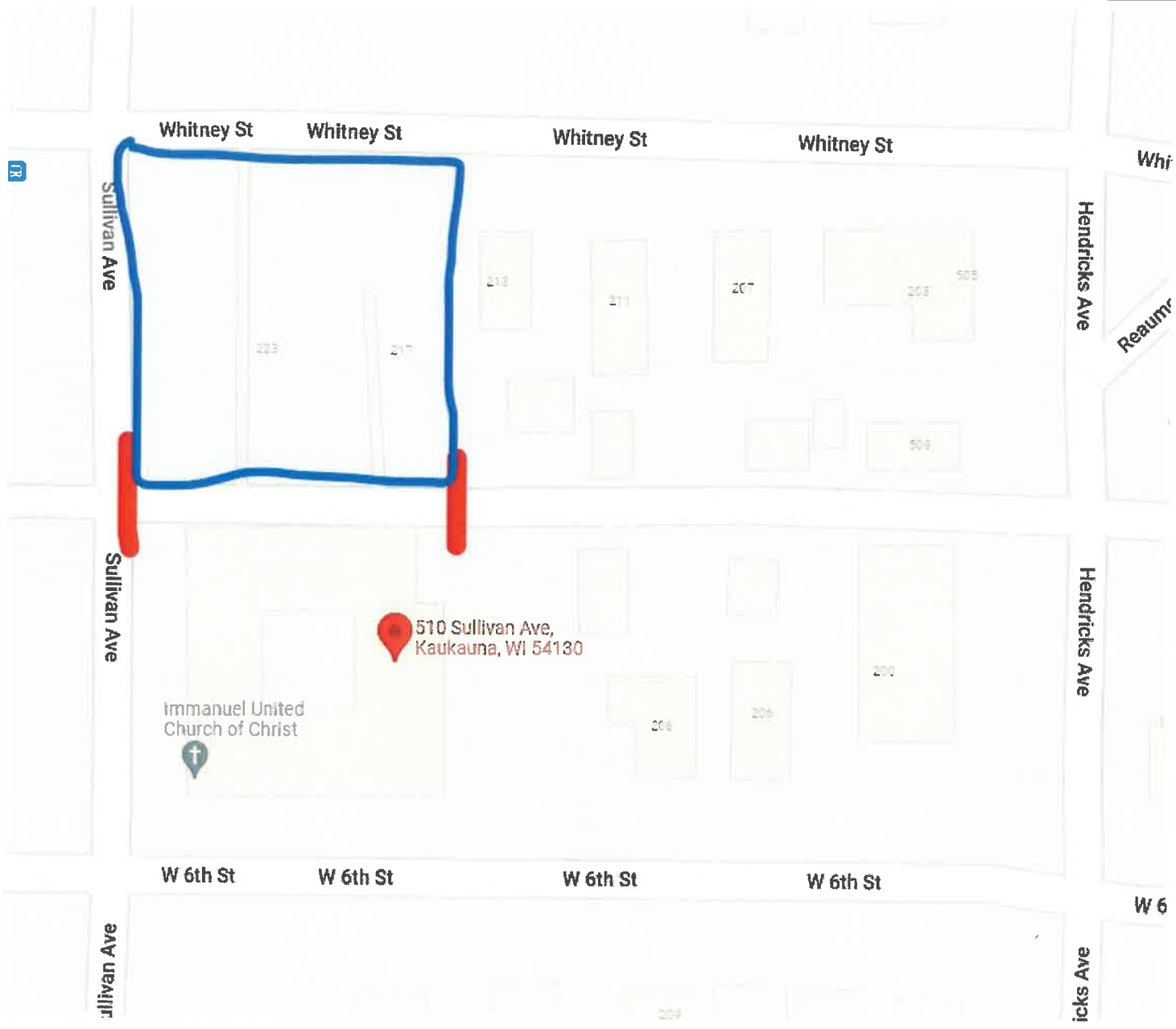
By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

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

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

Signature of Applicant: Tracy Dollevoet

Printed name of Applicant: Tracy Dollevoet





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: Tracy Blackwell  
Date of Birth: \*Event organizers must be at least 18 years old.  
Address: 209 W. 7th St.  
Phone Number: 920 205 6337  
Email Address: Tracy81983@gmail.com

## SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Player's Pub  
Organization's Address: 701 Dodge St.  
Organization's Phone Number: 920 462-4600  
Organization's Email Address or Website: Tracy81983@gmail.com  
Applicant's Relationship to Organization: Owner

## SECTION 3 – EVENT INFORMATION

Name of Event: Kickball game at field  
Event Location: Bayorgan field ball diamond  
Event Date: \*If a multi-day event, please list all days.

