

NAPA COUNTY

FILE # _____

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

APPLICATION FOR A TEMPORARY EVENTS LICENSE

A Commitment to Service			
To be completed by Applicant (Please type or print legibly)			
Name of Event: Live in the Vineyard Goes Country	Subsequ	uent Event: 🗌 Yes 🔳 No	
Date(s) of Event: April 23, 2024	Previous Temporary	Event Date(s):	
Time(s) of Event: 4:30pm to 7:00pm	Previous License #:_		
Name of Venue: <u>Peju Winery</u> As	ssessor's Parcel #(s):		
Event Site Address: 8466 St. Helena Hwy, Rutherford, Ca	94573		
Expected Attendance (per day):450			
Applicant's or Organization's Name: FF Entertainment, LLC	Contact Person: K	Cathy Magner	
Business/Residence Address: 411 Radam St	Austin	TX 78745	
No. Street	City	State Zip	
Mailing Address: 411 Radam St.	Austin	TX 78745 State Zip	
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Telephone #: 707-592-0243	_ Email Address. Kittaghei	Wiorenonthetworks.	
Applicant or authorized representative: Kathy Magner			
Name (please print): Kathy Magner Signature: Kathy Magner		·	
Cignature.			
Title: Regional Events Manager Applicant's Legal Nature: Individual Partne	ership LLC	Association	
	Profit, I.D. #	Other	
Name(s) of Property Owner(s) (or authorized representative)	: David Amadia		
Address (es) of Property Owner(s): 8466 St. Helena Hwy		CA 94573	
No. Street	City	State Zip	
	_ Email Address: <u>damadia</u>		
Mailing Address: 8466 St. Helena Hwy No. Street	Rutherford city	CA 94573 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) x Date: x 1/22/24			
organization of the post, of the state of the post of			
TO BE COMPLETED BY PLANNING, BUILDIN Zoning District: Category of Event: E	G, AND ENVIRONMENTAL SER :xisting Use Permit(s) #:	VICES	
Fees: \$ Receipt: # R	Received by:	Date:	

M							
NAME OF EVENT SUPERVISOR:							
Kathy Magner							
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	: Music Industry e	vent showcasing po	opular artists as well as				
up and coming artists.							
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			_				
Date(s): 4/23∰ Hours: 4:30-7∰	Maximum Daily Atte	endance	Expected Attendance at Peak Hour: 450				
Time of expected Peak Hour: 5:00	Expected: 450						
Supportive Retail Sales:		Outdoor Amplified M	lusic Proposed?				
☐ Yes Type:		Yes ■ No □	·				
■ No							
2=n							
Will the event utilize caves at any time during the event? Yes ☐ No ■ Are there any pending Building Permits?		Will Tents, Canopies, Pavilions or Food Booths be used at this Event? Yes No III If Yes, contact Napa County Fire Marshal 30 days prior to event for License Requirements.					
				Yes			
Existing Use Permit Number(s) (if applicable):							

TEMPORARY EVENT SUPPLEMENTAL INFORMATION

ı.	a)	Location(s): On Site of Site
	b)	Number of Vehicle Parking Spaces: Paved <u>55</u> Unpaved <u>25</u>
	c)	Method of Traffic Control: Valet Parking Staff Volunteers
	d)	Parking Attendants for traffic control:
	e)	A plot plan and verbal description of how off-site parking will be arranged (if applicable): Guests will be brought in on busses - parking manage by Gilmore Valet
	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.		event is be held at a winery or other business, will the site open to the public during the event? No
3.		per of attendees will be controlled by use of: Number of tickets being sold Other Talley or, please explain:
1.		ing Water Supply and Facilities:
		Drinking water provided by: <u>Bottled Water by Forefront Entertainment</u> Approved on-site system: Public Water System (name):
	$\overline{\mathbf{x}}$	Bottled Water:
5.	Will fo	ood 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? No
		answered YES to a) <u>AND</u> b) above, a permit for the temporary food facility IS NOT required from onmental Health. Facility must operate consistent with guidelines.
	day, a	answered NO, or any portion of the profit will be kept by the vendor <u>OR</u> the event is more than one in application for the temporary food facility must be approved and a permit issued by Environmental n. Contact Environmental Health at (707) 253-4471 or visit www.countyofnapa.org/DEM for an ation.
	Name	ct information for person at event with food safety certificate or safe food handling knowledge: Chef Nic Montenez Phone: 707-963-3600 Food Safety Certificate, if applicable: Cert #17406053
	Date	of 1 ood Safety Certificate, if applicable. Cert #1740003
	Food	Preparation and Service (check one):
	□Ву	a permitted caterer, who will prepare, serve and be responsible for safe food preparation and ng throughout the event.
	☐ By handli Name	a permitted caterer, who will prepare, serve and be responsible for safe food preparation and

