

# HEALTH AND RECREATION COMMITTEE

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



Monday, August 04, 2025 at 6:15 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - [a.](#) Temporary Class B License to Kaukauna Athletic Club for Wisconsin Avenue Block Party on September 20, 2025, from 8AM-11AM.
  - [b.](#) Madhu Sudhan as Successor Agent for Kaukauna BP.
  - [c.](#) Special Event Application from RiverView Middle school for Cross Country meets at Grignon Park on 9/23/25 & 9/29/25 from 3pm-6:30pm.
  - [d.](#) Amplified Music Request from Immanuel Church for a church picnic on 9/14/25 at LaFollette Park from 8am-1pm.
  - [e.](#) Temporary Scoreboard Replacement.
3. Adjourn.

## NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Health and Recreation Committee scheduled for Monday, August 4, 2025, at 6:15 P.M. to gather information about a subject over which they have decision making responsibility.

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

## **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.\*

## Temporary Alcohol Beverage License

Municipality

KAUKAUNA

Item 2.a.

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10 <sup>00</sup>
	Background Check	\$
	Total Fees	\$ 10 <sup>00</sup>

## Part A: Organization Information

1. Organization Name Kaukauna Athletic Club		
2. Organization Permanent Address 696 & 900 Dodge Street		
3. City Kaukauna	4. State WI	5. Zip Code 54130
6. Mailing Address (if different from permanent address) P. O. Box 183		
7. FEIN 39-1276751	8. Date of Organization/Incorporation 05/30/1938	9. State of Organization/Incorporation WI
10. Phone	11. Email	
12. Organization type (check one) <input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> 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? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable) 456-0000028081-01		

## 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
Knott	Michael	President	(920) 766-5951

Continued →

**Part C: Event Information**

1. Name of Event (if applicable) Wisconsin Avenue Block Party			
2. Dates of Operation September 20, 2025		3. Hours of Operation 8AM - 11PM	
4. Premises Address Wisconsin Avenue,			
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 1
11. Organizer of Event (if not the named applicant) Marty DeCoster		12. Email and/or Phone Number for Organizer of Event 920-716-7484	
13. Organizer Website		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. <i>outside Edward Jones on Wisconsin Ave Southside of Street. (Kaukauna)</i> <i>storage - Beer Trailer</i>			

**Part D: Attestation**

Who must sign this application?

- one officer or director of the nonprofit organization

**READ CAREFULLY BEFORE SIGNING:** 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.

Last Name Knott		First Name Michael		M.I. J
Title President	Email N/A	Phone (920) 766-5951		
Signature <i>Michael Knott</i>			Date 05/20/25	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk <i>5/22/2025</i>	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Alcohol Beverage  
Individual QuestionnaireDate  
04/24/2025

Item 2.a.

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)  
Kaukauna Athletic Club, Inc2. Business Trade Name or DBA  
Kaukauna Athletic Club

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization**Part B: Individual Information**1. Last Name  
Knott2. First Name  
Michael3. M.I.  
J4. Relationship to Business (Title)  
President5. Email  
kauathclub@gmail.com6. Phone  
(920) 766-59517. Home Address  
412 W 10th Street8. City  
Kaukauna9. State  
WI10. Zip Code  
5413011. Date of Birth  
10/21/195212. Drivers License/State ID Number  
K530-5505-22381-0913. Drivers License/State ID State of Issuance  
WI**Part C: Address History**1. Do you currently live in Wisconsin? ☒ Yes ☐ NoIf yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)  
10/1952

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
412 W 10th Street	Kaukauna	WI	54130

Previous Address 2	City	State	Zip Code
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Previous Address 3	City	State	Zip Code
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Previous Address 4	City	State	Zip Code
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Previous Address 5	City	State	Zip Code
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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	Outagamie						

State	County	State	County	State	County	State	County
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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 05/30/2025
---	-----------------

Form  
AB-100Alcohol Beverage  
Individual QuestionnaireDate  
07-21-2025

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

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- 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)

YETI LLC

2. Business Trade Name or DBA

Kaukauna BP

3. Entity Type (check one)

☐ Sole Proprietor    ☐ Partnership    ☒ Limited Liability Company    ☐ Corporation    ☐ Nonprofit Organization

## Part B: Individual Information

1. Last Name

OLI

2. First Name

MADHU SUDHAN

3. M.I.

4. Relationship to Business (Title)

AGENT

5. Email

yetiLLC2018@gmail.com

6. Phone

920 949 4144

7. Home Address

840 LIEBMAN COURT, # 2

8. City

Green Bay

9. State

WI

10. Zip Code

54302

11. Date of Birth

12/29/1984

12. Drivers License/State ID Number

0400 - 5578-4469-00

13. Drivers License/State ID State of Issuance

Wisconsin

## 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 November, 2022 (MM/YYYY)

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

Previous Address 1

1386 KINGSTON TER # 2

City

Green Bay

State

WI

Zip Code

54302

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	Brown						
	Green						
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 07-21-2025
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Form  
AB-101Alcohol Beverage  
Appointment of Agent

Date 7-21-25

## Agent Type (check one)

☐ Original (no fee)
 ☒ Successor (\$10 fee for municipal licensees only)

## Part A: Business Information

1. Legal Business Name (individual name if sole proprietor)

YETI LLC

2. Business Trade Name or DBA

Kaukauna BP

3. Entity Type (check one)

☒ Limited Liability Company
 ☐ Corporation
 ☐ Nonprofit Organization

4. Alcohol Beverage Business Authorization (check one)

☒ Municipal Retail License
 ☐ State Permit

5. If successor agent, provide State Permit or Municipal Retail License Number

456102992940002

6. Describe the reason for appointing a successor agent, if successor is checked above.

Deaths of the original agent.