Event Start Time - End Time:  
Saturday Oct. 12th 9am - 5pm

Security Contact Name and Phone Number: \*The name and contact information of the individual who emergency responders may contact in case of an emergency during the event.

Tracy Blackwell 920 2056337

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

20 - 30

**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. YES  NO

**Fire Department Information: (920) 766-6320**

- 1. Will the event be held indoors? YES  NO
- 2. Will a tent or temporary structure be erected? YES  NO
- 3. Will there be a tent larger than 200 SF? YES  NO
- 4. Will fireworks/pyrotechnics be used during the event? YES  NO

**Street and Parks Department: (920) 766-6337**

- 1. Are you requiring street closure for the event? YES  NO
- 2. Are you providing your own barricades? YES  NO
- 3. Did you include a map of the event location/route? YES  NO
- 4. For park events, have you reserved the park? YES  NO
- 5. Will there be rides at the event? YES  NO

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

- 1. Do you have a plan for medical emergencies? YES  NO
- 2. Is security needed for the event? YES  NO
- 3. Will the event need any parking restrictions? YES  NO

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

- 1. Will alcoholic beverages be served/sold? YES  NO

**Section 5 – Insurance Requirements**

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

**General Liability Coverage:**

- 1. Commercial General Liability
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  - 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.
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  - c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
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**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: Tracy Blackwell



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: Jessica Decet

Date of Birth: \*Event organizers must be at least 18 years old. 9/16/1977

Address: 3307 Eiler Rd, De Pere, WI 54115

Phone Number: 9202688809

Email Address: jltamlion@gmail.com

**SECTION 2 – ORGANIZATION INFORMATION**

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

Organization’s Name: Fox Family Endurance Ever

Organization’s Address: 3307 Eiler Rd, De Pere, WI

Organization’s Phone Number: 9202688809

Organization’s Email Address or Website:

Applicant’s Relationship to Organization: President

**SECTION 3 – EVENT INFORMATION**

Name of Event: Fox Heritage Run

Event Location: Main Ave, Kaukauna

Event Date: \*If a multi-day event, please list all days. 5/2/2025, 5/43/2025

Event Start Time - End Time: 5/2: 2pm-7pm; 5/3:6-11am

**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.

Jessica Decet 920-268-8809

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

300: Fox Heritage Run is a r

**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
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- 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?  
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YES  NO

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- 3. Will there be a tent larger than 200 SF? YES  NO
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- 4. For park events, have you reserved the park? YES  NO
- 5. Will there be rides at the event? YES  NO

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

- 1. Do you have a plan for medical emergencies? YES  NO
- 2. Is security needed for the event? YES  NO
- 3. Will the event need any parking restrictions? YES  NO

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

- 1. Will alcoholic beverages be served/sold? YES  NO

**Section 5 – Insurance Requirements**

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  - 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.
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  - 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**

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

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

Signature of Applicant: Jessica Decet

Printed name of Applicant: Jessica Decet



# Fox Heritage Run Sponsorship Levels

Thank you for being a part of this community! We are a local non-profit organization hosting running events such as the Fox Heritage Run in the Kaukauna & Little Chute area. Your business is essential to this area and want to partner with you to promote your business in this beautiful area!

### PLATINUM Sponsor – \$3000+

- Logo on registration page
- Logo on banner prominently displayed at Event
- Prominent recognition on all Event advertisements (including social media and all printed material)
- 2 Free Race registrations for your company

### GOLD Sponsor – \$1000

- Logo on registration page
- Logo on banner prominently displayed at Event
- Major recognition on Event’s social media page, all printed materials
- 2 Free Race registrations for your company

### SILVER Sponsor – \$700 (or cash equivalent)

- Logo on registration page
- Special recognition on Event’s social media page, all printed materials

### BRONZE Sponsor – \$500 (or cash equivalent)

- Logo on registration page
- Recognition on Event’s social media page, all printed materials

Sponsorships can be directed to particular race items such as

1. Finisher Medals
2. Age Group/Overall awards
3. Race Swag
4. Entertainment – band, DJ, radio station
5. Marketing

### IN-KIND Donations

If your company would like to make a donation of a product or services, please contact Jessica Decet at 920-268-8809 or email [foxheritagerun@gmail.com](mailto:foxheritagerun@gmail.com). You/your company will receive recognition on race day. We gratefully accept any merchandise or gift certificates!

