HEALTH AND RECREATION COMMITTEE

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



Tuesday, September 02, 2025 at 6:10 PM

AGENDA

In-Person and Remote Teleconference via ZOOM

- 1. Correspondence.
- 2. Discussion Topics.
 - <u>a.</u> Temporary Class B License to Holy Cross Parish on October 5, 2025, from 9AM-5PM for Oktoberfest.
 - <u>b.</u> Temporary Class B License to Kaukauna Lions on October 11, 2025, from 10AM-3PM, for Fall Fest.
 - c. Special Event Application and Bounce House Request to Kaukauna Utilities for Community Night Event at Hydro Park on 9/24/25 from 4pm-6pm.
 - d. Special Event Application and Amplified Noise Application to the Keller Family for a Celebration of Life for Steve Keller on 9/6/25 from 4pm-9pm.
- 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 Tuesday, September 2, 2025, at 6:10 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.*

Form

AB-220

License(s) Requested

Temporary "Class B" Wine

Temporary Alcohol Beverage License

Temporary Class "B" Beer

| Municipality | |
|--------------|--|
| na noipanty | |
| | |

Fees

\$

License Fees

Background Check

| | | Total F | ees | \$ |
|--|---|---|-----------------|---------------------------------|
| | | | | |
| Part A: Organization Informa | ition | | | |
| 1. Organization Name | Parish | | | |
| 2. Organization Permanent Address | sen St | | | |
| 3. City | 70 51 | 4. S | State 5. Z | Zip Code |
| 6. Mailing Address (if different from pe | rmanent address) | | n | . 100 |
| 112 M 8th | St. Kankan | na WI | 6 5 | 39 |
| 7. FEIN 39~0807048 | 8. Date of Organization/Incom | poration 9. State | of Organization | n/Incorporation |
| 10. Phone | 11. Email | 1010 | APA | |
| | 10113 TSchmal | 110 Cance | 019 | |
| 12. Organization type (check one) | <u>_</u> | | V | |
| ☐ Bona Fide Club☐ Lodge/Society☐ | Church | n/Agricultural Society Civic or Trade Organization | | Organization 31, Wis. Stats. |
| | | | | CI V VI No. |
| | hold a Wisconsin Seller's permit? | *************************************** | 10.5.11.0.0.0 | Yes No |
| 14. Wisconsin Seller's Permit Number (| (if applicable) | | | |
| | | | | |
| Part B: Individual Information | n | | | |
| | mber for all officers, directors, and a steed below. Attach additional sheets | | nclude an Ind | lividual Questionnaire |
| | cohol Beverage Appointment of Age | | | |
| Last Name | First Name | Title | Pho | one |
| Ferris | Fr Luke | Priest | | |
| Tetzla ff | Mark | Treasurer | _ | |
| | | | | |
| | | | | 4 |
| | | | | |
| | | In . | | |

Wisconsin Department of Revenue

| Part C: Event Information | | | 197 | |
|--|---|--|--|--|
| 1. Name of Event (if applicable) OK to ber +e st | | | | |
| 2. Dates of Operation October 5 2025 | | 3. Hours of Oper | ation 5 Pm | |
| 4. Premises Address 309 DeSnoyer St | | | | |
| 5. City Kankana | | 6. State | 7. Zip Code 54130 | |
| 8. County 9. Governing Munic of: Ka | ipality City Town [| Village 10 | . Aldermanic District | |
| 11. Organizer of Event (it not the named applicant) | 12. Email and/or Phone Numb | oer for Organizer | of Event | |
| 13. Organizer Website | 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. Selling in Cafeteria of Mennise Selling when event | | | | |
| Part D: Attestation Who must sign this application? • one officer or director of the nonprofit organization | | | | |
| READ CAREFULLY BEFORE SIGNING: Under penalty of truthfully. I agree that I am acting solely on behalf of the appseeking the license. Further, I agree that the rights and respet to another individual or entity. I agree to operate according from Wisconsin-permitted wholesalers. I understand that lack be deemed a refusal to allow inspection. Such refusal is a number that any license issued contrary to Wis. Stat. Chapter 125 side prosecuted for submitting false statements and affidavits in provides materially false information on this application may | plicant organization and not onsibilities conferred by the to the law, including but not of access to any portion of nisdemeanor and grounds fo nall be void under penalty of n connection with this applic | on behalf of an license(s), if grating limited to, purchall licensed premor revocation of state law. I furthat atton, and that a | y other individual or entity anted, will not be assigned chasing alcohol beverages hises during inspection will this license. I understand ther understand that I may any person who knowingly | |
| Last Name Shmahl | First Name | | M.I. | |
| Business Admin 450 Signature Schman | chmahlo Ka | Date 8/1 | Phone 9207661445 | |
| | | | | |
| 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 | | | | |

