

HEALTH AND RECREATION COMMITTEE

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



Monday, March 03, 2025 at 6:15 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - a. Solicitors Licenses.
 - b. Temporary Class B License to Kaukauna Lions Club, on June 11,18, 25; July 2, 9,16, 23, 30; August 6,13, 2025, for Hydro Live Concert Series and June 20-11, 2025, for River Jam.
 - c. Special Event Application to Melanie Draheim, on August 2, 2025, for Bike to the Beat at Grignon Mansion and Kaukauna Athletic Field from 7AM-3PM.
 - d. Amplified Music Request to Melanie Draheim on August 2, 2025, for Bike to the Beat at Grignon Mansion from 7:30AM-1PM and Kaukauna Athletic Field from 7:30AM-2:30PM.
 - e. Temporary Class B License to Fox Cares Foundation, on August 2, 2025, for Bike to the Beat at Grignon Mansion from 7AM-3PM.
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, March 3, 2025 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.

March 4, 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:

Boehlke	Michael	J.	N9108 Noe Rd	Appleton
Goudy	Phillip	L.	427 Maple Ln	Neenah
Hausner	Matthew	G.	1000 Oviatt St	Kaukauna
Holsten	Dylon	C.	332 N Nash St	Hortonville
Johnston	Damian.	L.	2030 Regency Ct #3	Appleton
Krause	Mya	M.	2975 W Lawrence St	Appleton
Kvatek	Brandon	M.	913 Rugby St	Oshkosh
Pierce	Bryce	T.	N2755 Pryse	Waupaca
Turner	Colin	D.	625 A W 10th Ave	Oshkosh
Utley	Jared	L.	1834 Henry St	Neenah



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

Investigation Fee - \$15.00
Sellers Permit No. _____

Receipt No. CC9371241
Date Paid 2/19/25

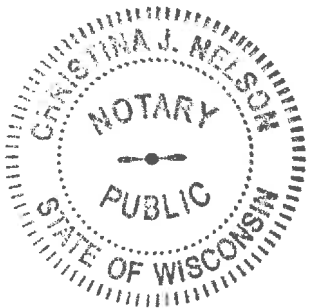
Name of Applicant: <u>Jared Utley</u>	
Address: <u>1834 Henry St</u>	
City, State, Zip: <u>Neenah WI 54956</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>9-17-90</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920) 414-2304</u>
Driver's License Number: <u>u340-4329-0337-01</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn Care</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 type="checkbox"/>	
Location where selling in the City: <u>Kaukauna Residential</u>	
Home Company Name: <u>Weedman Lawn Care</u>	
Address: <u>3100 Enterprise Ave</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Elijah</u>
	Address: <u>3100 Enterprise Ave #A</u>
	Telephone Number: <u>208 350 3935</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>Green Bay</u>	

[Signature]
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

19 day of February 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>[Signature]</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
Sellers Permit No. _____

Receipt No. CC937241
Date Paid 2/19/25

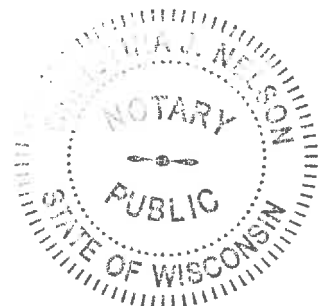
Name of Applicant: <u>BRYCE PIERCE</u>	
Address: <u>N 2755 PRYSE DR</u>	
City, State, Zip: <u>WAUPACA, WI, 54945</u>	County of Residence: <u>WAUPACA</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>03/28/1997</u>	Place of Birth: <u>WAUPACA</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>715-281-9291</u>
Driver's License Number: <u>P620-0789-7108-08</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>FREE LAWN CARE QUOTE.</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 type="checkbox"/>	
Location where selling in the City: <u>RESIDENTIAL</u>	
Home Company Name: <u>WEED MAN LAWN CARE</u>	
Address: <u>3100 ENTERPRISE Ave Appleton WI</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: ELIJAH HIA
	Address: 3100 ENTERPRISE
	Telephone Number: 208-350-3935
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>Greep Bay</u>	

