

HEALTH AND RECREATION COMMITTEE

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



Monday, September 15, 2025 at 6:20 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Special event request to Fox Family Endurance Events, LLC for the Fox Heritage Run on May 1-2, 2026.
 - [b.](#) Request for live animals at Fall Fest, 101 Crooks ave, to the Community Enrichment Department on October 11, 2025, from 8am-12pm.
 - [c.](#) Special event request to Clear Approach Optometry for Chili Dinner for Giving Sight on October 7, 2025, at 1000 Islands Environmental Center from 2-8pm.
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, September 15, 2025, at 6:20 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.



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: Jessica Decet

Date of Birth: *Event organizers must be at least 18 years old. 9/16/1977

Address: 3307 Eiler Rd, De Pere, WI 54115

Phone Number: 9202688809

Email Address: jltamlion@gmail.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Fox Family Endurance Eve

Organization's Address: 3307 Eiler Rd, De Pere, WI

Organization's Phone Number: 9202688809

Organization's Email Address or Website:

Applicant's Relationship to Organization: President

SECTION 3 – EVENT INFORMATION

Name of Event: Fox Heritage Run

Event Location: Main Ave, Kaukauna

Event Date: *If a multi-day event, please list all days. 5/1/2026, 5/2/2026

Event Start Time - End Time: 5/1: 2pm-7pm; 5/2: 6-11am

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.

Jessica Decet 920-268-8809

Total Anticipated Attendance for Event:

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

250: Fox Heritage Run is a

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 checked="" type="checkbox"/> | NO <input 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 checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Will there be a tent larger than 200 SF? | YES <input checked="" type="checkbox"/> | NO <input 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 checked="" type="checkbox"/> | NO <input 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 checked="" type="checkbox"/> | NO <input type="checkbox"/> |

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

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|---|------------------------------|--|
| 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: Jessica Decet

Printed name of Applicant: Jessica Decet



**Road Running Technical Council
USA Track & Field**

Measurement Certificate



Name of the course Fox Heritage Run Distance 8 km

Location (state) WI (city) Kaukauna

Type of course: Road Race

Measuring Methods: Bicycle

Measured By David Moore - 3112 E Edgemere Dr - Appleton, WI 54915 - (920) 840-4582 - dave.moor@yahoo.com

Race Contact Jessica Decet - 3307 Eiler Rd., De Pere, WI 54115 - 920-268-8809 - jtamulion@gmail.com

Date(s) when course measured: 08/31/2023

Number of measurements of entire course: 2 Course Configuration: partial loop

Elevation (meters above sea level) Start 200.00 Finish 200.00 Lowest 197 Highest 221

Straight line distance between start and finish 144 m Drop 0.00 m/km Separation 1.80 %

Type of surface: Paved 100 % Dirt 0 % Gravel 0 % Grass 0 % Track 0 %

Effective date of certification: September 26, 2023 Certification code: WI23032DM

Note to Race Director: Use this Certification Code in all public announcements relating to your race.

Be It Officially Noted That

Based on examination of data provided by the above named measurer, the course described above and in the map attached is hereby certified as reasonably accurate in measurement according to the standards adopted by the Road Running Technical Council. If any changes are made to the course, this certification becomes void, and the course must then be recertified.

Verification of Course --- In the event a National Open Record is set on the course, or at the discretion of USA Track & Field, a verification measurement may be required to be performed by a member of the Road Running Technical Council. If such a remeasurement shows the course to be short, then all pending records will be rejected and the course certification will be cancelled.

