

HEALTH AND RECREATION COMMITTEE

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



Monday, June 01, 2026 at 6:10 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) 2025-2026 Tavern Report.
 - [b.](#) Solicitor License.
 - [c.](#) Non-Display Fireworks - Permit Application to Matthew Mastey, G&M Fireworks, LLC.
 - [d.](#) Temporary Class B License to Kaukauna Athletic Club Inc., on September 19, 2026, for Wisconsin Ave Block Party.
 - [e.](#) Special event application to the Kaukauna Public Library for Touch a Truck at the Kaukauna High School on July 8, 2026, from 10:00am -12:00pm.
 - [f.](#) Special event and amplified noise application to the Kaukauna Public Library for the Fairy Walk at 1000 Islands Environmental Center on August 17, 2026 (rain date August 24, 2026) from 5:00-8:00pm.
 - [g.](#) Special event application to the Kaukauna Public Library for Adventures in the Park at Riverside Park on June 18, July 16 and August 13; Horseshoe Park on July 2 and July 30, 2026, from 10:00-10:45am.
 - [h.](#) Special event application to the Friends of the Grignon Mansion for Time Capsule Opening on July 26, from 1:00 pm to 2:00 pm.
 - [i.](#) Special event application to the Friends of the Grignon Mansion for the Lost Arts Festival on September 19, 10:00 am to 4:00 pm.
 - [j.](#) Special event application to the Friends of the Grignon Mansion for the Flag folding event on June 13, from 10:00 am to 11:00 pm.
 - [k.](#) Special event application to the Friends of the Grignon Mansion for the Rob Jackels Annual Memorial Car Show on August 9, from 10:00 am to 4:00 pm.
 - [l.](#) Special event application and amplified music application to the Friends of the Grignon Mansion for the Little Chute Community Band on June 17, from 6:00 pm to 8:00 pm.
 - [m.](#) Adjourn to Closed Session Pursuant to State Statute 19.85(1)(g) Conferring with legal counsel for the governmental body who is rendering oral or written advice concerning strategy to be adopted by the body with respect to litigation in which it is or is likely to become involved. An alcohol beverage license application and compliance with state law and local ordinances.
 - [n.](#) Return to Open Session for possible action.
3. Adjourn.

NOTICES

Health and Recreation Committee - Notice is hereby given this is a public meeting of the Health and Recreation Committee. As such, all members or a majority of the City's Common Council and Standing Committees will likely be in attendance. While members of the Common Council or any Standing Committees may participate in discussions, only the Health and Recreation Committee will take formal action.

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

MEETING ACCESS INFORMATION:

You can access this meeting by one of three methods: from your telephone, computer, or by an app. Instructions are below.

To access the meeting by telephone:

1. Dial 1-312-626-6799
2. When prompted, enter Meeting ID 234 605 4161 followed by #
3. When prompted, enter Password 54130 followed by #

To access the meeting by computer:

1. Go to <http://www.zoom.us>
2. Click the blue link in the upper right hand side that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow Zoom to access your microphone or camera if you wish to speak during the meeting

To access the meeting by smartphone or tablet:

1. Download the free Zoom app to your device
2. Click the blue button that says Join a Meeting
3. Enter Meeting ID 234 605 4161
4. Enter Password 54130
5. Allow the app to access your microphone or camera if you wish to speak during the meeting

Members of the public will be muted unless there is an agenda item that allows for public comment or if a motion is made to open the floor to public comment.

CITY OF KAUKAUNA POLICE DEPARTMENT ALCOHOL LICENSE REPORT

JUNE 2026

All licensees who accumulate 200 points in a 12 month period, 250 points in a 24 month period, or 300 points in a 36 month period shall be considered for suspension, revocation or nonrenewable. 12.03(11)(d)2

Charges in the last 12 Months -- June 1, 2025 to May 31, 2026					
Licensee	Date	Charges	Subject	Disposition	Points
BP (10th Street)	10/12/2025	Burglary	Patron(s) - 2	Referred to DA	n/a
Club Ritz	9/13/2025	Battery	Patron	Dismissed	n/a
	2/21/2026	Disorderly Conduct and Battery	Patron(s) - 4	Ordinance Citations Issued	n/a
Kwik Trip (Gertrude)	1/28/2026	OWI	Patron	Pending	n/a
	4/25/2026	Drugs	Patron	Pending with DA	n/a
Kwik Trip (Lawe)	10/2/2025	Drugs	Patron	Guilty	n/a
	11/7/2025	Drugs	Patron	Guilty	n/a
	12/22/2025	OWI	Patron	Ordinance Citation Issued	n/a
	2/16/2026	OWI	Patron	Ordinance Citation Issued	n/a
MotoMart (2209 Crooks)	6/6/2025	Drugs	Patron	Pending with DA	n/a
Pork's Place	1/1/2026	Disturbance with a Weapon	Patron	Pending with DA	n/a
Pub 55	11/14/2025	Fraud (Owner not paying employees)	Licensee	Referred to DA	n/a
	1/30/2026	Fraud (Owner not paying employees)	Licensee	Referred to DA	n/a
The Roundabout Bar	9/12/2025	Disturbance	Patron(s) -- 4	Guilty	n/a
	12/11/2025	OWI	Patron	Guilty	n/a
	3/6/2026	Disturbance	Patron	Pending with DA	n/a
Sturbers	7/2/2025	Drugs and Bailjumping	Patron	Guilty	n/a

