OUTDOOR COMMUNITY EVENT LICENSE APPLICATION

1001 EAST 9TH STREET, BUILDING A
P.O. BOX 11130
RENO, NEVADA 89520-0027
(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 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.

| | ВО | OTH FEES | |
|--------------|--------|----------------------|---|
| 1-4 booths | \$ 25 | 50-59 booths | \$ 30 |
| 5-9 booths | \$ 50 | 60-69 booths | \$ 350 |
| 10-19 booths | \$ 100 | 70-79 booths | \$ 400 |
| 20-29 booths | \$ 150 | 80-89 booths | \$ 45 |
| 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.

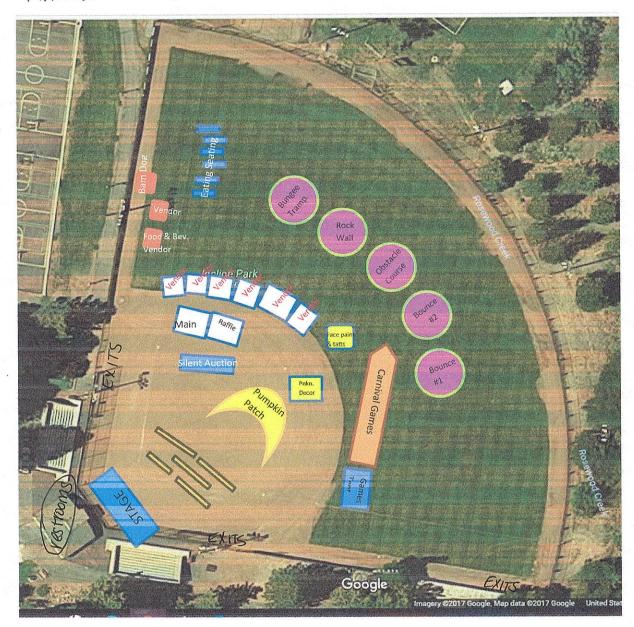
OUTDOOR COMMUNITY EVENT LICENSE/PERMIT

Materials required for submittal

| / | |
|----------|---|
| | Fees – check(s) made payable to "Washoe County" |
| | Application fee |
| | \$50 non-refundable application fee |
| | Daily fee(s) |
| | \$350 daily fee plus appropriate booth fees |
| | Carnival, circus or tent show fees |
| , | \$300 daily fee (maximum of \$4200) plus appropriate booth fees |
| | 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: |
| | Site plan showing the arrangement of all facilities; including ingress, egress, parking and camping; and, |
| | Detailed explanations for: |
| | Security and fire protection |
| | Water supply and facilities |
| | Sanitation facilities |
| | Medical facilities and services |
| | Vehicle parking spaces |
| | Vehicle access and on-site traffic control |
| | Communication system |
| | Illuminating the premises (if applicable) |
| | 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) |
| | Copy of partnership papers (if applicable) |
| <u> </u> | 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) |
| <u> </u> | Names and addresses of any person contributing, investing or having an expected financial interest greater than \$500 in producing the event |
| | 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 |



MAIN TICKET BOOTH = 2 tables + IVNS tent + 2 chairs

SILENT AUCTION = 10 tables

CHEF EVAN & CONCESSIONS = 8 tables + 2 tents

BAM DOG = food truck mobile unit

FOOD VENDOR = 2 tables + 1 tent

BEVERAGE VENDOR = 2 tables + 1 tent

RAFFLE BOOTH = 3 tables + 1 tent

GAMES BOOTH = 3 tables + 1 tent (red & yellow one)

CARNIVAL GAMES = 3 child tables

PUMPKIN DECORATING = 1 child table + 6 kid chairs

PUMPKIN PATCH = 10 bales of hay

STAGE SEATING = 10 benches with 3 log rounds under each bench

VENDORS = all provide their own tents and tables

EATING SEATING = all left over tables & folding chairs + 1 tent

DJ = brings his own

FACE PAINTING = 1 tent

Security and Fire Protection: We will contract services with North Lake Tahoe Fire Protection District in order to have fire protection staff on site. Security services will not be required at our event for families and small children.

Water Supply: WasteNot (part of IVGID) will come hook up water and set up drinking water stations for patrons (same as in the past 5 years of the event). There are spigots and hoses available due to the proximity to the ball field.

Sanitation Facilities: IVGID restrooms located behind the stage in the building with the green roof. Handicapped restrooms are available. Portable restrooms are located at field#1 and will be accessible if needed.