Alcohol Beverage Individual Questionnaire

| Date | | |
|------|--|--|
| 1 | | |
| | | |

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

· sole proprietor

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

| Part A: Business Information | | | | | |
|--|------------------------|-------------------|------------------------|------------|---------------------------------|
| 1. Legal Business Name (Individual name if sole p HOLY CROSS CHURC | proprietor) CH | | | | |
| 2. Business Trade Name or DBA | | | | | |
| 3. Entity Type (check one) | □ Limited Liebii | llt. Compa | ny 🗍 Corporati | on 「X | Nonprofit Organization |
| Sole Proprietor Partnership | Limited Liabil | ity Compa | IIV Corporati | OII IV | Tronpront Organization |
| Part B: Individual Information | | | | | |
| 1. Last Name TETZLAFF | 2. F | First Name MAR | RK | | 3. M.I. J |
| 4. Relationship to Business (Title) TREASURER | 5. Email MARKT@F | VTD.CC | MC | | 6. Phone (920) 915-9395 |
| 7. Home Address W668 RIVER VIEW CT | | | | | |
| 8. City KAUKAUNA | | 9. State WI | 10. Zip Code 54130 | | 11. Date of Birth 04/04/1969 |
| 12. Drivers License/State ID Number T324-5506-9124-03 / WISCONSIN | | | | | te of Issuance |
| | | | | | |
| Part C: Address History | | | | | |
| Do you currently live in Wisconsin? If yes, provide the month and year when y | | | | | X Yes No (MM/YYYY) 04/1969 |
| List in chronological order all of your addre | esses within the last | 5 years. At | tach additional sheets | if necessa | ary. |
| Previous Address 1 | OIZ City | | | State | Zip Code |
| Same To apour | | | | State | . Zip Code |
| Previous Address 2 | City | , | | State | Zip Gode |
| Previous Address 3 | City | , | | State | Zip Code |
| Previous Address 4 | City | | | State | Zip Code |
| Previous Address 5 | City | | | State | Zip Code |
| 3. List all states and counties you have lived | in as an adult. Attach | n additiona | I sheets if necessary. | | - |
| State County State C | ounty | State | County | State | County |
| State County State C | ounty | State | County | State | County |
| | | 1 | | | |

Continued \rightarrow

Item 2.a.

| Part D: Criminal History | | 2: | |
|--|--|---|--|
| Have you ever been convicted of any offenses (excluded for violation of any federal, Wisconsin, or another state) | | | |
| If yes to question 1, please list details of each conviction | on below. Attach additi | onal sheets as needed. | |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | 17 - 2864 | Was sentence completed? | . Yes No |
| Law/Ordinance Violated | Location | , | Conviction Date |
| Penalty Imposed | | Was sentence completed? | . Yes No |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| If yes to question 2, describe nature and status of persheets as needed. | nding charges using th | ne space below. Attach additiona | |
| | | | PARTICULAR ST. |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingle to forfeit not more than \$1,000 if convicted. Signature | Ity of law, I have answating in this business of that any license issury be prosecuted for sul | due to any involvement in anothe led contrary to Wis. Stat. Chapte bmitting false statements and affi | er tier of the alcohol er 125 shall be void davits in connection on may be required |

Alcohol Beverage Individual Questionnaire

| Date | |
|------|--|
| Date | |
| | |
| | |
| | |

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

· sole proprietor

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

| Your alcol | hol beverage applicatio | n or renev | val is not complete | until | all require | ed Individual Question | naires ar | re submitte | d. |
|--|--|-------------|--|----------|------------------|---|---------------|-------------------|--------------|
| Part A: | Business Informati | on | | | | | | | |
| 1. Legal B | Business Name (individual in Holy Cross Pa | | proprietor) | | | | | | |
| 2. Busines | ss Trade Name or DBA | | | | | | | | |
| | ype (check one) le Proprietor | artnership | ☐ Limited L | .iabilit | y Compan | y 🔲 Corporation | n 🏿 | Nonprofit | Organization |
| | | | | | , | | | | |
| Part B: | Individual Informat | ion | | | | | | | |
| 1. Last Na | Ferris | | | 2. Fir | st Name | ke | | | 3. M.I. |
| 4. Relation | Presidents (Title) | | 5. Email | 501 | Lu Kaucp. | 019 | | 6. Phone 920 -37 | 10-5202 |
| 7. Home A | Address 309 Desmoxe | r 5+ | | | , | J | | | |
| 8. City | 309 Desnoxe Kankaun | | | | 9. State آلسا | 10. Zip Code 54/30 | | 11. Date of 07/27 | Birth |
| 12. Drivers License/State ID Number F620 - 5216 - 4267 - 06 | | | 13. Drivers License/State ID State of Issuance | | | е | | | |
| | | | | | | | | | |
| Part C: | Address History | | | | | | | | |
| 1. Do yo | u currently live in Wisco | nsin? | | | . 444 4 . 44 | - 2 - 100 - 2 - 102 - 103 - 2 - 103 - 2 - | vacija vacija | | Yes 🗌 No |
| If yes, | provide the month and | year wher | n you permanently | move | d to Wisco | onsin | CD+8 +0.19 | (N | 7/2011 |
| 2. List in | chronological order all | of your ad | dresses within the | last 5 | years. Att | ach additional sheets | if necess | ary. | |
| Previous A | | ı, | | City | • | <u> </u> | State | Zip Cod | e/ |
| | 2230 Kassne | er Dr | | 6 | reen l | Doy | uz | | 304 |
| Previous / | Address 2 | | | City | | | State | Zip Cod | е |
| Previous / | Address 3 | | | City | | | State | Zip Cod | е |
| Previous Address 4 | | | City | | | State | Zip Coo | le | |
| Previous Address 5 | | | City | | | State | Zip Coo | le | |
| 3. List al | I states and counties yo | u have live | ed in as an adult. A | ttach | additional | sheets if necessary. | | il . | |
| State UT | Outagame | State | Brown | | State | Shawano | State | County | ebago |
| State | County | State | Milwankee | 2 | State | County | State | County | 1 |

Item 2.a.

