

A Tradition of Stewardship
A Commitment to Service

NAPA COUNTY

FILE#

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: HavveSt Stown 2005 Subsequent Event: Yes X No
Date(s) of Event: Saturday August 33, 2025 Previous Temporary Event Date(s): 1/4
Time(s) of Event: 6/m - 1/m Previous License #: N/A
Name of Venue: 100vt Mill Vineyards Assessor's Parcel #(s): 031-120-024 031-120-0[3,
Event Site Address: Corner of Cook Road and Yount Mill Road, Yount ville CA 031-12
Expected Attendance (per day): 500 - 550 031-650
Applicant's or Organization's Name: Nafa Valley grafegrover Bontact Person: Soma Deluca
Business/Residence Address: 83 Latouv Ct. Suitz A Nala CA 94558 No. Street City State Zip
Mailing Address: SAMC
Telephone #: 707-914-1590 Fax #: Email Address: Sachua @ farmworkerfounda
Applicant or authorized representative: Caleb Mosley
Name (please print): Caseb MoSley
Signature: (
Title: Executive Director Date: 5/27/205
Applicant's Legal Nature: Individual Partnership LLC Association Corporation Non-Profit, I.D. # 82-2012860 Other
Geoperation (Alternative Company)
Name(s) of Property Owner(s) (or authorized representative):
Address (es) of Property Owner(s): Po Box 434 Oakville A 94567
2.0
Telephone #: Fax #: Email Address:
Mailing Address: Po Box 434 Cakvilla (A 9456)
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 dounty Planning
Division for preparation of reports related to this application.
Signature of Property Owner (authorized representative)
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:					
Parada Cianci, Oc	attimed Pro	ductions			
Will the event have any of the following?] Displays, ☐ Den	nonstrations, 🂢 Food	tastings, Beverages sold		
(offered for sale or given away), 🔲 Known	person or celebrity	appearance, Sale	s, book or other signings,		
☐ Musical or creative arts presentations.			,		
Please give a detailed description of event:	See AH	rached Docum	ent		
	`	•			
Date(s): 8 33 Hours: 6-110M	Maximum Daily Atte	endance	Expected Attendance		
Time of expected Peak Hour:	Expected 5 50		at Peak Hour: 550		
¥					
Supportive Retail Sales:		Outdoor Amplified M	usis Dronger dO		
☐ Yes Type:		Outdoor Amplified Music Proposed? Yes No			
X No					
/					
Will the event utilize caves at any time during the event?		Will Tents, Canopies, Pavilions or Food Booths be			
Yes No X		used at this Event? Yes No No No IX If Yes, contact Napa County Fire Marshal 30 days prior to event for License Requirements.			
Are there any pending Building Permits?					
Yes No If Yes, #					
Existing Use Permit Number(s) (if applicable):					

TEMPORARY EVENT SUPPLEMENTAL INFORMATION

1.	Loca a>	tion and number of vehicle parking spaces, method of traffic control. Location(s): On Site off Site				
	b)	Number of Vehicle Parking Spaces: Paved Unpaved X				
	c)	Method of Traffic Control: 🗘 Valet Parking 🗌 Staff Volunteers				
	d)	Parking Attendants for traffic control: 1 2 3 4 5 Specify # 14+				
	e)	A plot plan and verbal description of how off-site parking will be arranged (if applicable): Parking Attendants from Jett gilmore will direct cars in yen by:				
	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.	Yes					
3.		ber of attendees will be controlled by use of: Number of tickets being sold Other Talley er, please explain:				
4.	Drin	king Water Supply and Facilities: Drinking water provided by:				
		Approved on-site system:				
	X	Public Water System (name): Bottled Water: Primo / Boxed Water				
5.	Will	food be served at the event? Yes No If YES, complete the following questions:				
	a) b)	Will food vendor donate 100% of net proceeds generated from food sales to a legal non-profit? ☐Yes ☐No, if yes, non-profit ID# NA - No Vocade 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.					
	day, Hea appl	u answered NO, or any portion of the profit will be kept by the vendor <u>OR</u> the event is more than one an application for the temporary food facility must be approved and a permit issued by Environmental lth. Contact Environmental Health at (707) 253-4471 or visit <u>www.countyofnapa.org/DEM</u> for an ication.				
	Con Nan	tact information for person at event with food safety certificate or safe food handling knowledge: ne: Anthony Cognett, Tre Post; Phone: 107-963-7600 e of Food Safety Certificate, if applicable:				
	Date	e of Food Safety Certificate, it applicable:				
	Foo	d Preparation and Service (check one):				
	. 1	By a permitted caterer, who will prepare, serve and be responsible for safe food preparation and dling throughout the event				
	Nan	ne of Caterer Tive VoS+, Permit ID # of Caterer 3(1/03)				
	Are #s.	Permit ID # of Caterer 31733 Dn-site permitted kitchen Permit ID # of Kitchen Permit ID #				