Ideas for In-Kind Donations	Amount Requested
Donation of Time or Resources(Awards, Photography, Massage, Etc)	To be determined
Post Race Food – breakfast burritos, walking tacos, bananas, etc	To be determined based on participation levels
Ice	To be determined based on participation levels
Water cups/ bottles of water	To be determined based on participation levels

Deadline for sponsorship is **March 31, 2025**. Please provide a company logo in vector, .eps, or jpg format via email to [foxheritagerun@gmail.com](mailto:foxheritagerun@gmail.com)

Deadline: The logo and donation check must be received by **March 31, 2025** to be included on the marketing material. If there is a problem with providing your logo in this format, please contact Jessica Decet at 920-268-8809

-----Print and Mail-----

# Fox Heritage Run 2025 Sponsorship/Donation Form



**Business/ Sponsor Name:**

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**Business/ Sponsor Address:**

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**Contact Person's Name:**

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**Contact's Phone:**

---

**Contact's Email:**

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**Sponsorship/Donation Type:**

**Platinum (\$3000+)**

**Gold (\$1000)**

**Silver (\$700)**

**Bronze (\$500)**

**In-kind Donation:**

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**Please Make Checks payable to Fox Family Endurance Events, Inc  
Sponsorship/Donations can be mailed to:  
Fox Heritage Run  
3307 Eiler Rd, De Pere, WI 54115**



Fox Heritage Run coming soon... with your help!

Dear Community Business Owner,

My name is Jessica Decet and I work with Fox Family Endurance Events, Inc, a local 501(c)3 organization. Our team here is working hard this year to bring Fox Heritage Run to the running/walking community, the neighborhoods of Little Chute and Kaukauna, to businesses like you and to the entire Fox Valley area on May 3, 2025.

The Fox Heritage Run is in its second year, but it is organized by the same group of individuals that bring the well-established Fox Firecracker 5K and Kids Run to the Fox Valley area. Bridging two communities together, the Fox Heritage Run is a rewarding 8K run winding along the Fox River and over the beautiful Nelson Family Heritage Crossing, utilizing the trail system and community streets.

We're making the Fox Heritage Run unique when compared with other events. We're expecting over 300 participants to attend this inaugural event, and we're so excited to have a different distance for participants to challenge themselves or incorporate into a training plan, a finisher medal and exceptional swag.

But events like this can be expensive, and to make sure our operations run smoothly, and our participants receive the best experience possible, we need your help. With venue and equipment rental, post-race food, water, event timing, permits, and more, a sponsorship from your organization will bring us closer to having the perfect event.

Please see the attached sponsorship matrix and the perks you will receive in exchange for your contribution. Please contact us at 920-268-8809 or foxheritagerun@gmail.com to discuss our event. I look forward to hearing from you.

Sincerely,

Jessica Decet

President - Fox Family Endurance Events, Inc

Race Director – Fox Heritage Run & Fox Firecracker 5K and Kids Run

920-268-8809

foxheritagerun@gmail.com





Fox Heritage Run Route







**Road Running Technical Council  
USA Track & Field**



**Measurement Certificate**

Name of the course Fox Heritage Run Distance 8 km  
 Location (state) WI (city) Kaukauna  
 Type of course: Road Race  
 Measuring Methods: Bicycle  
 Measured By David Moore - 3112 E Edgemere Dr - Appleton, WI 54915 - (920) 840-4582 - dave.moor@yahoo.com  
 Race Contact Jessica Decet - 3307 Eiler Rd., De Pere, WI 54115 - 920-268-8809 - jtamulion@gmail.com  
 Date(s) when course measured: 08/31/2023  
 Number of measurements of entire course: 2 Course Configuration: partial loop  
 Elevation (meters above sea level) Start 200.00 Finish 200.00 Lowest 197 Highest 221  
 Straight line distance between start and finish 144 m Drop 0.00 m/km Separation 1.80 %  
 Type of surface: Paved 100 % Dirt 0 % Gravel 0 % Grass 0 % Track 0 %  
 Effective date of certification: September 26, 2023 Certification code: WI23032DM

Note to Race Director: Use this Certification Code  
in all public announcements relating to your race.

***Be It Officially Noted That***

Based on examination of data provided by the above named measurer, the course described above and in the map attached is hereby certified as reasonably accurate in measurement according to the standards adopted by the Road Running Technical Council. If any changes are made to the course, this certification becomes void, and the course must then be recertified.

**Verification of Course** — In the event a National Open Record is set on the course, or at the discretion of USA Track & Field, a verification measurement may be required to be performed by a member of the Road Running Technical Council. If such a remeasurement shows the course to be short, then all pending records will be rejected and the course certification will be cancelled.

