HEALTH AND RECREATION COMMITTEE

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

Monday, May 06, 2024 at 6:15 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.

2. Discussion Topics.
   a. Elect Vice-Chair.
   b. Elect Secretary.
   c. Special Event Application and Amplified Music Request to Marty DeCoster for the Wisconsin Avenue Fall Block Party on September 21, 2024 from 8 am to 11 pm.
   d. Amplified Music Request to Jodi Pentergast at Riverside Park on June 1, 2024 from 12 to 9 pm for a wedding reception.
   e. Special Event Application and Amplified Music Request to Friends of 1000 Islands at 1000 Islands Environmental Center on May 19, 2024 from 9 am to 3 pm for the Arts and Craft Fair.

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, May 6, 2024 at 6:15 P.M. to gather information about a subject over which they have decision making responsibility.

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

MEETING ACCESS INFORMATION:

You can access this meeting by one of three methods: from your telephone, computer, or by an app. Instructions are below.
To access the meeting by telephone:
1. Dial 1-312-626-6799
2. When prompted, enter Meeting ID 234 605 4161 followed by #
3. When prompted, enter Password 54130 followed by #

To access the meeting by computer:
1. Go to http://www.zoom.us
2. Click the blue link in the upper right hand side that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow Zoom to access your microphone or camera if you wish to speak during the meeting

To access the meeting by smartphone or tablet:
1. Download the free Zoom app to your device
2. Click the blue button that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow the app to access your microphone or camera if you wish to speak during the meeting

Members of the public will be muted unless there is an agenda item that allows for public comment or if a motion is made to open the floor to public comment.

UPDATED 04.01.2021

SPECIAL EVENT APPLICATION FORM

EVENT APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE OF AN EVENT

SECTION 1 – APPLICANT INFORMATION

Information about the person applying to have a special event or applying on behalf of an organization.

Name: Marty DeCoster

Date of Birth: *Event organizers must be at least 18 years old. 12-30-1978

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:

NA

SECTION 3 – EVENT INFORMATION

Name of Event: Wisconsin Ave Fall Block Party

Event Location: West Wisconsin Ave From Tommy G's to Mena's Place

Event Date: *If a multi-day event, please list all days. 9-21-2024

Event Start Time - End Time: Street Closed 8am - Midnight
Event 2pm - 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: 1000-1500
Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.): Open to the Public

SECTION 4 – APPLICANT CHECKLIST
Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. *Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

General Information:

1. **Will food be prepared and/or served at the event?** YES ☒ NO ☐
2. **Will there be a band or amplified music/noise?** YES ☒ NO ☐
3. **Will there be portable restrooms?** YES ☒ NO ☐
4. **Do you have proper insurance for your event and have you provided it to the City?** *Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 attendees. 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?** 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 [X] NO [ ]
2. Are you providing your own barricades? YES [ ] NO [X]
3. Did you include a map of the event location/route? YES [X] NO [ ]
4. For park events, have you reserved the park? YES [ ] NO [X]
5. Will there be rides at the event? YES [ ] NO [X]

Police Department: (920) 766-6333

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

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

1. Will alcoholic beverages be served/sold? YES [X] NO [ ]

   By Kaukauna Athletic Club

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

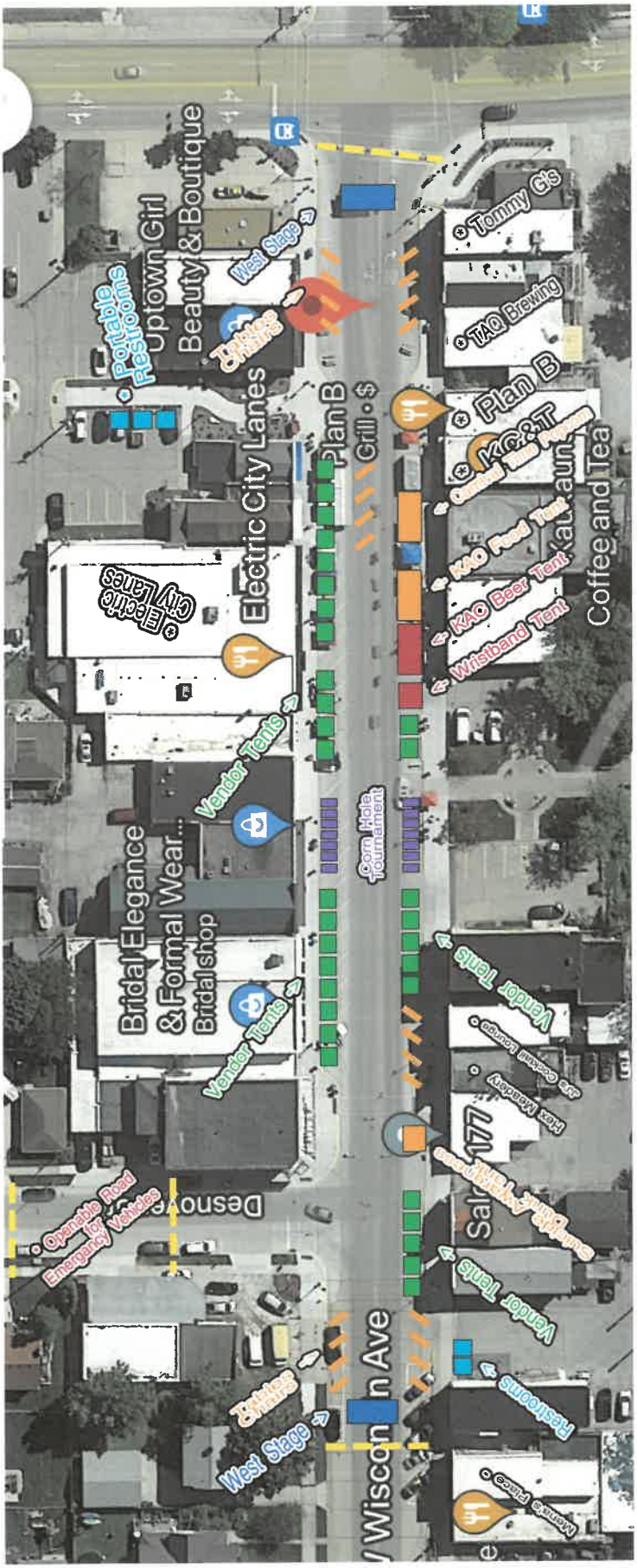
By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, 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: Marty DeCoster

