

# HEALTH AND RECREATION COMMITTEE

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



Monday, July 06, 2026 at 6:15 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - a. 2026-2027 Beer and Liquor License.
  - b. Temporary Class B License to American Legion Post 258, on August 18, 2026, for Car Show & Brat Fry.
  - c. Special event application to RV Cross Country Team for 9/22/26 and 9/28/26 from 3:00pm-6:30pm at Grignon Park for cross country meets.
  - d. Special event application to Kaukauna Utilities for Water Treatment System Improvement Project-Groundbreaking on 7/7/26 from 8:00am-12:00pm.
  - e. Special event application & request for inflatables to the Bank of Kaukauna for Customer appreciation event on 7/23/26 from 9:00am-3:00pm.
  - f. Electric City River Jam 2026 Updates.
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.\*

**CITY OF KAUKAUNA  
2026-2027 BEER AND LIQUOR LICENSES  
OFFICIAL NOTICE  
LIQUOR LICENSE APPLICATIONS FOR THE TERM OF:  
JULY 1, 2026 – JUNE 30, 2027**  
The granting of which is now pending City Council approval  
on July 7, 2026.

**NAME  
ADDRESS**

**BUSINESS NAME  
BUSINESS ADDRESS  
PREMISES DESCRIPTION**

**CLASS "B" BEER LICENSE & CLASS "C" WINE LICENSE  
CORPORATION**

Drake's Place LLC  
Drake R. Decker, Agent  
215 W. Wisconsin Ave., Apt. 4

Drake's Place  
215 W Wisconsin Avenue  
Waitress station, dining room.

Dated this 15<sup>th</sup> day of June, 2026.

Kayla Nessmann  
City of Kaukauna Clerk

Form  
AB-220

Temporary Alcohol Beverage License

Municipality  
CITY OF KAUKAUNA

License(s) Requested	Fees	
	<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees
	Background Check	\$
	<b>Total Fees</b>	<b>\$ 10.00</b>

**Part A: Organization Information**

1. Organization Name  
~~St. Paul Elder Services, Inc.~~ AMERICAN LEGION POST 258

2. Organization Permanent Address  
~~316 E. Fourteenth Street~~ P.O. BOX 20

3. City  
~~Kaukauna~~ LITTLE CHUTE

4. State  
WI

5. Zip Code  
54130

6. Mailing Address (if different from permanent address)

7. FEIN  
396108411

8. Date of Organization/Incorporation  
~~09/16/43~~ 4/29/1920

9. State of Organization/Incorporation  
Wisconsin

10. Phone  
[REDACTED]

11. Email

12. Organization type (check one)

Bona Fide Club       Church       Fair Association/Agricultural Society       Veteran's Organization  
 Lodge/Society       Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.

13. Is this organization required to hold a Wisconsin Seller's permit? .....  Yes     No

14. Wisconsin Seller's Permit Number (if applicable)

**Part B: Individual Information**

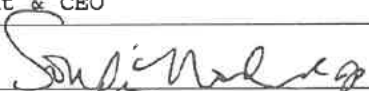
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
<del>Morder</del>	<del>Sondra</del>	<del>President &amp; CEO</del>	<del>766-6020</del>
<del>Schroeder</del>	<del>Amber</del>	<del>CFO</del>	<del>766-6020</del>
<del>Tenior</del>	<del>Corey</del>	<del>Senior Vice President</del>	<del>766-6020</del>
<del>Johnson</del>	<del>Annie</del>	<del>Executive Assistant</del>	<del>766-6020</del>
MARTIN HUSS		PAST COMMANDER	[REDACTED]
KEN	PEETERS	FINANCE OFFICE	[REDACTED]



