

HEALTH AND RECREATION COMMITTEE

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



Monday, August 05, 2024 at 6:15 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Park Signage Donation Authorization – Grignon Disc Golf Course.
 - [b.](#) Amplified Music request to Kurt Sedo on August 17, 2024 from 12 to 6 pm at 1000 Islands Environmental Center.
 - [c.](#) Special Event Application to Michael Vanderscheuren, Riverview Middle School on September 24 and 30, 2024 for Cross Country Meets at Grignon Park.
 - [d.](#) Grignon Mansion Civil War Living History Demonstration Request.
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, August 5, 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.



MEMO

Engineering Department

To: Health and Recreation Committee
From: John Neumeier
Date: 8/5/2024
Re: Park Signage Donation Authorization – Grignon Disc Golf Course

Background information:

Appleton Area Disc Golf Club has been volunteering with clean-up and improvements, helping with new hole layouts, and collecting donations to improve the Grignon Park Disc Golf course. With the utility work, stream restoration, and ash tree removal work, there was a great opportunity for upgrades to the course. New holes and signage are being donated and would be installed by public works, in addition to various new tee pads, benches, and site work. The following businesses, groups, and individuals would be recognized on the signage.

- The Wingz Disc Golf Team and Ridge Roller Customs Team (4 holes)
- Appleton Area Disc Golf Club (4 holes)
- Wisconsin Disc Sports Association
- Bad Batch CrossFit and Fox Valley Meal Prep
- Andrew Wolfinger (2 holes)
- Justin Lamers
- Liz Phillippi
- Yates Vanden Heuvel

Strategic Plan:

This project will help re-establish and improve the Grignon Park Disc Golf area. The group is looking to host tournaments and increase usage of the park. The project also encourages residents to get outside and connect with natural areas in the park.

Budget: N/A currently. May come back to Board of Public Works for any shortfall in fund raising.

Staff Recommended Action:

Approve the donors/sponsors listed for recognition on the new disc golf signs.







REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Kurt R. Sedo Date of Birth: 07/05/1968
Address: 605 W. Wisconsin Ave Kaukauna Phone number: 920-850-3056
Organization Name, if applicable: None
Email address: ksedo2012@gmail.com / ksedo@pharmcircle.com

Event Information

Name of Event: Celebration of Life: Brita Finlayson
Event location (s): 1000 Island Pavilion Date of Event: 8/17/2024
Event Start time- End time: 12-6 Amplified 2-4 Live music Acoustic guitar
Service Poetry readings
Number of people attending: 40

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.



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: Michael Vanderscheuren

Date of Birth: *Event organizers must be at least 18 years old. 11/30/1988

Address: 213 S. Willow St. Kimberly

Phone Number: 920-659-8221

Email Address: vanderscheurenm@kaukau

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: River View Middle School C

Organization's Address: 101 Oak Street, Kaukauna

Organization's Phone Number: 920-766-6111

Organization's Email Address or Website: <https://sites.google.com/kau>

Applicant's Relationship to Organization: coach

SECTION 3 – EVENT INFORMATION

Name of Event: Cross Country Meets

Event Location: Grignon Park

Event Date: *If a multi-day event, please list all days. Sept. 24 and Sept. 30

Event Start Time - End Time: 3:00PM- 6:00PM

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.

Michael Vanderscheuren- 920-659-8221

Total Anticipated Attendance for Event:

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

cross country meet for area

SECTION 4 – APPLICANT CHECKLIST

Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. *Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

General Information:

- | | | |
|---|---|--|
| 1. Will food be prepared and/or served at the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Will there be a band or amplified music/noise? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will there be portable restrooms? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

Fire Department Information: (920) 766-6320

- | | | |
|--|------------------------------|--|
| 1. Will the event be held indoors? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Will a tent or temporary structure be erected? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will there be a tent larger than 200 SF? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 4. Will fireworks/pyrotechnics be used during the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

Street and Parks Department: (920) 766-6337

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

Police Department: (920) 766-6333

- | | | |
|--|---|--|
| 1. Do you have a plan for medical emergencies? | YES <input type="checkbox"/> | NO <input checked="" 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 checked="" type="checkbox"/> | NO <input type="checkbox"/> |

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

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

Printed name of Applicant: Michael Vanderscheuren



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) *Item 2.c.*
6/26/2024

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 M3 Insurance Solutions, Inc. 1425 Discovery Parkway Wauwatosa WI 53226		CONTACT NAME: Hallie Bujak PHONE (A/C, No. Ext): E-MAIL ADDRESS: hallie.bujak@m3ins.com		FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: EMCASCO Insurance Company		21407
INSURED Kaukauna Area School District 1701 County Hwy CE Kaukauna WI 54130		KAUKARE-01		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1863489055 **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 <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		6D56359	7/1/2024	7/1/2025	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 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)
The City of Kaukauna, and its officers, council members, agents, employees, and authorized volunteers are Additional Insureds on the General Liability Policy where required by written contract.
A 30 Day Notice of Cancellation is in favor of same.

