Our intention is to have in-person meetings going forward. For the time being, we will hold the City Committee Meetings, Plan Commission, Council and most others at the Community Room at 933 Michigan Avenue. This in-person location will meet the legal requirement for our open meetings.

We will have a virtual option available, but the technology for the hybrid style meeting may not be reliable all of the time.

CITY OF STEVENS POINT
PUBLIC POLICY AND GENERAL GOVERNMENT

November 13, 2023 - 6:00 PM

Community Room
933 Michigan Avenue, Stevens Point, WI

OR

Zoom Teleconferencing

Meeting ID: 889 9714 4821 | Passcode: 043295
By Computer: Zoom Link
By Phone: +1-312-626-6799 (US Chicago)

(A quorum of the City Council may attend this meeting)

AGENDA

Discussion and Possible Action on:

1. Roll Call.
2. License List:
    A. Change of Agent: Schierl Sales Corporation, 2201 Madison Street, Stevens Point, WI; Kimberly Perron, 1540 Torun Road, Stevens Point, agent at The Store #55, 1201 Badger Avenue, Stevens Point, replacing Nya Howland.
    B. “Class A” Beer & Liquor License: Fateh Oil LLC at 2733 Stanley Street, Stevens Point for license period beginning November 21, 2023.
    C. “Class B” Beer & Liquor License: Brokogi at 108 Division Street, Stevens Point for license period beginning November 21, 2023.
3. Request to Hold Event/Street Closing:
    A. Holiday Christmas Parade on December 1, 2023.
    B. Stevens Point Anniversary Affair on December 5, 2023.
4. Adjournment.

Any person who has special needs while attending this meeting or needing agenda materials for this meeting should contact the City Clerk as soon as possible to ensure a reasonable accommodation can be made. The City Clerk can be reached by telephone at (715) 346-1569, TDD # 346-1556 or by mail at 1515 Strongs Ave., Stevens Point, WI 54481.

Copies of ordinances, resolutions, reports and minutes of the committee meetings are on file at the office of the City Clerk for inspection during normal business hours from 7:30 a.m. to 4:00 p.m.

LICENSE LIST
PUBLIC POLICY AND GENERAL GOVERNMENT
Monday, November 13, 2023

Change of Agent:

1. **Schierl Sales Corporation,** 2201 Madison St, Stevens Point, WI; Kimberly Perron, 1540 Torun Rd, Stevens Point, agent at The Store #55, 1201 Badger Ave, Stevens Point, replacing Nya Howland.

"Class A" Beer & Liquor License:

1. **Fateh Oil LLC** at 2733 Stanley St, Stevens Point for license period beginning 11/21/2023

"Class B" Beer & Liquor License:

1. **Brokogi** at 108 Division St, Stevens Point for license period beginning 11/21/2023

SPECIAL EVENT PERMIT APPLICATION

OFFICE USE ONLY:
DATE: 10/27/23
AMOUNT: $35
RECEIPT: 2.015712

Application Fee: $35

☐ Exempt (Veterans, Schools, Funerals) ☐ Small (Less Than 100 Attendees)
☐ Medium (100-500 Attendees) ☑ Large (500+ Attendees)

Insurance: Medium and Large Events are required by City Ordinance 12.28(6)b to submit a Certificate of Insurance providing minimum combined single bodily injury and property damage of $1,000,000.

