

HEALTH AND RECREATION COMMITTEE

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



Wednesday, July 05, 2023 at 6:30 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Combination Class B Beer and Liquor License to Prime Steer Supper Club, Gary Natrop Agent, Prime SSC, Ltd., 704 E. Hyland Ave.
 - [b.](#) Amplified Music request to Cathy Harvath on August 5, 2023 for Bike to the Beat at Grignon Mansion and Kaukauna Athletic Field from 7 am to 3 pm.
 - [c.](#) Amplified Music request to Ashley Thiem-Menning, Kaukauna Public Library on August 21, 2023 for the Fairy Walk at 1000 Islands from 5-8 PM.
 - [d.](#) Amplified Music request to Marty DeCoster on September 23, 2023 between Tommy G's and Mena's Place for the Wisconsin Avenue Block Party from 2 to 11 pm.
 - [e.](#) Temporary Class B License to Kaukauna Athletic Club on September 23, 2023 for the Wisconsin Avenue Fall Block Party.
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 Wednesday, July 5, 2023 at 6:30 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.

Form
AT-106Original Alcohol Beverage
License Application

FOR CLERKS ONLY	
Municipality	City of Kaukauna
License Period	07/01/23 - 06/30/24

License(s) Requested

- ☐ Class "A" Beer \$ _____
 ☐ "Class A" Liquor \$ _____
- ☒ Class "B" Beer \$ 100.00
☒ "Class B" Liquor \$ 350.00
- ☐ "Class C" Wine \$ _____
 ☐ "Class A" Liquor (Cider Only) \$ 0
- ☐ Reserve "Class B" Liquor \$ _____
 ☐ "Class B" (Wine Only) Winery \$ _____

License Fees	\$ <u>450.00</u>
Publication Fee	\$ <u>25.00</u>
Background Check	\$ _____
Total Fees	\$ <u>475.00</u>

Part A: Premises/Business Information

1. Legal Business Name (registered entity name or individual's name if sole proprietorship) <u>Prime SSC, Ltd</u>		
2. Trade Name or DBA <u>Prime Steer Supper Club</u>		
3. Premises Address <u>704 E HYLAND AVE</u>		
4. County <u>Outagamie</u>	5. Municipality <u>Kaukauna</u>	6. Aldermanic District
7. Mailing Address (if different from premises address) <u>704 E HYLAND AVE</u>		
8. FEIN <u>39-6185369</u>	9. Wisconsin Seller's Permit Number <u>456000045684403</u>	
10. Premises Phone <u>(920)766-9888</u>	11. Premises Email	
12. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization		
13. Premises Description - Describe the building or buildings where alcohol beverages are to be sold and stored. Describe all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. Alcohol beverages may be sold and stored ONLY on the premises described in this application. Attach additional sheets if necessary. <u>bar, dining room, walk in cooler</u>		

Part B: Questions

1. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit a copy of Responsible Beverage Server Training Course Certificate. ☒ Yes ☐ No
2. Does the applicant business or its partners, officers, directors, managing members, or agent hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? ☐ Yes ☒ No
If yes, please explain using the space below. Attach additional sheets if necessary.

Part C: For Corporate/LLC Applicants Only

1. State of Registration Wisconsin		2. Date of Registration 6-20-23
3. Is the applicant business owned by another corporation or LLC? If yes, please provide the name and FEIN of the parent company below, include parent company members in Part D, and attach Form AT-103 for all of the parent company's principal members, managers, officers, or directors <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name of Parent Company Prime SSC, Ltd	FEIN of Parent Company 39-6185369	
4. Does the parent company or any of its officers, directors, managing members, or agent hold any direct or indirect interest in any other alcohol beverage wholesaler or producer (e.g., brewer, brewpub, winery, distillery)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain using the space below. Attach additional sheets if necessary.		
5. Agent's Last Name Natrop	Agent's First Name GARY	Phone (920) 540-1928

Part D: Individual Information

A Supplemental Questionnaire, Form AT-103, must be completed and attached to this application for each person involved in the applicant business and any parent company as indicated in Part C. Persons in the applicant business include: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all managing members and agent of a limited liability company.

List the full name, title, and phone number for each person below. Attach additional sheets if necessary.

Last Name	First Name	Title	Phone
Natrop	GARY	President	920-540-1928
Natrop	LOSA	VP	920 540-1927

Part E: Attestation

Who must sign this application?

