



A Tradition of Stewardship
A Commitment to Service

FILE # P22-00046-1

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: 2022 Lake Berryessa Open Water Swims Subsequent Event: ☐ Yes ☒ No
Date(s) of Event: 6/3/2022-6/4/2022 Previous Temporary Event Date(s): _____
Time(s) of Event: 12PM-4 PM on 6/3/22, and 7AM to 2 PM on 6/4/22 Previous License #: _____
Name of Venue: Steele Canyon Campground, Lake Be Assessor's Parcel #(s): 019-550-004-000
Event Site Address: 1605 Steele Canyon Rd, Napa, CA 94558
Expected Attendance (per day): 400

Applicant's or Organization's Name: Davis Aquatic Masters Contact Person: Kimberly Elsbach
Business/Residence Address: 23 Russell Blvd Davis CA 95616
No. Street City State Zip
Mailing Address: PO Box Davis CA 95617
No. Street City State Zip
Telephone #: 530-867-0684 Fax #: _____ Email Address: kdelsbach@ucdavis.edu
Applicant or authorized representative: Kimberly Elsbach, 2022 Race Director
Name (please print): Kimberly Elsbach
Signature: *Kim Elsbach*
Title: 2022 Race Director Date: 1/15/2022
Applicant's Legal Nature: ☐ Individual ☐ Partnership ☐ LLC ☐ Association
☐ Corporation ☒ Non-Profit, I.D. # 94-2412714 ☐ Other _____

Name(s) of Property Owner(s) (or authorized representative): County of Napa, CA
Address (es) of Property Owner(s): 119 Third Street Napa CA 94559
No. Street City State Zip
Telephone #: 707-253-4417 Fax #: 707-253-4545 Email Address: terri.abraham@countyofnapa.o
Mailing Address: 119 Third Street 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) *Leigh Sears* Date: 2/10/2022

TO BE COMPLETED BY PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

Zoning District: _____ Category of Event: 4 Existing Use Permit(s) #: _____
Fees: \$ 133.92 Receipt: # 154270 Received by: TA Date: 2/22/22

NAME OF EVENT SUPERVISOR:

Kimberly D. Elsbach

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: Half-day event offering open water swimming races for insured members of U.S. Masters Swimming. Hosted for the 38th year by Davis Aquatic Masters.

The event begins Friday afternoon (6/3/22) with course set up (lasts 4 hours with a dozen volunteers present).

Races are on Saturday morning (6/4/22). Event attracts up to 400 participants arriving in up to 200 vehicles.

Shore set up includes finish arch, tables, chairs, generators, moving trucks, portable timing system and ambulance. Course set up includes anchored buoys.

Date(s): 6/3/22 Hours: 12PM - 4 PM on 6/3 (set up only), 7AM- 2PM on 6/4 (swim event)

Time of expected Peak Hour: 9AM on 6/4/22

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 _____ Unpaved 200
 - 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):
see attachment of site plan
 - 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: event entries controlled

4. **Drinking Water Supply and Facilities:**

- ☐ Drinking water provided by: _____
- ☐ Approved on-site system: _____
- ☐ Public Water System (name): _____
- ☒ Bottled Water: _____

**NO FOOD OR LIQUOR
SERVED AT EVENT**

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, unless food is provided by a permitted caterer or in a permitted kitchen. 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: _____ Phone: _____

Date of Food Safety Certificate, if applicable: _____

Food Preparation and Service (check one):

