

HEALTH & RECREATION COMMITTEE

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



Monday, October 02, 2023 at 6:10 PM

AGENDA

In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Special Event Application to Kristy Stumpf, Uptown Girl Beauty & Boutique, Fall Boutique Blowout Tent Sale in parking lot behind Uptown Girl Beauty & Boutique on October 14, 2023 from 9 am to 5 pm.
 - [b.](#) Temporary Class B License to Holy Cross Parish, 309 Desnoyer Street, gym and cafeteria area below gym for the Octoberfest on October 15, 2023.
 - [c.](#) Special Event Application to Emily Getchius, St. Ignatius Catholic School, 220 Doty Street, Kaukauna on October 20, 2023 from 4-7 PM for Trunk n' Treat.
 - [d.](#) Special Event Application to Tracy Dollevoet, Immanuel United Church of Christ, 510 Sullivan Avenue, Kaukauna on October 28, 2023 from 12-4 PM for Trunk or Treat.
 - [e.](#) Special Event Application to Dawn Gasparick, Kaukauna Dog Park Friends for a Halloween Party at the Kaukauna Dog Park on October 29, 2023 from 12 - 3 pm.
 - [f.](#) Special Event Application to Michael Weaver, VFW Post #3319 at Memorial Park Ring of Honor and Community Room on November 11, 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, October 2, 2023 at 6:10P.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.



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: Kristy Stumpf (Uptown Girl)

Date of Birth: *Event organizers must be at least 18 years old. 7/4/69

Address: N8340 Firelane 12 Menasha, WI 54952

Phone Number: 920-277-0900

Email Address: uptowngirlbandb@gmail.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Uptown Girl Beauty & Boutique

Organization's Address: 116 W. Wisconsin Ave. Kaukauna, WI

Organization's Phone Number: 920-423-3247 54130

Organization's Email Address or Website: uptowngirlbeautyandboutique.com

Applicant's Relationship to Organization: Owner

SECTION 3 – EVENT INFORMATION

Name of Event: Fall Boutique Blowout Tent Sale

Event Location: Parking Lot behind Uptown Girl B&B

Event Date: *If a multi-day event, please list all days. Sat Oct. 14, 2023

Event Start Time - End Time: 9am - 5pm
(barricades Fri. 10/13 evening)



OFFICIAL STATE APPLICATION FORM

FOR THE STATE OF TENNESSEE

SECTION I - APPLICANT INFORMATION

1. Name of Applicant (Print Name)

2. Address (Street, City, State, Zip)

3. Telephone Number (Area Code, Number)

4. E-mail Address

5. Date of Birth (Month/Day/Year)

6. Social Security Number (Print Number)

SECTION II - EMPLOYMENT INFORMATION

7. Name of Employer (Print Name)

8. Address of Employer (Street, City, State, Zip)

9. Telephone Number of Employer (Area Code, Number)

10. E-mail Address of Employer

11. Date of Hire (Month/Day/Year)

12. Social Security Number of Employer (Print Number)

SECTION III - EDUCATION INFORMATION

13. Name of School (Print Name)

14. Address of School (Street, City, State, Zip)

15. Telephone Number of School (Area Code, Number)

16. E-mail Address of School

17. Date of Graduation (Month/Day/Year)

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241. Name of Employer (Print Name)

242. Address of Employer (Street, City, State, Zip)

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.

Kristy Stumpf 920-277-0900

Total Anticipated Attendance for Event: 500-2000
Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.):

- please see attached

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 ☐ Food Trucks
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.

