



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: The Wine Marathon Napa Edition Subsequent Event: Yes No

Date(s) of Event: Saturday May 9, 2026 Previous Temporary Event Date(s): _____

Time(s) of Event: 8:00 AM - Noon Previous License #: _____

Name of Venue: Quintessa Winery to Yountville Park Assessor's Parcel #(s): _____

Event Site Address: 1 California Dr, Yountville, CA 94599

Expected Attendance (per day): 400 runners + 200 spectators

Applicant's or Organization's Name: Never Run Out, LLC Contact Person: Tiffany Eicholz

Business/Residence Address: 3425 Scenic Drive Napa CA 94558
No. Street City State Zip

Mailing Address: 3425 Scenic Drive Napa CA 94558
No. Street City State Zip

Telephone #: (707) 266-8357 Fax #: _____ Email Address: tiffany@thewinemarathon.com

Applicant or authorized representative: Sean Ryan (Authorized Representative)

Name (please print): Sean Ryan

Signature: Sean Ryan Digitally signed by Sean Ryan
Date: 2025.08.14 12:54:40 -05'00'

Title: Race Director Date: 8/14/2025

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

Name(s) of Property Owner(s) (or authorized representative): See all individual applications.

Address (es) of Property Owner(s): _____
No. Street City State Zip

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

Mailing Address: _____
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: _____

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:

Sean Ryan

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: _____

Saturday, May 9, 2026: Marathon starting at Quintessa Winery and finishing at Yountville Community Center

See attached Exhibit 1 for route map.

Date(s): 5/9/26 Hours: 8 am - Noon

Time of expected Peak Hour: 10-11 am

Maximum Daily Attendance

Expected: 400 participants
200 spectators
Total = **600 people**

Expected Attendance

at Peak Hour: 300
3 hour finish window
9 am - Noon

Supportive Retail Sales:

Yes Type: Merchandise, food, beverage
 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.
We will contact the Fire Marshal.

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 200 Unpaved
c) Method of Traffic Control: [] Valet Parking [x] Staff Volunteers
d) Parking Attendants for traffic control: []1 []2 []3 [x]4 [] Specify #
e) A plot plan and verbal description of how off-site parking will be arranged (if applicable):
We will coordinate in advance with the high school to control parking and shuttle loading.
f) A letter of permission from Property Owner to use the property where the off-site parking will be located has been submitted: [] Yes [x] 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 [x] No []

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: 5-gallon jugs delivered along route and handed out in 10-ounce cups by teams of volunteers
[] 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 [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: TBD Phone:
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 TBD 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 32 and/or the number of chemical toilets available in the area of the event for guest use?
- b) Company providing the chemical toilets: Silverado Farming Company

- 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 40
- b) Describe location where these receptacles will be placed 6 near food and beverage tables in start area, 2 each at 8 course fluid stations, 18 in groups of 3-4 each scattered around finish area.
- c) Number of clearly labeled receptacles to be provided for recyclables 5 (staffed)
(Recycling receptacles should always be placed next to a trash receptacle and near beverage areas.)

- 8. Medical Facilities and Services:**
- | | | |
|--|---|-----------------------------|
| First Aid kit available | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Staff trained in First Aid available | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Capabilities of contacting 911 in an emergency | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE
Clinic Ole will be the Official Medical Partner of this event and will coordinate medical staffing on the course and at the finish line.

- 9. Fire Protection Facilities and Procedures:**
- | | | |
|----------------------------------|---|-----------------------------|
| Fire Extinguishers available | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Staff trained in Fire Procedures | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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

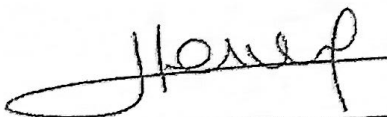
- 14. Will Event take place over night:** Yes No
- a) Arrangements for illuminating the premises have been made: Yes No
- b) If yes, explain: _____
- c) What arrangements for camping or similar facilities are being made: _____

- 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

DEFENSE AND INDEMNIFICATION STATEMENT

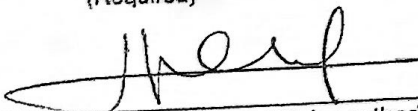
I HEREBY AFFIRM THAT I HAVE READ THE TEMPORARY EVENTS MANUAL AND STATE THAT THE INFORMATION PROVIDED WITH THE APPLICATION IS CORRECT. I AGREE TO COMPLY WITH ALL CONDITIONS ATTACHED TO THIS LICENSE, COUNTY ORDINANCES AND STATE LAWS RELATED TO CONDUCTING THE ACTIVITIES DESCRIBED IN THE APPLICATION. I AGREE 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)

8/15/2025

DATE



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

12/2/2025

DATE

PLEASE ATTACH YOUR CERTIFICATE OF INSURANCE TO THIS DOCUMENT

FOR OFFICE USE ONLY

DATE SUBMITTED: _____

FILE NUMBER: _____

NAPA VALLEY CALIFORNIA

Quintessa

MILE 01

MILE 02

Honig

Frog's Leap

MILE 03

Round Pond

MILE 04

MILE 05

Saddleback

MILE 06

Silver Oak

B Cellars

MILE 07

MILE 08

MILE 09

MILE 10

Cliff Lede

MILE 11

MILE 12

wine half
marathon
WM
NAPA EDITION

SAT 2026
MAY, 9

13.1
MILES

SWEAT THEN CELEBRATE

13.1 MILES



WINERY-HOSTED
AID STATIONS



LIVE MUSIC ALONG
THE COURSE



FINISH-LINE
WINE VILLAGE

START
QUINTESSA
WINERY

FINISH
DOWNTOWN
YOUNTVILLE

MILES, MUSIC & WINE