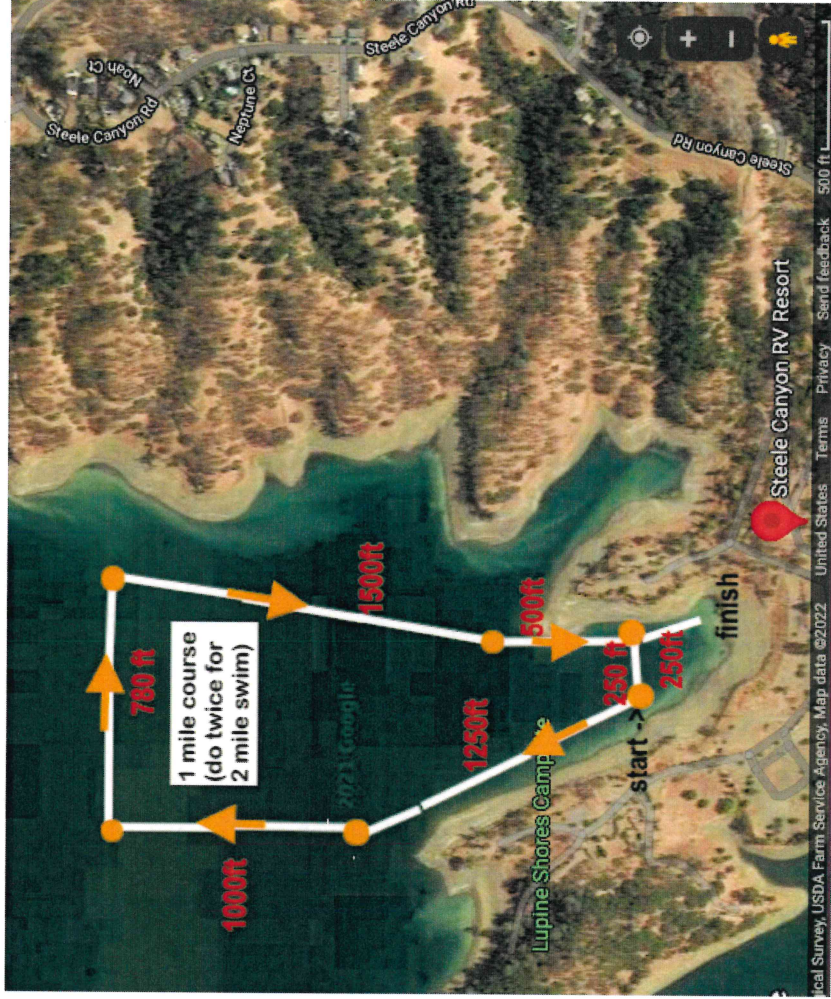
☐ By a permitted caterer, who will prepare, serve and be responsible for safe food preparation and handling throughout the event.

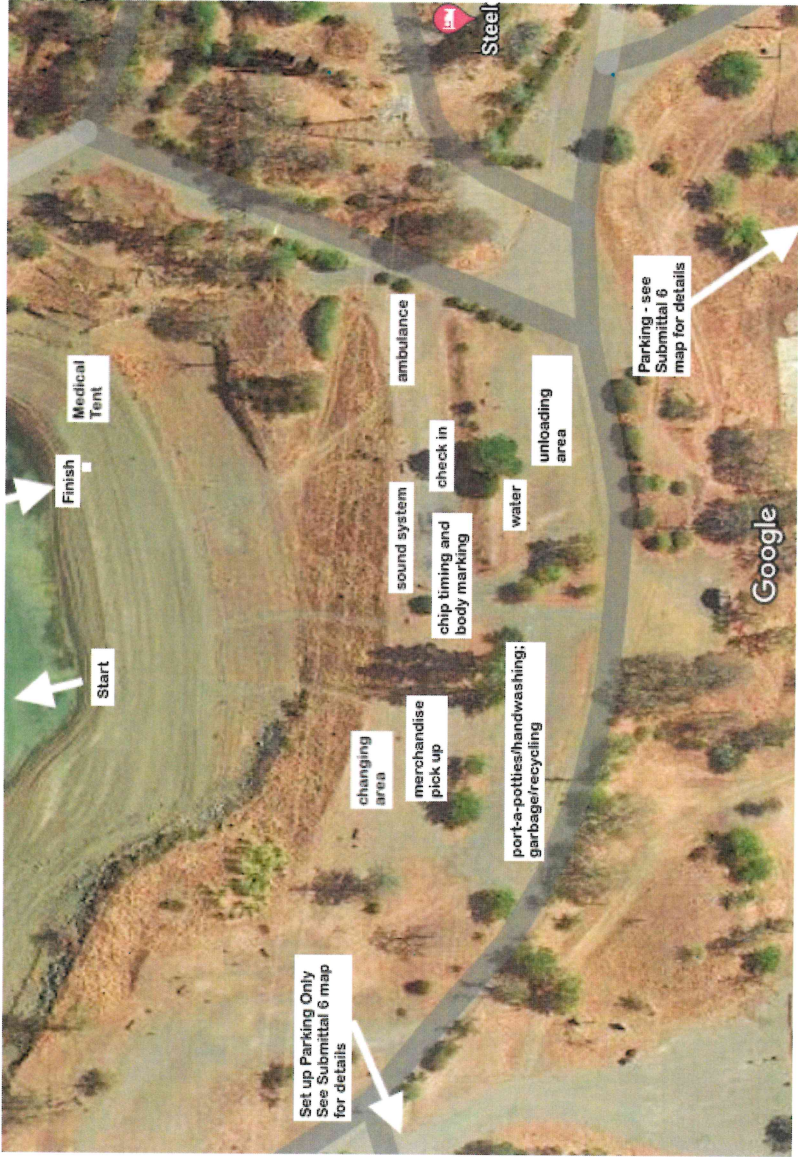
Name of Caterer _____ Permit ID # of Caterer _____