1. Please Select One: ☐ New Event ☑ Return Event as Previously Presented ☐ Return Event w/ Changes
2. Name of Event: HOLIDAY / CHRISTMAS PARADE
3. Name of Sponsoring Person or Organization: STEVENS POINT ALLIANCE
   Address: P.O. BOX 675 City: STEVENS POINT State: WI Zip Code: 54481
   Is this a 501 (C-3) non-profit organization? ☐ Yes ☑ No If Yes, Tax Exempt CES#:
4. Contact Person: NICOLE KAISER
   Phone: 715-571-4201 Email: INFO@DOWNTOWNPOINTWI.COM Fax:
   Address: P.O. BOX 675 City: STEVENS POINT State: WI Zip Code: 54481
5. Event Type: (Check All That Apply and Describe: Run/Walk, Concert, Festival, Picnic, Etc.)
   - ☑ Athletic Event:
   - ☑ Financial Gain Event on City Property: FEE TO ENTER A FLOAT
   - ☑ Free Public Event on City Property: SPECTATORS FREE TO WATCH
   - ☐ Private Event: PARADE
   - ☑ Other: PARADE
6. Event Date(s): DECEMBER 1ST, 2023 Event Start Time: 6:00 PM Event End Time: 4:8:00 PM
7. Set Up Date and Time: 4:00 PM
8. Event Assembly Location: START ON MAIN BY POST OFFICE AND TRAVEL DOWN MAIN STREET AND AROUND SQUARE
   Event Dispersal Location (if different from Assembly Location):
9. Alternative Location: ☐ Yes ☒ No if "Yes" please list location:

   (usage of an alternative location must be communicated with the City Clerk's Office two business days prior to the event)
10. Estimated Attendance Of:
    Participants/Vendors: 50-75 FLOATS Spectators/Attendees: 500+ Vehicles: YES Animals:
11. Site Plan/Map of Event Attached [REQUIRED]: ☑ Yes ☐ No
    (Include Locations of Vendors, Tents, Portable Restrooms, Etc.)
12. Street Closures Required? ☑ Yes ☐ No (If "Yes" Certificate of Insurance providing minimum combined single bodily injury and property damage of $1,000,000 is required regardless of event size).
13. List of Street Blocks to Close for Event: MAIN STREET FROM CENTERPOINT AROUND PUBLIC SQUARE
14. Briefly Describe Your Event (You May Attach Additional Pages, If Needed):