Medical Facilities and Services: Basic first aid kits are available at the event, and further medical services are available at Incline Village Community Hospital at 880 Alder Ave., Incline Village

Vehicle Parking Spaces: 90 spaces are available at Incline Middle School, 45 available at the adjacent Parasol Building, and 15 in ball field parking behind the field. If necessary additional patrons will be able to park along the roadway on Incline Way and Southwood Blvd. Families and volunteers involved with the production of the event will be asked to park at our school location (341 Village Blvd.) and carpool in to the event.

Emergency Exits: Double gates at the west entrance of the field (main gate & near third base) will remain open at all times. Single gate at south entrance of the field (near first base).

Communication System: All responsible parties involved will be available by cell phone.

Traffic: Traffic will enter from HWY 28, and can enter the event from Southwood Blvd., or Incline Way depending on where from town they are coming from.

Clean-Up and Rubbish Removal Plan: Volunteers involved with the production of the event sign up for cleanup duties at the end of the day. IVGID helps by providing trash cans and bags for us, as well as rakes and tools to help clean up the field when we're done for the day. 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 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 HOLDER IN LIEU OF SUCH ENDORSEMENT(S).

| PRODUCER | INSURER(S) AFFORDING COVERAGE |
|---|--|
| Northeast Agencies, Inc 6467 Main Street - Suite 104 | INSURER A: Western World Insurance Company |
| Williamsville, NY 14221 | INSURER B: N/A |
| INSURED | INSURER C: N/A |
| Incline Village Nursery School PO Box 4396 | INSURER D: N/A |
| Incline Village, NV 89450 | INSURER E: Western World Insurance Company |

COVERAGES

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 | POLICY NUMBER | POLICY EFFECTIVE DATE | POLICY EXPIRATION DATE | LIMITS | |
|---------------|--------------------|------------------|--------------------------|---------------------------|------------------------------|-----------|
| А | GENERAL LIABILITY | NPP1505286 | 8/23/2018 | 8/23/2019 | GENERAL AGGREGATE | 2,000,000 |
| | | | | | PRODUCTS-COM/OP AGG. | Included |
| | | | | | PERSONAL & ADV. INJURY | 1,000,000 |
| | | | | | EACH OCCURRENCE | 1,000,000 |
| | | | | | DAMAGE PREM RENTED TO YOU | 100,000 |
| | | | : | | MED EXPENSE (Any one person) | 5,000 |
| В | PERSONAL LIABILITY | | | | COMBINED SINGLE LIMIT | |
| | | | | | MEDICAL PAYMENTS TO OTHERS | |
| -c | EXCESS LIABILITY | | | | EACH OCCURRENCE | |
| | | | | | AGGREGATE | |
| D | | | | | | |
| | | | | | | |
| E | PROPERTY | NPP1505286 | 8/23/2018 | 8/23/2019 | BUILDING | |
| : | | | | | CONTENTS | 30,000 |
| | | | | ľ | BUSINESS INCOME | |
| | | | | Ì | | |

DESCRIPTION OF OPERATIONS / SPECIALTY ITEMS

Day Care Center, Day Care Centers Other than Not- For- Profit - incline Village General Improvement District are named as additional insureds with respect to general liability. Pumpkin Patch, Incline Park Field #3, 939 Southwood Blvd, Incline Village, NV 89451 Event Date: 10/13/2018

CERTIFICATE HOLDER Incline Village General Improvement District 893 Southwood Blvd Incline Village, NV 89451 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 SIGNATURE

Hatt E alled

OUTDOOR COMMUNITY EVENT APPLICATION

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

| Application date: |
|---|
| Applicant Information |
| Applicant's name: Incline Village Nursery School - Nicole Stirling |
| Mailing address: PO Box 4396 Incline Village. NV 89450 |
| Street or PO Box City State Zip code |
| Phone: <u>175-831-4040</u> (Business) 77 <u>5-831-4040</u> (Home) 42 <u>5-533-3679</u> (Cell) |
| All applicants, to include corporate officers or partners must complete a personal history form Is the applicant a(n): Partnership Individual |
| If a corporation or a partnership, list corporate officers or partners: |
| Name Address Title |
| Niwie Stirling 8532 Golden Ave. Kings Beach, LA 96143 Executive Director |
| Molly Meyer 565 Lucille Dr. Indine Village, NV 89451 President Trustees |
| Kathy Fillmore 525 Porderosa Ave. Incline Village, NV 89451 VICE President-Brastees Verction Deluna PO BOX 4117, Incline Village NV 89450 Secretary - Brastees |
| Kerstin Deluna 10 Box 4117, Incline Village NV 89450 Becretary - Bernstein |
| Name of Event: 40th Annual Pumpkin Patch |
| Date(s) of Event: October 19, 2019 Hours of operation: 11:00 am - 3:00 pm |
| Location of Event: Incline Park - field #3 |
| Assessor Parcel Number(s): 127 - 030 - 15 |
| Description of Event: Pumpkin patch = sales, carnival games, entertainment, bounce house |
| Dony rides, face painting, rapple, Silent auction, food trucks, concessions, |
| inflatables, bungee trampoline, magician. |
| |
| |
| Name of the designated event representative who will be on-site during the event and who has authority to bind the |
| Name of the designated event representative who will be on-site during the event and who has authority to bind the applicant: Nicole Sticling |
| 111.00.00 |
| applicant: Nicole Sticling |
| applicant: |
| applicant: Nicole Sticling Will an admission fee be charged for your event? |
| applicant: Nicole Sticling Will an admission fee be charged for your event? |
| applicant: Ni Cole Sticling Will an admission fee be charged for your event? |
| applicant: Nicole Sticling Will an admission fee be charged for your event? |
| applicant: |
| applicant: Ni COLE Sticking Will an admission fee be charged for your event? |
| applicant: Ni COLC Shi (Ling) Will an admission fee be charged for your event? |
| applicant: |
| applicant: Ni Cole Sticking Will an admission fee be charged for your event? |

