

# HEALTH & RECREATION COMMITTEE

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



Monday, June 17, 2024 at 6:15 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - a. Tavern Report.
  - b. 2024-2025 Beer and Liquor Licenses.
  - c. 2024-2025 Sidewalk Display and Sidewalk Cafe' Permits.
  - d. Temporary Class "B" License to St. Paul Elder Services, St. Paul Home, on June 26, 2024 for "Brat Fry/Little Chute Community Band".
  - e. Temporary Class "B" License to St. Paul Elder Services, St. Paul Home, on August 20, 2024 for "Car Show - Brat Fry".
  - f. Special Event Application to Dustin Klitzke, Dustin Klitzke Agency, LLC for a Open House/Ribbing Cutting on June 19, 2024 from 3-7 pm.
  - g. Special Event Application to Andrea Meulemans, Pure Barre for "Sweat+Social" at LaFollette Park on August 9, 2024 from 5-6:30 pm.
  - h. Amplified music request from Sarah Wroblewski, Kaukauna Public Library for the "Fairy Walk" on Monday, August 19, 2024 from 5-8 PM.
3. Adjourn.

## NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Health and Recreation Committee scheduled for Monday, June 17, 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.\*

## CITY OF KAUKAUNA POLICE DEPARTMENT ALCOHOL LICENSE REPORT

JUNE 2024

All licensees who accumulate 200 points in a 12 month period, 250 points in a 24 month period, or 300 points in a 36 month period shall be considered for suspension, revocation or nonrenewable. 12.03(11)(d)2

Charges in the last 12 Months -- June 1, 2023 to May 31, 2024					
Licensee	Date	Charges	Subject	Disposition	Points
Badger Quik Stop	11/11/2023	OWI	Patron	Guilty	n/a
Bob's Inn	11/14/2023	DC	Patron	Guilty	n/a
Club Ritz	1/7/2024	DC and Criminal Damage to Property	Patron	Pending w/DA	n/a
Dollar General	9/28/2023	DC	Employee	Guilty	25
	12/31/2023	Possession of Marijuna, Possession of Drug Paraphernalia and Underage Drinking	Patron	Guilty	n/a
Hillside Bar	9/10/2023	DC and Misdemeanor Battery	Patron	Pending w/DA	n/a
JJ's Cocktail Lounge	4/22/2024	DC	Patron	Guilty	n/a
Kwik Trip (Lawe)	5/28/2024	OWI	Patron	Pending w/DA	n/a
Kwik Trip (Gertrude)	8/19/2023	Possession of Methamphetamine	Patron	Guilty	n/a
MotoMart	10/7/2023	DC and Misdemeanor Battery	Patron(s) - 2	Guilty	n/a
Piggly Wiggly	4/15/2024	Possession of THC	Patron	Guilty	n/a
Plan B	1/28/2024	Criminal Damage to Property	Patron	Guilty	n/a

Charges in the last 24 Months -- June 1, 2022 to May 31, 2023					
Licensee	Date	Charges	Subject	Disposition	Points
Club Ritz	2/3/2023	DC	Patron	Pending w/DA	n/a
	6/8/2022	DC	Patron	Dropped	n/a
Porks Place	9/27/2022	DC	Patron	Dismiss/Read In	n/a
Skyview Supper Club	12/3/2022	DC	Renter	Pending w/DA	n/a

Charges in the last 36 Months -- June 1, 2021 to May 31, 2022					
Licensee	Date	Charges	Subject	Disposition	Points
Club Ritz	7/9/2021	DC	Patron	Guilty	n/a
	2/12/2022	DC	Patron	Guilty	n/a
Plan B	7/13/2021	Battery	Patron	Guilty	n/a

**CITY OF KAUKAUNA**  
**2024-2025 BEER AND LIQUOR LICENSES**  
**OFFICIAL NOTICE**  
**LIQUOR LICENSE APPLICATIONS FOR THE TERM OF:**  
**JULY 1, 2024 – JUNE 30, 2025**  
The granting of which is now pending City Council approval  
on June 18, 2024.

