

HEALTH AND RECREATION COMMITTEE

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



Monday, July 14, 2025 at 6:20 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Discussion on Special Event Fee Comparison.
 - [b.](#) Request for Bounce House at La Follette Park on 9/6/25 from 11AM-4PM for Fox Valley Tool and Die.
 - [c.](#) Temporary Class B License to American Legion Post 258 for Car Show and Brat Fry on August 19 4pm-8pm.
 - [d.](#) 2025-2026 Beer and Liquor License.
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, July 14, 2025, at 6:20 P.M. to gather information about a subject over which they have decision making responsibility.

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



MEETING ACCESS INFORMATION:

You can access this meeting by one of three methods: from your telephone, computer, or by an app. Instructions are below.

To access the meeting by telephone:

1. Dial 1-312-626-6799
2. When prompted, enter Meeting ID 234 605 4161 followed by #
3. When prompted, enter Password 54130 followed by #

To access the meeting by computer:

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

To access the meeting by smartphone or tablet:

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

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



MEMO

HEALTH AND RECREATION COMMITTEE

To: Health and Recreation Committee Members
From: Terri Vosters, Community Enrichment & Recreation Director
Date: July 14, 2025
Re: Special Event Fee Comparison 2025

Background Information:

The City of Kaukauna hosts more than 40 events (not including athletic tournaments) annually that meet the definition of a Special Event. A special event is defined as: any public event which interferes with the normal flow or regulation of traffic upon the streets, sidewalks, or rights-of-way. Examples include but are not limited to: Parade, race, procession, show, ceremony, athletic event.

As part of the City's Strategic plan, the special events permit/application revision process began in 2024. The revision exercise provided an additional opportunity to examine challenges that the City has encountered throughout the last 10 years. We found that special events permitting within local and national trends and challenges have changed over the last decade. The current permitting process and documents have not been revised in over ten years. City staff met to discuss challenges with the permitting process and event challenges to develop an updated application process with several goals in mind:

- Provide the public with an online location to apply for a special event
- Better define what is a special event
- Provide the contacts needed when offering a special event
- Provide a central hub for the applicant to ask questions
- Accurately determine if fees should be implemented

The information in the attached documents is from six surrounding communities. Cost per person/time in Fire and Police, application deadlines, Recreation fees, and Public Works fees. The results are coded on the reference page. Yellow indicates the same as Kaukauna, Green indicates charging more than Kaukauna, and Orange is unknown.

The City of Kaukauna does not currently charge an application fee or any recreation/public works/equipment or personnel time for special events.

Strategic Plan:

Community of Choice -Streamline the special events process.

Budget:

Possible increase to 2026 budget if fees are adopted.

Staff Recommended

N/A at this time. This is for information only. Discussion at this time to direct the Community Enrichment & Recreation Director to investigate and return in the future with possible fee adjustments.



Kaukauna is not included in the calculated averages.
Charges the same as Kaukauna
Charges more than Kaukauna
Unknown price or service not provided

	Kaukauna	Appleton
Administration/Application Fee	\$0.00	\$75.00 + \$7.00 (police investigation fee)
Ball Diamond Rental	\$0.00	For-Profit: \$25.00/hr/field + \$20.00/hr/field (lights) Non-Profit: \$20.00/hr/field + \$15.00/hr/field (lights)
Bleachers	\$0.00	N/A
Boat Launch Fee	\$0.00	Daily: \$5.00 Annual - Resident: \$15.00 Annual - Non-Resident: \$35.00
Carnival/Circus Permit	\$0.00	On file with City Clerk
City Staff Set Up/Tear Down	\$0.00	Not provided
City Staff Work Event	\$0.00	Not provided
Concession Stands	\$0.00	\$65.00-\$115.00 /day/stand (location dependent)
Court Rental	\$0.00	For-Profit: \$10.00/hr + \$75.00/day Non-Profit: \$5.00/hr + \$50.00/day
Garbage/Recycling Carts	\$0.00	Not provided