* In contact w/ Insurance Agent at this time 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 ☒

1. The following information is required to be provided to the public in accordance with the Freedom of Information Act (FOIA) and the Privacy Act (PA):

1.1. The following information is required to be provided to the public in accordance with the FOIA and the PA:

1.2. The following information is required to be provided to the public in accordance with the FOIA and the PA:

1.3. The following information is required to be provided to the public in accordance with the FOIA and the PA:

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1.7. The following information is required to be provided to the public in accordance with the FOIA and the PA:

1.8. The following information is required to be provided to the public in accordance with the FOIA and the PA:

1.9. The following information is required to be provided to the public in accordance with the FOIA and the PA:

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 ☐ *-portion of parking lot*
3. Did you include a map of the event location/route? YES ☒ NO ☐ *-see attached*
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 ☐ *- see attached*

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:

Printed name of Applicant:

2. Information and Analysis

1. The general approach to the analysis of the data is to first identify the variables of interest and then to examine the relationships between them. This is done by using statistical methods such as correlation and regression analysis.
2. The data is then analyzed using statistical software to produce the results of the analysis.
3. The results of the analysis are then presented in a clear and concise manner, using tables and graphs to illustrate the findings.
4. The final step in the analysis is to draw conclusions from the results and to discuss the implications of the findings.

3. Results and Discussion

1. The results of the analysis show that there is a strong positive correlation between the variables of interest.
2. The regression analysis indicates that the relationship between the variables is statistically significant.
3. The findings of the study suggest that there is a need for further research in this area.
4. The implications of the findings are discussed in detail, highlighting the potential for future research and the importance of the study.
5. The study concludes by summarizing the key findings and the overall conclusions drawn from the analysis.

4. Conclusions and Recommendations

The study has shown that there is a strong positive correlation between the variables of interest. The regression analysis indicates that the relationship between the variables is statistically significant. The findings of the study suggest that there is a need for further research in this area. The implications of the findings are discussed in detail, highlighting the potential for future research and the importance of the study. The study concludes by summarizing the key findings and the overall conclusions drawn from the analysis.

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5. References

6. Appendix

FIRST ANNUAL FALL BOUTIQUE BLOWOUT TENT SALE

SATURDAY, OCTOBER 14th

9am-5pm

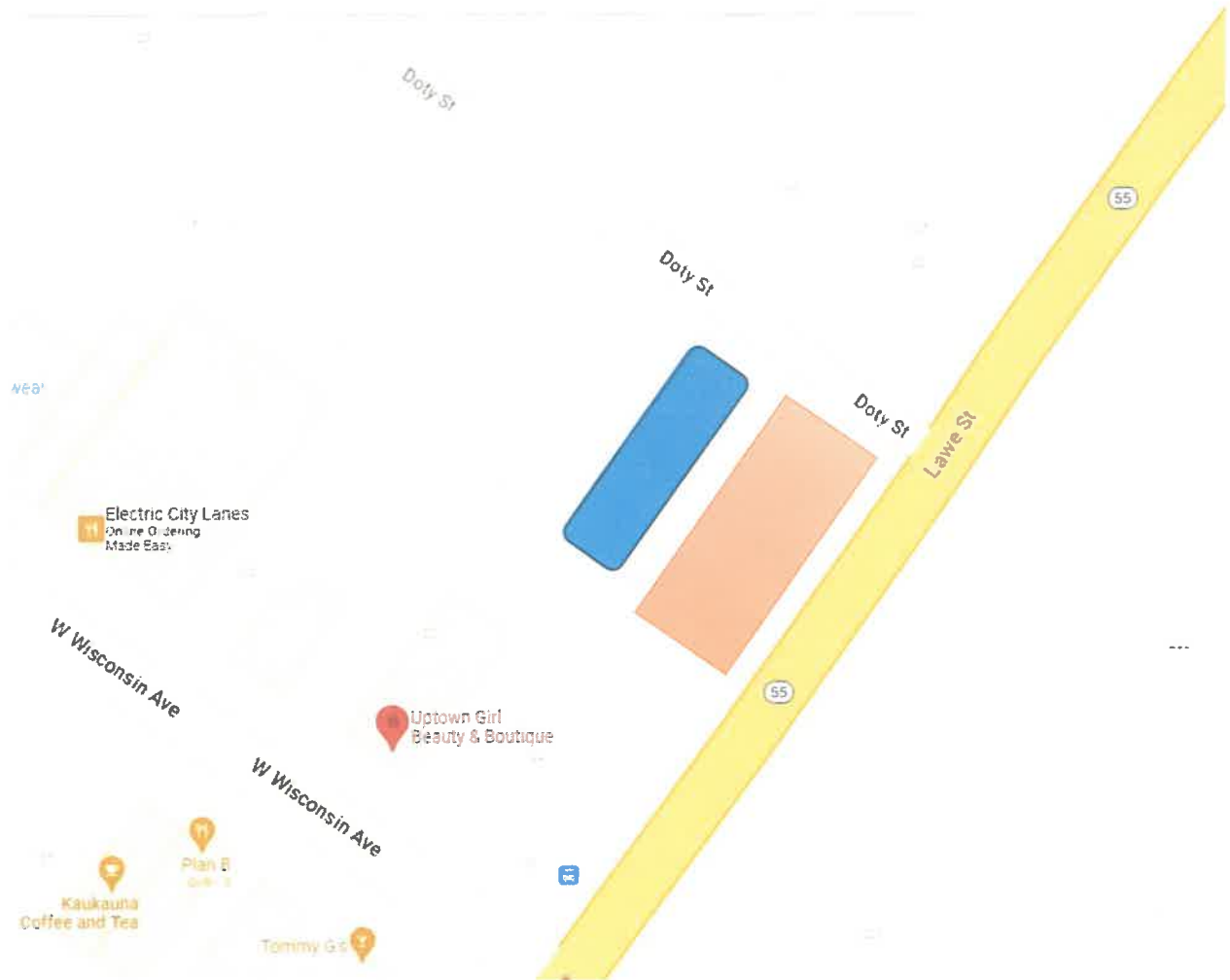
WHAT?