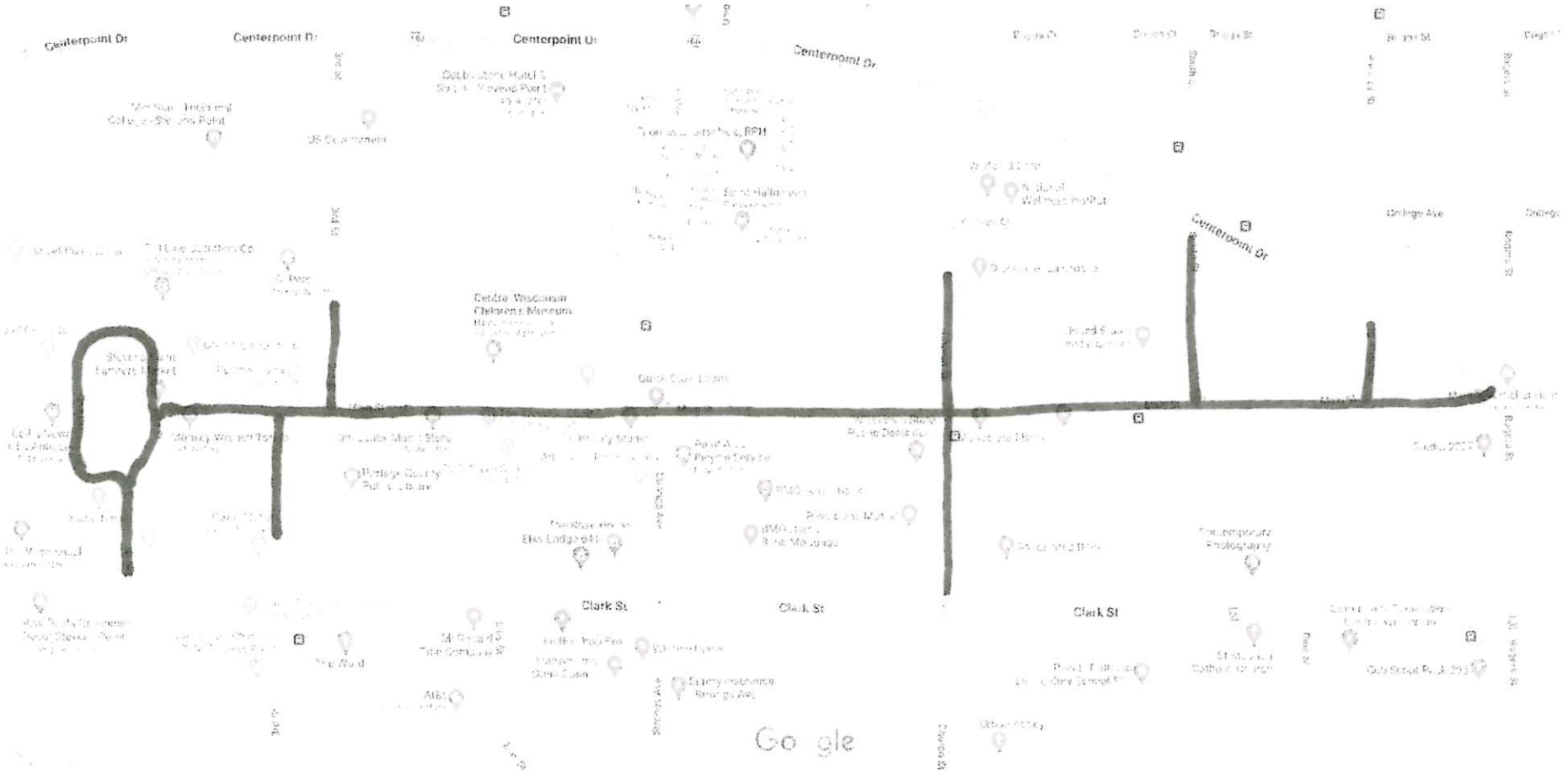
    YEARLY CHRISTMAS PARADE , THEME - STORYBOOK CHRISTMAS

15. Describe any additional needs from the City or City Facilities (Barricades, Fencing, Garbage Cans, City Facilities, Parks, etc.):

    CLOSE STREETS WITH BARRICADES

16. Police Presence Needed? ☐ Police ☐ Auxiliary Officer (Contact Lt. Uitenbroek at buitenbroek@stevenspoint.com)
    Please Explain: STANDARD POLICE PRESENCE AS USED IN THE PAST YEARS.

Google Maps Parade Route



"Road close for Parade request"
5pm - 7pm
12/01/23

"side street close is just to help with public safety"

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/28/2023

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 Spectrum Insurance Group - Stevens Point 3273 Church St Stevens Point WI 54481	**CONTACT NAME:** Elyn Charlyn Hoefs, CISR **PHONE (A/C, No, Ext):** 715-341-5050 **FAX (A/C, No):** 715-341-5620 **E-MAIL ADDRESS:** elyn.hoefs@spectruminsgroup.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #** **INSURER A :** West Bend Mutual / 15350
INSURED STEVPOI-08 Stevens Point Alliance, Inc. DBA Downtown Point PO Box 675 Stevens Point WI 54481	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 827950553 **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** CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			A779984	7/1/2023	7/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$ 1,000,000 $ 100,000 $ EXCLUDED $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ $ $ $ $
	[ ] **UMBRELLA LIAB** [ ] OCCUR [ ] **EXCESS LIAB** [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Directors & Officers Liability			A779989	7/1/2023	7/1/2024	Aggregate Each Claim	1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Various events

CERTIFICATE HOLDER

City of Stevens Point
1515 Strongs Ave.
Stevens Point WI 54481

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

SPECIAL EVENT PERMIT APPLICATION

OFFICE USE ONLY:
DATE:
AMOUNT:
RECEIPT:

Application Fee: $35

☐ Exempt (Veterans, Schools, Funerals) ☒ Small (Less Than 100 Attendees)
☐ Medium (100-500 Attendees) ☐ Large (500+ Attendees)

Insurance: Medium and Large Events are required by City Ordinance 12.28(6)b to submit a Certificate of Insurance providing minimum combined single bodily injury and property damage of $1,000,000.