**NAME**  
**ADDRESS**

**BUSINESS NAME**  
**BUSINESS ADDRESS**

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

Craig Jon Krueger  
2433 Lawe Street, Kaukauna

The X Bar  
142 W. Third Street

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

\*173 W Wisconsin Ave LLC  
Jordan M. La Chance, Agent  
207 W. 7<sup>th</sup> St., Kaukauna

JJ's Cocktail Lounge  
173 W. Wisconsin Avenue

B&W Inc.  
Matthew M. White, Agent  
2451 Haas Rd., Kaukauna

Eagle Links Golf Course/Matt's Milkhouse  
1700 Haas Road

\*Benchwarmers Inc.  
Ken R. Zastrow, Agent  
2678 W. Parkmoor Ct., Appleton

Benchwarmers Bar  
701 Dodge Street

\*JT Holdings 2021 LLC  
Joel B. Vogels, Agent  
225 Main St., Menasha

Pub 55  
1441 Arbor Way

CCJR Enterprises LLC  
Duane R. Biese, Agent  
520 East Papermill Run #105, Kimberly

The Roundabout Bar & Grill  
110 E. County Road KK

Club Ritz, LLC  
Abbie J. Quella, Agent  
N4770 State Hwy. 55, Freedom

Club Ritz  
301 W. 7<sup>th</sup> Street

Da Pub, LLC  
Cheryl L. Gloudemans, Agent  
656 Fern St., Kaukauna

The Pub  
142 E. Third Street

\*Dodge 313 LLC  
Janel C. Abel, Agent  
425 – ½ Dixon St., Kaukauna

313 Dodge  
313 Dodge Street

\*DRD Enterprises LLC  
Donald R. Dix, Agent  
2314 Olde Country Cir., Kaukauna

Bob's Inn  
120 E. Third Street

Electric City Lanes, LLC  
 Jason D. Hurst, Agent  
 235 W. Wisconsin Ave., Kaukauna

Hardware Store LLC  
 Dan E. Steidl, Agent  
 W2321 Bonnie Ln., Kaukauna

Hillstreet 2 LLC  
 Mary A. Hoffman, Agent  
 101 W. Third St., Kaukauna

\*Hyland House Inc.  
 Christopher P. Ashauer, Agent  
 525 Idlewild St., Apt. 4, Kaukauna

Kaukauna Moose Lodge #953, POB 365 Kaukauna  
 Duane M. Diedrich, Agent  
 216 Maria St., Kaukauna

KKWebster LLC  
 Kelly L. Webster, Agent  
 708 Westfield St., Kaukauna

\*MG's B&G, LLC  
 Ginger L. Denton, Agent  
 219 E. Fourteenth St., Kaukauna

Plan B DeCoster LLC  
 Martin R. DeCoster, Agent  
 157 Raught St., Kaukauna

Pork's Place of Kaukauna LLC  
 Tracy L. Voet, Agent  
 525 W. 9th St., Kaukauna

Prime Steer Supper Club LLC  
 Gary L. Natrop  
 224 Shady Ridge Ct., Wrightstown

Silva-Castro LLC  
 Blanca E. Silva, Agent  
 N1379 Greenwood Rd., Greenville

Sturbers Bar & Grill, LLC  
 Amy B. Steier, Agent  
 711 E. Tallgrass Dr., Appleton

TLHN Enterprises LLC  
 Lyle L. Fink, Agent  
 321 W. 12th St., Kaukauna

Vaudette LLC  
 Gregory C. VandeHey, Agent  
 212 E. Division St., Kaukauna

Verbeten's Bowling Lanes LLC  
 Ryan H. VanSchyndel, Agent  
 154 E. Third St., Kaukauna

Electric City Lanes  
 136 W. Wisconsin Avenue

Hardware Store  
 128 E. Second Street

Hillstreet Bar & Grill  
 101 W. Third Street

Cash & Swillie's  
 701 E. Hyland Avenue

Kaukauna Moose Lodge  
 900 W. Ducharme Street

Tommy G's  
 107 W. Wisconsin Avenue

Bachelor's Bar & Grill  
 1316 Crooks Ave.

