



A Tradition of Stewardship  
A Commitment to Service

FILE # 022-00257

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

**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 Radam St Austin TX 78745  
No. Street City State Zip  
Mailing Address: 411 Radam St Austin TX 78745  
No. Street City State 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 Las Amigas Rd Napa CA 94559  
No. Street City State Zip  
Telephone #: 707-227-5069 Fax #: \_\_\_\_\_ Email Address: ahowle@peju.com  
Mailing Address: 2750 Las Amigas Rd Napa CA 94559  
No. Street City State 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  
Time of expected Peak Hour: 10:30am

Maximum Daily Attendance  
Expected: 400

Expected Attendance  
at Peak Hour: 400

**Supportive Retail Sales:**

Yes Type: \_\_\_\_\_  
 No

**Outdoor Amplified Music Proposed?**

Yes  No

**Will the event utilize caves at any time during the event?**

Yes  No

**Are there any pending Building Permits?**

Yes  No  If Yes, # \_\_\_\_\_

**Will Tents, Canopies, Pavilions or Food Booths be used at this Event?** Yes  No

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 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:

- 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](http://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 throughout 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.

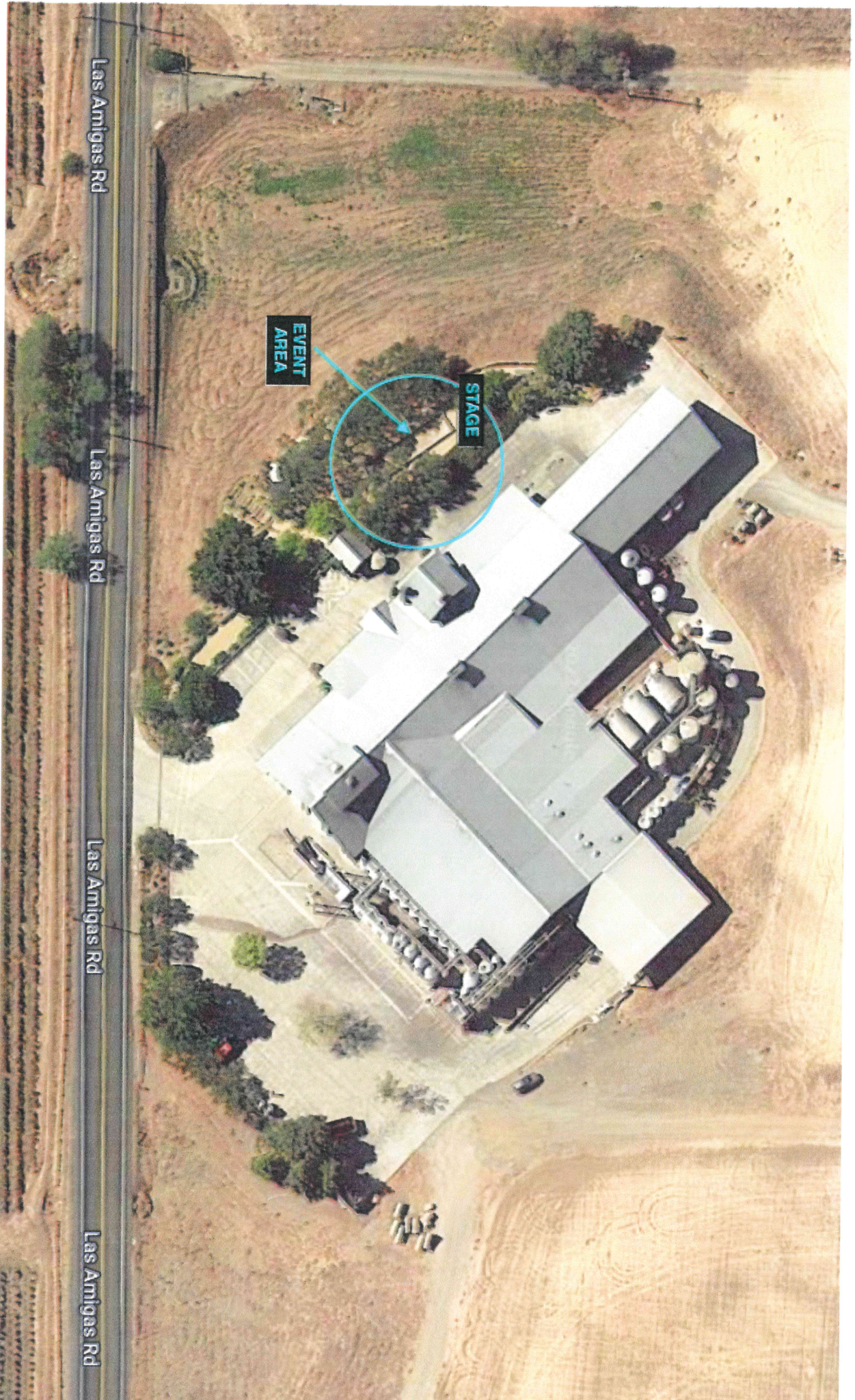
- 12. Dust Control:**  Yes  No

- 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

Las Amigas Rd

Las Amigas Rd

Las Amigas Rd