| Part D: Criminal History | ar wall to box | A | Hair |
|--|---|---|---|
| Have you ever been convicted of any offenses (exclusion for violation of any federal, Wisconsin, or another states) | | | |
| If yes to question 1, please list details of each convict | tion below. Attach additi | onal sheets as needed. | |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence complete | ed? Yes No |
| Law/Ordinance Violated | Location | ! | Conviction Date |
| Penalty Imposed | | Was sentence complete | ed? Yes No |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence complete | ed? Yes No |
| beverages) for violation of any federal, Wisconsin, or ordinances? | | | Yes No |
| D. 45 50 40 | | | |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under pena truthfully. I certify that I am not prohibited from particip beverage industry as a restricted investor. I understar under penalty of state law. I further understand that I may with this application, and that any person who knowing to forfeit not more than \$1,000 if convicted. Signature | pating in this business on that any license issuay be prosecuted for sul | lue to any involvement i ed contrary to Wis. Stat omitting false statements | n another tier of the alcohol t. Chapter 125 shall be void and affidavits in connection application may be required |

Temporary Alcohol Beverage License



| License(s) Requested Fees | | ees | |
|----------------------------|--------------------------|------------------|----------|
| | | License Fees | \$ 10.00 |
| ☐ Temporary "Class B" Wine | Temporary Class "B" Beer | Background Check | \$ |
| | • | Total Fees | \$ 10.00 |

| Part A: Organization Informa | ation | (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B | grif to | | | LEWIT TOWN |
|--|--------------|--|-------------|------------------|-----------------|--|
| 1. Organization Name | | | | | | |
| Kaukauna Lio | 71.5 | | | | | |
| 2. Organization Permanent Address | | | | | | |
| | | | | | | |
| 3. City | | | | | 4. State | 5. Zip Code |
| Kaukauna | | | | | Wi | 54130 |
| 6. Mailing Address (if different from pe | - | | | | | |
| V.O. Box 34 | K | 8. Date of Organization | W | 1. 541. | 30 | |
| 7. FEIN | | | | tion | | |
| 39-1627882 | | June 19 | 36 | | Wisc | onsin |
| 10. Phone | | 11. Email | _ | | | |
| 920-213-3469 | | jmoore 20 | @ nei | o.vr. eo | m | |
| 12. Organization type (check one) | | | | | | |
| ☑ Bona Fide Club | Church | Fair Assoc | ciation/Ag | ricultural Socie | ty 🗌 Ve | teran's Organization |
| ☐ Lodge/Society ☐ |] Chambe | r of Commerce or sin | nilar Civio | or Trade Orga | anization under | ch. 181, Wis. Stats. |
| 13. Is this organization required to | hold a Wis | consin Seller's permi | t? | ********** | ********* | ☐ Yes 💆 No |
| 14. Wisconsin Seller's Permit Number | (if applicab | e) | | | | |
| Part B: Individual Informatio | n | | 7. 31 | | | |
| List the name, title, and phone nu | | all officers directors | and age | nt of the organi | zation Include | an Individual Questionnaire |
| (Form AB-100) for each person lis | | | | | zation. molado | all literacia da |
| Corporations must also include Al | cohol Bev | erage Appointment o | f Agent (| Form AB-101). | | |
| Last Name | First Na | me | Tit | le | | Phone |
| Withman | Der | เพาิร | 1 | reasur | 2 | 920-750-3634 |
| Kathrine | Ka | thrine | (| Secreta | my | 920-428-7770 |
| Goff | Pa | trick | | Preside | | 920-460-365 |
| At Thiede | A | ùr | F. | ast. Pres | ident | 920-139-7344 |
| | | | | | | |

 $\textit{Continued} \rightarrow$

| Part C: Event Information | med med |
|--|--|
| Name of Event (if applicable) | the Black and a second of the second |
| Fall Foot | |
| 2. Dates of Operation | 3. Hours of Operation |
| October 11, 2025 | Worn - 3pm |
| 4 Premises Address | The state of the s |
| 144 W. 2nd St. | |
| 5 City | 6. State 7. Zip Code |
| Kankauna | W1 54130 m |
| 8. County 9. Governing Municipal | |
| | Kauna 3 |
| | 2. Email and/or Phone Number for Organizer of Event |
| Community Enrich ment Director | 920-766-6335 Tem Vosters |
| 13. Organizer Website Recreation Dept. | 4. Event Website |
| | |
| | d any outside areas where alcohol beverages and records are sold, e all rooms within the building, including living quarters. Authorized |
| alcohol beverage activities and storage of records may occ | ur only on the premises described in this application. Attach a map |
| or diagram and additional sheets if necessary. | |
| C Dlas | |
| Eagle Plaza | |
| | |
| | |
| | |
| | |
| Part D: Attestation | |
| Who must sign this application? | |
| one officer or director of the nonprofit organization | |
| READ CAREFULLY BEFORE SIGNING: Under negative of the | aw, I have answered each of the above questions completely and |
| truthfully. I agree that I am acting solely on behalf of the appli | cant organization and not on behalf of any other individual or entity |
| | sibilities conferred by the license(s), if granted, will not be assigned |
| | the law, including but not limited to, purchasing alcohol beverages of access to any portion of a licensed premises during inspection will |
| | sdemeanor and grounds for revocation of this license. I understand |
| that any license issued contrary to Wis. Stat. Chapter 125 sha | Il be void under penalty of state law. I further understand that I may |
| be prosecuted for submitting false statements and affidavits in provides materially false information on this application may b | connection with this application, and that any person who knowingly |
| provides materially laise information on this application may b | e required to fortest flot fliore than \$1,000 ii convicted. |
| Last Name Fire | rst Name M.I. |
| Wittman | Dennis H. |
| Title Email | Phone |
| CLUB TAEASURE dw | 1 # 1905 @ QOL. COM 9207503634 |
| Signature | Date |
| Dennes W. Willman | aug 27, 2025 |
| | |
| Part E: For Clerk Use Only | |
| Date Application Was Filed With Clerk | License Number |
| 8-21-25 pd\$10 C57663 | |
| Date License Granted | Date License Issued |
| Signature of Clerk/Deputy Clerk | |
| Signature of Cienviceputy Cienk | |
| | |

