



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.

## Members

- Alderperson Keymer
- Alderperson Lang
- Alderperson Donahue
- Alderperson Guthrie
- Alderperson Moldenhauer

## AGENDA

### PUBLIC POLICY AND GENERAL GOVERNMENT

|                       |                               |                  |                                                          |
|-----------------------|-------------------------------|------------------|----------------------------------------------------------|
| <b>Date and Time:</b> | September 14, 2026<br>6:00 PM | <b>Location:</b> | Community Room<br>933 Michigan Avenue, Stevens Point, WI |
|                       |                               |                  | <u>OR</u>                                                |
|                       |                               |                  | <u>Zoom Teleconferencing</u>                             |
|                       |                               |                  | Meeting ID: 822 3933 8056   Passcode:<br>801466          |
|                       |                               |                  | <u>By Computer:</u> <a href="#">Zoom Link</a>            |
|                       |                               |                  | <u>By Phone:</u> +1-312-626-6799 (US Chicago)            |

#### Discussion and Possible Action on:

1. Roll Call.
2. License List:
  - A. Temporary Class "B" Beer and Class "B" Wine License: Portage County Historical Society, 1475 Water Street, Stevens Point, for Lagers and Loggers Fundraising Dinner on October 7, 2026, at the Pfiffner Building, 425 Franklin Street, Stevens Point; to include consumption inside, on deck, and in nearby tent.
  - B. Class "A" Intoxicating Liquor & Class "A" Fermented Malt Beverage License Change of Agent: Kwik Trip #342, 3533 Stanley Street, Stevens Point; Kelly Prince replacing Angela Shipp.
  - C. Class "B" Beer & Class "C" Wine License Late Renewal: Chef Chu's, 5720 Windy Drive Suite A, Stevens Point, for license period beginning September 22, 2026.
3. Request to Hold Event/Street Closing:
  - A. SPASH 2026 Fall Color Run on October 3, 2026 (Recurring).
  - B. Lagers and Loggers Fundraising Dinner on October 7, 2026 (Recurring).
  - C. Holiday Parade on November 19, 2026 (Recurring).
4. Adjournment.

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**PLEASE TAKE NOTICE** that any person who has special needs while attending these meetings or needs agenda materials for these meetings should contact the City Clerk as soon as possible to ensure that a reasonable accommodation can be made. The City Clerk can be reached by telephone at (715) 346-1569 or by mail at 1515 Strongs Avenue, 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 4:00p.m.

**PLEASE TAKE FURTHER NOTICE** that a quorum of the Common Council may be in attendance at this meeting.

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**LICENSE LIST**  
**PUBLIC POLICY AND GENERAL GOVERNMENT**

**September 14, 2026**

**Temporary Class “B” Beer and Class “B” Wine License:**

1. Portage County Historical Society, 1475 Water St, Stevens Point, for Lagers and Loggers Fundraising Dinner on October 7, 2026, at the Pfiffner Building, 425 Franklin St, Stevens Point; to include consumption inside, on deck, and in nearby tent.

