

HEALTH AND RECREATION COMMITTEE

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



Monday, January 20, 2025 at 6:25 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Solicitors Licenses.
 - [b.](#) Special Event Application to Marty DeCoster for "Wisconsin Ave Block Party" on September 20, 2025 from 2-10 PM.
 - [c.](#) Special Event Application to Mark Brennan for "13th Annual Alex's Peace 'N Love 5k Walk" at Hydro Park on April 26, 2025 from 7 AM-3 PM.
 - [d.](#) Special Event Application to Jessica Decet for "Fox Heritage Run" from 2-7 PM on May 2, 2025 and 6-11 AM on May 3, 2025.
 - [e.](#) Special Event Application to Brad Zuraski for "Wingz Ghosts in the Grignon" on October 18, 2025 from 7 AM- 5 PM.
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, January 20, 2025 at 6:25 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.

January 21, 2025

THE FOLLOWING APPLICANTS HAVE APPLIED FOR A SOLICITOR'S LICENSE FOR THE LICENSE YEAR 2024 AND HAVE BEEN RECOMMENDED FOR APPROVAL BASED ON THEIR RECORD CHECK BY THE POLICE DEPARTMENT:

Teal	Bradley	J.	1211 Elmwood Ave	Oshkosh
Voster	Alexander	M.	940 Ida St	Menasha
Vogl	Michael	D.	1053 Rock Ledge Ln	Neenah



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

Investigation Fee - \$15.00

Receipt No. CC9133273

Sellers Permit No. _____

Date Paid 12/9/24

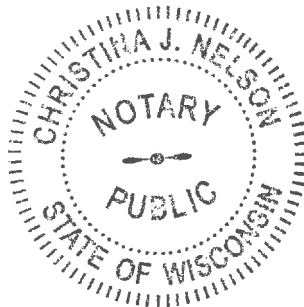
Name of Applicant: <u>Bradley Teal</u>	
Address: <u>1211 Elmwood Ave</u>	
City, State, Zip: <u>OSHKOSH, WI, 54901</u>	County of Residence: <u>United States</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>03/10/1995</u>	Place of Birth: <u>Green Bay</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-672-2174</u>
Driver's License Number: <u>1400-0709-5090-04</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Windows, Bathrooms, Kitchen and patio door remodeling</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 checked="" type="checkbox"/>	
Location where selling in the City: <u>Kaukauna</u>	
Home Company Name: <u>Mad City Windows</u>	
Address: <u>2340 Holly Rd. Neenah WI</u>	
Officer or Director of Company: <u>Eric Smith</u>	Principal Place of Business (State):

Reference	Name: <u>Seth Taylor</u>
	Address: <u>471 High Ave Apt. 26 Oshkosh, WI,</u>
	Telephone Number: <u>414-426-7100</u>
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. <u>Appleton</u>	

Seth Taylor *Christina J. Nelson*
 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

10 day of January, 2025

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>Bruce Sweeney</i></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

Receipt No. CC 9133273

Sellers Permit No. _____

Date Paid 12/9/24

Name of Applicant: <u>Michael Vogl</u>	
Address: <u>1053 Rockledge Ln</u>	
City, State, Zip: <u>Neenah WI 54956</u>	County of Residence: <u>Win</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>08/08/1973</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-268-5445</u>
Driver's License Number: <u>V240-5448-3288-04</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>free estimates</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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City:	
Home Company Name: <u>Mad City Windows and Bath LLC</u>	
Address: <u>2340 Holly Rd Neenah</u>	
Officer or Director of Company: <u>Andy</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Eric Smith</u>
	Address: <u>2346 Holly Rd</u>
	Telephone Number: <u>1920 850-9831</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.	


