



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: Harvest STUMP Subsequent Event:  Yes  No  
 Date(s) of Event: 8/24/2024 Previous Temporary Event Date(s): 1  
 Time(s) of Event: 6pm - 11pm Previous License #: —  
 Name of Venue: Vina Esperanza Assessor's Parcel #(s): 017-150-007-000  
 Event Site Address: 3196 Bennett Lane, Calistoga CA 94515  
 Expected Attendance (per day): 600

Applicant's or Organization's Name: Napa Valley Grapegrowers Contact Person: Quincy Scott  
 Business/Residence Address: 831 Latour Ct. Ste. A Napa CA 94558  
No. Street City State Zip  
 Mailing Address: Same  
No. Street City State Zip  
 Telephone #: 707-914-1591 Fax #: — Email Address: qscoth@napagrowers.org  
 Applicant or authorized representative: Napa Valley Grapegrowers  
 Name (please print): Caleb Mosley  
 Signature: [Signature]  
 Title: Executive Director Date: 6/1/24  
 Applicant's Legal Nature:  Individual  Partnership  LLC  Association  
 Corporation  Non-Profit, I.D. # 82-2012800  Other \_\_\_\_\_

Name(s) of Property Owner(s) (or authorized representative): Ren and Linda DeKoven  
 Address (es) of Property Owner(s): 3196 Bennett Lane Calistoga CA 94515  
No. Street City State Zip  
 Telephone #: 707-239-6616 Fax #: — Email Address: londonstark@me.com  
 Mailing Address: Same  
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) [Signature] Date: 5/1/24

### 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:**

Pamela Fishman Cianci, Outlined Productions

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: Harvest STUMP is our annual fundraiser that supports the Napa Valley Grapegrowers and the Napa Valley Farmworker Foundation.

See Attached.

Date(s): 8/24 Hours: 4pm-11pm

Time of expected Peak Hour: 7pm

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 [X] off Site
b) Number of Vehicle Parking Spaces: Paved \_\_\_ Unpaved \_\_\_
c) Method of Traffic Control: [X] Valet Parking [ ] Staff Volunteers
d) Parking Attendants for traffic control: [ ]1 [ ]2 [ ]3 [ ]4 [X] Specify # 10+
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 [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: \_\_\_\_\_
[ ] Approved on-site system: \_\_\_\_\_
[ ] Public Water System (name): \_\_\_\_\_
[X] 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 [ ] No, if yes, non-profit ID# n/a no proceeds
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: Anthony Cognetti - Tre Posti Phone: 707-963-7600
Date of Food Safety Certificate, if applicable: \_\_\_\_\_

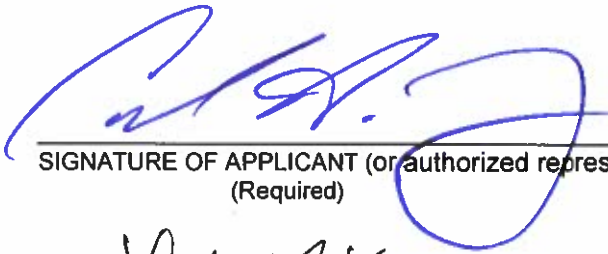
Food Preparation and Service (check one):

- [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 [ ] 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 9 and/or the number of chemical toilets available in the area of the event for guest use?
- b) Company providing the chemical toilets: Napa Valley Luxury Restrooms
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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 trash dumpsters 2 recycle dumpsters 8 compost containers
- b) Describe location where these receptacles will be placed Kitchen, throughout reception, back of house, bar areas
- c) Number of clearly labeled receptacles to be provided for recyclables see above  
(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: Spearhead 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: \_\_\_\_\_
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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)

6/1/24  
DATE

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

5/1/24  
DATE

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

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**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: Napa Valley Grapegrowers

Date of Fee Waiver Application: \_\_\_\_\_

Date(s) of Event: August 24, 2024

Location of Event: 3196 Bennett Lane Calistoga, CA 94515

Contact Person: Quincy Scott Phone #: 707-914-1591

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)

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:

Proceeds from the event support the missions of the Napa Valley Grapegrowers and Napa Valley Farmworker Foundation and community outreach 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 100 % 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: \_\_\_\_\_