



FILE # _____

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

APPLICATION FOR A TEMPORARY EVENTS LICENSE

A Tradition of Stewardship
A Commitment to Service

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

Name of Event: Live in the Vineyard Goes Country Subsequent Event: [] Yes [x] No
Date(s) of Event: April 23, 2025 Previous Temporary Event Date(s):
Time(s) of Event: 11:00am to 2:00pm Previous License #:
Name of Venue: Louis Martini Winery Assessor's Parcel #(s):
Event Site Address: 254 St. Helena Hwy., St. Helena, Ca 94574
Expected Attendance (per day): 500

Applicant's or Organization's Name: FF 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.c
Applicant or authorized representative: Kathy Magner
Name (please print): Kathy Magner
Signature: Kathy Magner
Title: Regional Events Manager Date: 1/10/25
Applicant's Legal Nature: [] Individual [] Partnership [x] LLC [] Association
[] Corporation [] Non-Profit, I.D. # [] Other

Name(s) of Property Owner(s) (or authorized representative): Lon Gallagher
Address (es) of Property Owner(s): 254 St. Helena Hwy. St. Helena CA 94574
Telephone #: 707-320-8104 Fax #: Email Address: lon.gallagher@ejgallo.com
Mailing Address: 254 St. Helena Hwy St. Helena CA 94574

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) Lon Gallagher Date: 01/14/2025

TO BE COMPLETED BY PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

Zoning District: Category of Event: Existing Use Permit(s) #:
Fees: \$ Receipt: # Received by: Date:

NAME OF EVENT SUPERVISOR:

Kathy Magner

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.

Date(s): 4/23/ Hours: 11am-2
Time of expected Peak Hour: 12:00

Maximum Daily Attendance
Expected: 500

Expected Attendance
at Peak Hour: 500

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): [X] On Site [] off Site
b) Number of Vehicle Parking Spaces: Paved 63 Unpaved 80
c) Method of Traffic Control: [] Valet Parking [X] 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 - parking manage by Gilmore Valet
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 [X] 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 [X]

3. Number of attendees will be controlled by use of: [X] Number of tickets being sold [] Other Talley
If other, please explain:

4. Drinking Water Supply and Facilities:

- [X] Drinking water provided by: Forefront Networks - Bottled Water
[] Approved on-site system:
[] Public Water System (name):
[] Bottled Water:

5. Will food be served at the event? [X] 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 [X] No, if yes, non-profit ID#
b) Is event a maximum of one day? [X] 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: Tre Posti Phone:
Date of Food Safety Certificate, if applicable: 19578488 - Anthony Cognetti

Food Preparation and Service (check one):

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

Name of Caterer: Tre Posti Permit ID # of Caterer: 317231
[] On-site permitted kitchen Permit ID # of Kitchen

Are there additional food vendors [] Yes [X] 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 12 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 throughtout 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 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: Patronus Security

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

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.

Kathy Magner

1/10/25

SIGNATURE OF APPLICANT (or authorized representative)
(Required)

DATE

Lon Gallagher

01/14/2025

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

DATE

PLEASE ATTACH YOUR CERTIFICATE OF INSURANCE TO THIS DOCUMENT

FOR OFFICE USE ONLY

DATE SUBMITTED: _____

FILE NUMBER: _____



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FEE WAIVER REQUEST FORM

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

Applicant Name: FF Entertainment, LLC on behalf of The Vintage High School Music Booster

Date of Fee Waiver Application: 1/10/2025

Date(s) of Event: April 23, 2025

Location of Event: Louis Martini Winery - 254 St. Helena Hwy, St. Helena CA 94574

Contact Person: Kathy Magner Phone #: 707-592-0243

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 #: 90-00171157
- No

2. Our organization will advance one or more of the following public policies: (please check at least one box)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Public Education | <input type="checkbox"/> Human Resource Development |
| <input type="checkbox"/> Public Safety | <input type="checkbox"/> Environmental Policy |
| <input type="checkbox"/> Social Welfare | <input type="checkbox"/> Other: Public _____ |
| <input type="checkbox"/> Public Health Care | |

3. Approval of the fee waiver is in the public interest and creates a public benefit because:

Enhancing backing for the music programs at Vintage High School to ensure the ongoing provi
of music education for students.

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 _____% or dollar amount \$ 8 00.00 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: _____

Date of Fee Waiver Approval: _____

Applicant Notified of Approval on: _____

T.E. Application Submitted on: _____