Signature of Applicant

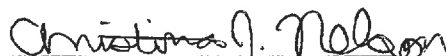
STATE OF WISCONSIN OUTAGAMIE COUNTY

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

6 day of January 20 25


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></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

Receipt No. CC 9133273

Sellers Permit No. _____

Date Paid 12/9/24

Name of Applicant: <u>Alexander M Voster</u>	
Address: <u>940 Ida</u>	
City, State, Zip: <u>Menasha, WI, 54952</u>	County of Residence: <u>Win</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>06/20/93</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920 659 1187</u>
Driver's License Number: <u>VZ36-0139-3220-07</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>fr estimates</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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: _____	
Home Company Name: <u>Mad City Windows and Bath LLC</u>	
Address: <u>2340 Holly Rd, Neenah,</u>	
Officer or Director of Company: <u>Andy</u>	Principal Place of Business (State): <u>WI</u>

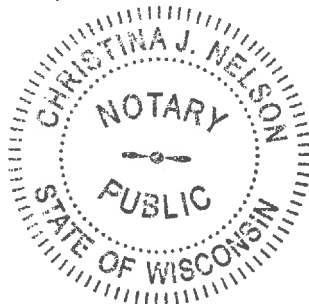
Reference	Name: <u>Eric Smith</u>
	Address: <u>2340 Holly RD</u>
	Telephone Number: <u>1 (920) 850-9831</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

[Signature]
Signature of Applicant

[Signature]

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

6 day of January 2025

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>Barclay Smith</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



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: *Marty DeCoster*

Date of Birth: *Event organizers must be at least 18 years old. *12-30-78*

Address: *157 Raught St, Kaukauna*

Phone Number: *920-716-7484*

Email Address: *shortpants228@gmail.com*

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: *Wisconsin Ave Block Party*

Organization's Address:

Organization's Phone Number:

Same As Above

Organization's Email Address or Website:

Applicant's Relationship to Organization:

SECTION 3 – EVENT INFORMATION

Name of Event: *Wisconsin Ave Block Party*

Event Location: *100-200 Block of Wisconsin Ave. Kaukauna*

Event Date: *If a multi-day event, please list all days. *September 20th 2025*

Event Start Time - End Time: *Street Closure at 8am until Midnight*

Event Time 2pm until 10pm noise possible until 11pm

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.

Marty DeCoster 920-716-7484

Total Anticipated Attendance for Event: *1000 - 1200*

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

Open to the public, mostly geared for adults but families welcome.

This will be year 9 of this event.

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 <input checked="" type="checkbox"/> | NO <input 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 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 checked="" type="checkbox"/> | NO <input 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:

Wisconsin Ave Block Party



September 21st ~ 2024

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: Mary Brennan

Date of Birth: *Event organizers must be at least 18 years old. 05/17/1961

Address: 907 Grignon Street

Phone Number: 920-716-1749

Email Address: mjackbrennan@yahoo.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Peace And Love For Alex In

Organization's Address: 907 Grignon St

Organization's Phone Number: 920-716-1749

Organization's Email Address or Website: [www.peaceandloveforalexin](http://www.peaceandloveforalexin.com)

Applicant's Relationship to Organization: President

SECTION 3 – EVENT INFORMATION

Name of Event: 13th Annual Alex's Peace 'N Love 5k W.

Event Location: Hydro Park

Event Date: *If a multi-day event, please list all days. 04/26/2025

Event Start Time - End Time: 7:00-3:00 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.

Dennis Besaw 920-716-2887

Total Anticipated Attendance for Event:

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

500

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 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 checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Will there be a tent larger than 200 SF? | YES <input checked="" type="checkbox"/> | NO <input 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 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 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.