**Class “A” Intoxicating Liquor & Class “A” Fermented Malt Beverage License Change of Agent:**

1. Kwik Trip #342, 3533 Stanley St, Stevens Point; Kelly Prince replacing Angela Shipp.

**Class “B” Beer & Class “C” Wine License Late Renewal:**

1. Chef Chu’s, 5720 Windy Dr Ste A, Stevens Point, for license period beginning September 22, 2026.

# SPECIAL EVENT PERMIT APPLICATION

Application Fee: \$35

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

## OFFICE USE ONLY:

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

RECEIPT: \_\_\_\_\_

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: SPASH 2024 Fall Color Run
3. Name of Sponsoring Person or Organization: SPASH Hosa & SPASH Raise Your Voice  
 Address: 1201 North Point Dr City: Stevens Point State: WI Zip Code: 54481  
 Is this a 501 (C-3) non-profit organization? ☒ Yes ☐ No If Yes, Tax Exempt CES#: 008-0000486867-04
4. Contact Person: Barb Wetzel  
 Phone: 715-570-1348 Email: bwetzel@pointschools.net Fax: \_\_\_\_\_  
 Address: 347 Acorn St 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: Run Walk  
☐ Financial Gain Event on City Property: \_\_\_\_\_  
☐ Free Public Event on City Property: \_\_\_\_\_  
☐ Private Event: \_\_\_\_\_  
☒ Other: \_\_\_\_\_
6. Event Date(s): October 3, 2024 Event Start Time: 11am Event End Time: 12pm
7. Set Up Date and Time: October 3, 2024 9:30am setup
8. Event Assembly Location: SPASH  
 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: 150 Spectators/Attendees: 50 Vehicles: 0 Animals: 0
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 (Event Organizer is responsible for attaining and proper placement of barricades): North Point by Holiday Trail crosswalk (only pause traffic when runners cross)
14. Briefly Describe Your Event (You May Attach Additional Pages, If Needed):  
SPASH HOSA and SPASH Raise Your Voice is hosting a color run to support a local family and project at SPASH. The color run will start at SPASH, will make it's way
15. Describe any additional needs from the City or City Facilities (Fencing, Garbage Cans, City Facilities, Parks, etc.):  
We hope to utilize the Auxiliary Police to help pause traffic as runners/walkers cross north point Dr.
16. Police Presence Needed? ☐ Police ☒ Auxiliary Officer (Contact Lt. Uitenbroek at [buitenbroek@stevenspoint.com](mailto:buitenbroek@stevenspoint.com))  
 Please Explain: \_\_\_\_\_
17. Emergency On-Site Contact Person (Please list full name, phone number and email):  
Barb Wetzel bwetzel@pointschools.net, 715-570-1348

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

|   |                                                                                                                  | Yes                                 | No                                  |    |                                                                                                                                                                                          | Yes                                 | No                                  |
|---|------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1 | Alcoholic Beverages Served<br>(Additional Permit Required—<br>Contact City Clerk: 715-346-1569)                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 10 | Erection of Tents/Temporary<br>Structures—Area of 400 sq ft or<br>greater (Additional Permit Required—<br>Contact the Fire Marshal at 715-342-4809)                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 | Admission/Entry Fee                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11 | Financial Gain Activity                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 3 | Amplification Equipment                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 12 | Fireworks—Please Explain Below:<br>(Additional Permit Required—Contact Fire<br>Department & Ask for Officer on Duty: 715-<br>344-1833)                                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 | Amusement Rides/Inflatables<br>(Certificate of Insurance Required—<br>Contact City Clerk's Office: 715-346-1569) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 13 | Food Prepared/Served (Additional<br>Permit Required—Contact Portage County<br>Health Dept: 715-345-5350 AND Fire Dept—<br>Email the Fire Marshal at:<br>spfdprevention@stevenspoint.com) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 | Boats/Snowmobiles/ATVs                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 14 | Food Truck on Site                                                                                                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 | Concession Sales                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 15 | Musical Bands                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 7 | Drive Anything Into the Ground<br>(Utility Location Required \$25—Contact Parks<br>Department: 715-346-1531)     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 16 | Portable Toilets                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8 | Electricity Needed                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 17 | Vendor Displays/Sales                                                                                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9 | Erection of Tents/Temporary Structures—<br>Area of 399 sq ft or less                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 18 | Usage of the Square<br>(Farmers Market Runs May 1st - October 31st—<br>Contact: stevenspointfarmersmarket@gmail.com)                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|   |                                                                                                                  |                                     |                                     | 19 | Horses/Animals                                                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Additional Explanation Here:

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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.

