

# HEALTH & RECREATION COMMITTEE

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



Tuesday, September 03, 2024 at 6:10 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - a. Solicitors License to Quincy Armon, 209 E. 17th Street, Kaukauna for the sale of construction services.
  - b. Special Event Application to Brittany Simonson, Kaukauna Utilities for "Badger Birthday Bash" on Tuesday, October 1 from 4 to 6 pm at Hydro Park.
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 Tuesday, September 3, 2024 at 6:10 P.M. to gather information about a subject over which they have decision making responsibility.

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



### MEETING ACCESS INFORMATION:

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

To access the meeting by telephone:

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

To access the meeting by computer:

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

To access the meeting by smartphone or tablet:

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

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

RECEIVED  
AUG 20 2024  
BY: [Signature]



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

Investigation Fee - \$15.00  
Sellers Permit No. \_\_\_\_\_

Receipt No. CC8812657  
Date Paid 8-20-24

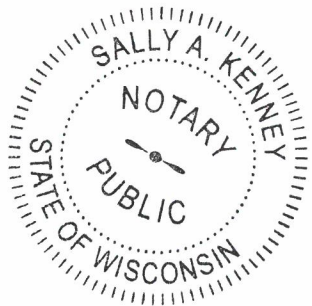
Name of Applicant: <u>Quincy Armon</u>	
Address: <u>209 617th street</u>	
City, State, Zip: <u>Kaukauna, WI, 54130</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>04-29-96</u>	Place of Birth: <u>Hartford</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number:
Driver's License Number: <u>A6557059-6149-00</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Construction Service</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Kaukauna</u>	
Home Company Name: <u>Armon renovations</u>	
Address: <u>209 E17th Street Kaukauna WI</u>	
Officer or Director of Company: <u>Quincy</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name: <u>Zoey Vyse</u>
	Address: <u>209 E 17th Street</u>
	Telephone Number: <u>920-407-1864</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

*[Signature]*  
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  
20th day of August, 20 24  
Sally A. Kenney  
City Clerk or Notary Public

**FOR OFFICE USE ONLY**

<b>Police Department Recommendation</b>	Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recommend Approval <input checked="" type="checkbox"/>	Recommend Denial <input type="checkbox"/>	
Signature: <u>Brad Savage #305</u>		
Explain, if denied:		
<b>City Council Action:</b>	Date granted/denied:	License No.

UPDATED 04.01.2021



**SPECIAL EVENT APPLICATION FORM**

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

**SECTION 1 – APPLICANT INFORMATION**

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

Name: Brittany Simonson

Date of Birth: \*Event organizers must be at least 18 years old. 02/23/89

Address: 777 Island Street, Kaukauna

Phone Number: 920-419-6192

Email Address: bsimonson@ku-wi.org

**SECTION 2 – ORGANIZATION INFORMATION**

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

Organization’s Name: Kaukauna Utilities

Organization’s Address: 777 Island Street

Organization’s Phone Number: 920-766-5721

Organization’s Email Address or Website: www.kaukaunautilities.com

Applicant’s Relationship to Organization: Communications Coordinator

**SECTION 3 – EVENT INFORMATION**

Name of Event: Badger Birthday Bash

Event Location: Hydro Park

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

Event Start Time - End Time: 4:00pm - 6:00pm

**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

*\* Note - event will include 1 or 2 bounce houses*

**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.

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- 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: Brittany Simonson

Printed name of Applicant: Brittany Simonson