Part C: Event Information			
1. Name of Event (if applicable) Car Show & Brat Fry			
2. Dates of Operation <del>06/25/25</del> 8/18/26 <del>06/25/25</del> 8/18/26		3. Hours of Operation 2:30 PM - 8 PM	
4. Premises Address 316 E Fourteenth Street			
5. City Kaukauna		6. State WI	7. Zip Code 54130
8. County Outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of Kaukauna		10. Aldermanic District 2
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number for Organizer of Event	
13. Organizer Website stpauelders.org		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  The event will take place in the main parking lot, the beer will be sold out of coolers in the parking lot where the event is taking place.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
<p><b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>			
Last Name Norder		First Name Sondra	M.I. L
Title President & CEO	Email anniej@stpauelders.org		Phone 766-6020
Signature 		Date 05/24/25 MN	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	



Form  
**AB-100**

# Alcohol Beverage Individual Questionnaire

Date 6/24/26

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
AMERICAN LEGION POST 258

2. Business Trade Name or DBA

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name HUSS      2. First Name MARTIN      3. M.I. G

4. Relationship to Business (Title) PAST COMMANDER      5. Email [REDACTED]      6. Phone [REDACTED]

7. Home Address [REDACTED]

8. City KAUKAUNA      9. State WI      10. Zip Code 54130      11. Date of Birth 3-1-57

12. Drivers License/State ID Number [REDACTED]      13. Drivers License/State ID State of Issuance WI

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No  
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 3/1/51

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
[REDACTED]	<u>KAUKAUNA</u>	<u>WI</u>	<u>54130</u>
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
<u>WI</u>	<u>BROWN</u>						
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No  
If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No  
If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature *Martin Huss* Date *6/24/26*

Form AB-100

# Alcohol Beverage Individual Questionnaire

Date 6/24/26

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

**Part A: Business Information**

1. Legal Business Name (individual name if sole proprietor)  
AMERICAN LEGION POST 258

2. Business Trade Name or DBA

3. Entity Type (check one)  
 Sole Proprietor   
 Partnership   
 Limited Liability Company   
 Corporation   
 Nonprofit Organization

**Part B: Individual Information**

1. Last Name: PEETERS    2. First Name: KEV    3. M.I.

4. Relationship to Business (Title): FINANCE OFFICER    5. Email: [REDACTED]    6. Phone: [REDACTED]

7. Home Address: [REDACTED]

8. City: FREEDOM    9. State: WI    10. Zip Code: 54913    11. Date of Birth: 6-12-47

12. Drivers License/State ID Number: [REDACTED]    13. Drivers License/State ID State of Issuance: WI

**Part C: Address History**

1. Do you currently live in Wisconsin?  Yes  No  
 If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY): 6/12/47

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
[REDACTED]	FREEDOM	WI	54913
Previous Address 2	City	State	Zip Code
Previous Address 3	City	State	Zip Code
Previous Address 4	City	State	Zip Code
Previous Address 5	City	State	Zip Code

3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	OUTAEGAMIE						
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

Law/Ordinance Violated	Location	Conviction Date
------------------------	----------	-----------------

Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------	--

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 6/24/26
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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: Michael Vanderscheuren

Date of Birth: \*Event organizers must be at least 18 years old. 11/30/1988

Address: [REDACTED]

Phone Number: [REDACTED]

Email Address: [REDACTED]

**SECTION 2 – ORGANIZATION INFORMATION**

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

Organization’s Name: RV Cross Country Team

Organization’s Address: 101 Oak Street

Organization’s Phone Number: 920-766-6111

Organization’s Email Address or Website: vanderscheurenm@kaukaun

Applicant’s Relationship to Organization: coach

**SECTION 3 – EVENT INFORMATION**

Name of Event: Cross Country Meets

Event Location: Grignon Park

Event Date: \*If a multi-day event, please list all days. 9/22 and 9/28

Event Start Time - End Time: 3PM to 6:30PM

**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.

Michael Vanderscheuren [REDACTED]

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

800ish

**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: Michael Vanderscheuren

Printed name of Applicant: Michael Vanderscheuren

Entry (ID 250113)

Show empty fields

Applicant Information

**Event Coordinator Name** Brittany Simonson

**Phone** [REDACTED]

**Email** [REDACTED]

**Phone Number for day of the event** 9204196192

Organization Information

**Sponsoring Organization's Name** Kaukauna Utilities

**Organization Address** 777 Island Street  
Kaukauna, Wisconsin 54130

**Are you a 501(3) C Organization?** No

**Will alcohol be sold? (Must be a qualifying non-profit organization, see application in the above checklist)** No

Event Information

**Name of event** Water Treatment System Improvement Project - Groundbreaking

**How long is your event?** My event is one day only

**Date of the Event** July 7, 2026

**Event start time (include set up time)** 8:00 AM

**End time (include take down time)** 12:00 PM

**Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)** 100

**Describe your event and its purpose** Groundbreaking for our Reverse Osmosis Treatment Facility, located adjacent to the City pool.

**Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)** Yes

Health Department

**Will food be prepared and/or served at the event?** Yes

Fire Department Information 920.766.6320

**Will you use portable commercial cooking equipment, or electrical appliances that draw high amperage?** No

**Will you use a tent bigger than 400 square-feet?** No

Police Department and Street Closures 920.766.6337

**Will alcohol be served at your event?** No

**Are you requiring street closures for your event?** No

**Will your event be inside or outside?** Outside

**Please upload a map/route/location**

Groundbreaking.png

**If having a park event, did you reserve the park?** No

Event Activities

**What type of activities will be part of your event (please check all that apply):** Temporary Tent/Structure, Small canopy; Groundbreaking

Additional Services & Equipment

I have read the guidelines and policy and agree to the terms within.

### Signature

A handwritten signature in black ink, appearing to read "Brett", with a long horizontal flourish extending to the right.

### Comments/Notes

### Entry Details

 Submitted: **Jun 8, 2026 at 11:30 am**


 Entry ID: **250113**

 Entry Key: **m63f6**

### User Information

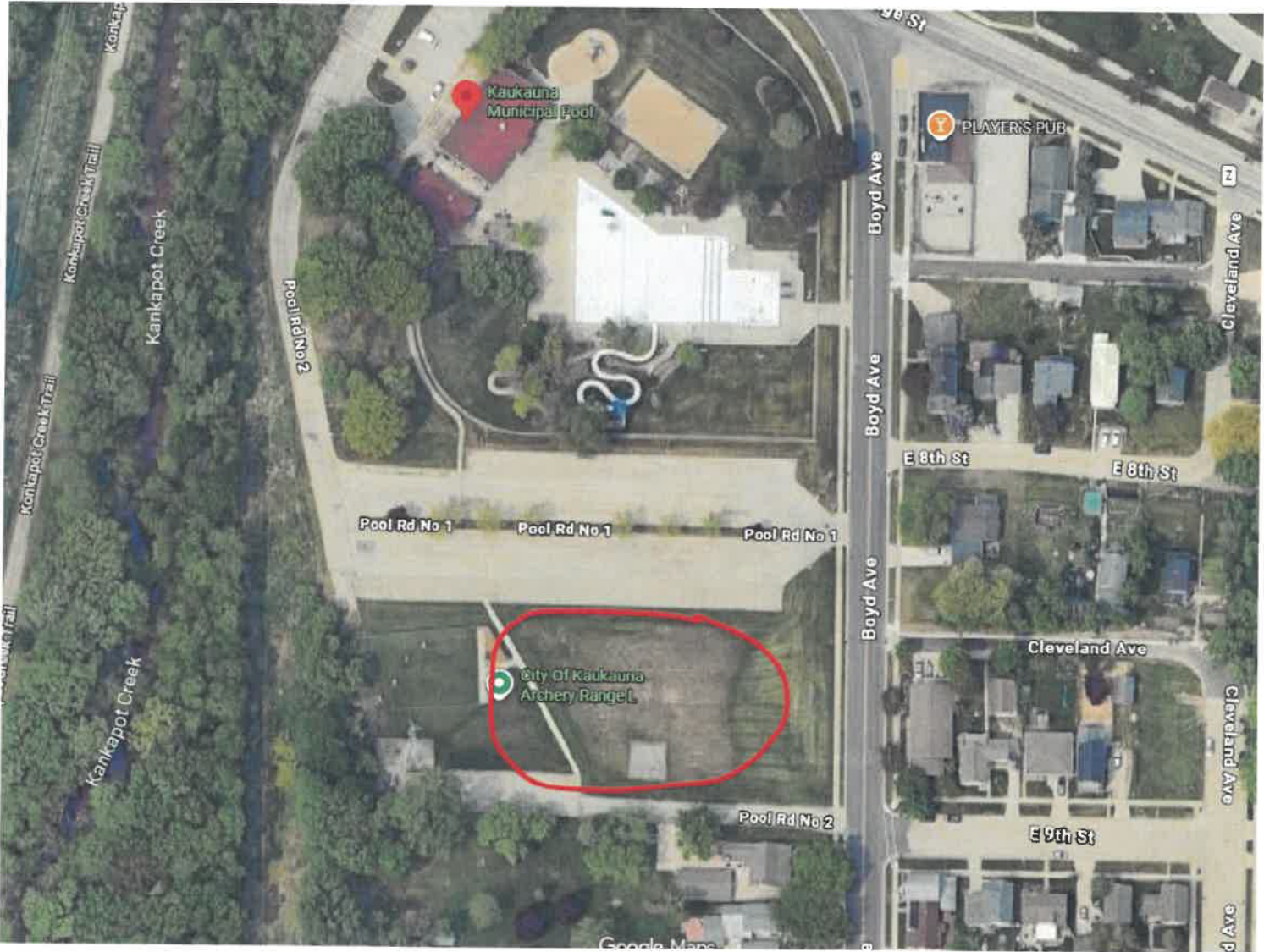
 IP Address: **67.52.208.51**

 Browser/OS: **Google Chrome 148.0.0.0 / Windows**

 Referrer: **https://kaukauna.gov/special-events/**

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Made with by the Formidable Team  
Support / Docs



Entry (ID 250058)

Show empty fields

Applicant Information

**Event Coordinator Name**

Michael Jarosinski

**Phone**

[REDACTED]

**Email**

[REDACTED]

**Phone Number for day of the event**

920-639-1581

Organization Information

