

HEALTH AND RECREATION COMMITTEE

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



Monday, June 02, 2025 at 6:15 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Solicitor Licenses.
 - [b.](#) Motherhood Alliance, Special Event Application for Dye Free and Allergy Friendly Summer Kickoff event, June 7 from 9:30am-12:30pm at Jonen Park.
 - [c.](#) St. Paul Elder Services, Special Event Application & Amplified Music Application for Community Brat Fry on June 25, from 4pm-8pm.
 - [d.](#) St. Paul Elder Services, Special Event Application and Amplified Music application for Car Show and Brat Fry on August 19 4pm-8pm.
3. Adjourn.

NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Health and Recreation Committee scheduled for Monday, June 2, 2025, at 6:15 P.M. to gather information about a subject over which they have decision making responsibility.

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



MEETING ACCESS INFORMATION:

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

To access the meeting by telephone:

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

To access the meeting by computer:

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

To access the meeting by smartphone or tablet:

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

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

June 3, 2025

THE FOLLOWING APPLICANTS HAVE APPLIED FOR A SOLICITOR'S LICENSE FOR THE LICENSE YEAR 2025 AND HAVE BEEN RECOMMENDED FOR APPROVAL BASED ON THEIR RECORD CHECK BY THE POLICE DEPARTMENT:

Gabriel	Boothe	W.	215 W. North Water Street	Neenah
Lorenzo	Diomeda	A.	205 W. New York Avenue	Oshkosh
Anthony	Siebers	J.	4133 State Road 91	Oshkosh
Chase	Vandenberg	M.	W400 County Road KK	Kaukauna



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

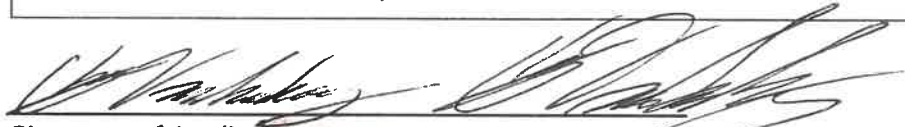
Investigation Fee - \$15.00

Sellers Permit No. _____

Receipt No. CS6415Date Paid 4/3/2025

Name of Applicant: <u>Chase Vandenberg</u>	
Address: <u>W400 County Road KK</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: <u>619 Roland St, Combined Locks, WI 54113</u>	
Date of Birth (Month/Day/Year): <u>09/27/2006</u>	Place of Birth: <u>St Elizabeth Hospital, Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>(920)-422-5788</u>
Driver's License Number: <u>V535-1130-6347-03</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Window and Door Replacements / Home Improvement Consultations</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 type="checkbox"/> No <input checked="" type="checkbox"/>	
Location where selling in the City:	
Home Company Name: <u>Renewal by Andersen</u>	
Address: <u>1300 S Lynndale Dr, Appleton, WI 54911</u>	
Officer or Director of Company:	Principal Place of Business (State):

Reference	Name: Joe Mitchell
	Address: 1300 S Lyndale Dr, Appleton
	Telephone Number: 920-209-7249
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. Neenah	


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

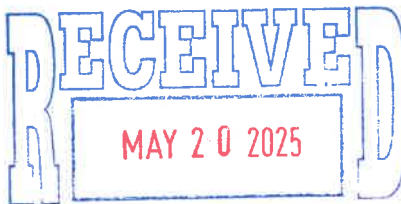
19 day of May, 2025



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: 		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