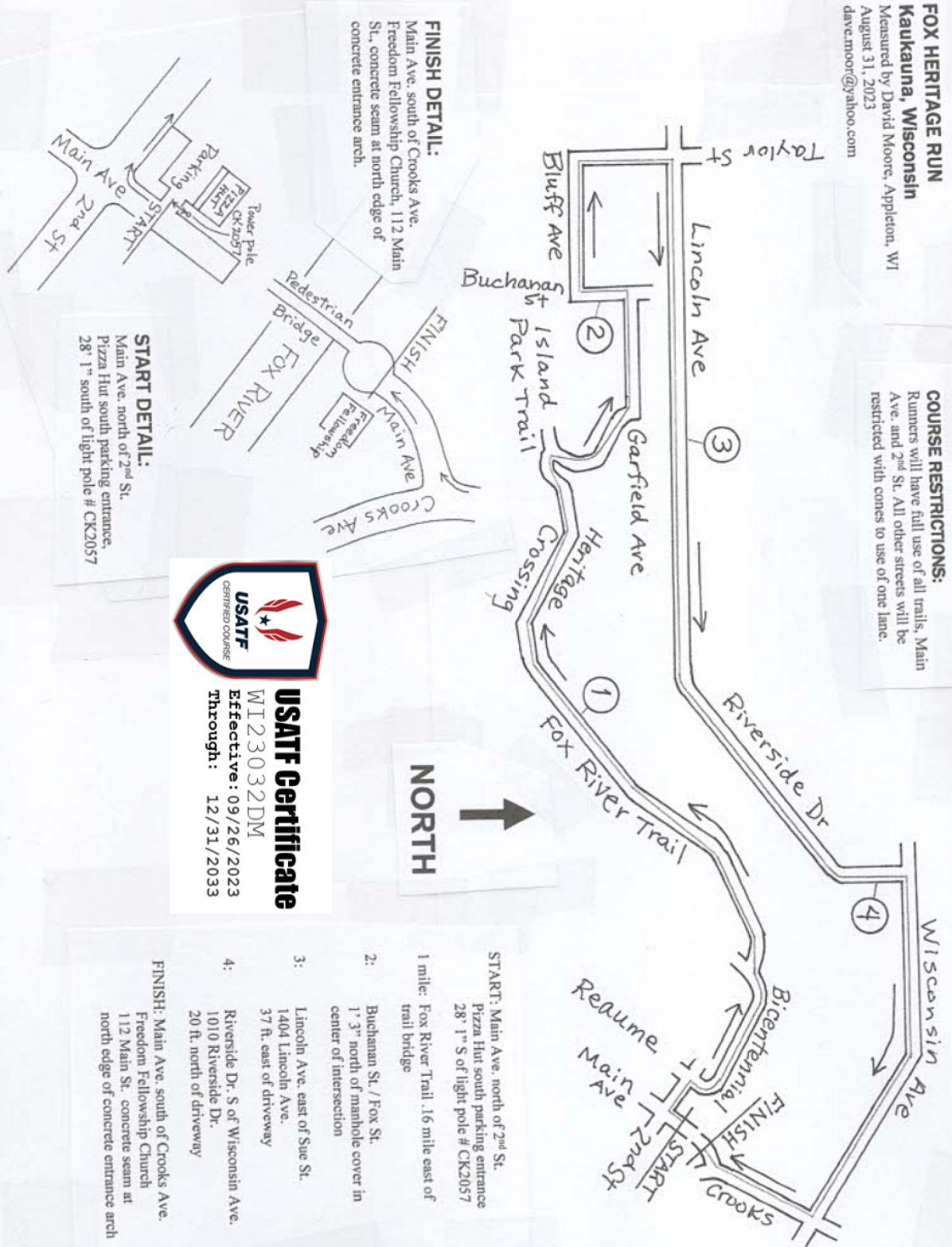
This certification expires on December 31 of the year: **2033**

AS NATIONALLY CERTIFIED BY:

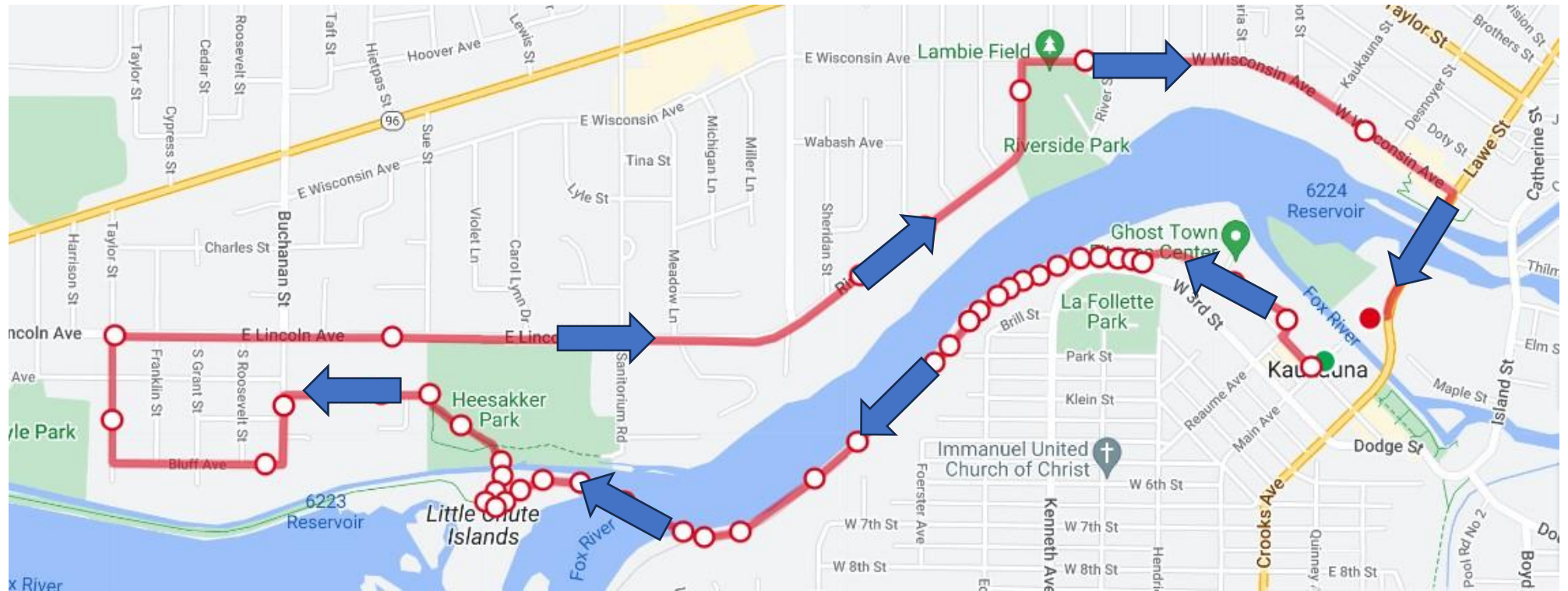
Date: September 26, 2023

David Moore - USATF/RRTC Certifier - 3112 E Edgemere Dr, Appleton WI 54915
(920) 840-4582 - dave.moor@yahoo.com

WI23032DM - page 2 of 2



Fox Heritage Run Route





MEMO

To: Health and Recreation Committee
From: Community Enrichment Coordinator
Date: September, 3rd 2025
Re: Animal Request

Dear Special Events Committee,

I am requesting permission to include the Buchanan Badgers 4-H animals at our upcoming Fall Fest event. This event will be held at the Farmers Market Lot (101 Crooks Ave) on Saturday, October 11th from 8am – 12pm. This event celebrates the close of the farmer's market season with one last festive fall gathering. It's a community-centered occasion packed with fun, education, and activities for the whole family to enjoy. One of the highlights we would like to include is an exhibition of 4-H animals. This would be an enjoyable experience for all attendees, and an educational opportunity to learn more about agriculture, animal husbandry, and the 4-H program. We will ensure all animals are kept in secure and clean enclosures that meet health and safety regulations. There will be trained members and adult supervision at all times. Thank you for your consideration. I am happy to discuss any questions or concerns you may have. I look forward to making this event a memorable and enriching experience for all.

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: David Vanderloop

Date of Birth: *Event organizers must be at least 18 years old.

Address: 1901 Crooks Avenue Ste C Kaukauna, WI 54130

Phone Number: 920-205-5810

Email Address: vanderloop.od@gmail.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Clear Approach Optometry LLC

Organization's Address: 1901 Crooks Ave Ste C Kaukauna, WI 54130

Organization's Phone Number: 920-372-2555

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

Applicant's Relationship to Organization: Owner

SECTION 3 – EVENT INFORMATION

Name of Event: Chili Dinner for Giving Sight

Event Location: 1000 Islands Environmental Center

Event Date: *If a multi-day event, please list all days. October 7, 2025

Event Start Time - End Time: 2pm - 8pm

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.

David Vanderloop 920-205-5810

Total Anticipated Attendance for Event:

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

75

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"/> |
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Fire Department Information: (920) 766-6320

- | | | |
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Street and Parks Department: (920) 766-6337

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|---|---|--|
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- | | | |
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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:

David G. Vanderloop, CD.