Group Size Fee	\$0.00	\$0.00
Multi-Purpose Field Rental	\$0.00	For-Profit: \$35.00/hr + \$300.00/day Non-Profit: \$25.00/hr + \$250.00/day
PA System	\$0.00	N/A
Picnic Tables	\$0.00	\$0.00
Portable Podium	\$0.00	N/A
Tables	\$0.00	N/A
Tournament Ball Diamond Rental	\$0.00	For-Profit: \$165.00/field/day Non-Profit: \$115.00/field/day
Tournament Pickleball Court Rental	\$0.00	For-Profit: \$110.00/court/day Non-Profit: \$60.00/court/day

Kimberly	Little Chute
Resident: \$50.00	
Non-Resident: \$100.00	\$25.00
For-Profit: \$100.00/day/field	\$20.00/hr/field + \$10.00/hr/field
Non-Profit: \$50.00/day/field	(lights)
N/A	N/A
Daily: \$5.00	
Annual - Resident: \$15.00	
Annual - Non-Resident: \$35.00	\$0.00
\$50.00	\$10.00
For-Profit: 100% of costs	
Community Non-Profit: 10% of costs	
Other Non-Profit: 50% of costs	Cost determined by staff
For-Profit: 100% of costs	
Community Non-Profit: 10% of costs	
Other Non-Profit: 50% of costs	Cost determined by staff
For-Profit: \$100.00/day/stand	
Non-Profit: \$50.00/day/stand	N/A
Not provided	Not provided
Not provided	Cost determined by staff

\$0.00	\$0.00
Resident: \$35.00/occurrence Non-Resident: \$45.00/occurrence	\$15.00/hr/field
N/A	N/A
\$0.00	\$0.00
N/A	N/A
N/A	N/A
For-Profit: \$150.00/field/day Non-Profit: \$100.00/field/day	\$20.00/hr/field + \$10.00/hr/field (lights)
Not provided	Not provided

Menasha	Oshkosh
\$50.00	Single Day Event: \$25.00 Multi-day Event: \$35.00
\$30.00-\$75.00/3-5 hr/field (location dependent)	Fees only for tournaments
\$25.00/item	N/A
Daily: \$6.00 Residents: \$15.00-20.00 (age based) Non-Residents: \$35.00-\$40.00 (age based)	Daily: \$7.00 Annual - Resident: \$30.00 Annual - Non-Resident: \$40.00 Multi-Year (3) - Resident: \$70.00 Multi-Year (3) - Non-Resident: \$95.00 Annual Replacement - Resident: \$5.00 Annual Replacement - Non-Resident: \$10.00 Multi-Year Replacement - Resident: \$10.00 Multi-Year Replacement - Non-Resident: \$20.00 Boat Launch Buy Out: \$500.00/day
\$50.00/day	No specific fee - considered a special event
Not provided.	Seasonal (Straight Time): \$21.88/staff/hr Seasonal (1 1/2 Time): \$32.81/staff/hr Seasonal (Double Time): \$43.75/staff/hr Parks Full Time (Straight Time): \$36.67/staff/hr Parks Full Time (1 1/2 Time): \$55.00/staff/hr Parks Full Time (Double Time): \$73.37/staff/hr
Not provided.	Seasonal (Straight Time): \$21.88/staff/hr Seasonal (1 1/2 Time): \$32.81/staff/hr Seasonal (Double Time): \$43.75/staff/hr Parks Full Time (Straight Time): \$36.67/staff/hr Parks Full Time (1 1/2 Time): \$55.00/staff/hr Parks Full Time (Double Time): \$73.37/staff/hr
N/A	Residents - Weekday: \$68.00 Residents - Weekend/Holiday: \$78.50 Non-Residents - Weekday: \$78.50 Non-Residents - Weekend/Holiday: \$89.00
\$10.00/hr/court OR \$50.00/day/court	Not provided
\$4.00/item/day	Not provided

Up to 400: \$275.00/day 401-700: \$375.00/day 701+: \$500.00/day	\$0.00
\$275.00/3 hr/field	Not provided
N/A	N/A
\$7.00/item/day	\$0.00
N/A	N/A
N/A	N/A
\$30.00-\$75.00/3-5 hr/field (location dependent)	Residents: \$25.00/field/day Non-Residents: \$35.00/field/day
\$10.00/hr/court OR \$50.00/day/court	Not provided

