

HEALTH AND RECREATION COMMITTEE

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



Monday, April 15, 2024 at 6:15 PM

AGENDA

In-Person and via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Request from Cassidy Mickelson for the use of Grignon Mansion Grounds and Lower Grignon Park and amplified sound on May 4, 2024 from 9 am to 3 pm for the 2nd Wisconsin Civil War Reenactors practice drills.
 - [b.](#) Special Events Application and amplified sound to Chris Wachel, Riverside Rally on Saturday, May 11, 2024 from 8:00 am to 1 PM for Riverside Rally Car Show.
 - [c.](#) Special Events Application and amplified sound to Officer Adam VanderHyden, Kaukauna Area School District on Friday, May 17, 2024 (Rain Date May 20, 2024) from 9:00 am to 12 PM for Breaking Boundaries Triathlon.
 - [d.](#) Request for amplified music to Merri Bowser on June 28, 2024 from 6 - 8:30 PM at Riverside Park.
 - [e.](#) Special Events Application and amplified sound to Melanie Draheim, Fox Communities Credit Union on Saturday, August 3, 2024 from 7:30 am to 1 PM for Bike to the Beat.
 - [f.](#) Special Events Application to Kristy Stumpf, Uptown Girl Beauty & Boutique on Saturday, September 21, 2024 from 6 AM to 6 PM in the city lot behind Uptown Girl for the Boutique Fall Festival.
 - [g.](#) Request for the use of Grignon Mansion Grounds and Lower Grignon Park, temporary allowance of horses, and overnight camping August 23-26,2024 for the Civil War Living History Demonstration.
 - [h.](#) Request for amplified noise August 24-25 for the Civil War Living History Demonstration.
 - [i.](#) Request for the use of Grignon Mansion Grounds and Lower Grignon Park, temporary allowance of horses August 11, 2024 for the Grignon Mansion Car Show.
 - [j.](#) Request for amplified music August 11, 2024 for the Grignon Mansion Car Show.
 - [k.](#) Request for amplified music May 18, 2024 for the Native American Dance Performance.
 - [l.](#) Request for amplified music June 12, 2024 for the Little Chute Community Band Concert.
 - [m.](#) Request from St. Ignatius Catholic School for the allowance of a bounce house at Riverside Park on Wednesday, May 29, 2024 from 1-3 pm for Field Day Event.
 - [n.](#) Special Event Application to Jason Lipsky, Electric City Experience at Hydro Park, Farm Market Lot, and adjacent areas on June 6, 7, and 8, 2024.
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, April 15, 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.

Topic: **Kaukauna April 15, 2024 - Committee Meetings**

Time: **Apr 15, 2024 06:00 PM Central Time (US and Canada)**

Join Zoom Meeting

<https://us06web.zoom.us/j/2346054161?pwd=SWRkZ3k5V2t0MDkzN241d0RvR3h1QT09&omn=82559484972>

Meeting ID: 234 605 4161

Passcode: 54130

One tap mobile

+13052241968,,2346054161#,,,,*54130# US

+13092053325,,2346054161#,,,,*54130# US

Dial by your location

• +1 305 224 1968 US

• +1 309 205 3325 US

• +1 312 626 6799 US (Chicago)

• +1 646 558 8656 US (New York)

• +1 646 931 3860 US

• +1 301 715 8592 US (Washington DC)

• +1 253 205 0468 US

• +1 253 215 8782 US (Tacoma)

• +1 346 248 7799 US (Houston)

• +1 360 209 5623 US

• +1 386 347 5053 US

- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 669 444 9171 US
- +1 689 278 1000 US
- +1 719 359 4580 US
- +1 720 707 2699 US (Denver)

Meeting ID: 234 605 4161

Passcode: 54130

Find your local number: <https://us06web.zoom.us/j/kdbmLdH1Z>



MEMO

GRIGNON MANSION

To: Health and Recreation Committee
From: Cassidy Mickelson, Grignon Mansion Executive Director
Date: April 15, 2024
Re: Request for the use of Grignon Mansion Grounds and Lower Grignon Park and amplified sound – May 4, 2024, 9 AM to 3 PM

Like previous years, the 2nd Wisconsin Civil War Reenactors group have requested to use the grounds of the Grignon Mansion and a small section of Lower Grignon Park to practice drills. The group would like to be at the Mansion on Saturday, May 4th from 9:00 AM to approximately 3:00 PM. There would be around 25 – 30 reenactors participating in drills to get ready for their upcoming events.

The drills would include marching and small skirmishes along with some black powder musket firing drills throughout the day, which will be loud for a short period of time. There will be a representative from the Friends of the Grignon Mansion onsite to oversee the practice session.





REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St.
Kaukauna, WI 54130

Applicant Information

Name: Cassidy Mickelson Date of Birth: 04/30/1992
Address: 207 Reaume Ave. Kaukauna, WI 54130 Phone number: 920-422-6041
Organization Name, if applicable: 2nd Wisconsin Volunteer Infantry/City of Kaukauna
Email address: cmickelson@kaukauna.gov

Event Information

Name of Event: Civil War Reenactor Practice
Event location (s): Grignon Mansion Grounds/Lower Grignon Park
Date of Event: Saturday, May 4, 2024
Event Start time - End time: 9 AM - 3 PM (musket firing for a short periods throughout the day)
Number of people attending: 25 – 30

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.

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: *Chris Wachel*

Date of Birth: *Event organizers must be at least 18 years old. *11-20-1966*

Address: *1010 Riverside Dr.*

Phone Number: *920-841-0918*

Email Address: *WACHSONE@AOL.COM*

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: *Riverside Rally*

Organization's Address: *1010 Riverside Dr.*

Organization's Phone Number:

Organization's Email Address or Website: *SAME*

Applicant's Relationship to Organization:

SECTION 3 – EVENT INFORMATION

Name of Event: *Riverside Rally Car Show*

Event Location: *Riverside Dr. Park 5/11/24*

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

Event Start Time - End Time: *8 am to 1 pm*

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.

