

# HEALTH AND RECREATION COMMITTEE

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



Monday, April 20, 2026 at 6:10 PM

## AGENDA

### In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
  - a. Producer Full-Service Retail Sales Application to Stone Arch Brewpub for Electric City River Jam on June 19 and 20, 2026 from 4:30 PM to 10:30 PM.
  - b. Special Event request to the Kaukauna Police Department for their open house on 5/13/26 from 5:00-6:30PM.
  - c. Special Event request to KASD and Kaukauna Police Department for Breaking Boundaries Triathlon on 5/15/26 from 9:00am-12:00pm.
  - d. Special event and amplified noise request to Fox Cares Foundation & Fox Communities Credit Union for Bike to the Beat on 8/1/26 from 7:00am-3:00pm.
  - e. Special Event and amplified noise request to Chris Wachel for Riverside Rally on 5/9/26 from 8:00 am-3:00pm.
  - f. Special Event and amplified noise request to Wisconsin Block Party/Kaukauna Athletic Club for Wisconsin Block Party on 9/19/26 from 8:00am-11:30pm.
  - g. Special Event request to Fleet Feet Fox Valley for The Big Run 5k on 6/3/26 from 4:00-8:30pm.
  - h. Special Event and amplified noise request to Fox Family Endurance Event, Inc. for the Firecracker 5k & Kids Run on 7/3/26 from 10:00am-8:00pm, 7/4/26 from 5:00am-11:00am.
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.\*

Form  
**AB-105**

# Producer Full-Service Retail Sales Application

Date  
03/10/2026

### Part A: Producer Information

1. Business Legal Name (individual name if sole proprietor) Stone Arch Brewpub, Inc.		
2. Business Name or DBA Stone Arch Brewpub	3. Agent Name Steven T. Lonsway	
4. FEIN 47-0943823	5. Wisconsin Seller's Permit Number 456-0002131926-03	
6. Wisconsin Producer Permit Number BRWISTO15000	7. Producer Type <input checked="" type="checkbox"/> Brewery <input type="checkbox"/> Winery <input type="checkbox"/> Liquor Manufacturer/Rectifier	
8. Contact Person's First Name Steve	9. Last Name Lonsway	10. M.I. T.
11. Contact Person's Phone (920) 735-0507	12. Contact Person's Email steve@stonearchbrewpub.com	

### Part B: Production Quantity

**Note:** Check appropriate quantity for permit held (see instructions). If you hold more than one producer permit, check the total aggregate quantity produced for each type of permit. Enter the highest quantity produced in any of the last three calendar years.

Brewery	Manufacturer/Rectifier	Winery
<input type="checkbox"/> Less than 250 barrels	<input type="checkbox"/> Less than 1,500 liters	<input type="checkbox"/> Less than 1,000 gallons
<input checked="" type="checkbox"/> 250 - 2,499 barrels	<input type="checkbox"/> 1,500 - 4,999 liters	<input type="checkbox"/> 1,000 - 4,999 gallons
<input type="checkbox"/> 2,500 - 7,499 barrels	<input type="checkbox"/> 5,000 - 34,999 liters	<input type="checkbox"/> 5,000 - 24,999 gallons
<input type="checkbox"/> 7,500 or more barrels	<input type="checkbox"/> 35,000 or more liters	<input type="checkbox"/> 25,000 or more gallons
Calendar year: 2025	Calendar year:	Calendar year:
Quantity: 1,444	Quantity:	Quantity:

### Complete only ONE of Part C, D or E.

#### Part C: Request for Full-Service Retail Sales at the Production Premises

1. Start Date	2. Production Premises Address		
3. City	4. State	5. Zip Code	
6. County	7. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:		

#### Part D: Request for Fixed Full-Service Retail Outlet

1. Are you transferring one fixed full-service retail outlet to a new location? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete boxes 2 through 9.		
2. Current Outlet Name		
3. Current Outlet Premises Address 1004 South Olde Oneida Street		
4. City	5. State	6. Zip Code
7. County	8. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of:	9. Premises Phone Number

Continued →

<b>Part D: Request for Fixed Full-Service Retail Outlet (Cont.)</b>			
<b>New Fixed Retail Outlet Information (complete boxes 10 through 23)</b>			
10. Start Date	11. New Outlet Name		
12. New Outlet Premises Address			
13. City	14. State	15. Zip Code	
16. County	17. Governing Municipality <input type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village		18. Premises Phone Number
19. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, 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.			
20. Will you operate a restaurant on the premises? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
21. What alcohol beverages will be offered for sale? (check all that apply) .... <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
22. What alcohol beverages does the permittee produce? (check all that apply) <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
23. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

<b>Part E: Request for Unlimited Transfer Full-Service Retail Outlet</b>			
1. Name of Event (if applicable) Electric City River Jam			
2. Dates of Operation (attach a schedule, if necessary) June 19 & 20, 2026		3. Hours of Operation 4:30 pm to 10:30 pm	
4. Premises Address 100 Crooks Avenue			
5. City Kaukauna		6. State WI	7. Zip Code 54130
8. County Outagamie		9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Kaukauna	
10. Organizer of Event (if not the named applicant) Allison Engels		11. Email and/or Phone Number for Organizer of Event aengels@kaukauna.gov 920.766.6335	
12. Organizer Website www.kaukauna.gov		13. Event Website kaukauna.gov/electric-city-river-jam/	
14. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages are produced, 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.  We will serve product from our refrigerated trailer parked at the north central area of Hydro Park in Kaukauna. The coordinates are 44.27716, -88.26937. Map of location is also attached.			
15. On-Site Contact (Last Name, First Name) Steve Lonsway		16. On-Site Contact Phone (920) 915-4279	17. On-Site Contact Email steve@stonearchbrewpub.com
18. Will you operate a restaurant on the premises? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
19. What alcohol beverages will be offered for sale? (check all that apply) .... <input checked="" type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
20. What alcohol beverages does the permittee produce? (check all that apply) <input checked="" type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Intoxicating Liquor (other than wine)			
21. How will customers be served? (check all that apply) ... <input type="checkbox"/> Samples <input checked="" type="checkbox"/> On-premises consumption <input type="checkbox"/> Off-premises consumption			

**Part F: Attestation**

Who must sign this application?


- sole proprietor
- general partner of a partnership
- corporate officer
- member of an LLC

**READ CAREFULLY BEFORE SIGNING:**

I understand and agree to the following:

- I will not operate this location outside of the dates and times approved by the municipality and Division of Alcohol Beverages.
- I will operate this location according to municipal ordinance and restrictions imposed as a condition of receiving this authorization.
- I will purchase alcohol beverages I do not produce from an authorized source, such as a Wisconsin-permitted wholesaler.
- I will operate this location according to Wisconsin law and administrative regulation including but not limited to: underage restrictions, closing hours, licensed operators, and record keeping requirements.

Further, 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 business and not on behalf of any other individual or entity seeking the authorization. Further, I agree that the rights and responsibilities conferred by the authorization, if granted, will not be assigned to another individual or entity. I understand that lack of access to any portion of a premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this authorization. I understand that any authorization issued contrary to Wis. Stats. Chapter 125 shall be void under penalty of Wisconsin 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.

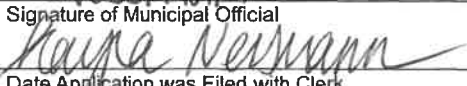
Signature 		Date 03/10/2026	
Last Name Lonsway		First Name Steve	M.I. T.
Title President	Email steve@stonearchbrewpub.com		Phone