## Part B: Agent Information

1. Last Name

OIP

2. First Name

Madhu Sudhan

3. M.I.

4. Email

yeti1k2018@gmail.com

5. Phone

920-949-4144

6. Home Address

840 Liebman Ct. Apt. 2

7. City

Green Bay

8. State

WI

9. Zip Code

54302

10. Date of Birth

12/29/1984

11. Drivers License/State ID Number

0400-5578-4469-00

12. Drivers License/State ID State of Issuance

Wisconsin

## Part C: Agent Questions

 1. Have you satisfied the responsible beverage server training requirement? ..... ☒ Yes ☐ No  
 Submit proof of completion.

 2. Have you completed Form AB-100, Alcohol Beverage Individual Questionnaire (licensee) or  
 Form AB-300, Alcohol Beverage Personal Questionnaire (permittee)? ..... ☒ Yes ☐ No

 3. Have you been a Wisconsin resident for at least 90 continuous days? ..... ☒ Yes ☐ No  
 See instructions for exceptions.

Continued →

**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I 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.

Last Name	Kafle	First Name	Lai	M.I.	P
Title	Member (owner)	Email	yetiLLC@2018@gmail.com	Phone	920-949-4144
Signature	Kafle			Date	07/17/25

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. 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.

Last Name	Oli	First Name	Madhu Sudhan	M.I.	
Signature	Madhu			Date	07/17/25

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: 101 Oak St

Phone Number: 920-766-6111 ext 4187

Email Address: vanderscheurenm@kaukaunawisconsin.gov

### **SECTION 2 – ORGANIZATION INFORMATION**

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

Organization's Name: River View Middle School C

Organization's Address: 101 Oak St

Organization's Phone Number: 920-766-6111

Organization's Email Address or Website: vanderscheurenm@kaukaunawisconsin.gov

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. 9/23/25 and 9/29/25

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- 920-659-8221

**Total Anticipated Attendance for Event:**

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

800ish This is for a middle s

#### 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 type="checkbox"/>            | NO <input checked="" 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?<br>*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 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 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 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 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:**

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



# CERTIFICATE OF LIABILITY INSURANCE

Item 2.c.

DATE (MM/DD/YYYY)

6/26/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> M3 Insurance Solutions, Inc. 1425 Discovery Parkway Wauwatosa WI 53226	<b>CONTACT</b> NAME: Hallie Bujak PHONE (A/C, No, Ext): E-MAIL ADDRESS: hallie.bujak@m3ins.com	<b>FAX</b> (A/C, No):	
<b>INSURED</b> Kaukauna Area School District 1701 County Hwy CE Kaukauna WI 54130	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A : EMCASCO Insurance Company		21407
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
INSURER F :			

**COVERAGES****CERTIFICATE NUMBER:** 1863489055**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	6D56359	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/> N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The City of Kaukauna, and its officers, council members, agents, employees, and authorized volunteers are Additional Insureds on the General Liability Policy where required by written contract.  
A 30 Day Notice of Cancellation is in favor of same.

**CERTIFICATE HOLDER****CANCELLATION**

City of Kaukauna  
144 W 2nd St  
Kaukauna WI 54130

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Hallie Bujak*

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## REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna  
144 W Second St  
Kaukauna, WI 54130

Applicant Information

Name: Mary Beduhn Date of Birth: 10-2-1946  
 Address: 3621 Cherryvale Circle #10 Phone number: 920-428-4226  
 Organization Name, if applicable: Immanuel United Church of Christ  
 Email address: office @ immanuelucc - Kaukauna, org

Event Information

Name Church Picnic of Immanuel UCC Event:  
 Event location (s): La Follette Park Shelter Date of Event: 9-14-25  
 Event \_\_\_\_\_ Start 8:00 AM time- End 1:00 PM time:  
 Number of people attending: approx 50

This application will be formally reviewed by the Health and Recreation Committee.  
 Please allow up to 3 weeks for a response. If you do not hear from City staff: request is approved.



# MEMO

## DEPARTMENT OF PUBLIC WORKS

To: Health and Recreation Committee  
From: Jake Van Gompel, Street Superintendent  
Date: August 4, 2025  
Re: Temporary Scoreboard Replacement

### **Background information:**

The Kaukauna Raiders approached the City requesting to temporarily replace the scoreboard at the Bayorgeon Football Field. With the proposed new middle school, they would like to take the board with them when their facility is complete. The current scoreboard is 23 years old and is having communication and clock function issues along with multiple light sockets that would need to be replaced. The Kaukauna Raiders will fund the new LED scoreboard and installation.

**Strategic Plan:** N/A

**Budget:** N/A

### **Recommended action:**

Approve the Street Superintendent to work with the Kaukauna Raiders on required permitting and inspections for the installation of the temporary scoreboard at the Bayorgeon Football Field.