By: _____

TB



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

Investigation Fee - **\$15.00**Receipt No. CS6415

Sellers Permit No. _____

Date Paid 4/3/2025

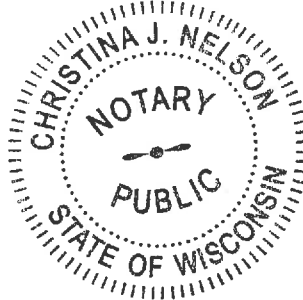
Name of Applicant: <u>Lorenzo Diomedea</u>	
Address: <u>205 W New York Ave</u>	
City, State, Zip: <u>Oshkosh WI 54901</u>	County of Residence: <u>USA</u>
If less than two years at the above address, please list all addresses in the last two-year period:	
Date of Birth (Month/Day/Year): <u>01/13/2005</u>	Place of Birth: <u>Neenah</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920 592 394</u>
Driver's License Number: <u>D5305210 601300</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Scheduling window + door notes</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>door to door</u>	
Home Company Name: <u>Renewal By Andersen</u>	
Address: <u>1300 S Lyndale Dr</u>	
Officer or Director of Company: <u>Joe Mitchell</u>	Principal Place of Business (State): <u>WI</u>

Reference	Name:
	Address:
	Telephone Number:
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where.	


 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
27th day of May, 2025.


 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: 		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



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

Investigation Fee - \$15.00

Receipt No. C56717

Sellers Permit No. _____

Date Paid 5/6/2025

Name of Applicant: <u>Gabriel Wesley Boothe</u>	
Address: <u>215 W North Water St</u>	
City, State, Zip: <u>Neenah, WI, 54956</u>	County of Residence: <u>Winnebago</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>01/11/2002</u>	Place of Birth: <u>Freeport, IL</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>815-973-4554</u>
Driver's License Number: <u>B300-2990-2011-04</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Free quotes set up door-to-door for window & door replacements</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>Door-to-door</u>	
Home Company Name: <u>Renewal by Andersen</u>	
Address: <u>1300 S Lynndale Dr, Appleton WI</u>	
Officer or Director of Company: <u>Joe Mitchell</u>	Principal Place of Business (State): <u>WI</u>

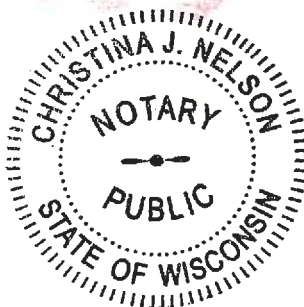
Reference	Name: <u>Joe Mitchell</u>
	Address: <u>1300 S Lynndale Dr, Appleton</u>
	Telephone Number: <u>920-209-7299</u>
Do you hold a similar license in any other community? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, please state where. <u>Neenah</u>	

Joe Mitchell

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

19 day of May, 2025

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>[Signature]</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



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

Investigation Fee - \$15.00

Receipt No. CC9690171

Sellers Permit No. _____

Date Paid 5-27-25

Name of Applicant: <u>Anthony Siebers</u>	
Address: <u>4133 State Road 91</u>	
City, State, Zip: <u>54904</u>	County of Residence: <u>Winnebago</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>05/12/1998</u>	Place of Birth: <u>Appleton</u>
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Telephone Number: <u>920-5850129</u>
Driver's License Number: <u>S162-0109-9172-05</u>	
Type of Merchandise or Service: (Please state specific product(s) or actual service provided) <u>Telecommunication 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>Throughout city</u>	
Home Company Name: <u>TDS</u>	
Address: <u>1490 Oneida St Appleton</u>	
Officer or Director of Company: <u>Daniel Madsen</u>	Principal Place of Business (State): <u>WI</u>

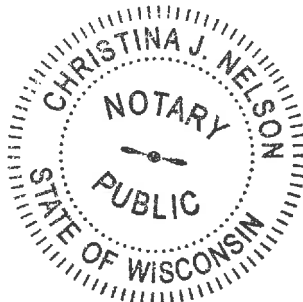
Reference	Name: <u>Daniel Madsen</u>
	Address: <u>1490 Oneida St</u>
	Telephone Number: <u>715-574-7871</u>
Do you hold a similar license in any other community? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, please state where.	



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

27 day of May, 2025
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>Bred Sandberg</u>		
Explain, if denied:		
City Council Action:	Date granted/denied:	License No.