6.		ation Facilities:				
	a)	The number of permanent toilet factories the area of the event for guest use		nd/or the number	er of chemical	toilets available in
	b)	Company providing the chemical to	ilets: <u>Americar</u>	Sanitation		
7.		isions for cleanup of trash and recy clables:		emises and rer	noval of recy	clables and non-
	a) b)	Number of receptacles to be provided for trash <u>15</u> Describe location where these receptacles will be placed <u>Located througout the event</u>				
	c)	Number of clearly labeled receptacles to be provided for recyclables 15 (Recycling receptacles should always be placed next to a trash receptacle and near beverage areas.)				
8.	Medic	cal Facilities and Services: First Aid kit available Staff trained in First Aid available Capabilities of contacting 911 in an	emergency	X Yes X Yes X Yes	No No No	
9.	Fire P	Protection Facilities and Procedures Fire Extinguishers available Staff trained in Fire Procedures	s :	☐ Yes ※ Yes	□ No □ No	
10.	Will a	ling Safety: iny part of the event take place in a b ☑ No ██ , please include a floor plan showing	,			, ,
11.		rity Protection Company hired: , name of company: <u>Patronus Secur</u>	Yes	□ N	0	
12.	Dust	Control:	☐ Yes	□N	0	
13.	Prem	ises Illuminated:	Yes	□ N	o	
14.	a) b)	Event take place over night: Arrangements for illuminating the pr If yes, explain:			☐ Yes	■ No
Z.	c)	What arrangements for camping or	r sımılar facılıtıe ————	es are being ma	de: 	-
15.		rance attached and approved by Ri E: Insurance subject to final reviewent).				No elay, or cancelation
16.	Defer	nse and Indemnification Statement	t has been rea	d, 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.

Kashy Milagner	1/19/24
SIGNATURE OF APPLICANT (or authorized representative) (Required)	DATE
SIGNATURE OF PROPERTY OWNER (or authorized representative) (Required)	X 122 24 DATE
PLEASE ATTACH YOUR CERTIFICATE OF INSU	JRANCE TO THIS DOCUMENT
FOR OFFICE USE ONL	.Y
DATE SUBMITTED:	FILE NUMBER:

ADJOINING PROPERTY OWNER LIST REQUIREMENTS

All applications shall include a list of the current owners of all the properties whose outer perimeters are within **1000** feet of the property boundary of the project site. The list shall include the property owner's names, their addresses and the assessor's parcel numbers of the property owned.

Preparation, verification and submission of this list of property owners is the responsibility of the applicant. Lists of the property owners appearing on County tax rolls in the form required are available from all local title insurance companies. Each such list must be certified by a title insurance company as reflecting the most recent County tax roll information.

INSTRUCTIONS TO TITLE COMPANY

Please prepare the property owners' list as follows:

- Type the property owners' names, parcel numbers and mailing addresses on an 8½"x11" sheet of Avery #5160 Laser Labels so that this information can be readily used in mailing by Planning, Building, and Environmental Services.
- Submit a full page copy of the assessors' parcel book page(s) and a copy
 of the latest equalized assessment roll used to compile the property
 owners' list. Please indicate the location of all parcels listed, by check
 mark or colored parcel number circled on the pages.

If you should have any questions, please contact Planning, Building, and Environmental Services at (707)253-4417.