

CITY OF VERONA

PARK, RECREATION, AND FORESTRY COMMISSION

WEDNESDAY August 16, 2023 – 5:30 P.M.

VERONA PUBLIC WORKS

410 INVESTMENT COURT

A G E N D A

1. Call to order.
2. Roll call.
3. Public Comment.
4. Approve the minutes of the July 19, 2023 meeting of the Park, Recreation, and Forestry Commission.
5. Discussion and Possible Action Re: Special Event Request; Annual Fall Fest
6. Discussion: Pickleball Court Rental Fee Structure.
7. Updates from the departments.
 - 7.1 Century School Park – Construction Update
8. Adjourn.

Tyler Powers
Chairperson

POSTED: Verona City Hall
Verona Public Library
Miller's Market

ALL AGENDAS ARE POSTED ON THE CITY'S WEBSITE AT www.ci.verona.wi.us

IF YOU NEED AN INTERPRETER, MATERIALS IN ALTERNATIVE FORMATS, OR OTHER ACCOMMODATION TO ACCESS THE MEETINGS, PLEASE CONTACT THE CITY CLERK AT 845-6495 AT LEAST 48 HOURS PRECEDING THE MEETING. EVERY REASONABLE EFFORT WILL BE MADE TO ACCOMMODATE YOUR REQUEST.

CITY OF VERONA

PARK, RECREATION, AND FORESTRY COMMISSION

WEDNESDAY July 19, 2023 – 5:30 P.M.

VERONA PUBLIC WORKS

410 INVESTMENT COURT

A G E N D A

1. Call to order. Meeting called to order at 5:30pm.
2. Roll call: Tyler Powers, Beth Tucker Long, Brandon Braithwaite, Phil Hoechst. Also in attendance Casey Dudley (Recreation Director) and Adam Waszak (Parks & Urban Forestry Director).
3. Public Comment: None.
4. Approve the minutes of the June 28, 2023, meeting of the Park, Recreation, and Forestry Commission.

Motion made by B. Tucker Long, seconded by B. Braithwaite. Motion carried 4-0.

5. Discussion and Possible Action Re: Draft 2024 Operating Budget

Staff presented the draft 2024 operating budgets for Parks, Forestry & Recreation.

B. Tucker Long asked if prices should be adjusted for the beach, as expenditures seem to be approaching revenues.. C. Dudley stated a small increase in expected for beach admission, and the prices for concessions will be adjusted if costs increase.

B. Braithwaite asked if staff were receiving enough support with trainings and other professional development opportunities. A. Waszak talked about the different trainings and conferences that staff have been attending and are looking to attend/complete in the coming year.

Motion made by B. Tucker Long, seconded by P. Hoechst to recommend the adoption of the draft 2024 operating budgets as presented. Motion carried 4-0.

6. Updates from the departments.
 - 6.1 Century School Park – Construction Update
7. Adjourn: Meeting adjourned at 6:36pm.

Tyler Powers
Chairperson

POSTED: Verona City Hall
Verona Public Library
Miller's Market

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CITY OF VERONA

Date: _____

CR#: _____

Account #: 100-44910

APPLICATION FOR A SPECIAL EVENT/NEIGHBORHOOD EVENT PERMIT

For Parades, Runs, Walks, Bicycle Events, Triathlons, Festivals, Neighborhood Events, etc.

All required application materials must be submitted at least **45 days prior to the event. Failure to meet this requirement may result in the denial of the application pursuant to Section 7-7-1(h) of the City of Verona Code of Ordinances**

Application Fee:

\$150.00 + any additional fees

Non-Profit Organization: \$50.00 + any additional fees

REQUIRED INFORMATION

Please include the following information/materials regarding the event with your application:

A copy of the applicant's Driver's License

Route map and description and/or map of event layout

Certificate of Insurance – at least 30 days prior to event

APPLICANT INFORMATION

Name: Le Jordan Phone: 608-845-5777

First M.I. Last

Address: 120 W. Verona Avenue, Verona 53593

Driver License # [REDACTED] DOB: 5-22-62

Email: ljordan@veronawi.com

AGENCY/ORGANIZATION INFORMATION

Name: Verona Area Chamber of Commerce Phone: 608-845-5777

Address: 120 W. Verona Avenue, Verona 53593

If this is a non-profit organization, please provide your EIN number for verification: 39-1505610