Plan B  
 121 W. Wisconsin Avenue

Pork's Place  
 727 Desnoyer Street

Prime Steer Supper Club  
 704 E. Hyland Ave.

El Zacatecano  
 1100 Hyland Avenue

Sturber's Bar & Grill  
 220 Dodge Street

Journeys Bar & Grill  
 100 Island Street

Vaudette  
 151 E. Second Street

Verbeten's Bar & Grill  
 154 E. Third Street

**COMBINATION "CLASS A" FERMENTED MALT BEVERAGE AND LIQUOR LICENSE CORPORATION**

Dolgencorp, LLC, 100 Mission Ridge, Goodlettsville, TN	Dollar General Store #6604
John Greene, Agent	1102 Lawe Street
W145 Lake Sandia Dr., Krakow	
FKG Oil Company, 721 W. Main St., Belleville, IL	Crooks Motomart
Mary A. Wisniewski, Agent	2209 Crooks Avenue
301 W. 12 <sup>th</sup> St., Kaukauna	
Kaukauna Mart LLC	Kaukauna Mart LLC
Hari Adhikari, Agent	1005 Crooks Avenue
W6561 Ethan Dr., Appleton	
Kwik Trip, Inc., POB 2107, La Crosse	Kwik Trip #209
Tyler J. Dolan, Agent	1101 Gertrude Street
120 Lamplighter Dr., Apt. 4, Kaukauna	
Kwik Trip, Inc., POB 2107, La Crosse	Kwik Trip #270
Nicholas P. Bucher, Agent	322 Lawe Street
2203 Larry Ln., De Pere	
Pit Row Inc.	Badger Quik Stop
Catherine A. LaCount, Agent	3011 Lawe Street
838 Nicolet Ave., Green Bay	
PNH, LLC	Kaukauna Mini Mart
Hari R. Khanal, Agent	601 Lawe Street
3082 Winnipeg St., Menasha	
SG Petroleum, LLC	Stop 41
Suyash Goel, Agent	1350 Delanglade Street
4401 N. Marshall Heights Ave., Appleton	
StoneRidge Kaukauna LLC	Piggly Wiggly
Nicholas Wessley, Agent	300 E. Ann Street
3346 E. Lourdes Dr., Appleton	
Walgreen Co. POB 901, Deerfield, IL	Walgreens #10759
Troy M. Rustad, Agent	201 E. Ann Street
826 E. Apple Tree Ln. Appleton	
Yeti LLC	Kaukauna BP
Prashant Banjade, Agent	400 W. 10 <sup>th</sup> Street
3311 E. Parkside Blvd., Apt. 128, Appleton	

**CLASS "B" BEER LICENSE & CLASS "C" WINE LICENSE CORPORATION**

New China Wok Inc.	New China Wok
Dong Sheng Chen, Agent	1810 Crooks Ave B
125 Lamplighter Dr. #14, Kaukauna	
Pagoni's Pizza, Inc.	Pagoni's Pizza
Ernesto G. Morales, Agent	320 E. Ann Street
2430 Stroebe Island Dr., Appleton	

**CLASS "B" BEER ONLY  
CORPORATION**

Kaukauna Athletic Club, Inc.  
Terrence M. Huss, Agent  
N1069 Woodly Rd., Kaukauna  
Lupitas Mexican Store LLC  
Armando Cruz, Agent  
2609 S. 21<sup>st</sup> St., Manitowoc, WI

Kaukauna Athletic Club  
696 & 900 Dodge Street

Fast Taco by Lupitas Mexican Store LLC  
201 Dodge Street

**\* Liquor License includes application for an OUTDOOR ALCHOHOL PERMIT.**

Dated this 12<sup>th</sup> day of June, 2024.