Two Rivers	Proposed Change
N/A	\$20.00
N/A	Small fee for field rental.
\$50.00/item	\$25.00/item
Daily: \$5.00 Annual - Resident: \$25.00 Annual - Non-Resident: \$37.50	Small fee for boat launch.
N/A	Small fee for carnival/circus permit.
20 tables or less: \$40.00 21 tables or more: \$80.00	\$40.00/staff/hr
\$40.00/staff/hr	\$40.00/staff/hr
N/A	Small fee for use of concession stand.
Not provided	Small fee for use of court.
\$50.00/box of trash bags	\$50.00/box of trash bags

\$0.00	Up to 400: \$275.00/day 401-700: \$375.00/day 701+: \$500.00/day
Not provided	Small fee for use of field.
\$25.00/item	\$25.00/item
\$10.00/item	\$7.00/item
\$10.00/item	\$10.00/item
\$8.00-10.00/item (type)	\$10.00/item
Not provided	Small fee for use of field for tournament.
Not provided	Small fee for use of court for tournament.

	Kaukauna	Appleton
Fire Battalion Chief	\$0.00	Straight Time: \$60.76/person/hr
Fire Department Presence (Engine & Crew)	\$0.00	\$320.32/hr
Fire Inspection	\$0.00	\$51.25/person/hr
Fire Personnel	\$0.00	Straight Time: \$47.97/person/hr Overtime: \$71.96/person/hr Double Time: \$95.94/person/hr
Fireworks/Pyrotechnics Permit	\$0.00	\$1,000.00
Tent Permit Fee	\$0.00	Regular: \$100.00/item + \$250 for two or more Tournament: \$15.00/item/day

Kimberly	Little Chute
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff
N/A	\$0.00
\$0.00	\$0.00

Menasha	Oshkosh
N/A	\$71.74/person/hr
\$150.00/hr + \$85.00/firefighter/hr (3 firefighter minimum)	266.03/hr
N/A	\$88.33/hr
\$150.00/hr + \$85.00/firefighter/hr (3 firefighter minimum)	Straight Time: \$56.65/person/hr 1 1/2 Time: \$84.97/person/hr Double Time: \$113.29/person/hr
\$150.00/hr + \$85.00/firefighter/hr (4 firefighter minimum)	\$125.00
\$10.00/item	\$0.00

Two Rivers	Proposed Change
\$0.00	Actual pay for staff.
\$0.00	Actual pay for staff.
\$0.00	Actual pay for staff.
\$0.00	Actual pay for staff.
\$0.00	Small fee for fireworks permit.
\$0.00	Small fee for tent permit.

	Kaukauna	Appleton
Auxiliary Officer	\$0.00	
Civilian	\$0.00	Straight Time: \$43.07/person/hr Overtime: \$53.63/person/hr Double Time: \$71.51/person/hr
Community Service Officer	\$0.00	Straight Time: \$24.21/person/hr Overtime: \$30.08/person/hr Double Time: \$40.11/person/hr
Patrol Officer	\$0.00	
Squad Car	\$0.00	
Step 1 Officer - Overtime Rate	\$0.00	
Step 2 Officer - Overtime Rate	\$0.00	
Step 3 Officer - Overtime Rate	\$0.00	
Step 4 Officer - Overtime Rate	\$0.00	
Step 5 Officer - Overtime Rate	\$0.00	
Step 6 Officer - Overtime Rate	\$0.00	
Step 7 Officer - Overtime Rate	\$0.00	
Supervisor - Lieutenants	\$0.00	
Supervisor - Sergeants	\$0.00	
Sworn	\$0.00	Straight Time: \$56.45/person/hr Overtime: \$73.06/person/hr Double Time: \$97.42/person/hr

Kimberly	Little Chute	Menasha
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$16.00/person/hr
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$16.00/person/hr
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$4.00/item/hour
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$45.6885/person/hr
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$48.7725/person/hr
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$51.8565/person/hr
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$54.9405/person/hr
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$58.0245/person/hr
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$61.1085/person/hr
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	\$64.1925/person/hr
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff	

