

**OUTDOOR
COMMUNITY EVENT
LICENSE APPLICATION**

**1001 EAST 9TH STREET, BUILDING A
RENO, NEVADA 89512**

**(775) 328-3733
www.washoecounty.us**

OUTDOOR COMMUNITY EVENT LICENSE GENERAL PROCEDURES

Definition: "Outdoor community event" means an assembly of more than 100 and less than 1,000 persons on any one day of the event gathered together for any purpose, at any location, other than a permanent building or permanent installation that has been constructed for and will accommodate the number of persons gathered therein.

1. **APPLICATION.** Complete the form in ink. This application is for events with attendance over 100 and less than 1,000 persons on any one day the event. There is a \$50.00 nonrefundable application fee. Applications will be returned if the application fee is not included. Three paper copies of the application and one electronic pdf file (memory stick or DVD) must be turned in at least 90 days before the event. The application must include all required forms.
2. **APPLICATION DEADLINE.** All applications must be submitted at least 90 days in advance of the event.
3. **LICENSING/PERMIT REQUIREMENTS.** An outdoor community event license is required on any public or private lands in the unincorporated area of Washoe County except for lands managed by the Washoe County Parks Department and state, trust, tribal, and federal lands. All events must meet land use/regulatory zone requirements before the license will be issued. For information on land use/regulatory zone requirements, call (775) 328-6100 with the parcel number(s) of the event. There are special application processes, depending on the size of the event:
 - a. *Events with between 100 and 299 people on any one day of the event.* These events require an outdoor community event license only. The Director of the Planning and Development Division shall approve, approve with conditions, or deny the license.
 - b. *Events with between 300 and 999 people on any one day of the event.* These events shall obtain both an outdoor community event license and an administrative permit. This application shall suffice for the outdoor community event license application and the administrative permit application. No additional fees are required for filing the administrative permit application. The Board of Adjustment shall approve, approve with conditions, or deny the license and permit.
4. **FEES.** The license fee for an outdoor community event is \$350.00 per day plus any booth fees if applicable. If the event is a carnival, circus or tent show the daily license fee is \$300, to a maximum amount of \$4,200, plus booth fees if applicable.

BOOTH FEES			
1-4 booths	\$ 25	50-59 booths	\$ 300
5-9 booths	\$ 50	60-69 booths	\$ 350
10-19 booths	\$ 100	70-79 booths	\$ 400
20-29 booths	\$ 150	80-89 booths	\$ 450
30-39 booths	\$ 200	90-100 booths	\$ 500
40-49 booths	\$ 250	More than 100 booths	\$ 500 plus \$5 for each booth in excess of 100

5. **INVESTIGATION.** The sheriff's office shall conduct a criminal history background check of the applicants (to include partners and corporate officers). Fingerprint impressions may be taken and submitted to the Nevada central repository for criminal history records and the Federal Bureau of Investigation. Fingerprint impressions will be taken after the application is turned in and deemed complete.
6. **CONDITIONS.** All conditions imposed by the Director or the Board of Adjustment for the outdoor community event license and/or the administrative permit must be met before the license will be issued.
7. **APPROVALS.** The application will be reviewed by the appropriate agencies. The application will be approved by the Director of the Planning and Development Division or the Board of Adjustment.
8. **ISSUANCE OF LICENSE.** The outdoor community event license will be issued after all fees have been paid and all necessary approvals have been received. The event license must be displayed prominently at the event and must be available for inspection. This license is valid only for the event authorized and not for any other event.

OUTDOOR COMMUNITY EVENT LICENSE/PERMIT

Materials required for submittal

- X Fees – check(s) made payable to “Washoe County”
- Application fee**
- X \$50 non-refundable application fee
- Daily fee(s)**
- N/A \$350 daily fee plus appropriate booth fees
Carnival, circus or tent show fees
- _____ \$300 daily fee (maximum of \$4200) plus appropriate booth fees
- X Three packets and one electronic pdf file (memory stick or DVD). Each packet shall include the completed application and event plan. The event plan must include:
- X Site plan showing the arrangement of all facilities; including ingress, egress, parking and camping; and,
- Detailed explanations for:
- ✓ Security and fire protection
 - N/A Water supply and facilities
 - N/A Sanitation facilities
 - ✓ Medical facilities and services
 - ✓ Vehicle parking spaces
 - ✓ Vehicle access and on-site traffic control
 - ✓ Communication system
 - N/A Illuminating the premises (if applicable)
 - N/A Camping (if applicable)
 - ✓ Cleanup and rubbish removal plan and cost estimates to return the event site to its pre-event condition
- ✓ Certified copies of articles of incorporation filed in Nevada (if applicable)
- N/A Copy of partnership papers (if applicable)
- ✓ Insurer Information and copy of insurance policy specific to event (copy must be furnished prior to the issuance of the license)

