REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Bailey Starkey Date of Birth: 10-31-2003

Address: [redacted] Phone number: [redacted]

Organization Name, if applicable: _____

Email address: [redacted]

Event Information

Name of Event: Wedding Reception

Event location (s): Kaukauna Community Room Date of Event: 11-28-26

Event Start time- End time: 7:00am - 10:00pm

Number of people attending: 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.

For questions: specialevents@kaukauna.gov