EVENT INFORMATION

Name of Event: Fall Fest Type of event: Community festival

Event date(s): October 6 & 7, 2023 Event time(s): F- 4 to 10/S 9 - 8

Set up Start Time: October 2, 2023 Tear Down End Time: October 11, 2023

(Application Continues on Reverse)

Last updated

Date: _____

Initials: _____

Informational Questions		No	Yes	Notes
1	Was a Special Event Permit previously approved in times past for this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2	Will there be outdoor amplified sound?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional application required.
3	Will alcohol be sold, served or consumed?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Additional licenses may be required.
4	Are you requesting any City streets to be closed to traffic?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Below*
5	Will your event use County, State or US Highways?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If yes, please provide a map clearly marking the highways that will be used. Additional permission from the County is required.
6	Will park, conservancy land, or trails be used? If so, have you reserved a park, pavilion, or any other city facilities for the event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contact Parks Department: 845-6695 If using park facilities, the application will not go before the Public Safety Committee without Parks Department approval.
7	Will items or services be sold or given away at this event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	If yes, please attach a list of types of items or services.
8	Does this event involve a plan for tents, stages, inflatable bounce houses or temporary structures?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Include on event layout map.
9	Does your event include the use of fireworks, rockets, lasers, other pyrotechnics, or open flame?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Must receive written approval from Fire Chief or his designee. 608-845-9401
10	Do you plan to provide portable toilets at your event?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11	Will your event have dedicated coverage by an Emergency Medical Provider?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
12	Is this a race or timed event where participants need the right of way on City streets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	If traffic control is desired, a police officer is required, per WI Law.
13	Will there be a clear path of travel (min. 18' wide) for emergency vehicles throughout your event?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14	Does your event include running or biking that will need a dedicated lane of travel on City streets?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Posting of No Parking signs by PD will be needed and billed to event.

***If you answered YES to street closures, please attach a map/diagram of the portion(s) of street you wish to have closed for your event. Please include street names and as much information as possible.**

If you are NOT intending to close any City Streets, or request the right of way, but intend to use City Streets, you will share the street with vehicular traffic and agree to abide by all traffic laws. Failure to comply with traffic laws will result in the immediate termination of all event activities.

***Applicant Initial Here: LJ**

EVENT CONTACTS

PLEASE LIST NAMES, LOCATIONS AND CELL PHONE NUMBERS OF ON-SITE EVENT CONTACT PERSONS

NAME as shown on ID	DOB	LOCATION AT EVENT (Ex: Race Start, Supply Tent etc.)	TIME ON-SITE (Ex: 10 a.m. to 2 p.m.)	CELL PHONE
Le Jordan	5-22-62	General	Entire Time	608-334-9269
Mona Cassis	1-26-69	General	Entire Time	608-669-5551
Molly Solie	8-28-82	General	Entire Time	973-617-0561
Robin Phelps	10-7-64	General	Entire Time	608-220-7955

APPLICATION PROCEDURES

1. Application and all required materials shall be submitted to the City Clerk a minimum of **45 days prior to the event.** (*Section 7-7-1(h) of the City of Verona Code of Ordinances*)
2. Upon verification of the application the City Clerk shall submit the application to the Police Chief for further review.
3. The applicant will be contacted by the Police Department Staff to review event route and the need for on- site police officers or City staff at the event.
4. The applicant is subject to a background check.
5. All police traffic control/city staff time incurred shall be billed to the applicant upon the completion of the event.
6. The applicant may be required to attend a Public Safety and Welfare Committee meeting and/or a Common Council meeting at which the event application will be reviewed for approval.
7. Once the application is approved by the appropriate official(s) the permit will be issued.

APPLICANT SIGNATURE

PLEASE READ CAREFULLY BEFORE SIGNING

I understand the application and event requirements and agree to adhere to all applicable federal, state, and municipal laws in addition to the requirements on the application. I agree to pay any invoices received from the City of Verona for staff time at the event within 30 days of the invoice date. I understand that failure to adhere to any application requirements or any federal, state or municipal laws involving the event will result in the denial of the application or immediate termination of the event. The violation of federal, state or municipal laws will be subject to applicable fines and penalties.