**Part G: For Municipal Use Only (Complete if Requesting Authorization in Part D or E)**

1. Will the municipality limit the scope of alcohol beverages offered for sale? .....  Yes  No

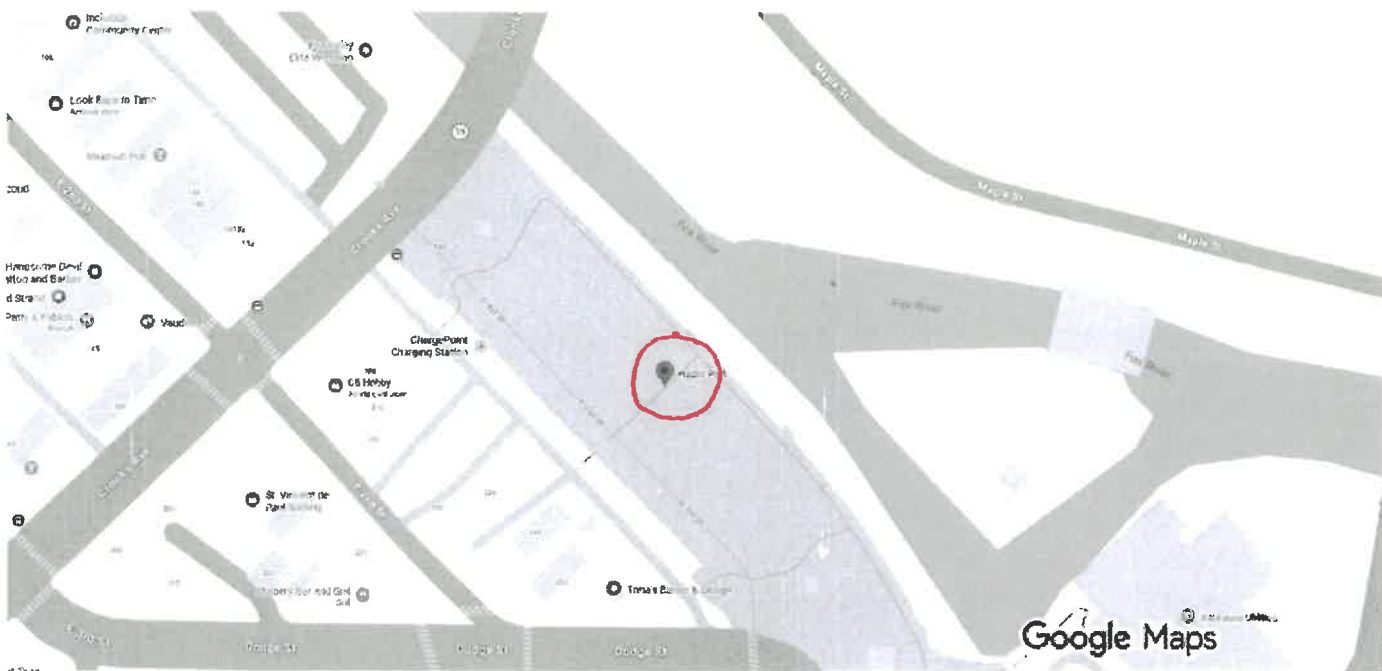
2. Will the municipality impose any requirements or restrictions for the full-service retail outlet? .....  Yes  No

3. Describe municipal restrictions indicated in questions 1 or 2 above.

4. Last Name of Municipal Official Nessmann		5. First Name Kaya		6. M.I. L	
7. Signature of Municipal Official 			8. Date 4/14/26		
9. Date Application was Filed with Clerk 4/13/26			10. Date Full-Service Retail Outlet Approved by Governing Body		

# Google Maps

## Hydro Park



Imagery ©2026, Map data ©2026 Google 50 ft



## Hydro Park

4.6 ★★★★★ (99)  
Park · 📍

Overview

Reviews

About



Directions



Save



Nearby



Send to phone



Share

Entry (ID 249660)

Show empty fields

## Applicant Information

<b>Event Coordinator Name</b>	Jamie Graff
<b>Phone</b>	9207666333
<b>Email</b>	jgraff@kaukauna-wi.org
<b>Phone Number for day of the event</b>	9207666333

## Organization Information

<b>Sponsoring Organization's Name</b>	Kaukauna Police Department
<b>Organization Address</b>	144 W. 2nd St. Kaukauna, Wisconsin 54130
<b>Are you a 501(3) C Organization?</b>	No
<b>Will alcohol be sold? (Must be a qualifying non-profit organization, see application in the above checklist)</b>	No

## Event Information

**Name of event** Kaukauna Police Department open house

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

**Date of the Event** May 13, 2026

**Event start time (include set up time)** 5:00 PM

**End time (include take down time)** 6:30 PM

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

**Describe your event and its purpose** Police Department Open house

**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

**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?** Yes

**Will your event be inside or outside?** Outside

**Please upload a map/route/location**



Screenshot-2026-04-14-135349.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):**

KPD open house. Blocking off Reaume Av. @ 2nd St. to FD back driveway to place to new fire truck on street for display.

### Additional Services & Equipment

**Select all that apply:**

Picnic tables (\$7 per picnic table), Garbage carts (\$4 per cart), Recycling carts (\$4 per cart), Barricades (\$2 per barricade per day)

**How many picnic tables do you need?** 4

**How many garbage carts do you need?** 2

**How many recycling carts do you need?** 2

**How many barricades do you need?** 7

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

**Signature**



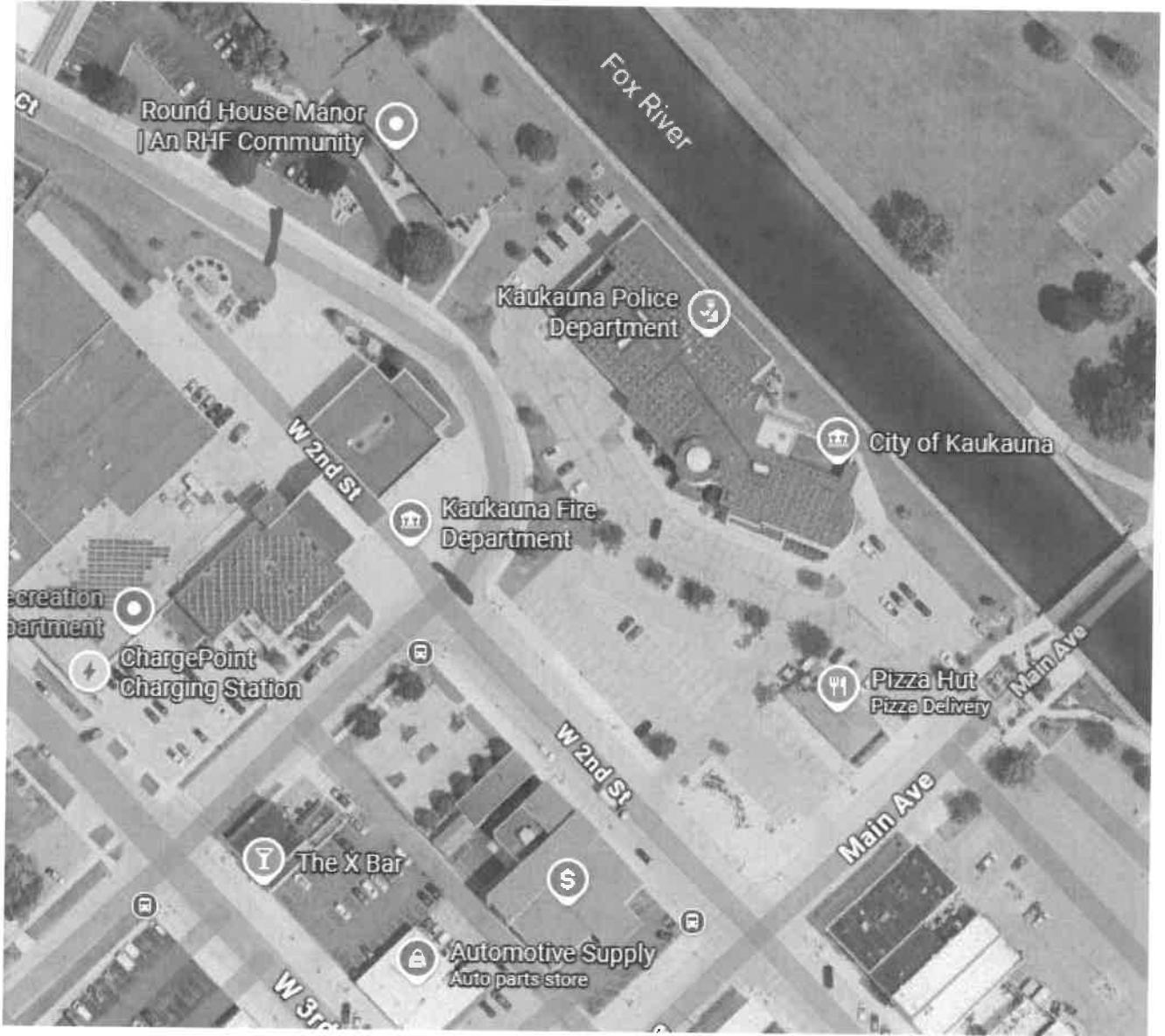
**Comments/Notes**

**Entry Details**

 Submitted: **Apr 14, 2026 at 2:12 pm**

 Entry ID: **249660**

 Entry Key: **uur52**



Entry (ID 249536)

Show empty fields

Applicant Information

**Event Coordinator Name**

Adam Vander Hyden

**Phone**

[REDACTED]

**Email**

[REDACTED]

**Phone Number for day of the event**

920-419-6585

Organization Information

**Sponsoring Organization's Name**

Kaukauna Area School District along with the Kaukauna Police Department

**Organization Address**

1701 CTH CE  
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

<b>Name of event</b>	Breaking Boundaries Triathlon
<b>How long is your event?</b>	My event is one day only
<b>Date of the Event</b>	May 15, 2026
<b>Event start time (include set up time)</b>	9:00 AM
<b>End time (include take down time)</b>	12:00 PM
<b>Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)</b>	200
<b>Describe your event and its purpose</b>	Triathlon for students with disabilities
<b>Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)</b>	Yes
<b>If you have it, please upload a copy of your certificate of insurance here. If you will be getting it from your insurance company in the future, please email to <a href="mailto:specialevents@kaukauna.gov">specialevents@kaukauna.gov</a> once you have it. Community Enrichment staff will reach out to each organization to verify their certificate of insurance.</b>	 <p>Proof-of-Insurance_Kaukauna-Area-School-District_2526-GL_3-24-2026_1423311152.pdf</p>
<b>Health Department</b>	
<b>Will food be prepared and/or served at the event?</b>	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**