- sole proprietor • one general partner of a partnership • one corporate officer • one managing member of an LLC

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature Mary Natrop		Date 6-20-23
Name (Last, First, M.I.) Natrop Gary L (920)		
Title Owner	Email gnatrop58@gmail.com	Phone 540-1928

Part F: For Clerk Use Only

Date application was filed with clerk 6-20-2023	Date reported to governing body	Date provisional license issued (if applicable)
Date license granted	License number	Date license issued
Signature of Clerk/Deputy Clerk Sally Kenney		

Date 6-20-23

Form
AT-103Alcohol Beverage License Application
Supplemental Questionnaire

This form must be submitted to the municipal clerk, and be accompanied by one or more of the following forms: AT-104, AT-106, AT-108, AT-115, or AT-200. One Form AT-103 must be completed by each person involved in the applicant business or parent company including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- managing members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Supplemental Questionnaires are submitted.

Part A: Premises/Business Information

1. Registered Entity Name (or individual name if sole proprietor)

Prime SSC, Ltd

2. Trade Name or DBA

Prime Steer Supper Club

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☒ Corporation ☐ Nonprofit Organization
Part B: Individual Information

1. Name (Last, First, M.I.)

NATROP Gary L

2. Relationship to Registered Entity (Title)

owner

3. Email

gnatrop58@gmail.com

4. Phone

920 540-1928

5. Home Address

224 Shady ridge ct

6. City

Wrightstown

7. State

WI

8. Zip Code

54180

9. Date of Birth

09/03/67

10. Drivers License/State ID Number

N361-2926-7323-04

11. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History

List in chronological order your last two residence addresses within the last 5 years.

Previous Address 1

1801 Kelly st

Previous City, State, Zip

Little Chute WI 54140

Dates (MM/YYYY - MM/YYYY)

3-2019 - 11-2022

Previous Address 2

Previous City, State, Zip

Dates (MM/YYYY - MM/YYYY)

Part D: Employment History

List in chronological order your last two employers within the last 5 years.

Employer's Name

Thilmany

Employer's Address

600 thilmany Rd KAUKAUNA WI 54130

Dates Employed (MM/YYYY - MM/YYYY)

2/13/2020

Employer's Name

SELF Employed - Prime Steer Supper Club

Employer's Address

704 Hyland Ave KAUKAUNA WI

Dates Employed (MM/YYYY - MM/YYYY)

1983-2019

Part E: Criminal History

1. Have you ever been convicted of any offenses (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Trial Date
Penalty Imposed	Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (other than traffic offenses unrelated to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part F: Questions

1. Have you lived in any state other than Wisconsin as an adult? If yes, please list them in the space below. If no, continue to question 2. ☐ Yes ☒ No

2. How long have you continuously lived in Wisconsin prior to the date of application?
- | | | | |
|-------|----|--------|---|
| Years | 55 | Months | 6 |
|-------|----|--------|---|
3. Do you hold a direct or indirect interest in any alcohol beverage wholesaler or producer (e.g. brewer, brewpub, winery, distillery)? If yes, please explain using the space below. Attach additional sheets as needed. ☐ Yes ☒ No

Part G: Attestation

READ CAREFULLY BEFORE SIGNING: I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Mary J Natrop</i>	Date 6/19/23
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Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: ☐ Town ☐ Village ☒ City of Kaukauna County of Outagamie

The undersigned duly authorized officer/member/manager of Prime SSC, Ltd
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

Prime Steer Supper Club
(Trade Name)
located at 704 Hyland Ave - Kaukauna 54130
appoints Gary Natrop
(Name of Appointed Agent)
224 Shady Ridge Ct Wrightstown WI 54180
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

☐ Yes ☒ No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? ☒ Yes ☒ No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? 55 yrs

Place of residence last year hla

For: Gary Natrop
(Name of Corporation / Organization / Limited Liability Company)

By: Mary Natrop
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, GARY NATROP, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

Mary Natrop 6-20-23 Agent's age 55
(Signature of Agent) (Date)
224 Shady Ridge Ct Date of birth 9/3/67
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)



REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Cathy Harvath Date of Birth: 9-4-61

Address: 2201 E Enterprise Ave Appleton WI 54913 Phone number: 920-993-3921

Organization Name, if applicable: Fox Communities Credit Union

Email address: lfreitag@foxcu.org

Event Information

Name of Event: Bike To The Beat

Event location (s): Grignon Mansion & Kaukauna Athletic Field

Date of Event: 8/5/23

Event Start time- End time: 7a-3p

Number of people attending: 3,600

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.