Submission Materials (continued)

- Property ownership affidavit and permission to conduct event signed by each property owner(s) and notarized (separate form for each property owner)
- Vendor list
- Statement of Assets
- Statement of Liabilities
- Personal history of all applicants (to include corporate officers and partners)
- N/A Names and addresses of any person contributing, investing or having an expected financial interest greater than \$500 in producing the event
- N/A Names and addresses of any person expected to provide, for consideration, services or activities ancillary to or in conjunction with the event
- Release of claims and authorization to release information signed by each applicant (to include corporate officers and partners) and notarized

LOCAL HEROES PARADE APPLICATION – 2022

Table of Contents

Parade Application Overview

Washoe County Outdoor Festival Application – 2022

Summary of Safety and Logistics

Attachments

LOCAL HEROES PARADE – 2022

Parade Overview

Incline Village Crystal Bay Community and Business Association, under the guidance of Executive Director, Linda Offerdahl, and Rotary Club of Tahoe-Incline, are planning a parade on July 2nd to honor our local heroes and veterans. Heroes come in all sizes and shapes. Incline Village is home to some awesome heroes. Invited to participate in the parade will be our active Veterans Club, Sherriff's officers, fire department personal, snowplow crew, Rotary Club of Tahoe-Incline, Rotary Club of Incline Village, American Association of University Women and many others who have contributed to the welfare of Incline Village. In addition, we will invite classic cars, clubs, and associations of Incline Village, small businesses, and Incline High School Mariachi and Jazz bands.

Logistics: The large vehicles of NLTFPD, WCSO and NDOT will be staged along Incline Way between Village and Southwood. We have partnered with Silver State Barricades, CERT and the WCSO to man all blocked roads. Cars and floats will also stage along Incline Way between Village and Southwood. Walkers and children's bike parade participants will stage in the IVGID parking lot on Southwood. The parade will begin at 893 Southwood east to Incline Way where it will turn right and continue to the IVGID Recreation Department parking lot where cars and floats will unload; walkers and bikers will disperse to Aspen Grove on the west side of Incline Way.

OUTDOOR COMMUNITY EVENT APPLICATION

(Requires a non-refundable \$50 application fee)

Application date: March 3, 2022

Applicant Information

Applicant's name: Incline Village Crystal Bay Business and Community Association

Mailing address: 969 Tahoe Blvd. Incline Village NV 89451

Street or PO Box

City

State

Zip code

Phone: 775-771-5859 (Business) 775-771-5856 (Home) _____ (Cell)

Email: linda@ivcba.org

All applicants, to include corporate officers or partners must complete a personal history form

Is the applicant a(n): Corporation Partnership Individual

If a corporation or a partnership, list corporate officers or partners:

Name	Address	Title
<u>Linda Offerdahl</u>	<u>969 Tahoe Blvd., Incline Village, NV 89451</u>	<u>Executive Director</u>
<u>Mike Young</u>	<u>969 Tahoe Blvd., Incline Village, NV 89451</u>	<u>Secretary/Treasurer</u>

Event Information

Name of Event: Local Heroes Parade

Date(s) of Event: July 2, 2022 Hours of operation: 8 a.m. to 11:30 a.m.

Location of Event: Southwood Blvd at Incline Way to IVGID Rec. Center and Village Green on Incline Way

Assessor Parcel Number(s): _____

Description of Event: Community parade honoring our Veterans and local heroes. We expect entries to include cars, bike riders, floats, bands, walkers and horses.

Name of the designated event representative who will be on-site during the event and who has authority to bind the applicant: Linda Offerdahl

Will an admission fee be charged for your event? Yes No

If yes, amount and type of fee(s): _____

When will fee be collected? Pre-sales At entrance

Approximate number of participants and other persons: 250

Approximate number of customers and spectators: audience spread over one mile on two sides of the road

Approximate maximum number of persons on any one day of the event: 200

Will food and/or beverages be served? Yes No

(all food and beverage vendors must have the appropriate Washoe County Health District permits)

Will alcoholic beverages be served? Yes No

(all intoxicating liquor vendors must be individually licensed with Washoe County Business License)

Will there be live music? Yes No

OUTDOOR COMMUNITY EVENT LICENSE

Insurer Information

(see Insurance, Hold Harmless & Indemnification Requirements)

Name of Insurer: United States Liability Co. Policy number: NBP021A1195

Attach copy of insurance policy specific to event (must be furnished prior to the issuance of ^{Type of service})

Address of Insurer: 1325 Airmotive Way Ste. 320 Reno NV 89502
Street City State Zip code

Limits of liability: 1,000,000/1000,000/5,000

HISTORY OF SIMILAR EVENTS

(attach additional sheets if needed)

Describe the history of all similar events conducted, operated or promoted by the applicant. Include, at a minimum, event names, types, dates, locations, permits or licenses issued.