Chris Wachel 920-841-0918

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

75-100

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

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

Car Show is in the street in front of Park from Wisconsin Ave to the Pavilion Entrance.

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

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

Parking will be such that it will Allow Emergency Vehicles.

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: *Chris L. Wachel*

Printed name of Applicant: *Chris L. WACHEL*



REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Chris Wachel
11-20-1966

Date of Birth:

Address: 1010 Riverside Dr. Kaukauna Phone
number: 920-841-0918

Organization Name, if applicable: Riverside
Rally

Email address:
wachsone@aol.com

Event Information

Name of Event: Riverside
Rally

Event location (s): Riverside Park

Date of Event: May 11

Event Start time- End time: 9am until
1pm

Number of people attending: 100

This application will be formally reviewed by the Health and Recreation Committee. Please allow up to 3 weeks for a response. If you do not hear from City staff: request is approved.



REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Chris Wachel Date of Birth: 11-20-1966

Address: 1010 Riverside Dr. Kaukauna Phone number: 920-841-0918

Organization Name, if applicable: Riverside Rally

Email address: wachsone@aol.com

Event Information

Name of Event: Riverside Rally

Event location (s): Riverside Park

Date of Event: May 11

Event Start time- End time: 9am until 1pm

Number of people attending: 100

This application will be formally reviewed by the Health and Recreation Committee. Please allow up to 3 weeks for a response. If you do not hear from City staff: request is approved.

For questions: rrussove@kaukauna-wi.org



UPDATED 04.01.2021



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

SECTION 1 – APPLICANT INFORMATION

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

Name: Officer Adam VanderHyden

Date of Birth: *Event organizers must be at least 18 years old. 10/19/1984

Address: 144 W. 2nd St, Kaukauna, WI 54130

Phone Number: 920-766-6333

Email Address: avanderhyden@kaukauna.gov

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Kaukauna Area School District

Organization's Address: 1701 CTH CE, Kaukauna, WI

Organization's Phone Number: 920-766-6100

Organization's Email Address or Website:

Applicant's Relationship to Organization: School Resource Officer

SECTION 3 – EVENT INFORMATION

Name of Event: Breaking Boundaries Triathlon

Event Location: CE trail & KHS

Event Date: *If a multi-day event, please list all days. 05/17/24 Rain Date:05/20/24

Event Start Time - End Time: 9:00 AM - 12:00 PM

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.

KPD, Officer Vander Hyden in charge 920-419-6585

Total Anticipated Attendance for Event:

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

Approximatley 150

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 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?
*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 checked="" type="checkbox"/> | NO <input 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 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:

 04/04/24

Printed name of Applicant: Adam Vander Hyden



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
4/4/2024

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 M3 Insurance Solutions, Inc. 1425 Discovery Parkway Wauwatosa WI 53226	CONTACT NAME: Hallie Bujak PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: hallie.bujak@m3ins.com														
INSURED Kaukauna Area School District 1701 County Hwy CE Kaukauna WI 54130	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : EMCASCO Insurance Company</td> <td style="text-align: center;">21407</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : EMCASCO Insurance Company	21407	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : EMCASCO Insurance Company	21407														
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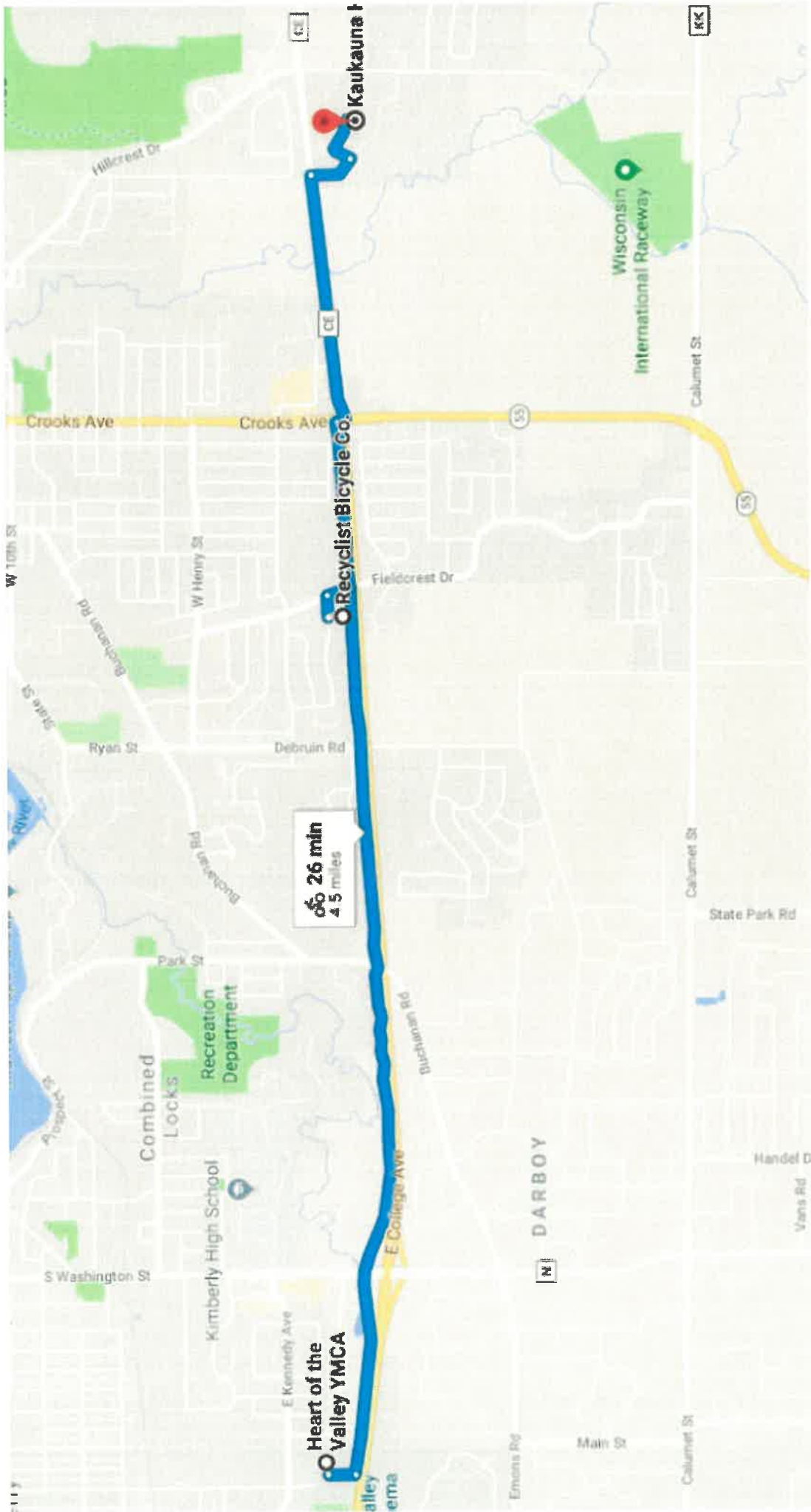
COVERAGES **CERTIFICATE NUMBER: 972203359** **REVISION NUMBER:**