Alcohol Beverage Individual Questionnaire

Date 5/9/2025

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

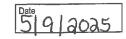
sole proprietor

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted. Part A: Business Information 1. Legal Business Name (individual name if sole proprietor) Kaukauna bions Club 2. Business Trade Name or DBA 3. Entity Type (check one) ☐ Corporation ✓ Nonprofit Organization ☐ Limited Liability Company Sole Proprietor Partnership Part B: Individual Information 3. M.I. 2. First Name 1. Last Name Jennis Wittman 6. Phone 4. Relationship to Business (Title) 5. Email Club Treasure
7. Home Address 11. Date of Birth 9. State 10. Zip Code 8. City WI 12. Drivers License/State ID Number 54130 13. Drivers License/State ID State of Issuance 55-1684, 9062-05 **Part C: Address History** 1. Do you currently live in Wisconsin? If yes, provide the month and year when you permanently moved to Wisconsin 2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary. Zip Code City State Previous Address 1 State Zip Code Previous Address 2 City Zip Code City State Previous Address 3 State Zip Code City Previous Address 4 Zip Code State City Previous Address 5 3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary. State County State County State County State County Wl State County State County State County State County

| Part D: Criminal History | agnisvati anit | DAR | , half pa |
|--|---|--|--|
| Have you ever been convicted of any of for violation of any federal, Wisconsin, or | | | |
| If yes to question 1, please list details of | f each conviction below. Attach a | dditional sheets as needed. | |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| Law/Ordinance Violated | Location | J. | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| sheets as needed. | | | |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING truthfully. I certify that I am not prohibited beverage industry as a restricted investo under penalty of state law. I further unders with this application, and that any person to forfeit not more than \$1,000 if convicte | I from participating in this busine or. I understand that any license stand that I may be prosecuted fo who knowingly provides materia | ess due to any involvement in anot issued contrary to Wis. Stat. Chap or submitting false statements and a | tions completely and her tier of the alcohol oter 125 shall be void ffidavits in connection |
| Signature A Wittma | in | Date 5 - 9 - | 2025 |

Alcohol Beverage Individual Questionnaire



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

· sole proprietor

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

Part A: Business Information

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

| Legal Business Name (individual name if sole propriate in the propria | | | | | | |
|---|-------------------------------------|-------------|--------------------------|---------------|------------------------|--|
| Kaukaung Lions Club | | | | | | |
| 2. Business Trade Name or DBA | | | | | | |
| 3. Entity Type (check one) | | | | | | |
| Sole Proprietor Partnership | ☐ Limited Liabili | tv Compar | y Corporation | , D | Nonprofit Organization | |
| | | | , | ىپ | | |
| m 4 m to the threat to form a 42 m | | | | Jane Bell | | |
| Part B: Individual Information 1. Last Name | 2 F | irst Name | | | 3. M.I. | |
| | | | | | E | |
| 4. Relationship to Business (Title) | 5. Email | athe | Rine | | 6. Phone | |
| 4. 1 Colddorloriip to Edolifoco (11do) | | 0.00 | 100 | - 1 | 2 | |
| 7. Home Address | Katherine | JOHE L | egmail con | Y | (920) 428-7776 | |
| | | 1 | La . | | | |
| N9440 Evan Street | | 9. State | 10. Zip Code | Т | 11. Date of Birth | |
| 8. City | | WI | 54915 | - 1 | U113611979 | |
| 12. Drivers License/State ID Number | | 001 | 13. Drivers License/Sta | ate ID State | e of Issuance | |
| 1 3 | | | Wisconsin | | | |
| G 100-5057-9770-04 | | | 1 1000011311 | 7 | | |
| | night a remain access | | SOVAL SIMPA//SIMBEAD | SUCESTI C | HAS BOWN STREET | |
| | | | | 3 (2)(1) | | |
| 1. Do you currently live in Wisconsin? | *(\$5*)\$ * * (\$ *(\$)* *(\$6)* *) | | | g *(8)* *(8)* | 🔀 Yes 🗌 No | |
| If yes, provide the month and year when you | normanontly mov | ed to Wisc | onsin as as as | | (MM/YYYY) | |
| If yes, provide the month and year when you | permanently mov | ed to wise | Unail | \$ 10E31 | 67/1979 | |
| 2. List in chronological order all of your addresse | es within the last ! | 5 years. At | tach additional sheets i | f necessa | ry. | |
| Previous Address 1 | City | | | State | Zip Code | |
| 1104104071441000 | ' | | | | | |
| Previous Address 2 | City | City | | | Zip Code | |
| 11641000 7001033 2 | | | | | 1 | |
| Previous Address 3 | City | City | | | Zip Code | |
| Trovious / Nadross s | ' | | | | | |
| Previous Address 4 | City | | | State | Zip Code | |
| Troviduo / tearcoo i | ' | | | | ' | |
| Previous Address 5 | City | | | State | Zip Code | |
| TO THOUGHT HAVE OF | ' | | | | | |
| | | | | | | |
| 3. List all states and counties you have lived in a | | | | | T | |
| State County State Coun | • | State | County | State | County | |
| | acine | | | | 10 | |
| State County State Coun | - | State | County | State | County | |
| WI Winnebago WI Co | llumet | | | | | |
| 3 | | | | | Continued - | |