IVCBA partnered with Rotary Club of Tahoe-Incline and other community supporters to successfully
organize and hold the parade on July 3, 2021. The event was issued permits by NDOT, NTFD, and
Washoe County. We worked with the Washoe County Sheriff, CERT and Silver State Barricades to provide a safe
environment for both participants and spectators.

Vendor List

(attach additional sheets if needed)

Name of Vendor

Silver State Barricades barricades and cones and site plan

Menath Insurance insurance policy

**OUTDOOR COMMUNITY EVENT
AFFIDAVIT OF PROPERTY OWNERSHIP
and/or PERMISSION TO CONDUCT EVENT**

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, Indra S. Wingquest being duly sworn, depose, and say that I am an owner* of property involved in this outdoor community event and I do hereby:

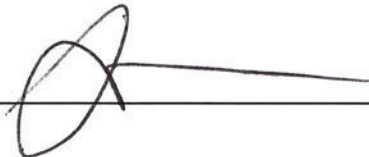
(check appropriate box)

Affirm that I am an applicant for the below named proposed outdoor community event and also own the property or properties on which the event will be conducted

OR

Affirm that I give permission to the applicants for the below named proposed outdoor community event to conduct the event on the following property or properties which I own:

Assessor Parcel Number(s): 127-010-07, 127-021-02, 127-040-07
Village Green IVGID ADMIN RECENTER
Proposed Outdoor Community Event: LOCAL HEROES PARADE

Signed 

Subscribed and sworn to before me this 30th day of March, 2022


Notary Public in and for said county and state



My commission expires: Dec. 8, 2022

*Owner refers to the following. Please mark the appropriate box.

- OWNER/JOINT OWNER
- CORPORATE OFFICER/PARTNER
- POWER OF ATTORNEY (Provide copy of Power of Attorney)
- AGENT (Notarized letter from property owner giving legal authority to agent)
- LETTER FROM GOVERNMENT AGENCY WITH STEWARDSHIP

IVCBA

Balance Sheet Summary

As of March 30, 2022

	TOTAL
ASSETS	
Current Assets	
Bank Accounts	181,547.54
Accounts Receivable	0.00
Other Current Assets	11,017.50
Total Current Assets	\$192,565.04
TOTAL ASSETS	\$192,565.04
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	7,681.95
Other Current Liabilities	306.20
Total Current Liabilities	\$7,988.15
Total Liabilities	\$7,988.15
Equity	184,576.89
TOTAL LIABILITIES AND EQUITY	\$192,565.04

**OUTDOOR COMMUNITY EVENT
PERSONAL HISTORY**

(complete a separate form for each applicant, to include corporate officers and partners)

Name in full: Mike A Young
First Middle Last

List ALL other names you have been known by: _____

Residence address: _____
Street City State Zip Code

Residence phone: 775 271 2381 Business phone: Same

Name of your present business or employer: Sottabys Realty

Business address: 570 Lake Shore Blvd NE NV 89451
Street City State Zip Code

Type of business: Rent Estate Sale Position: Broker-sale

How long engaged in this business: 30+

Date of birth: _____ Age: _____ Place of birth: _____

List cities in which you have lived during the last ten years:
Dates From and To City State
6/30/88 Incline Village NV co.

I, the undersigned, have answered all questions in this application and to the best of my knowledge all answers are true and correct. I further understand that disclosure of any false, misleading or incorrect answers could result in the denial of the license. The filing of the application does not authorize the conducting of any event for which a license is required, and any carrying on of such event before a license is issued may also be grounds for denial of a license.

