

HEALTH AND RECREATION COMMITTEE

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



Wednesday, November 06, 2024 at 6:15 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - a. Permission to St. Ignatius for Christmas Tree Sales on the Farmers Market Lot starting November 29 until sold.
 - [b.](#) Request for the use of Grignon Mansion Grounds and Lower Grignon Park and the temporary allowance of horses on December 7, 8 & 14, 15 2024.
 - [c.](#) Special Event Application to Don Milbach, Electric City VFW Post 3319 on November 11, 2024 at the Ring of Honor/Community Room.
 - [d.](#) Solicitor Licenses.
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 Wednesday, November 6, 2024 at 6:15 P.M. to gather information about a subject over which they have decision making responsibility.

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



MEETING ACCESS INFORMATION:

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

To access the meeting by telephone:

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

To access the meeting by computer:

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

To access the meeting by smartphone or tablet:

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

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



MEMO

GRIGNON MANSION

To: Health and Recreation Committee
From: Al Borchardt, Friends of the Grignon Mansion
Date: November 4, 2024
Re: Request for the use of Grignon Mansion Grounds and Lower Grignon Park, temporary allowance of horses on December 7, 8 & 14, 15 2024.

Dear Committee Members,

The Grignon Mansion Christmas Tours will be on December 7th, 8th, 14th and 15th from 2 PM – 7 PM at the Grignon Mansion. I am requesting use of the grounds of the Grignon Mansion and Lower Grignon Park for event activities. I would also like permission to temporarily allow horses on those days to provide horse-drawn wagon rides. The loop traveled by the horses goes around the soccer fields and only occurs if the weather permits.

Thank you for your consideration,



10/29/24

Item 2.c.

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: *Don Milbach*

Date of Birth: *Event organizers must be at least 18 years old. *08/24/1964*

Address: *1422 Hillcrest Drive Kaukauna WI 54130*

Phone Number: *608.547.5492*

Email Address: *demilbach25@gmail.com*

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: *Electric City VFW Post 3319*

Organization's Address:

Organization's Phone Number:

Organization's Email Address or Website:

Applicant's Relationship to Organization: *Post Sr Vice Commander*

SECTION 3 – EVENT INFORMATION

Name of Event: *VETERANS Day Ceremony*

Event Location: *RING OF HONOR / COMMUNITY Rm*

Event Date: *If a multi-day event, please list all days. *11 Nov 2024*

Event Start Time - End Time: *1100AM*

*9-3 comm. room
9-1 ring of honor*

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.

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

*100 ATTEND
COMMUNITY, OPEN TO*

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
- CATHERIN*
- 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: 

Printed name of Applicant: DON E MILBACH

November 6, 2024

THE FOLLOWING APPLICANTS HAVE APPLIED FOR A SOLICITOR'S LICENSE FOR THE LICENSE YEAR 2024 AND HAVE BEEN RECOMMENDED FOR APPROVAL BASED ON THEIR RECORD CHECK BY THE POLICE DEPARTMENT:

Hartzheim	Melissa	M.	1320 Kay Dr.	Kaukauna
Krueger	Otto	E.	1574 Crystal Springs Ave.	Oshkosh
Krueger	Patricia	L.	1574 Crystal Springs Ave.	Oshkosh
Pomerening	Ryan	J.	723 S. Timmers Ln.	Appleton

RECEIVED
OCT 30 2024



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00
Sellers Permit No. _____

Receipt No. _____
Date Paid 10-8-24

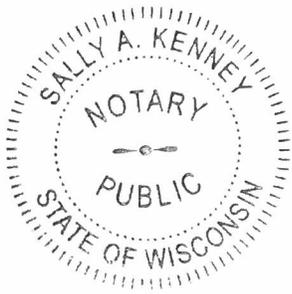
Name of Applicant: <u>Melissa M. Hartzheim</u>	
Address: <u>1320 Kay Dr</u>	
City, State, Zip: <u>Kaukauna, WI 54130</u>	County of Residence: <u>Outagamie</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>06/14/1988</u>	Place of Birth: <u>Appleton, WI</u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: <u>920-427-7717</u>
Driver's License Number: <u>H632-5538-8714-09</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Financial Services</u>	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Location where selling in the City: <u>Residential + Businesses</u>	
Home Company Name: <u>Edward Jones</u>	
Address: <u>141 W Wisconsin Ave, Suite 2, Kaukauna, WI 54130</u>	
Officer or Director of Company: <u>Penny Pennington</u>	Principal Place of Business (State): <u>MO</u>

Reference	Name: Gabriel Koch
	Address: 141 W. Wisconsin Ave, Suite 2, Kaukauna
	Telephone Number: 920-766-9425
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

Melissa Hartzheim Melissa Hartzheim
 Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this
8th day of Oct., 2024

Sally A. Kenney
 City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation	Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>	
Signature: <u>Brent Sawyer</u>	
Explain, if denied:	
City Council Action:	Date granted/denied: License No.