[Signature]
 Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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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>[Signature]</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
Sellers Permit No. _____

Receipt No. CC9371241
Date Paid 2/19/25

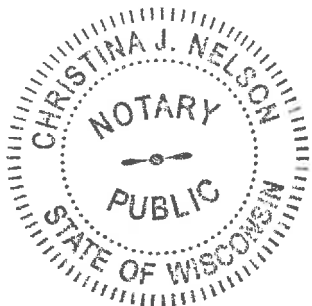
Name of Applicant: <u>Damjan Johnston</u>	
Address: <u>2030 Regency Ct #3</u>	
City, State, Zip: <u>Appleton, WI 54915</u>	County of Residence: <u>outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>05-15-02</u>	Place of Birth: <u>PA</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>701-490-6776</u>
Driver's License Number: <u>J523-1720-2175-08</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn Care</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 type="checkbox"/>	
Location where selling in the City:	
Home Company Name: <u>Kaukauna</u>	
Address:	
Officer or Director of Company: <u>Mike B.</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Elijah Hira</u>
	Address: <u>3100 Enterprise</u>
	Telephone Number: <u>208-350-3935</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.	

Elijah Hira
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Christina J. Nelson
City Clerk or Notary Public

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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>[Signature]</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
Sellers Permit No. _____

Receipt No. CC9371241
Date Paid 2/19/25

Name of Applicant: <u>Brandon Kvatek</u>	
Address: <u>913 Rugby Street</u>	
City, State, Zip: <u>Oshkosh, WI, 54902</u>	County of Residence: <u>Winnebago</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>01/26/2002</u>	Place of Birth: <u>Stevens Point</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920) 290-8372</u>
Driver's License Number: <u>K132-0730-2026-00</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Free lawncare quotes</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 type="checkbox"/>	
Location where selling in the City: <u>Residential</u>	
Home Company Name: <u>Weed Man lawncare</u>	
Address: <u>3100 E Enterprise Ave Appleton WI</u>	
Officer or Director of Company: <u>mike</u>	Principal Place of Business (State): <u>WI</u>

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

Brian Kelly *Brian Kelly*

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this

19th day of February 2025.

Kayla Nessmann
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: <i>[Signature]</i>	
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
Sellers Permit No. _____

Receipt No. CC9371241
Date Paid 2/19/25

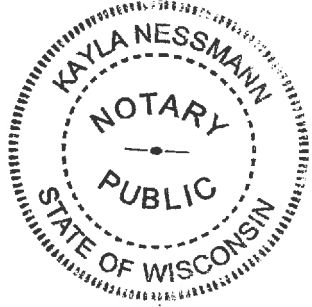
Name of Applicant: <u>MATTHEW G. HAUSNER</u>	
Address: <u>1000 OVIATT ST.</u>	
City, State, Zip: <u>KAUKAUNA, WI 54130</u>	County of Residence: <u>OUTAGAMIE</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>1216 GARFIELD AVE. BELLEVILLE, WI ROCK COUNTY</u>	
Date of Birth (Month/Day/Year): <u>10-01-1982</u>	Place of Birth: <u>BURLINGTON, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>262-492-6102</u>
Driver's License Number: <u>H256-5478-2361-05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>FREE LAWN CARE QUOTES</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 type="checkbox"/>	
Location where selling in the City: <u>Residential</u>	
Home Company Name: <u>WEED MAN LAWN CARE</u>	
Address: <u>3100 E. ENTERPRISE AVE. SUITE A.</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

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

Matthew G. Harsner *Matthew G. Harsner*
 Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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Subscribed and sworn to before me this
19th day of February 2025
Kayla Nessmann
 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: <i>[Signature]</i>	
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
Sellers Permit No. _____

