

HEALTH AND RECREATION COMMITTEE

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



Monday, December 01, 2025 at 6:15 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - a. Special event application and amplified noise request to the Friends of the Grignon Mansion for the Christmas Tours on December 6, 13, & 14, 2025 from 2pm-7pm.
 - b. Request for special allowance of horses from the Friends of the Grignon Mansion for Christmas Tours on December 6, 13, & 14, 2025 from 2pm-7pm.
 - c. Adjourn to Closed Session Pursuant to State Statute 19.85(1)(e) for deliberating or negotiating the purchasing of public properties, the investing of public funds, or conducting other specified public business, whenever competitive or bargaining reasons require a closed session- Discuss Contracting for City Dance Program.
 - d. Return to Open Session for possible action.
3. Adjourn.

NOTICES

Health and Recreation Committee - Notice is hereby given this is a public meeting of the Health and Recreation Committee. As such, all members or a majority of the City's Common Council and Standing Committees will likely be in attendance. While members of the Common Council or any Standing Committees may participate in discussions, only the Health and Recreation Committee will take formal action.

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

MEETING ACCESS INFORMATION:

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

To access the meeting by telephone:

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

To access the meeting by computer:

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

To access the meeting by smartphone or tablet:

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

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

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: Carol King

Date of Birth: *Event organizers must be at least 18 years old. 4/15/58

Address: 1313 Augustine Street, Kaukauna WI 54130

Phone Number: 920-766-6106

Email Address: sunkissed_76@yahoo.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: friends of the Grignon Mansion

Organization's Address: 1313 Augustine Street, Kaukauna WI 54130

Organization's Phone Number: 920-766-6106

Organization's Email Address or Website: www.Kaukauna.gov/grignon-mansion

Applicant's Relationship to Organization: President

SECTION 3 – EVENT INFORMATION

Name of Event: Grignon Mansion Christmas Tours

Event Location: 1313 Augustine Street, Kaukauna WI 54130

Event Date: *If a multi-day event, please list all days. December 6, 13 + 14

Event Start Time - End Time: 2 PM - 7 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.

Carol King 920-205-5084

Total Anticipated Attendance for Event:

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

100 per day

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

Police Department: (920) 766-6333

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

Carol A. King

Printed name of Applicant:

Carol A. King

MEMO

GRIGNON MANSION



To: Health and Recreation Committee
From: Carol King, Friends of the Grignon Mansion President
Date: November 11, 2025
Re: Request for the use of Grignon Mansion Grounds and Lower Grignon Park,
temporary allowance of horses on December 6, 13 & 14, 2025.

Dear Committee Members,

The Grignon Mansion Christmas Tours will be on December 6th, 13th, and 14th from 2 PM – 7 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 on those days to provide horse-drawn wagon rides. The loop traveled by the horses goes around the soccer fields and only occurs if the weather permits. Please find attached the liability insurance for the company providing the rides, L & M Carriage Services.

Thank you for your consideration,

Carol King



Policy Number: 2128730

Date Entered: 10/8/2024

DATE (MM/DD/YYYY)

7/11/2025

CERTIFICATE OF LIABILITY INSURANCE

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	Associates Insurance Agency, Ltd. 101 Bohemia Dr. P.O. Box 817 Denmark, WI 54208	CONTACT NAME: Betty Clow	
		PHONE (A/C, No. Ext): (920) 863-3761	FAX (A/C, No): (920) 863-8865
INSURED	L&M Carriage Service Michael & Denise Gildernick 3140 Mid Valley Dr. DePere, WI 54115	E-MAIL ADDRESS: Associns@associnsltd.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: West Bend Insurance Company	
		INSURER B:	
		INSURER C:	
		INSURER D: INSURER E: INSURER F:	

COVERAGES		CERTIFICATE NUMBER:		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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			2128730	9/4/2024	9/4/2025	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ Excluded	
	<input type="checkbox"/> <input type="checkbox"/> <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					MED EXP (Any one person)	\$ Excluded	
	PERSONAL & ADV INJURY					\$ 1,000,000		
	GENERAL AGGREGATE					\$ 2,000,000		
	PRODUCTS - COMP/OP AGG					\$ Excluded		
						\$		
	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"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE	\$	
	AGGREGATE					\$		
						\$		
	<input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE <input type="checkbox"/> OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH- ER		
	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)								
Grignon Home events cmickelson@kaukauna-wi.org				CANCELLATION				

CERTIFICATE HOLDER	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	
	Betty Clow	

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