Tri-Map.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):**

Run/Walk

**Additional Services & Equipment**

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

**Signature**



**Comments/Notes**


**Entry Details**

 Submitted: **Mar 25, 2026 at 10:26 am**

 Entry ID: **249536**

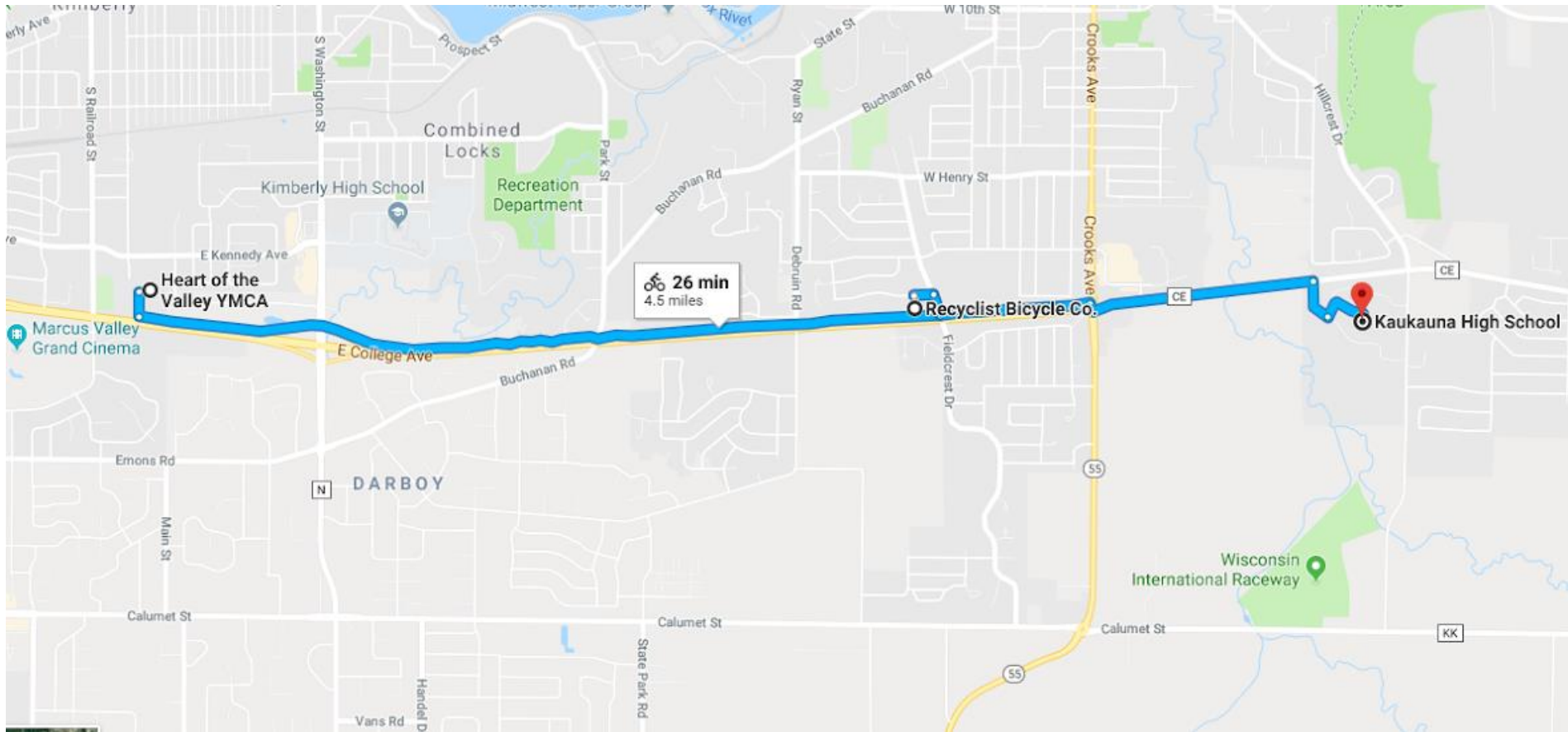
 Entry Key: **f7wpq**

**User Information**

 IP Address: **216.56.162.195**

 Browser/OS: **Google Chrome 146.0.0.0 / Windows**





< Entry 3 of 10 >

Entry (ID 242361)

Show empty fields

Applicant Information

**Event Coordinator Name** Luke Freitag

**Phone** [REDACTED]

**Email** [REDACTED]

**Phone Number for day of the event** 920-225-9632

Organization Information

**Sponsoring Organization's Name** Fox Cares Foundation/Fox Communities Credit Union

**Organization Address** 3401 E Calumet Street  
Appleton, Wisconsin 54915

**Are you a 501(3) C Organization?** Yes

**Attach IRS proof of designation**



IRS-  
Determination-  
Letter.pdf

**Will alcohol be sold? (Must be a qualifying non-profit organization, see application in the above checklist)**

Yes

**Upload a copy of the AB-220 application here:**



ab.Kaukauna-ab-220-Class-B-For-Signature.LF\_.pdf

## Event Information

**Name of event**

Bike to the Beat

**How long is your event?**

My event is one day only

**Date of the Event**

August 1, 2026

**Event start time (include set up time)**

7:00 AM

**End time (include take down time)**

3:00 PM

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

3000

**Describe your event and its purpose**

Bike to the Beat isn't just a bike ride -it's a party on wheels!! Picture this: you, your family, and friends cruising through scenic routes with the soundtrack of live music filling the air, and the smell of delicious food waiting at every stop. From cheesy, delicious pizza and crispy wings to legendary Scotcheroots and cheese curds, this ride is all about indulging while you pedal! With routes ranging from a breezy 7 miles to a challenging 53 miles, you set the pace. Stop as often as you like, soak in the music, grab a cold Bike to the Brew beer or refreshing beverage, and make memories along the way. Whether you're a

seasoned cyclist or finally dusting off that bike from the garage, this event is for YOU. And the best part? Every mile you ride supports the Fox Cares Foundation, helping make a difference in our community. So, come for the ride, stay for the fun, and leave knowing you've done something amazing. Ride. Rock. Repeat.

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

Yes

**If you have it, please upload a copy of your certificate of insurance here. Community Enrichment staff will reach out to each organization to verify their certificate of insurance.**



City-of-Kaukauna-COI.pdf

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**



2025-BTTB-Rest-Station-Leader-Instructions-Station-G-Kaukauna-Athletic-Field.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?**

Yes

**Please upload a completed copy of the Alcohol Permit**



ab.Kaukauna-ab-220-Class-B-For-Signature.LF\_-1.pdf

**Are you requiring street closures for your event?**

No

**Will your event be inside or outside?**

Outside

**Please upload a map/route/location**



Bike-to-the-Beat-route.pdf

**If having a park event, did you reserve the park?**

No

Event Activities

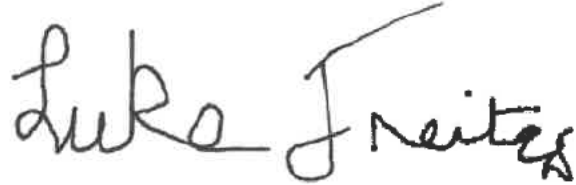
**What type of activities will be part of your event (please check all that apply):**

Amplified Music, Alcohol beverages, Temporary Tent/Structure, Concessions (other than food truck), Bicycle Ride

## Additional Services & Equipment

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

### Signature



### Comments/Notes


### Entry Details

 Submitted: **Mar 18, 2026 at 2:10 pm**

 Entry ID: **242361**

 Entry Key: **y60mx**

### User Information

 IP Address: **155.190.7.99**

 Browser/OS: **Google Chrome 146.0.0.0 / Windows**

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





Sign up

- Save
- Share
- Edit
- More

# 2025 BTTB Fox Cities - 53 Mile Route

By Sean Ryan

Details    Reviews & Comments (1)

📍 52.8 mi    + 1,405 ft    ↗ 6.3 %  
 ⌚ 00:00 ⬆    - 1,405 ft    ↘ -6.7 %

Send to Device

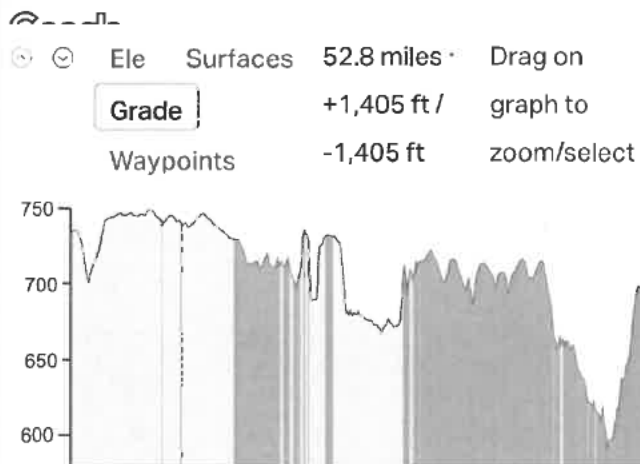
- 📍 Combined Locks, Outagamie County    🌐 Public (5,194 views)
- ✍ Created Sep 25, 2023    🔄 Updated Mar 3, 2025
- 🔗 Copy of 2023 BTTB Fox Cities - 57 Mile Route    👍 1 review