Sally Kenney  
City of Kaukauna Clerk



## 2024-2025 Sidewalk Café Permit Applications

### **Vaudette**

151 E. Second Street  
Greg Vandehey (Owner)

### **Verbeten's Bar & Grill**

154 E. Third Street  
Ryan Van Schyndel (Owner)

### **Patty & Pablo's**

145 E. 2<sup>nd</sup> Street  
Fatima & Pablo Garcia (Owner)

## 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: 06/03/24

☐ 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 6-26-24 and ending 6-26-24 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  
☐ Chamber of Commerce or similar Civic or Trade Organization  
☐ Veteran's Organization ☐ Fair Association

(a) Name St. Paul Elder Services, Inc.

(b) Address 316 E Fourteenth St Kaukauna WI 54130  
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized \_\_\_\_\_

(d) If corporation, give date of incorporation 9-16-1943

(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 Sondra Worder

Vice President Becky Reichelt

Secretary Annie Johnson

Treasurer Amber Schroeder

(g) Name and address of manager or person in charge of affair: Josie Traullier -  
316 E. Fourteenth St. 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 316 E. Fourteenth St. Kaukauna WI 54130

(b) Lot Main parking 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: \_\_\_\_\_

**3. Name of Event**

(a) List name of the event Boat Fry / Little Chute Community Band

(b) Dates of event 6-26-24

### DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

St. Paul Elder Services, Inc.  
(Name of Organization)

Officer Josie Traullier 06/03/24  
(Signature/date)

Officer Amy 06/03/24  
(Signature/date)

Officer Brian 06/03/24  
(Signature/date)

Officer \_\_\_\_\_ 06/03/24  
(Signature/date)

Date Filed with Clerk \_\_\_\_\_

Date Reported to Council or Board \_\_\_\_\_

Date Granted by Council \_\_\_\_\_

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: \_\_\_\_\_

☐ 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 8-20-24 and ending 8-20-24 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

☐ Chamber of Commerce or similar Civic or Trade Organization

☐ Veteran's Organization

☐ Fair Association

(a) Name St. Paul Elder Services, Inc.

(b) Address 316 E. Fourteenth St Kaukauna WI 54130  
(Street) ☐ Town ☐ Village ☒ City

(c) Date organized \_\_\_\_\_

(d) If corporation, give date of incorporation 9-16-1943

(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 Sandra Norder

Vice President Becky Reichelt

Secretary Annie Johnson

Treasurer Amber Schroeder

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

316 E. Fourteenth St. 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 316 E. Fourteenth St. Kaukauna WI 54130

(b) Lot Main parking 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: \_\_\_\_\_

**3. Name of Event**

(a) List name of the event Car Show - Brat Fry

(b) Dates of event \_\_\_\_\_

### DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

St. Paul Elder Services, Inc.

(Name of Organization)

Officer Josie Troullier 06/03/24  
(Signature/Date)

Officer Amber Schroeder 06/03/24  
(Signature/Date)

Officer Becky Reichelt 06/03/24  
(Signature/Date)

Officer Annie Johnson 06/03/24  
(Signature/Date)