CERTIFICATE OF LIABILITY INSURANCE

Item 2.b.
DATE 04/10/2025

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

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

PRODUCER Henricks Wilging Ins
N6369 US Hwy 12 Suite B
PO Box 108
Elkhorn WI 53121

CONTACT NAME: Renee Wilging
PHONE 262-742-4029 **FAX** 262-742-4039
A/C, No, Ext:
E-MAIL ADDRESS: henwilgins@gmail.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: AutoOwners	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED Motherhood Alliance WI
3312 N Shawnee Lane
Appleton WI 54914

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	61550589	09/10/2024	09/10/2025	EACH OCCURRENCE \$1000000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$300000 MED EXP (Any one person) \$10000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$2000000 PRODUCTS - COMP/OP AGG \$2000000
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
	OTHER:						
	AUTOMOBILE LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	ANY AUTO						
	OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>				
	HIRED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>				
	SCHEDULED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				
	NON-OWNED AUTOS ONLY	<input type="checkbox"/>	<input type="checkbox"/>				
	UMBRELLA LIAB	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/>	<input type="checkbox"/>				AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	<input type="checkbox"/>				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Womans Health Resources and Referrals

CERTIFICATE HOLDER

CANCELLATION

City of Kaukauna
144 W 2nd Street
Kaukauna, WI 54130

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

AUTHORIZED REPRESENTATIVE

Renee' L. Wilging

Agent

ACORD 25 (2016/03)

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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: Adrianna Frelich

Date of Birth: *Event organizers must be at least 18 years old. 12/28/1990

Address: W2814 Schmalz Cir Appleton WI 54915

Phone Number: (920) 419-8714

Email Address: adrianna@motherhoodalliar

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Motherhood Alliance

Organization's Address: 3312 N Shawnee LN Applet

Organization's Phone Number: (715) 850-0599

Organization's Email Address or Website: www.motherhoodalliance.cc

Applicant's Relationship to Organization: Marketing Consultant

SECTION 3 – EVENT INFORMATION

Name of Event: Motherhood Alliance Dye Free and Aller

Event Location: Jonen Park

Event Date: *If a multi-day event, please list all days. June 7th 2025

Event Start Time - End Time: 9:30 am - 12:30 pm we wou

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

920.766.6300
www.cityofkaukauna.com

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.

Andrea Renkas (715) 850 - 0599

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

We anticipate roughly 1,000

SECTION 4 – APPLICANT CHECKLIST

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

General Information:

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

Fire Department Information: (920) 766-6320

- | | | |
|--|---|--|
| 1. Will the event be held indoors? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Will a tent or temporary structure be erected? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Will there be a tent larger than 200 SF? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 4. Will fireworks/pyrotechnics be used during the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

Street and Parks Department: (920) 766-6337

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

Police Department: (920) 766-6333

- | | | |
|--|---|--|
| 1. Do you have a plan for medical emergencies? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Is security needed for the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will the event need any parking restrictions? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

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

- | | | |
|---|------------------------------|--|
| 1. Will alcoholic beverages be served/sold? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
|---|------------------------------|--|

Section 5 – Insurance Requirements

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

General Liability Coverage:

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

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

Section 5 – Indemnification and Disclaimer

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

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

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

Signature of Applicant: Adrianna Frelich

Printed name of Applicant: Adrianna Frelich



1. Shelter/ Prize Area
2. Food Trucks
3. Vendor Booths
(includes kids games)

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: Annie Johnson

Date of Birth: *Event organizers must be at least 18 years old. 05/02/1994

Address: 316 E Fourteenth St, Kaukauna, WI 54130

Phone Number: 920-766-6020

Email Address: anniej@stpaulelders.org

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: St. Paul Elder Services, Inc.