OCT 17 2024

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OCT 18 2024

BY: _____



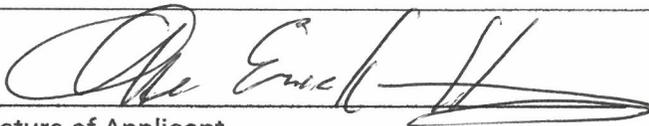
POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00
Sellers Permit No. 456-1026832168-02

Receipt No. CS4856
Date Paid 10/15/2024 10.17.24

Name of Applicant: Otto Erich Krueger	
Address: 1574 Crystal Springs Avenue	
City, State, Zip: Oshkosh, WI 54902	County of Residence: Winnebago
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): 01/27/1951	Place of Birth: Oshkosh, WI
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: 920-410-5430
Driver's License Number: K626-6455-1027-04	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Christmas balloons and light-up items	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: Along Kaukauna holiday parade	
Home Company Name: Midwest LLC	
Address: 1574 Crystal Springs Avenue, Oshkosh, WI 54902	
Officer or Director of Company: Otto Krueger	Principal Place of Business (State): WI

Reference	Name: Sandra Basel
	Address: 137 W. 22nd Avenue, Oshkosh, WI 54902
	Telephone Number: 920-231-3434
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Stevens Point, La Crosse, Menasha	



Signature of Applicant

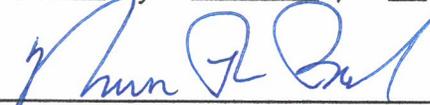
STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

15th day of October, 2024.



City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation	Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>	
Signature:  10-21-24	
Explain, if denied:	
City Council Action:	Date granted/denied: License No.

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OCT 17 2024

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OCT 18 2024



BY: _____
**POLICE INVESTIGATION REPORT AND APPLICATION
FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT
MERCHANTS LICENSE**

Investigation Fee - \$15.00
Sellers Permit No. 456-1026832168-02

Receipt No. _____
Date Paid 10/15/2024

Name of Applicant: Patricia Lynn Krueger	
Address: 1574 Crystal Springs Avenue	
City, State, Zip: Oshkosh, WI 54902	County of Residence: Winnebago
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): 01/27/1951	Place of Birth: Oshkosh, WI
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Telephone Number: 920-235-0868
Driver's License Number: K626-6925-2516-02	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Christmas balloons and light-up items	
Will you be selling products delivered at sale? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: Along Kaukauna holiday parade	
Home Company Name: Midwest LLC	
Address: 1574 Crystal Springs Avenue, Oshkosh, WI 54902	
Officer or Director of Company: Otto Krueger	Principal Place of Business (State): WI

Reference	Name: Sandra Basel
	Address: 137 W. 22nd Avenue, Oshkosh, WI 54902
	Telephone Number: 920-231-3434
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Stevens Point, La Crosse	

Patricia L. Kueger
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this

15th day of October, 2024.

[Signature]
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation	Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>	
Recommend Approval <input checked="" type="checkbox"/>	Recommend Denial <input type="checkbox"/>	
Signature: <u>[Signature]</u>	<u>10-21-24</u>	
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.

RECEIVED
OCT 17 2024

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OCT 18 2024

BY: _____



POLICE INVESTIGATION REPORT AND APPLICATION FOR PEDDLERS, CANVASSERS, SOLICITORS, AND TRANSIENT MERCHANTS LICENSE

Investigation Fee - \$15.00
Sellers Permit No. _____

Receipt No. CS4857
Date Paid 10.17.24

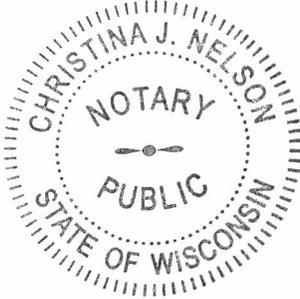
Name of Applicant: Ryan Pomerening	
Address: 723 S. Timmers Ln.	
City, State, Zip: Appleton, WI	County of Residence: Outagamie
If less than two years at the above address, please list all addresses in the last two-year period: 622 S. 1st St. Guttenberg, IA 52052	
Date of Birth (Month/Day/Year): 10/18/1988	Place of Birth: Boscobel, WI
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: 608-412-3888
Driver's License Number: P565-7308-8378-03	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) Financial Services (Not really "selling" so much as introducing myself and getting to know people)	
Will you be selling products delivered at sale? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Will you be getting orders for products/services to be delivered in the future? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City: 141 W. Wisconsin Ave. Suite 2 Kaukauna, WI 54130	
Home Company Name: Edward Jones	
Address: 12555 Manchester Rd. St. Louis, MO 63131 (Corporate address. My office will be in Kaukauna)	
Officer or Director of Company: Penny Pennington	Principal Place of Business (State): WI

Reference	Name: Jeff Koch
	Address: 141 W. Wisconsin Ave. Suite 2 Kaukauna, WI 54130
	Telephone Number: 920-759-9610
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	

Jeff Koch
Signature of Applicant

STATE OF WISCONSIN OUTAGAMIE COUNTY

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete true and correct answers to each question.



Subscribed and sworn to before me this
17 day of October, 2024.

Christina J. Nelson
City Clerk or Notary Public

FOR OFFICE USE ONLY

Police Department Recommendation	Bond Required - Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommend Approval <input checked="" type="checkbox"/> Recommend Denial <input type="checkbox"/>	
Signature: <u><i>Paul Siefert</i></u> <u>10-21-24</u>	
Explain, if denied:	
City Council Action:	Date granted/denied: License No.