***This certification expires on December 31 of the year:*** **2033**

*David Moore*

**AS NATIONALLY CERTIFIED BY:**

Date: September 26, 2023

David Moore - USATF/RRTC Certifier - 3112 E Edgemere Dr, Appleton WI 54915  
(920) 840-4582 - dave.moor@yahoo.com









## 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: Andrea Renkas

Date of Birth: \*Event organizers must be at least 18 years old. 10/19/1986

Address: 3312 N Shawnee Ln, Appleton, WI 54914

Phone Number: 715-850-0599

Email Address: hello@motherhoodalliance.com

### SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Motherhood Alliance, LLC

Organization's Address: Same as above

Organization's Phone Number: 715-850-0599

Organization's Email Address or Website: motherhoodalliance.com

Applicant's Relationship to Organization: Co-Owner

### SECTION 3 – EVENT INFORMATION

Name of Event: Motherhood Alliance Dye Free Allergy Friendly Trunk or Treat Community Event

Event Location: 101 Crooks Ave, Kaukauna

Event Date: \*If a multi-day event, please list all days. 10/19/24

Event Start Time - End Time: 8-3pm (inc. setup/clean up)

11-2p actual event

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.

Andrea Renkas 715-850-0599

Total Anticipated Attendance for Event: 200+

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

First time event. We represent various health & wellness businesses in NEWI who will be participating with their trunks, treats (Candy and non-candy) + activities. Event open to the community.

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

(possibly a food truck)

2. Will there be a band or amplified music/noise?

YES

NO

Candy giveaway

(small boom box possibly)

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.

YES

NO

Fire Department Information: (920) 766-6320

1. Will the event be held indoors?

YES

NO

2. Will a tent or temporary structure be erected?

YES

NO

8x8 pop up tent only

3. Will there be a tent larger than 200 SF?

YES

NO

4. Will fireworks/pyrotechnics be used during the event?

YES

NO



**Street and Parks Department: (920) 766-6337**

- 1. Are you requiring street closure for the event? YES  NO
- 2. Are you providing your own barricades? YES  NO
- 3. Did you include a map of the event location/route? YES  NO
- 4. For park events, have you reserved the park? YES  NO
- 5. Will there be rides at the event? YES  NO

Part of  
(Parking  
lot)  
See  
map

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

- 1. Do you have a plan for medical emergencies? YES  NO
- 2. Is security needed for the event? YES  NO
- 3. Will the event need any parking restrictions? YES  NO

(Back area  
reserved  
for event)

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

- 1. Will alcoholic beverages be served/sold? YES  NO

**Section 5 – Insurance Requirements**

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

**General Liability Coverage:**

- 1. Commercial General Liability
  - a. \$1,000,000 general aggregate – per project
  - b. \$1,000,000 products – completed operations aggregate
  - c. \$1,000,000 personal injury and advertising injury
  - d. \$1,000,000 each occurrence limit
- 2. Claims made form of coverage is not acceptable.

3. Insurance must include:
- Premises and Operations Liability
  - 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
  - Personal injury
  - Explosion, collapse, and underground coverage
  - Products/Completed Operations
  - The general aggregate must apply separately to this project/location
4. Additional Provisions
- Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
  - Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
  - Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
  - Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
  - 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.

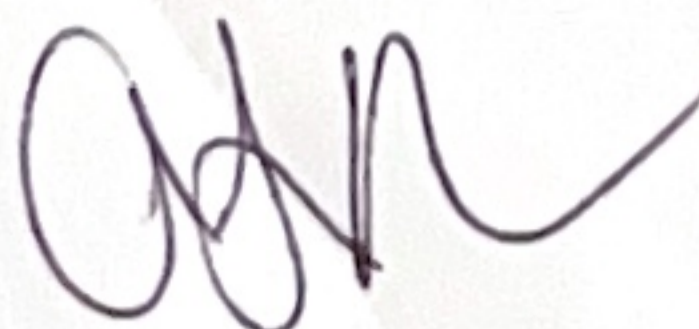
#### Section 5 – Indemnification and Disclaimer

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: Andrea Renkas



REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna  
144 W Second St  
Kaukauna, WI 54130

