

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: Annie Johnson

Date of Birth: *Event organizers must be at least 18 years old. 05/02/1994

Address: 316 E Fourteenth St, Kaukauna, WI 54130

Phone Number: 920-766-6020

Email Address: anniej@stpaulelders.org

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: St. Paul Elder Services, Inc.

Organization's Address: 316 E. Fourteenth Street, Kaukauna, WI 54130

Organization's Phone Number: 920-766-6020

Organization's Email Address or Website: stpaulelders.org

Applicant's Relationship to Organization: Executive Assistant

SECTION 3 – EVENT INFORMATION

Name of Event: Community Brat Fry

Event Location: 316 E Fourteenth St. Kaukauna WI 54130

Event Date: *If a multi-day event, please list all days. 06/25/25

Event Start Time - End Time: 4 pm - 8 pm

CITY OF KAUKAUNA

144 W 2nd Street
Kaukauna, WI 54130

920.766.6300
www.cityofkaukauna.com

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.

Annie Johnson - 920-246-0487

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

100-200

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 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 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 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 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: Annie Johnson



REQUEST FOR AMPLIFIED MUSIC/NOISE

City of Kaukauna
144 W Second St
Kaukauna, WI 54130

Applicant Information

Name: Annie Johnson Date of Birth: 05-02-1994
Address: 316 E. Fourteenth St. Kaukauna Phone number: 920-766-6020
WI 54130
Organization Name, if applicable: St. Paul Elder Services, Inc.
Email address: anniej@stpaulselders.org

Event Information

Name of Event: Community Brat Fry
Event location (s): 316 E Fourteenth St. Kaukauna Date of Event: 6-25-25
WI 54130
Event Start time- End time: 4 pm - 8 pm
Number of people attending: 100 - 200

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.