HEALTH & RECREATION COMMITTEE

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



Monday, October 16, 2023 at 6:15 PM

AGENDA

In-Person

- 1. Correspondence.
- 2. Discussion Topics.
 - a. RFP for Live! at Hydro Park.
 - b. Class "B" Beer License and "Class B" Winery License to Hex Meadery LLC, Lexi Lau Agent, 175 W. Wisconsin Avenue, Kaukauna.
 - c. Special Events Application to Matt Gilkerson, Encounter Church, 1008 Hyland Avenue, Kaukauna on October 21, 2023 from 9 am to 2 pm for Trunk or Treat.
- 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, October 16, 2023 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.





To: Health and Recreation Committee

From: Terri Vosters, Community Enrichment & Recreation Director

Date: 10/17/2023

RE: RFP for Live! at Hydro Park

Discussion:

The City of Kaukauna Community Enrichment Department is seeking proposals for entertainment management of the City's Live! From Hydro Park Concert Series. The series begins in early June and runs ten (10) consecutive Wednesdays with two additional dates as rain dates.

A proposal for entertainment management should include the following:
Ability to set up and take down a portable stage.

- Contract ten (10) bands of significant talent and experience to
- perform for two (2) consecutive hours.
- The selected contractor will be expected to provide a schedule of entertainment for approval no later than February 1st.
- Ability to provide proof of insurance.
- Provide a list of prior events hosted and references.

Proposals are due October 31, 2023, before 4:30 p.m. in the Recreation Office: Attention Roger Russove, delivered to 207 Reaume Avenue, PO Box 290, Kaukauna, WI, 54130 or by email to Roger at rrussove@kaukauna.gov.

This proposal will be in effect for 3 years, with individual contracts to be signed on an annual basis.

<u>Recommended Action:</u> Authorize Community Enrichment & Recreation Director to seek proposals for entertainment management of the City's Live! at Hydro Park Concert Series.

CITY OF KAUKAUNA OFFICIAL NOTICE

NOTICE is hereby given that the following has given application to the Common Council of the City of Kaukauna for the 2023-2024 License Year, the granting of which is now pending. Published pursuant to Section 125.04 (3) (g) of the Wisconsin Statutes.

CLASS "B" BEER LICENSE AND "CLASS B" WINERY LICENSE

CORPORATION

Hex Meadery LLC Lexi Lau, Agent 403 Vanderloop Ct. Kaukauna, WI

Hex Meadery 175 W. Wisconsin Ave.

Dated this 18th day of October, 2023 Sally Kenney City Clerk BUSINESS ADDRESS: 175 W Wisconsin Ave, Kaukauna, WI 54130

City Attorney/Paralegal Suggestions:

Ok as presented

Signed: Kevin W. Davidson

Title: Attorney

Date:

October 2, 2023

APPLICANT/AGENT:

Hex Meader, LLC/Lexie J. Lau, Agent

BUSINESS NAME:

Hex Meader

BUSINESS ADDRESS:

175 W. Wisconsin Ave.

*Addition of Class B Beer

To Class B Winery License

Building Inspector approval:

Application in TEAMS Agenda Date: 10.12.23

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to building inspection. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

pproved

Denied

Date: 10

APPLICANT/AGENT: DRIVER'S LICENSE:

DATE OF BIRTH:

ADDRESS:

Hex Meader, LLC/Lexie J. Lau, Agent

L000-5309-1871-05

10/11/1991

403 Vanderloop Ct. Kaukauna, WI 54130

BUSINESS NAME: BUSINESS ADDRESS: Hex Meader

175 W wisconsin Ave.

*Addition of Class B Beer To Class B Winery License

Application in TEAMS

Police Department recommendation:

I hereby certify that we have checked municipal and state criminal records. It is our recommendation that the license be:

Approved

Signed: See

APPLICANT/AGENT: BUSINESS NAME: Hex Meader, LLC/Lexie J. Lau, Agent

Agenda Date: 10,12,23

BUSINESS ADDRESS:

Hex Meader 175 W Wisconsin Ave.

*Addition of Class B Beer To Class B Winery License

Planning and Community Development approval:

Application in TEAMS

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to planning and community development. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Signed

Denied

Title:

associate Glanner

Date: 10/04/2023

APPLICANT/AGENT: BUSINESS NAME: Hex Meader, LLC/Lexie J. Lau, Agent

Hex Meader

175 W Wisconsin Ave.

BUSINESS ADDRESS: FILE NO.:

*Addition of Class B Beer

Fire Department approval:

To Class B Winery License
Application in TEAMs

I hereby certify that I have inspected the property above to see if they meet the municipal and state codes as it pertains to fire and safety issues. To the best of my knowledge, with the available information, the property has passed inspection and I have no objection to the granting of the license for the above property. It is our recommendation that the license be:

Approved

Denied

Signed

Title

1 ssistant

Chief/

Inspector

Date:

10-4-23

If denied, please specify why

KAUKAU Item 2.c.

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: Matt Gilkerson

Date of Birth: *Event organizers must be at least 18 years old.

Address: 1008 HYLAND AVENUE

Phone Number: 920 - 268 - 680 2

Email Address: matt. gilkerson @ gmail com

SECTION 2 - ORGANIZATION INFORMATION

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

Organization's Name: Encounter Church

Organization's Address: 1008 Hyland avenue Kaulang, W1 54915

Organization's Phone Number: 920.764. 5270

Organization's Email Address or Website: En counterchurch. online

Applicant's Relationship to Organization:

SECTION 3 - EVENT INFORMATION

Name of Event: Trunk or Treat

Event Location: above address

Event Date: *If a multi-day event, please list all days 10 /21 / 23

Event Start Time - End Time: Que que to 2 pm

Security Contact Name and Phone Number: *The name individual who emergency responders may contact in event. Math Gillerson - 920 -	case of an emergency di	on of the uring the		
Total Anticipated Attendance for Event: Additional Event Information (Purpose, Activity, Who Continue event, etc.): 500 - Jost a	Can Participate, whether			
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:				
Will food be prepared and/or served at the even	t? YES	NO X		
2. Will there be a band or amplified music/noise?	YES 🗍	NO M		
3. Will there be portable restrooms?	YES T	NO V		
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 V	NO _		
Fire Department Information: (920) 766-6320				
1. Will the event be held indoors? - Both	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 D,		
4. Will fireworks/pyrotechnics be used during the ev	vent? YES	NO D		
e que requestis to bluck road	d/striot in	front		

Stree	t 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 A
3.	Did you include a map of the event location/route?	YES [NO V
4.	For park events, have you reserved the park?	YES	NO
5.	Will there be rides at the event? - Bounce houses	YES	NO .
Police	Department: (920) 766-6333		
1.	Do you have a plan for medical emergencies?	YES V	NO ,
2.	Is security needed for the event?	YES	NO V
3.	Will the event need any parking restrictions?	YES	NO D
City Cl	erk's Office: (920) 766-6300		1
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.

3. Insurance must include:

- a. Premises and Operations Liability
- 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:

" AIV