## Surfaces

■ Paved	44.9 mi	85%
▨ Unpaved	0.8 mi	2%
□ Unknown	7 mi	13%

## Cuesheet

- ▶ Start of Route    0.0 mi
- ⋮ 52.8 mi · +1,405 ft / -1,405 ft
- ◻ End of Route    52.8 mi





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

Part A: Organization Information			
1. Organization Name Fox Cares Foundation			
2. Organization Permanent Address 3401E Calumet St.			
3. City Appleton		4. State WI	5. Zip Code 54915
6. Mailing Address (if different from permanent address)			
7. FEIN 81-2961696	8. Date of Organization/Incorporation 06/16/20	9. State of Organization/Incorporation Wisconsin	
10. Phone (920) 993-3767	11. Email lfreitag@foxcu.org		
12. Organization type (check one)			
<input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Wisconsin Seller's Permit Number (if applicable)			

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
Kilsdonk	James	President	(920) 993-3767
Lodl	Ryn	Vice President	(920) 993-3767
William - Prince	Tracy	Secretary	(920) 993-3767
Woelfel	Trent	Treasurer	(920) 993-3767
Brown	Amanda	Executive Director	(920) 993-3767

Continued →


**Part C: Event Information**

1. Name of Event (if applicable) Bike to the Beat			
2. Dates of Operation Saturday August 1st 2026		3. Hours of Operation 7a-3p	
4. Premises Address Bayorgeon sports Complex 812 Dodge St. - Grignon Mansion 1313 Augustine St.			
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
11. Organizer of Event (if not the named applicant) Heather Wessley / Luke Freitag		12. Email and/or Phone Number for Organizer of Event lfreitag@foxcu.org	
13. Organizer Website <a href="https://foxcu.org/about-us/community">https://foxcu.org/about-us/community</a>		14. Event Website	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary.  Kaukauna Athletic fields - alcohol will be sold through the concession stands and the athletic club.  Grignon Mansion - beer will be served on the front lawn, not inside.			

**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 Brown	First Name Amanda	M.I.
Title Executive Director	Email abrown@foxcu.org	Phone (920) 993-3767
Signature 		Date 03/02/20

**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	



**BIKE TO THE BEAT**

**REST  
STATION  
LEADER  
MANUAL**

---

**LOCATION:  
KAUKAUNA ATHLETIC FIELD**

# 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

## EVENT OVERVIEW

The 9<sup>th</sup> Annual Fox Communities Credit Union Bike to the Beat will take place on Saturday, August 2, 2025. Organizers anticipate 3,000 riders in this non-competitive bike ride.

This year we expect 90% of the riders are expected to start at Christ the King Church in front of Kimberly High School. Roughly 10% of the riders will start at other locations along the course route.

Riders may choose from four routes starting at each location ranging from as short at 8 miles to as long as 53 miles. Riders attempting the longer routes are encouraged to start between 7 am and 8 am and all riders are advised to start by 10 am. The entire course route will close at 3:00 pm.

There will be seven rest station locations offering bike racks, food, beverages, and live music. The locations and hours are as follows:

<b>LOCATION</b>	<b>HOURS</b>
Christ the King Church / Kimberly High School <i>601 S. Washington Street, Combined Locks, WI</i>	7:00 am – 3:30 pm
Tanner’s Sports Grill & Bar <i>730 S. Railroad Street, Kimberly, WI</i>	7:00 am – Noon
Stone Arch Beer Garden <i>137C W Main St, Little Chute, WI</i>	7:00 am – 12:30 pm
Grignon Mansion <i>1313 Augustine Street, Kaukauna, WI</i>	7:30 am – 1:00 pm
Wrightstown Waterfront <i>High St &amp; Washington St, Wrightstown, WI</i>	7:30 am – 1:00 pm
Voyageur Park <i>100 William Street, De Pere, WI</i>	7:00 am – 1:00 pm
Kaukauna Athletic (Bayorgeon) Field <i>812 Dodge Street, Kaukauna, WI</i>	8:00 am – 2:30 pm

# 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

## COURSE MAP

**A** **Christ the King Church** 7 am-2:30 pm  
601 S Washington Street, Cannonwood Locks

7:00 am-7:30 am	• 1/2 chicken sandwich
7:30 am-10 am	• BBQ porkchop
10:30 am-11:30 am	• Pizza
11:30 am-12:30 pm	• Chips & salsa
12:30 pm-1 pm	• Sweet treats
	• Car (crab) bar
	• Beer or soda

**B** **Tanquer's Grill and Bar** 7 am-12 pm  
734 S Redwood Street, Kaitiaki

7 am-10:00 am	• After breakfast burrito
10:00 am-12 pm	• Homemade nutty chips
	• Waffles Ah! Oh!

**C** **Stone Arch Beer Garden** 7 am-12:30 pm  
137 W Kean Street, Ledsa Choke

7 am-9:30 am	• Pizza
9:45 am-10 am	• Foodst for the crisp bar
11 am-12:30 pm	• Coffee
	• Beer, soda or flav'd softdr

**D** **Grignon Mansion** 7:30 am-1 pm  
1313 Augusting Street, Kaitiaki

7:30 am-9 am	• Pork slider or hot dog
9:30 am-11 am	• Sausage
11:30 am-1 pm	• Stamp choose
	• Beer

**E** **Wrightstown Landing** 7:30 am-1 pm  
531 Washington Street, Wrightstown

7:30 am-1:45 pm	• Chicken wings
	• Pizza
	• Focia salad
	• PB&J sandwich
	• Soda
	• Lead table
	• Beer

**F** **Voyageur Park** 7 am-1:30 pm  
303 Field Street, Dr. Peire

7 am-10 am	• Chinese cur dis
10:15 am-11 am	• Hot dogs
11:15 am-11:30 am	• Chips with guac/sour
11:45 am-1 pm	• Davenport pretzel bite
11:45 am-1 pm	• Cookie or cinnamon
11:45 pm-1:30 pm	• BBQ bread
	• Hot beer/food
	• Beer or soda

**G** **Kaitiaki Athletic Field** 8 am-2:30 pm  
812 Dodds Street, Kaitiaki

8:30 am-9:15 am	• Beef
9:20 am-1:15 pm	• Popcorn
11:30 am-2:30 pm	• Food fillings/water
	• Cinnamon roll/on

**1**

**2**

**3**

From these locations at all locations:

- Water
- Gatorade
- Granola bar
- Banana
- Oranges
- Pickles
- PB&J sandwich

\*Not all tables equipped with porta-potty

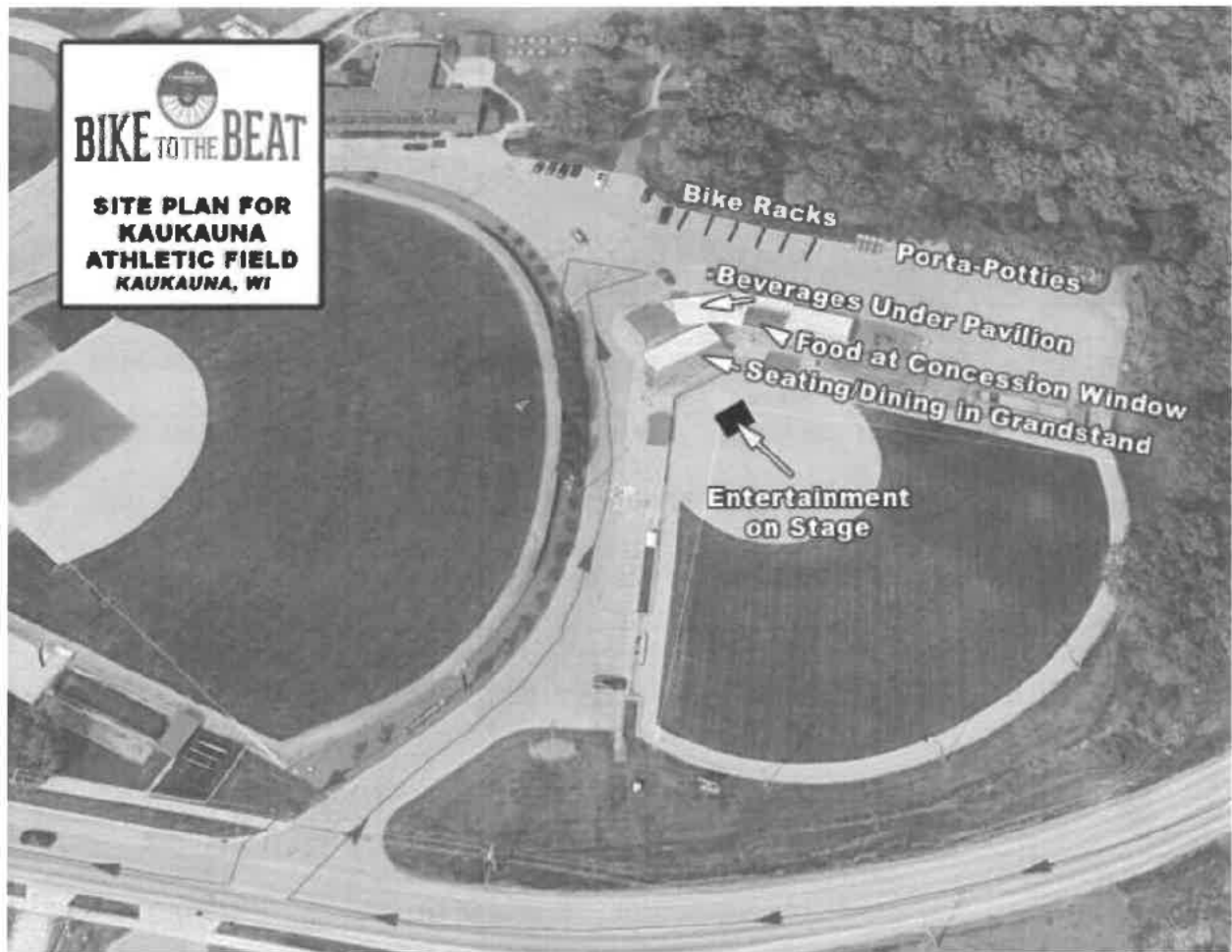
Scan for digital map route

**ONLINE COURSE MAP – CLICK HERE:**  
<https://ridewithgps.com/routes/44560967>



# 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

## SITE PLAN FOR YOUR LOCATION



### NOTES:

- No tents needed!
- (14) bike racks (capacity = 112 bikes)
- (3) porta-potties + (1) porta-sink
- (50) 28-inch orange road cones + (4) safety vests

# CONTACT INFORMATION

## RIDER ASSISTANCE PHONE NUMBERS

**(920) 419-2453 or (920) 419-2454**

### COURSE CONTACTS

<b>NAME</b>	<b>ROLE</b>	<b>EMAIL</b>	<b>PHONE</b>
Sean Ryan	Course Director Contracted Planner	director@fall50.com	(920) 606-2458
Jeff DesJardins	Fatigued Rider Pickup (North)	tuanjeff@hotmail.com	(920) 265-5809
Robert Myette	Fatigued Rider Pickup (Wrightstown)	tntbob@hotmail.com	(920) 217-3900
Dan Konop	Fatigued Rider Pickup (South)	dkonop@new.rr.com	(920) 246-0171
Reese Keyser	Dispatcher	rskeyser1130@gmail.com	(920) 360-7464
Brexton Piontek	Assistant Dispatcher	brextonpiontek@gmail.com	(920) 371-1565

### FOX COMMUNITIES CREDIT UNION (FCCU) MARKETING DEPARTMENT

<b>NAME</b>	<b>ROLE</b>	<b>EMAIL</b>	<b>PHONE</b>
Heather Wessley	Community Engagement	hwessley@foxcu.org	(920) 419-6684
Luke Freitag	Community Engagement	lfreitag@foxcu.org	(920) 225-9632

# 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

## CONTACT INFORMATION, continued

### REST STATION LEADERS @ CHRIST THE KING

NAME	ROLE	EMAIL	PHONE
Lindsay Schwab	Registration Co-Lead	lschwab@foxcu.org	(920) 858-4287
Amanda Brown	Registration Co-Lead	abrown@foxcu.org	(920) 851-9990
Andy Wilson	Volunteer Lead	awilson@foxcu.org	(920) 791-7565
Luke Freitag	Community Engagement	lfreitag@foxcu.org	(920) 225-9632
Bobby Jack	Set Up / Break Down	Trypeace53@gmail.com	(920) 412-4126
Derek Fuller	Set Up / Break Down	dfuller810@gmail.com	(920) 264-5028
Mitch Cole	Set Up / Break Down	Mitchell_cole@icloud.com	(920) 246-3685
Luke Freitag	Station Leader	lfreitag@foxcu.org	(920) 225-9632
Sarah Harms	Food Co-Lead	sharms@foxcu.org	(262) 498-1642
Julie Hoerth	Food Co-Lead	jhoerth@foxcu.org	
Mike Schmidt	Parking Co-Lead	Dr.wood@sbcglobal.net	(920) 858-2657
Julie Frechette	Parking Co-Lead	jfrechette@foxcu.org	(920) 590-0332
Vincent Bauer	Bike Tech / Scheel's	vbauer567@gmail.com	(920) 915-5890
David Lenz	Bike Tech / Scheel's	yadavidlenz@gmail.com	(920) 954-3139

### REST STATION LEADERS @ TANNER'S BAR & GRILL

NAME	ROLE	EMAIL	PHONE
Bryant Kazik	Food Co-Lead	bkazik@foxcu.org	(920) 224-5560
Susan Kazik	Food Co-Lead		(920) 224-5559
Blake Maxwell	Set Up / Break Down	Blake.maxw03@gmail.com	(920) 264-4373
Decker Menne	Set Up / Break Down	ddogop@gmail.com	(920) 530-1786
Matt Schuster	Bike Tech / Recyclist	schusm64@gmail.com	(920) 234-0696

### REST STATION LEADERS @ STONE ARCH TIED HOUSE

NAME	ROLE	EMAIL	PHONE
Melanie Draheim	Food Lead	mdraheim@foxcu.org	(217) 722-3000
Tommie Preslaski	Food Assistant	tpreslaski@foxcu.org	(920) 636-6772
Chris Allen	Assisting		
Hayden Kapalin	Set Up / Break Down	hkapalin@gmail.com	(920) 634-9864
Brexton Piontek	Set Up / Break Down	brextonpiontek@gmail.com	(920) 371-1565
Reese Keyser	Dispatcher	rskeyser1130@gmail.com	(920) 360-7464
Petar Tomich	Bike Tech	petar.tomich@gmail.com	(920) 851-6545

### REST STATION LEADERS @ GRIGNON MANSION

NAME	ROLE	EMAIL	PHONE
Nicole Hanneman	Food Lead	nhanneman@foxcu.org	(920) 707-4574
Krista Draheim	Food Assistant	kdraheim@foxcu.org	(920) 882-6336
Dylan Price	Set Up / Break Down	dylanprice640@gmail.com	(920) 632-8636
Ben Fitzgerald	Set Up / Break Down	ben@peninsulapacers.com	(920) 421-1509
Gerard Rajek	Bike Tech / Recyclist		(920) 713-4460

# 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

## CONTACT INFORMATION, continued

### REST STATION LEADERS @ WRIGHTSTOWN WATERFRONT

NAME	ROLE	EMAIL	PHONE
Angie Zich	Food Co-Lead	azich@foxcu.org	(920) 410-8271
Hannah Terrell	Food Co-Lead	hterrell@foxcu.org	(920) 642-3816
Stephanie Sabatke	Food Co-Lead	ssabatke@foxcu.org	(715) 741-0268
Tiffany Van Eperen	Food Co-Lead	tvaneperen@foxcu.org	(920) 915-9566
Noah Ryan	Set Up / Break Down	noahwr1971@gmail.com	(920) 493-6624
Charlie Schott	Set Up / Break Down	charliesgb916@gmail.com	(920) 662-3797
Lorenzo Abud	Set Up / Break Down	lorenzo.abud24@gmail.com	(920) 265-6681
Sam DeJardin	Bike Tech / Pete's Garage	sam@petesgarage.com	(920) 600-4799
Keaton Somerville	Bike Tech / Pete's Garage	keaton@petesgarage.com	(920) 737-1378

### REST STATION LEADERS @ VOYAGEUR PARK

NAME	ROLE	EMAIL	PHONE
Mary Gould	Food Co-Lead	mgould@foxcu.org	(920) 540-6313
Jennifer Nelsen	Food Co-Lead	jnelson@foxcu.org	(920) 366-0397
Carly Stade	Station Assistant	cstade@foxcu.org	(920) 290-9377
Redd Cleveland	Set Up / Break Down	reddcleve06@gmail.com	(920) 413-9764
Elijah Santiago	Set Up / Break Down	e97santiago@gmail.com	(920) 360-8978
Isaiah Santiago	Set Up / Break Down	gordo4251914@gmail.com	(920) 366-4711
Randy Bailey	Bike Tech / Stadium Bike	randy@stadiumbike.com	(920) 360-3780
Leah Gates	Bike Tech / Stadium Bike	leah@stadiumbike.com	