Receipt No. CC9371241
Date Paid 2/19/25

Name of Applicant: <u>Michael J. Boehlke</u>	
Address: <u>N 9108 Noe Rd, Appleton, WI.</u>	
City, State, Zip: <u>Appleton, WI. 54915</u>	County of Residence: <u>Calumet</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>01/21/74</u>	Place of Birth: <u>Vilas/Eage River</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920/217-0392</u>
Driver's License Number: <u>B426-5507-4021-02</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn care Products and ser</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 type="checkbox"/>	
Location where selling in the City: <u>Kaukauna, WI.</u>	
Home Company Name: <u>Weed man</u>	
Address: <u>3100 E Enterprise Ave, Suite A</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

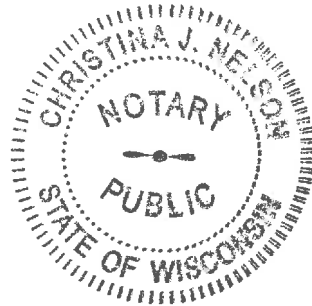
Reference	Name: <u>Elijah</u>
	Address: <u>3100 E Enterprise Ave.</u>
	Telephone Number: <u>920) 217-0392</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where. <u>Green Bay</u>	

Michael Bohner Michael Bohner

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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19 day of February 20 25

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>and Siefert</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
Sellers Permit No. _____

Receipt No. CC9371241
Date Paid 2/19/25

Name of Applicant: <u>Phillip Gouby</u>	
Address: <u>427 Maple Ln.</u>	
City, State, Zip: <u>NEENAH, WI, 54956</u>	County of Residence: <u>Winnebago</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>06-15-1994</u>	Place of Birth: <u>Neenah</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-376-6434</u>
Driver's License Number: <u>G308-6729-4215-02</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn care products & services</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 type="checkbox"/>	
Location where selling in the City: <u>Residential</u>	
Home Company Name: <u>Weedmae</u>	
Address: <u>3100 E Enterprise Ave, Suite A</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Elijah Hirn</u>
	Address: <u>3100 Enterprise Ave</u>
	Telephone Number: <u>208-350-3935</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>Green Bay</u>	

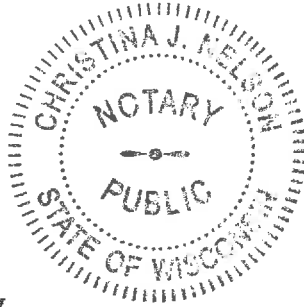
Signature of Applicant *[Handwritten Signature]*

STATE OF WISCONSIN OUTAGAMIE COUNTY

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19th day of February 2025



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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>[Handwritten Signature]</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
Sellers Permit No. _____

Receipt No. CC9371241
Date Paid 2/19/25

Name of Applicant: <u>Dylon Holsten</u>	
Address: <u>332 S Nash St</u>	
City, State, Zip: <u>54944</u>	County of Residence: <u>Oconto</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>06/17/02</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>706-226-4529</u>
Driver's License Number: <u>H423-1630-2217-03</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Weedman Lawn Care</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: <u>Appleton Residential</u>	
Home Company Name: <u>Weedman</u>	
Address: <u>3100 E Enterprise Ave</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

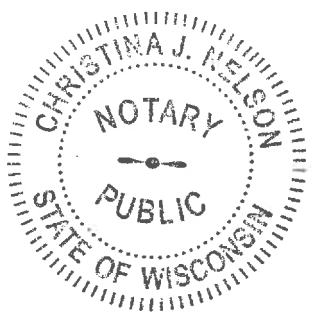
Reference	Name: <u>ELIAN WOODMAN</u>
<u>C</u>	Address: <u>1,208-350 393A</u>
	Telephone Number: <u>3100 E Enterprise Ave</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where. <u>Green Bay</u>	

[Signature]

Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

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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>[Signature]</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
Sellers Permit No. _____

Receipt No. CC937241
Date Paid 2/19/25

Name of Applicant: <u>Colin Turner</u>	
Address: <u>728 w 4th ave</u>	
City, State, Zip: <u>Oshkosh WI 54902</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period: <u>625 A w 10th ave</u>	
Date of Birth (Month/Day/Year): <u>12/24/2002</u>	Place of Birth: <u>Oshkosh, WI</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920 420 1427</u>
Driver's License Number: <u>T656 1040 2464 06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Lawn Care</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 type="checkbox"/>	
Location where selling in the City: <u>In Residential</u>	
Home Company Name: <u>Weed man Lawn Care</u>	
Address: <u>300 E enterprise drive suite A</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

