

FILE # 22-00255-E

**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 1, 2022 Previous Temporary Event Date(s): \_\_\_\_\_  
Time(s) of Event: 4:30pm to 7:00pm Previous License #: \_\_\_\_\_  
Name of Venue: Robert Mondavi Winery Assessor's Parcel #(s): 027-280-067  
Event Site Address: 7801 St. Helena Hwy, Oakville, Ca 94562  
Expected Attendance (per day): 600

Applicant's or Organization's Name: FFE Entertainment, LLC Contact Person: Kathy Magner  
Business/Residence Address: 411 Radam St Austin TX 78745  
Mailing Address: 411 Radam St Austin TX 78745  
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): Philip Hansell  
Address (es) of Property Owner(s): 7801 St. Helena Hwy Oakville CA 94562  
Telephone #: 707-732-1335 Fax #: \_\_\_\_\_ Email Address: philip.hansell@cbrands.com  
Mailing Address: 7801 St. Helena Hwy Oakville CA 94562

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): 11/1/22 Hours: 4:30pm-7:00pm  
Time of expected Peak Hour: 5:00pm

Maximum Daily Attendance  
Expected: 600

Expected Attendance  
at Peak Hour: 600

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 330 Unpaved \_\_\_\_\_
- 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: Jeff Mosher Phone: 707-225-2460  
Date of Food Safety Certificate, if applicable: Cert # 21744812 Exp 2-9-27

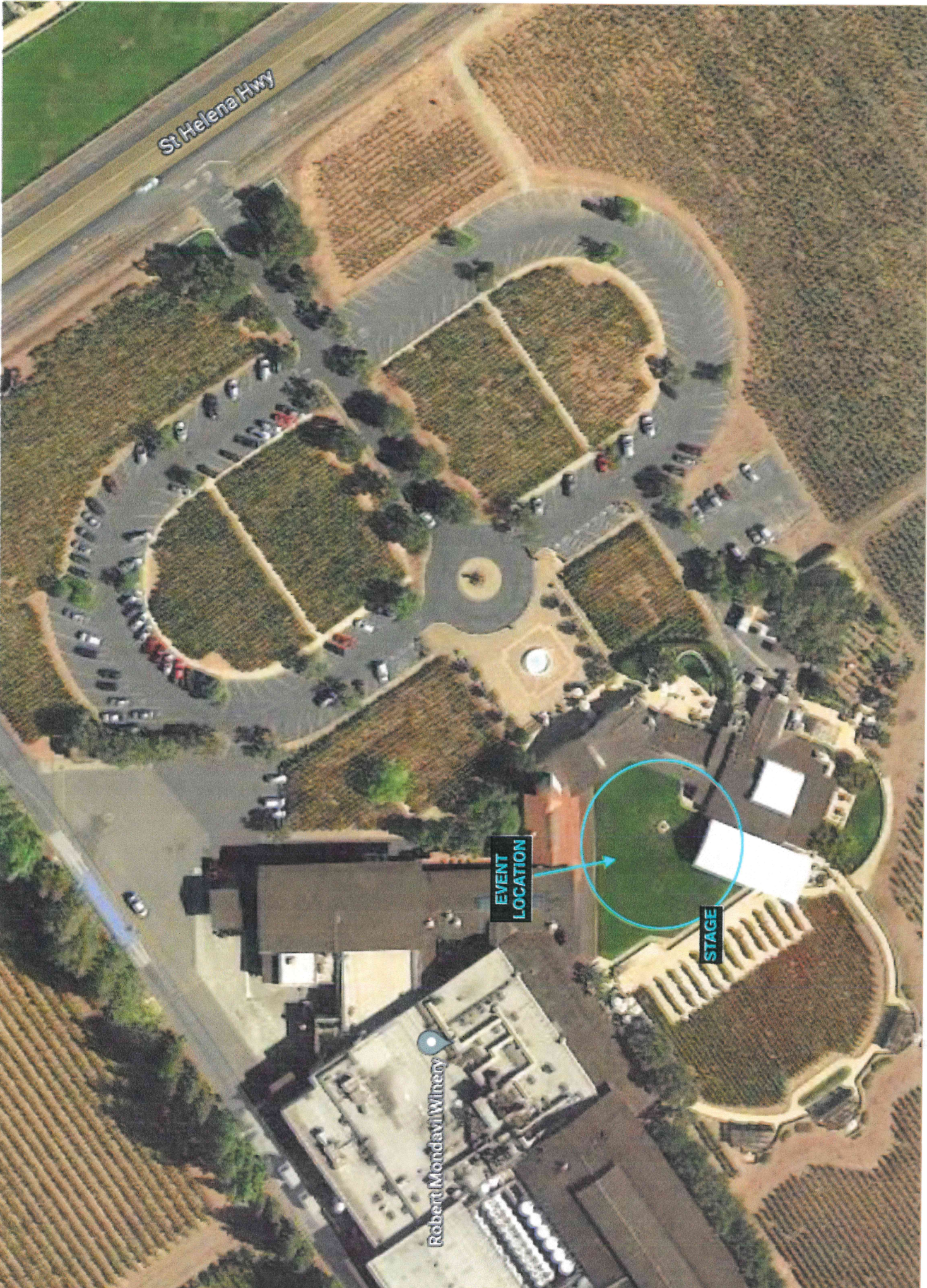
Food Preparation and Service (check one):

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 24 and/or the number of chemical toilets available in the area of the event for guest use?
- b) Company providing the chemical toilets: \_\_\_\_\_
- 
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 15
- b) Describe location where these receptacles will be placed Located throughout the event
- 
- c) Number of clearly labeled receptacles to be provided for recyclables 8  
(Recycling receptacles should always be placed next to a trash receptacle and near beverage areas.)
8. **Medical Facilities and Services:**
- |  |                                     |     |                          |    |
|--|-------------------------------------|-----|--------------------------|----|
| First Aid kit available                        | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Staff trained in First Aid available           | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Capabilities of contacting 911 in an emergency | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
9. **Fire Protection Facilities and Procedures:**
- |                                  |                                     |     |                          |    |
|----------------------------------|-------------------------------------|-----|--------------------------|----|
| Fire Extinguishers available     | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Staff trained in Fire Procedures | <input checked="" type="checkbox"/> | Yes | <input type="checkbox"/> | 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



St Helena Hwy

EVENT LOCATION

STAGE

Robert Mondavi Winery