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> 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: _____	Y		6D56359	7/1/2023	7/1/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 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 \$ COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> 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 <input type="checkbox"/> AUTOS ONLY						EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 The City of Kaukauna, and its officers, council members, agents, employees, and authorized volunteers are Additional Insureds on the General Liability Policy where required by written contract.
 A 30 Day Notice of Cancellation is in favor of same.

CERTIFICATE HOLDER City of Kaukauna 144 W 2nd St Kaukauna WI 54130	CANCELLATION 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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REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Adam Vander Hyden Date of Birth: 10/19/84

Address: Kaukauna High School, 1701 CTH CE, Kaukauna, WI 54130
Phone number: 920-766-6113

Organization Name, if applicable: Kaukauna Area School District

Email address: avanderhyden@kaukauna.gov

Event Information

Name: Breaking Boundaries Triathlon

Event location (s): CE Trail along with Kaukauna High School Date of Event: 05/17/24

Event Start time 9:00 AM - End time: 12:30 PM

Number of people attending: 150

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

FACILITY SALES RECEIPT

Receipt # **2259**
Payment Date: **03/29/24**
Household: **811**

Kaukauna Recreation Department (KRD)
PO Box 890
207 Reaume Avenue
Kaukauna, WI 54130-0890
Phone: (920)766-6335

Merri Bowser
809 Fredrick Ct Apt 1
Howard WI 54313
mbowser3@yahoo.com

Reservation Details: Riverside Park, RS Shelter

Reserv. Contact: **Merri Bowser**
Phone Number: **(920)737-7928**
Reserv. Number: **361**
Status: **Firm**
Purpose: **Birthday Party**
Anticipated Count: **70**

<u>Date(s) And Times</u>	<u>New Fees</u>	<u>Total Fees</u>	<u>New Paid</u>	<u>Total Paid</u>	<u>Amount Due</u>
Fri 06/28/2024 12:00P to 10:00P	100.00	100.00	100.00	100.00	0.00

<u>Fee Description</u>	<u>Amount</u>	<u>Count</u>	<u>Discount</u>	<u>Sales Tax</u>	<u>Total Fee</u>
RS Shelter Non-Resident Fee	100.00	1.00	0.00	0.00	100.00

*****PLEASE SIGN AND RETURN BEFORE RENTAL*****

1. The Renter agrees to clean and restore the above-mentioned facility within the specified rental period. The renter also agrees to promptly pay the cost of any extraordinary clean-up or repair of damage to the park as a result of usage under this agreement as billed by the City.
2. No alcoholic beverages are allowed in City parks unless a permit has been issued by the Kaukauna Police Department.
3. No admission fee, donation, contribution, or other charge shall be collected or be permitted to be collected by the renter where intoxicating liquor or fermented malt beverages are consumed unless prior approval has been secured from the City of Kaukauna's Health and Recreation Committee. Renter shall not permit intoxicating liquor or fermented malt beverages to be consumed on the rented premises by any person or persons who have not reached the legal Wisconsin drinking age. Per municipal code, no alcohol shall be sold at youth sporting events.
4. City Parks close and must be completely vacated by at 11:00 pm. No dogs or cats are allowed.
5. The contact (renter) of the facility must be on the premises during the entire event.
6. No bands, stereos, or other amplifying devices are allowed in City parks unless prior approval has been granted by the City of Kaukauna's Health and Recreation Committee.
7. No motorized vehicles are allowed to be driven or parked on the grass in City parks.
9. Staples must be removed from picnic tables if they are used to secure tablecloths.
10. After Labor Day, a key must be obtained from the Recreation Department Office to open restrooms.
11. Park shelter rentals do not include ball diamond reservation or vice versa.

FACILITY SALES RECEIPT

Item 2.d.

Receipt # 2259
Payment Date: 03/29/2024
Household: 811

INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

I HEREBY EXPRESSLY ACKNOWLEDGE THE INHERENT RISK to have contact with surfaces that have been exposed to and/or individuals that have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies does exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual and/or surface with a communicable disease present.