Mike Young
Printed name of applicant

Mike Young
Signature of applicant

1 April 22
Date

**OUTDOOR COMMUNITY EVENT
RELEASE OF CLAIMS**

(complete a separate form for each applicant, to include corporate officers and partners)

The undersigned has filed with Washoe County Business License an application for outdoor community event license. In consideration of the assurance by the Board of County Commissioners that no vote on said application will be taken except after a deliberate, intensive and thorough investigation of the undersigned, including but not limited to criminal history background, associates and finances, the undersigned does for himself, his heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the County of Washoe, Washoe County Sheriff's Office, Washoe County Commission, and Washoe County Business License from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims, and demands whatsoever, known or unknown, in law or equity, which the undersigned ever had, now has or may have, or claim to have against any or all of said entities or individuals arising out of or by reason of the processing or investigation of or other action relating to the undersigned application.

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for an outdoor community event license with Washoe County Business License, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information of a confidential or privileged nature.

I hereby release you, your organization and others from liability or damage, which may result from furnishing the information requested. This release will expire 180 days after the date signed.

I, the undersigned, have read this release and understand all its terms; I execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, I have executed this release at _____ on the
1 day of April, 2022.

Linda Offerdahl

Printed name of applicant

L Offerdahl

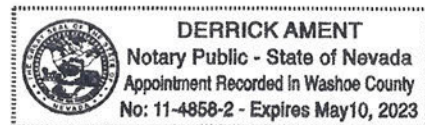
Signature of applicant

State of Nevada
County of Washoe

Subscribed and sworn to before me this 1st day of April, 2022

[Signature]

Notary Public in and for said county and state



My commission expires: May 10, 2023

**OUTDOOR COMMUNITY EVENT
INSURANCE, HOLD HARMLESS AND INDEMNIFICATION REQUIREMENTS**

Pursuant to Washoe County Code section 25.303, any applicant for a Washoe County outdoor community event license must ensure the following requirements are met to the satisfaction of the Washoe County Risk Management Division before the outdoor community event license may be issued.

INDEMNIFICATION & HOLD HARMLESS

As respects acts, errors or omissions relating to the event, APPLICANT agrees to indemnify and hold harmless COUNTY, its officers, agents, employees, and volunteers from and against any and all claims, demands, defense costs, liability or consequential damages of any kind or nature arising directly or indirectly out of the event or any activity leading up to, during, or following the event, excepting those which arise out of the sole negligence of the COUNTY.

APPLICANT further agrees to defend COUNTY and assume all costs, expenses and liabilities of any nature to which COUNTY may be subjected as a result of any claim, demand, action or cause of action arising out of the negligent acts, errors or omissions of APPLICANT or its agents concerning the event.

INSURANCE REQUIREMENTS

COUNTY requires that APPLICANT purchase General Liability Insurance as described below against claims for injuries to persons or damages to property which may arise from or in connection with the event by APPLICANT, its agents, representatives, or employees. The cost of all such insurance shall be borne by APPLICANT.

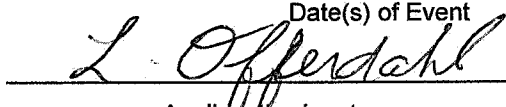
APPLICANT shall maintain coverage and limits no less than \$1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, the general aggregate limit shall be increased to equal twice the required occurrence limit, to apply separately to this event.

Any deductibles or self-insured retentions must be declared to and approved by the COUNTY Risk Management Division prior to the event. COUNTY reserves the right to request additional documentation, financial or otherwise prior to giving its approval of the deductibles and self-insured retention and prior to issuing the license. The COUNTY Risk Manager prior to the change taking effect must approve any changes to the deductibles or self-insured retentions.

APPLICANT shall provide COUNTY with a certificate of insurance that identifies COUNTY, its officers, agents, employees and volunteers as additional insured's.

NOTE: A certificate of insurance complying with the provisions stated above is not required with the outdoor community business license application, but must be furnished prior to the issuance of the license.

I hereby agree to the all of the provisions stated above:

<u>Local Heroes Parade</u>	<u>July 2, 2022</u>
Name of Event	Date(s) of Event
<u>Linda Offerdahl</u>	
Applicant's name (printed)	Applicant's signature
Date: <u>March 3, 2022</u>	

Detailed Explanation For:

Traffic

Please see attached Traffic Plan developed by Silver State Barricades with input from

Anthony Miceli – Washoe County Sherriff’s Office

Dell Rawley – CERT

Tim Kelly – IVGID

Jennifer Donohue - NLTFD

Linda Offerdahl – IVCBA

Pamela Sheldon – Rotary Club of Tahoe-Incline

We have contracted for 100 cones and various size barriers from Silver State to block roads and driveways, indicated on the map. The Sherriff’s department will work with Silver State to strategically place them the morning of July 2 according to the approved plan. CERT volunteers will augment the WCSO and Silver State in manning the barriers.

