

HEALTH AND RECREATION COMMITTEE

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



Wednesday, February 19, 2025 at 6:12 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - a. Temporary Class B License to Holy Cross Parish/St. Ignatius Catholic School, 220 Doty Street, gym, lobby, & cafeteria, on March 28-30, 2025, and April 4-6, 2025, for "Holy Cross Men's Open."
3. Adjourn.

NOTICES

Notice is hereby given that a majority of the City Council will be present at the meeting of the Health and Recreation Committee scheduled for Wednesday, February 19, 2025, at 6:12 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.

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 2-13-25

Town Village City of Kaukauna

County of OUTAGAMIE

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning 3-28-25 and ending 3-30-25 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization** (check appropriate box) →
- Bona fide Club
 - Church
 - Lodge/Society
 - Veteran's Organization
 - Fair Association or Agricultural Society
 - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name HOLY CROSS MEN'S OPEN

(b) Address 220 DOTY ST., KAUKAUNA WI 54130
(Street) Town Village City

(c) Date organized 1800'S

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

- (f) Names and addresses of all officers:
- President MYRON GRESER
 - Vice President TONY ASHNER
 - Secretary JANE VANDEVOORT
 - Treasurer LEE H. VAN DER SANDEN

(g) Name and address of manager or person in charge of affair: LEE H. VAN DER SANDEN
666 SHERIDAN ST, KAUKAUNA WI 54130

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 220 DOTY ST.

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? PART

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: GYM, LOBBY, CAFETERIA

3. Name of Event

(a) List name of the event HOLY CROSS MEN'S OPEN

(b) Dates of event MARCH 28, 29, 30 TH 2025

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Office: [Signature] 2-13-25
(Signature / Date)

ST. IGNACE ATHLETIC ASSOCIATION
(Name of Organization)

Date Filed with Clerk 2-13-25 CS#5956

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ 10.00

Application Date: 2-13-25
County of OUTAGAMIE

Town Village City of Kaukauna

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
- A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning April 4 and ending April 6 and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

- 1. Organization** (check appropriate box) →
- Bona fide Club
 - Church
 - Lodge/Society
 - Veteran's Organization
 - Fair Association or Agricultural Society
 - Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name HOLY CROSS MEN'S OPEN

(b) Address 220 DOTY ST., KAUKAUNA, WI 54130
(Street) Town Village City

(c) Date organized 1800's

(d) If corporation, give date of incorporation _____

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:

President MYRON COOPER

Vice President TONY ASHAUER

Secretary JANE VANDE VOORT

Treasurer LEE H. VANDER SANDEN

(g) Name and address of manager or person in charge of affair: LEE H. VANDER SANDEN
616 SHERIDAN ST., KAUKAUNA, WI 54130

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number 220 DOTY ST

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? PART

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: GYM, LOBBY, CAFETERIA

3. Name of Event

(a) List name of the event HOLY CROSS MEN'S OPEN

(b) Dates of event April 4, 5, 6

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer [Signature]
(Signature / Date)

ST-JEROME ASSOCIATION
(Name of Organization)

Date Filed with Clerk 2-13-25 CS#5956

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____