Oshkosh	Two Rivers	Proposed Change
	\$0.00	Actual pay for staff.
	\$0.00	Actual pay for staff.
Straight Time: \$21.01/person/hr 1 1/2 Time: \$31.54/person/hr Double Time: \$42.05/person/hr	\$0.00	Actual pay for staff.
Straight Time: \$57.26/person/hr 1 1/2 Time: \$85.89/person/hr Double Time: \$114.52/person/hr	\$0.00	Actual pay for staff.
\$19.89/item	\$0.00	Small fee for squad car.
	\$0.00	Actual pay for staff.
	\$0.00	Actual pay for staff.
	\$0.00	Actual pay for staff.
	\$0.00	Actual pay for staff.
	\$0.00	Actual pay for staff.
	\$0.00	Actual pay for staff.
	\$0.00	Actual pay for staff.
Straight Time: \$66.40/person/hr 1 1/2 Time: \$99.60/person/hr Double Time: \$132.80/person/hr	\$0.00	Actual pay for staff.
Straight Time: \$63.00/person/hr 1 1/2 Time: \$94.50/person/hr Double Time: \$126.00/person/hr	\$0.00	Actual pay for staff.
	\$0.00	Actual pay for staff.

	Kaukauna	Appleton
Barricades	\$0.00	Not provided
Cones (Various Sizes)	\$0.00	Not provided
No Parking Signs	\$0.00	Less than 20 signs: \$15.00/day 20-49 signs: \$50.00/day 50-99 signs: \$112.00/day 100 or more signs: \$225.00/day
Street Use Fee	\$0.00	\$40.00
Street/Sign Personnel	\$0.00	Straight Time: \$46.14/person/hr Overtime: \$69.21/person/hr Double Time: \$92.28/person/hr

Kimberly	Little Chute
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff
\$25.00	\$0.00
For-Profit: 100% of costs Community Non-Profit: 10% of costs Other Non-Profit: 50% of costs	Cost determined by staff

Menasha	Oshkosh	Two Rivers
\$1.00-\$1.10/item/day (type)	\$5.50/item/day	\$0.00
\$0.75/item/day	20-49 Cones: \$11.00/day 50-99 Cones: \$16.50/day 100 or More Cones: \$27.50/day	\$0.00
\$1.00-\$2.00/item/day (type)	Less than 20 signs: \$0.00/day 20-49 Signs: \$11.00/day 50-99 Signs: \$16.50/day 100 or More Signs: \$27.50/day	\$0.00
\$25.00	\$0.00	\$0.00
\$41.51/person/hr	Straight Time: \$31.18/person/hr 1 1/2 Time: \$46.76/person/hr Double Time: \$62.35/person/hr	\$0.00

Average	Proposed Change	Notes
\$2.18/item/day	Small fee for barricades	Menasha, Oshkosh, and Two Rivers used for average.
20-49 Cones: \$8.67-\$15.92/day 50-99 Cones: \$18.00-\$30.25/day 100 or More Cones: \$34.17/day	Small fee for cones	Menasha, Oshkosh, and Two Rivers used for average.
Less than 20 signs: \$4.13-10.88/day 20-49 Signs: \$22.75-\$33.63/day 50-99 Signs: \$50.88-\$69.25/day 100 or More Signs: \$100.63/day	Small fee for no parking signs.	Appleton, Menasha, Oshkosh, and Two Rivers used for average.
\$15.00	Small fee for street use.	
Straight Time: \$29.71/person/hr Overtime: \$39.37/person/hr Double Time: \$49.04/person/hr	Actual pay for staff.	Appleton, Menasha, Oshkosh, and Two Rivers used for average.

Kaukauna	Appleton	Kimberly	Little Chute	Menasha	Oshkosh
30 days before	45 days before	90 days before	90 days before	60 days before	60 days before

Two Rivers	Average	Proposed Change	Notes
N/A	69 days before	60 days before	Two Rivers not counted in calculation.

Fox Valley Tool & Die, Inc.
2310 E Main St
Kaukauna, WI 54130
920-766-9455
6/19/2025

Dear Health and Recreation Committee Members,

On behalf of Fox Valley Tool & Die, I am writing to request permission to include a few family-friendly amenities at our upcoming company event, which will be held at La Follette Park on Saturday, September 6th, from 11:00 a.m. to 4:00 p.m.

