

HEALTH & RECREATION COMMITTEE

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



Monday, January 15, 2024 at 6:15 PM

AGENDA

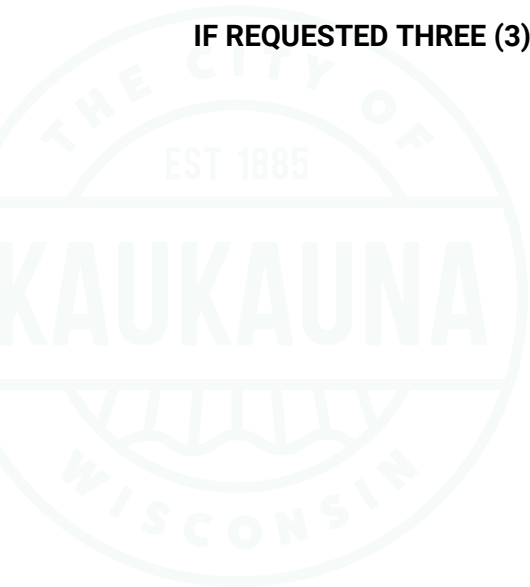
In-Person

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Permission to enter into an agreement with ARS Productions for Live! from Hydro.
 - [b.](#) Special Events Application to Mary Brennan, 12th Annual Alex's Peace 'N Love 5K Walk at Hydro Park on April 27, 2024 from start to 10am.
 - [c.](#) Special Events Application to Sarah Wroblewski, Kaukauna Public Library for Touch-a-Truck event at Hydro Park on Wednesday, July 10, 2024 from 10am to 12pm. June 8, 9, 10, 2023.
 - [d.](#) Special Events Application to Brad Zuraski, Ghosts in the Grignon at Grignon Park on September 14, 2024 from 7am to 7pm.
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, January 15, 2024 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.





MEMO

COMMUNITY ENRICHMENT

To: Health and Recreation Committee
Terri Vosters, Community Enrichment and Recreation Director
From: Cassidy Mickelson, Community Enrichment Program Manager
Date: January 15, 2024
Re: Live! from Hydro Park Concert Series RFP

After entering negotiations with ARS Productions, LLC and reaching an agreement in expectations, staff is seeking authorization to enter into the attached Service Agreement based on the proposal received for the Live! from Hydro Park Concert Series.



SERVICE AGREEMENT

This Agreement is between the City of Kaukauna and **ARS Productions, LLC**, ("Service Provider") for the services of Live! at Hydro Park Music Series, ("Project").

In consideration of the mutual agreements herein, the City and the Service Provider agree as follows:

1. **The City will:**

- A. The City of Kaukauna will pay the Service Provider for the Project provided as described within the Service Agreement. Such payment shall be full compensation for all services rendered and for all supervision, labor, supplies, materials, equipment and any other incidental costs not to exceed \$40,000. Payments will be made within thirty (30) days of having received the invoice described. To expedite payment of invoices under this Agreement, the invoices should be sent to the following:

City of Kaukauna Community Enrichment
Cassidy Mickelson
P.O. Box 890
Kaukauna, WI 54130

- B. The City will provide a sufficient area/room for the provision of the services described.

2. **The Service Provider will:**

- A. The Service Provider shall provide live music entertainment on Wednesdays from 5:30 PM to 8:30 PM, for 10 consecutive weeks. For 2024, Wednesday, August 14 and one other date will be reserved for an alternative rain day if needed (2 rain dates total).
- B. The Service Provider shall schedule an opening performance each week by Appleton Rock School.
- C. The Service Provider shall implement the planning, logistics, and talent buying.

- D. The Service Provider shall provide sound and lighting production with front and rear truss and a stage (24' x 20' x 38" tall, with stairs).
- E. The Service Provider shall be available onsite to manage concert/stage on the day of event.
- F. The Service Provider shall provide necessary crew members for grounds preparation on day of the event per itinerary/work-flow plan and be available on the day of the event for use at the direction of City Event Lead.
- G. The Service Provider shall set up at approximately 1:00 PM the day of any scheduled event. No special or large equipment that may cause damage or hazards shall be used without prior written permission by the City. No vehicles will be driven unto unpaved areas of the park.
- H. The Service Provider shall submit two invoices itemizing expenses and fees, one upon contract signing (February 1, 2024) and one at the midway point of the season (July 1, 2024) to the City of Kaukauna for work or services provided according to the Service Agreement.
- I. The Service Provider will provide all materials, equipment, and supplies necessary to perform or provide the services described in the Service Agreement.
- J. The Service Provider and any sub-contractors shall provide proof of current general liability insurance, per the attached "Exhibit A", prior to providing any services.
- K. The Service Provider shall perform the services described in accordance with the standards of care, skill, and judgment which may be expected of professionals who perform similar work.
- L. The Service Provider shall supervise such clean-up as may be reasonably requested by the City of Kaukauna.
- M. At the close of the Service Provider's work, the Service Provider shall remove his or her materials and equipment.
- N. The Service Provider shall provide his or her services in a manner and on a timely basis so as not to cause interference with any of the operations of the City of Kaukauna facility. In the event of a conflict between the schedules of the Service Provider and contractors and employees of the City of Kaukauna, the conflict may be resolved at the discretion of the City of Kaukauna.