Tommy G's	12/14/2025	Disturbance -- Batter to Elder Person and Disorderly Conduct	Patron	Deferred Prosecution Agreement until	n/a
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Charges in the last 24 Months -- June 1, 2024 to May 31, 2025

Licensee	Date	Charges	Subject	Disposition	Points
Club Ritz	3/15/2025	Disturbance -- Probation Violation	Patron	Guilty	n/a
X Bar	3/4/2025	Resisting, DC, Bail Jumping and Probation Violation	Patron	Guilty Resisting; Read In Bailjumping and Probation Violation	n/a
	3/7/2025	Domestic DC, Battery and Possession of Cocaine	Patron	Guilty	n/a
Roundabout Bar	5/4/2025	OWI	Patron	Pending with DA	n/a
Plan B	1/13/2025	Felony Bail Jumping	Patron	Read In	n/a
Badger Quik Stop	10/30/2024	OWI	Patron	Not Prosecuted by DA	n/a
Kwik Trip (Lawe)	7/13/2024	OWI	Patron	Guilty	n/a
	1/16/2025	OWI	Patron	Guilty to Amended Offense	n/a
JJ's Cocktail Lounge	10/18/2024	Fake Identification (confiscated by bartender)	Patron(s) - 3	Guilty	n/a

Charges in the last 36 Months -- June 1, 2023 to May 31, 2024

Licensee	Date	Charges	Subject	Disposition	Points
Badger Quik Stop	11/11/2023	OWI	Patron	Guilty	n/a

Bob's Inn	11/14/2023	DC	Patron	Guilty	n/a
Club Ritz	1/7/2024	DC and Criminal Damage to Property	Patron	Guilty	n/a
Dollar General	9/28/2023	DC	Employee	Guilty	25
Hillside Bar	9/10/2023	DC and Misdemeanor Battery		Guilty Battery; Dismissed DC	n/a
JJ's Cocktail Lounge	4/22/2024	DC	Patrol	Guilty	n/a
Kwik Trip (Lawe)	5/28/2024	OWI	Patron	Guilty	n/a
Kwik Trip (Gertrude)	8/19/2023	Possession of Methamphetamine	Patron(s) - 2	Guilty	n/a
Piggly Wiggly	4/15/2024	Possession of THC	Patron	Guilty	n/a
Plan B	1/28/2024	Criminal Damage to Property	Patron	Guilty	n/a

June 1, 2026

THE FOLLOWING APPLICANT HAS APPLIED FOR A SOLICITOR'S LICENSE FOR THE LICENSE YEAR 2026 AND HAS BEEN RECOMMENDED FOR APPROVAL BASED ON THEIR RECORD CHECK BY THE POLICE DEPARTMENT:

Gaytan	David	A.	Appleton
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NON-DISPLAY FIREWORKS - PERMIT APPLICATION

KAUKAUNA FIRE DEPARTMENT – FIRE PREVENTION DIVISION

ALL permits are issued as required by the City of Kaukauna. This permit is not transferable. This permit may be revoked for any violation of City, State, Local or International codes or ordinances adopted by the City of Kaukauna. This permit will be required to be signed and posted in a conspicuous location where permitted items are being sold, possessed, stored, handled or manufactured. This permit will expire on 12-31 of each year. Further more, this permit covers the possession, manufacture, storage, handling or sale of explosive materials or fireworks permitted within state statute 167.10 (1) (e), (f), (g), (i), (j), (k), (l), (m) and (n). All other fireworks are prohibited within the City limits of Kaukauna.

Location: StoneRidge Piggly Wiggly, 400 Ann St, Kaukauna	
Permit Date: 4/27/26	Permit Fee: \$25 <i>CHECK #11149</i>
Received By: <i>Kayla Nessmann</i>	
Issued To: Matthew Mastey	
Business Name: G&M Fireworks, LLC	
Contact Name: Matt Mastey	Contact Phone: [REDACTED]
Application Signature: <i>Matthew Mastey</i>	Date: 4/27/26
City of Kaukauna Representative: <i>Kayla Nessmann</i>	Date: 5/17/26

FOR OFFICE USE ONLY

Review Date:	Inspector:	
Initial Inspection Date:	Inspector:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Reinspection Date:	Inspector:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Comments:		