I HEREBY EXPRESSLY WAIVE ANY LIABILITY and claim of any kind or nature whatsoever against the City of Kaukauna, arising from or related in any way to my exposure to with surfaces that have been exposed to and/or individuals that have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, from my participating in this activity and/or utilizing this facility.

I FURTHER UNDERSTAND AND CONSENT that information limited to my name and contact data may be supplied to public health officials exclusively for the purposes of contact tracing in the event that I or another person participating in this activity and/or using this facility should be affirmatively diagnosed as infected with the COVID-19 coronavirus. I hereby give my consent to provide my information for these limited purposes.

The Renter agrees to indemnify and hold harmless the City of Kaukauna, its employees, officials, officers, agents or agents' employees from all loss, damages, liability or claims arising out of Rental Date operations or use of the premises, except to the extent same are caused by negligence or misconduct of the City of Kaukauna.

The Renter agrees to handle, respond to, investigate and defend, at its sole expense, any claim or alleged claim made against the City of Kaukauna, its employees, officials, officers, agents or agents' employees, arising out of the conduct of Rental Date operations and/or use of the premises.

The Renter shall bear all other costs and expenses related thereto. The City of Kaukauna shall have the right to approve any legal counsel selected to defend the City of Kaukauna in such claim or alleged claim. It is understood by the "Renter" that he/she is held personally liable and responsible for their group and attendees for complying with the Rules and Regulations of this Rental Agreement.

Signature: Mervi Bowsen
Date: 4/1/24

Processed on 03/29/24 @ 9:14 am by mmielke

Total New Fees	100.00
Total Due	100.00
Total Fees Paid	100.00
Total Paid	100.00

FACILITY SALES RECEIPT

Item 2.d.

Receipt # 2259
Payment Date: 03/29/2024
Household: 811

Household Balance Information

Overall Household Balance Due 0.00

Payment applied to receipt balance 100.00
Payment applied to service fee 2.90

Payment of: 102.90 Made By:CREDIT CARD Auth: 440007 Card#: xxxxxxxxxxxx8109 With Reference:

A Service Fee has been applied to this transaction.

Payment will show on your credit card statement as: VSI*KAUKAUNARECCOUNTR



REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Merri Bowser Date of Birth: 6/28/59
Address: 809 Fredrick Court #1, Howard, WI 54313 Phone number: 920-737-7928
Organization Name, if applicable: _____
Email address: m.bowser3@yahoo.com

Event Information

Name of Event: Birthday Party
Event location (s): Riverside Park Date of Event: 6/28/59
Event Start time- End time: 6:00 PM - 8:30 PM
Number of people attending: 70

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: specialevents@kaukauna.gov





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 3rd 2024

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

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.

- 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



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: 8/3/24

Event Start time- End time: 7:30a-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: russove@kaukauna.gov



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: Kaukauna Athletic Field

Event Date: *If a multi-day event, please list all days. Saturday August 3rd 2024

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

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

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.

- 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

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: Kristy Stumpf

Date of Birth: *Event organizers must be at least 18 years old. 07-04-1969

Address: N8340 Firelane 12 Menasha, WI 64952

Phone Number: 920-423-3247

Email Address: uptowngirlbandb@gmail.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Uptown Girl Beauty & Boutique

Organization's Address: 116 W. Wisconsin Avenue Kaukauna

Organization's Phone Number: 920-423-3247

Organization's Email Address or Website: www.uptowngirlbeautyandboutique.com

Applicant's Relationship to Organization: Owner

SECTION 3 – EVENT INFORMATION

Name of Event: Boutique Fall Festival 2023 - Local Boutiques, Gifts, & Craft Vendor Sale in Lot

Event Location: City Lot behind Uptown Girl * we would need this lot to be closed & barricaded during the event.

Event Date: *If a multi-day event, please list all days. 9/21/24

Event Start Time - End Time: 6am-6pm (including set up and take down)
Event 9-3

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.

Kristy Stumpf 920-423-3247

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

300-500

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?
WE will have 13 food trucks YES NO
- 2. Will there be a band or amplified music/noise? YES NO
- 3. Will there be portable restrooms?
*Restrooms inside Uptown Girl 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?
Canopy tents for vendors YES NO
- 3. Will there be a tent larger than 200 SF? YES NO
- 4. Will fireworks/pyrotechnics be used during the event? YES NO

Street and Parks Department: (920) 766-6337

- 1. Are you requiring street closure for the event? YES 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

→ The City lot behind Uptown Grill will need to be closed + barricaded. Just the one behind the shop (not Electric City Lane)

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.

**Our insurance agent said this is covered in our policy w/ special event premium*

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.

1. The first step in the process of identifying and evaluating potential risks is to conduct a thorough review of the organization's operations and activities. This involves identifying all the areas where risks could occur, such as financial, operational, and strategic. Once these areas are identified, the next step is to assess the likelihood and potential impact of each risk. This is typically done using a risk matrix or similar tool. The final step is to develop and implement risk mitigation strategies to reduce the organization's exposure to these risks.

2. The second step in the process is to identify the specific risks that the organization faces. This involves looking at both internal and external factors that could affect the organization's performance. Internal risks might include things like poor management, outdated technology, or inefficient processes. External risks could include changes in the market, new regulations, or economic downturns. Once these risks are identified, the organization needs to evaluate their potential impact and likelihood of occurring.

3. The third step is to evaluate the risks that have been identified. This involves comparing the risks against the organization's risk tolerance and determining which risks are most significant. Risks that are high-likelihood and high-impact are typically the most concerning. Once the risks are evaluated, the organization can then develop specific strategies to address each risk. These strategies might include diversification, hedging, or other risk management techniques. The final step is to monitor and review the risks regularly to ensure that the organization's risk management strategy remains effective over time.

- 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.