Organization's Address: 316 E. Fourteenth Street, Kaukauna, WI 54130

Organization's Phone Number: 920-766-6020

Organization's Email Address or Website: stpaulelders.org

Applicant's Relationship to Organization: Executive Assistant

SECTION 3 – EVENT INFORMATION

Name of Event: Community Brat Fry

Event Location: 316 E Fourteenth St. Kaukauna WI 54130

Event Date: *If a multi-day event, please list all days. 06/25/25

Event Start Time - End Time: 4 pm - 8 pm

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

920.766.6300
www.cityofkaukauna.com

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.

Annie Johnson - 920-246-0487

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

100-200

SECTION 4 – APPLICANT CHECKLIST

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

General Information:

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

Fire Department Information: (920) 766-6320

- | | | |
|--|------------------------------|--|
| 1. Will the event be held indoors? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 2. Will a tent or temporary structure be erected? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will there be a tent larger than 200 SF? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 4. Will fireworks/pyrotechnics be used during the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

Street and Parks Department: (920) 766-6337

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

Police Department: (920) 766-6333

- | | | |
|--|---|--|
| 1. Do you have a plan for medical emergencies? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Is security needed for the event? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |
| 3. Will the event need any parking restrictions? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> |

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

- | | | |
|---|---|-----------------------------|
| 1. Will alcoholic beverages be served/sold? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> |
|---|---|-----------------------------|

Section 5 – Insurance Requirements

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

General Liability Coverage:

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

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

Section 5 – Indemnification and Disclaimer

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

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

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

Signature of Applicant: 

Printed name of Applicant: Annie Johnson

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Name: Annie Johnson Date of Birth: 05-02-1994

Address: 316 E. Fourteenth St. Kaukauna Phone number: 920-766-6020
WI. 54130

Organization Name, if applicable: St. Paul Elder Services, Inc.

Email address: annie.j@stpaulelders.org

Name of Event: Community Brat Fry

Event location (s): 316. E Fourteenth st. Kaukauna Date of Event: 6-25-25
WI 54130

Event Start time- End time: 4 pm - 8 pm

Number of people attending: 100-200

CITY OF KAUKAUNA

**144 W 2nd Street
Kaukauna, WI 54130**

22

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: Annie Johnson

Date of Birth: *Event organizers must be at least 18 years old. 05/02/1994

Address: 316 E Fourteenth St, Kaukauna, WI 54130

Phone Number: 920-766-6020

Email Address: anniej@stpaulelders.org

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: St. Paul Elder Services, Inc.

Organization's Address: 316 E. Fourteenth Street, Kaukauna, WI 54130

Organization's Phone Number: 920-766-6020

Organization's Email Address or Website: stpaulelders.org

Applicant's Relationship to Organization: Executive Assistant

SECTION 3 – EVENT INFORMATION

Name of Event: Car Show & Brat Fry

Event Location: 316 E Fourteenth St. Kaukauna, WI 54130

Event Date: *If a multi-day event, please list all days. 08/19/25

Event Start Time - End Time: 4 pm - 8 pm

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

920.766.6300
www.cityofkaukauna.com

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.

Annie Johnson - 920-246-0487

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

100-200

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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.

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- | | | |
|---|---|--|
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- | | | |
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Street and Parks Department: (920) 766-6337

- | | | |
|---|------------------------------|--|
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- | | | |
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- | | | |
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 - 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.
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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.

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Printed name of Applicant: 

**City of Kaukauna
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Name: Annie Johnson Date of Birth: 05-02-1994

Address: 316 E. Fourteenth St. Kaukauna Phone number: 920-766-6020
WI. 54130

Organization Name, if applicable: St. Paul Elder Services, Inc.

Email address: Annie.j@stpaulelders.org

Name of Event: Car show + Brat Fry

Event location (s): 316 E. Fourteenth St. Kankarna Date of Event: 08-19-25
wi. 54130

Event Start time- End time: 3 pm - 8 pm

Number of people attending: 100 - 200

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