Security and Fire Protection

There will be no need for security beyond the presence of the WCSO. An application to the NLTFPD has been filed.

Water Supply and Facilities

Not applicable

Sanitation Facilities

Not applicable

Medical Facilities and Services

The Incline Village paramedics are stationed less than a mile from the beginning of the parade route.

Vehicle Parking Spaces

Permission has been granted by the owners of 893 Incline Way to use their parking lot.

Vehicle Access and On-Site Traffic Control

Silver State will post “reader boards” three days before the parade to advise motorists that Incline Way from Village to Country Club will be one-way on July 2 to ease the prevention of motorist parking on the parade route. It will also advise partial road closure of Southwood for the parade. The residents and businesses impacted by the closure will be notified by either their

homeowners association or a letter from IVCBA. Both WCSO and CERT will be stationed along the parade route to control access.

Communication System

In coordination with the WCSO and CERT, key volunteers will have walkie talkies – ie: staging volunteers and parade ending site volunteers.

Illuminating the Premises

Not applicable

Camping

Not applicable

Cleanup and Rubbish Removal Plan

Volunteers from Rotary Club of Tahoe-Incline and Rotary Club of Incline Village will be responsible for removing trash left by spectators.

Attachments

LOCAL HEROES PARADE – INCLINE VILLAGE – 2022

Submitted March 31, 2022

Articles of Incorporation

Secretary of State Certificate


Certificate of Liability

Traffic Control Plan



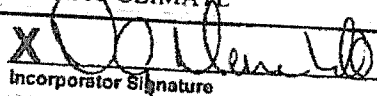
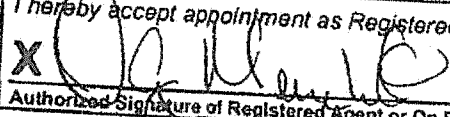
ROSS MILLER
 Secretary of State
 204 North Carson Street, Suite 4
 Carson City, Nevada 89701-4520
 (775) 684 5708
 Website: www.nvsos.gov

**Nonprofit
 Articles of Incorporation**
 (PURSUANT TO NRS CHAPTER 82)

Filed in the office of  Document Number
 20090468366-14
 Filing Date and Time
 06/03/2009 7:42 AM
 Entry Number
 E0311412009-8

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Name of Corporation:	INCLINE COMMUNITY BUSINESS ASSOCIATION		
2. Registered Agent for Service of Process: (check only one box)	<input type="checkbox"/> Commercial Registered Agent: Name <input checked="" type="checkbox"/> Noncommercial Registered Agent (name and address below) OR <input type="checkbox"/> Office or Position with Entity (name and address below) D. G. MENCHETTI Name of Noncommercial Registered Agent OR Name of Title of Office or Other Position with Entity 683 CRISTINA DRIVE Street Address PO BOX 7100 Mailing Address (if different from street address) INCLINE VILLAGE Nevada 89451 City Zip Code INCLINE VILLAGE Nevada 89452 City Zip Code		
3. Names and Addresses of the Board of Directors/Trustees: (each Director/Trustee must be a natural person at least 18 years of age, attach additional page if more than four directors/trustees)	1) LINDA OFFERDAHL Name 593 LARIAT CIRCLE Street Address INCLINE VILLAGE NV 89451 City State Zip Code 2) LYNN MCGINTY Name PO BOX 6777 Street Address INCLINE VILLAGE NV 89450 City State Zip Code 3) MINDY WEGENER Name PO BOX 5937 Street Address INCLINE VILLAGE NV 89450 City State Zip Code 4) _____ Name Street Address City State Zip Code		
4. Purpose: (required, continue on additional page if necessary)	The purpose of the corporation shall be DEVELOP AND PROMOTE A HEALTHY BUSINESS CLIMATE		
5. Name, Address and Signature of Incorporator: (attach additional page if more than one incorporator)	D. G. MENCHETTI Name PO BOX 7100 Address INCLINE VILLAGE NV 89452 City State Zip Code  Incorporator Signature		
6. Certificate of Acceptance of Appointment of Registered Agent:	I hereby accept appointment as Registered Agent for the above named Entity.  Authorized Signature of Registered Agent or On Behalf of Registered Agent Entity JUNE 2, 2009 Date		

This form must be accompanied by appropriate fees.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.
- * Provide future officers of your organization with a copy of this notice.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

Keep this part for your records.