Municipality
Kaukauna

Form
AB-220

Temporary Alcohol Beverage License

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

Part A: Organization Information

1. Organization Name
Kaukauna Athletic Club Inc.

2. Organization Permanent Address
696 & 900 Dodge St.

3. City
Kaukauna

4. State
WI

5. Zip Code
54130

6. Mailing Address (if different from permanent address)
PO Box 183 Kaukauna WI 54130

7. FEIN
39-1276751

8. Date of Organization/Incorporation
05/20/19

9. State of Organization/Incorporation
WI

10. Phone
[REDACTED]

11. Email
[REDACTED]

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

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

14. Wisconsin Seller's Permit Number (if applicable)
456-0000298081-02

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	[REDACTED]
Smith	Thomas	Vice President	[REDACTED]
Duda	Larry	Secretary/Treasure	[REDACTED]
Huss	Terrence	Agent	[REDACTED]

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Wisconsin Ave Block Party			
2. Dates of Operation 09/19/2026		3. Hours of Operation 8am - 11pm	
4. Premises Address 100 - 200 block of west Wisconsin Ave.			
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 [REDACTED]	
13. Organizer Website wisconsinsaveblockparty-kaukauna/fb		14. Event Website none	
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. Kaukauna Athletic Club's refrigerated trailer, sales tent area, and street area of event. Map provided with event application.			

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 Duda		First Name Larry	
M.I. S			
Title Secretary/Treasure	Email [REDACTED]		Phone [REDACTED]
Signature <i>Larry Duda</i>		Date 04/13/26	

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

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
04/13/2026

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

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

Your alcohol beverage application 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 Inc.			
2. Business Trade Name or DBA Kaukauna Athletic Club			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information					
1. Last Name Huss		2. First Name Terrence		3. M.I. M	
4. Relationship to Business (Title) Agent		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City Kaukauna		9. State WI	10. Zip Code 54130		11. Date of Birth 01/29/49
12. Driver's License/State ID Number [REDACTED]			13. Driver's License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 01/1949							
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.							
Previous Address 1		City	State	Zip Code			
[REDACTED]		Kaukauna	WI	54130			
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	Outagamie						
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <i>Terrence Huss</i>	Date 04/13/2026

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
04/13/2026

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

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Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor)	Kaukauna Athletic Club Inc.
2. Business Trade Name or DBA	Kaukauna Athletic Club
3. Entity Type (check one)	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information			
1. Last Name	2. First Name	3. M.I.	
Knott	Michael	J	
4. Relationship to Business (Title)	5. Email	6. Phone	
President	[REDACTED]	[REDACTED]	
7. Home Address			
[REDACTED]			
8. City	9. State	10. Zip Code	11. Date of Birth
Kaukauna	WI	54130	10/21/52
12. Driver's License/State ID Number	13. Driver's License/State ID State of Issuance		
[REDACTED]	WI		

Part C: Address History																	
1. Do you currently live in Wisconsin?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
If yes, provide the month and year when you permanently moved to Wisconsin	(MM/YYYY) 10/1952																
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Kaukauna	WI	54130															
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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
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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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
<i>Michael Knott</i>	04/13/2026

Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
04/13/2026

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- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
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Part A: Business Information			
1. Legal Business Name (individual name if sole proprietor) Kaukauna Athletic Club Inc.			
2. Business Trade Name or DBA Kaukauna Athletic Club			
3. Entity Type (check one)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization

Part B: Individual Information					
1. Last Name Smith		2. First Name Thomas		3. M.I. M	
4. Relationship to Business (Title) Vice President		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City Kaukauna		9. State WI	10. Zip Code 54130		11. Date of Birth 08/08/50
12. Driver's License/State ID Number [REDACTED]			13. Driver's License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 08/1950							
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.							
Previous Address 1 [REDACTED]		City Kaukauna	State WI	Zip Code 54130			
Previous Address 2		City	State	Zip Code			
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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 WI	County Outagamie	State	County	State	County	State	County
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.

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Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>Thomas Smith</i>	Date 04/13/2026
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Form
AB-100

Alcohol Beverage Individual Questionnaire

Date
04/13/2026

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- all partners of a partnership
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Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Kaukauna Athletic Club Inc.	
2. Business Trade Name or DBA Kaukauna Athletic Club	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	

Part B: Individual Information					
1. Last Name Duda		2. First Name Larry		3. M.I. S	
4. Relationship to Business (Title) Secretary/Treasure		5. Email [REDACTED]		6. Phone [REDACTED]	
7. Home Address [REDACTED]					
8. City Kaukauna		9. State WI	10. Zip Code 54130	11. Date of Birth 03/29/51	
12. Driver's License/State ID Number [REDACTED]			13. Driver's License/State ID State of Issuance WI		

Part C: Address History							
1. Do you currently live in Wisconsin?							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the month and year when you permanently moved to Wisconsin							(MM/YYYY) 03/1951
2. List in chronological order all of your addresses within the last 5 years . Attach additional sheets if necessary.							
Previous Address 1 [REDACTED]				City Kaukauna		State WI	Zip Code 54130
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 WI	County Outagamie		State	County		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 <i>Larry Duda</i>	Date 04/13/2026
--------------------------------	--------------------

Form
AB-101

Alcohol Beverage Appointment of Agent

Date
04/13/2026

Agent Type (check one)	
<input checked="" type="checkbox"/> Original (no fee)	<input type="checkbox"/> Successor (\$10 fee for municipal licensees only)

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Kaukauna Athletic Club Inc	
2. Business Trade Name or DBA Kaukauna Athletic Club	
3. Entity Type (check one) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization (check one) <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number
6. Describe the reason for appointing a successor agent, if successor is checked above.	