Applicant Information

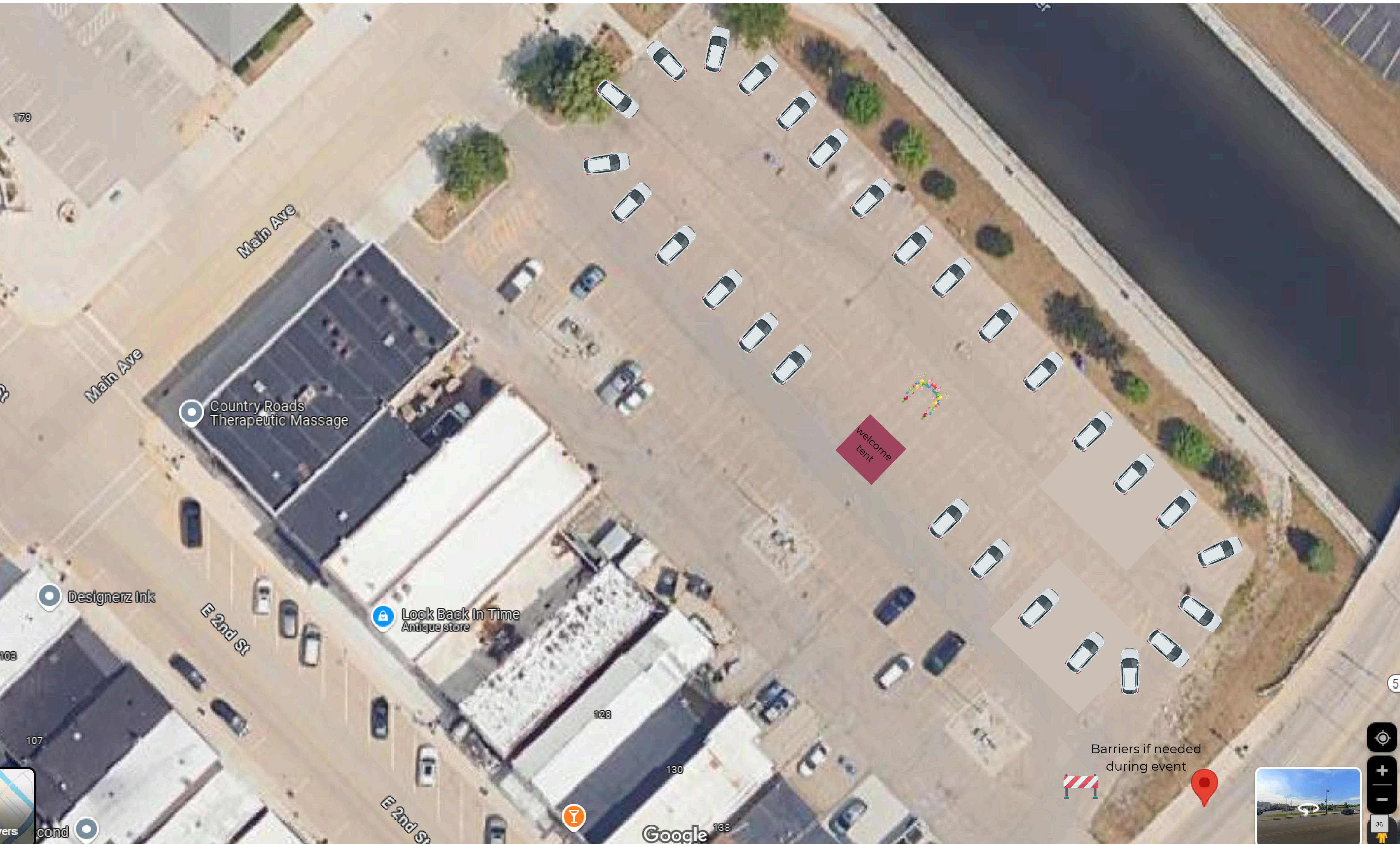
Name: Andrea Renkas Date of Birth: 10/19/86  
Address: 3312 N Shawnee Ln Phone number: 715 8500599  
Appleton, WI 54914  
Organization Name, if applicable: Motherhood Alliance, LLC  
Email address: hello@motherhoodalliance.com

Event Information

Name of Event: Motherhood Alliance Dye Free Allergy Friendly Trunk or Treat  
Event location (s): 101 Crooks Ave Date of Event: 10/19  
Event Start time- End time: 11-2p (music playing)  
Number of people attending: 200+?

\* Plan to use single speaker/boom box.

This application will be formally reviewed by the Health and Recreation Committee.  
Please allow up to 3 weeks for a response. If you do not hear from City staff: request is approved.



Country Roads  
Therapeutic Massage

Designz Ink

Look Back In Time  
Antique store

welcome  
tent

Barriers if needed  
during event

Main Ave

Main Ave

E 2nd St

E 2nd St

Google

128

130

138

5

36