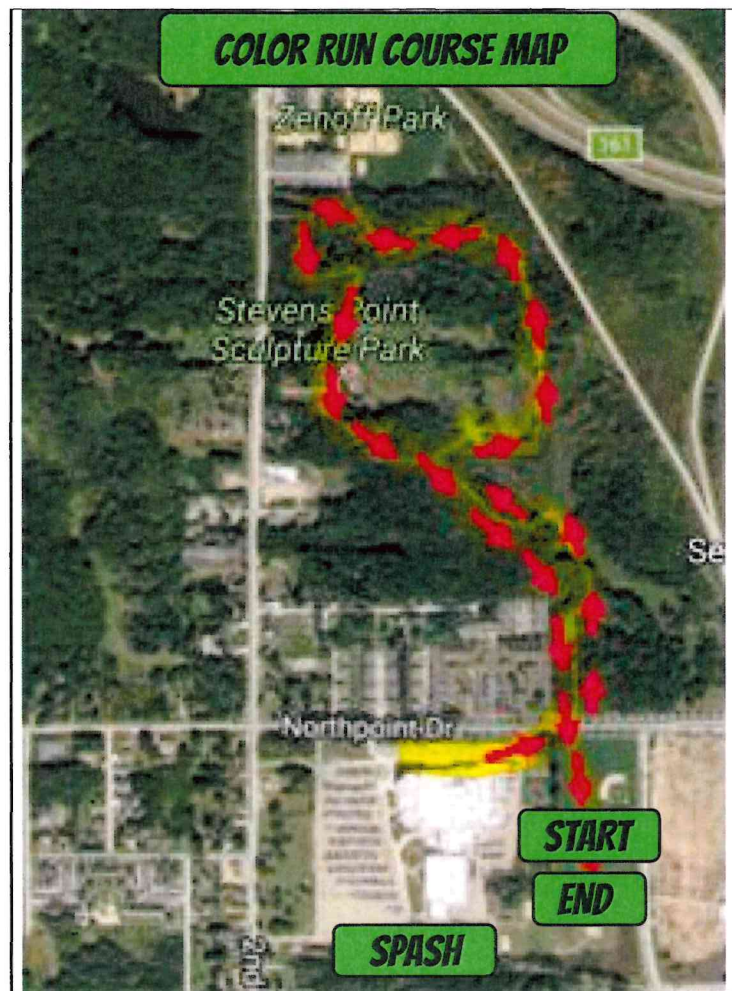
NOTHING CONTAINED WITHIN THIS AGREEMENT IS INTENDED TO BE A WAIVER OR ESTOPPELS OF THE CONTRACTING MUNICIPALITY OR ITS INSURER TO RELY UPON THE LIMITATIONS, DEFENSES, AND IMMUNITIES CONTAINED WITHIN WISCONSIN LAW, INCLUDING THOSE CONTAINED WITHIN WISCONSIN STATUTES §§ 893.80, 895.52, AND 345.05. TO THE EXTENT THAT INDEMNIFICATION 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 MUNICIPAL 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: Bruce A. Wetzel Date: 8/25/2024

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

Signature of City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_



# SPECIAL EVENT PERMIT APPLICATION

Application Fee: \$35

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

## OFFICE USE ONLY:

DATE: 8/19/26  
 AMOUNT: 35.00  
 RECEIPT: 203353261

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.