Part B: Agent Information			
1. Last Name Huss	2. First Name Terrence	3. M.I. M	
4. Email [REDACTED]		5. Phone [REDACTED]	
6. Home Address [REDACTED]			
7. City Kaukauna	8. State WI	9. Zip Code 54130	10. Date of Birth 01/29/49
11. Driver's License/State ID Number [REDACTED]		12. Driver's License/State ID State of Issuance WI	

Part C: Agent Questions	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> (licensee) or Form AB-300, <i>Alcohol Beverage Personal Questionnaire</i> (permittee)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days?..... See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 Duda		First Name Larry		M.I. S
Title Secretary/Treasure	Email [REDACTED]		Phone [REDACTED]	
Signature <i>Larry Duda</i>			Date 04/13/26	

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 Huss		First Name Terrence		M.I. M
Signature <i>Terrence Huss</i>			Date 04/13/26	

< Entry 1 of 14 >

Entry (ID 249755)

Show empty fields

Applicant Information

Event Coordinator Name Sarah Wroblewski

Phone [Redacted]

Email [Redacted]

Phone Number for day of the event [Redacted]

Organization Information

Sponsoring Organization's Name Kaukauna Public Library

Organization Address 207 Thilmany Road
Suite 200
Kaukauna, Wisconsin 54130

Are you a 501(3) C Organization? No

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

Event Information

Name of event	Touch-a-Truck
How long is your event?	My event is one day only
Date of the Event	July 8, 2026
Event start time (include set up time)	10:00 AM
End time (include take down time)	12:00 PM
Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)	700
Describe your event and its purpose	Hands-on experience with community vehicles
Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)	Yes
Health Department	
Will food be prepared and/or served at the event?	Yes
Fire Department Information	920.766.6320
Will you use portable commercial cooking equipment, or electrical appliances that draw high amperage?	No

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

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event? No

Are you requiring street closures for your event? No

Will your event be inside or outside? Outside

Please upload a map/route/location



Untitled-design-1.png

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

Event Activities

What type of activities will be part of your event (please check all that apply): Food Trucks, Temporary Tent/Structure