A collection of small boutiques, gift and home décor vendors local to the Fox Valley will have their own booth doing sales throughout the morning and afternoon. We will have a large tent covering the portion of the parking lot closest to Lawe Street. We will have two-three food trucks parked in that lot serving food.

WHO?

We will likely require that portion of lot to be closed from Friday afternoon until Monday morning due to scheduling of the tent rental company. Vendors will begin set up at 7am and tear down by 6pm.

We estimate about 500-2000 shoppers to stop by and shop throughout the day. Each boutique and vendor will be inviting their customer base. We will also do advertising on social media and in local publications.



KEY

Orange: Tent/Vendor Area

Green: Food Truck Parking

Council 10.3.23
PD Approved 9.28.23

RECEIVED
SEP 27 2023

Item 2.b.

Application for Temporary Class "B" / Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 9/15/2023

☐ Town ☐ Village ☒ City of Kaukauna

County of Outagamie

The named organization applies for: (check appropriate box(es).)

☒ A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.

☐ A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning Oct 15, 23 and ending Oct 15, 23 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) →

☐ Bona fide Club

☒ Church

☐ Lodge/Society

☐ Chamber of Commerce or similar Civic or Trade Organization

☐ Veteran's Organization

☐ Fair Association

(a) Name Holy Cross Church

(b) Address 309 Desnayer St. Kaukauna, WI
(Street)

☐ Town ☐ Village ☒ City

(c) Date organized Jan. 2023

(d) If corporation, give date of incorporation

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box: ☐

(f) Names and addresses of all officers:

President

Vice President

Secretary Tammy Schmahl 112 W 8th St. Kaukauna WI

Treasurer

(g) Name and address of manager or person in charge of affair: Lawrence Oltner
306 Fillmore St., Kaukauna, WI 54130

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 309 Desnayer St. Kaukauna, WI 54130

(b) Lot Block

(c) Do premises occupy all or part of building? gym + cafeteria area below gym

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover:

3. Name of Event

(a) List name of the event OK to Fest

(b) Dates of event Oct 15th 2023

DECLARATION

The Officer(s) of the organization, individually and together, declare under penalties of law that the information provided in this application is true and correct to the best of their knowledge and belief.