- Please Select One: ☐ New Event ☐ Return Event as Previously Presented ☒ Return Event w/ Changes
- Name of Event: Lunch & Lager Fundraising Dinner
- Name of Sponsoring Person or Organization: Portsmouth County Historical Society  
 Address: P.O. Box 672 City: Stevens Point State: WI Zip Code: 54481  
 Is this a 501 (C-3) non-profit organization? ☒ Yes ☐ No If Yes, Tax Exempt CES#: 008-1030834353-04
- Contact Person: John Harry  
 Phone: 608-267-4381 Email: jsharry@pchsociety.org Fax: —  
 Address: P.O. Box 672 City: Stevens Point State: WI Zip Code: 54481
- Event Type: (Check All That Apply and Describe: Run/Walk, Concert, Festival, Picnic, Etc.)  
☐ Athletic Event:  
☒ Financial Gain Event on City Property: Fundraising Dinner  
☐ Free Public Event on City Property:  
☐ Private Event:  
☐ Other:
- Event Date(s): October 7, 2026 Event Start Time: 5pm Event End Time: 10pm
- Set Up Date and Time: October 6, 2026 from 10am to 5pm, Oct 7 from 6 to 5pm
- Event Assembly Location: Plittner Building 423 Franklin Street, Stevens Point  
 Event Dispersal Location (if different from Assembly Location): —
- 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)
- Estimated Attendance Of:  
 Participants/Vendors: — Spectators/Attendees: 140 Vehicles: — Animals: —
- Site Plan/Map of Event Attached [REQUIRED]: ☒ Yes ☐ No  
 (Include Locations of Vendors, Tents, Portable Restrooms, Etc.)
- 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).
- List of Street Blocks to Close for Event (Event Organizer is responsible for attaining and proper placement of barricades): —
- Briefly Describe Your Event (You May Attach Additional Pages, If Needed):  
Fundraising Dinner inside Plittner Building with pre-dinner socializing on deck & lawn on south side of building
- Describe any additional needs from the City or City Facilities (Fencing, Garbage Cans, City Facilities, Parks, etc.):  
garbage cans
- Police Presence Needed? ☐ Police ☐ Auxiliary Officer (Contact Lt. Uitenbroek at [buitenbroek@stevenspoint.com](mailto:buitenbroek@stevenspoint.com))  
 Please Explain: no
- Emergency On-Site Contact Person (Please list full name, phone number and email):  
John Harry, 608-267-4381, jsharry@pchsociety.org

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

|   |                                                                                                                  | Yes                                 | No                                  |    |                                                                                                                                                                                                                                                | Yes                                 | No                                  |
|---|------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
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| 2 | Admission/Entry Fee                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 11 | Financial Gain Activity                                                                                                                                                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
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| 5 | Boats/Snowmobiles/ATVs                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 14 | Food Truck on Site                                                                                                                                                                                                                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 | Concession Sales                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 15 | Musical Bands                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
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| 8 | Electricity Needed                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 17 | Vendor Displays/Sales                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
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|   |                                                                                                                  |                                     |                                     | 19 | Horses/Animals                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

Additional Explanation Here:

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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**