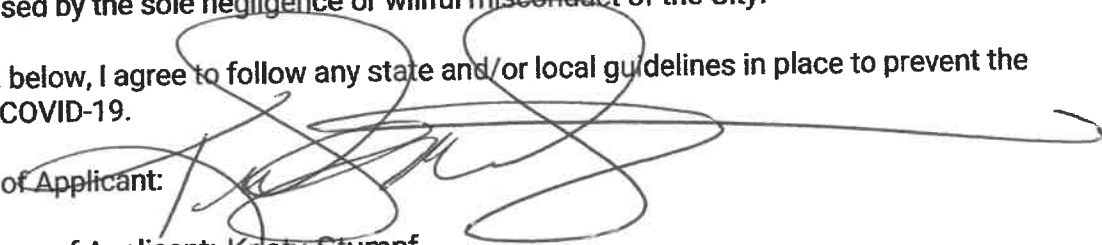
Section 5 – Indemnification and Disclaimer

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: Kristy Stumpf



Last Years Mock-Up Vendor Map



Last Year's Flyer

BOO-TIQUE 

FALL FESTIVAL

SATURDAY, OCTOBER 14TH

9AM-5PM

LOCAL BOUTIQUES & ARTISANS

UPTOWN GIRL BEAUTY & BOUTIQUE

UPTOWN LINKS PERMANENT JEWELRY

SILVER SQUIRREL ENGRAVING & GIFTS

KENDALL & BLUE BOUTIQUE

PERIWINKLE POPPY BOUTIQUE

SMALLTOWN INSPIRED HANDMADE JEWELRY

TENDER ESSENTIALS JEWELRY

IT'S NOTHING BUT NATURE'S GOODNESS SOAPS & SKIN CARE

THE MAIN CELEBRATION GOURMET DESSERTS

MENAS PLACE

DIRTY GIRL POTTERY

DOWNTOWN KAUKAUNA

116 W. WISCONSIN AVENUE

KAUKAUNA, WI

FREE
KIDS FACE
PAINTING!

Car pour 2000

2000-2001



MEMO

GRIGNON MANSION

To: Health and Recreation Committee

From: Cassidy Mickelson, Grignon Mansion Executive Director

Date: April 15, 2024

Request for the use of Grignon Mansion Grounds and Lower Grignon Park, temporary allowance of horses, and overnight camping

August 23 – August 25, 2024

Dear Committee Members,

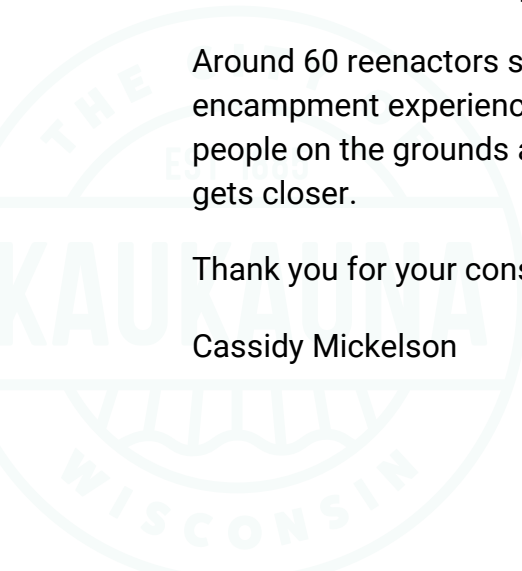
The Civil War Living History Demonstration will be on August 24th (10 AM – 4 PM) and August 25th (10 AM – 3 PM) at the Grignon Mansion. I am requesting use of the grounds of the Grignon Mansion and Lower Grignon Park for event activities.

I would also like permission to temporarily allow horses from August 23rd to August 25th that are used for cavalry demonstrations.

Around 60 reenactors stay on the grounds of the Mansion for a more genuine encampment experience. Emergency procedures are in place to ensure the safety of the people on the grounds and the Kaukauna Police Department will be notified as the event gets closer.

Thank you for your consideration,

Cassidy Mickelson





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: Cassidy Mickelson

Date of Birth: *Event organizers must be at least 18 years old. 04/30/1992

Address: 207 Reaume Ave, Kaukauna, WI 54130

Phone Number: 920-422-6041

Email Address: cmickelson@kaukauna.gov

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Grignon Mansion

Organization's Address: 1313 Augustine Street

Organization's Phone Number: 920-766-6106

Organization's Email Address or Website: www.grignonmansion.org

Applicant's Relationship to Organization: Site Manager

SECTION 3 – EVENT INFORMATION

Name of Event: Civil War Living History Demonstration

Event Location: 1313 Augustine Street

Event Date: *If a multi-day event, please list all days. 8/24/2024 - 8/25/2024

Event Start Time - End Time: 10 AM-4 PM & 10 AM-3 PM

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.

Cassidy Mickelson, 920-422-6041

Total Anticipated Attendance for Event: 500 over 2 days

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

This is the 8th year of the Civil War Living History Demonstration. There are 60 reenactors who camp on the grounds from Friday until Sunday and share their knowledge of the Civil War to visitors. This is a fundraiser for the Grignon Mansion and an educational opportunity for the community.

