FILE # _____

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

A Tradition of Stewardship
A Commitment to Service

## APPLICATION FOR A TEMPORARY EVENTS LICENSE

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

Name of Event: Napa Knockout: Combat Sports Legacy & Honor Gala  Subsequent Event: ☐ Yes ■ No

Date(s) of Event: July 25, 2026  Previous Temporary Event Date(s): _____

Time(s) of Event: 3:00pm-10:00pm  Previous License #: _____

Name of Venue: Raymond Vineyards  Assessor's Parcel #(s): _____

Event Site Address: 1584 St Helena Hwy, St Helena, CA 94574

Expected Attendance (per day): 600

Applicant's or Organization's Name: Association of Boxing Commissions/CSAC Pension  Contact Person: Timothy Shipman

Business/Residence Address: _____
No. Street City State Zip

Mailing Address: _____
No. Street City State Zip

Telephone #: _____  Fax #: _____  Email Address: _____

Applicant or authorized representative: _____

Name (please print): Timothy Shipman

Signature: _____

Title: President, Association of Boxing Commission  Date: _____

Applicant's Legal Nature: ☐ Individual ☐ Partnership ☐ LLC ☐ Association ☐ Corporation ■ Non-Profit, I.D. # _____ ☐ Other _____

Name(s) of Property Owner(s) (or authorized representative): Donnell Shuster

Address (es) of Property Owner(s): 849 Zinfandel Lane St. Helena, CA 94574
No. Street City State Zip

Telephone #: 707-889-1632  Fax #: _____  Email Address: donnell.shuster@boisset.com

Mailing Address: 849 Zinfandel Lane St. Helena, CA 94574
No. Street City State Zip

wet signature

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) Donnell Shuster  Date: 4-10-2026

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:

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: The event is a fundraising gala benefitting the Association of Boxers and the CSAC Pension fund to support retired fighters

The inaugural fundraising event, "Napa Knock Out" celebrate the legacy of the organizations and generate meaningful support for its USA Boxing Charitable program and CSAC pension programs.

This event will thoughtfully unite athletes, supporters, industry leaders, and community champions in a powerful show of recognition and impact.

| Date(s): 7/25/26 Hours: 3pm-10pm<br>Time of expected Peak Hour: 6pm | Maximum Daily Attendance<br>Expected: 600 | Expected Attendance<br>at Peak Hour: 600 |
|---|---|---|

| Supportive Retail Sales:<br>☐ Yes Type: _____<br>☒ No | Outdoor Amplified Music Proposed?<br>Yes ☒ No ☐ |
|---|---|
| Will the event utilize caves at any time during the event?<br>Yes ☐ No ☒<br>Are there any pending Building Permits?<br>Yes ☐ No ☒ If Yes, # _____ | Will Tents, Canopies, Pavilions or Food Booths be used at this Event? Yes ☐ No ☒<br>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 100 Unpaved 100
   c) Method of Traffic Control: ■ Valet Parking ☐ Staff Volunteers
   d) Parking Attendants for traffic control: ☐1 ☐2 ☐3 ☐4 ■ Specify # 13
   e) A plot plan and verbal description of how off-site parking will be arranged (if applicable):
   Guests will park offsite with valet/parking attendants on client property and be shuttled to this event venue
   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
   The Ranch - 105 Zinfandel Lane, St. Helena, CA

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: _____

4. **Drinking Water Supply and Facilities:**
   ☒ Drinking water provided by: Catering and venue
   ☐ 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# 35-1895961
   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: Off The Grid Phone: 415-638-0649
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 Off the Grid - food trucks 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:** 4- permanent + 10 additional toilets and 2- additional ADA at each restroom location

a) The number of permanent toilet facilities _____ and/or the number of chemical toilets available in the area of the event for guest use?

b) Company providing the chemical toilets: Posh Privy is providing 10- stalls additional to the permanent ADA compliant restrooms onsite and an additional 2- ADA restrooms at each of the 2- restroom locations