1. Please Select One: ☒ New Event ☐ Return Event as Previously Presented ☐ Return Event w/ Changes
2. Name of Event: Stevens Point Anniversary Affair
3. Name of Sponsoring Person or Organization: MIKE WIZA - City
   Address: 1515 STRONGS AVE City: STEVENS POINT State: WI Zip Code: 54481
   Is this a 501 (C-3) non-profit organization? ☐ Yes ☐ No If Yes, Tax Exempt CES#:
4. Contact Person: MIKE WIZA
   Phone: 715 346 1570 Email: mwiza@stevenspoint.com Fax:
   Address: City: State: Zip Code:
5. Event Type: (Check All That Apply and Describe: Run/Walk, Concert, Festival, Picnic, Etc.)
   - ☐ Athletic Event:
   - ☐ Financial Gain Event on City Property:
   - ☐ Free Public Event on City Property:
   - ☐ Private Event:
   - ☒ Other: FUNDRAISER ON Private Property

   RECEIVED NOV 06 2023 CITY CLERKS OFFICE
6. Event Date(s): Dec. 5 2023 Event Start Time: Event End Time:
7. Set Up Date and Time:
8. Event Assembly Location:
   Event Dispersal Location (if different from Assembly Location):
9. Alternative Location: ☐ Yes ☐ No if "Yes" please list location:

   (usage of an alternative location must be communicated with the City Clerk's Office two business days prior to the event)
10. Estimated Attendance Of:
    Participants/Vendors: Spectators/Attendees: 75 Vehicles: Animals:
11. Site Plan/Map of Event Attached [REQUIRED]: ☐ Yes ☐ No ALL INSIDE
    (Include Locations of Vendors, Tents, Portable Restrooms, Etc.)
12. Street Closures Required? ☐ Yes ☒ No (If "Yes" Certificate of Insurance providing minimum combined single bodily injury and property damage of $1,000,000 is required regardless of event size).
13. List of Street Blocks to Close for Event:
14. Briefly Describe Your Event (You May Attach Additional Pages, If Needed):
    FUNDRAISER for PCHS at the Whiting Hotel Ballroom.
    90TH ANNIVERSARY OF THE Repeal of PROHIBITION
    100TH " FOR THE WHITING HOTEL
    165TH " of the City
15. Describe any additional needs from the City or City Facilities (Barricades, Fencing, Garbage Cans, City Facilities, Parks, etc.):
    NON
16. Police Presence Needed? ☐ Police ☐ Auxiliary Officer (Contact Lt. Uitenbroek at buitenbroek@stevenspoint.com)
    Please Explain:
    NO

16. Will You Have Any of the Following? Check the Appropriate Boxes:

		Yes	No			Yes	No
1	Admission/Entry Fee TICKETS	☑	☐	10	Erection of Tents/Temporary Structures—Area Greater than 400sq. ft. (**Additional Permit Required**—Contact Fire Dept & Ask for Officer on Duty: 715-344-1833)	☐	☑
2	Alcoholic Beverages Served (**Additional Permit Required**—Contact City Clerk: 715-346-1569)	☑	☐	11	Financial Gain Activity FUNDRAISER	☒	☐
3	Amplification Equipment	☑	☐	12	Fireworks—Please Explain Below: (**Additional Permit Required**—Contact Fire Department & Ask for Officer on Duty: 715-344-1833)	☐	☑
4	Amusement Rides/Inflatables (**Certificate of Insurance Required**—Contact City Clerk's Office: 715-346-1569)	☐	☑	13	Food Prepared/Served (**Additional Permit Required**—Contact Portage County Health Dept: 715-345-5350 AND Fire Dept—Email the Fire Marshal at: sinnert@stevenspoint.com)	☒	☐
5	Boats/Snowmobiles/ATVs	☐	☑	14	Horses/Animals	☐	☑
6	Concession Sales	☐	☑	15	Musical Bands	☑	☐
7	Drive Anything Into the Ground (**Utility Location Required $25**—Contact Parks Department: 715-346-1531)	☐	☑	16	Portable Toilets	☐	☑
8	Electricity Needed	☐	☑	17	Vendor Displays/Sales	☐	☑
9	Erection of Tents/Temporary Structures—Area Less than 400sq. ft.	☐	☑	18	Usage of the Square (**Farmers Market Runs May 1st - October 31st**—Contact: stevenspointfarmersmarket@gmail.com)	☐	☑