Officer Tammy Schmahl 9/27/2023
(Signature/date)

(Name of Organization)

Officer (Signature/date)

Officer (Signature/date)

Officer (Signature/date)

Date Filed with Clerk 9.27.23

Date Reported to Council or Board 10.3.23

Date Granted by Council

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: Emily Getchius

Date of Birth: *Event organizers must be at least 18 years old. 03/17/1989

Address: 209 Doty St, Kaukauna WI 54130

Phone Number: 920-639-2312

Email Address: egetchius@stignatiuskauka

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: St. Ignatius Catholic School

Organization's Address: 220 Doty St, Kaukauna WI 54130

Organization's Phone Number: 920-766-0186

Organization's Email Address or Website: <https://www.stignatiuskauka.com>

Applicant's Relationship to Organization: Employee

SECTION 3 – EVENT INFORMATION

Name of Event: Trunk n' Treat

Event Location: 220 Doty St, Kaukauna

Event Date: *If a multi-day event, please list all days. 10/20/2023

Event Start Time - End Time: 4:00 pm- 7:00 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.

Nathan Vande Hey, 920-766-0186

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

200, this event is open to th

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

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: *Emily Getchius*

Printed name of Applicant: Emily Getchius

Certificate of Coverage

Date: 4/12/2023

Certificate Holder
Catholic Diocese of Green Bay
P.O. Box 23825
Green Bay, WI 54305-3825

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage

THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location
HOLY CROSS CHURCH #606
309 DESNOYER STREET

KAUKAUNA, WI 54130-2103

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability				Each Occurrence	1,000,000
	<input checked="" type="checkbox"/> Occurrence	8878	7/1/2023	7/1/2024	General Aggregate	
	<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	1,000,000
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability	8878	7/1/2023	7/1/2024	Each Occurrence	
					Annual Aggregate	5,000,000
	Other				Each Occurrence	
	Employee Dishonesty	8878	7/1/2023	7/1/2024	Claims Made	
					Annual Aggregate	
					Limit/Coverage	250,000

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Coverage is verified for claims arising out of St. Ignatius School's Parental Choice Voucher Program for the term of the certificate.

Liability Coverage includes Errors & Omissions for School Leaders.

Sexual Misconduct coverage is verified for claims arising out of incidents resulting from the operations of only St. Ignatius Catholic School, its employees or volunteers, for the term of the certificate. Sexual Misconduct Coverage is on a claims made basis and is limited to \$1M annual aggregate.

St. Ignatius Catholic School located at 220 Doty St., Kaukauna, WI 54130-2188

Holder of Certificate

Wisconsin Department of Public Instruction
P.O. Box 7841
Madison, WI 53707-7841

Cancellation

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

0015003910

Certificate of Coverage

Date: 4/12/2023

Certificate Holder
Catholic Diocese of Green Bay
P.O. Box 23825
Green Bay, WI 54305-3825

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage

THE CATHOLIC MUTUAL RELIEF
SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location
HOLY CROSS CHURCH #606
309 DESNOYER STREET

KAUKAUNA, WI 54130-2103

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property	8878	7/1/2023	7/1/2024	Real & Personal Property	8,496
	D. General Liability				Each Occurrence	
	<input type="checkbox"/> Occurrence				General Aggregate	
	<input type="checkbox"/> Claims Made				Products-Comp/OP Agg	
					Personal & Adv Injury	
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability				Each Occurrence	
					Annual Aggregate	
	Other				Each Occurrence	
					Claims Made	
					Annual Aggregate	
					Limit/Coverage	

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)

Savin IMC4500 located at St. Ignatius of Loyola Catholic School Inc., 220 Doty Street, Kaukauna, WI 54130-2188

Value \$8,496

Direct physical loss or damage including theft.

Holder of Certificate

Loss Payee

U.S. Bank Equipment Finance
1310 Madrid Street
Marshall, MN 56258

Cancellation

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative

Michael A. Antunovich

0015003865

LOSS PAYABLE CLAUSE

Loss, if any, to be adjusted only with the Holder of Certificate named herein and payable to the Holder of Certificate

U.S. Bank Equipment Finance
1310 Madrid Street
Marshall, MN 56258

As their respective interests may appear, subject nevertheless, to all the terms and conditions of the certificate.