This is a private event for our employees and their families. We are planning to have two inflatable bounce houses, one for smaller children and one for older kids, as well as a one-man band performer for entertainment. We want to ensure everything is in full compliance with city policies, and we are happy to provide any necessary vendor details, insurance, or safety documentation.

Fox Valley Tool & Die is proud to be part of the Kaukauna community and actively supports local efforts, including ongoing partnerships with Kaukauna High School.

We're grateful for the opportunity to hold our event at La Follette Park and appreciate your consideration of our request.

Please don't hesitate to reach out if you need any further information.

Sincerely,
Jennifer Fusco
Human Resources Assistant
Fox Valley Tool & Die, Inc.
920-585-5290
jennifer@fvtd.com

Form
AB-220

Temporary Alcohol Beverage License

Municipality

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information

1. Organization Name American Legion Post 258		
2. Organization Permanent Address PO Box 20		
3. City Little Chute	4. State WI	5. Zip Code 54140
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation April 29, 1920	9. State of Organization/Incorporation WI
10. Phone 920-858-1332	11. Email mhuss@baycomwi.com	
12. Organization type (check one)		
<input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input checked="" type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

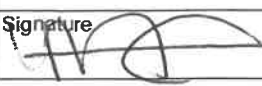
Last Name	First Name	Title	Phone
Wendel	Maranda	Commander	810-1443
Siebers	Tom	First Vice Commander	585-6574
Kobussen	Gene	Adjutant	788-5053
Peeters	Ken	Finance Officer	788-1790

Continued →

Part C: Event Information

1. Name of Event (if applicable) Car Show & Brat Fry			
2. Dates of Operation 08/19/25 08/19/25		3. Hours of Operation 2:30 PM - 8 PM	
4. Premises Address 316 E Fourteenth Street			
5. City Kaukauna		6. State WI	7. Zip Code 54130
8. County Outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Kaukauna		10. Aldermanic District 2
11. Organizer of Event (if not the named applicant) St. Paul Elder Services		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website stpaulelders.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. The event will take place in the main parking lot, the beer will be sold out of coolers in the parking lot where the event is taking place.			

Part D: Attestation

Who must sign this application?			
• one officer or director of the nonprofit organization			
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 organization 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 according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted 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.			
Last Name Wendel		First Name Maranda	M.I.
Title Commander	Email		Phone 810-1443
Signature 		Date 06/05/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk CS7020 paid 6/12/25	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
06/06/2025

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

AMERICAN LEGION JACOB COPPUS POST 258

2. Business Trade Name or DBA

NONE PROFIT VETERANS SERVICE ORGANIZATION

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

KOBUSSEN

2. First Name

EUGENE

3. M.I.

R

4. Relationship to Business (Title)

ADJUTANT

5. Email

GLKOB83@GMAIL.COM

6. Phone

920 788-5053

7. Home Address

1005 TAYLOR ST.

8. City

LITTLE CAUTE

9. State

WI

10. Zip Code

54140

11. Date of Birth

09/05/1946

12. Drivers License/State ID Number

K125-2164-6325-09

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

09/1946

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

SAME AS ABOVE

City

State

Zip Code

Previous Address 2

City

State

Zip Code

Previous Address 3

City

State

Zip Code

Previous Address 4

City

State

Zip Code

Previous Address 5

City

State

Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State

County

State

County

State

County

State

County

WI

OUTAGAMIE

State

County

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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 DUI	Location DOUTAGAMIE COUNTY	Conviction Date 07/2019
Penalty Imposed FINE/SUSPENSION		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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 	Date 06/06/2025
--	---------------------------

Form
AB-100Alcohol Beverage
Individual Questionnaire

Date 6/7/25

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

AMERICAN LEGION JACOB COPPUS POST 258

2. Business Trade Name or DBA

NON PROFIT VETERANS SERVICE GROUP

3. Entity Type (check one)

☐ Sole Proprietor
 ☐ Partnership
 ☐ Limited Liability Company
 ☐ Corporation
 ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

PEETERS

2. First Name

KEN

3. M.I.

R

4. Relationship to Business (Title)

FINANCE OFFICER

5. Email

KENPEETERS@AOL.COM

6. Phone

920-788-1790

7. Home Address

N3815 SAARON ROAD CT

8. City

APPLETON

9. State

WI

10. Zip Code

54913

11. Date of Birth

6/12/47

12. Drivers License/State ID Number

P362-5764-7212-07

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

6/1947

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	CITY	STATE	ZIP CODE
SAME AS ABOVE			
Previous Address 2	CITY	STATE	ZIP CODE
Previous Address 3	CITY	STATE	ZIP CODE
Previous Address 4	CITY	STATE	ZIP CODE
Previous Address 5	CITY	STATE	ZIP CODE

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	ONTARIO						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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.

