



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

**NAPA COUNTY  
CONSERVATION, DEVELOPMENT & PLANNING DEPARTMENT  
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: Blue Note Summer Sessions Subsequent Event:  Yes  No  
Date(s) of Event: 5/19/2023 - 5/21/2023 Previous Temporary Event Date(s): N/A  
Time(s) of Event: 4pm - 10pm music ; 4pm - 12am breakdown/crew only Previous License #: N/A  
Location of Event: Silverado Resort Assessor's Parcel #(s): 060-010-001  
Event Site Address: 1600 Atlas Peak Rd, Napa, CA 94558  
Expected Attendance (per day): 800-1,200 per day

Applicant's or Organization's Name: STR Entertainment Contact Person: Heather Seney  
Business/Residence Address: 1030 Main St. Napa CA 94559  
No. Street City State Zip  
Mailing Address: 4558 Stillson St Napa CA 94558  
No. Street City State Zip  
Telephone #: 860-689-5536 Fax #: \_\_\_\_\_ Email Address: heather@bluenotenapa.com  
Applicant or authorized representative: \_\_\_\_\_  
Name (please print): Heather Seney for STR Entertainment  
Signature: *Heather Seney* for STR Entertainment  
Title: Production Manager Date: 4/14/2023  
Applicant's Legal Nature:  Individual  Partnership  LLC  Association  
 Corporation  Non-Profit, I.D.# \_\_\_\_\_  Other \_\_\_\_\_

Name(s) of Property Owner(s) (or authorized representative): Silverado Resort  
Address(es) of Property Owner(s): 1600 Atlas Peak Rd Napa CA 94558  
No. Street City State Zip  
Mailing Address: 1600 Atlas Peak Rd Napa CA 94558  
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 County Planning Division for preparation of reports related to this application.

Signature of Property Owner (authorized representative) *Michael Petherbridge* Date: Mar 21, 2023

TO BE COMPLETED BY CONSERVATION DEVELOPMENT AND PLANNING DEPARTMENT  
Zoning District: \_\_\_\_\_ Category of Event: \_\_\_\_\_ Existing Use Permit(s)#: \_\_\_\_\_  
Fees: \$ \_\_\_\_\_ Receipt: # \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**NAME OF EVENT SUPERVISOR:**

Ken Tesler

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: \_\_\_\_\_

Blue Note Summer Sessions is an outdoor summer concert series being held at Silverado Resort, with the stage set just above the 1st and 18th holes of the golf course. The concert series will feature a range of national touring artists and comedians.

Date(s): 5/19/23-5/21/23 Hours: 4pm - 10pm music ; 4pm - 12am breakdown/crew only  
Time of expected Peak Hour: 7pm  
Dates:

Maximum Daily Attendance  
Expected: 1,200 maximum

Expected Attendance at Peak Hour: 800-1,200

Supportive Retail Sales:  
 Yes Type: Blue Note and/or Artist Merchandise  
 No

Outdoor Amplified Music Proposed?  
Yes  No

Will the event occur indoors (within existing building(s))?  
Yes  No   
*Note: If yes building(s) must be approved for assembly.*  
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  Off Site
- b) Number of Vehicle Parking Spaces: Paved \_\_\_\_\_ Unpaved 670
- c) Method of Traffic Control:  Valet Parking  Staff ~~Volunteers~~ 3rd party parking company staff
- d) Parking Attendants for traffic control:  1  2  3  4  Specify # 4-6
- e) A plot plan and verbal description of how off-site parking will be arranged (if applicable).  
Parking will be managed by a professional parking company, On Track Event Management. See attached.
- 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

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: Silverado Resort
- 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. Facility must operate consistent with guidelines.

If 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 the Department of Environmental Management. Contact DEM at (707) 253-4471 or visit [www.countyofnapa.org/DEM](http://www.countyofnapa.org/DEM) for an application.

Name and phone number of contact person with food safety certificate or safe food handling knowledge:  
Name: Tim Brown Phone: (415) 720-3687  
Date of Food Safety Certificate, if applicable: \_\_\_\_\_

**Food Preparation and Service (check one):**

By a [Napa County](#) permitted caterer, who will prepare, serve and be responsible for safe food preparation and handling throughout the event:

Name of Caterer Brown Method Enterprises [Napa County Permit ID #](#) \_\_\_\_\_  
 On-site permitted kitchen \_\_\_\_\_ Permit ID # of Kitchen \_\_\_\_\_  
 Other: \_\_\_\_\_

Temporary food facility permit may be required, contact DEM

**6. List names and telephone numbers of the event food or goods suppliers:**

BNNVV LLC dba Blue Note Napa (beverage services) - 707-880-2300

Brown Method Enterprises (catering) - 415-720-3687

**7. Sanitation Facilities:**

- a) The number of permanent toilet facilities 0
- b) The number of portable toilets available in the area of the event for guest use 30 portos + 1 VIP restroom trailer
- c) Company providing the portable toilets: United Site Services
- d) Business name of Napa County permitted pumper truck United Site Services  
Napa County pumper truck permit number: \_\_\_\_\_

**8. Provisions for cleanup of trash and recyclables, the premises and removal of recyclables and non-recyclables (provide equal number of trash and recycling receptacles, located in pairs):**

- a) Number of receptacles to be provided for trash 12
- b) Number of clearly labeled receptacles to be provided for recyclables 12  
(Recycling receptacles should always be placed next to a trash receptacle and near beverage areas.)
- c) Describe locations where these receptacles will be placed \_\_\_\_\_  
Trash and recycling receptacles will be placed near bars, food stations, restrooms, and at the entrance/exit.