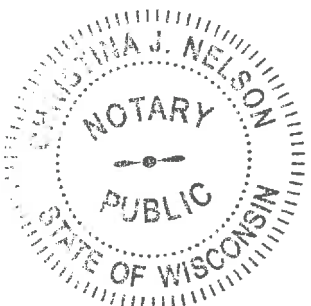
Reference	Name: <u>Elijah Him</u>
	Address: <u>3100 E Enterprise ave Suite A</u>
	Telephone Number: <u>208-350-3935</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>green bay</u>	

Elijah Him *Clear*

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

19 day of February, 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>Paul Smithey</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
Sellers Permit No. _____

Receipt No. CC9371241
Date Paid 2/19/25

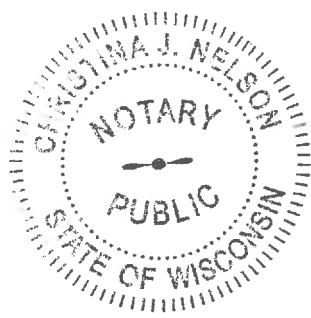
Name of Applicant: <u>Mya Krause</u>	
Address: <u>2975 W Lawrence St</u>	
City, State, Zip: <u>Appleton, WI, 54914</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>12/28/2004</u>	Place of Birth: <u>Green Bay</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>(920) 690-1213</u>
Driver's License Number: <u>W620-5530-4968-06</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Free lawn care quotes</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 type="checkbox"/>	
Location where selling in the City: <u>Residential</u>	
Home Company Name: <u>Weed Man lawn care</u>	
Address: <u>3100 E Enterprise Ave</u>	
Officer or Director of Company: <u>Mike</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Todd Schultz</u>
	Address: <u>3100 E Enterprise Ave Appleton WI</u>
	Telephone Number: <u>920-931-0218</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>Gr</u>	

Mija Kwon
 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
19 day of February 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>Rene Sander</i></u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.

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: 2/24/25
County of Outagamie

Town Village City of Kaukauna

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 June 1, 2025 and ending Aug 31, 2025 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 Lions Club

(b) Address _____
(Street) Town Village City

(c) Date organized June 1936

(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 Al Thiede W5904 Eastern City Dr. Appleton, WI 54915
 Vice President Pat Goff N9440 Evan St. Appleton, WI 54915
 Secretary Katee Goff N9440 Evan St. Appleton, WI 54915
 Treasurer Dennis Wittman 1905 Thieden Ave. Kaukauna, WI 54130

(g) Name and address of manager or person in charge of affair: John P. Moore
2381 Fairway Dr. Kaukauna, WI 54130

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 Hydro Park 106 Crooks Ave.

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? Yes

(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: Covered shelter area adjacent to bathrooms.

3. Name of Event

(a) List name of the event Hydro Live Concert Series, Kaukauna City River Jam

(b) Dates of event Hydro - June 11, 18, 25, July 2, 9, 16, 23, 30, Aug. 6, 13; 2025
River Jam June 20-21, 2025

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 John P. Moore 2/24/25
(Signature / Date)

Kaukauna Lions Club
(Name of Organization)

Date Filed with Clerk 2/25/25

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

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: Melanie Draheim

Date of Birth: *Event organizers must be at least 18 years old. 1/26/84

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: foxcu.org

Applicant's Relationship to Organization: Chief Marketing Officer

SECTION 3 – EVENT INFORMATION

Name of Event: Bike to the Beat

Event Location: Grignon Mansion

Event Date: *If a multi-day event, please list all days. Saturday August 2nd 2025

Event Start Time - End Time: 7:30a-1p

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.):

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 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

- 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: Melanie Draheim

Street and Parks Department: (920) 766-6337

- 1. Are you requiring street closure for the event? YES NO
- 2. Are you providing your own barricades? YES NO
- 3. Did you include a map of the event location/route? YES NO
- 4. For park events, have you reserved the park? YES NO
- 5. Will there be rides at the event? YES NO

Police Department: (920) 766-6333

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

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

- 1. Will alcoholic beverages be served/sold? YES NO

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.