Additional Services & Equipment

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

Signature

Sarah Wroblewski

Comments/Notes


Entry Details

 Submitted: **Apr 28, 2026 at 10:21 am**

 Entry ID: **249755**

 Entry Key: **y8t9s**

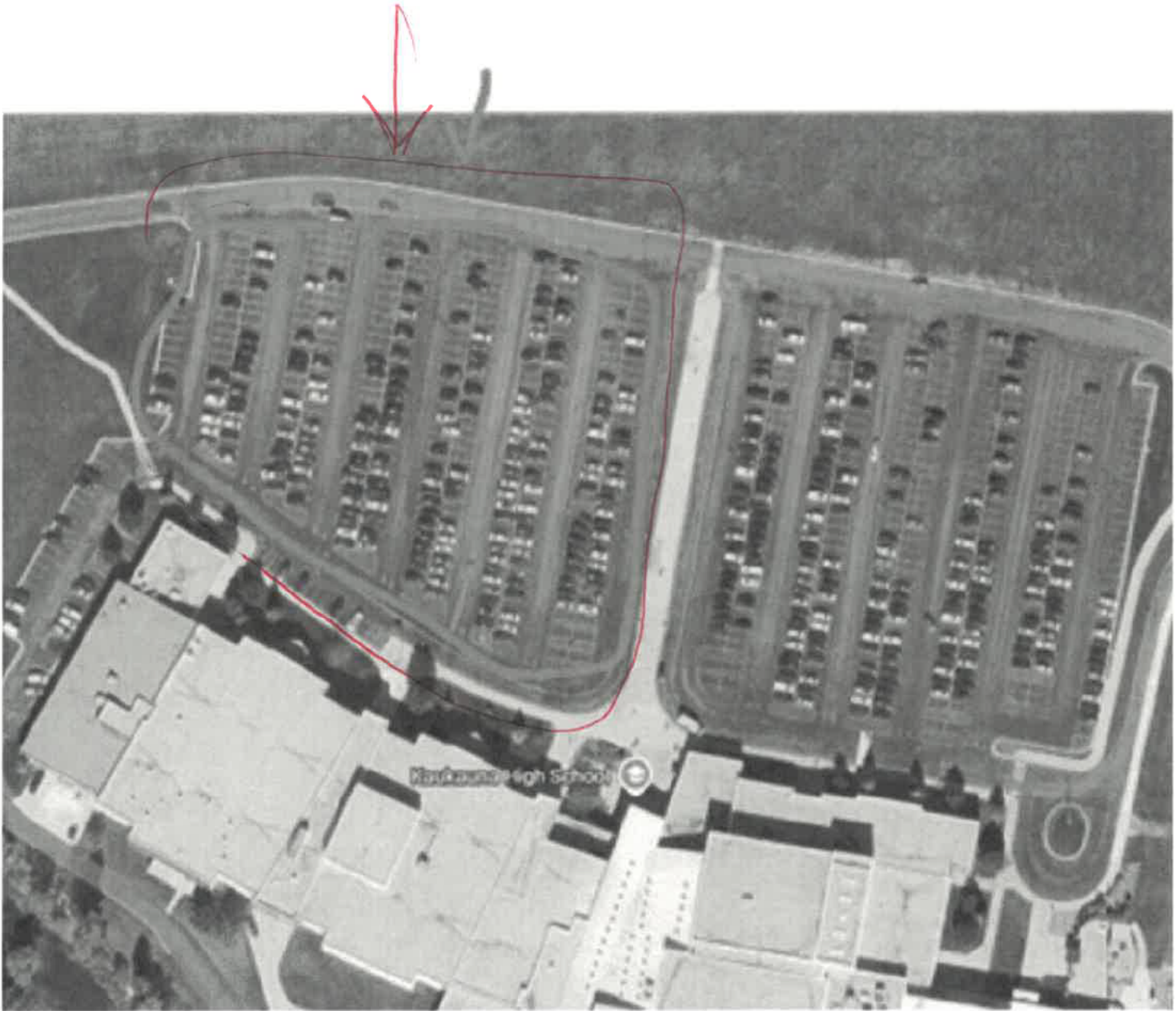
User Information

 IP Address: **216.56.163.21**

 Browser/OS: **Google Chrome 147.0.0.0 / Windows**

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

Made with by the Formidable Team
[Support / Docs](#)



/



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: [REDACTED]

Email Address: [REDACTED]

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: kaukaunalibrary.org

Applicant's Relationship to Organization: Youth Services Librarian

SECTION 3 – EVENT INFORMATION

Name of Event: Fairy Walk

Event Location: 1000 Islands Environmental

Event Date: *If a multi-day event, please list all days. 8-17 (raindate 8-24)

Event Start Time - End Time: 5-8 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.

Sarah Wroblewski [REDACTED]

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

500

SECTION 4 – APPLICANT CHECKLIST

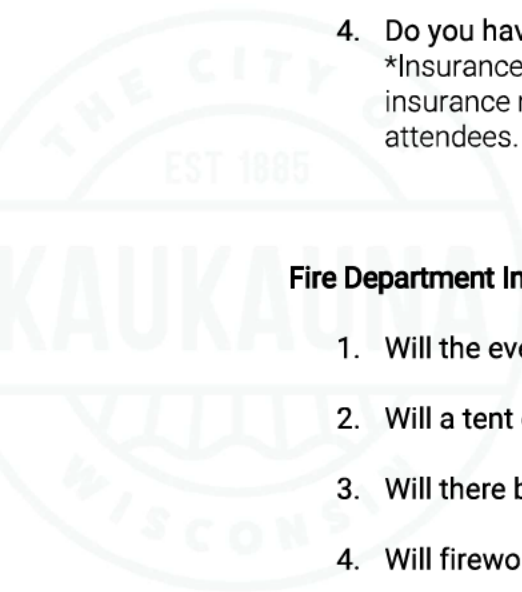
Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. *Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

General Information:

- 1. Will food be prepared and/or served at the event? YES NO
- 2. Will there be a band or amplified music/noise? YES NO
- 3. Will there be portable restrooms? YES NO
- 4. Do you have proper insurance for your event and have you provided it to the City?
*Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 attendees. YES NO

Fire Department Information: (920) 766-6320

- 1. Will the event be held indoors? YES NO
- 2. Will a tent or temporary structure be erected? YES NO
- 3. Will there be a tent larger than 200 SF? YES NO
- 4. Will fireworks/pyrotechnics be used during the event? YES NO



Street and Parks Department: (920) 766-6337

- 1. Are you requiring street closure for the event? YES NO
- 2. Are you providing your own barricades? YES NO
- 3. Did you include a map of the event location/route? YES NO
- 4. For park events, have you reserved the park? YES NO
- 5. Will there be rides at the event? YES NO

Police Department: (920) 766-6333

- 1. Do you have a plan for medical emergencies? YES NO
- 2. Is security needed for the event? YES NO
- 3. Will the event need any parking restrictions? YES NO

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

- 1. Will alcoholic beverages be served/sold? YES NO

Section 5 – Insurance Requirements

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

General Liability Coverage:

- 1. Commercial General Liability
 - a. \$1,000,000 general aggregate – per project
 - b. \$1,000,000 products – completed operations aggregate
 - c. \$1,000,000 personal injury and advertising injury
 - d. \$1,000,000 each occurrence limit
- 2. Claims made form of coverage is not acceptable.

