

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

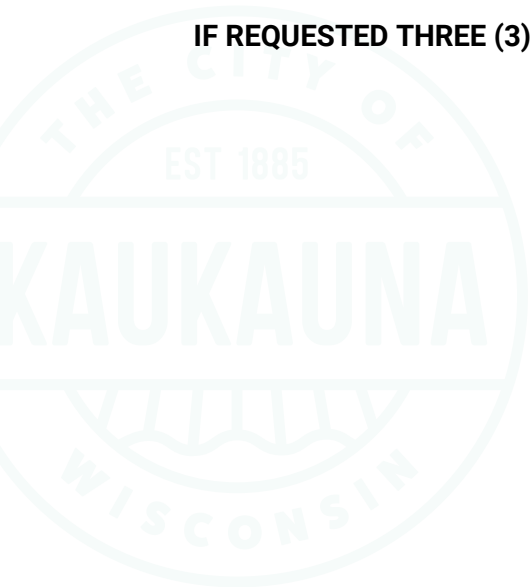
In-Person and Remote Teleconference via ZOOM

1. Correspondence.
2. Discussion Topics.
 - [a.](#) Temporary Class B License to Holy Cross Parish on October 5, 2025, from 9AM-5PM for Oktoberfest.
 - [b.](#) 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

Temporary Alcohol Beverage License

Municipality

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

Part A: Organization Information				
1. Organization Name Holy Cross Parish				
2. Organization Permanent Address 309 Desnoyer St				
3. City Kaukauna			4. State WI	5. Zip Code 54130
6. Mailing Address (if different from permanent address) 112 W 8th St. Kaukauna WI 54130				
7. FEIN 39-0807048	8. Date of Organization/Incorporation 1886		9. State of Organization/Incorporation WI	
10. Phone 920 766 1445 x113	11. Email tschmah1@kauca.org			
12. Organization type (check one)				
<input type="checkbox"/> Bona Fide Club <input checked="" type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Ferri's	Fr Luke	Priest	
Tetzlaff	Mark	Treasurer	

Continued →

Part C: Event Information

1. Name of Event (if applicable) <i>Oktoberfest</i>			
2. Dates of Operation <i>October 5 2025</i>		3. Hours of Operation <i>9AM - 5pm</i>	
4. Premises Address <i>309 Desnayer St</i>			
5. City <i>Kaukauna</i>		6. State <i>WI</i>	7. Zip Code <i>54130</i>
8. County <i>Outagamie</i>	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: <i>Kaukauna</i>		10. Aldermanic District
11. Organizer of Event (if not the named applicant)		12. Email and/or Phone Number 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. <i>Selling in cafeteria of premise during the event</i>			

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Schmahl</i>		First Name <i>Timmy</i>		M.I. <i>A</i>
Title <i>Business Admin</i>	Email <i>tschmahl@kauca.org</i>	Phone <i>9207661445</i>		
Signature <i>Timmy Schmahl</i>		Date <i>8/18/25</i>		

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	

Form
AB-100Alcohol Beverage
Individual Questionnaire

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
- 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 Information1. Legal Business Name (Individual name if sole proprietor)
HOLY CROSS CHURCH

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization
Part B: Individual Information

1. Last Name

TETZLAFF

2. First Name

MARK

3. M.I.

J

4. Relationship to Business (Title)

TREASURER

5. Email

MARKT@FVTD.COM

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

13. Drivers License/State ID State of Issuance

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) 04/1969

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address	City	State	Zip Code
Previous Address 1 Same as above RB			
Previous Address 2	City	State	Zip Code
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 additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Outagamie						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature



Date

08/19/2025

Form
AB-100Alcohol Beverage
Individual Questionnaire

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
- 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) <i>Holy Cross Parish</i>			
2. Business Trade Name or DBA _____			
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Nonprofit Organization			