### REST STATION LEADERS @ KAUKAUNA ATHLETIC FIELD

NAME	ROLE	EMAIL	PHONE
Adam Hatlak	Food Co-Lead	ahatlak@foxcu.org	(920) 246-3085
Kris Hackbarth-Horn	Food Co-Lead	khackbarth-horn@foxcu.org	(920) 858-6805
Chrissie Stoychoff	Food Co-Lead	cstoychoff@foxcu.org	(920) 246-4107
Gavin Pinchart	Set Up / Break Down	gavinpinchart@gmail.com	(920) 609-7375
Carly Black	Set Up / Break Down	bcarlotta2007@gmail.com	(920) 609-5224
Archer Munson	Bike Tech / Recyclist	archermunson@icloud.com	(920) 850-2344

# 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

## CONTACT INFORMATION, continued

### PUBLIC SAFETY CONTACTS

NAME	DEPARTMENT	EMAIL	PHONE
Andy Sell	Brown County Highway Department	sell_al@co.brown.wi.us	W (920) 662-2174 C (920) 609-4020
Andrew Jacobs	Wisconsin State Patrol	Andrewj.jacobs@dot.wi.gov	W (920) 929-3700 C (920) 284-0002
Brad Sanderfoot	Kaukauna Police Department	sanderbj@kaukauna-wi.org	W (920) 766-6332 C (920) 419-4582
Chad Opicka	De Pere Police Department	copicka@mail.de-pere.org	W (920) 339-4084 C (920) 621-1230
Craig Schneider	Kaukauna Fire Department	cschneider@kaukauna.gov	W (920) 766-6320 C (920) 422-2265
Dale Raisleger	Brown County Highway Department	Raisleger_DE@co.brown.wi.us	W (920) 662-2173 C (920) 621-5087
Dean Steingraber	Outagamie County Highway Department <i>Commissioner</i>	dean.steingraber @outagamie.org	W (920) 832-5673
Patrick Pajot	Wrightstown Police <i>Chief</i>	ppajot@wrightstown.us	W (920) 532-6007 C
Holly Femal	Village of Kimberly <i>Community Enrichment Coordinator</i>	hfemal@vokimberly.org	W (920) 788-7507
Jasen Surin	Village of Little Chute Public Works Dept	jasen@littlechutewi.org	W (920) 687-5330
Jedd Bradley	De Pere Police Department	jbradley@mail.de-pere.org	W (920) 339-4084
Jeremy Slotke	Fox Valley Metro PD	jeremy.slotke@fvmpd.org	W (920) 788-7505
Jody Lemmens	Brown County Sheriff's Department	Jody.lemmens @browncountywi.gov	W (920) 448-4204 C (920) 819-0710
Joe Zellmer	Outagamie County Highway Department <i>Engineer</i>	Joseph.Zellmer@outagamie.org	W (920) 209-9807
Ken Wiedenbauer	Combined Locks Fire & Rescue <i>Fire &amp; EMS Chief</i>	clfdems@combinedlocks.org	W (920) 810-9112
Laurie Decker	Village of Little Chute <i>Village Clerk</i>	laurie@littlechutewi.org	W (920) 423-3852
Mark Moderson	City of Appleton Police Department	mark.moderson@appleton.org	W (920) 832-5836 C (920) 419-5171
Lea Taylor	De Pere Fire Rescue	ltaylor@deperewi.gov	W (920) 339-2467
Nathan Borman	Outagamie County Sheriff's Department	nathan.borman@outagamie.org	W (920) 832-5499
Nick Romenesko	Gold Cross Ambulance Service	nromenesko@goldcross.org	W (920) 967-6068 C (920) 450-2923
Terri Smith	Kimberly Fire Department	kimberlyems@vokimberly.org	W (920) 851-5187
Terri Winske	Aegis Group (formerly County Rescue Services)	TWinske@groupaegis.com	W (920) 884-3010
Tyler Van Handel	Outagamie County Sheriff's Department	Tyler.vanhandel@outagamie.org	W (920) 832-5605 C (920) 450-7462

# 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

## MEDICAL COVERAGE

Organizers plan to have medical coverage at each of the rest stations and along busier sections of the course. These include:

### **Christ the King Church / Kimberly High School**

Time: 7 am – 3:30 pm

Agency Covering: Kaukauna Fire Department

Contact: Craig Schneider, (920) 422-2265, cschneider@kaukauna.gov

### **Tanner's Bar & Grill**

Time: 7 am – 12 pm

Agency Covering: Kimberly Fire & Rescue

Contact: Terri Smith, (920) 851-5187, kimberlyems@vokimberly.org

### **Stone Arch Tied House**

Time: 7 am – 12:30 pm

Agency Covering: Gold Cross

Contact: Nick Romenesko, (920) 450-2923, nromenesko@goldcross.org

### **Grignon Mansion**

Time: 7:30 am – 1:00 pm

Agency Covering: Kaukauna Fire Department

Contact: Craig Schneider, (920) 422-2265, cschneider@kaukauna.gov

### **Wrightstown Waterfront**

Time: 7:30 am – 1:00 pm

Agency Covering: Aegis (formerly County Rescue Services)

Contact: Terri Winske, (920) 884-3010, twinske@groupaegis.com

### **Voyageur Park**

Time: 7 am – Noon

Agency Covering: None > Use 911 EMS

Agency Nearby: De Pere Fire Department (2 minutes away)

Contact: Lea Taylor, (920) 339-2467, ltaylor@deperewi.gov

### **Kaukauna Athletic Field (Bayorgeon Field)**

Time: 8 am – 2:30 pm

Agency Covering: Kaukauna Fire Department

Contact: Craig Schneider, (920) 422-2265, cschneider@kaukauna.gov

### **Route: Village of Combined Locks**

Time: 7 am – 2 pm

Agency Covering: Combined Locks Fire Department

Contact: Ken Wiedenbauer, (920) 810-9112, clfdems@combinedlocks.org

### **Route: Village of Kimberly**

Time: 7 am – 2 pm

Agency Covering: Kimberly Fire Department

Contact: Terri Smith, (920) 851-5187, kimberlyems@vokimberly.org

## 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

# SAFETY STATEMENT

***Safety of the riders is our highest priority.***

*Bike to the Beat is a non-competitive, casual bike ride for people of all ages and abilities. It is not a timed race and there are no prizes for speed or time.*

*Participants are discouraged from racing in the event and are encouraged to obey all traffic signals and rules of the road. They should not blow through stop signs or red lights. They should stay to the shoulders of the road and try to ride single file on narrow roads and no more than two abreast along quieter sections of the course including recreational trails.*

*The organizers do not request any road closures or intersection closures to accommodate the participants. They do work with local public safety agencies to help heighten awareness for local motorists that an increased number of riders will be present on local roads. Certain intersections deemed “of concern” such as Washington & Kennedy and Kennedy & Railroad will have dedicated officers present during the event. They are there to alert and slow down motorists as well as to ensure that the cyclists follow the rules of the road.*

## COMMUNICATIONS

You may use the contact lists at the front of this binder to reach out to specific staff members or public safety representatives. As an alternative, you can consider using the free Zello app (available in the iTunes or Google Play store). This app turns your smartphone into a two-way radio using, facilitating quick push-to-talk messaging that goes out to everyone on a given channel. We have created the “BTTB Course Team” channel specifically for the course staff and rest station leaders to use. Here are the instructions for adding the app and using it to communicate with the staff on race day.



### **COMMUNICATION INSTRUCTIONS FOR COURSE TEAM**

**We will be using the ZELLO app to communicate two-way-radio-style on ride day. Here are the instructions for the bike technicians and SAG:**

- 1. Go to the Google Play (Android devices) or Apple App Store (Apple devices).**
- 2. Search for and install the free ZELLO WALKIE TALKIE app.**
- 3. Set up your own account. Consider adding a photo of yourself.**
- 4. Click on Channels, then the “+” button on the bottom right, then “Find a channel.”**
- 5. Search for “BTTB Course Team.”**
- 6. Click on “Add Channel.”**
- 7. Once added, you may click on the channel, hold down the microphone button until you hear a chirping noise, identify yourself, state your message, and release. This will relay the message to the entire group.**
- 8. Test the app in advance by calling out your name and “radio check” on the channel.**
- 9. Make sure the app is open and running in the background on ride day to function.**

***NOTE: Wireless earbuds or headphones are recommended for use with this app to make it easier to hear other people speaking.***

# 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

## MENU FOR YOUR STATION

### FEATURED ITEMS (AVAILABLE AT YOUR LOCATION)

ITEMS (SOURCE)	PLANNED	RECEIVED	LEFT AFTER
Brats (Festival Foods)	1,350		
Brat Buns (Festival Foods)	65 packages		
Ketchup	6 bottles		
Mustard	4 bottles		
Cherry Cobbler (Meade Street Bistro) 4 oz cups	TBD		
Cinnamon Nachos (Sweet Treats)	1,800 servings		
Popcorn	Plenty		
Beer / Seltzers	Plenty		

### STAPLE ITEMS (AVAILABLE AT ALL LOCATIONS)

ITEMS	PLANNED	RECEIVED	LEFT AFTER
Water Jugs (5-gal jugs)	30		
Gatorade (51-oz bags)	6		
Granola Bars (8-count cases)	64		
Bananas (100-count cases)	4		
Oranges (72-count cases)	1		
Pickles (12-count cases)	24		
Peanut Butter (jars)	3		
Jelly (jars)	2		
Bread (loaves)	6		

*\*Rest Station Leaders: Please record the quantity received at the beginning of your shift and left after the ride at the end of your shift (the sections highlighted in yellow) so we can calculate how much you used and adjust for future rides.*

### AFTER THE EVENT

Set up / take down crew should bring leftover food items back to Christ the King Church.