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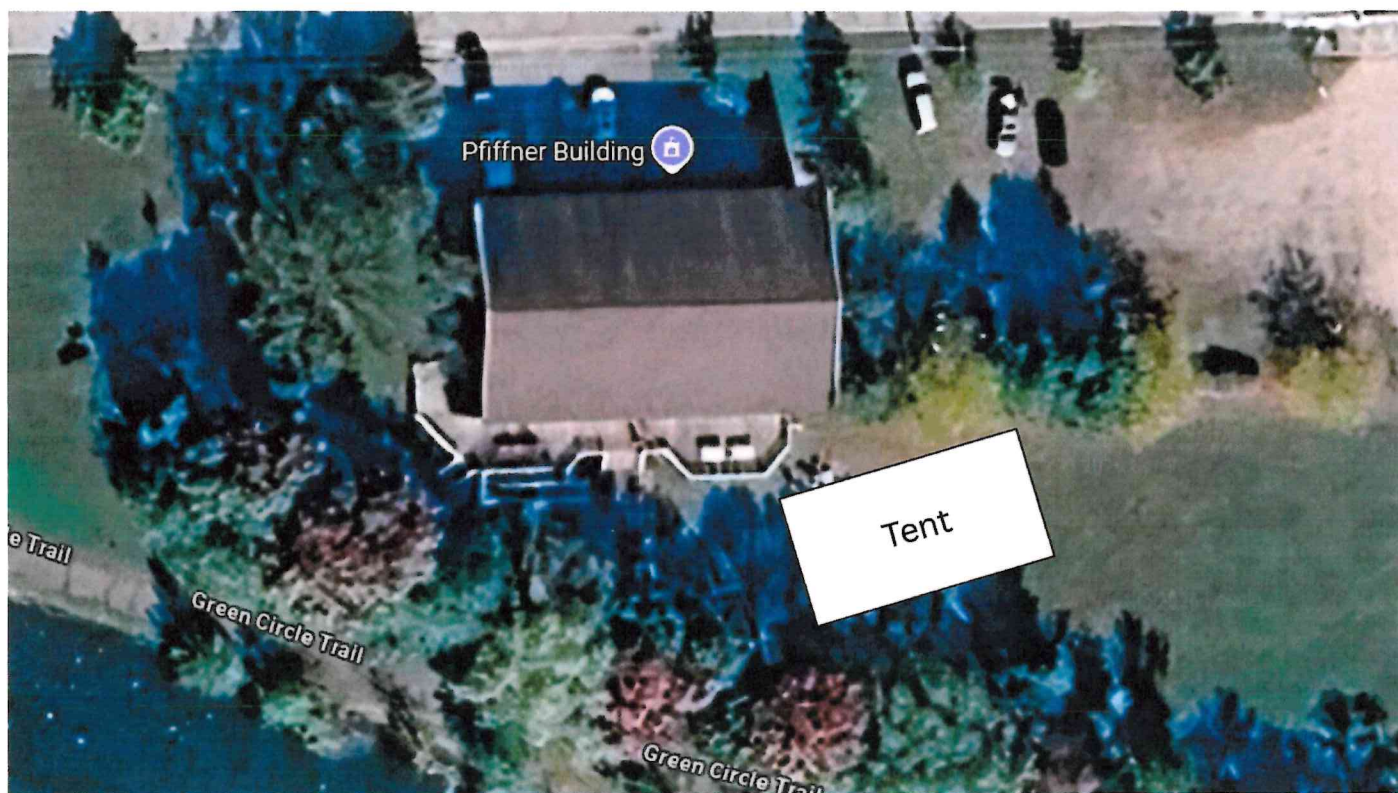
NOTHING CONTAINED WITHIN THIS AGREEMENT IS INTENDED TO BE A WAIVER OR ESTOPPELS OF THE CONTRACTING MUNICIPALITY OR ITS INSURER TO RELY UPON THE LIMITATIONS, DEFENSES, AND IMMUNITIES CONTAINED WITHIN WISCONSIN LAW, INCLUDING THOSE CONTAINED WITHIN WISCONSIN STATUTES §§ 893.80, 895.52, AND 345.05. TO THE EXTENT THAT INDEMNIFICATION 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 MUNICIPAL 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: 8-14-26

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

Signature of City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/17/2026

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).

|                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| <b>PRODUCER</b><br>Church Mutual Insurance Company, S.I.<br>3000 Schuster Lane<br>P.O. Box 357<br>Merrill WI 54452 | <b>CONTACT NAME:</b> Church Mutual Insurance Company, S.I.<br><b>PHONE (A/C, No, Ext):</b> 1-800-554-2642<br><b>FAX (A/C, No):</b> 855-264-2329<br><b>E-MAIL ADDRESS:</b> customerservice@churchmutual.com<br><b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Church Mutual Insurance Company, S.I.<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> | <b>NAIC #</b><br>18767 |
| <b>INSURED</b><br>PORTAGE COUNTY HISTORICAL SOCIETY<br>2700 MADISON AVE<br>PLOVER WI 54467                         |                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |

**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.

| INSR LTR | 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"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |                                                        | 0437698 25-961408 | 01/12/2026              | 01/12/2027                          | EACH OCCURRENCE \$ 1,000,000                                         |
|          |                                                                                                                                                                                                                                                                                                                        |           | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |                   |                         |                                     |                                                                      |
|          |                                                                                                                                                                                                                                                                                                                        |           | MED EXP (Any one person) \$ 15,000                     |                   |                         |                                     |                                                                      |
|          |                                                                                                                                                                                                                                                                                                                        |           | PERSONAL & ADV INJURY \$ 1,000,000                     |                   |                         |                                     |                                                                      |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         | GENERAL AGGREGATE \$ 3,000,000      |                                                                      |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         | PRODUCTS - COMP/OP AGG \$ 1,000,000 |                                                                      |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | \$                                                                   |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                                                                      |           |                                                        |                   |                         |                                     | COMBINED SINGLE LIMIT (Ea accident) \$                               |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | BODILY INJURY (Per person) \$                                        |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | BODILY INJURY (Per accident) \$                                      |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | PROPERTY DAMAGE (Per accident) \$                                    |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | \$                                                                   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input type="checkbox"/> RETENTION \$                                                                                                                                                            |           |                                                        |                   |                         |                                     | EACH OCCURRENCE \$                                                   |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | AGGREGATE \$                                                         |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | \$                                                                   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below<br>Y/N <input type="checkbox"/> N/A                                                                                      |           |                                                        |                   |                         |                                     | PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | E.L. EACH ACCIDENT \$                                                |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | E.L. DISEASE - EA EMPLOYEE \$                                        |
|          |                                                                                                                                                                                                                                                                                                                        |           |                                                        |                   |                         |                                     | E.L. DISEASE - POLICY LIMIT \$                                       |
| A        | Sexual Misconduct                                                                                                                                                                                                                                                                                                      |           |                                                        | 0437698 25-961408 | 01/12/2026              | 01/12/2027                          | Occurrence Limit \$100,000<br>Aggregate Limit \$300,000              |