3. Insurance must include:
 - a. Premises and Operations Liability
 - b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
 - c. Personal injury
 - d. Explosion, collapse, and underground coverage
 - e. Products/Completed Operations
 - f. The general aggregate must apply separately to this project/location
4. Additional Provisions
 - a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
 - b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
 - c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
 - d. Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
 - e. Carriers – The insurance coverage required must be provided by an insurance carrier with the “best” rating of “A-VII” or better. All carriers shall be admitted carriers in the State of Wisconsin.

Section 5 – Indemnification and Disclaimer

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

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

Signature of Applicant: *Sarah Wroblewski*

Printed name of Applicant: Sarah Wroblewski



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: [REDACTED]

Email Address: [REDACTED]

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: kaukaunalibrary.org

Applicant's Relationship to Organization: Youth Services Librarian

SECTION 3 – EVENT INFORMATION

Name of Event: Adventures in the Park

Event Location: Riverside Park/Horseshoe F

Event Date: *If a multi-day event, please list all days. 6-18, 7-16, 8-13/7-2, 7-30

Event Start Time - End Time: 10-10:45

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 [REDACTED]

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

30

SECTION 4 – APPLICANT CHECKLIST

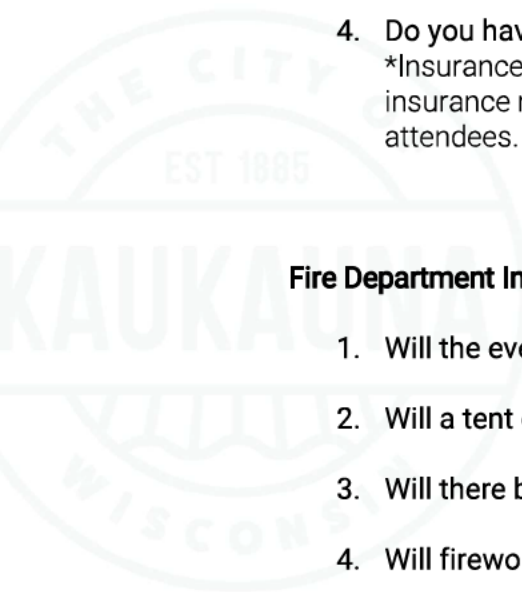
Applicant is responsible for contacting all necessary City departments and for obtaining all required reservations, permits, licenses, and variances. *Please note that some permits require Common Council or committee approval and may take up to two weeks to be considered and approved.

General Information:

- 1. Will food be prepared and/or served at the event? YES NO
- 2. Will there be a band or amplified music/noise? YES NO
- 3. Will there be portable restrooms? YES NO
- 4. Do you have proper insurance for your event and have you provided it to the City?
*Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 attendees. YES NO

Fire Department Information: (920) 766-6320

- 1. Will the event be held indoors? YES NO
- 2. Will a tent or temporary structure be erected? YES NO
- 3. Will there be a tent larger than 200 SF? YES NO
- 4. Will fireworks/pyrotechnics be used during the event? YES NO



Street and Parks Department: (920) 766-6337

- 1. Are you requiring street closure for the event? YES NO
- 2. Are you providing your own barricades? YES NO
- 3. Did you include a map of the event location/route? YES NO
- 4. For park events, have you reserved the park? YES NO
- 5. Will there be rides at the event? YES NO

Police Department: (920) 766-6333

- 1. Do you have a plan for medical emergencies? YES NO
- 2. Is security needed for the event? YES NO
- 3. Will the event need any parking restrictions? YES NO

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

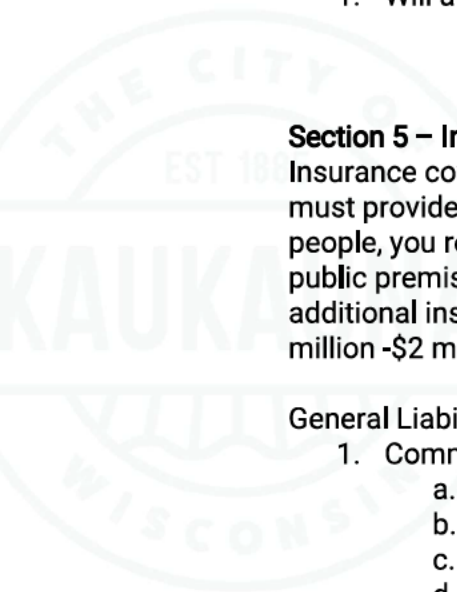
- 1. Will alcoholic beverages be served/sold? YES NO

Section 5 – Insurance Requirements

Insurance coverage will be required for every special event held in the City. Event organizers must provide the City with a Certificate of Insurance if the event involves more than 250 people, you request a street closure, or you are bringing additional items/structures into the public premises. Proof of coverage MUST include naming the City of Kaukauna as an additional insured party. The amount and type of insurance coverage varies, although \$1 million - \$2 million is a typical level.

General Liability Coverage:

- 1. Commercial General Liability
 - a. \$1,000,000 general aggregate – per project
 - b. \$1,000,000 products – completed operations aggregate
 - c. \$1,000,000 personal injury and advertising injury
 - d. \$1,000,000 each occurrence limit
- 2. Claims made form of coverage is not acceptable.