### MUSIC SCHEDULE FOR YOUR STATION

7:30 AM – 9:15 AM	Tyler SJ
9:30 AM – 11:15 AM	Walt Hamburger
11:30 AM – 1:00 PM	Simon Cropp
1:00 PM – 2:30 PM	Marques Morel


# 2025 BIKE TO THE BEAT – REST STATION LEADER MANUAL

## FOOD CARD

Riders must present these cards to obtain featured (limited supply) items at the rest stops along the course route. If a rider loses the card, they are out of luck.

We will not be offering replacement cards.

### SIDE ONE



**Must present card to enjoy the specialty food items below**  
-While supplies last-

**Christ The King 7 am-3:30 pm**

- 1/2 Chicken Sandwich
- BBQ parfait
- Pizza
- Sweet treat
- Ice cream bar
- Coffee
- Beer or soda

**Tanner's Grill and Bar 7 am-12 pm**

- Mini breakfast burrito
- Homemade kettle chips with 'Rattler Ale Dip'

**Stone Arch 7 am-12:30 pm**

- Pizza
- Peanut butter crisp bar
- Iced coffee
- Beer, soda or hard seltzer
- Chocolate milk

**Grignon Mansion 7:30 am-1 pm**

- Pork slider or hot dog
- String cheese/beef stick
- Beer

### SIDE TWO

**Wrightstown 7:30 am-1 pm**

- Chicken wings
- Pizza
- Pasta salad
- PB&J sandwich
- Scone
- Iced latte
- Beer

**Voyageur Park 8 am-1 pm**


- Cheese curds
- Root beer float
- Hot dog
- Chips with salsa/guac
- Bavarian pretzel bite
- Granola
- Cookie or cinnamon bread
- Beer

**Kaukauna Athletic Field 8 am-2:30 pm**

- Brat
- Popcorn
- Cinnamon nachos
- Cherry cobbler (gluten free)

**Non-specialty food items available at every stop**

- PB&J
- Pickles
- Oranges
- Bananas
- Granola bar
- Water & Gatorade



**KAUKAUNA ATHLETIC FIELD  
FREQUENTLY ASKED QUESTIONS**

***HOW FAR IS IT TO THE NEXT STATION?***

**ANSWER**

**THE NEXT STATION IS CHRIST THE KING CHURCH  
WHICH IS 5 MILES AWAY.**

***HOW FAR IS IT BACK TO THE START?***

**ANSWER**

**THAT WOULD DEPEND UPON  
*WHERE YOU STARTED FROM, MY FRIEND!***

**IF YOU STARTED AT CHRIST THE KING CHURCH  
IN COMBINED LOCKS, YOU ARE 5 MILES AWAY.**

**IF YOU STARTED FROM VOYAGEUR PARK IN DE PERE,  
AND FOLLOW THE ENTIRE ROUTE,  
YOU ARE 33 MILES AWAY.**





< Entry 1 of 7 | >

Entry (ID 242309)

Show empty fields

Applicant Information

**Event Coordinator Name** Christopher Wachel

**Phone** [REDACTED]

**Email** [REDACTED]

**Phone Number for day of the event** 9208410918

Organization Information

**Sponsoring Organization's Name** Chris Wachel

**Organization Address** 1010 Riverside Drive  
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** Riverside Rally

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

**Date of the Event** May 9, 2026

**Event start time (include set up time)** 8:00 AM

**End time (include take down time)** 3:00 PM

**Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)** 150

**Describe your event and its purpose** This is a car show. To provide an opportunity for the community to get out and enjoy a day of conversation and looking at Classic cars.

**Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)** No

Health Department

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

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?** Yes

**Will your event be inside or outside?** Outside

**Please upload a map/route/location**

Screenshot\_20260310\_122251\_Maps.jpg

**If having a park event, did you reserve the park?** Yes

Event Activities

**What type of activities will be part of your event (please check all that apply):** Amplified Music, Car Show viewing

Additional Services & Equipment

**Select all that apply:** Barricades (\$2 per barricade per day)

**How many barricades do you need?**

4

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

**Signature**



**Comments/Notes**

**Entry Details**

 Submitted: **Mar 10, 2026 at 12:26 pm**

 Entry ID: **242309**

 Entry Key: **8eszb**

**User Information**

 IP Address: **2600:1008:b324:e5d6:84b2:955d:7c5f:2649**

 Browser/OS: **Google Chrome 145.0.0.0 / Android**

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

Entry 1 of 11

Entry (ID 249506)

Show empty fields

Applicant Information

**Event Coordinator Name** Marty DeCoster

**Phone** [REDACTED]

**Email** [REDACTED]

**Phone Number for day of the event** 9207167484

Organization Information

**Sponsoring Organization's Name** Kaukauna Athletic Club

**Organization Address** 116 W 14th St  
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

<b>Name of event</b>	Wisconsin Ave Block Party
<b>How long is your event?</b>	My event is one day only
<b>Date of the Event</b>	September 19, 2026
<b>Event start time (include set up time)</b>	8:00 AM
<b>End time (include take down time)</b>	11:30 PM
<b>Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)</b>	1200
<b>Describe your event and its purpose</b>	To showcase businesses on Wisconsin Ave, and giving the public a fun and safe event to attend with live music, shopping, eating and more!
<b>Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)</b>	No
<b>Health Department</b>	
<b>Will food be prepared and/or served at the event?</b>	Yes

Fire Department Information 920.766.6320

**Please upload your plan for medical emergencies here**



Full-Event-2026.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?** Yes

**Will your event be inside or outside?** Outside

**Please upload a map/route/location**



Full-Event-2026-1.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):**

Amplified Music, Alcohol beverages, Temporary Tent/Structure, Concessions (other than food truck)

**Additional Services & Equipment**

**Select all that apply:**

Picnic tables (\$7 per picnic table), Garbage carts (\$4 per cart), Recycling carts (\$4 per cart), Barricades (\$2 per barricade per day)

**How many picnic tables do you need?**

10

**How many garbage carts do you need?**

10

**How many recycling carts do you need?**

10

**How many barricades do you need?**

10

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


**Signature**



**Comments/Notes**


## Entry Details

 Submitted: **Mar 20, 2026 at 1:57 pm**

 Entry ID: **249506**

 Entry Key: **kybpn**

## User Information

 IP Address: **135.135.92.106**

 Browser/OS: **Google Chrome 146.0.0.0 / Windows**

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

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< Entry 1 of 10 >

Entry (ID 242364)

Show empty fields

Applicant Information

**Event Coordinator Name** Leah Schapiro

**Phone** [REDACTED]

**Email** [REDACTED]

**Phone Number for day of the event** 7739314336

Organization Information

**Sponsoring Organization's Name** Fleet Feet Fox Valley

**Organization Address** 3404 W College Ave  
Appleton, Wisconsin 54914

**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

<b>Name of event</b>	The Big Run 5K
<b>How long is your event?</b>	My event is one day only
<b>Date of the Event</b>	June 3, 2026
<b>Event start time (include set up time)</b>	4:00 PM
<b>End time (include take down time)</b>	8:30 PM
<b>Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)</b>	150
<b>Describe your event and its purpose</b>	Fun Run/Walk that we do annually to celebrate Global Running Day and to highlight the Konkapot Trail
<b>Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)</b>	No
Health Department	
<b>Will food be prepared and/or served at the event?</b>	No
Fire Department Information 920.766.6320	
<b>Will you use portable commercial cooking equipment, or electrical appliances that draw high amperage?</b>	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**

Big-Run-5K\_route-map\_Fleet-Feet.jpg

**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):** Run/Walk, Temporary Tent/Structure

Additional Services & Equipment

Item 2.g.

