

HEALTH & RECREATION COMMITTEE MEETING

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



Monday, April 18, 2022 at 6:15 PM

AGENDA

In-Person

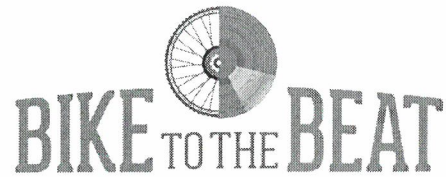
1. Correspondence.
2. Discussion Topics.
 - [a.](#) Amplified music request to Fox Communities Credit Union for "Bike to the Beat" at Grignon Mansion and Kaukauna Athletic Field on Saturday, August 6, 2022 from 7:00 am to 3:00 pm.
 - [b.](#) Solicitors License to Matthew Koch, Mad City Windows & Baths LLC, 2340 Holly Rd. , Neenah for home remodeling estimates.
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, April 18, 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.

WE ARE FOLLOWING CDC GUIDELINES REGARDING MASK-WEARING IN CITY FACILITIES.



City of Kaukauna
144 E Second Street
Kaukauna, WI 54130

March 29th, 2022

Dear Sally,

I am writing to request the use of amplified music for our upcoming event, Bike to the Beat. We are on our sixth year of planning this event. This year, the event will start at Christ the King in Combined Locks and head through Kaukauna with stops at Grignon Mansion and Kaukauna Athletic Field. The event is Saturday, August 6th. We are planning on having music played throughout the time of the event, from 7:00am -3:00pm.

The music will be amplified with speakers, but just to a level that the crowd attending can hear. Any efforts necessary will be followed to reduce the noise impact to the community.

If you have any questions or concerns, please don't hesitate to reach out to us.

Best regards,

A handwritten signature in black ink, appearing to read "Cathy Harvath".

Cathy Harvath
Senior Vice President of Marketing
Fox Communities Credit Union
920.993.3734
charvath@foxcu.org

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: Cathy Harvath

Date of Birth: *Event organizers must be at least 18 years old. 9-4-61

Address: 519 E Alice Street Appleton, WI 54911

Phone Number: 920-419-6683

Email Address: charvath@foxcu.org

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Fox Communities Credit Union

Organization's Address: 3401 E Calumet, Appleton

Organization's Phone Number: 920-993-3735

Organization's Email Address or Website: foxcu.org

Applicant's Relationship to Organization: Employee

SECTION 3 – EVENT INFORMATION

Name of Event: Bike to the Beat

Event Location: Christ the King Church - Combined Locks

Event Date: *If a multi-day event, please list all days. Saturday, August 6

Event Start Time - End Time: 7am-3pm

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.

Star Security 920-527-0510

Total Anticipated Attendance for Event:

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

3600 riders

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? | 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? | 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 type="checkbox"/> | NO <input checked="" 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.

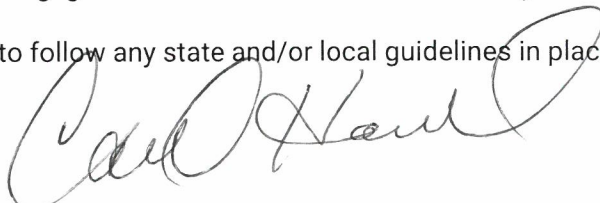
Section 5 – Indemnification and Disclaimer

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: CATHY HARVATH

COPY

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

Investigation Fee - \$15.00

Receipt No. 8172 5359 cc

Sellers Permit No. _____

Date Paid 4-1-22

Name of Applicant: Matthew Koch	
Address: 720 E. New York Ave.	
City, State, Zip: Oshkosh, WI, 54901	County of Residence: Winnebago
If less than two years at the above address, please list all addresses in the last two-year period: 816 Stillwell Ave., Oshkosh, WI, 54901	
Date of Birth (Month/Day/Year): 02/27/83	Place of Birth: Oshkosh, WI
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: 920-312-4585
Driver's License Number: K200-5598-3067-05	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Free Home Remodeling Estimates	
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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: Kaukauna (Within City Limits)	
Home Company Name: Mad City Windows & Baths Llc	
Address: 2340 Holly Rd., Neenah, WI, 54956	
Officer or Director of Company: Andrew Edlund	Principal Place of Business (State): WI

COPY

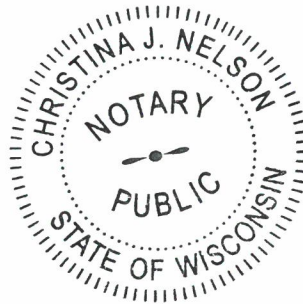
Reference	Name:
	Address:
	Telephone Number:
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Shawano, WI, Appleton, WI, Sheboygan, WI	



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

1st day of April, 2022



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 type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature:		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.