Part B: Individual Information					
1. Last Name <i>Ferris</i>		2. First Name <i>Luke</i>		3. M.I. <i>A</i>	
4. Relationship to Business (Title) <i>President</i>		5. Email <i>lferris@kaucp.org</i>		6. Phone <i>920-370-5202</i>	
7. Home Address <i>309 Desnoyer St</i>					
8. City <i>Kaukauna</i>		9. State <i>WI</i>	10. Zip Code <i>54130</i>		11. Date of Birth <i>07/27/64</i>
12. Drivers License/State ID Number <i>F620-5216-4267-06</i>			13. Drivers License/State ID State of Issuance <i>WI</i>		

Part C: Address History							
1. Do you currently live in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY) <i>07/2011</i>							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1 <i>2230 Kassner Dr</i>		City <i>Green Bay</i>	State <i>WI</i>	Zip Code <i>54304</i>			
Previous Address 2		City	State	Zip Code			
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 additional sheets if necessary.							
State <i>WI</i>	County <i>Outagamie</i>	State <i>WI</i>	County <i>Brown</i>	State <i>WI</i>	County <i>Shawano</i>	State <i>WI</i>	County <i>Winnebago</i>
State <i>IL</i>	County <i>COOK</i>	State <i>WI</i>	County <i>Milwaukee</i>	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Let B. Fern

Date

8/19/25

Form
AB-220**Temporary Alcohol Beverage License**Municipality
City of Kaukauna

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ —
	Total Fees	\$ 10.00

Part A: Organization Information				
1. Organization Name <i>Kaukauna Lions</i>				
2. Organization Permanent Address				
3. City <i>Kaukauna</i>	4. State <i>WI</i>	5. Zip Code <i>54130</i>		
6. Mailing Address (if different from permanent address) <i>P.O. Box 34 Kaukauna WI 54130</i>				
7. FEIN <i>39-1627882</i>	8. Date of Organization/Incorporation <i>June 1936</i>	9. State of Organization/Incorporation <i>Wisconsin</i>		
10. Phone <i>920-213-3469</i>	11. Email <i>jmoore2@new.vr.com</i>			
12. Organization type (check one)				
<input checked="" type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.				
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
14. Wisconsin Seller's Permit Number (if applicable)				

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.			
Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
<i>Wittman</i>	<i>Dennis</i>	<i>Treasurer</i>	<i>920-750-3634</i>
<i>Kathrine Goff</i>	<i>Kathrine</i>	<i>Secretary</i>	<i>920-428-7170</i>
<i>Goff</i>	<i>Patrick</i>	<i>President</i>	<i>920-460-3650</i>
<i>Al Thiede</i>	<i>Alan</i>	<i>Past. President</i>	<i>920-739-7341</i>

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Fall Fest			
2. Dates of Operation October 11, 2025		3. Hours of Operation 10am - 3pm	
4. Premises Address 144 W. 2nd St.			
5. City Kaukauna		6. State WI	7. Zip Code 54130
8. County Outagamie	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Kaukauna		10. Aldermanic District 3
11. Organizer of Event (if not the named applicant) Community Enrichment Director		12. Email and/or Phone Number for Organizer of Event 920-766-6335 Terri Vosters	
13. Organizer Website Kaukauna Recreation Dept.		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. Eagle Plaza			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Wittman		First Name Dennis	
M.I. H.			
Title CLUB TREASURE	Email dwitt1905@aol.com	Phone 9207503634	
Signature Dennis H. Wittman		Date Aug. 27, 2025	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk 8-27-25 pd \$10 C57663	License Number
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
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 Lions Club

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization
Part B: Individual Information

1. Last Name

Wittman

2. First Name

Dennis

3. M.I.

H.

4. Relationship to Business (Title)

Club Treasurer

5. Email

dwitt1905@aol.com

6. Phone

920-750-3634

7. Home Address

1905 Thelen Ave, Kaukauna

8. City

Kaukauna

9. State

WI.

10. Zip Code

54130

11. Date of Birth

2/22/1949

12. Drivers License/State ID Number

W355-1684-9062-05

13. Drivers License/State ID State of Issuance

WI.

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

02/22/1949

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
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 additional sheets if necessary.