3. Insurance must include:
 - a. Premises and Operations Liability
 - b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
 - c. Personal injury
 - d. Explosion, collapse, and underground coverage
 - e. Products/Completed Operations
 - f. The general aggregate must apply separately to this project/location
4. Additional Provisions
 - a. Additional Insured – On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
 - b. Endorsement – The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
 - c. Certificates of Insurance – A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
 - d. Notice – City of Kaukauna requires 30-day written notice of cancellation, non-renewal, or material changes in the insurance coverage.
 - e. Carriers – The insurance coverage required must be provided by an insurance carrier with the “best” rating of “A-VII” or better. All carriers shall be admitted carriers in the State of Wisconsin.

Section 5 – Indemnification and Disclaimer

By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, traffic rules, park rules, state health laws, fire codes and liquor licensing regulation and any other applicable laws, rules, and regulations. I confirm that I am authorized to apply for this Special Event License on behalf of the organization hold the event (if applicable) and that the information contained in this application is true to the best of my knowledge. I understand that intentionally providing false or misleading information in this Application may lead to civil or criminal penalties.

Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against any and all liability, loss, damage, expenses and costs, including attorney fees, arising out of the activities performed as described herein, caused in whole or in part by any negligent act or omission of the applicant/organization, anyone directly or indirectly employed by any of them or anyone whose acts any of them may be liable, except where caused by the sole negligence or willful misconduct of the City.

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

Signature of Applicant: *Sarah Wroblewski*

Printed name of Applicant: Sarah Wroblewski

< Entry 4 of 21 >

Entry (ID 249985)

Show empty fields

Applicant Information

Event Coordinator Name

Mary Grogan-Seleen

Phone

[Redacted]

Email

[Redacted]

Phone Number of day of the event

[Redacted]

Organization Information

Sponsoring Organization's Name

Friends of the Grignon Mansion

Organization Address

1313 Augustine St.
Kaukauna, Wisconsin 54130

Are you a 501(3) C Organization?

Yes

Attach IRS proof of designation



IRS-taxexempt
number46-3.pdf

Will alcohol be sold? (Must be a qualifying non-profit organization) No

application in the above checklist)

Event Information

Name of event Kaukauna Time Capsule

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

Date of the Event July 26, 2026

Event start time (include set up time) 1:00 PM

End time (include take down time) 2:00 PM

Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.) 200

Describe your event and its purpose a 50 year old time capsule will be opened and items from 2026 will be placed in box to be opened in 2076

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

Health Department

Will food be prepared and/or served at the event? No

Fire Department Information 920.766.6320

Please upload your plan for medical emergencies here



Emergency-medical-plan-3.pdf

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

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

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event? No

Are you requiring street closures for your event? No

Will your event be inside or outside? Outside

Please upload a map/route/location



image-of-grignon-grounds-3.pdf

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

Event Activities

What type of activities will be part of your event (please check all that apply): Food Trucks

Additional Services & Equipment

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

Signature Mary Grogan-Seleen

Comments/Notes

Entry Details

 Submitted: **May 26, 2026 at 2:49 pm**

 Entry ID: **249985**

 Entry Key: **rv6nb**

User Information

 IP Address [REDACTED]

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

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

Item 2.h.

Entry (ID 249987)

Show empty fields

Applicant Information

Event Coordinator Name

Mary Grogan-Seleen

Phone



Email



Phone Number of day of the event



Organization Information

Sponsoring Organization's Name

Friends of the Grignon Mansion

Organization Address

1313 Augustine St.
Kaukauna, Wisconsin 54130

Are you a 501(3) C Organization?

Yes

Attach IRS proof of designation



IRS-taxexempt
number46-6.pdf

Will alcohol be sold? (Must be a qualifying non-profit organization) No

application in the above checklist)

Event Information

Name of event Lost Arts Festival

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

Date of the Event September 19, 2026

Event start time (include set up time) 10:00 AM

End time (include take down time) 4:00 PM

Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.) 300

Describe your event and its purpose Local artisans will display and demonstrate their crafts using historic materials and methods.

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

Health Department

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

Fire Department Information 920.766.6320

Please upload your plan for medical emergencies here



Emergency-medical-plan-6.pdf

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

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

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event? No

Are you requiring street closures for your event? No

Will your event be inside or outside? Outside

Please upload a map/route/location



image-of-grignon-grounds-5.pdf

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

Event Activities

What type of activities will be part of your event (please check all that apply): Food Trucks

Additional Services & Equipment

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

Signature Mary Grogan-Seleen

Comments/Notes

Entry Details

 Submitted: **May 26, 2026 at 3:14 pm**

 Entry ID: **249987**

 Entry Key: **10877**

User Information

 IP Address [REDACTED]

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

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

< Entry 5 of 21 >

Entry (ID 249984)

Show empty fields

Applicant Information

Event Coordinator Name

Mary Grogan-Seleen

Phone

[Redacted]

Email

[Redacted]

Phone Number of day of the event

[Redacted]

Organization Information

Sponsoring Organization's Name

Friends of the Grignon Mansion

Organization Address

1313 Augustine St.
Kaukauna, Wisconsin 54130

Are you a 501(3) C Organization?