Date Filed with Clerk \_\_\_\_\_

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: Dustin Klitzke

Date of Birth: \*Event organizers must be at least 18 years old. 09/19/1991

Address: 119 E 2nd St

Phone Number: 920-766-3900

Email Address: dklitzke@amfam.com

### **SECTION 2 – ORGANIZATION INFORMATION**

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

Organization's Name: Dustin Klitzke Agency, LLC

Organization's Address: 119 E 2nd St

Organization's Phone Number: 920-766-3900

Organization's Email Address or Website: <https://www.amfam.com/age>

Applicant's Relationship to Organization: Owner

### **SECTION 3 – EVENT INFORMATION**

Name of Event: Open House/Ribbon Cutting

Event Location: 119 E 2nd St

Event Date: \*If a multi-day event, please list all days. 1 day

Event Start Time - End Time: 3pm-7pm

**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.

Dustin Klitzke- 920-766-3900

**Total Anticipated Attendance for Event:**

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

500

#### SECTION 4 – APPLICANT CHECKLIST

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

#### General Information:

- |   |   |  |
|---|---|--|
| 1. Will food be prepared and/or served at the event?  | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 2. Will there be a band or amplified music/noise?   | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 3. Will there be portable restrooms?  | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 4. Do you have proper insurance for your event and have you provided it to the City?<br>*Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 attendees. | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |

#### Fire Department Information: (920) 766-6320

- |  |   |  |
|--|---|--|
| 1. Will the event be held indoors?                       | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 2. Will a tent or temporary structure be erected?        | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 3. Will there be a tent larger than 200 SF?              | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 4. Will fireworks/pyrotechnics be used during the event? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |

**Street and Parks Department: (920) 766-6337**

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

**Police Department: (920) 766-6333**

- |  |   |  |
|--|---|--|
| 1. Do you have a plan for medical emergencies?   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 2. Is security needed for the event?             | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 3. Will the event need any parking restrictions? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> |

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

- |   |   |  |
|---|---|--|
| 1. Will alcoholic beverages be served/sold? | YES <input checked="" type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|---|---|--|

**Section 5 – Insurance Requirements**

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

**General Liability Coverage:**

1. Commercial General Liability
  - a. \$1,000,000 general aggregate – per project
  - b. \$1,000,000 products – completed operations aggregate
  - c. \$1,000,000 personal injury and advertising injury
  - d. \$1,000,000 each occurrence limit
2. Claims made form of coverage is not acceptable.



3. Insurance must include:

- a. Premises and Operations Liability
- b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
- c. Personal injury
- d. Explosion, collapse, and underground coverage
- e. Products/Completed Operations
- f. The general aggregate must apply separately to this project/location

4. Additional Provisions

- a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
- b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
- c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
- d. Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
- e. Carriers – The insurance coverage required must be provided by an insurance carrier with the “best” rating of “A-VII” or better. All carriers shall be admitted carriers in the State of Wisconsin.

**Section 5 – Indemnification and Disclaimer**

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

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

Signature of Applicant:



Printed name of Applicant: Dustin Klitzke



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2024

Item 2.f.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT
Dustin Klitzke 210 N MAIN ST OSHKOSH WI 54901	NAME: Dustin Klitzke PHONE: (A/C, No, Ext): (920) 740-1828 E-MAIL: dkklitzke@amfam.com ADDRESS: dkklitzke@amfam.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Midvale Indemnity Company
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

INSURED  
Dustin Klitzke Agency  
119 E 2ND ST  
Kaukauna WI 54130

## COVERAGES

CERTIFICATE NUMBER: 80551172006519

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	BP00011688	07/25/2023	07/25/2024	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					PER STATUTE OTH-ER E.I. EACH ACCIDENT E.I. DISEASE - EA EMPLOYEE E.I. DISEASE - POLICY LIMIT
	PROFESSIONAL LIABILITY						OCCURRENCE AGGREGATE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Insurance Agency Offices / Loc-1 119 E 2ND ST, Kaukauna, WI 54130

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF KAUKAUNA  
144 W 2ND ST  
KAUKAUNA WI 54130

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**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: Andrea Meulemans