Additional Explanation Here:

_____

_____

_____

I understand the filing of this application does not ensure the issuance of this permit. I also understand that all Special Event organizers and participants must comply with all applicable City Ordinances, traffic rules, park rules, state health laws, fire codes, and liquor licensing regulations. Additional fees such as park facilities, tent, and firework permits are in addition to the fees submitted for the Special Event Application.

NON-DISCRIMINATION, HOLD HARMLESS, INDEMNIFICATION AND DEFENSE

THE PERSON OR GROUP NAMED AS THE SPONSORING ORGANIZATION ON THIS APPLICATION WILL BE RESPONSIBLE FOR THE CONDUCT OF THE SPECIAL EVENT AND FOR THE CONDITION OF THE FACILITY. THE SPONSORING ORGANIZATION WILL NOT DENY ANY PERSON ANY BENEFIT OR OTHERWISE SUBJECT ANY PERSON TO DISCRIMINATION BECAUSE OF RACE, COLOR, CREED, NATIONAL ORIGIN, SEXUAL ORIENTATION, DISABILITY, RELIGION, GENDER IDENTITY, OR MEMBERSHIP IN ANY PROTECTED CLASS.

BY SIGNING THIS APPLICATION, THE SPONSORING PERSON OR ORGANIZATION LISTED ABOVE AGREES TO INDEMNIFY, DEFEND, AND HOLD THE CITY AND ITS OFFICERS, OFFICIALS, EMPLOYEES AND AGENTS HARMLESS AGAINST ALL CLAIMS, LIABILITY, LOSS, DAMAGE, OR EXPENSE INCURRED BY THE CITY ON ACCOUNT OF ANY INJURY TO OR DEATH OF ANY PERSON OR ANY DAMAGE TO PROPERTY CAUSED BY OR RESULTING FROM THE ACTIVITIES FOR WHICH THE PERMIT IS GRANTED.

NOTHING CONTAINED WITHIN THIS AGREEMENT IS INTENDED TO BE A WAIVER OR ESTOPPELS OF THE CONTRACTING MUNICIPALITY OR ITS INSURER TO RELY UPON THE LIMITATIONS, DEFENSES, AND IMMUNITIES CONTAINED WITHIN WISCONSIN LAW, INCLUDING THOSE CONTAINED WITHIN WISCONSIN STATUTES §§ 893.80, 895.52, AND 345.05. TO THE EXTENT THAT INDEMINIFICATION IS AVAILABLE AND ENFORCEABLE, THE CITY OF STEVENS POINT OR ITS INSURER(S) SHALL NOT BE LIABLE IN INDEMNITY OR CONTRIBUTION FOR AN AMOUNT GREATER THAN THE LIMITS OF LIABILITY FOR MUNICPAL CLAIMS ESTABLISHED BY WISCONSIN LAW.

I hereby certify that the foregoing facts concerning my Special Event are true to the best of my knowledge:

Signature of Applicant: _____ Date: 11/6/23

**********Signature of Approval**********

Signature of City Clerk: _____ Date: _____