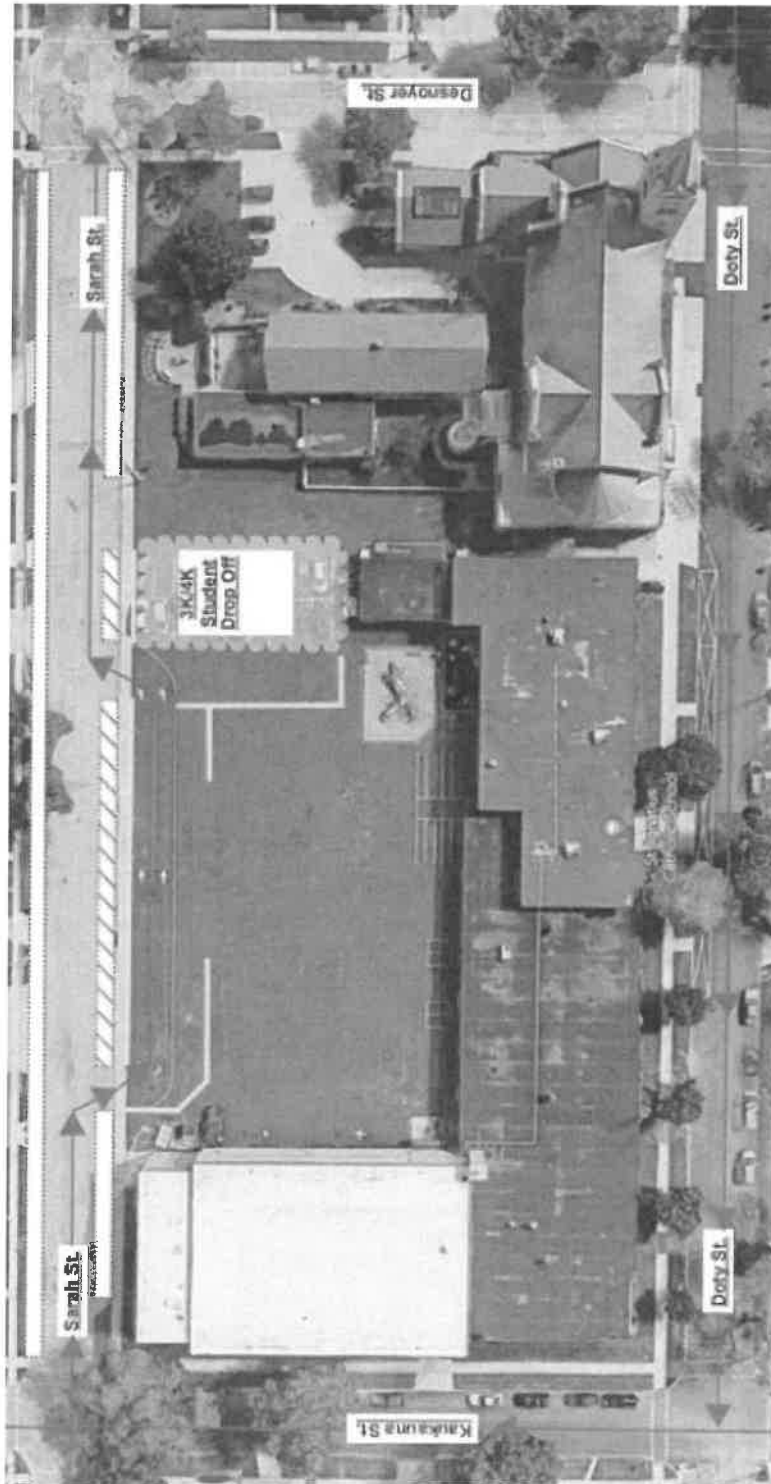
HOLY CROSS CHURCH #606
309 DESNOYER STREET

KAUKAUNA, WI 54130-2103

Savin IMC4500 located at St. Ignatius of Loyola Catholic School Inc., 220 Doty Street, Kaukauna, WI 54130-2188

Value \$8,496

Direct physical loss or damage including theft.