- O. The Service Provider shall contact Cassidy Mickelson prior to the Project to coordinate all issues regarding facilities use and ensure that the facilities provided are adequate.
- P. The Service Provider shall determine and declare an event rain cancellation no sooner than 1:00 PM on the date of the scheduled event.

3. **Duration**

This Agreement will become effective on February 1, 2024, and end no later than September 1, 2026. This Agreement may be cancelled on thirty (30) days written notice of either party.

4. **Use of City Name**

It is understood and agreed that the name of the City of Kaukauna and the municipal location may not be used by the Service Provider or its agents in any promotional materials without prior approval of the City of Kaukauna.

5. **Independent Contractor**

It is understood and agreed that the Service Provider is an independent contractor for the performance of all services described within this Agreement.

6. **Assignment**

This Agreement and interests hereunder are not to be assigned.

7. **Liability**

The City represents that it does carry public liability insurance covering the municipal location. The City specifically notes that it has not purchased insurance coverage for the Service Provider or its agents or employees. Nothing contained in this Agreement is intended as a waiver of the City's rights to rely upon the immunities or limitations to liability as may be contained within Wisconsin Statutes 893.80 or other applicable law.

8. **Wisconsin Law**

This Agreement shall be governed by and construed with the laws of the State of Wisconsin.

9. **Complete Agreement**

This Agreement represents the entire listing of the terms between the parties. This Agreement may be modified only in writing by an amendment signed by both parties.

10. **Endorsement**

By endorsing this Agreement, both the Service Provider and the City of Kaukauna indicate that each has the authority to bind to the terms of this Contract.

BY: _____
City of Kaukauna Date

BY: _____
Service Provider Date

"EXHIBIT A"

INSURANCE REQUIREMENT FOR CITY OF KAUKAUNA

It is hereby agreed and understood that the insurance required hereunder is primary coverage and that any insurance or self-insurance maintained by the City of Kaukauna, its officers, council members, agents, employees or authorized volunteers will not contribute to a loss. All insurance shall be in full force prior to commencing work and remain in force until the entire job is completed or the length of time that is specified in the contract.

Service Provider shall obtain the following insurance and provide to the City a Certificate of Insurance (COI) evidencing compliance with these requirements:

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.

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: Mary Brennan

Date of Birth: *Event organizers must be at least 18 years old. 05/17/1961

Address: 907 Grignon Street Kaukauna

Phone Number: 920-716-1749

Email Address: mjackbrennan@yahoo.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Peace And Love For Alex

Organization's Address: 907 Grignon Kaukauna

Organization's Phone Number: 920-716-1749

Organization's Email Address or Website: www.peaceandloveforalexin

Applicant's Relationship to Organization: President

SECTION 3 – EVENT INFORMATION

Name of Event: 12th Annual Alex's Peace 'N Love 5K W

Event Location: Hydro Park

Event Date: *If a multi-day event, please list all days. 04/27/24

Event Start Time - End Time: 10:00 a.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.

Dennis Besaw 920-716-2887

Total Anticipated Attendance for Event:

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

400-500

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 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 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 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

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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.

