Entry (ID 250714)

Show empty fields

Applicant Information

Event Coordinator Name	Brian Schaefer
Phone	(920)422-8304
Email	bschaefer@kaukauna.gov
Phone Number for day of the event	(920)422-8304

Organization Information

Sponsoring Organization's Name	Kaukauna School District
Organization Address	1701 Cty Rd CE Kaukauna, Wisconsin 54130

Are you a 501(3) C Organization?	Yes
Attach IRS proof of designation	scan_schaeferb_2026-09-09-08-41-51-1.pdf
Will alcohol be sold? (Must be a qualifying non-profit organization, see application in the above checklist)	No

Event Information

Name of event	Kaukauna School District Homecoming Parade
How long is your event?	My event is one day only
Date of the Event	October 7, 2026
Event start time (include set up time)	5:30 PM
End time (include take down time)	6:30 PM

Total anticipated attendance for event (Please include attendees and staff, volunteers, vendors, etc.)	4000
Describe your event and its purpose	Homecoming Parade
Do you have a certificate of insurance for your event? (For events larger than 249 people and/or events that require street closure)	Yes
If you have it, please upload a copy of your certificate of insurance here. If you will be getting it from your insurance company in the future, please email to specialevents@kaukauna.gov once you have it. Community Enrichment staff will reach out to each organization to verify their certificate of insurance.	Certificate-1.pdf

Health Department

Will food be prepared and/or served at the event?	Yes

Fire Department Information 920.766.6320

Please upload your plan for medical emergencies here

Medical-Emergencies.pdf

Will you use portable commercial cooking equipment, or electrical appliances that draw high amperage? No

Will you use a tent bigger than 400 square-feet? No

Police Department and Street Closures 920.766.6337

Will alcohol be served at your event? No

Are you requiring street closures for your event? Yes

Will your event be inside or outside? Outside

Please upload a map/route/location	 scan_schaeferb_2026-09-09-09-31-23.pdf
If having a park event, did you reserve the park?	No

Event Activities

What type of activities will be part of your event (please check all that apply):	Amplified Music, Parade (street or trail)

Additional Services & Equipment

I have read the guidelines and policy and agree to the terms within.

Signature	Brian Schaefer

Comments/Notes

Entry Details

Submitted: **Sep 9, 2026 at 9:40 am**

Entry ID: **250714**

Entry Key: **vzex3**

User Information

IP Address: **216.56.162.195**

Browser/OS: **Google Chrome 152.0.0.0 / Windows**

Referrer: https://www.kaukauna.gov/special-events/

WISCONSIN DEPARTMENT OF REVENUE
PO BOX 8902
MADISON, WI 53708-8902

Contact Information:

2135 RIMROCK ROAD PO BOX 8902
MADISON, WI 53708-8902
ph: 608-266-2776 fax: 608-327-0235
email: DORRegistration@wisconsin.gov
website: revenue.wi.gov

Letter ID L1054715216

KAUKAUNA AREA SCHOOL DISTRICT
1701 COUNTY ROAD CE
KAUKAUNA WI 54130-3916

October 7, 2021
Batch Index: 1121659392-1055

This is your Wisconsin Sales and Use Tax Certificate of Exempt Status (CES). Purchases made by your organization or entity are taxable unless you provide the seller a fully completed Wisconsin sales and use tax exemption certificate (Form S-211 or S-211E), listing the CES number shown below.

If your organization makes sales subject to sales tax, it may need a seller's permit. Information on registration requirements can be found in Publication 206, Sales Tax Exemption for Nonprofit Organizations.

Forms and publications can be obtained through our website at revenue.wi.gov or through our forms ordering line at (608) 266-1961. Many questions can be answered by reviewing the Common Questions pages on our website. You may also contact us by telephone at (608) 266-2776 or by email at DORRegistration@revenue.wi.gov.

WISCONSIN SALES AND USE TAX CERTIFICATE OF EXEMPT STATUS (CES)

(Governmental, Religious, Charitable, Scientific or Educational Organization)

Sales to this organization or entity are exempt from Wisconsin sales and use tax under sec. 77.54(9a) and 77.55(1), Wis. Stats.

This certificate is valid unless cancelled by the Wisconsin Department of Revenue.

CES NUMBER
008-0000094699-05
DATE ISSUED
10/4/2021

KAUKAUNA AREA SCHOOL DISTRICT
1701 COUNTY ROAD CE
KAUKAUNA WI 54130-3916

IMPORTANT:

Purchases made by your organization are taxable unless you furnish your supplier with the CES number shown above.
Sales by your organization may be subject to tax. If your organization makes taxable sales, it may be required to obtain a seller's permit and remit sales tax to the Department of Revenue.

Questions: Contact the Department of Revenue by telephone at (608) 266-2776, FAX (608) 327-0235, email DORRegistration@wisconsin.gov, or at our website revenue.wi.gov

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/25/2026

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).