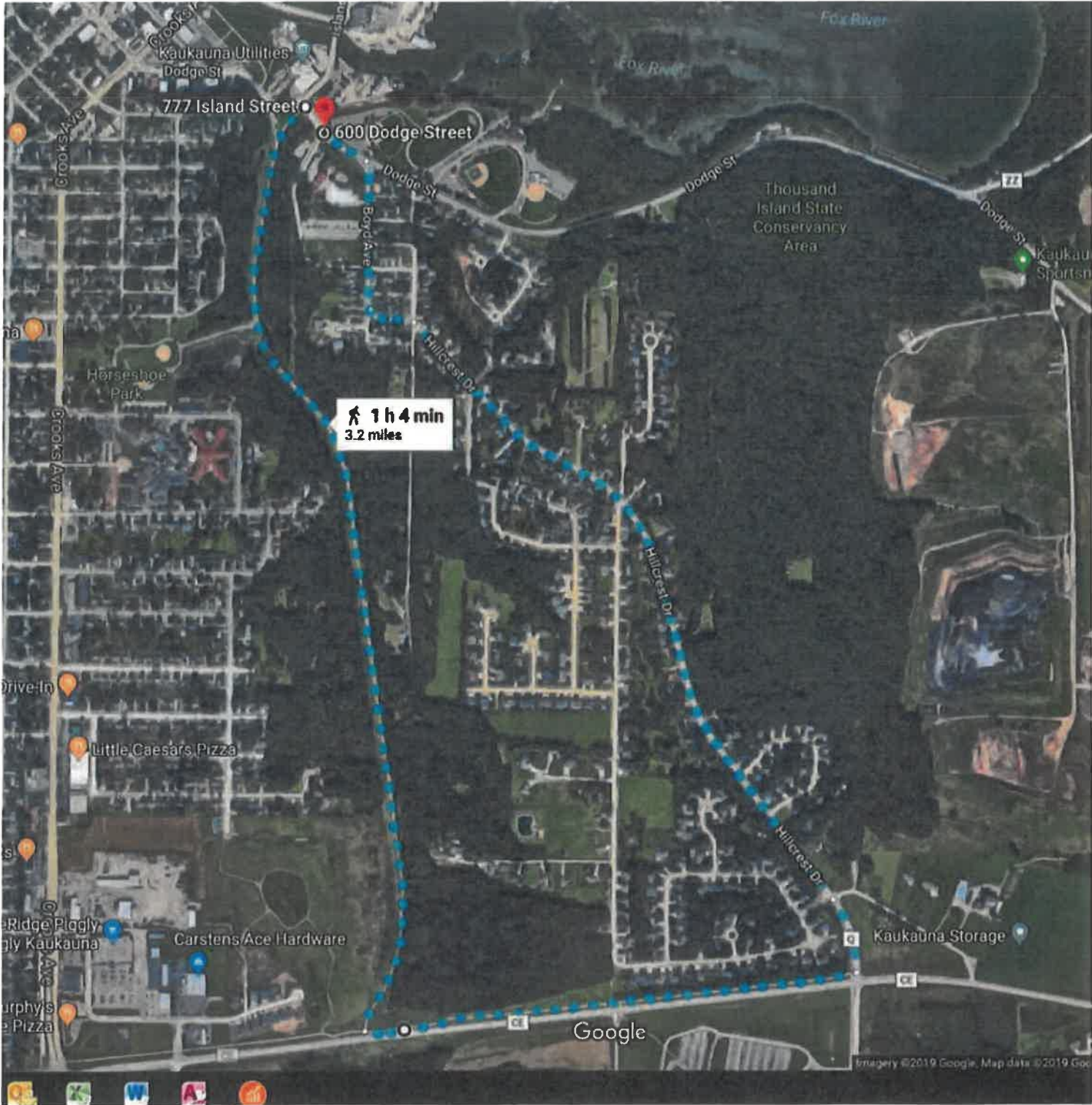
By signing below, I agree to follow any state and/or local guidelines in place to prevent the spread of COVID-19.

Signature of Applicant:

Mary Brennan

Printed name of Applicant:

Mary Brennan



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 1

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

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:

Business/ Sponsor Address:

Contact Person's Name:

Contact's Phone:

Contact's Email:

Sponsorship/Donation Type:

☐ **Platinum (\$3000+)**

☐ **Gold (\$1000)**

☐ **Silver (\$700)**

☐ **Bronze (\$500)**

In-kind Donation:

**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**

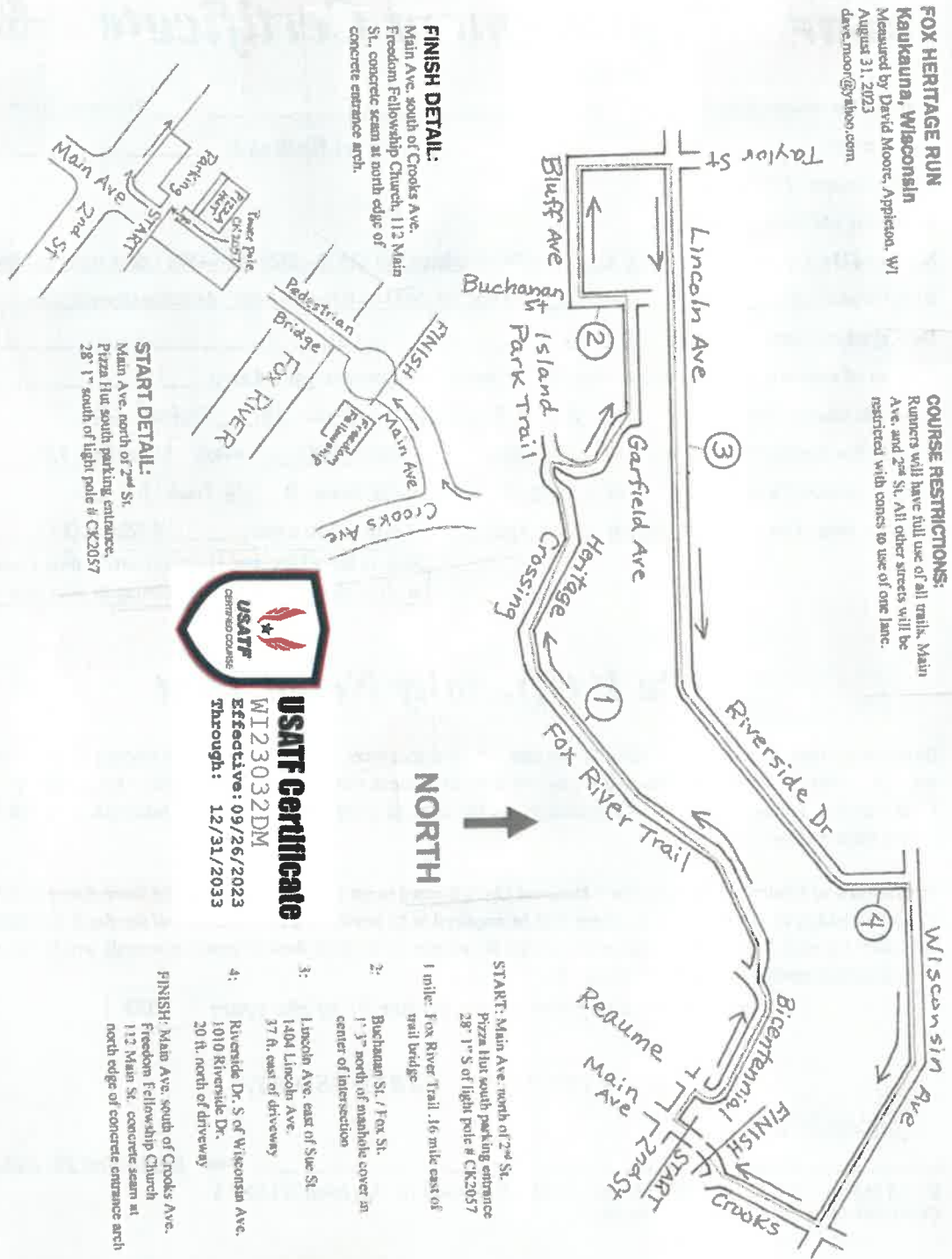
David Moore

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

WI23032DM - page 2 of 2





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: Brad Zuraski

Date of Birth: *Event organizers must be at least 18 years old. 01/18/1982

Address: 7026 Woodenshoe Road Neenah, WI 5495

Phone Number: 6122024561

Email Address: bzuraski@yahoo.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Wingz Disc Golf

Organization's Address: 7026 Woodenshoe Road Ne

Organization's Phone Number: 6122024561

Organization's Email Address or Website: bzuraski@yahoo.com

Applicant's Relationship to Organization: Owner

SECTION 3 – EVENT INFORMATION

Name of Event: Wingz Ghosts in the Grignon

Event Location: Grignon Park

Event Date: *If a multi-day event, please list all days. 10/18/2025

Event Start Time - End Time: 7am-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.

Brad Zuraski 612-202-4561

Total Anticipated Attendance for Event:

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

90

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

- | | | |
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- | | | |
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- | | | |
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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:



Printed name of Applicant: Bradley A Zuraski



