



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: Tracy Dollevoet

Date of Birth: *Event organizers must be at least 18 years old. 06-07-1970

Address: 510 Sullivan Avenue

Phone Number: 9207401693

Email Address: office@immanuelucc-kauka

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: Immanuel United Church of

Organization's Address: 510 Sullivan Avenue

Organization's Phone Number: 9207662137

Organization's Email Address or Website: office@immanuelucc-kauka

Applicant's Relationship to Organization: Church Secretary

SECTION 3 – EVENT INFORMATION

Name of Event: Trunk or Treat

Event Location: 510 Sullivan Avenue

Event Date: *If a multi-day event, please list all days. 10-25-2025

Event Start Time - End Time: 12:00 p.m.-4:00 p.m.

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.

Pastor Lynn Martin-(734)474-4181

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

225

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 ☒ | NO ☐ |
| 2. Will there be a band or amplified music/noise? | YES ☐ | NO ☒ |
| 3. Will there be portable restrooms? | YES ☐ | NO ☒ |
| 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 ☐ | NO ☐ |

Fire Department Information: (920) 766-6320

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|--|------------------------------|--|
| 1. Will the event be held indoors? | YES ☐ | NO ☒ |
| 2. Will a tent or temporary structure be erected? | YES ☐ | NO ☒ |
| 3. Will there be a tent larger than 200 SF? | YES ☐ | NO ☒ |
| 4. Will fireworks/pyrotechnics be used during the event? | YES ☐ | NO ☒ |

Street and Parks Department: (920) 766-6337

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

Police Department: (920) 766-6333

- | | | |
|--|---|--|
| 1. Do you have a plan for medical emergencies? | YES ☒ | NO ☐ |
| 2. Is security needed for the event? | YES ☐ | NO ☒ |
| 3. Will the event need any parking restrictions? | YES ☐ | NO ☒ |

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

- | | | |
|---|------------------------------|--|
| 1. Will alcoholic beverages be served/sold? | YES ☐ | NO ☒ |
|---|------------------------------|--|

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: Tracy Dollevoet

Printed name of Applicant: Tracy Dollevoet