For questions: russove@kaukauna-wi.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: 2201 E Enterprise Ave

Phone Number: 920-993-3921

Email Address: lf Freitag@foxcu.org

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Fox Communities Credit Un

Organization's Address: 2201 E Enterprise Ave.

Organization's Phone Number: 920-993-9000

Organization's Email Address or Website: <https://foxcu.org/>

Applicant's Relationship to Organization: VP Marketing

SECTION 3 – EVENT INFORMATION

Name of Event: Bike To The Beat

Event Location: Kaukauna Athletic Field Grignon Mansion

Event Date: *If a multi-day event, please list all days. Saturday August 5th 2023

Event Start Time - End Time: 9a-3p

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.

Heather Wessley 920-419-6684

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

2,500 - 3,000

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 checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Are you providing your own barricades? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Did you include a map of the event location/route? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 4. For park events, have you reserved the park? | YES <input type="checkbox"/> | NO <input 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.

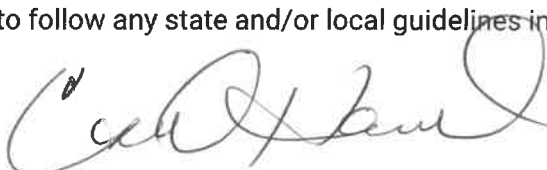
Section 5 – Indemnification and Disclaimer

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: Cathy Harvath



REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Ashley Thiem-Menning Date of Birth: 10/23/83
 Address: 207 Thilmann Rd Phone number: 766-6342
 Organization Name, if applicable: Kaukauna Public Library
 Email address: ashleyt @ kaukauna.gov

Event Information

Name of Event: Fairy walk
 Event location (s): 11000 Islands Date of Event: 8/21
 Event Start time- End time: 5-8p
 Number of people attending: 900

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.

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: *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:

Organization's Address:

Organization's Phone Number:

Organization's Email Address or Website:

Applicant's Relationship to Organization:

SECTION 3 – EVENT INFORMATION

Name of Event: *Wisconsin Ave Block Party*

Event Location: *On Wisconsin Ave Between Tommy G's + Mena's Place.*

Event Date: *If a multi-day event, please list all days. *September 23rd 2023*

Event Start Time - End Time: *Set Up @ 8am - Street Back open by Midnight*
Event 2pm - 10:30pm

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: *200-400*

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

This is a yearly event (7th) open to the public. Main purpose is to attract business to the Wisconsin Ave businesses.

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.
Through Abel Insurance 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? *Small 10x20 and 10x10* 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 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.

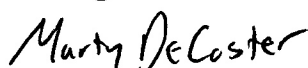
Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against 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:



Street closure 8am until 1am on September 22nd, allowing time to set up and tear down event.

Alcohol control plan.

- Age verification and wristbands must be worn by anyone in the area that is consuming alcohol and in order to purchase alcohol.
- Tap beer and cans of malt beverages will be served by the Kaukauna Athletic Club (KAC).
- The KAC and licensed bartenders from Tommy G's, Plan B, Electric City Lanes, JJ's Cocktail Lounge, Mena's Place and TAQ Brewing will be checking ID's and applying the alcohol wristbands.
- Signs will be placed on all barricades indicating "No Alcohol Past This Sign".
- Signs will also be placed at the entrances of all taverns involved, indicating no glass and no liquor drinks allowed in street. Beer, wine, and malt beverages only.

KAC, and Carnival Time Popcorn are the only invited vendors requiring county's food license.

