



## **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: Dustin Klitzke

Date of Birth: \*Event organizers must be at least 18 years old. 09/19/1991

Address: 119 E 2nd St

Phone Number: 920-766-3900

Email Address: [dklitzke@amfam.com](mailto:dklitzke@amfam.com)

### **SECTION 2 – ORGANIZATION INFORMATION**

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

Organization's Name: Dustin Klitzke Agency, LLC

Organization's Address: 119 E 2nd St

Organization's Phone Number: 920-766-3900

Organization's Email Address or Website: <https://www.amfam.com/age>

Applicant's Relationship to Organization: Owner

### **SECTION 3 – EVENT INFORMATION**

Name of Event: Open House/Ribbon Cutting

Event Location: 119 E 2nd St

Event Date: \*If a multi-day event, please list all days. 1 day

Event Start Time - End Time: 3pm-7pm

**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.

Dustin Klitzke- 920-766-3900

**Total Anticipated Attendance for Event:**

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

500

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

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

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

**Police Department: (920) 766-6333**

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

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/04/2024

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

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

<b>PRODUCER</b>  Dustin Klitzke 210 N MAIN ST OSHKOSH WI 54901	<b>CONTACT</b> NAME: Dustin Klitzke PHONE: (A/C, No, Ext): (920) 740-1828 E-MAIL: ADDRESS: dkklitzke@amfam.com	<b>FAX</b> (A/C, No):
<b>INSURED</b> Dustin Klitzke Agency 119 E 2ND ST Kaukauna WI 54130	<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Midvale Indemnity Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	<b>NAIC #</b> 27138

## COVERAGES

CERTIFICATE NUMBER: 80551172006519

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	BP00011688	07/25/2023	07/25/2024	EACH OCCURRENCE	\$2,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$50,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$2,000,000
							GENERAL AGGREGATE	\$4,000,000
							PRODUCTS - COMP/OP AGG	\$4,000,000
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	
							BODILY INJURY (Per person)	
							BODILY INJURY (Per accident)	
							PROPERTY DAMAGE (Per accident)	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	
							AGGREGATE	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE	OTH-ER
							E.I. EACH ACCIDENT	
							E.I. DISEASE - EA EMPLOYEE	
							E.I. DISEASE - POLICY LIMIT	
	<b>PROFESSIONAL LIABILITY</b>						<b>OCCURRENCE</b>	
							<b>AGGREGATE</b>	

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

Insurance Agency Offices / Loc-1 119 E 2ND ST, Kaukauna, WI 54130

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF KAUKAUNA  
144 W 2ND ST  
KAUKAUNA WI 54130

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

AUTHORIZED REPRESENTATIVE

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