

COUNTY OF NAPA  
PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

**TEMPORARY EVENTS LICENSE**

**APPLICATION PACKET**

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2. Application
3. Defense and Indemnification Statement
4. Request for Fee Waiver Memo and Fee Waiver Request Form
5. Certificate of Insurance Sample
6. Temporary Event Categories That Do Not Require a License
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## TEMPORARY EVENTS LICENSE

### APPLICATION CHECKLIST

- \_\_\_ 1. A completed application. The application shall be signed by both the applicant or authorized representative and the owner or lessee or authorized representative of the property on which the event is to be held. If applicant is other than an individual, see the table below for authorized representative to sign and application and required information to be attached:
- \_\_\_ 2. A Defense and Indemnification Statement signed by the applicant or authorized representative and property owner or authorized representative (see No. 1 above).
- \_\_\_ 3. A copy of a current Certificate of Insurance showing general public liability coverage in the amount specified in the Temporary Events Manual and, if applicable, an endorsement for alcohol. *(NOTE: Insurance subject to final review by Risk Manager and could result in delay or cancelation of event).*
- \_\_\_ 4. A list of all property owners, as shown on the last equalized assessment roll, adjacent to, or situated within 1000 feet of the event site property boundaries, a copy of all assessors' pages used in compiling the property owners list, and one set of mailing labels specifying the parcel number, name, and address of listed property owners. . (Note: This requirement applies only to Category 3, 4, and Subsequent Category 3 & 4 events (over 200 people) and any Subsequent Category 2A or 2B events involving a prior complaint).
- \_\_\_ 5. A check payable to the County of Napa for the appropriate fee (please call for current fees) as adopted by the Board of Supervisors and set forth in Section III of the Napa County Policy Manual. A late fee, as adopted by the Board and set forth in Section III of the Napa County Policy Manual, will be assessed if the application is submitted less than 60 days prior to the event. No application will be accepted if less than 50 days prior to the event.
- \_\_\_ 6. A list of the names, mailing address, and telephone numbers of the event food or goods suppliers.
- \_\_\_ 7. Location maps and floor plans showing where, on the property, the event will take place.
- \_\_\_ 8. Location maps and sample (including dimensions) of any promotional signs.
- \_\_\_ 9. Fee waiver request, if non-profit.



<b>NAME OF EVENT SUPERVISOR:</b>		
Will the event have any of the following? <input type="checkbox"/> Displays, <input type="checkbox"/> Demonstrations, <input type="checkbox"/> Food tastings, <input type="checkbox"/> Beverages sold (offered for sale or given away), <input type="checkbox"/> Known person or celebrity appearance, <input type="checkbox"/> Sales, book or other signings, <input type="checkbox"/> Musical or creative arts presentations.		
Please give a detailed description of event: _____ _____ _____ _____		
Date(s): <u>5/02/2026</u> Hours: _____ Time of expected Peak Hour: _____	Maximum Daily Attendance Expected: _____	Expected Attendance at Peak Hour: _____
Supportive Retail Sales: <input type="checkbox"/> Yes Type: _____ <input type="checkbox"/> No	Outdoor Amplified Music Proposed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will the event utilize caves at any time during the event? Yes <input type="checkbox"/> No <input type="checkbox"/> Are there any pending Building Permits? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, # _____	Will Tents, Canopies, Pavilions or Food Booths be used at this Event? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 \_\_\_\_\_ 25 ADA Parking Spaces
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):
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: \_\_\_\_\_
[ ] 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 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 \_\_\_\_\_ and/or the number of chemical toilets available in the area of the event for guest use? 4 ADA Toilets
- 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 \_\_\_\_\_
- b) Describe location where these receptacles will be placed \_\_\_\_\_
- c) Number of clearly labeled receptacles to be provided for recyclables \_\_\_\_\_  
(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: \_\_\_\_\_

**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



A Tradition of Stewardship  
A Commitment to Service

FILE # \_\_\_\_\_

# NAPA COUNTY

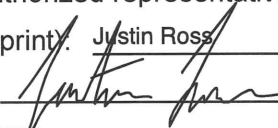
## PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

1195 Third Street, Suite 210, Napa, California, 94559 (707) 253-4417

### APPLICATION FOR A TEMPORARY EVENTS LICENSE

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

Name of Event: Wicked Wine Run Subsequent Event:  Yes  No  
Date(s) of Event: 05/02/2026 Previous Temporary Event Date(s): N/A  
Time(s) of Event: 12p-6p Previous License #: N/A  
Name of Venue: Maxville Winery Assessor's Parcel #(s): 025-020-023-000  
Event Site Address: 4105 Chiles Pope Valley RD, St Helena CA 94574  
Expected Attendance (per day): 1800

Applicant's or Organization's Name: Wicked Wine Run LLC Contact Person: Justin Ross  
Business/Residence Address: 36218 N. 33rd Ave. Phoenix AZ 85086  
No. Street City State Zip  
Mailing Address: 36218 N. 33rd Ave. Phoenix AZ 85086  
No. Street City State Zip  
Telephone #: (419) 606-8631 Fax #: \_\_\_\_\_ Email Address: justin@wickedwinerun.com  
Applicant or authorized representative: Justin Ross  
Name (please print): Justin Ross  
Signature:   
Title: Event Planner Date: 11/07/2025  
Applicant's Legal Nature:  Individual  Partnership  LLC  Association  
 Corporation  Non-Profit, I.D. # \_\_\_\_\_  Other \_\_\_\_\_

Name(s) of Property Owner(s) (or authorized representative): Douglas Berlogar  
Address (es) of Property Owner(s): 4105 Chiles Pope Valley RD St Helena CA 94574  
No. Street City State Zip  
Telephone #: 707-225-7993 Fax #: \_\_\_\_\_ Email Address: dberlogar@maxvillelakewines.com  
Mailing Address: 4105 Chiles Pope Valley RD St Helena CA 94574  
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: 12.5.2025

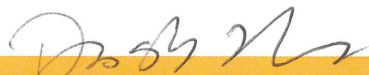
#### TO BE COMPLETED BY PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

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

**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)

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

11/07/2025  
\_\_\_\_\_  
DATE

12.3.2015  
\_\_\_\_\_  
DATE

**PLEASE ATTACH YOUR CERTIFICATE OF INSURANCE TO THIS DOCUMENT**

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**FOR OFFICE USE ONLY**

DATE SUBMITTED: \_\_\_\_\_

FILE NUMBER: \_\_\_\_\_