FILE # P22-00257

# NAPA COUNTY
## PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES
1195 Third Street, Suite 210, Napa, California, 94559 (707) 253-4417

A Tradition of Stewardship
A Commitment to Service

# APPLICATION FOR A TEMPORARY EVENTS LICENSE

To be completed by Applicant
(Please type or print legibly)

Name of Event: Live in the Vineyard — Subsequent Event: ☐ Yes ■ No

Date(s) of Event: November 3, 2022 — Previous Temporary Event Date(s): _____

Time(s) of Event: 10:00am to 12:30pm — Previous License #: _____

Name of Venue: Calmere Estate — Assessor's Parcel #(s): 047-272-012

Event Site Address: 2750 Las Amigas Rd, Napa CA 94559

Expected Attendance (per day): 400

Applicant's or Organization's Name: FFE Entertainment, LLC — Contact Person: Kathy Magner

Business/Residence Address: 411 (No.) Radam St (Street) Austin (City) TX (State) 78745 (Zip)

Mailing Address: 411 (No.) Radam St. (Street) Austin (City) TX (State) 78745 (Zip)

Telephone #: 707-592-0243 — Fax #: _____ — Email Address: kmagner@forefrontnetworks.cc

Applicant or authorized representative: Kathy Magner

Name (please print): Kathy Magner

Signature: _____

Title: Regional Events Manager — Date: 7-26-22

Applicant's Legal Nature: ☐ Individual ☐ Partnership ■ LLC ☐ Association ☐ Corporation ☐ Non-Profit, I.D. # _____ ☐ Other _____

Name(s) of Property Owner(s) (or authorized representative): Ann Marie Howle

Address (es) of Property Owner(s): 2750 (No.) Las Amigas Rd (Street) Napa (City) CA (State) 94559 (Zip)

Telephone #: 707-227-5069 — Fax #: _____ — Email Address: ahowle@peju.com

Mailing Address: 2750 (No.) Las Amigas Rd (Street) Napa (City) CA (State) 94559 (Zip)

I hereby give my unconditional consent for all owners or current lessees for the use of my property for the above event and the right of access to the property involved, as are deemed necessary by the Napa County Planning Division for preparation of reports related to this application.

Signature of Property Owner (authorized representative) _____ Date: 7/26/22

TO BE COMPLETED BY PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

Zoning District: _____ Category of Event: 4 Existing Use Permit(s) #: _____

Fees: $_____ Receipt: #_____ Received by: TA Date: 7/26/2022

**NAME OF EVENT SUPERVISOR:**
Veronica Castelo

Will the event have any of the following? ■ Displays, ☐ Demonstrations, ■ Food tastings, ☐ Beverages sold (offered for sale or given away), ■ Known person or celebrity appearance, ☐ Sales, book or other signings, ■ Musical or creative arts presentations.

Please give a detailed description of event: Music Industry event showcasing popular artists as well as up and coming artists. Some funds will be donated to non profits; St. Jude, Musicians on Call

| | | |
|---|---|---|
| Date(s): 11/3/22 Hours: 10am-12:30pm<br>Time of expected Peak Hour: 10:30am | Maximum Daily Attendance<br>Expected: 400 | Expected Attendance<br>at Peak Hour: 400 |

| | |
|---|---|
| Supportive Retail Sales:<br>☐ Yes Type: _____<br>■ No | Outdoor Amplified Music Proposed?<br>Yes ■ No ☐ |
| Will the event utilize caves at any time during the event?<br>Yes ☐ No ■<br>Are there any pending Building Permits?<br>Yes ☐ No ☒ If Yes, # _____ | Will Tents, Canopies, Pavilions or Food Booths be used at this Event? Yes ■ No ☐<br>If Yes, contact Napa County Fire Marshal 30 days prior to event for License Requirements. |

Existing Use Permit Number(s) (if applicable): _____

# TEMPORARY EVENT SUPPLEMENTAL INFORMATION

1. **Location and number of vehicle parking spaces, method of traffic control.**
   a) Location(s): ■ On Site ☐ off Site
   b) Number of Vehicle Parking Spaces: Paved 50 Unpaved 50
   c) Method of Traffic Control: ☐ Valet Parking ■ Staff Volunteers
   d) Parking Attendants for traffic control: ☐1 ☐2 ■3 ☐4 ☐ Specify # _____
   e) A plot plan and verbal description of how off-site parking will be arranged (if applicable):
   Guests will be brought in on busses
   f) A letter of permission from Property Owner to use the property where the off-site parking will be located has been submitted: ☐ Yes ☐No ■N/A