PRODUCER
M3 Insurance Solutions, Inc.
1401 Discovery Parkway
Suite 200
Wauwatosa WI 53226

CONTACT NAME: Hallie Bujak
PHONE (A/C, No, Ext): **FAX (A/C, No):**
E-MAIL ADDRESS: hallie.bujak@m3ins.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Employers Mutual Casualty Comp	21415
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED KAUKARE-01
Kaukauna Area School District
1701 County Hwy CE
Kaukauna WI 54130

COVERAGES **CERTIFICATE NUMBER:** 1214397328 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			6D56359	7/1/2026	7/1/2027	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	X POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A (Mandatory In NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

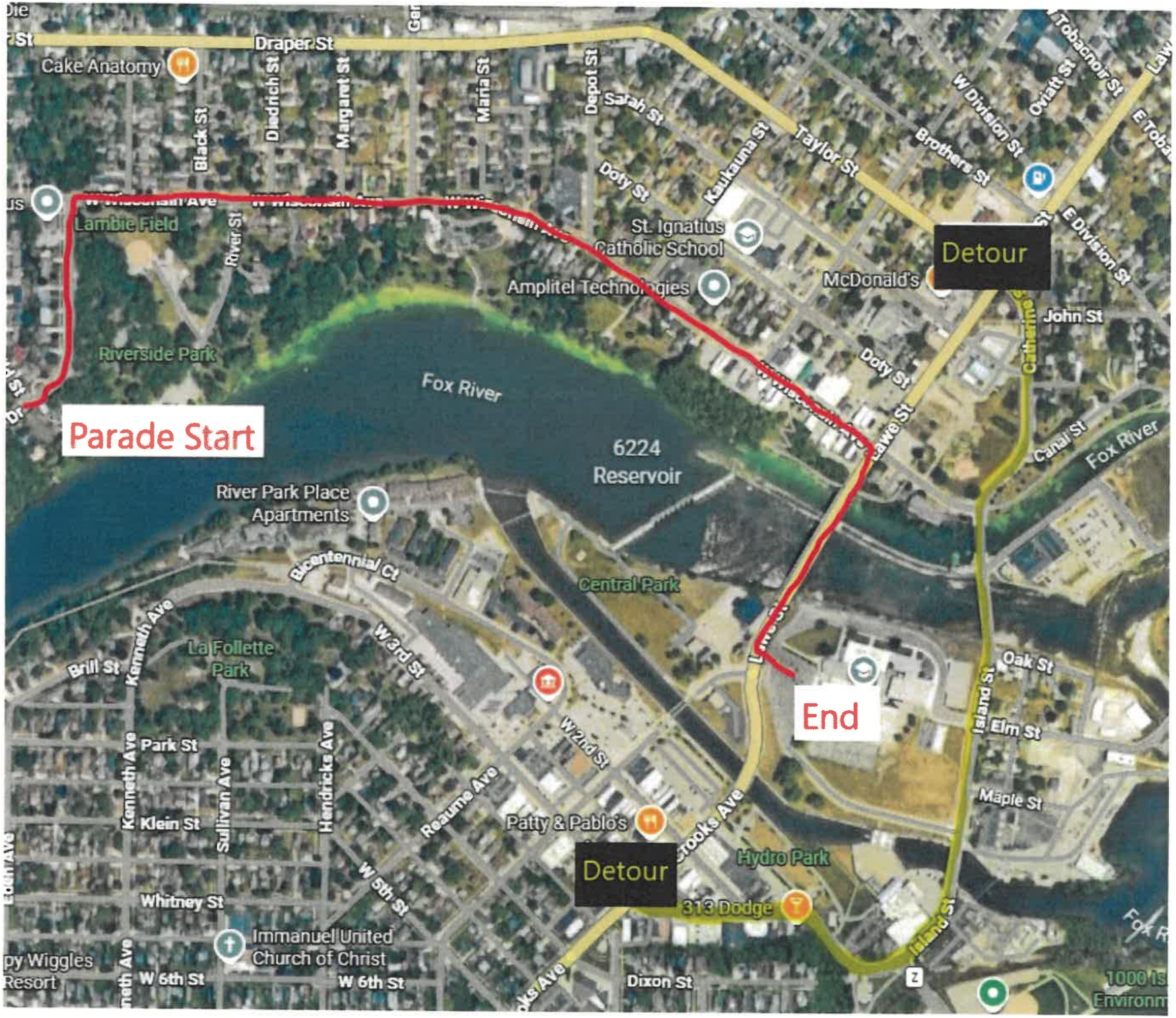
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
RE: Breaking Boundaries Triathlon - May 15, 2026

CERTIFICATE HOLDER
Proof of Insurance

CANCELLATION
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
Hallie Bujak

Medical Emergencies will be handled by the Kaukauna Fire and Police Departments.


Draper St
Cake Anatomy
Black St
Diedrich St
Margaret St
Maria St
Depot St
Sarah St
Taylor St
Kaukauna St
Doty St
W Division St
Brothers St
Ovatt St
E Division St
Lambie Field
River St
St. Ignatius Catholic School
Detour
McDonald's
Amplitel Technologies
John St
Riverside Park
Fox River
Parade Start
6224 Reservoir
Canal St
River Park Place Apartments
Bicentennial Ct
Central Park
La Follette Park
Brill St
Kenneth Ave
W 3rd St
Oak St
End
Elm St
Park St
W 2nd St
Maple St
Klein St
Sullivan Ave
Hendricks Ave
Reaume Ave
Patty & Pablo's
Hydro Park
Detour
W 5th St
Whitney St
313 Dodge
Immanuel United Church of Christ
W 6th St
Dixon St