Continued

| Part D: Criminal History | recent dever | £ | | 4779 |
|---|---|---|--|-------------------------------|
| Have you ever been convicted of any offenses (exclude for violation of any federal, Wisconsin, or another state of each conviction of the second | e's laws or of any coun | ty or municipal ordinances? | . 🗌 Yes | X No |
| If yes to question 1, please list details of each conviction Law/Ordinance Violated | Location | onal sneets as needed. | 0 | 2.4. |
| Law/Ordinance violated | Location | | Conviction I | Jate |
| Penalty Imposed | | Was sentence completed? | . 🔲 Yes | ☐ No |
| Law/Ordinance Violated | Location | | Conviction [| Date |
| Penalty Imposed | | Was sentence completed? | . Yes | ☐ No |
| Law/Ordinance Violated | Location | | Conviction I | Date |
| Penalty Imposed | , | Was sentence completed? | . Yes | ☐ No |
| beverages) for violation of any federal, Wisconsin, or a ordinances? | • | | Yes | No |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under penal truthfully. I certify that I am not prohibited from participal beverage industry as a restricted investor. I understand under penalty of state law. I further understand that I may with this application, and that any person who knowingly to forfeit not more than \$1,000 if convicted. | iting in this business of I that any license issu I be prosecuted for sub | lue to any involvement in another ed contrary to Wis. Stat. Chapter omitting false statements and affid | tier of the 125 shall I avits in con | alcohol be void nection |
| Signature Hatherme EOD | | Date 5/9/2025 | | |

Alcohol Beverage Individual Questionnaire

| Date 3/ | 137 | 25 |
|---------|-----|----|
|---------|-----|----|

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

· sole proprietor

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

| Part A: Business Information | | | | | | | | |
|------------------------------------|------------------|-------------------|-----------|------------|--|---------------------------------------|----------|------------------------|
| 1. Legal Business Name (individ | 2.1 | , | | | | | | |
| Keyleyna | Lions (1 | Ua | | | | | | |
| 2. Business Trade Name or DBA | 4 | | | | | | | |
| | | | | | | | | |
| 3. Entity Type (check one) | | | | | _ | | . ch | |
| Sole Proprietor |] Partnership | Limited L | iabilit | y Compar | у Ц | Corporation | X. | Nonprofit Organization |
| | | | | | | | | |
| Part B: Individual Inform | nation | 5. 计数据数据 | | | | | | |
| 1. Last Name | | | 1 | st Name | | | | 3. M.I. |
| Goff | | | | gfrid | | | | 19 |
| 4. Relationship to Business (Title | e) | 5. Email | | (A) | | | | 6. Phone |
| President Elect | | parl | 177 | F q 12 81 | icon | | | 920=410-7650 |
| 7. Home Address | | | | | Ay. | | | |
| Ngyyo Evan | Street | | Y | / 10 | | | | |
| 8. City | | | | 9. State | 10. Zip Co | | | 11. Date of Birth |
| Apolilan | | | | Wł | 549 | | | 09 130/1977 |
| 12. Drivers License State ID Nu | | | | | 13. Drivers License/State ID State of Issuance | | | of Issuance |
| 6100 - 6687. | 7340- | 02 | Wisconsin | | | | | |
| | | | | | | | | |
| Part C: Address History | E YAMAT NEW | | Als. | | | | | |
| 1. Do you currently live in W | | e +90++90+++++++ | | | | | | Yes No |
| | | | | | | | | (MM/YYYY) |
| If yes, provide the month | and year when | you permanently | move | d to Wisc | onsin | e e e e e e e e e e e e e e e e e e e | *.**. *. | 09/30/1977 |
| 2. List in chronological order | all of your addr | esses within the | last 5 | years. At | ach additio | nal sheets if n | ecessai | ry. |
| Previous Address 1 | | | City | | | | State | Zip Code |
| | | | | | | | | |
| Previous Address 2 | | | City | | | State | Zip Code | |
| | | | | | | | | |
| Previous Address 3 | | | City Sta | | | State | Zip Code | |
| | | | | | | | | |
| Previous Address 4 | | | City | | | | State | Zip Code |
| 7707700770077 | | | ` | | | | | |
| Previous Address 5 | | | City | | | | State | Zip Code |
| 177 | | | | | | | | |
| 3. List all states and countie | e vou bevo lives | tin as an adult A | ttach | additional | sheets if n | ecessary | | |
| | | | | State | County | 1 | State | County |
| State County | | County | | State | County | | Julio | Journs |
| WI Calonet | Ut 1 | Winner aga | | State | County | | State | County |
| State County | State | Journey 5 | | State | Journey | | 3.00 | |
| W Ourganic | | | | | | | | |

| Part D: Criminal History | genount extent | ij" | ## E- |
|--|--|---|---|
| Have you ever been convicted of any offenses (ex for violation of any federal, Wisconsin, or another states.) | | | |
| If yes to question 1, please list details of each con- | viction below. Attach addi | tional sheets as needed. | |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| Law/Ordinance Violated | Location | • | Conviction Date |
| Penalty Imposed | 1 | Was sentence completed? | Yes No |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| ordinances? | | | ∐ Yes 🔏 No |
| Part E: Attestation | | | |
| READ CAREFULLY BEFORE SIGNING: Under p truthfully. I certify that I am not prohibited from part beverage industry as a restricted investor. I unders under penalty of state law. I further understand that I with this application, and that any person who know to forfeit not more than \$1,000 if convicted. Signature | icipating in this business stand that any license iss I may be prosecuted for si | due to any involvement in anoth sued contrary to Wis. Stat. Chap ubmitting false statements and aff | er tier of the alcohol ter 125 shall be void fidavits in connection tion may be required |

