



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: 6/8/2023 - 6/10/2023 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): 1,200 - 1,500

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): _____ Hours: 4pm - 10pm music ; 4pm - 12am breakdown/crew only
6/8/23-6/10/23
Time of expected Peak Hour: 7pm
Dates:

Maximum Daily Attendance
Expected: 1,500 maximum

Expected Attendance at Peak Hour: 1,200 - 1,500

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 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.



3/21/2023

SIGNATURE OF APPLICANT (or authorized representative)
(Required)

DATE

Michael Petherbridge

Mar 21, 2023

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

DATE

PLEASE ATTACH YOUR CERTIFICATE OF INSURANCE TO THIS DOCUMENT

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).

| | | | |
|--|--|---|------------------------|
| PRODUCER Brown & Brown Insurance Services of California, Inc 3697 Mt. Diablo Blvd, Ste 100 Lafayette CA 94549-3745 | | CONTACT NAME: Michelle Molenburg PHONE (A/C, No, Ext): (800) 733-3131 E-MAIL ADDRESS: Michelle.Molenburg@bbrown.com FAX (A/C, No): | |
| | | INSURER(S) AFFORDING COVERAGE | |
| | | INSURER A: Arch Insurance Company | NAIC # 11150 |
| | | INSURER B: Technology Insurance Company, Inc. | 42376 |
| | | INSURER C: | |
| | | INSURER D: | |
| | | INSURER E: | |
| | | INSURER F: | |
| INSURED 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"/> COMMERCIAL GENERAL LIABILITY <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 | | | SNCG1226003 | 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 | AUTOMOBILE LIABILITY <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"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <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 | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | | 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 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|--|

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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 22nd, 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
- CO₂ 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