

HEALTH & RECREATION COMMITTEE

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



Monday, August 14, 2023 at 6:15 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Solicitors License to Angella Krueger, 330 W. Wilson Ave., Appleton for the sale of Kirby Vacuums.
 - [b.](#) Request from Sarah VanderSteen, Precision Paper Converters, for a bounce house at LaFollette Park on September 23, 2023.
 - [c.](#) Amplified music request to Rachel Elliott, Flow Family Chiropractic at Hydro Park on September 16, 2023.
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, August 14, 2023 at 6:15 P.M. to gather information about a subject over which they have decision making responsibility.

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



RECEIVED

AUG - 7 2023

BY: _____



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

Investigation Fee - \$15.00
Sellers Permit No. _____

Receipt No. CS684
Date Paid \$15.⁰⁰

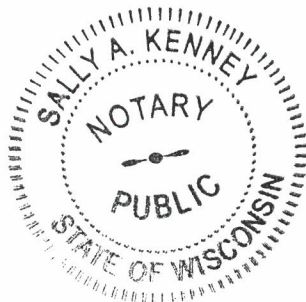
Name of Applicant: <u>Angella Krueger</u>	
Address: <u>330 W Wilson Ave</u>	
City, State, Zip: <u>Appleton WI 54915</u>	County of Residence: <u>Winnebago</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>09/01/1982</u>	Place of Birth: <u>Rhineland</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>920 810 0524</u>
Driver's License Number: <u>K626-0168-2821-01</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Kirby vacuums</u>	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: <u>residential</u>	
Home Company Name: <u>Knaus distributing</u>	
Address: <u>139 East 2nd Kaukauna WI</u>	
Officer or Director of Company: <u>Bob</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: Mitch Williams
	Address: Appleton WI
	Telephone Number: 920 915-1629
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. menasha	

angela knieser
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

7th day of August, 20 23

Sally A. Kenney
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation		Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>		
Signature: <u>Bred Sandberg</u> 08/08/23		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.

To Whom it may Concern:

Precision Paper Converters in Kaukauna rented LaFollette Park on September 23, 2023, for a company picnic. We will be there between 10am and 3pm. We would like to bring in a small to medium jump house for the younger children.

Thank you,

Sarah VanderSteen

Company info:

Precision Paper Converters

2600 Northridge Dr, Kaukauna WI 54130

Main Line: (920) 462-0050

Contact info:

Sarah VanderSteen

Direct line: (920) 840-0417



REQUEST FOR AMPLIFIED MUSIC

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Rachel Elliott Date of Birth: 11/27/1994
Address: 144 E 2nd St, Kaukauna Phone number: 715-581-0408
Organization Name, if applicable: Flow Family Chiropractic
Email address: dr.rachel@flowfamilychiropractic.com

Event Information

Name of Event: Reset + Realign
Event location (s): Hydro Park
Date of Event: 9/16/23
Event Start time- End time: 10am-11am
Number of people attending: 30 max

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-wi.org