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 18

b) Describe location where these receptacles will be placed near food service areas, seating areas and throughout the event

c) Number of clearly labeled receptacles to be provided for recyclables 18
(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: Mendoza Private 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: Napa Valley Media will add pathway + parking lighting

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)

DATE

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

4-10-2024
DATE

Wet Signature

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

---

**FOR OFFICE USE ONLY**

DATE SUBMITTED: _____

FILE NUMBER: _____

## 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)

4/14/2026
DATE

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

4-10-2026
DATE

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

---

**FOR OFFICE USE ONLY**

DATE SUBMITTED: _____

FILE NUMBER: _____

FILE # _____

# NAPA COUNTY
## PLANNING, BUILDING, AND ENVIRONMENTAL SERVICES

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

A Tradition of Stewardship
A Commitment to Service

## FEE WAIVER REQUEST FORM

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

Applicant Name: Association of Boxing Commissions/CSAC Pension on Behalf of Al Amanecer Boxing Club

Date of Fee Waiver Application: 04/24/26

Date(s) of Event: July 25, 2026

Location of Event: Raymond Vineyards, 849 Zinfandel Ln , St. Helena CA 94574

Contact Person: Timothy Shipman Phone #: 850-491-7584

Please complete the following questions:

1. Our organization is a qualified non-profit corporation, incorporated pursuant to the Non-Profit Corporation Law.
   - [X] Yes Tax ID #: 87-165004
   - [ ] No
2. Our organization will advance one or more of the following public policies: (please check at least one box)
   - [X] Public Education
   - [ ] Public Safety
   - [X] Social Welfare
   - [X] Public Health Care
   - [ ] Human Resource Development
   - [ ] Environmental Policy
   - [ ] Other: Public _____
3. Approval of the fee waiver is in the public interest and creates a public benefit because:

   The Association of Boxing Commissions will be supporting Al Amanecer Boxing Club with their programs offering boxing, mixed martial arts and safety training to youth in Napa. Donations help with occupancy expenses, equipment, uniforms, and travel expenses for competitors. Our support will help to provide low-cost, high quality boxing and conditioning training sessions to local youths aged 7-18.

   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 $ 1,200 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: _____

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 07 2016

ASSOCIATION OF BOXING COMMISSIONS
PO BOX 17304
LITTLE ROCK, AR 72222-7304

Employer Identification Number:
35-1895961
DLN:
26053677005116
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
September 30
Public Charity Status:
509(a)(2)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
March 24, 2016
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Association of Boxing Commission/CSAC
07/25/26
Fundraiser and sporting match
600 attendees

Raymond Vineyards- 849 Zinfandel Lane- St. Helena

**Vendors**

**Food suppliers-**
Off the Grid- 1469 Pacific Ave. San Francisco, CA 94109- (415)339-5888

**Planner-** O'Donnell Lane- PO Box 2200, Sonoma, CA 95476- (707)287-3046

**Rental provider-** Bright Rentals-22674 Broadway A, Sonoma, CA 95476- (707) 940-6060

**Ring Rental provider-** Tom Anderson Presents- PO Box 5070 Galt CA 95632

**Audio Visual/lighting provider**- Napa Valley Media- 1758 Industrial Way, Napa, CA 94558- (707) 253-9647

**Restrooms-** Posh Privy- PO Box 1603. Healdsburg, CA 95448- (707)723-9711

**Valet/Parking attendants**- Gilmore Valet- PO Box 291 Rutherford, CA 94573- (707)967-9001

**Security**- Mendoza Private Security- 575 Lincoln Ave Ste 320. Napa, CA 94558- (707)531-0871

**Transportation**- Pure Luxury- 4246 Petaluma Blvd N, Petaluma, CA 94952- (707)775-2920

**Ambulance-** American Medical Response West- 841 Latour Ct. Ste. D. Napa, CA 94558- (707)501-5280