Yes

Attach IRS proof of designation



IRS-taxexempt
number46-1.pdf

Will alcohol be sold? (Must be a qualifying non-profit organization) No

application in the above checklist)

Event Information

Name of event American flag folding-MIAPOW table ceremony

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

Date of the Event June 13, 2026

Event start time (include set up time) 10:00 AM

End time (include take down time) 11:00 PM

Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.) 50

Describe your event and its purpose members of local American Legion post will demonstrate proper handling of American flag followed by MIA/POW memorial ceremony as part of civic holiday celebration. d by brief MIA/POW memorial ceremony

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

Health Department

Will food be prepared and/or served at the event? No

Fire Department Information 920.766.6320

Please upload your plan for medical emergencies here



Emergency-medical-plan-1.pdf

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

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

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event? No

Are you requiring street closures for your event? No

Will your event be inside or outside? Outside

Please upload a map/route/location



image-of-grignon-grounds.pdf

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

Event Activities

What type of activities will be part of your event (please check all that apply): civic educational program

Additional Services & Equipment

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

Signature Mary Grogan-Seleen

Comments/Notes

Entry Details

 Submitted: **May 26, 2026 at 2:04 pm**

 Entry ID: **249984**

 Entry Key: **fu0nb**

User Information

 IP Address: [REDACTED]

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

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

Made with by the Formidable Team
Support / Docs

Entry (ID 249986)

Show empty fields

Applicant Information

Event Coordinator Name

Mary Grogan-Seleen

Phone



Email



Phone Number of day of the event



Organization Information

Sponsoring Organization's Name

Friends of the Grignon Mansion

Organization Address

1313 Augustine St.
Kaukauna, Wisconsin 54130

Are you a 501(3) C Organization?

Yes

Attach IRS proof of designation



IRS-taxexempt
number46-5.pdf

Will alcohol be sold? (Must be a qualifying non-profit organization) No

application in the above checklist)

Event Information

Name of event Rob Jackels 2nd Annual Memorial Car Show

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

Date of the Event August 9, 2026

Event start time (include set up time) 10:00 AM

End time (include take down time) 4:00 PM

Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.) 500

Describe your event and its purpose Vintage cars will be on display in yard surrounding the Mansion, major fund raiser for Friends of the Grignon

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

Health Department

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

Fire Department Information 920.766.6320

Please upload your plan for medical emergencies here



Emergency-medical-plan-5.pdf

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

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

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event? No

Are you requiring street closures for your event? No

Will your event be inside or outside? Outside

Please upload a map/route/location



image-of-grignon-grounds-4.pdf

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

Event Activities

What type of activities will be part of your event (please check all that apply):

Amplified Music, Temporary Tent/Structure

Additional Services & Equipment

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

Signature

Mary Grogan-Seleen

Comments/Notes

Entry Details

 Submitted: **May 26, 2026 at 3:07 pm**

 Entry ID: **249986**

 Entry Key: **lxzz**

User Information

 IP Address [REDACTED]

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

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

< Entry 1 of 21 >

Entry (ID 249998)

Show empty fields

Applicant Information

Event Coordinator Name

Mary Grogan-Seleen

Phone

[Redacted]

Email

[Redacted]

Phone Number of day of the event

[Redacted]

Organization Information

Sponsoring Organization's Name

Friends of the Grignon Mansion

Organization Address

1313 Augustine St.
Kaukauna, Wisconsin 54130

Are you a 501(3) C Organization?

Yes

Attach IRS proof of designation



IRS-taxexempt
number46.pdf

Will alcohol be sold? (Must be a qualifying non-profit organization see No

application in the above checklist)

Event Information

Name of event	Little Chute Community Band Concert and Ice Cream Social
How long is your event?	My event is one day only
Date of the Event	June 17, 2026
Event start time (include set up time)	6:00 PM
End time (include take down time)	8:00 PM
Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)	150
Describe your event and its purpose	Little Chute Community will present concert for the public on the front lawn of the Mansion.
Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)	Yes
Health Department	
Will food be prepared and/or served at the event?	Yes

Fire Department Information 920.766.6320

Please upload your plan for medical emergencies here



Emergency-medical-plan.pdf

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

Will you use tent bigger than 400 square feet? No

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event? No

Are you requiring street closures for your event? No

Will your event be inside or outside? Outside

Please upload a map/route/location



image-of-grignon-grounds-1.pdf

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

Event Activities

What type of activities will be part of your event (please check all that apply):

attendees will enjoy live music by a community band and enjoy pre-packaged frozen custard

Additional Services & Equipment

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

Signature

Mary Grogan -Seleen

Comments/Notes

Entry Details

 Submitted: **May 27, 2026 at 2:40 pm**

 Entry ID: **249998**

 Entry Key: **ndpym**

User Information

 IP Address [REDACTED]

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

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

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