CP 575 E (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 E

9999999999

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 06-29-2009
EMPLOYER IDENTIFICATION NUMBER: 27-0448179
FORM: SS-4 NOBOD

INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023
[Barcode]

INCLINE COMMUNITY BUSINESS
ASSOCIATION
% TERRY JONES
969 TAHOE BLVD
INCLINE VLG, NV 89451



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 06 29 2009

Employer Identification Number:
27-0448179

Form: SS-4

Number of this notice: CP 575 E

INCLINE COMMUNITY BUSINESS
ASSOCIATION
% TERRY JONES
969 TAHOE BLVD
INCLINE VLG, NV 89451

For assistance you may call us at:
1 800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-0448179. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Assigning an EIN does not grant tax-exempt status to non-profit organizations. Publication 557, *Tax Exempt Status for Your Organization*, has details on the application process, as well as information on returns you may need to file. To apply for formal recognition of tax exempt status, most organizations will need to complete either Form 1023, *Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code*, or Form 1024, *Application for Recognition of Exemption Under Section 501(a)*. Submit the completed form, all applicable attachments, and the required user fee to:

Internal Revenue Service
PO Box 192
Covington, KY 41012-0192

The Pension Protection Act of 2006 contains numerous changes to the tax law provisions affecting tax-exempt organizations, including an annual electronic notification requirement (Form 990-N) for organizations not required to file an annual information return (Form 990 or Form 990-EZ). Additionally, if you are required to file an annual information return, you may be required to file it electronically. Please refer to the Charities & Non-Profits page at www.irs.gov for the most current information on your filing requirements and on provisions of the Pension Protection Act of 2006 that may affect you.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date NOV 07 2009

INCLINE COMMUNITY BUSINESS
ASSOCIATION
969 TAHOE BLVD
INCLINE VILLAGE, NV 89451

Employer Identification Number:
27-0448179
DLN:

Contact Person:
JOAN C KISER ID# 31217
Contact Telephone Number:
(877) 829 5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Effective Date of Exemption:
June 3, 2009
Contribution Deductibility:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax-exempt status we have determined that you are exempt from Federal income tax under section 501(c)(6) of the Internal Revenue Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Please see enclosed Publication 4221-NC, Compliance Guide for Tax-Exempt Organizations (Other than 501(c)(3) Public Charities and Private Foundations), for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Enclosure: Publication 4221-NC

Letter 948 (DO/CG)

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

Incline Village Crystal Bay Association

Nevada Business Identification # NV20091350317

Expiration Date: 06/30/2021

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B202104011559660

You may verify this certificate
online at <http://www.nvsos.gov>

IN WITNESS WHEREOF, I have hereunto set my
hand and affixed the Great Seal of State, at my
office on 04/01/2021.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/14/2022

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 Menath Insurance 1325 Alrmotive Way Suite 320 Reno NV 89502	CONTACT NAME: Paul Thibodeau	
	PHONE (A/C, No, Ext): (775) 831-3132	FAX (A/C, No): (775) 831-6235
	E-MAIL ADDRESS: pault@menath.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United States Liability Insurance	NAIC # 25895
INSURED Incline Village Crystal Bay Association 969 Tahoe Blvd. Incline Village NV 89451-1	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES
CERTIFICATE NUMBER: CL2142946999

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
x	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	NBP021A1195	04/29/2021	04/29/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