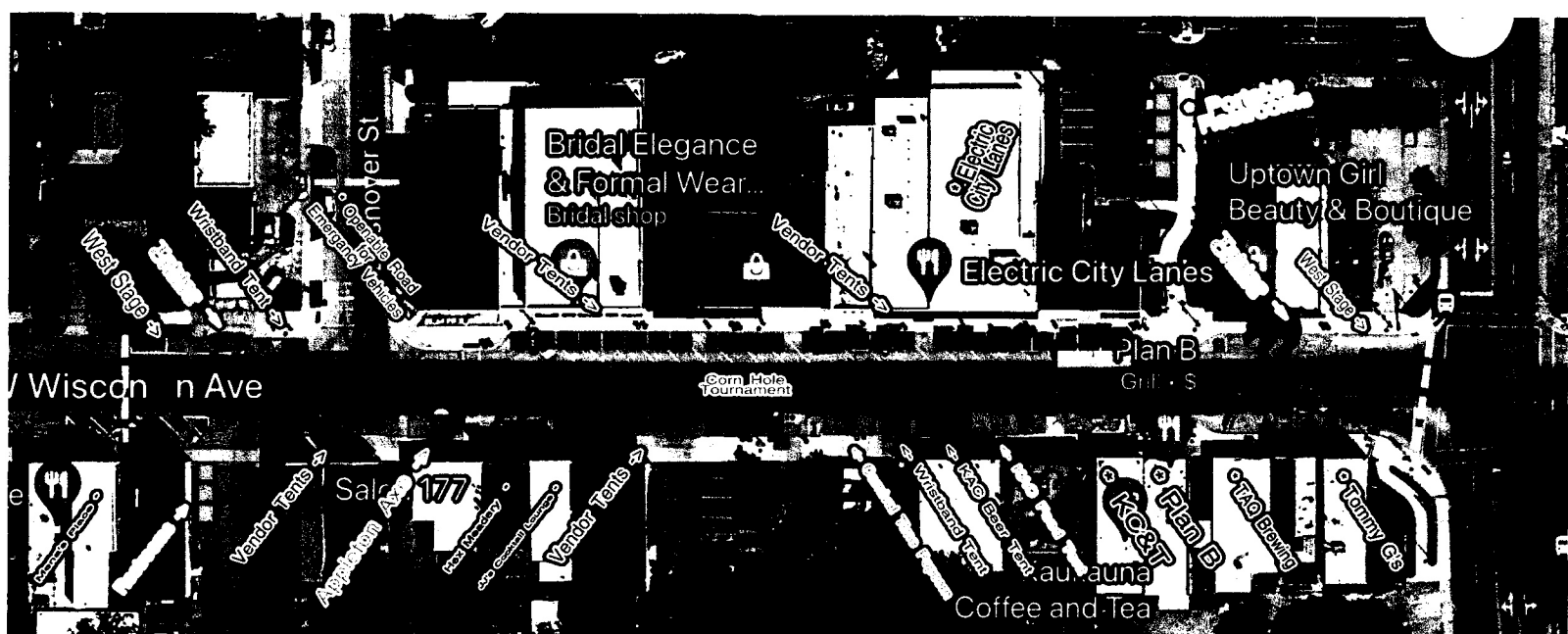
Outdoor amplified sound will be played during the event and will be done by 11pm.

Clean up and tear down of event is estimated to be completed by midnight, 1am at the latest.

All neighboring businesses will be contacted and invited into the event.

All craft vendors are on their own for setup, no power, tents or tables will be provided.

Outdoor porta potties will be located on each end of the event, located on the map.



To: the Health and Recreation Committee,

This is a request for amplified music for our event, the Wisconsin Ave. Fall Block Party. It will be held on Saturday, September 23rd 2023, between the hours of 2pm and 11pm. Music will consist of local live band music playing at comfortable crowd levels. This is our seventh year of organizing this event, and with no complaints, problems or concerns from previous years, we don't expect to have any this year either.

Thank you for your consideration,
Event coordinator,
Marty DeCoster

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 6-22-2023

☐ Town ☐ Village ☒ City of Kaukauna

County of Outagamie

The named organization applies for: (check appropriate box(es).)

☐ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☒ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning Sept 23, 2023 and ending Sept 23, 2023 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

- ☒ Bona fide Club ☐ Church ☐ Lodge/Society
☐ Veteran's Organization ☐ Fair Association or Agricultural Society
☐ Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Kaukauna Athletic Club

(b) Address PO Box 183 Kaukauna WI 54130
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized 1938

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President Mike Knott, 412 W 10th St Kaukauna

Vice President _____

Secretary _____

Treasurer _____

(g) Name and address of manager or person in charge of affair: _____

Same

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 100-200 Block of W Wisconsin Ave, beer trailer

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? No

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Wisconsin Ave Fall Block Party

(b) Dates of event Sept 23, 2023

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer

[Signature]
(Signature / Date)

Kaukauna Athletic Club
(Name of Organization)

Date Filed with Clerk 6-22-2023

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____