SECTION 4 – APPLICANT CHECKLIST

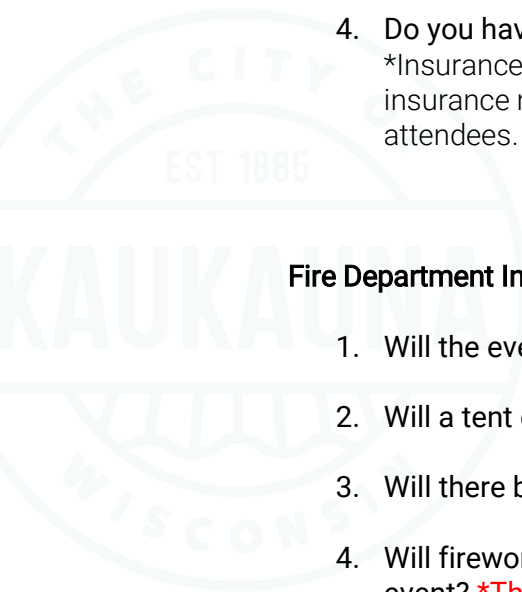
Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. *Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

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? *Tours will be inside 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? *There will be musket and cannon fire at various points throughout the event YES NO



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

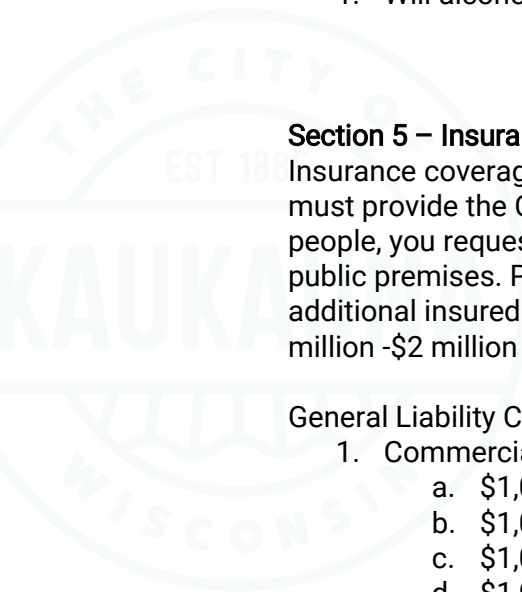
- 1. Will alcoholic beverages be served/sold? YES NO

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.



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: *Cassidy Mickelson*

Printed name of Applicant: Cassidy Mickelson

REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St.
Kaukauna, WI 54130

Applicant Information

Name: Cassidy Mickelson Date of Birth: 04/30/1992
Address: 207 Reaume Ave. Kaukauna, WI 54130 Phone number: 920-422-6041
Organization Name, if applicable: 2nd Wisconsin Volunteer Infantry/City of Kaukauna
Email address: cmickelson@kaukauna.gov

Event Information

Name of Event: Civil War Living History Demonstration
- This event will have musket and cannon fire at various points throughout the event.

Event location (s): Grignon Mansion Grounds/Lower Grignon Park

Date of Event: Saturday, August 24 and Sunday, August 25, 2024

Event Start time - End time: Saturday, 10 AM – 4 PM, Sunday, 10 AM – 3 PM

Number of people attending: 500 over two days

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.





MEMO

GRIGNON MANSION

To: Health and Recreation Committee
From: Cassidy Mickelson, Grignon Mansion Executive Director
Date: April 15, 2024
Re: Request for the use of Grignon Mansion Grounds and Lower Grignon Park, temporary allowance of horses - August 11, 2024

Dear Committee Members,

The Grignon Mansion Car Show is on August 11, 2024 from 10 AM – 3 PM. I am requesting use of the grounds of the Grignon Mansion and Lower Grignon Park for event activities.

I would also like permission to temporarily allow horses from on the grounds. L & M Carriage Services provides horse drawn carriage rides to show the type of transportation the Grignon family would have used.

Thank you for your consideration,

Cassidy Mickelson



REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St.
Kaukauna, WI 54130

Applicant Information

Name: Cassidy Mickelson

Date of Birth: 04/30/1992

Address: 207 Reaume Ave. Kaukauna, WI 54130

Phone number: 920-422-6041

Organization Name, if applicable: Grignon Mansion/City of Kaukauna

Email address: cmickelson@kaukauna.gov

Event Information

Name of Event: Grignon Mansion Car Show

- There will be a DJ playing music and making announcements throughout the event.

Event location(s): Grignon Mansion Grounds/Lower Grignon Park

Date of Event: Sunday, August 11, 2024

Event Start time - End time: 10 AM – 3 PM

Number of people attending: 300

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.





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: Cassidy Mickelson

Date of Birth: *Event organizers must be at least 18 years old. 04/30/1992

Address: 207 Reaume Ave, Kaukauna, WI 54130

Phone Number: 920-422-6041

Email Address: cmickelson@kaukauna.gov

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Grignon Mansion

Organization's Address: 1313 Augustine Street

Organization's Phone Number: 920-766-6106

Organization's Email Address or Website: www.grignonmansion.org

Applicant's Relationship to Organization: Site Manager

SECTION 3 – EVENT INFORMATION

Name of Event: Native American Dance Performance

Event Location: 1313 Augustine Street

Event Date: *If a multi-day event, please list all days. 5/18/2024

Event Start Time - End Time: 12:30-4:00 PM

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.

Cassidy Mickelson, 920-422-6041

Total Anticipated Attendance for Event: 150

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

The Menominee Woodland Boys & Girls Club travel to the Grignon Mansion to share their history and culture using traditional songs and dances. This event is free to the public and indigenous food is available for purchase before the event. The performance is from 12:30 PM to 1:30 PM and tours of the Mansion are from 1:30 PM to 4 PM.

SECTION 4 – APPLICANT CHECKLIST

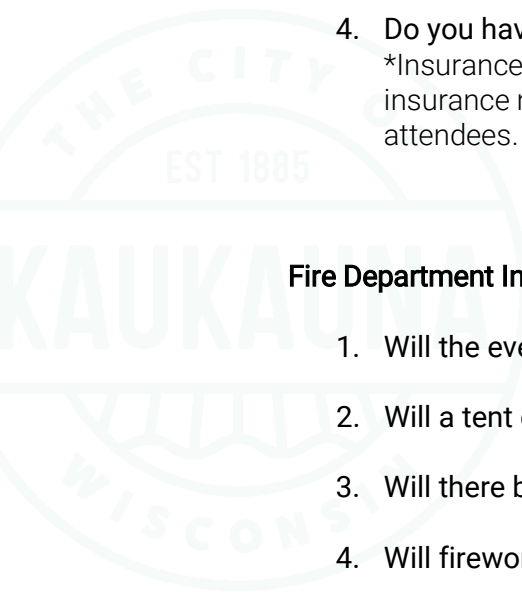
Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. *Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

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



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.