Applicant Signature

7/12/2023

Date

**Once application is approved, the permit will be issued to applicant via email.
A copy of the permit must be available at event for conformation.**

Verona Area Chamber of Commerce

Fall Fest 2023 Special Events Permit Application

Question 7 – Will items or services be sold or given away at this event:

A variety of beers and wine will be sold in the Beer/Music Tent during the duration of the event.

Food trucks will be on site selling a variety of food.

A variety of sponsors (i.e. TDS, Waunakee Remodeling) will be giving away swag.

DRIVER LICENSE
REGULAR

USA
WISCONSIN

NOT FOR
FEDERAL
PURPOSES



Jordan

MAY 62

4 [REDACTED]

1 JORDAN
2 LEMOYNE H

8 3642 ICE AGE DR
MADISON, WI 53719

9 CLASS D



WISCONSIN LEMOYNE JORDAN

15 SEX F 16 HGT 5'-08"
17 WGT 148 lb 18 EYES GRN
19 HAIR BRO 4a ISS 03/31/2022
3 DOB 05/22/1962 4b EXP 05/22/2030
9a END NONE 5-DD 07JQS20220331M4240830

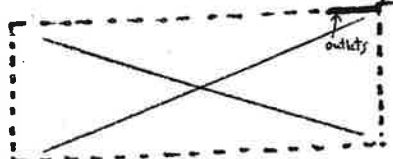
DONOR

Trees/Bushes Power Box

30x40
padding 2

Power Box in utility

Light pole

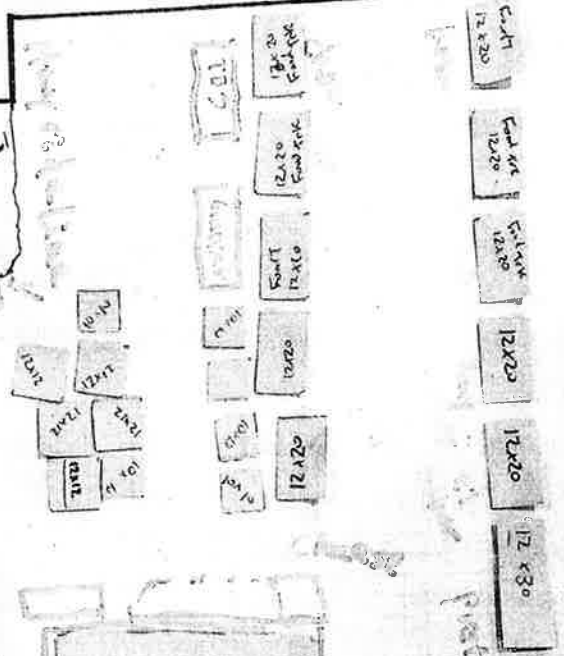


Machine

Light pole
2 outlets



Light pole
outlets



30x60



Small block = 5 feet
Big block = 20'

20x30
UBike Band

30x40
padding base

many outlets

light pole
4 outlets

CITY OF VERONA

AMPLIFICATION DEVICE PERMIT APPLICATION

- ❖ *Please attach a sketch of the outdoor area indicating where music or other amplification will be located/played.*

Please answer the following questions.

- Name of Host/Business/Event:

Verona Area Chamber of Commerce

- Address of where the event will take place:

Hometown Community Park

- Email Address:

ljordan@veronawi.com

Phone Number:

608-845-5777

- Hours during which amplification will be used:

From 9 : 00 a.m./p.m. to 10 : 00 a.m./p.m.

- Requested duration or date of the permit (e.g. May-Oct)

October 6-7, 2023 (6th 4 pm to 10 pm/ 7th 9 am to 7 pm)

- What type of music will be playing?

- Live Band
 Recorded Music
 Acoustic
 Other: Outdoor movie / streaming game

- Type of amplification:

Speakers in music tent and speakers for movie/game

- Applicant Signature


Signature

7/12/23

Date

Approval:

Police Chief Signature

Date

Application for Temporary Class "B" / "Class B" Retailer's License

See Additional Information on reverse side. Contact the municipal clerk if you have questions.