Date of Birth: \*Event organizers must be at least 18 years old. 12/11/90

Address: 1007 Sheridan Ct Kaukauna WI

Phone Number: 920-716-4072

Email Address: andrea.meulemans@purebarre.com

**SECTION 2 – ORGANIZATION INFORMATION**

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

Organization's Name: Pure Barre

Organization's Address: 3825 E Calumet St Appleton

Organization's Phone Number: 920-460-9552

Organization's Email Address or Website: appleton@purebarre.com

Applicant's Relationship to Organization: Owner

**SECTION 3 – EVENT INFORMATION**

Name of Event: Sweat+Social

Event Location: La Follette Park

Event Date: \*If a multi-day event, please list all days. 08/09/24

**CITY OF KAUKAUNA**  
Event Start Time - End Time: 5:00-6:30pm

144 W 2nd Street  
Kaukauna, WI 54130

920.766.6300  
[www.cityofkaukauna.com](http://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.

Andrea Meulemans 920-716-4072

Total Anticipated Attendance for Event:

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

20-30, Wellness, Community, and Small Business focused

#### SECTION 4 – APPLICANT CHECKLIST

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

#### General Information:

- |   |   |  |
|---|---|--|
| 1. Will food be prepared and/or served at the event?  | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 2. Will there be a band or amplified music/noise?   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 3. Will there be portable restrooms?  | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 4. Do you have proper insurance for your event and have you provided it to the City?<br>*Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 attendees. | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |

#### Fire Department Information: (920) 766-6320

- |  |                              |  |
|--|------------------------------|--|
| 1. Will the event be held indoors?                       | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Will a tent or temporary structure be erected?        | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will there be a tent larger than 200 SF?              | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 4. Will fireworks/pyrotechnics be used during the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

## Street and Parks Department: (920) 766-6337

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

## Police Department: (920) 766-6333

- |  |   |  |
|--|---|--|
| 1. Do you have a plan for medical emergencies?   | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/>            |
| 2. Is security needed for the event?             | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |
| 3. Will the event need any parking restrictions? | YES <input type="checkbox"/>            | NO <input checked="" type="checkbox"/> |

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

- |   |                              |  |
|---|------------------------------|--|
| 1. Will alcoholic beverages be served/sold? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|---|------------------------------|--|

## Section 5 – Insurance Requirements

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

## General Liability Coverage:

1. Commercial General Liability
  - a. \$1,000,000 general aggregate – per project
  - b. \$1,000,000 products – completed operations aggregate
  - c. \$1,000,000 personal injury and advertising injury
  - d. \$1,000,000 each occurrence limit
2. Claims made form of coverage is not acceptable.

3. Insurance must include:
  - a. Premises and Operations Liability
  - b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
  - c. Personal injury
  - d. Explosion, collapse, and underground coverage
  - e. Products/Completed Operations
  - f. The general aggregate must apply separately to this project/location
4. Additional Provisions
  - a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
  - b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
  - c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
  - d. Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
  - e. Carriers – The insurance coverage required must be provided by an insurance carrier with the “best” rating of “A-VII” or better. All carriers shall be admitted carriers in the State of Wisconsin.

#### Section 5 – Indemnification and Disclaimer

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

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

Signature of Applicant: Andréa Meulemans

Printed name of Applicant: Andréa Meulemans



# MEMO

To: Special Events Committee  
From: Youth Services Librarian  
Date: June 10, 2024  
Re: Amplified Music Request

## Recommended Action

Dear Special Events Committee,

I am requesting permission to have amplified music during the Fairy Walk on Monday, August 19, 2024. The event is held at 1000 Islands Environmental Center and will run from 5:00 PM to 8:00 PM. The use of amplified sound ensures that every participant can hear all announcements during the event, reaching all areas of the center grounds. Amplified music also helps to create a lively atmosphere, keeping attendees engaged throughout the event.

Thank you for your consideration. I am happy to discuss any questions or concerns you may have. I look forward to making this event a memorable experience for all.

Sincerely,  
Sarah Wroblewski  
Youth Services Librarian  
Kaukauna Public Library  
(920)766-6340 ext. 6