OUTDOOR COMMUNITY EVENT LICENSE

Insurer Information

(see Insurance, Hold Harmless & Indemnification Requirements)

| Name of Insurer: Western World Insurance Co. | Policy numbe | r: NPP | 1505286 |
|---|----------------------|--|-------------------------|
| Attach copy of insurance policy specific to event (must be | | issuance of | the license) |
| | villiamsville | NY | BB14221 |
| Street C | ity | State | Zip code |
| | | | |
| HISTORY OF SIMILA (attach additional shee | | | |
| Describe the history of all similar events conducted, operated or pr names, types, dates, locations, permits or licenses issued. | omoted by the applic | ant. Include | e, at a minimum, enent |
| The annual IVNS Pumpkin Patch ho | s been cond | ucled fo | r the Dast 39 |
| years and has been operated and prom | | | ٠ ^ |
| post 7 years. The event is always no | | | Pumpkin Patch. |
| is the same type of event each year | | | |
| each October, and applies for and i | | | |
| | rs. Location | | , , |
| IVGIDS preference. Vendor Lis | | · | , |
| (attach additional shee | ts if needed) | | |
| Name of Vendor | Type of se | rvice or prod | duct |
| Incline Village. Nursery School | t-shirts | e raffle | e tickets bungee |
| Fun Events NV | bounce hou | ses, face | painting, trampoli |
| Wild West Ponies | <u> </u> | ny ride | <u>S</u> |
| Bam Dog | <u>fo</u> | od /hot | dogs |
| Chef Evan Carsman & Concessions | <u>fo</u> | od 4 co | ncessions |
| NV Speech : Therapy Services | | therapy | servicos |
| TCF | <u> </u> | ild : fai | nily education |
| Miss Bee Havin' Farms | | <u>hon</u> | ey |
| Liz Skidmore Baking Co. | | baked | goods - treats |
| The Local | | | eer |
| Fifty Fifty Brewing Co. | | | <u>beer : beverages</u> |
| | | ······································ | |
| Past & Luse | handr | nade | clothing : quilts |
| Stivling Studios Outdoor Community Event Application page 6 | art, ho | its, tees | Stickers tapestrie |
| Outdoor Community Event Application page 6 Harry the Magic Man | V | nagicia | un sissimo, soro |

SPECIAL EVENT APPLICATION Temporary Sales or Services License

AFFIDAVIT OF PROPERTY OWNERSHIP and/or PERMISSION TO CONDUCT EVENT

| | AGENT (Attach not | | y owner giving lega | HIP | cember 2016 |
|----------------------|--|--|--|------------------------|----------------|
| | CORPORATE OFF POWER OF ATTOI AGENT (Attach not | FICER/PARTNER RNEY (Provide copy of P tarized letter from property | y owner giving lega | | |
| | CORPORATE OFF POWER OF ATTO | ICER/PARTNER RNEY (Provide copy of P | | l authority to agent) | |
| | CORPORATE OFF | ICER/PARTNER | owns of Attornova | | |
| | | | | | |
| | | ithico | | | |
| 736 | | | 1 | | |
| *Owner | refers to the followin | ng. Please mark the appr | opriate box. | | |
| My comr | mission expires: | | _ | | |
| Notary P | Public in and for said | i county and state | | | |
| Subscrib | ed and swom to be | fore me this ZInd | day of | July | , 20 <u>19</u> |
| | | Incline | Signed | L NO. 9 | 7170 |
| Physical . | Address: | 931 50 | when | ild bac | <u>d.</u> |
| Assessor | Parcel Number(s): | | | | |
| license to | Affirm that I give po conduct the sales | ermission to the applica and services on the follow | nts for the propos ving property or pro | perties which I own: | or services |
| V | | | | | |
| also own | the property or prop | perties on which the sales | or services will be | conducted; | |
| ПА | Affirm that I am an a | pplicant for the proposed | • | r services license app | lication and |
| t am an i hereby: | owner of property | Involved in this temporation (check appro | | es iicense applicatio | n and 1 oc |
| | | nouest | being d | luly sworn, depose, a | nd say that |
| | OF WASHOE | 1 | | | |
| | F NEVADA |)) ss: | | | |