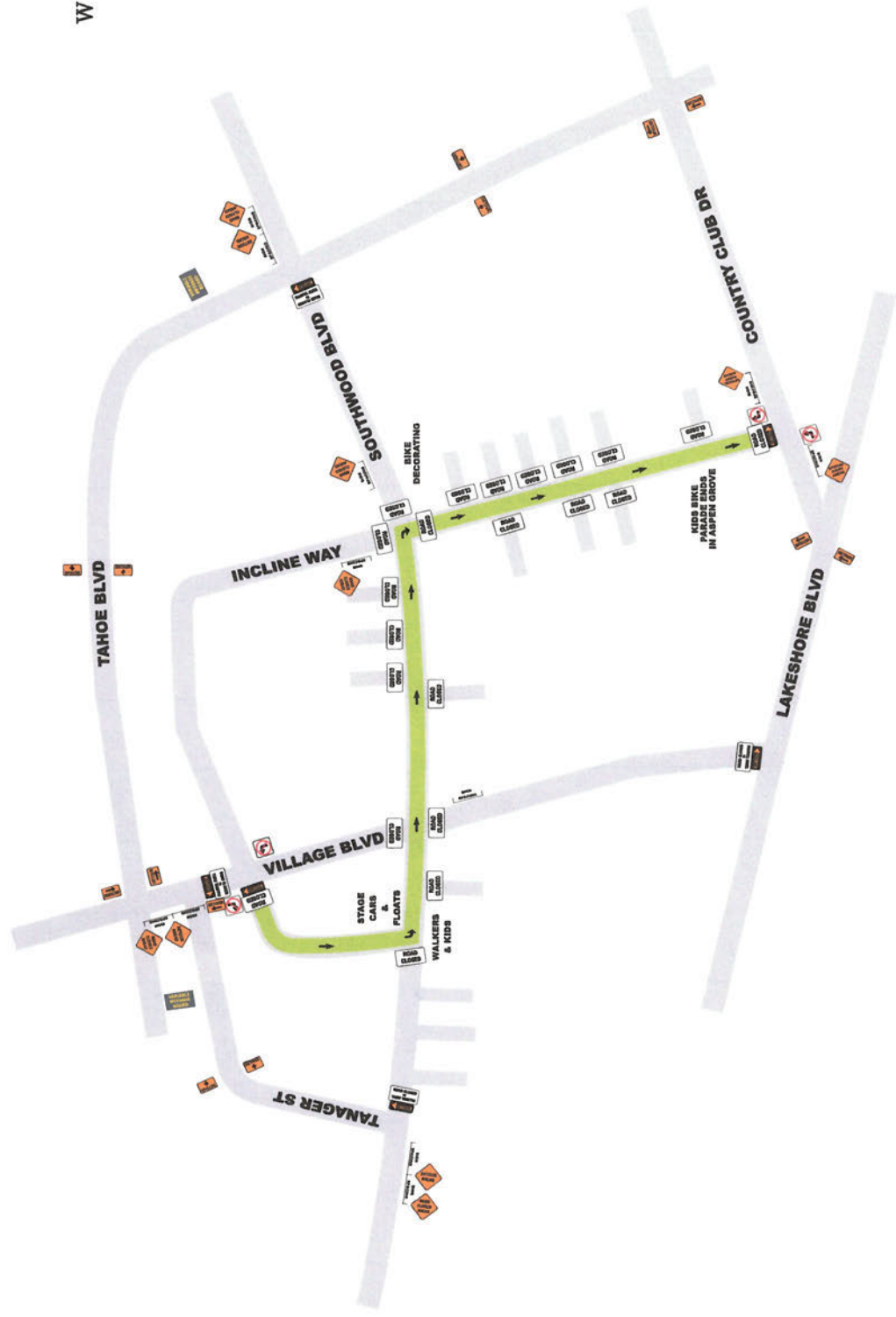
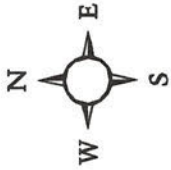
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Washoe County, its officers, agents, employees and volunteers are named as additional insured under the policy for the parade taking place on July 2, 2022 on Incline Way, Incline Village, NV 89451.

CERTIFICATE HOLDER**CANCELLATION**

Washoe County, its officers, agents, employees and volunteers PO Box 11130 1001 East 9th Street, Reno NV 89520-0027	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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SPEED LIMIT 25
 120' TAPER
 65' SHIFTING TAPER
 45' SHOULDER TAPER
 100' FLAGGER TAPER
 300' SIGN SPACING
 30' CONE SPACING

SPEED LIMIT 30
 140' TAPER
 80' SHIFTING TAPER
 60' SHOULDER TAPER
 100' FLAGGER TAPER
 200' BUFFER
 300' SIGN SPACING
 30' CONE SPACING

SPEED LIMIT 35
 240' TAPER
 120' SHIFTING TAPER
 80' SHOULDER TAPER
 100' FLAGGER TAPER
 250' BUFFER
 400' SIGN SPACING
 30' CONE SPACING

SPEED LIMIT 40
 320' TAPER
 160' SHIFTING TAPER
 100' SHOULDER TAPER
 100' FLAGGER TAPER
 300' BUFFER
 500' SIGN SPACING
 40' CONE SPACING

SPEED LIMIT 45
 640' TAPER
 320' SHIFTING TAPER
 180' SHOULDER TAPER
 100' FLAGGER TAPER
 425' BUFFER
 600' SIGN SPACING
 45' CONE SPACING

SPEED LIMIT 50
 800' TAPER
 300' SHIFTING TAPER
 200' SHOULDER TAPER
 100' FLAGGER TAPER
 425' BUFFER
 600' SIGN SPACING
 50' CONE SPACING

SPEED LIMIT 55
 860' TAPER
 330' SHIFTING TAPER
 220' SHOULDER TAPER
 100' FLAGGER TAPER
 370' BUFFER
 600' SIGN SPACING
 50' CONE SPACING