☐ On-site permitted kitchen _____ Permit ID # of Kitchen _____

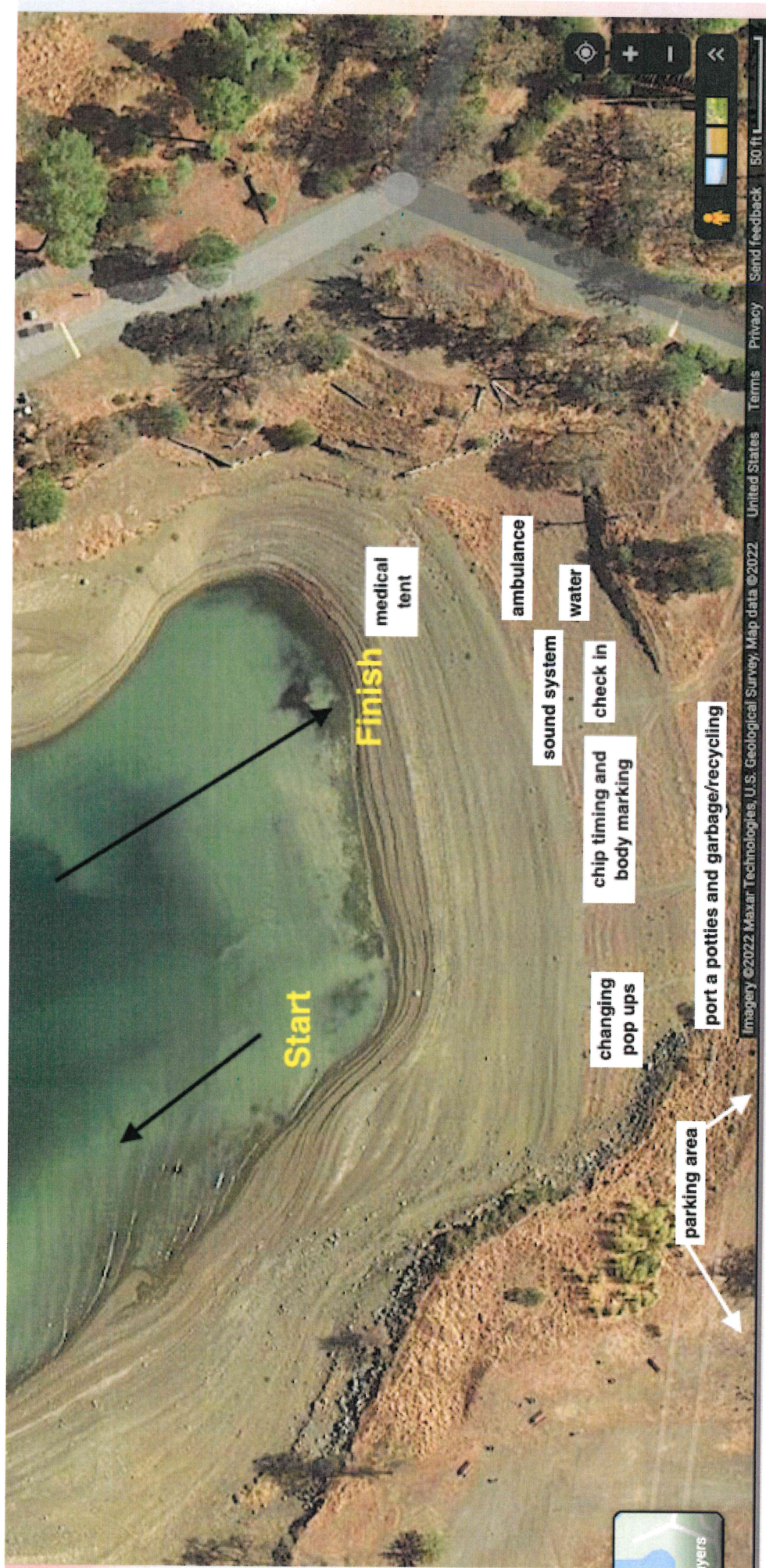
Are there additional food vendors ☐ Yes ☐ No If yes, provide us with a list of their names and Permit #s. Temporary food facility permit may be required, contact Environmental Health.