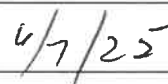
Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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



Date



Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
6-9-25

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

American Legion Post 258

2. Business Trade Name or DBA

non profit veterans service organization

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Wendel

2. First Name

Maranda

3. M.I.

4. Relationship to Business (Title)

COMMANDER M/M

5. Email

ServeDAV@gmail.com

6. Phone

9208101443

7. Home Address

655 Berghuis Dr.

8. City

Combined Locks

9. State

WI

10. Zip Code

54113

11. Date of Birth

6/29/1984

12. Drivers License/State ID Number

W5345508472900

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

06/1984

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
None same as above			
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Calumet	WI	Ozaukee				
WI	Outagamie	WI	Milwaukee				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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 <i>Disorderly Conduct</i>	Location <i>Outagamie</i>	Conviction Date <i>4/15/14</i>
Penalty Imposed <i>Probation</i>		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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>[Signature]</i>	Date <i>Jun 25</i>
---------------------------------	-----------------------

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
6/9/2025

All individuals involved in the alcohol beverage business must complete this form, including:

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

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

Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

AMERICAN LEGION POST 258

2. Business Trade Name or DBA

NON PROFIT VETANS SERVICE ORGANIZATION

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization

Part B: Individual Information

1. Last Name

Siebers

2. First Name

THOMAS

3. M.I.

R

4. Relationship to Business (Title)

1ST VICE COMM MAF

5. Email

TSiebers11@gmail.com

6. Phone

920-585-6574

7. Home Address

914 STATE STREET

8. City

Keshikawa

9. State

WI

10. Zip Code

54130

11. Date of Birth

JAN/31/1953

12. Drivers License/State ID Number

S-162-8365-3031-09

13. Drivers License/State ID State of Issuance

WISCONSIN

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

01/1953

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
214 TAYLOR ST	LITTLECHUTE	WI	54140
Previous Address 2	City	State	Zip Code
726 MAIN ST	LITTLECHUTE	WI	54140
Previous Address 3	City	State	Zip Code
235 FRANKLIN ST	LITTLECHUTE	WI	54140
Previous Address 4	City	State	Zip Code
1515 E MAIN ST	LITTLECHUTE	WI	54140
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	OUTAGAMIE						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related 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 <i>1 degree sexual offense</i>	Location <i>Oconomowoc</i>	Conviction Date <i>Jan 10 2024</i>
Penalty Imposed <i>2 yr Probation</i>		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related 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 E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. 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>Thomas R Diekers</i>	Date <i>June 7 2025</i>
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Outstanding Liquor License Department Approval Forms and/or Contingencies as Noted As of 7/9/2025					
Licensee	Legal	Planning	Inspection	Fire	Police
Silva-Castro LLC			Pending	Pending	Pending

**CITY OF KAUKAUNA
2025-2026 BEER AND LIQUOR LICENSES
OFFICIAL NOTICE
LIQUOR LICENSE APPLICATIONS FOR THE TERM OF:
JULY 1, 2025 – JUNE 30, 2026**
The granting of which is now pending City Council approval
on July 15, 2025.

**NAME
ADDRESS**

**BUSINESS NAME
BUSINESS ADDRESS
PREMISES DESCRIPTION**

**COMBINATION “CLASS B” FERMENTED MALT BEVERAGE AND LIQUOR LICENSE
CORPORATION**

Silva-Castro, LLC
Blanca E. Silva Castro, Agent
W6844 Wisconsin Ave., Greenville

El Zacatecano
1100 Hyland Avenue
Banquet hall, bar, & dining area.

Dated this 9th day of July, 2025.

Kayla Nessmann
City of Kaukauna Clerk