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

**Signature**

Leah K Schapiro

Comments/Notes

Entry Details

 Submitted: **Mar 18, 2026 at 4:56 pm**

 Entry ID: **242364**

 Entry Key: **fhpbh**

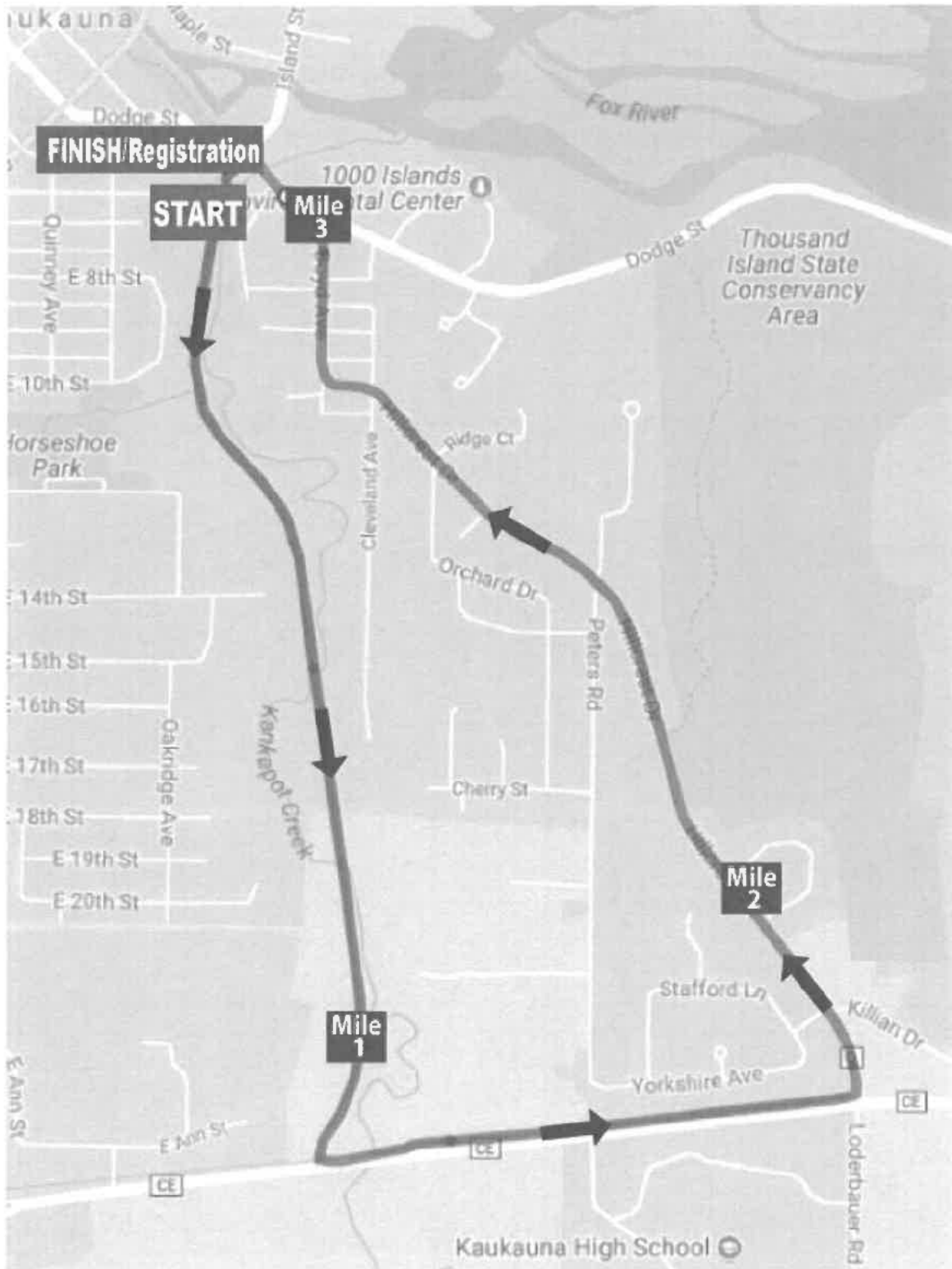
User Information

 IP Address: **135.134.70.203**

 Browser/OS: **Google Chrome 145.0.0.0 / Windows**

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

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Entry (ID 242362)

Show empty fields

Applicant Information

**Event Coordinator Name** Jessica Decet

**Phone** [REDACTED]

**Email** [REDACTED]

**Phone Number for day of the event** [REDACTED]

Organization Information

**Sponsoring Organization's Name** Fox Family Endurance Events, Inc

**Organization Address** 3307 Eiler Rd  
De Pere, Wisconsin 54115

**Are you a 501(3) C Organization?** Yes

**Attach IRS proof of designation**



IRS-Approval-501c3-Fox-Family-Endurance-Events.pdf

**Will alcohol be sold? (Must be a qualifying non-profit organization, see application in the above checklist)**

No

## Event Information

**Name of event**

Fox Firecracker 5K and Kids Run

**How long is your event?**

My event spans multiple days

**Please list each date and include event start time (include set up time) and event end time (include take down time) for each date.**

7/2/2026: Drop off porta potties - TBD  
 7/3/2026: 10am - 8pm  
 7/4/2026: 5am - 11am  
 7/5/2026: Tents remain on site  
 7/6/2026: Tent/porta potties picked up

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

2000

**Describe your event and its purpose**

The Fox Firecracker 5K Run/Walk and Kids Run held in Kaukauna is a family-friendly yet competitive event. Festivities begin at 7:30am. Kids Run participants will run/walk a ¼ mile route starting at 7:40am. Each Kids Run finisher will receive a finisher medal. The 5K participants will take to the streets of downtown Kaukauna at 8:00am and enjoy the views of the Kaukauna Library, the Fox River and friendly neighborhoods. Every 5K finisher will receive a Finisher Medal and an American flag! Fourth of July celebration complete with University of Wisconsin – Madison marching band, apple pie and much more. Come and celebrate July 4th in style with us.

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

Yes

**If you have it, please upload a copy of your certificate of insurance here. Community Enrichment staff will reach out to each organization to verify their certificate of insurance.**



2026-Fox-Firecracker-5K-Certificate-of-Insurance.pdf

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**



Aid-Stations-and-Medical-Emergency-Protocol-2026.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?** Yes

Police Department and Street Closures 920.766.6337

**Will alcohol be served at your event?** No

**Are you requiring street closures for your event?** Yes

**Will your event be inside or outside?** Inside

**If having a park event, did you reserve the park?** Yes

### Event Activities

**What type of activities will be part of your event (please check all that apply):** Amplified Music, Run/Walk, Temporary Tent/Structure

### Additional Services & Equipment

**Select all that apply:** Picnic tables (\$7 per picnic table), Garbage carts (\$4 per cart), Recycling carts (\$4 per cart), Barricades (\$2 per barricade per day), Traffic cones

**How many picnic tables do you need?** 6

**How many garbage carts do you need?** 10

**How many recycling carts do you need?** 10

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

### Signature

A handwritten signature in black ink, appearing to read "Jessica Paul".

### Comments/Notes

### Entry Details

 Submitted: **Mar 18, 2026 at 2:45 pm**

 Entry ID: **242362**

 Entry Key: **je1yq**

### User Information

 IP Address: **2600:382:6703:17d0:cd71:e92b:584a:7441**

 Browser/OS: **Google Chrome 146.0.0.0 / Windows**

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

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## July 4, 2026

### Aid Stations and Medical

#### Medical Assistance

Medical Assistance will be available at the start/finish line.

If you experience a medical issue while on the course, please find the nearest Course Marshal.

If you are unable to complete the race due to medical reasons, or you are transferred to a local hospital, the information will be forwarded to the Finish Line Aid Station. Your family or friends will be notified as soon as possible. Please be aware that medical staff will pull any runner from the race if they believe the participant is unfit to continue.

Please fill out the medical information on the back of your bib. Your safety is our greatest concern.

#### Water Station

One water station will be on the course at approximately 1.5 miles.

#### Medical Emergency Protocol

Recognizing a runner in trouble

If a runner is weaving, running with poor posture, appears uncoordinated, or is carrying his/her arms in a waving fashion, offer medical assistance.

Assisting runners who stop or fall

- If a runner stops or falls and then tries to continue, ask the runner:
- What city are you in?
- What is your name?
- What day is it?
- If the runner has trouble answering the questions, keep him/her stationary until medical help arrives if you are able.

Directing injured runners to the Medical Aid Station

- For any minor injuries, send runners to the Medical Aid Station – remember, it is located at the start/finish line.
- If you identify a runner who doesn't want to leave the course and they are able to continue on: Take down their bib number and report to the Medical Aid Station.

If a runner requires emergency assistance, take the following steps

- If you are near the medical station, call the medical volunteer over.
- If you are not near the medical station dial 911.
- Notify the EMS, Police or other Emergency Service. Be sure to report your exact location along the course.
- The first Course Marshal to notice the incident should contact a course medical volunteer or race director.
- Second Course Marshall should stay at site and assist police in filing a report.
- Collect witness information and report to supervisor. You should collect the names, addresses and phone numbers of witnesses. Provide any or all of the information above in full to the Race Director. If necessary, the Race Director will follow-up the incident with any appropriate actions such as contacting the insurance company.
- Volunteers: Give their contact information to the police.