Printed name of Applicant: Marty DeCoster


Portable Restrooms
Uptown Girl Beauty & Boutique
West Stage
Tables & Chairs
Electric City Lanes
Plan B Grill • $
Tommy G's
TAO Brewing
Plan B
KC&T
Coffee and Tea
KAO Food Tent
KAO Beer Tent
Wristband Tent
Electric City Lanes
Vendor Tents
Corn Hole Tournament
Bridal Elegance & Formal Wear... Bridal shop
Vendor Tents
Vendor Tents
Hex Meadery
Vendor Tents
Vendor Tents
Openable Road Emergency Vehicles
Tables & Chairs
West Stage
Wisconsin Ave
Presidents
Monk's Place

REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Marty DeCoster

Date of Birth: 12-30-1978

Address: 157 Raught St

Phone number: 920-716-7484

Organization Name, if applicable:

Email address: Shortpantsz28@gmail.com

Event Information

Name of Event: Wisconsin Ave Block Party

Event location (s): West Wisconsin

Date of Event: 9/21/24

Event Start time- Street Closure 8am - Midnigh / Event 2pm until 11pm End time:

CITY OF KAUKAUNA 144 W 2nd Street Kaukauna, WI 54130 920 766 6300 www.cityofkaukauna.com

Number of people attending: 800-1000

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.

REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Jodi Pendergast Date of Birth: 12-14-77

Address: 125 W. 14th St Kaukauna Phone number: (920) 850-7857

Organization Name, if applicable: N/A

Email address: pendergastjodi@gmail.com

Event Information

Name of Event: Wedding reception

Event location (s): Riverside Park Date of Event: 6-1-24

Event Start time- End time: Noon - 9pm

Number of people attending: 100

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: tvosters@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: Eric Hietpas

Date of Birth: *Event organizers must be at least 18 years old. 11-29-84

Address: 153 Arthur St.

Phone Number: 920-419-6666

Email Address: hipphop104@yahoo.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Friends of 1000 Islands

Organization's Address: 1000 Beaulieu Ct. Kaukauna

Organization's Phone Number: 920-766-4733

Organization's Email Address or Website: thousandisland@Kaukauna.gov

Applicant's Relationship to Organization: President of the Friends group

SECTION 3 – EVENT INFORMATION

Name of Event: 1000 Islands Arts and Crafts Fair

Event Location: 1000 Islands Enviromental center

Event Date: *If a multi-day event, please list all days. May 19, 2024

Event Start Time - End Time: 9am - 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.

Nathaniel Blood - Naturalist 920-766-4733
Eric Hietpas - President of Friends group 920-419-6666

Total Anticipated Attendance for Event: 200-400

Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.): Art & Crafts fair, anyone can attend, Free to the Public. This is an Annual event

SECTION 4 – APPLICANT CHECKLIST

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General Information:

1. Will food be prepared and/or served at the event? YES [X] NO [ ]
2. Will there be a band or amplified music/noise? YES [X] NO [ ]
3. Will there be portable restrooms? YES [ ] NO [X]
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 [X] NO [ ]

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

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1. Do you have a plan for medical emergencies? YES ☒ NO ☐
2. Is security needed for the event? YES ☐ NO ☒
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    d. Explosion, collapse, and underground coverage
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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: [illegible]

Printed name of Applicant: Eric J. Hietpas