6.	Sanitation Facilities: a) The number of permanent toilet facilities $\frac{\sqrt{3}}{\sqrt{3}}$ and/or the number of chemical toilets available in the area of the event for guest use? $\sqrt{3}$ $\sqrt{3}$ ADA
	b) Company providing the chemical toilets: Napa Valley Luxury Restrooms (dumfed and cleaned by 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 2 3-6 yd Mixed Recycling Dumpsters 14-64 b) Describe location where these receptacles will be placed Litchen 50H Throughout event in reception bar areas food areas. c) Number of clearly labeled receptacles to be provided for recyclables Securities. (Recycling receptacles should always be placed next to a trash receptacle and near beverage areas)
8.	Medical Facilities and Services: First Aid kit available Staff trained in First Aid available Capabilities of contacting 911 in an emergency Fire Protection Facilities and Procedures: Final First Aid of Howse find deal of the first Aid available Yes No Fire Fight of Howse find deal of the first Aid of Howse find deal of the first Aid available Yes No Fire Protection Facilities and Procedures:
9.	Fire Protection Facilities and Procedures: Fire Extinguishers available Staff trained in Fire Procedures On Site 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 \times 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: Stankad Security
12.	Dust Control: Yes No
13.	Premises Illuminated: Yes No
14.	Will Event take place over night: a) Arrangements for illuminating the premises have been made: 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:

DEFENSE AND INDEMNIFICATION STATEMENT

I HEREBY AFFIRM THAT <u>I HAVE READ THE TEMPORARY EVENTS MANUAL</u> 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.

COSTS AND EXPENSES, INCLUDING ATTORNEY'S FEES, TO THE EBY THE NEGLIGENT ACTS OR OMISSIONS BY ME OR AUTHORIZED ATTENDEES AT THE TEMPORARY EVENT.	EXTENT SUCH ARE CAUSED D PARTICIPANTS OR
SIGNATURE OF APPLICANT (or authorized representative) (Required) SIGNATURE OF PROPERTY OWNER (or authorized representative) (Required) PLEASE ATTACH YOUR CERTIFICATE OF INSURANCE	5/30/25 DATE DATE TO THIS DOCUMENT
FOR OFFICE USE ONLY	OPA-MANDA MANDA MANDA COMMISSIONE CONTROL OF THE COMMISSION OF THE
DATE SUBMITTED:	FILE NUMBER:



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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: Nafa Valley grafegrovers Date of Fee Waiver Application: 5/27/2005
Date(s) of Event: Saturday Angust 23, 2005
Location of Event: Yourt Mill Vineyards
Contact Person: Surya Deluca Phone #: 707-914-1590
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 #: 82-2012860
□ No
2. Our organization will advance one or more of the following public policies: (please check at least
one box)
☐ 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:
Proceeds from the event Suffort the Nala Valley grafegrowers
and Nafa Valley Farmworker Foundation and their education
and community outreads programs.
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 \$ 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:



2025 HARVEST STOMP CATERING VENDORS

1. Angele 540 Main Street, Napa, CA 94559 707-252-8115

Contact: <u>viariah@angelerestaurant.com</u>

Brindare Napa / Tre Posti
 641 Main Street, Saint Helena, CA 94574
 707-963-7600

Contact: immie.husted@treposti.com

Cowgirl Creamery
 1490 Cader Lane, Petaluma, CA 94954
 608-642-4381

Contact: Kaya.Freiman@emmiroth.com

Hog Island Oysters
 615 2nd Street, Petaluma, CA 94952
 415-309-7227

Contact: JohnW@hogislandoysters.com

5. John Anthony Wine & Spirits 1440 First Street, Napa, CA 94559 707-265-7711

Contact: Logan@javwine.com

6. Stateline Road Smokehouse 872 Vallejo Street, Napa, CA, 94559 816-694-3197

Contact: <u>Darryl@stateline-road.com</u>

7. Wing & Barrel 6600 Noble Road, Sonoma, CA 95476 650-455-7577

Contact: Pilar@WingandBarrelRanch.com

DAILY LICENSE APPLICATION

Complete all applicable items. Submit this ap	License #		Receipt #		Fee \$			
the required fee (Cashier's Check or Money	Order) pa	yable to ABC. Once the	daily license					
is issued, fees cannot be refunded. Listing of	ABC Dis	rict Office is available a	at .	Conditions ☐ Yes	s Request	ted	Diagram □ Yes	Requested No
https://www.abc.ca.gov/contact/district-office 221-instructions/ for further instructions.	<u>si</u> . Please	visit https://www.abc.c	a.gov/abc-	License T			100	
The second secon				□B&W		General	□ S _I	pecial
SECTION 1. ORGANIZATION AND LICE	NSE TYP	E INFORMATION		- I		·····		
Organization Name				Tax ID				
Napa Valley Grapegrowers	**************************************			82-201	2860			
Organization Mailing Address								
831 Latour Ct, Suite A, Napa,	CA 94	558						
LICENSE TYPE			***************************************					
		General (\$75.00)		☐ Specia	al Tempo	rary Licer	se (\$100	.00)
☐ Amateur Sports Organization		olitical Party/Affiliate Su		ı		tation per	Section 2	24045.2
☐ Charitable		andidate for Public Offi	ce or Ballot	1	24045.9 E			
☐ Civic		easure rganization Formed for	Specific			orporation 1 24045.6		ion
☐ Cultural ☐ Fraternal		naritable or Civic Purpo		ſ		fucting Est		Sale
□ Political		aternal Organization in		1		24045.8 B		04.0
Religious	Fi	ve Years with Regular	Membership			ducational		ritable
□ Social		eligious Organization				n per Secti		
☐ Other:		essel per Section 2404	5.10 B&P			al Tempor	ary Licen	se
	(3	350.00)		Per Section:				
				1	License #	:	Amou	ınt:
SECTION 2. EVENT DETAILS								
Event Dates Total # of Da	ys Hour	of Alcoholic Beverage	Sales, Servic	e and/or con	sumption	Virtual E		ark Yes, if the
August 23, 2025 1	6pn	1	то 11pm			☐ Yes	☑ No vir	ent is 100% tual
Event Address (Street #, name, and city)		Event Location Des	cription (Jones	Park, Pavilio	on A, etc.)			
1850 Yount Mill Road, Yountville, C	A 9459					☑ Yes		
Event Type		Type of Entertainment		Event Open to Public				
☐Barbeque ☐Dinner ☐Sporting B	!	Band				☐ Yes		
☐Birthday ☐Festival ☐Social Ga	thering L	Estimated Attendance	Security Guar					
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐)		☑Yes □No	•				
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	ndraiser	550	☑ Yes* *If Yes, a diagi □ No event area is n					
REQUIRED			2			13 110		a is required
☑ By checking this box, you are certifying th	at vou un	derstand the requireme	nts detailed in	Rusiness ar	nd Profess	ions (R&F	N Code S	ection
25682(c) which state that a nonprofit organiz								
receive RBS training certification prior to the								p=====(0) ==
SECTION 3. CONTACT INFORMATION								
Contact Person	I	Phone Number		Ema	il Address	3		
Sonya DeLuca	707-914-1590		sde	luca@fa	armwork	cerfound	dation.org	
SECTION 4. SIGNATURES AND APPRO	VAI S	***************************************					***************************************	
I attest that I am authorized by the organizati		d above to make this a	polication on its	s behalf				
Organization's Authorized Representative N		Phone Number		nature	1	n	te Signed	1
Caleb Mosley		707-944-8311	0.90	///	eV.	1	~ /	12026
Property Owner Approval/By (Name) Requi	i			1		//	-/30	12026
Trioperty Owner Approvation (Namer neutri	red // I	Phone Number	l Sian	Piture V	/ .1	Z AMDa	ite Signe	(. 1