Alcohol Beverage Individual Questionnaire

Date 5/13/25

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

· sole proprietor

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

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

| Part A: Business Information | on | | | SHELF | | SHEET. | | |
|--------------------------------------|--|----------------------|-----------|--------------------|--|---------------|------------------------|--|
| 1. Legal Business Name (individual r | ame if sole | proprietor) | | | | | | |
| Kaukouna I | 1. Legal Business Name (Individual name il sole proprietor) Kaukayna Lyong Club | | | | | | | |
| 2. Business Trade Name or DBA | | | | | | | | |
| | | | | | | | | |
| 3. Entity Type (check one) | | | | | | | | |
| I | artnership | Limited L | .iability | y Compan | Corporation | | Nonprofit Organization | |
| | | | | | | | | |
| Part B: Individual Informati | on | | 682 | | | 15.875 | | |
| 1. Last Name | | | 2. Fir | st Name | | | 3. M.I. | |
| Threde | | | 1 | Han | | | D_{-} | |
| 4. Relationship to Business (Title) | | 5. Email | 7 | 1000 | ed . | | 6. Phone | |
| Club President | | athie | de | @ n | ew. rr. com | | 920-739-734 | |
| 7 Home Address | | | Ta I | 1000 | À | | | |
| W5904 Easter | 1 1/2 5 | Dn 🚺 | 4 | FIL |)-(18) | | | |
| 8. City | 1 | | | 9. State | 10, Zip Code | 1 | 11, Date of Birth | |
| 8. City Appleton, NP | | | | WZ | 54915 | | 5/10/1950 | |
| 12. Drivers License/State ID Number | | | | | 13. Drivers License/State ID State of Issuance | | | |
| T300-0045-6 | 217 C | 0-02 | | | WI | | | |
| 7 700 00 00 | | | | | | | | |
| | TO A SALES | EM STORY LOAD TO A | SSIPA | AND SERVICE | | | "你是是我老女孩是 | |
| Part C: Address History | EN EN | A WEIGHT AND CO. | | The participant of | | Con of Freder | ₩. □Na | |
| 1. Do you currently live in Wiscon | nsin? | | | | | 30 × 600 | Yes No | |
| If yes, provide the month and | | vou permenently | move | d to Misco | nein | | (MM/YYYY) | |
| If yes, provide the month and | year wrier | yourpermanently | HOVE | u to **1500 | 110111 11111111111111111111111111111111 | 380 # 128 | 05/1974 | |
| 2. List in chronological order all o | of your add | dresses within the | last 5 | years, Atta | ach additional sheets if | necessa | ry. | |
| Previous Address 1 | , | | City | | | State | Zip Code | |
| | 11.0 | 3 | | | | | | |
| Same for 23 Previous Address 2 | 7 | | City | | | State | Zip Code | |
| Previous Address 2 | 576 | | City | | | | | |
| | | | City ·· | | | State | Zip Code | |
| Previous Address 3 | | | City | | | Otato | | |
| | | | 0.7 | | | State | Zip Code | |
| Previous Address 4 | | | City | | | State | Zip Code | |
| | | | - | | | State | Zip Code | |
| Previous Address 5 | | | | City | | | Zip Code | |
| | | | | | | | | |
| 3. List all states and counties you | have live | ed in as an adult. A | ttach | additional | sheets if necessary. | | | |
| State County | State | County, | 1 | State | County | State | County | |
| WI Outagamie | WI | Calyma | 7 | WI | Milwantee | WI | - Munitar- | |
| State County | State | County | | State | County | State | County | |
| | | | | | | | | |

| Part D: Criminal History | garevell ior | lask. | Property. |
|--|---|--|---|
| Have you ever been convicted of any offenses (exfor violation of any federal, Wisconsin, or another | ccluding traffic offense state's laws or of any | es unless related to alcohol beverage county or municipal ordinances? | s) |
| If yes to question 1, please list details of each con | viction below. Attach | additional sheets as needed. | (|
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| Law/Ordinance Violated | Location | | Conviction Date |
| Penalty Imposed | | Was sentence completed? | Yes No |
| ordinances? | | | Yes X No |
| Part E: Attestation READ CAREFULLY BEFORE SIGNING: Under p truthfully. I certify that I am not prohibited from part beverage industry as a restricted investor. I undersunder penalty of state law. I further understand that I with this application, and that any person who know | icipating in this busir stand that any licens I may be prosecuted t | ness due to any involvement in anoth e issued contrary to Wis. Stat. Chap for submitting false statements and af | ner tier of the alcohol iter 125 shall be void fidavits in connection |
| to forfeit not more than \$1,000 if convicted. | migiy provides mater | Date / | don may be required |
| Signature al 8) Thiefe | | Date _ | 1000 |