FEE \$ _____

Application Date: 07/12/2023

Town Village City of Verona

County of Dane

The named organization applies for: (check appropriate box(es).)

- A Temporary Class "B" license to sell fermented malt beverages at picnics or similar gatherings under s. 125.26(6), Wis. Stats.
 A Temporary "Class B" license to sell wine at picnics or similar gatherings under s. 125.51(10), Wis. Stats.

at the premises described below during a special event beginning _____ and ending _____ and agrees to comply with all laws, resolutions, ordinances and regulations (state, federal or local) affecting the sale of fermented malt beverages and/or wine if the license is granted.

1. Organization (check appropriate box) → Bona fide Club Church Lodge/Society
 Veteran's Organization Fair Association or Agricultural Society
 Chamber of Commerce or similar Civic or Trade Organization organized under ch. 181, Wis. Stats.

(a) Name Verona Area Chamber of Commerce

(b) Address 120 W. Verona Avenue, Verona, WI 53593
(Street) Town Village City

(c) Date organized 09/30/1963

(d) If corporation, give date of incorporation 09/30/1963

(e) If the named organization is not required to hold a Wisconsin seller's permit pursuant to s. 77.54 (7m), Wis. Stats., check this box:

(f) Names and addresses of all officers:
President Wendy Jirsa - 517 E. Whispering Pines Way, Verona, WI 53593
Vice President Kassie Gorski - 701 Gatsby Glen Drive, Verona, WI 53593
Secretary Jason Hunt - 960 Pollow Road, Verona, WI 53593
Treasurer Craig Schmidt - 835 Forest View Drive, Verona, WI 53593

(g) Name and address of manager or person in charge of affair: Le Jordan - 3642 Ice Age Drive, Madison, WI 53719

2. Location of Premises Where Beer and/or Wine Will Be Sold, Served, Consumed, or Stored, and Areas Where Alcohol Beverage Records Will be Stored:

(a) Street number Hometown Community Park - 111 Lincoln Street, Verona, WI 53593

(b) Lot _____ Block _____

(c) Do premises occupy all or part of building? _____

(d) If part of building, describe fully all premises covered under this application, which floor or floors, or room or rooms, license is to cover: _____

3. Name of Event

(a) List name of the event Fall Fest

(b) Dates of event 06/07/2023

DECLARATION

An officer of the organization, declares under penalties of law that the information provided in this application is true and correct to the best of his/her knowledge and belief. Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

Officer Le Jordan 7-12-23
(Signature / Date)

Verona Area Chamber of Commerce
(Name of Organization)

Date Filed with Clerk _____

Date Reported to Council or Board _____

Date Granted by Council _____

License No. _____




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/14/2023

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 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 Sarah Drew Agency 111 E Verona Ave Verona, WI 53593 	CONTACT NAME: Jackie Rocco-Smith PHONE (A/C, No, Ext): 608-845-6702 E-MAIL ADDRESS: jackie@sarahdrewinsurnace.com	FAX (A/C, No): 608-848-7897
	INSURER(S) AFFORDING COVERAGE	
INSURER A : State Farm Fire and Casualty Company		25143
INSURED Verona Area Chamber of Commerce Inc 120 W Verona Ave Verona, WI 53593-0003	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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	COMMERCIAL GENERAL LIABILITY	N	N	99-CG-0167-1	10/03/2022	10/03/2023	EACH OCCURRENCE	\$ 1,000,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000			
							MED EXP (Any one person)	\$ 5,000			
							PERSONAL & ADV INJURY	\$ 1,000,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									GENERAL AGGREGATE	\$ 2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									PRODUCTS - COMPI/OP AGG	\$ 2,000,000
	OTHER:										\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$			
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS						BODILY INJURY (Per person)	\$			
	<input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$			
							PROPERTY DAMAGE (Per accident)	\$			
	UMBRELLA LIAB						EACH OCCURRENCE	\$			
	EXCESS LIAB						AGGREGATE	\$			
	DED	RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT	\$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$			
							E.L. DISEASE - POLICY LIMIT	\$			

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

Fall Fest: October 6-7, 2023

CERTIFICATE HOLDER The City of Verona 111 Lincoln St Verona, WI 53593	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 <i>Jackie Rocco</i>

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