6. **Sanitation Facilities:**
- a) The number of permanent toilet facilities 10 and/or the number of chemical toilets available in the area of the event for guest use?
- b) Company providing the chemical toilets: Harvest Sanitation, Napa, CA
-
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 5
- b) Describe location where these receptacles will be placed Near registration and portable toilet.
These include a 2 yd. dumpster and 4 large garbage cans. Permanent trash cans are near camping areas.
- c) Number of clearly labeled receptacles to be provided for recyclables 1
 (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 to all of these—> ☐ Yes ☐ No
- Staff trained in First Aid available ☐ Yes ☐ No
- Capabilities of contacting 911 in an emergency ☐ Yes ☐ No
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: _____
12. **Dust Control:** ☐ Yes ☐ No
13. **Premises Illuminated:** ☐ Yes No to all of these —> ☐ 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









DEFENSE AND INDEMNIFICATION STATEMENT

I HEREBY AFFIRM THAT I HAVE READ THE TEMPORARY EVENTS MANUAL AND STATE THAT THE INFORMATION PROVIDED WITH THE APPLICATION IS CORRECT. I AGREE TO COMPLY WITH ALL CONDITIONS ATTACHED TO THIS LICENSE, COUNTY ORDINANCES AND STATE LAWS RELATED TO CONDUCTING THE ACTIVITIES DESCRIBED IN THE APPLICATION. I AGREE TO DEFEND, INDEMNIFY AND HOLD THE COUNTY OF NAPA AND EACH AND ALL OF ITS OFFICERS, AGENTS AND EMPLOYEES HARMLESS FROM ANY AND ALL CLAIMS, ACTIONS, DAMAGES, COSTS AND EXPENSES, INCLUDING ATTORNEY'S FEES, TO THE EXTENT SUCH ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS BY ME OR AUTHORIZED PARTICIPANTS OR ATTENDEES AT THE TEMPORARY EVENT.



SIGNATURE OF APPLICANT (or authorized representative)
(Required)

1/15/2022

DATE



SIGNATURE OF PROPERTY OWNER (or authorized representative)
(Required)

2/10/2022

DATE

PLEASE ATTACH YOUR CERTIFICATE OF INSURANCE TO THIS DOCUMENT

FOR OFFICE USE ONLY

DATE SUBMITTED: _____

FILE NUMBER: _____



A Tradition of Stewardship
A Commitment to Service

FILE # 22-00048

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

FEE WAIVER REQUEST FORM

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

Applicant Name: Kimberly Elsbach/ Davis Aquatic Masters

Date of Fee Waiver Application: 1/18/2022

Date(s) of Event: 6/4/2022

Location of Event: Steele Canyon Campground/Lake Berryessa, Napa County, CA

Contact Person: Kimberly Elsbach Phone #: 530-867-0684

Please complete the following questions:

1. Our organization is a qualified non-profit corporation, incorporated pursuant to the Non-Profit Corporation Law.
☒ Yes Tax ID #: 94-2412714
☐ No
2. Our organization will advance one or more of the following public policies: (please check at least one box)

☐ Public Education	☐ Human Resource Development
☐ Public Safety	☒ Environmental Policy
☒ Social Welfare	☐ Other: Public _____
☐ Public Health Care	
3. Approval of the fee waiver is in the public interest and creates a public benefit because:
We are donating a minimum of \$200 to the Napa County Land Trust, and up to 2% of proceeds.
Napa County Land Trust is a non-profit (Tax ID # 94-2315096) located in Napa County that permanently protects
wild lands through the use of conservation easements that limit future development, or through direct land acquisition.

Example: Approval of the fee waiver is in the public interest and creates a public benefit because this event and the dollars raised will allow our chartered school, which is operating under the Napa Valley Unified School District, to continue offering after school programs, music, art and other core subject support and enrichment programs.
4. A non-profit organization applying for a Fee Waiver shall indicate what percentage up to 2 % or dollar amount \$200.00 of the proceeds of this event will be donated for the public benefit of the citizens of Napa County.

TO BE COMPLETED BY PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

Fee Waiver Approved By: TA

Date of Fee Waiver Approval: 2/22/22

Applicant Notified of Approval on: _____

T.E. Application Submitted on: 2/22/22



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/20/2022

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).

PRODUCER Insurance Office of America, Inc. 1855 West State Road 434 Longwood FL 32750		CONTACT NAME: Melinda Romero PHONE (A/C, No, Ext): 720-524-4700 E-MAIL ADDRESS: melinda.romero@ioausa.com	
		FAX (A/C, No):	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Everest National Insurance Company	
		INSURER B: United States Fire Insurance Company	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 2017902916**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 ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Sanctioned Event	Y		SI8ML00043-211	10/1/2021	10/1/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	☐ UMBRELLA LIAB ☒ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$	Y		SI8EX00028-211	10/1/2021	10/1/2022	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 20,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Participant Accident			US1557641	10/1/2021	10/1/2022	Each Injury Accidental Death \$ 25,000 \$ 5,000

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

Coverage applies only to the United States Masters Swimming (USMS) sanctioned events specified on this certificate, and only if the club or workout group shown on this certificate is a member in good standing with USMS at the time of the event.
The General Liability policy includes \$1,000,000 Each Occurrence/\$5,000,000 Abuse & Molestation Coverage. Participant Legal Liability is included within the limits on the General Liability Policy. Certificate holder is listed as an additional insured per Form ECG 20 600 0509. Deductible on Participant Accident is "0"

Davis Aquatic Masters (003-DAM) , 2022 Lake Berryessa Open Water Swims

CERTIFICATE HOLDER**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

County of Napa, CA, it's officers, employees, agents, and volunteers.
1195 Third Street, Room 210
Napa CA 94559
United States

THIS ENDORSEMENT CHANGES THE COVERAGE PART. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – AUTOMATIC STATUS WHEN REQUIRED IN A WRITTEN AGREEMENT WITH YOU

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

- A. Section II – Who Is An Insured** is amended to include as an additional insured any person or organization with whom you have a written agreement that such person or organization be added as an additional insured on your Coverage Part. Such person or organization is an additional insured only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" but only to the extent caused, in whole or in part, by:
1. Your acts or omissions; or
 2. The acts or omissions of those acting on your behalf;
- in the performance of your operations for an additional insured.
- B.** The insurance afforded to an additional insured shall only include the insurance required by the terms of the written agreement and shall not be broader than the coverage provided within the terms of the Coverage Part.
- C.** The Limits of Insurance afforded to an additional insured shall be the lesser of the following:
1. The Limits of Insurance required by the written agreement between the parties; or
 2. The Limits of Insurance provided by this Coverage Part.
- D.** With respect to the insurance afforded to an additional insured, this insurance does not apply to "bodily injury", "property damage" or "personal and advertising injury" arising out of any act or omission of an additional insured or any of its employees.