**Sponsoring Organization's Name**

Bank of Kaukauna

**Organization Address**

264 W. Wisconsin Avenue  
Kaukauna, Wisconsin 54130

**Are you a 501(3) C Organization?**

No

**Will alcohol be sold? (Must be a qualifying non-profit organization, see application in the above checklist)**

No

Event Information

**Name of event**

Customer/City Appreciation Event

**How long is your event?**

My event is one day only

**Date of the Event**

July 23, 2026

**Event start time (include set up time)**

9:00 AM

**End time (include take down time)**

3:00 PM

**Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)**

225

**Describe your event and its purpose**

Customer appreciation with cookout, games, and dunk tank

**Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)**

No

Health Department

**Will food be prepared and/or served at the event?**

Yes

Fire Department Information 920.766.6320

**Will you use portable commercial cooking equipment, or electrical appliances that draw high amperage?**

Yes

**Will you use a tent bigger than 400 square-feet?** Yes

Police Department and Street Closures 920.766.6337

**Will alcohol be served at your event?** No

**Are you requiring street closures for your event?** Yes

**Will your event be inside or outside?** Outside

**Please upload a map/route/location**

Road-Closure-for-Customer-Appreciation.pdf

**If having a park event, did you reserve the park?** No

Event Activities

**What type of activities will be part of your event (please check all that apply):** Amplified Music, Amusement Rides or Inflatables, Concessions (other than food truck)

Additional Services & Equipment

I have read the guidelines and policy and agree to the terms within.