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

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                     |                                                                                                                                                                                                     |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of Stevens Point<br>1515 Strongs Ave<br>Stevens Point WI 54481 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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## SPECIAL EVENT PERMIT APPLICATION

Application Fee: \$35

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

### OFFICE USE ONLY:

DATE: \_\_\_\_\_  
AMOUNT: \_\_\_\_\_  
RECEIPT: \_\_\_\_\_

*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 Parade
3. Name of Sponsoring Person or Organization: Stevens Point Downtown Business Improvement District  
Address: 1105 Main Street, Suite A 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: Kristeen Carne  
Phone: 715-340-3259 Email: kristeencarne@yahoo.com Fax: \_\_\_\_\_  
Address: 1105 Main Street, Suite A City: Stevens Point State: WI 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: \_\_\_\_\_
6. Event Date(s): Thursday, November 19, 2026 Event Start Time: 6pm Event End Time: 8pm
7. Set Up Date and Time: Thursday, November 19, 2026 3pm
8. Event Assembly Location: Main Street from Rogers St to the Mathias Mitchell Square and at all intersections through Main St. See Map  
Event Dispersal Location (if different from Assembly Location): Mathias Mitchell Public Square
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: 30-50 Spectators/Attendees: 500+ Vehicles: 30-50 Animals: NA
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 (Event Organizer is responsible for proper placement of barricades to close the street): Main Street Closed Starting at Centerpoint Dr/Rogers and all streets leading into Main Street from Centerpoint Drive. All streets leading into Mathias Mitchell Square.
14. Briefly Describe Your Event (You May Attach Additional Pages, If Needed):  
Annual Holiday Parade through Downtown Stevens Point  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
15. Describe any additional needs from the City or City Facilities (Barricades, Fencing, Garbage Cans, City Facilities, Parks, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
16. Police Presence Needed? ☒ Police ☒ Auxiliary Officer (Contact Lt. Uitenbroek at [buitenbroek@stevenspoint.com](mailto:buitenbroek@stevenspoint.com))  
Please Explain: Request for crowd safety  
\_\_\_\_\_  
\_\_\_\_\_
17. Emergency On-Site Contact Person (Please list full name, phone number and email):  
Kristeen Carne 715-340-3259 kristeencarne@yahoo.com  
\_\_\_\_\_  
\_\_\_\_\_

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

|   |                                                                                                           | Yes                                 | No                                  |    |                                                                                                                                                                       | Yes                                 | No                                  |
|---|-----------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|
| 1 | Admission/Entry Fee                                                                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 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)            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2 | Alcoholic Beverages Served (Additional Permit Required—Contact City Clerk: 715-346-1569)                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 11 | Financial Gain Activity                                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 3 | Amplification Equipment                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 12 | Fireworks—Please Explain Below: (Additional Permit Required—Contact Fire Department & Ask for Officer on Duty: 715-344-1833)                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 4 | Amusement Rides/Inflatables (Certificate of Insurance Required—Contact City Clerk's Office: 715-346-1569) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 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 ) | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5 | Boats/Snowmobiles/ATVs                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 14 | Horses/Animals                                                                                                                                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6 | Concession Sales                                                                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 15 | Musical Bands                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7 | Drive Anything Into the Ground (Utility Location Required \$25—Contact Parks Department: 715-346-1531)    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 16 | Portable Toilets                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8 | Electricity Needed                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 17 | Vendor Displays/Sales                                                                                                                                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9 | Erection of Tents/Temporary Structures—Area Less than 400sq. ft.                                          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | 18 | Usage of the Square (Farmers Market Runs May 1st - October 31st—Contact: stevenspointfarmersmarket@gmail.com)                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