**9. 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

**10. Fire Protection Facilities and Procedures:**

- Fire Extinguishers available  Yes  No
- Staff trained in Fire Procedures  Yes  No

**11. 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.

**12. Security Protection Company hired:**

Yes  No

If yes, name of company: CSC Corporation will be hired for select shows

**13. Dust Control:**

Yes  No

**14. Premises Illuminated:**

Yes  No

**15. 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: \_\_\_\_\_

**16. Insurance attached and approved by Risk Management:**

Yes  No

**17. 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)

3/21/2023

\_\_\_\_\_  
DATE

*Michael Petherbridge*

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

Mar 21, 2023

\_\_\_\_\_  
DATE

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

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**FOR OFFICE USE ONLY**

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

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/11/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brown & Brown Insurance Services of California, Inc 3697 Mt. Diablo Blvd, Ste 100  Lafayette CA 94549-3745		<b>CONTACT NAME:</b> Michelle Molenburg <b>PHONE (A/C, No, Ext):</b> (800) 733-3131 <b>E-MAIL ADDRESS:</b> Michelle.Molenburg@bbrown.com <b>FAX (A/C, No):</b>	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> Arch Insurance Company	<b>NAIC #</b> 11150
		<b>INSURER B:</b> Technology Insurance Company, Inc.	42376
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>  BNNV, LLC 1030 Main Street  Napa CA 94559			

**COVERAGES**

CERTIFICATE NUMBER: 2022-2023

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Per Event			SNCGL1226003	04/26/2022	04/26/2023	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
							MED EXP (Any one person)	\$ Excluded
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 5,000,000
							PRODUCTS - COMP/OP AGG	\$ 5,000,000
								\$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SNAUT0068203	04/26/2022	04/26/2023	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0			SNFXS0071003	04/26/2022	04/26/2023	EACH OCCURRENCE	\$ 4,000,000
							AGGREGATE	\$ 4,000,000
								\$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	TWC4082683	04/26/2022	04/26/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	Liquor Liability			SNLIQ0072803	04/26/2022	04/26/2023	Each Common Cause	\$1,000,000
							Aggregate Limit	\$2,000,000


**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**

RE: Blue Note Summer Sessions, May 19, 2003- October 28, 2023 at 1600 Atlas Peak Road, Napa, CA 94558

Named Insured includes STR Entertainment LLC as respects general liability

Certificate holder is included as additional insured if required by written contract or agreement and per form CG2026 attached to the general liability policy

**CERTIFICATE HOLDER****CANCELLATION**

County of Napa, its Officers, Employees, Agents & Volunteers 1195 Third Street, Room 210 Napa CA 94559	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b>  
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**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

## **ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### **SCHEDULE**

**Name Of Additional Insured Person(s) Or Organization(s):**

Any person or organization you are required to add as an additional insured to this policy by written contract or written agreement which is currently in effect or coming into effect during the term of this policy and executed prior to the occurrence of any "property damage", "bodily injury", or "personal and advertising injury".

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

**A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

1. In the performance of your ongoing operations; or
2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

**B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable limits of insurance;

whichever is less.

This endorsement shall not increase the applicable limits of insurance.



Diplomates of the American Board  
of Oral and Maxillofacial Surgery

March 22<sup>nd</sup>, 2023

**Reconstructive Facial  
Surgery**

- Orthognathic
- Trauma
- Preprosthetic
- Facial Deformities
- Distraction  
Osteogenesis

**Dentoalveolar Surgery**

- Implants
- Trauma
- Surgical Extractions
- Impactions
- Surgical Endodontics
- Bone Grafting
- Tissue Regeneration
- Ridge Preservation

**Cosmetic Facial Surgery**

- Facial Rejuvenation
- CO<sub>2</sub> Laser Resurfacing
- Facial Implants
- Botox
- Dermal Fillers

**Pathologic Surgery**

- Biopsy
- Cyst
- Tumor


**TMJ Disorders**

To Whom It May Concern:

I, Dr. Robert S. Kiken, authorize the STR LLC to use my property (#039-210-004) at 1711 Atlas Peak Rd. for Blue Note Summer Sessions Concert Series between May 19-October 28, 2023.

Any questions or issues please contact me at 805-452-2300.

*Sincerely,*

  
**Dr. Robert S. Kiken**