CERTIFICATE HOLDER City of Kaukauna 144 W 2nd St Kaukauna WI 54130	CANCELLATION 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 <i>Hallie Bujak</i>
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MEMO

GRIGNON MANSION

To: Health and Recreation Committee
From: Cassidy Mickelson, Grignon Mansion Executive Director
Date: August 5, 2024
Re: Grignon Mansion Civil Reenactor Background Checks

Background Information:

At the April 15, 2024, Health and Recreation Meeting, a motion to approve the Grignon Mansion Civil War Living History Demonstration was made contingent on receiving background checks and proof of insurance. The minutes of the April 15th Health & Recreation Meeting were adopted at the April 16, 7:00 PM Common Council Meeting, and a new Council was seated at 7:30 PM at the April 16th meeting. Because a new Council has been seated, I would like to revisit the concern about background checks on Civil War Reenactors.

I have spoken to other organizations (Wisconsin Historical Society, Manitowoc County Historical Society & Heritage Hill State Historical Park) who host overnight reenactments, and they do not run background checks on their reenactors. Instead, they all use a waiver that removes liability from their organization.

I have received insurance from the primary group that organizes the reenactors, and each participant will sign a waiver, removing any liability from the City of Kaukauna and the Friends of the Grignon Mansion. (see attached).

Strategic Plan: N/A

Budget: N/A

Staff Recommended Action:

Staff seeks Civil War Living History Demonstration approval without the contingency to run background checks on reenactors.

GRIGNON MANSION
Civil War Living History Demonstration - 2024
Waiver & Release of Liability

I, the attendee, agree to this release of all claims, waiver of liability and assumption of risk ("Waiver and Release"). I waive any and all claims I have now and in the future, and release from all liability and agree not to sue the Friends of the Grignon Mansion or City of Kaukauna, its officers, agents, representatives, or employees [hereafter referred to as "staff"] for any personal injury, death, property damage, or loss of any kind sustained by me as a result of my participation in "Civil War Living History Demonstration" due to any cause whatsoever, including without limitation, negligence on the part of the Friends of the Grignon Mansion, the City of Kaukauna, its staff or other participants. I further agree that if I violate this agreement and attempt to bring suit against any part of parties named herein, that I will be held responsible for attorney's fees and any costs incurred by that person in defending such action.

I understand that photographs taken during this event may only be used for non-commercial or personal purposes.

Furthermore, I agree at all times during the event, to abide by and comply with all additional instructions given by volunteers and staff.

I confirm that by my own free will, I have read and understood the Waiver and Release of Liability and agree that this will be binding. As a participant of the event, I accept full responsibility for my behavior, well-being, and health throughout the event.

By signing below, I affirm that I have read the complete Waiver & Release of Liability document made available to me. I fully understand and am agreeing to the provisions of this waiver and release of liability.

Participant Name and Rank: _____

Unit Affiliation: _____

Address: _____ State: _____

Zip Code: _____ Phone: _____

Signature: _____ Date: _____

Minors Participating:

I, _____, custodial parent or legal guardian of

_____ provide such consent on behalf of such person.

Participation in the event by a person who is not yet 18 years old indicates that a legal guardian has also read and consented to this waiver.

COMMON COUNCIL - NEW COUNCIL SEATED

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



Tuesday, April 16, 2024 at 7:30 PM

AGENDA

In-Person

1. Roll call, one minute of silent prayer, Pledge of Allegiance to the American Flag.
2. Reading and approval of minutes.
3. Presentation of letters, petitions, remonstrances, memorials, and accounts.
4. Public appearances.
5. Business presented by Mayor.
 - a. Retirement of Kevin Davidson 12 years - City Attorney.
 - b. Retirement of John Verkulien 30 years - Police and Fire Commission.
 - c. Elect Council President.
 - d. Appointment of standing and special committees and commissioners.
6. Reports of standing and special committees.
7. Reports of City officers.
8. Presentation of ordinances and resolutions.
9. Closed Session.
 - a. Adjourn to Closed Session Pursuant to State Statute 19.85(1)(e) for deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session - Dreamville.
 - b. Return to Open Session for possible action.
10. Adjourn.

NOTICES

IF REQUESTED THREE (3) DAYS PRIOR TO THE MEETING, A SIGN LANGUAGE INTERPRETER WILL BE MADE AVAILABLE AT NO CHARGE.