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: Brittany Simonson

Date of Birth: *Event organizers must be at least 18 years old. 02/23/89

Address: 777 Island St. Kaukauna

Phone Number: 920-419-6192

Email Address: bsimonson@ku-wi.org

SECTION 2 - ORGANIZATION INFORMATION

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

Organization's Name: Kaukauna Utilities

Organization's Address: 777 Island Street

Organization's Phone Number: 920-766-5721

Organization's Email Address or Website: www.kaukaunautilities.com

Applicant's Relationship to Organization: Communications Coordinator

SECTION 3 - EVENT INFORMATION

Name of Event: Community Night

Event Location: Hydro Park

Event Date: *If a multi-day event, please list all days. Wednesday, September 24th, 2025

Event Start Time - End Time: 4:00pm - 6:00pm

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. Brittany Simonson - 920-419-6192

Total Anticipated Attendance for Event: 200 Additional Event Information (Purpose, Activity, Who Can Participate, whether this is a First-Time event, etc.):

To celebrate public power, and the benefits of a locally owned utility, KU is hosting a customer appreciation event - Community Night. Event will include face painting, bounce houses, food from a local vendor, balloon animals, etc. Event will also include the annual Drive Electric Fox Cities Event - an electric vehicle car show.

SECTION 4 - APPLICANT CHECKLIST

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

General Information:

| 1. | Will food be prepared and/or served at the event? | YES | ~ | NO | | | | |
|---|---|--------|---------------|-------|----------|--|--|--|
| 2. | Will there be a band or amplified music/noise? | YES | | NO | ' | | | |
| 3. | Will there be portable restrooms? | YES | | NO | ' | | | |
| 4. | Do you have proper insurance for your event and have you *Insurance coverage is required for all events held in the Ci insurance must be provided to the City if your event involved. | ty and | l a certifica | ate o | | | | |
| | attendees. | YES | V | NO | | | | |
| Fire Department Information: (920) 766-6320 | | | | | | | | |
| 1. | Will the event be held indoors? | YES | | NO | / | | | |
| 2. | Will a tent or temporary structure be erected? | YES | | NO | ' | | | |
| 3. | Will there be a tent larger than 200 SF? | YES | | NO | / | | | |
| 4. | Will fireworks/pyrotechnics be used during the event? | YES | | NO | / | | | |

| Street | and Parks Department: (920) 766-6337 | | |
|---------|--|-------|------|
| 1. | Are you requiring street closure for the event? | YES | NO 🗸 |
| 2. | Are you providing your own barricades? | YES | NO 🔽 |
| 3. | Did you include a map of the event location/route? | YES 🔽 | NO |
| 4. | For park events, have you reserved the park? | YES 🗸 | NO |
| 5. | Will there be rides at the event? | YES | NO 🗸 |
| | | | |
| Police | Department: (920) 766-6333 | | |
| 1. | Do you have a plan for medical emergencies? | YES | NO 🔽 |
| 2. | Is security needed for the event? | YES | NO 🔽 |
| 3. | Will the event need any parking restrictions? | YES | NO 🔽 |
| | | | |
| City Cl | erk's Office: (920) 766-6300 | | |
| 1. | Will alcoholic beverages be served/sold? | YES | NO 🗸 |
| | | | |

Section 5 - Insurance Requirements

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

General Liability Coverage:

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

3. Insurance must include:

- a. Premises and Operations Liability
- 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

- 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

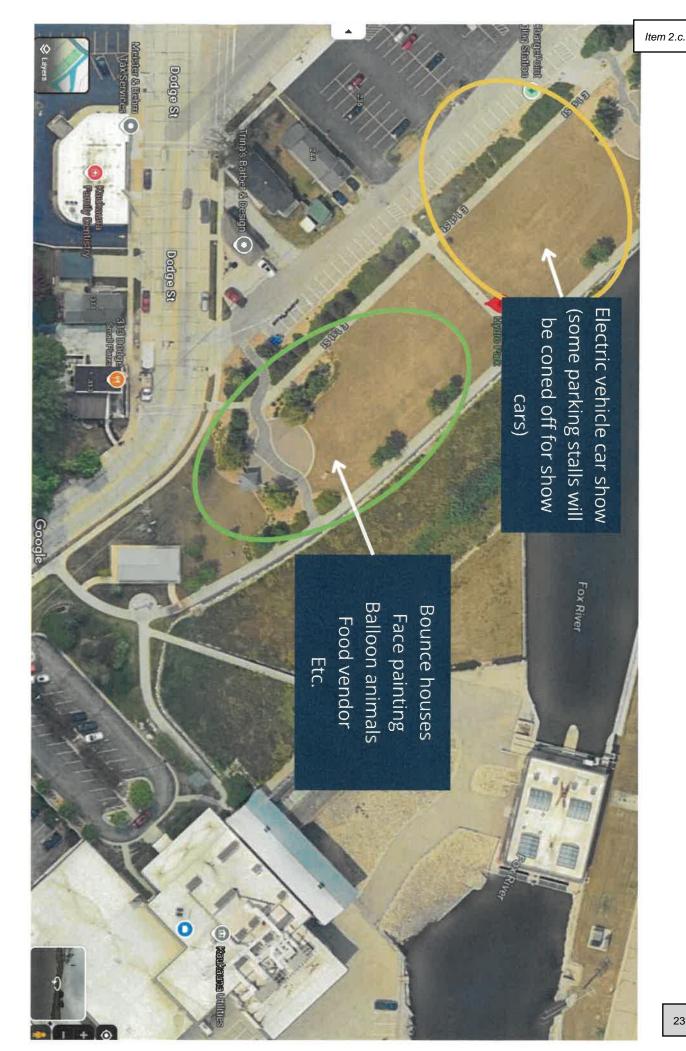
By signing below, I certify that I am at least 18 years of age. My signature further confirms that I understand the filing of this application does not ensure the issuance of a Special Event license. I will be responsible for ensuring the event and event participants comply with all applicable City ordinances, 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.