2. **If the event is be held at a winery or other business, will the site open to the public during the event?**
   Yes ☐ No ■

3. **Number of attendees will be controlled by use of: ■ Number of tickets being sold ☐ Other Talley**
   If other, please explain: _____

4. **Drinking Water Supply and Facilities:**
   [X] Drinking water provided by: Winery
   ☐ Approved on-site system:
   ☐ Public Water System (name): _____
   ☐ Bottled Water:

5. **Will food be served at the event?** ■Yes ☐No If YES, complete the following questions:
   a) Will food vendor donate 100% of net proceeds generated from food sales to a legal non-profit?
   ☐Yes ■No, if yes, non-profit ID# _____
   b) Is event a maximum of one day? ■Yes ☐No

If you answered YES to a) AND b) above, a permit for the temporary food facility IS NOT required from Environmental Health. Facility must operate consistent with guidelines.

If you answered NO, or any portion of the profit will be kept by the vendor OR the event is more than one day, an application for the temporary food facility must be approved and a permit issued by Environmental Health. Contact Environmental Health at (707) 253-4471 or visit www.countyofnapa.org/DEM for an application.

Contact information for person at event with food safety certificate or safe food handling knowledge:
Name: Nicolas Montanez Phone: 707-
Date of Food Safety Certificate, if applicable: Cert #

Food Preparation and Service (check one):

☐ By a permitted caterer, who will prepare, serve and be responsible for safe food preparation and handling throughout the event.
Name of Caterer _____ Permit ID # of Caterer _____
■ On-site permitted kitchen _____ Permit ID # of Kitchen _____
Are there additional food vendors ☐Yes ■No If yes, provide us with a list of their names and Permit #s. Temporary food facility permit may be required, contact Environmental Health.

6. **Sanitation Facilities:**
   a) The number of permanent toilet facilities 8 and/or the number of chemical toilets available in the area of the event for guest use?

   b) Company providing the chemical toilets: American Sanitation

7. **Provisions for cleanup of trash and recyclables, the premises and removal of recyclables and non-recyclables:**
   a) Number of receptacles to be provided for trash 10
   b) Describe location where these receptacles will be placed Located througout the event
   c) Number of clearly labeled receptacles to be provided for recyclables 4
   (Recycling receptacles should always be placed next to a trash receptacle and near beverage areas.)

8. **Medical Facilities and Services:**

| | | |
|---|---|---|
| First Aid kit available | ☒ Yes | ☐ No |
| Staff trained in First Aid available | ☒ Yes | ☐ No |
| Capabilities of contacting 911 in an emergency | ☒ Yes | ☐ No |

We will have a Nurse on site

9. **Fire Protection Facilities and Procedures:**

| | | |
|---|---|---|
| Fire Extinguishers available | ■ Yes | ☐ No |
| Staff trained in Fire Procedures | ☒ Yes | ☐ No |

10. **Building Safety:**
Will any part of the event take place in a building(s) that are under construction and/or within a cave(s)?
Yes ☐ No ■
If yes, please include a floor plan showing the areas of the building(s) and/or cave(s) where event will take place.

11. **Security Protection Company hired:** ■ Yes ☐ No
If yes, name of company: Patronus Group Inc.

12. **Dust Control:** ☐ Yes ☒ No

13. **Premises Illuminated:** ■ Yes ☐ No

14. **Will Event take place over night:** ☐ Yes ■ No
   a) Arrangements for illuminating the premises have been made: ☐ Yes ■ No
   b) If yes, explain:
   c) What arrangements for camping or similar facilities are being made:

15. **Insurance attached and approved by Risk Management:** ■ Yes ☐ No
***(NOTE: Insurance subject to final review by Risk Manager and could result in delay, or cancelation of event).***

16. **Defense and Indemnification Statement has been read, signed and attached:** ■ Yes ☐ No


STAGE
EVENT AREA
Las Amigas Rd
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