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: Tracy Dollevoet

Date of Birth: *Event organizers must be at least 18 years old. 06-07-1970

Address: 510 Sullivan Avenue

Phone Number: 920-740-1693

Email Address: office@immanuelucc-kauka

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Immanuel United Church of

Organization's Address: 510 Sullivan Avenue

Organization's Phone Number: 920866-2137

Organization's Email Address or Website: office@immanuelucc-kauka

Applicant's Relationship to Organization: Church Secretary

SECTION 3 – EVENT INFORMATION

Name of Event: Trunk or Treat

Event Location: 510 Sullivan Avenue

Event Date: *If a multi-day event, please list all days. 10-28-2023

Event Start Time - End Time: 12:00 p.m.-4:00 p.m.

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.

Pastor Lynn Martin-734-474-4181

Total Anticipated Attendance for Event:

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

225

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

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: Tracy Dollevoet

Printed name of Applicant: Tracy Dollevoet

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: DAWN GASPARICK

Date of Birth: *Event organizers must be at least 18 years old. 3-6-56

Address: W 5112 Natures way Dr Sherwood 54169

Phone Number: 815-988-2647

Email Address: goltzdr@gmail.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Kaukauna dog Park Friends

Organization's Address:

Same as above

Organization's Phone Number:

Organization's Email Address or Website:

Applicant's Relationship to Organization:

SECTION 3 – EVENT INFORMATION

Name of Event: Halloween Party

Event Location: Kaukauna Dog Park

Event Date: *If a multi-day event, please list all days. Oct 29

Event Start Time - End Time: 12-3

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.

DAWN GASPARICK 815-988-2647

Total Anticipated Attendance for Event:

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

50 dogs & 50 humans

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 type="checkbox"/> | NO <input checked="" 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"/> |
|---|------------------------------|--|

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
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 - 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:

Dawn R Gasparick

Printed name of Applicant:

DAWN R. GASPARICK

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 WEAVER

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

6/14/47

Address: 516 E. 14th ST. KAUKAUNA

Phone Number: 920-470-4674

Email Address: SKIPATROLDOC@GMAIL.COM

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: VFW POST #3319

Organization's Address: PO BOX 163, KAUKAUNA

Organization's Phone Number: 920-470-4674

Organization's Email Address or Website: —

Applicant's Relationship to Organization: SR. VICE COMMANDER

SECTION 3 – EVENT INFORMATION

Name of Event: VETERANS DAY.

Event Location: RING OF HONOR, LAWE ST. (9:00^{AM} - 1:00^{PM})

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

Event Start Time - End Time: NOV. 11 ① COMMUNITY ROOM - 9-3 PM.

② RING OF HONOR - 9-1 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.

MICHAEL WEAVER 920-470-4674
SR. VICE COMMANDER

Total Anticipated Attendance for Event: 200 - 300 PEOPLE
Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.):

EVENT HAS BEEN HELD FOR MANY YEARS.
(IN EXCESS OF 40 YEARS)

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?

BERNATELLO'S PIZZA

YES ☒ NO ☐

2. Will there be a band or amplified music/noise?

ST. IGNATIUS CHOR

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? - PARTLY.

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?

(21 GUN SALUTE TO HONOR FALLEN)

YES ☐ NO ☒

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 type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 4. For park events, have you reserved the park? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Will there be rides at the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

Police Department: (920) 766-6333

- Kau. Paramedics*
- | | | |
|---|---|-----------------------------|
| 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? <i>Kau. Police</i> | YES <input checked="" type="checkbox"/> | NO <input 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

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

- INSURANCE POLICY WAS GIVEN TO CITY OFFICIALS LAST SPRING.*
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:



Printed name of Applicant:

SR. VICE COMMANDER
VFW POST # 3319, KAUKAUNA