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: Melanie Draheim

Date of Birth: *Event organizers must be at least 18 years old. 1/26/84

Address: 2201 E Enterprise Ave.

Phone Number: 920-993-3921

Email Address: lfreitag@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: foxcu.org

Applicant’s Relationship to Organization: Chief Marketing Officer

SECTION 3 – EVENT INFORMATION

Name of Event: Bike to the Beat

Event Location: Kaukauna Athletic Field

Event Date: *If a multi-day event, please list all days. Saturday August 2nd 2025

Event Start Time - End Time: 7:30a-2:30p

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

920.766.6300
www.cityofkaukauna.com

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.):

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 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

- 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.

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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: Melanie Draheim

Street and Parks Department: (920) 766-6337

- 1. Are you requiring street closure for the event? YES NO
- 2. Are you providing your own barricades? YES NO
- 3. Did you include a map of the event location/route? YES NO
- 4. For park events, have you reserved the park? YES NO
- 5. Will there be rides at the event? YES NO

Police Department: (920) 766-6333

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

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

- 1. Will alcoholic beverages be served/sold? YES NO

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.



REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Melanie Draheim Date of Birth: 1-26-84

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

Organization Name, if applicable: Fox Communities Credit Union

Email address: lf Freitag@foxcu.org

Event Information

Name of Event: Bike to the Beat

Event location (s): Kaukauna Athletic Field Date of Event: 8/2/25

Event Start time- End time: 7:30-2:30p

Number of people attending: 3,000

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: rrussove@kaukauna.gov



REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Melanie Draheim Date of Birth: 1-26-84

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

Organization Name, if applicable: Fox Communities Credit Union

Email address: lf Freitag@foxcu.org

Event Information

Name of Event: Bike to the Beat

Event location (s): Grignon Mansion Date of Event: 8/2/25

Event Start time- End time: 7:30-1:00p

Number of people attending: 3,000

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: rrussove@kaukauna.gov



BIKE TO THE BEAT
SITE PLAN FOR
GRIGNON
MANSION
KAUKAUNA, WI

[STAGE UNDER TREES BY
FENCE, FACING ROAD]

PORTA-POTTIES

BIKE RACKS

10'X10'
BIG GREEN
EGG
TENT

20'X20'
FOOD &
BEVERAGE
TENT

THIS BIG ONE

BIKE TO THE BEAT
SITE PLAN FOR
KAUKAUNA
ATHLETIC FIELD
KAUKAUNA, WI



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 \$ _____ Application Date: 01/14/2025
 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 08/02/2025 and ending 08/02/2025 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 Fox Cares Foundation

(b) Address 3401 E Calumet St. Appleton WI 54915
(Street) Town Village City

(c) Date organized 06/16/2016

(d) If corporation, give date of incorporation 06/16/2016

(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 John Wanle 3524 S. Bobolink Lane, Appleton, WI 54915

Vice President James Kilsdonk 772 Blackmoor Circle, Neenah, WI 54956

Secretary Ryne Lodi 3 Reef Ct. Appleton, WI 54915

Treasurer James Kilsdonk 772 Blackmoor Circle, Neenah, WI 54956

(g) Name and address of manager or person in charge of affair: Cathy Harvath - Fox Cares Foundation Executive Director.
3401 E Calumet St. Appleton WI 54915

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 Grignon Mansion 1313 Augustine Street Kaukauna, WI 54130

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(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: Front Lawn only, not inside premises

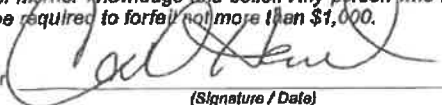
3. Name of Event

(a) List name of the event Bike To The Beat

(b) Dates of event 08/02/2025

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 / Date)

Fox Cares Foundation
(Name of Organization)

Date Filed with Clerk 2/27/2025

Date Reported to Council or Board 3/4/2025

Date Granted by Council _____

License No. _____