Additional Explanation Here:

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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.

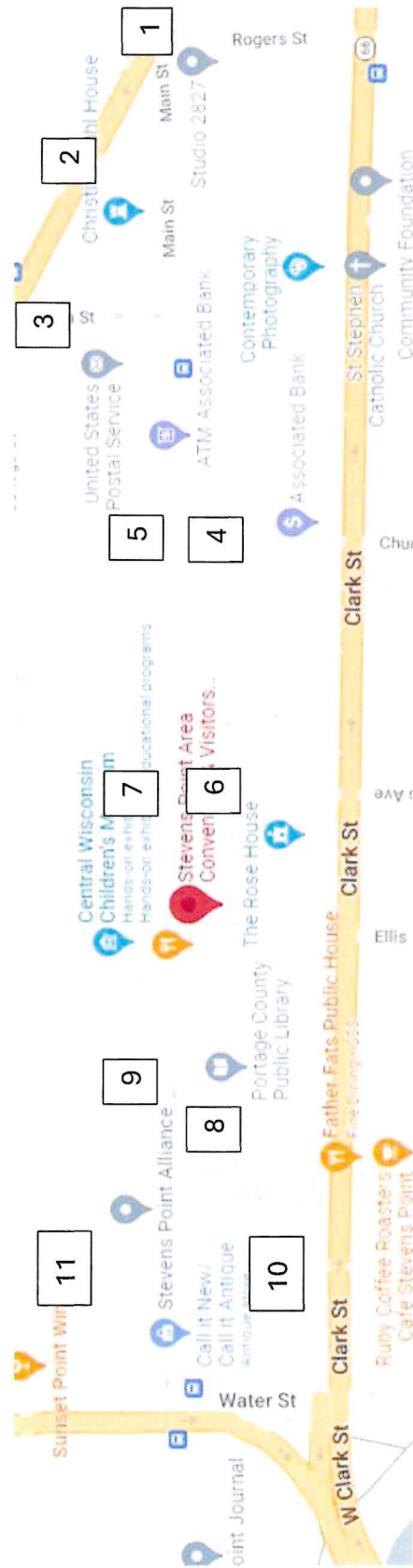
NOTHING CONTAINED WITHIN THIS AGREEMENT IS INTENDED TO BE A WAIVER OR ESTOPPELS OF THE CONTRACTING MUNICIPALITY OR ITS INSURER TO RELY UPON THE LIMITATIONS, DEFENSES, AND IMMUNITIES CONTAINED WITHIN WISCONSIN LAW, INCLUDING THOSE CONTAINED WITHIN WISCONSIN STATUTES §§ 893.80, 895.52, AND 345.05. TO THE EXTENT THAT INDEMNIFICATION 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 MUNICIPAL 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: Kristeen Carne Date: 8/21/26

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

Signature of City Clerk: \_\_\_\_\_ Date: \_\_\_\_\_



### **Downtown Stevens Point Holiday Parade-Street Closures**

**Thursday, November 19, 2026**

- 1- Main and Rogers Street
- 2- Prentice St and Centerpoint Dr
- 3- Smith St and Centerpoint Dr
- 4-5- North and South Intersections of Church with Main St
- 6-7- North and South Intersections of Strong's Ave with Main St
- 8-9 – North and South Intersections of 3<sup>rd</sup> St with Main St
- 10-11- North and South Entrances of 2<sup>nd</sup> Street to the Mathias Mitchell Public Square