Topic: **Kaukauna April 16, 2024 - Common Council Meeting**

Time: **Apr 16, 2024 07:00 PM Central Time (US and Canada)**

Join Zoom Meeting

<https://us06web.zoom.us/j/2346054161?pwd=SWRkZ3k5V2tOMDkzN241d0RvR3h1QT09&omn=89573347091>

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>

COMMON COUNCIL

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



Tuesday, April 16, 2024 at 7:00 PM

AGENDA

In-Person

1. Roll call, one minute of silent prayer, Pledge of Allegiance to the American Flag.
2. Reading and approval of minutes.
 - a. Common Council Meeting Minutes of April 3, 2024.
3. Presentation of letters, petitions, remonstrances, memorials, and accounts.
 - a. Bills Payable.
4. Public appearances.
5. Business presented by Mayor.
 - a. Congratulations to Assistant Chief Brad Sanderfoot on 25 years - Kaukauna Police Department.
 - b. Appointment of Tim Hufschmid to the Police and Fire Commission (5-year term).
 - c. Reappointment of Ken Schoenike to the City Plan Commission (3-year term).
 - d. Proclamation ARBOR DAY - April 26, 2024.
 - e. Tree City USA - 31 Years.
 - f. Severe Weather Radios.
6. Reports of standing and special committees.
 - a. Board of Public Works Meeting Minutes of April 15, 2024.
 - b. Finance and Personnel Committee Meeting Minutes of April 15, 2024.
 - c. Health and Recreation Committee Meeting Minutes of April 15, 2024.
 - d. Legislative Committee Meeting Minutes of April 15, 2024.
 - e. Heart of the Valley Metropolitan Sewerage District Regular Meeting Minutes of March 12, 2024.
 - f. Operator (Bartender) Licenses.
7. Reports of City officers.
 - a. Fire Report.
 - b. Ambulance Report.
 - c. Police Report.
 - d. Court Report.
 - e. Clerk/Treasurer's Daily Deposit Report.
 - f. Building Inspection Report.
 - g. Fire Department Annual Report.
 - h. Police Department Annual Report.

8. Presentation of ordinances and resolutions.
 - a. Resolution 2024-5425 Resolution Approving CSM for Karen Mader.
 - b. Resolution 2024-5426 Resolution Approving a 2 Lot Certified Survey Map for Dercks DeWitt LLC.
 - c. Resolution 2024-5427 Authorizing Resolution for 2024 Inflation Reduction Act Urban Forestry Grant.
 - d. Ordinance 1905-2024 Amending Section 3.14(7) Operating Permit.
 - e. Ordinance 1906-2024 Ordinance Repealing and Recreating Section 7.04 One-Way Traffic – Thilmany Road and E 10th Street.
9. Consideration of Miscellaneous Business.
 - a. Swearing in of newly elected officials.
10. Adjourn sine die.

NOTICES

**IF REQUESTED THREE (3) DAYS PRIOR TO THE MEETING, A SIGN LANGUAGE INTERPRETER
WILL BE MADE AVAILABLE AT NO CHARGE.**

Topic: Kaukauna April 16, 2024 - Common Council Meeting

Time: Apr 16, 2024 07:00 PM Central Time (US and Canada)

Join Zoom Meeting

<https://us06web.zoom.us/j/2346054161?pwd=SWRkZ3k5V2t0MDkzN241d0RvR3h1QT09&omn=89573347091>

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>



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: Cassidy Mickelson

Date of Birth: *Event organizers must be at least 18 years old. 04/30/1992

Address: 207 Reaume Ave, Kaukauna, WI 54130

Phone Number: 920-422-6041

Email Address: cmickelson@kaukauna.gov

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Grignon Mansion

Organization's Address: 1313 Augustine Street

Organization's Phone Number: 920-766-6106

Organization's Email Address or Website: www.grignonmansion.org

Applicant's Relationship to Organization: Site Manager

SECTION 3 – EVENT INFORMATION

Name of Event: Civil War Living History Demonstration

Event Location: 1313 Augustine Street

Event Date: *If a multi-day event, please list all days. 8/24/2024 - 8/25/2024

Event Start Time - End Time: 10 AM-4 PM & 10 AM-3 PM

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

Cassidy Mickelson, 920-422-6041

Total Anticipated Attendance for Event: 500 over 2 days

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

This is the 8th year of the Civil War Living History Demonstration. There are 60 reenactors who camp on the grounds from Friday until Sunday and share their knowledge of the Civil War to visitors. This is a fundraiser for the Grignon Mansion and an educational opportunity for 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 <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Will there be a band or amplified music/noise? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Will there be portable restrooms? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Do you have proper insurance for your event and have you provided it to the City?
*Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 attendees. | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |

Fire Department Information: (920) 766-6320

- | | | |
|---|---|--|
| 1. Will the event be held indoors? *Tours will be inside | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Will a tent or temporary structure be erected? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Will there be a tent larger than 200 SF? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 4. Will fireworks/pyrotechnics be used during the event? *There will be musket and cannon fire at various points throughout the event | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

Street and Parks Department: (920) 766-6337

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

Police Department: (920) 766-6333

- | | | |
|--|---|--|
| 1. Do you have a plan for medical emergencies? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Is security needed for the event? | YES <input 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 type="checkbox"/> | NO <input checked="" 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: *Cassidy Mickelson*

Printed name of Applicant: Cassidy Mickelson

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