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: St. Ignatius Catholic School (Jessica Poch - admin assistant)

Date of Birth: *Event organizers must be at least 18 years old.

Address: 220 Doty St. Kaukauna, WI 54130

Phone Number: 920-766-0186

Email Address: office@stignatiuskaukauna.org

SECTION 2 – ORGANIZATION INFORMATION

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

Organization's Name: St. Ignatius Catholic School

Organization's Address: 220 Doty St. Kaukauna, WI 54130

Organization's Phone Number: 920-766-0186

Organization's Email Address or Website: office@stignatiuskaukauna.org

Applicant's Relationship to Organization: office secretary, employee

SECTION 3 – EVENT INFORMATION

Name of Event: Trunk-n-Treat

Event Location: school parking lot (Sarah St.)

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

Event Start Time - End Time:

10.24.25

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. Drew Mulloy: 920-766-0186

Alex Wolf: 262-312-0928

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

200 - event is open to the public

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

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

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: Jessica A. Pach

Printed name of Applicant: Jessica A. Pach

Certificate of Coverage

Date: 5/15/2025

Certificate Holder
Catholic Diocese of Green Bay
P.O. Box 23825
Green Bay, WI 54305-3825

This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.

Company Affording Coverage
THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA
10843 OLD MILL RD
OMAHA, NE 68154

Covered Location
HOLY CROSS CHURCH #606
309 DESNOYER STREET

KAUKAUNA, WI 54130-2103

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate 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 coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	D. General Liability				Each Occurrence	1,000,000
					General Aggregate	
	[x] Occurrence	8878	7/1/2025	7/1/2026	Products-Comp/OP Agg	
	[ ] Claims Made				Personal & Adv Injury	1,000,000
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability	8878	7/1/2025	7/1/2026	Each Occurrence	5,000,000
					Annual Aggregrate	
	Other				Each Occurrence	
	Employee Dishonesty				Claims Made	
		8878	7/1/2025	7/1/2026	Annual Aggregrate	
					Limit/Coverage	250,000

Description of Operations/Locations/Vehicles/Special Items (the following language supersedes any other language in this endorsement or the Certificate in conflict with this language)
Coverage is verified for claims arising out of Holy Cross Elementary & St. Ignatius Catholic Schools of Loyola - Kaukauna participation in the State of Wisconsin Department of Public Instruction Choice Program. Liability Coverage includes school leaders errors and omissions. Sexual Misconduct coverage is verified for claims arising out of incidents resulting from the operation of Holy Cross Elementary & St. Ignatius Catholic Schools of Loyola- Kaukauna, it employees or volunteers, for the term of the certificate. Sexual Misconduct Coverage is on a claims made basis and is limited to $1M annual aggregate. CMRS XS $500,000 XS $500,000 Church Mutual Insurance Co. - Total Auto Liability $1,000,000. School Address: 220 Doty St., Kaukauna, WI 54130-2188

Holder of Certificate

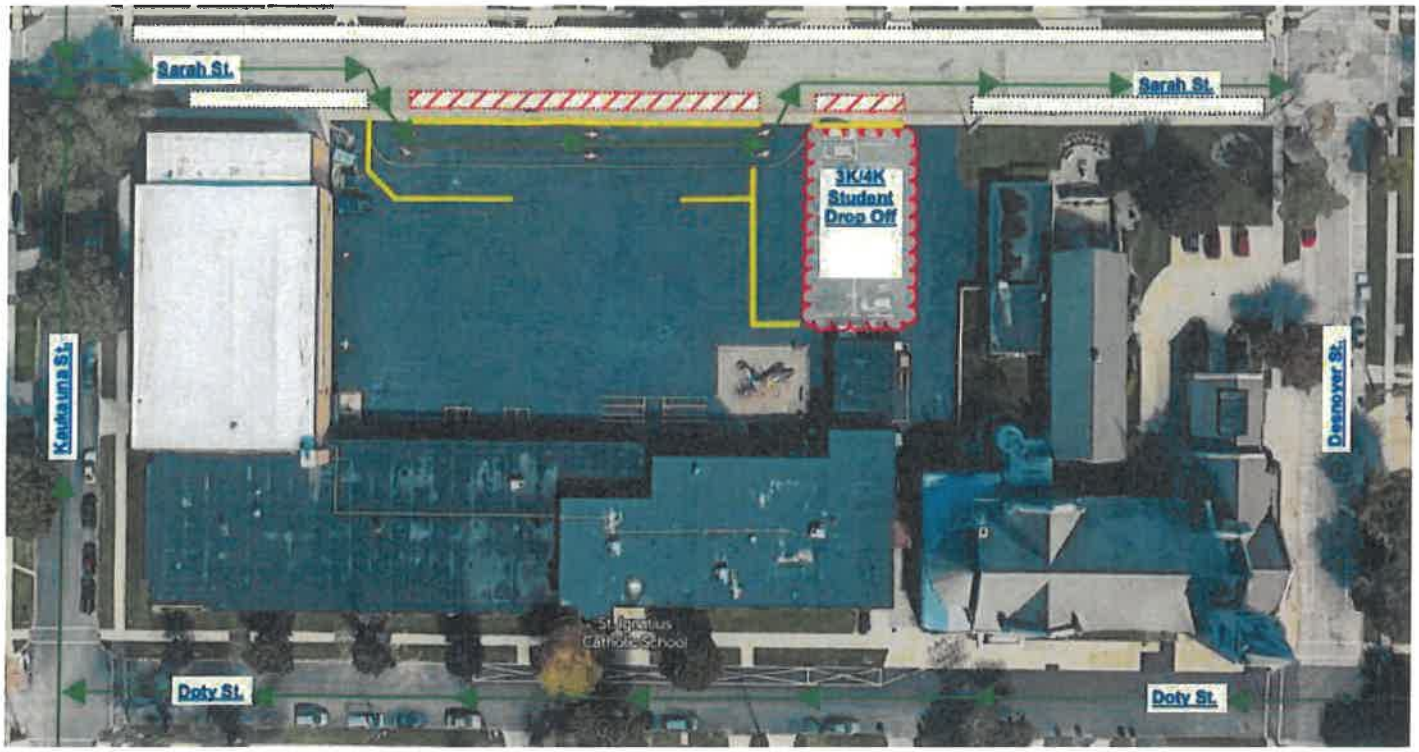
Wisconsin Department of Public Instruction
P.O. Box 7841
Madison, WI 53707-7841

0015004658

Cancellation

Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative Paul A. Peterson


Sarah St.
Sarah St.
3K/4K
Student
Drop Off
Kekauna St.
Dennyer St.
St. Ignatius
Catholic School
Doty St.
Doty St.