

CITY OF KAUKAUNA

APPLICATION FOR CIRCUS, CARAVAN, MENAGERIE, CARNIVAL, OR EXHIBITION

Fee - \$20.00 per day (Circus, caravan, menagerie, or carnival)
\$10.00 per day (show, exhibition, entertainment, or performance)

Receipt Number CS6586
Date Paid 4-22-25

Name of Applicant Stuart J Schmitt
(First Name) (Middle Initial) (Last Name)

Address P.O. Box 342

City, State, Zip Sherwood, WI 54169

Male ☒ Female ☐ Date of Birth 6/5/1964 Telephone Number 920-427-8301
(Month/Day/Year)

Social Security Number ~~317~~ 471-90-9522 Driver's License Number 5530-7906-4205-00

Date(s) of Event: June 18-21

Type of Event: Carnival

Location of Event: City Parking lot

Company Name (If applicable): S+J Enterprises

Address N578 Military Rd. Sherwood, WI 54169

References: Name Stuart Schmitt

Address

Telephone Number 920-427-8301

Have you held a similar license in any other community: Yes ☒ No ☐

If yes, please state where: Kaukauna/Menasha

A certificate showing public liability insurance coverage shall be filed with the City Clerk-Treasurer along with this application.

[Signature]
Signature of Applicant

STATE OF WISCONSIN)
OUTAGAMIE COUNTY)

The above signed applicant, being first duly sworn on oath deposes and says that he/she is the applicant named in the foregoing application; that he/she has read each of the questions in said application; that he/she had made complete, true, and correct answers to each question.



Subscribed and sworn to before me
this 22 day of April, 2025.
Christina J. Nelson
City Clerk or Notary Public

FOR OFFICE USE ONLY

Kaukauna Police Department

Approved: ☒ Denied: ☐ Reason denied:

Signed: [Signature]

City Council Action

Date Granted/Denied: License No.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/29/24

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 Specialty Insurance, LTD. P.O. Box 16901 West Haven, CT 06516 http://specialtyinsuranceltd.com	CONTACT NAME: Thomas Plouffe / Michael Plouffe	
	PHONE (A/C, No, Ext): 203-931-7095 FAX (A/C, No): 203-931-0682	
	E-MAIL ADDRESS: certificates@specialtyinsuranceltd.com	
INSURED S&J Enterprises N578 Military Road P.O. Box 342 Sherwood, WI 54169	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Northfield Insurance Company	27987
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

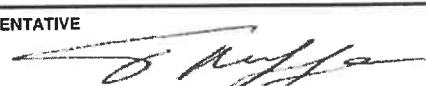
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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.

SR TR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER: AUTOMOBILE LIABILITY <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 UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below	X		WH017443	6/2/24	6/2/25	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 1,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ 2,000,000
								\$
							COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
							EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
							PER STATUTE	
							OTH-ER	
							E.L. EACH ACCIDENT	\$
							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)

The Certificate Holder is added as an additional insured but only with respects to the operations of the named insured during the policy period.

CERTIFICATE HOLDER Fox Cities Experience Jefferson Park Menasha, WI	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 
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