NOTES
 ALL TRAFFIC CONTROL DEVICES MUST BE PLACED BY AN ATSSA CERTIFIED TRAFFIC CONTROL SUPERVISOR

LEGEND
 WORK ZONE
 42" CONE
 TRAFFIC DRUM
 LIGHT TOWER
 FLAGGER

CONTRACTOR: LOCAL HEROS PARADE
 JOB: 4TH OF JULY PARADE
 ATSSA CERT: 151411
 DRAWN BY: BRET DUBE
 SIGNATURE:
 DATE: 03-09-22





SSBS PHONE: 775-331-0907

TO: PAMELA SHELDON, LOCAL HEROES PARADE

PHONE: 626-644-6818

EMAIL: pamelasheldon961@yahoo.com

FROM: *Dave Eaton*

DBE CERT# NV20322266NUCP NV BUSINESS LIC# NV20001037882

C-31 CA. LICENSE # 980805 (PW CONTRACTORS REG. # 1000015656)

DATE: March 11, 2022

Traffic Control Equipment/ ATSSA Certified Professional Labor

RE: Local Heroes Parade, Saturday, July 2nd, 3 Hour Project

Prevailing: NO

QUANTITY	RENTAL ITEM	DAILY TOTAL	MISC. CHARGES	1 DAY TOTAL
100	Cones	\$59.00	\$0.00	\$ 59.00
	Barrels	\$0.00	\$0.00	\$ -
20	Engineer Grade sign on barricade	\$59.00	\$0.00	\$ 59.00
30	Diamond Grade sign on stand	\$141.00	\$0.00	\$ 141.00
	Weights	\$0.00	\$0.00	\$ -
10	Type III Barricade	\$28.00	\$0.00	\$ 28.00
	Diamond Grade Sign Only	\$0.00	\$0.00	\$ -
35	Barricades	\$21.00	\$0.00	\$ 21.00
	No Parking Set-Up (1 Day Prior)	\$0.00	\$0.00	\$ -
	Arrow Board	\$0.00	\$0.00	\$ -
2	Message Board	\$240.00	\$0.00	\$ 240.00
10	Barrels for Towable Equipment	\$12.00	\$0.00	\$ 12.00
	Radar Trailer	\$0.00	\$0.00	\$ -
	Light Plant	\$0.00	\$0.00	\$ -
	Rumble Strips (Monthly rental only)	\$0.00	\$0.00	\$ -
	Attenuator Truck with Driver	\$0.00	\$0.00	\$ -
	Initial Set-Up, ___ Traffic Control Supervisor w/ Truck	\$0.00	\$0.00	\$ -
	Final Takedown, ___ Traffic Control Supervisor w/ Truck	\$0.00	\$0.00	\$ -
	Daily Set-Up, ___ Traffic Control Supervisor w/ Truck	\$0.00	\$0.00	\$ -
	Daily Take-Down, ___ Traffic Control Supervisor w/ Truck	\$0.00	\$0.00	\$ -
3	TCS w/ Truck x 12 hour Shift (includes, set-up, onsite, take-down)	\$5,760.00	\$0.00	#####
	ATSSA Certified Flaggers x ___ hour shift	\$0.00	\$0.00	\$ -
	Pilot Car with Driver x ___ hours	\$0.00	\$0.00	\$ -
1	Mobilization Time Set up / Take Down of CMS Boards	\$0.00	\$300.00	\$ 300.00
	Fuel/Lodging	\$0.00	\$0.00	\$ -
	Traffic Plans	\$0.00	\$0.00	\$ -

1 DAY GRAND TOTAL: \$6,620.00

Road Closures on Incline Way, Southwood Blvd., Village Blvd., and Country Club Dr.

Saturday, July 2nd. Close road and 8am and open road at 11am

*** SATURDAY HOURS ARE TIME AND A HALF. SUNDAY HOURS ARE DOUBLE TIME AND ANY HOURS OVER 12, IN A SHIFT, ARE DOUBLE TIME**

****It is S.S.B.S. Company Safety Policy to not work more than 14 hours per day, door to door****

****Subject to Staff and Equipment Availability****

***Actual costs may vary depending on approving agency requirements**

***Flagger work zone must be setup by ATSSA certified traffic control professional**

***Does not include damaged or missing equipment**

***Estimate valid for 30 days**

*****DOES NOT INCLUDE SALES TAX*****

NON-ACCOUNT CUSTOMERS MUST REMIT PRE-PAYMENT