State	County	State	County	State	County	State	County
WI.	U.S.A.						
State	County	State	County	State	County	State	County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature

Date




Form
AB-100**Alcohol Beverage
Individual Questionnaire**Date
5/9/2025

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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 Lions Club

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor
 ☐ Partnership
 ☐ Limited Liability Company
 ☐ Corporation
 ☒ Nonprofit Organization
Part B: Individual Information

1. Last Name

Goff

2. First Name

Katherine

3. M.I.

E

4. Relationship to Business (Title)

Club Secretary

5. Email

Katherine.goff79@gmail.com

6. Phone

(470) 428-7776

7. Home Address

N9440 Evan Street

8. City

Appleton

9. State

WI

10. Zip Code

54915

11. Date of Birth

07/30/1979

12. Drivers License/State ID Number

G 100-5057-9770-04

13. Drivers License/State ID State of Issuance

Wisconsin**Part C: Address History**1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

07/1979

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
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 additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Outagamie	WI	Racine				
WI	Winnebago	WI	Calumet				

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Katherine E O'Sullivan</i>	Date <i>5/9/2025</i>
---	----------------------

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
5/13/25

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

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- 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)

Kebekung Lions Club

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☒ Nonprofit Organization
Part B: Individual Information

1. Last Name

Goff

2. First Name

Patrick

3. M.I.

H

4. Relationship to Business (Title)

President Elect

5. Email

pgoff77@gmail.com

6. Phone

920-410-7650

7. Home Address

19440 Even Street

8. City

Appleton

9. State

WI

10. Zip Code

54915

11. Date of Birth

09/30/1977

12. Drivers License/State ID Number

G100 - 6687 - 7350 - 02

13. Drivers License/State ID State of Issuance

Wisconsin

Part C: Address History1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin

(MM/YYYY)

09/30/1977

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1	City	State	Zip Code
Previous Address 2	City	State	Zip Code
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 additional sheets if necessary.

State	County	State	County	State	County	State	County
WI	Calumet	WI	Winnebago				
WI	Oshkosh						

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>PA [Signature]</i>	Date <i>5/13/2025</i>
---------------------------------	-----------------------

Form
AB-100Alcohol Beverage
Individual QuestionnaireDate
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

1. Legal Business Name (individual name if sole proprietor)

Kaukouna Lions Club

2. Business Trade Name or DBA

3. Entity Type (check one)

☐ Sole Proprietor ☐ Partnership ☐ Limited Liability Company ☐ Corporation ☐ Nonprofit Organization

Part B: Individual Information

1. Last Name

Thiede

2. First Name

Alan

3. M.I.

D.

4. Relationship to Business (Title)

Club President

5. Email

athiede@new.vr.com

6. Phone

920-739-7341

7. Home Address

W 5904 Easterholy Dr

8. City

Appleton, WI

9. State

WI

10. Zip Code

54915

11. Date of Birth

5/10/1950

12. Drivers License/State ID Number

T300-0045-0170-02

13. Drivers License/State ID State of Issuance

WI

Part C: Address History

1. Do you currently live in Wisconsin? ☒ Yes ☐ No

If yes, provide the month and year when you permanently moved to Wisconsin (MM/YYYY)

05/1974

2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.

Previous Address 1

Same for 23 yrs

City

State

Zip Code

Previous Address 2

City

State

Zip Code

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 additional sheets if necessary.

State

County

WI

Outagamie

State

County

WI

Calumet

State

County

WI

Milwaukee

State

County

WI

Manitowish

State

County

WI

State

County

State

County

State

County

Continued →

Part D: Criminal History

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? ☐ Yes ☒ No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

Part E: Attestation

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature <i>Alan D. Thiele</i>	Date <i>5/13/2025</i>
---------------------------------	-----------------------

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: 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 <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 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 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 type="checkbox"/> | NO <input checked="" 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:

Printed name of Applicant: Brittany Simonson



Electric vehicle car show
(some parking stalls will
be coned off for show
cars)

Bounce houses
Face painting
Balloon animals
Food vendor
Etc.



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 Environmental

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 <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 checked="" type="checkbox"/> | NO <input 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 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:



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: 307 1/2 Monroe Street Neenah Phone number: 920-707-4552
Organization Name, if applicable: Keller Family
Email address: Stephannie_keller@yahoo.com

Event Information

Name of Event: Celebration 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.