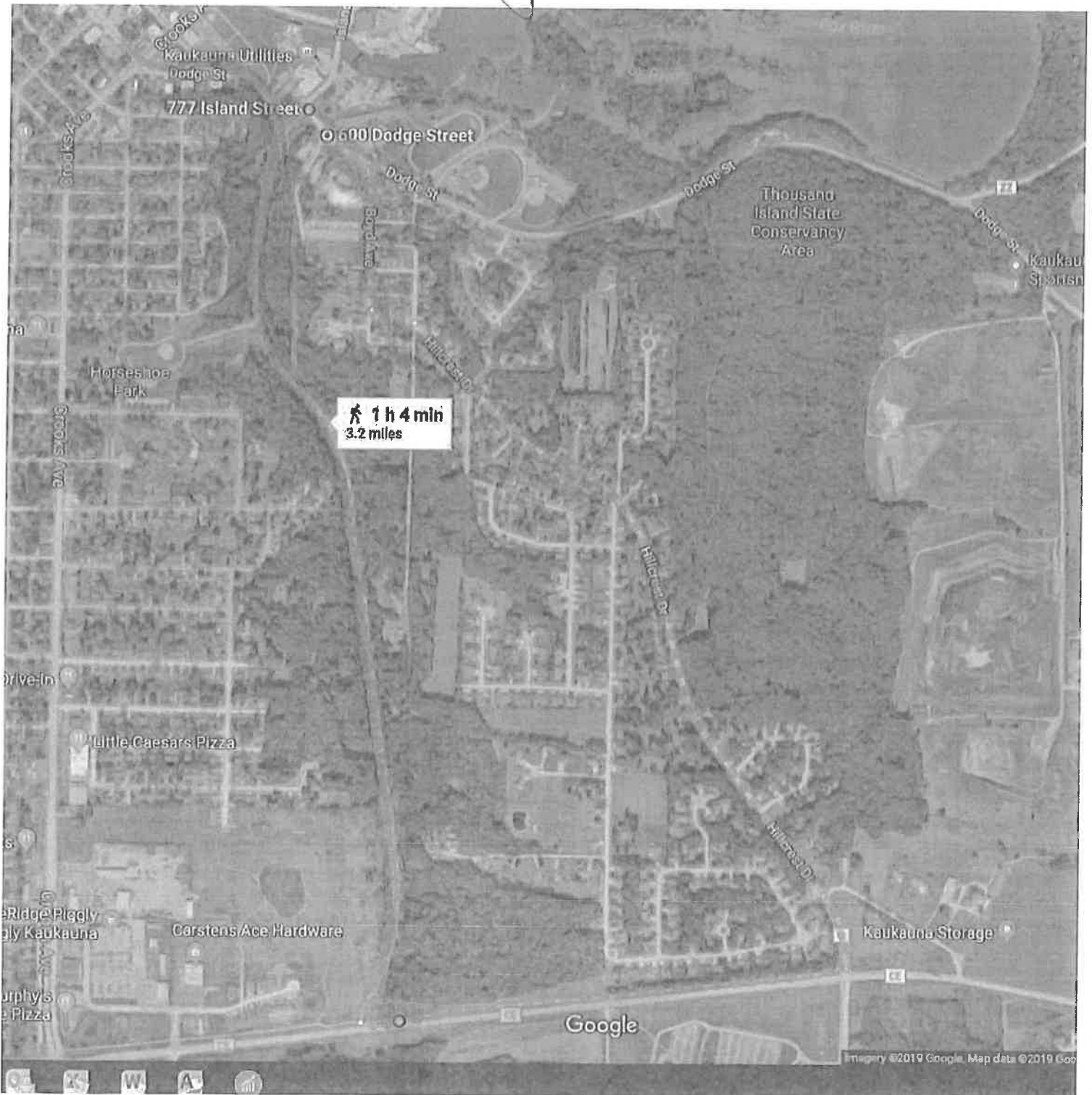
By signing below, I agree to follow any state and/or local guidelines in place to prevent the spread of COVID-19.

Signature of Applicant:

Mary Brennan 1-2-2024

Printed name of Applicant: Mary Brennan

Start and Finish at Hydro Park Walking Route



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: Sarah Wroblewski

Date of Birth: *Event organizers must be at least 18 years old. 09/17/1985

Address: 207 Thilmany Road

Phone Number: 920-766-6340

Email Address: swroblewski@kaukauna.gov

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Kaukauna Public Library

Organization's Address: 207 Thilmany Road

Organization's Phone Number: 920-766-6340

Organization's Email Address or Website: kaulib@kaukauna.gov

Applicant's Relationship to Organization: Youth Services Librarian

SECTION 3 – EVENT INFORMATION

Name of Event: Touch-a-Truck

Event Location: Hydro Park

Event Date: *If a multi-day event, please list all days. Wednesday, July 10, 2024

Event Start Time - End Time: 10am-12pm

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.