- 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: *Cassidy Mickelson*

Printed name of Applicant: Cassidy Mickelson



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: Cassidy Mickelson

Date of Birth: *Event organizers must be at least 18 years old. 04/30/1992

Address: 207 Reaume Ave, Kaukauna, WI 54130

Phone Number: 920-422-6041

Email Address: cmickelson@kaukauna.gov

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Grignon Mansion

Organization's Address: 1313 Augustine Street

Organization's Phone Number: 920-766-6106

Organization's Email Address or Website: www.grignonmansion.org

Applicant's Relationship to Organization: Site Manager

SECTION 3 – EVENT INFORMATION

Name of Event: Little Chute Community Band Concert

Event Location: 1313 Augustine Street

Event Date: *If a multi-day event, please list all days. 6/12/2024

Event Start Time - End Time: 7:00 PM - 8:00 PM

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.

Cassidy Mickelson, 920-422-6041

Total Anticipated Attendance for Event: 100

Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.): The Little Chute Community Band performs for free on the lawn of the Grignon Mansion. A 50/50 raffle will be held before and during the performance.

SECTION 4 – APPLICANT CHECKLIST

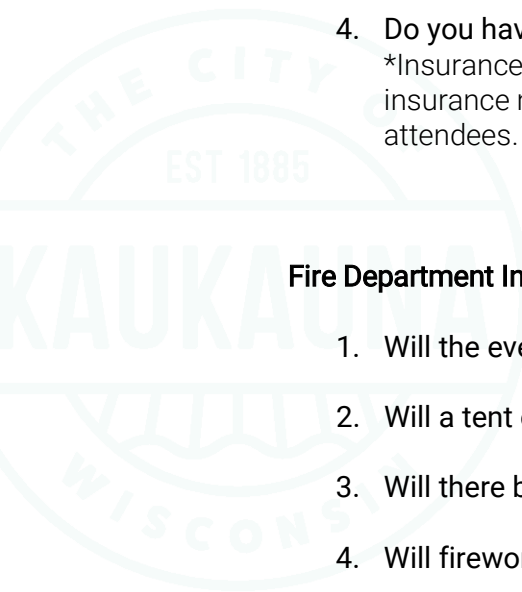
Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. *Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

General Information:

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- 2. Will there be a band or amplified music/noise? YES NO
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- 4. Do you have proper insurance for your event and have you provided it to the City?
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Fire Department Information: (920) 766-6320

- 1. Will the event be held indoors? YES NO
- 2. Will a tent or temporary structure be erected? YES NO
- 3. Will there be a tent larger than 200 SF? YES NO
- 4. Will fireworks/pyrotechnics be used during the event? YES NO



Street and Parks Department: (920) 766-6337

- 1. Are you requiring street closure for the event? YES 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

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 - 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
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4. Additional Provisions
 - a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
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By signing below, I agree to follow any state and/or local guidelines in place to prevent the spread of COVID-19.

Signature of Applicant: *Cassidy Mickelson*

Printed name of Applicant: Cassidy Mickelson

REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St.
Kaukauna, WI 54130

Applicant Information

Name: Cassidy Mickelson

Date of Birth: 04/30/1992

Address: 207 Reaume Ave. Kaukauna, WI 54130

Phone number: 920-422-6041

Organization Name, if applicable: Grignon Mansion/City of Kaukauna

Email address: cmickelson@kaukauna.gov

Event Information

Name of Event: Little Chute Community Band

Event location(s): Grignon Mansion Grounds

Date of Event: Wednesday, June 12, 2024

Event Start time - End time: 7:00 PM – 8:00 PM

Number of people attending: 100

This application will be formally reviewed by the Health and Recreation Committee. Please allow up to 3 weeks for a response. If you do not hear from City staff: request is approved.

Dear Health and Recreation Committee:

On Wednesday, May 29, St. Ignatius Catholic School is planning to be present at Riverside Park in Kaukauna from 1:00-3:00, where we have rented the shelter. We plan to have our students in grades K-8 present for this event. Students will be participating in a field day to observe the end of the school year.

Our phy-ed teacher and members of our administration are helping to coordinate this event, in order to promote fun and safe activities for our students. There will be a couple of inflatable recreation options for our students, which will be provided by a reputable vendor named [Jump Around WI](#). Please know that both the inflatable activities and all events that day will be properly supervised by our staff members.

Should you have any further questions, please do not hesitate to contact the school.



Alex Wolf

Head of School-Upper School
 St. Ignatius Catholic School
 920-766-0186
www.stignatiuskaukauna.org
 220 Doty St. Kaukauna, WI 54130

Our Mission: We will meet the unmet demands of our students and families for a Catholic classical education to form a joyful community of disciples of Christ.

Our Vision: As a Catholic community, we will increase the number of virtuous leaders, thinkers, and intentional disciples of Christ working to rebuild our culture.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM) Item 2.m.