### Signature



### Comments/Notes

### Entry Details

 Submitted: Jun 2, 2026 at 8:50 am

 Entry ID: 250058

 Entry Key: zgb51

### User Information

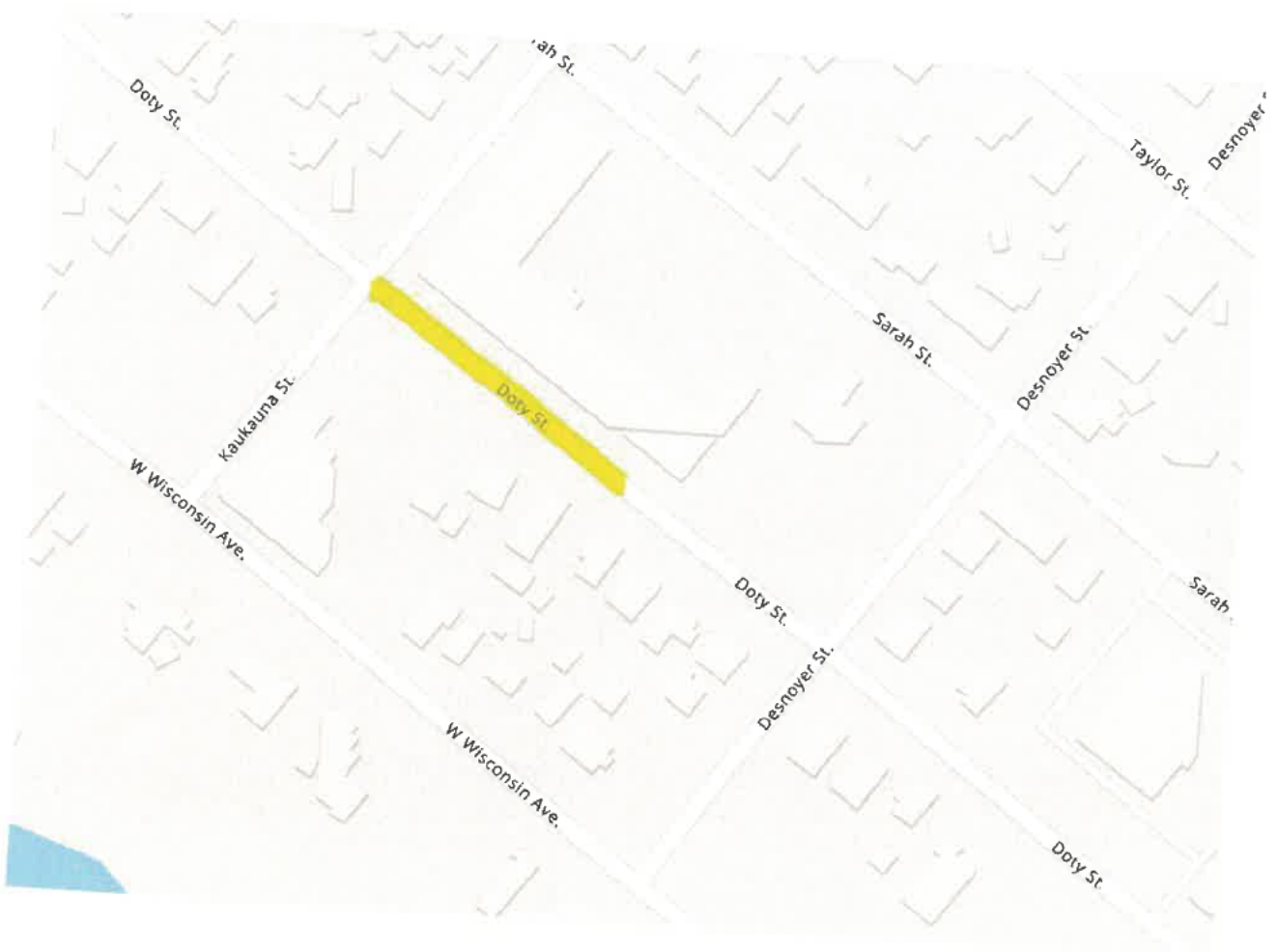
 IP Address: 70.60.95.178

 Browser/OS: Google Chrome 148.0.0.0 / Windows

 Referrer: <https://kaukauna.gov/special-events/>

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Made with by the Formidable Team  
Support / Docs



Closure of Doty Street between Kaukauna Street and up to the first drive way. Would not need to close down the whole street.

Plan on having race car, police car and fire truck in the closed off section. Would park the police and fire truck so they have easy exit if they are called for duty.