Sarah Wroblewski 920-851-2648

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

500, community event

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 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

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|---|---|--|
| 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 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

- | | | |
|---|------------------------------|--|
| 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

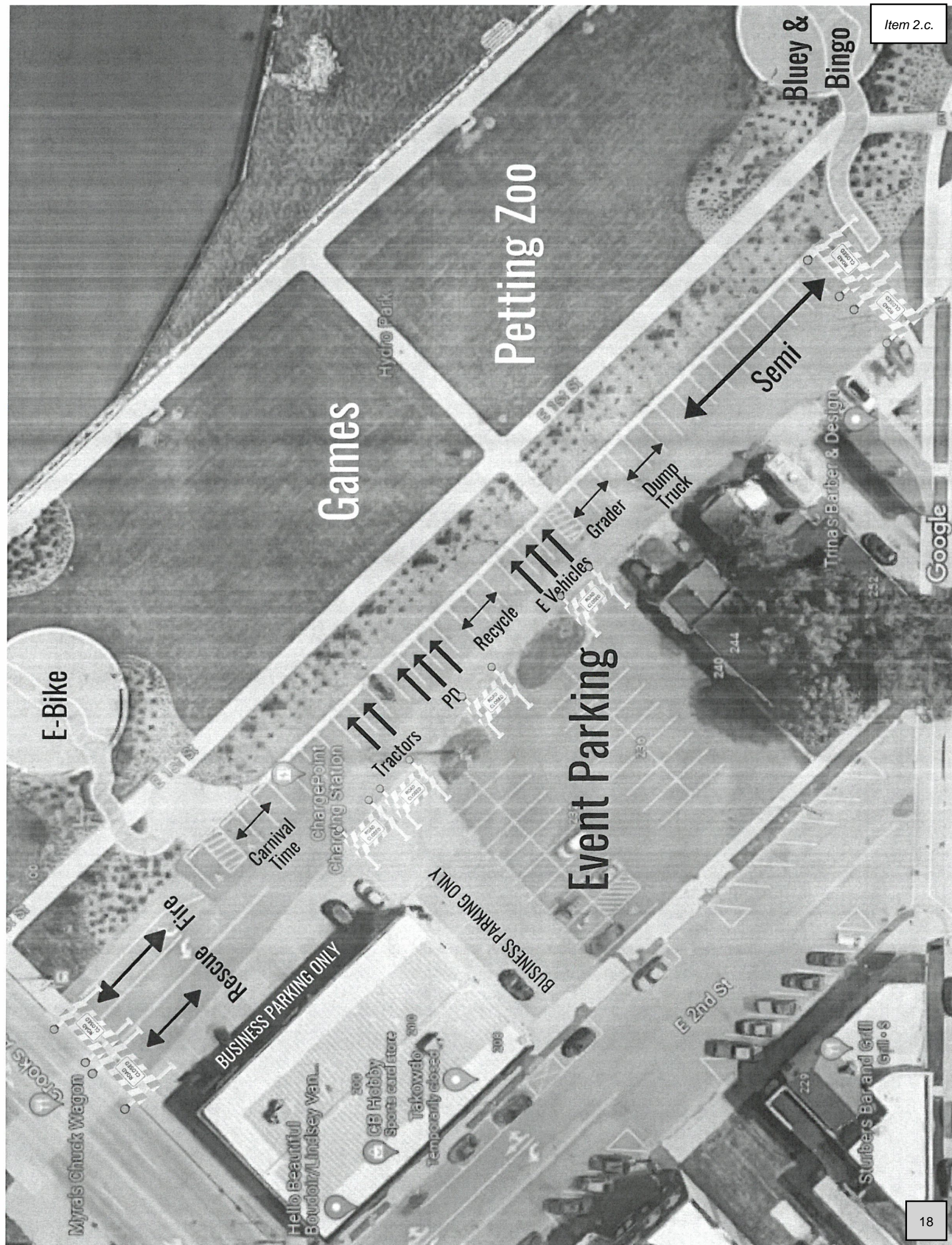
By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, 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: Sarah Wroblewski

Printed name of Applicant: Sarah Wroblewski



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: Brad Zuraski

Date of Birth: *Event organizers must be at least 18 years old. 01/18/1982

Address: 7026 Woodenshoe Road Neenah, WI 54951

Phone Number: 6122024561

Email Address: bzuraski@yahoo.com

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Wingz Disc Golf

Organization's Address: 7026 Woodenshoe Road Neenah, WI 54951

Organization's Phone Number: 612-202-4561

Organization's Email Address or Website: bzuraski@yahoo.com

Applicant's Relationship to Organization: Owner

SECTION 3 – EVENT INFORMATION

Name of Event: Ghosts In the Grignon

Event Location: Grignon Park

Event Date: *If a multi-day event, please list all days. 9/14/2024

Event Start Time - End Time: 7:00AM-7:00PM

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.

Brad Zuraski 612-202-4561

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

90

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?
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Fire Department Information: (920) 766-6320

- | | | |
|--|------------------------------|--|
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| 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 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

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General Liability Coverage:

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3. Insurance must include:

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- 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: Bradley A Zuraski