Law Enforcement Approval By (Name), If applicable Phone Number Signature Date Signed District Office Approval By (Name) Phone Number ABC Employee Signature Issuance Date The above named organization is hereby licensed, pursuant to the California B&P Code Division 9 and California Code of Regulations, to engage

in the temporary sale of alcoholic beverages for consumption at the abovenamed location for the period authorized above. B&P Code Section 25682(c) requires that a designated RBS-trained person(s) shall remain on site for the duration of the event. Failure to comply with this requirement will result in immediate cancellation of the permit. This license may be revoked summarily by the Department if, in the opinion of the Department and/or the local law enforcement agency, it is necessary to protect the safety, welfare, health, peace and morals of the people of the State.

SUPPLEMENTAL DIAGRAM

Instructions to Applicant:

Draw a sketch of the area on which the licensed premises is or will be located. Show adjacent structures and nearest cross streets. If this is an event for a daily license, catering authorization, event authorization or miscellaneous use, show the area where sales and consumption of alcoholic beverages will occur. Post a copy of this diagram with Daily License. Catering Authorization or Event Authorization where the event is held. Sales and consumption of alcoholic beverages must be confined to the area designated in the diagram and supervised to prevent violations of the Alcoholic Beverage Control Act.

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Nount Mill Vineyards Yourty, It (A 9+599 Cook Rd. DIAGRAM FENCE DINNER O O O O O O O O O O O O O O O O O O O		2. LICENSE TYPE
TENCE Monnya, THE COLONIA DINNER O O O O O O O O O O O O O O O O O O O	3. PREMISE'S ADDRESS (Street number and name, bity, tip/code)	
TENCE Monnya, THE COLONIA DINNER O O O O O O O O O O O O O O O O O O O	Yount Mill Vineyards Yountville CA 94599	Cook Rd.
DINNER ODOL POR There read the above instructions and I declare under penalty of perjury that the above diagram is true and correct. APPLICANT SIGNATURE FOR ABC USE ONLY	DIAGRAM	
DINNER ODOL POR There read the above instructions and I declare under penalty of perjury that the above diagram is true and correct. APPLICANT SIGNATURE FOR ABC USE ONLY		
DINNER ODOL POR There read the above instructions and I declare under penalty of perjury that the above diagram is true and correct. APPLICANT SIGNATURE FOR ABC USE ONLY		
DINNER ODOL POR There read the above instructions and I declare under penalty of perjury that the above diagram is true and correct. APPLICANT SIGNATURE FOR ABC USE ONLY		
I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct. APPLICANT SIGNATURE DATE SIGNED 5/30/2025	STAGE MOUNTA, ON ONO DO	BOH KITCHEN PAINT
I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct. APPLICANT SIGNATURE FOR ABC USE ONLY DATE SIGNED 5/30/2025		
I have read the above instructions and I declare under penalty of perjury that the above diagram is true and correct. APPLICANT SIGNATURE FOR ABC USE ONLY DATE SIGNED 5/30/2025	Gook Road	
APPLICANT SIGNATURE DATE SIGNED 5/30/2025 FOR ABC USE ONLY		n is true and some
5/30/2025 FOR ABC USE ONLY		·
FOR ABC USE ONLY	APPLICANT SIGNATURE	DATE SIGNED
FOR ABC USE ONLY	1071.	5/30/2025
CERTIFIED CORRECT (Signature) PRINTED NAME INSPECTION DATE		///-
	CERTIFIED CORRECT (Signature) PRINTED NAME	INSPECTION DATE