4/10/2024

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 Olivier-VanDyk Insurance Agency 2780 44th Street SW Wyoming MI 49519	CONTACT NAME: Luke Johnson PHONE (A/C. No. Ext): 616-454-0800 FAX (A/C. No): 616-454-7100 E-MAIL ADDRESS: certificates.sbu@ovdinsurance.com
INSURER(S) AFFORDING COVERAGE	
INSURER A : West Bend Mutual Insurance Company NAIC # 15350	
INSURED Jump Around Rentals LLC 6607 Highland Ave SW Warren OH 44481	JUMPARO-07 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** 112214903 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> 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:	Y		A951913	7/6/2023	7/6/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	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) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER City of Kaukauna 144 W Second St Kaukauna WI 54130	CANCELLATION 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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Please note our procedures with regards to certificates of insurance:

The presence of Additional Insured (including blanket versions) and/or Waiver of Subrogation endorsements or policy language is denoted by a "Y" in the appropriate column on the certificate. In accordance with the ACORD 25 Certificate Forms Instruction Guide and in keeping with the directive set forth by the insurance department, the Description of Operations box will be used exclusively for the purpose prescribed on the form (description of operations, insured locations and insured vehicles, as applicable). The ACORD 101 form is designed as an extension of the ACORD 25 Description of Operations box and is similarly restricted in its use.

If you require specific wording in the Description of Operations box or special provisions apply, we will attach the corresponding endorsements which follow this letter.

Thank you for your understanding.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED BY WRITTEN CONTRACT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II - Who is An Insured** is amended to include as an additional insured any person or organization you are required by a written contract to name as an additional insured.
- The written contract must be:
1. Currently in effect or becoming effective during the term of this policy; and
 2. Signed by all parties to the written contract or written agreement prior to the "bodily injury," "property damage," "personal injury and advertising injury."
- B.** The insurance provided to the additional insured is limited as follows:
1. That person or organization is only an additional insured with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused in whole or in part, by:
 - a. your ongoing operations performed for the insured at the location designated in the written contract; or
 - b. premises owned or used by you.

However:

 - a. The insurance afforded to such additional insured only applies to the extent permitted by law; and
 - b. If coverage provided to the additional insured is required by a written contract or written agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.
- C.** With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:
- This insurance does not apply to:
1. "Bodily injury", "property damage" or "personal and advertising injury" arising out of the rendering of, or the failure to render, any professional architectural, engineering or surveying services, including:
 - a. The preparing, approving, or failing to prepare or approve, maps, shop drawings, opinions, reports, surveys, field orders, change orders or drawings and specifications; and
 - b. Supervisory, inspection, architectural or engineering activities.
 2. "Bodily injury" or "property damage" occurring after:
 - a. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed: or
 - b. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principle as a part of the same project.
- D.** As respects the coverage provided under this endorsement, Paragraph **4.b. Section IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is amended with the addition of the following:
- 4. Other Insurance**
- b. Excess Insurance**
- This insurance is excess over:
- Any other valid and collectible insurance available, procured by or on behalf of the additional insured whether primary, excess, contingent or on any other basis unless a written contract specifically requires that this insurance be either primary or primary and noncontributing. Where required by written contract, we will consider any other insurance maintained by the additional insured for injury or damage covered by this endorsement to be excess and noncontributing with this insurance.

West Bend Mutual Insurance Company
West Bend, Wisconsin 53095

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If no written contract specifically requires primary or noncontributory coverage, then this insurance is excess, as a condition of coverage, the additional insured shall be obligated to tender the defense and indemnity of every claim or suit to all other insurers that may provide coverage to the additional insured, whether on a contingent, excess or primary basis.

When this insurance is excess, we will have no duty under Coverage **A.** and Coverage **B.** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

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: Jason Lipsky

Date of Birth: *Event organizers must be at least 18 years old. Nov 5, 1977

Address: 2000 Ashland St. Oshkosh, WI 54901

Phone Number: 920-968-9773

Email Address: appletonrackschool@gmail.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Electric City Productions

Organization's Address: 1487 Kenwood Dr. Menasha, WI 54952

Organization's Phone Number: 920-968-9773

Organization's Email Address or Website: electriccityexperience@gmail.com

Applicant's Relationship to Organization: owner

SECTION 3 – EVENT INFORMATION

Name of Event: Electric City Experience

Event Location: Hydro Park, Farm Market Lot, adjacent areas

Event Date: *If a multi-day event, please list all days. Jun 6-8, 2024

Event Start Time - End Time: Thur June 6 4p-11p
Fri June 7 4p-11p
Sat June 8 2p-11p

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.

Jason Lipsky, 920-968-9773

Total Anticipated Attendance for Event: 10,000 +
Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.):

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

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? *Some* 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.


- 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: Jason Lipsky 1/15/24

2023 Electric City Experience Install Plan:

Below is a general idea of the install timeline for the event.

Monday June 3

Carnival equipment arrival

Barricades up on Farm Market lot (access and alley remain open)

Tuesday June 4

Carnival begins setup and install

Tent Install - Island, west half of Hydro Park

Porta-Pot Delivery - Island, Hydro Park, Farm Market parking lot/Main Ave.

Wednesday June 5

Tent Install - Farm Market parking lot (big tent)

Stage Install (under tents)

Carnival Setup

Porta-Pot Delivery

Food Truck arrival in Farm Market lot

Thursday June 6

Tent Install - Hydro Park parking area, east half of Hydro Park, Farm Market lot (small tents)

Stage Install (under tents)

Porta-Pot Delivery

Friday & Saturday June 7-8

2nd Street - barricades go up late night Friday/early Saturday after street clears

2nd Street - Street Market and Stage end Saturday at dusk, street should be cleared by 11pm when event ends

Sunday June 9

Start tearing it all down

Monday June 10

Tent companies arrive to take down tents.

In the past I have asked the tent company to leave the big 60x110 tent on the west half of Hydro Park for an extra week if possible. This always gave us a little bit of rain contingency for the following week's Live From Hydro Park.

This same tent is also installed early in the week to provide a rain contingency for Live From Hydro Park on Wednesday.

Thank you,

Jason Lipsky
Electric City Experience
920-968-9773