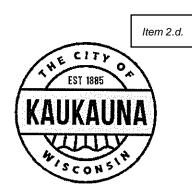
Indemnification: By signing below, I acknowledge that for good and valuable consideration, I, the applicant, on behalf of myself and the organization, if applicable, agree to indemnify, defend, and hold harmless the City of Kaukauna and its officers, officials, employees, and agents from and against 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: Brittany Simonson





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: Stephannie Keller

Date of Birth: *Event organizers must be at least 18 years old.

Address:

Phone Number: 920-707-4552

Email Address: stephannie_keller@yahoo.c

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Keller Family

Organization's Address: NA

Organization's Phone Number: 920-707-4552

Organization's Email Address or Website: NA

Applicant's Relationship to Organization: Family Member

SECTION 3 - EVENT INFORMATION

Name of Event: Celebration of Life for Steve Keller

Event Location: 1000 Islands Envrionmental

Event Date: *If a multi-day event, please list all days. 9/6/25

Event Start Time - End Time: 4pm - 9pm

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.

Stephannie Keller 920-707-4552

Total Anticipated Attendance for Event:

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

100-150

SECTION 4 - APPLICANT CHECKLIST

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

General Information:

| 1. | Will food be prepared and/or served at the event? | YES | ~ | NO | | |
|---------|--|-----|----------|----|----------|--|
| 2. | Will there be a band or amplified music/noise? | YES | 6 | NO | | |
| 3. | Will there be portable restrooms? | YES | | NO | 1 | |
| 4. | *Insurance coverage is required for all events held in the City and a certificate of insurance must be provided to the City if your event involves more than 250 | | | | | |
| | attendees. | YES | | NO | V | |
| Fire De | epartment Information: (920) 766-6320 | | | | | |
| 1. | Will the event be held indoors? | YES | V | NO | | |
| 2. | Will a tent or temporary structure be erected? | YES | | NO | ' | |
| 3. | Will there be a tent larger than 200 SF? | YES | | NO | ' | |
| 4. | Will fireworks/pyrotechnics be used during the event? | YES | | NO | 1 | |

| Str | Street and Parks Department: (920) 766-6337 | | | | | | | |
|-----|---|--|-------|------|--|--|--|--|
| | 1. | Are you requiring street closure for the event? | YES | NO 🗸 | | | | |
| | 2. | Are you providing your own barricades? | YES | NO 🔽 | | | | |
| | 3. | Did you include a map of the event location/route? | YES | NO 🔽 | | | | |
| | 4. | For park events, have you reserved the park? | YES 🔽 | NO | | | | |
| | 5. | Will there be rides at the event? | YES | NO 🔽 | | | | |
| | | | | | | | | |
| Po | lice | Department: (920) 766-6333 | | | | | | |
| | 1. | Do you have a plan for medical emergencies? | YES 🔽 | ио 🗌 | | | | |
| | 2. | Is security needed for the event? | YES | NO 🗸 | | | | |
| | 3. | Will the event need any parking restrictions? | YES | NO 🔽 | | | | |
| | | | | | | | | |
| Cit | City Clerk's Office: (920) 766-6300 | | | | | | | |
| | 1. | Will alcoholic beverages be served/sold? | YES | NO 🔽 | | | | |
| | | | | | | | | |

Section 5 - Insurance Requirements

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

General Liability Coverage:

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

- 3. Insurance must include:
 - a. Premises and Operations Liability
 - b. Contractual Liability including coverage for the joint negligence of the City of Kaukauna, its officers, Council members, agents, employees, authorized volunteers and the named insured
 - c. Personal injury
 - d. Explosion, collapse, and underground coverage
 - e. Products/Completed Operations
 - f. The general aggregate must apply separately to this project/location
- 4. Additional Provisions
 - a. Additional Insured On the General Liability coverage, Business Automobile coverage, Aircraft Liability and Liquor Liability.
 - b. Endorsement The Additional Insured Policy endorsement must accompany the Certificate of Insurance.
 - c. Certificates of Insurance A copy of the Certificate of Insurance must be on file with the City of Kaukauna.
 - Notice City of Kaukauna requires 30-day written notice of cancellation, nonrenewal, 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: Stephanie Keller

Printed name of Applicant: Stephanie Keller





REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna 144 W Second St Kaukauna, WI 54130

Applicant Information

| Name: Stephannie Keller Date of Birth: 10-17-1981 |
|---|
| Address: 3071/2 Monroe Street Nearth Phone number: 920-707-4552 |
| Organization Name, if applicable: Keller Family |
| Email address: Stephannie _ keller @ yahoo.com |
| Event Information |
| Name of Event: <u>Celebration</u> of Life for Steve Keller |
| Event location (s): 1000 Islands Date of Event: 9-6-25 |
| Event Start time- End time: 4:00 pm - 9:00 pm |
| Number of people attending: 100-150 |
| 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. |