OUTDOOR COMMUNITY EVENT STATEMENT OF ASSETS

| As of | <u>b[30</u> | 20 19 |
|-------|--|-------|
| | (Describe fully and indicate assets pledged) | |

(If additional space is required, attached supporting pages or documents **Current Assets** Cash on hand CHECKING WELLS FARGO, TNUMB VILLAGE Cash in safe deposit box _____ Location of Box Cash in MMA WELLS FARGO, THICKINE VILLAGE Cash in Name, Bank and Branch

Name, Bank and Branch

Name, Bank and Branch Name, Bank and Branch Accounts and notes receivable (describe nature of receivable and when due) m/a Other current assets ---- v/a Investments Stocks, Bonds, etc (Market value) (If close held corporation, furnish current balance sheet) investments, other than stocks and bonds **Fixed assets** Real estate (Give location, description and fair value of each parcel) \$ _____ \$ ____ Other assets Automobiles and other personal property PLAYGROUND EQUIPMENT (NET OF DEPRECIATION) Total Assets DEBAIL CERAGIOLI Print Name

OUTDOOR COMMUNITY EVENT STATEMENT OF LIABILITIES

| As of | 6/30 | , 20 19 |
|-------------|-------------------------------------|-----------------------------|
| | (Describe fully, indicate secu | |
| (If additio | nal space is required, attached sur | pporting pages or documents |

| Current liabilities | | |
|---------------------------------------|---|---|
| Notes payable | nla | <u> </u> |
| | Name, Bank and Branch | |
| Due | How secured | |
| Notes payable | n/a | <u> </u> |
| | Name, Bank and Branch | |
| Due | How secured | |
| Notes payable | Name, Bank and Branch | <u> </u> |
| ~ | | |
| | How secured | |
| Notes payable | ท ∫ 4 Name, Bank and Branch | \$ <u></u> |
| Due | | |
| | How secured | |
| Other notes payable (indicat | e name, address and how secured) | |
| - | n/a | \$ |
| | | <u> </u> |
| Accounts payable | | s Ø |
| • - | Fax (delinquent) | · · · · · · · · · · · · · · · · · · · |
| | Federal Income Tax | |
| Provisions for other current t | axes | |
| Liability for other delinquent | taxes | \$ |
| Mortgages payable (List each mort | tgage separately, how secured, and monthly paym | ents due thereon) |
| | - Vy/a | <u> </u> |
| | 4 1 1 21 | \$ |
| Other liabilities | | |
| · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| | N a | \$ |
| | • | \$ <u></u> |
| Total Liabilities | *************************************** | sØ |
| | | *************************************** |
| Contingent liabilities (describe) | | |
| | | / |
| DEBBIE CERAGIOLI | | Chappin 7/19/19 |
| Print Name | Signature | Date |

OUTDOOR COMMUNITY EVENT PERSONAL HISTORY

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

| Name in full: | Nicore | | Lover | ie | St | irling | |
|----------------------|--|---------------------------------|-----------------------------------|-------------------------------|-------------------------------|-------------------------------|---|
| | First | | Middle | | | _{Last} | |
| List ALL other nam | nes you have be | en known by: _ | Niwie | <u>Love</u> | <u>ene</u> | De Jec | <u>ln</u> |
| | | | | | | | |
| Residence address | s: <u>8532</u> | Golden | Ave. | Kings | Beach | <u>(A</u> | 96143 |
| | Street | 1 1 1 1 1 1 1 1 1 1 | | City | - | State | Zip Code |
| Residence phone: | | | | Business | | <u> 75-831-</u> | |
| Name of your pres | ent business or | employer: <u>\\</u> | cline Vil | Jage | <u>Nurser</u> | y Schoo | |
| Business address: | | age Bly | rd. In | <u>cline Vi</u> | <u>llage</u> | N/ | 89451 |
| | Street | ن بريامه امممال | | City | ن مائات م | State | Zip Code |
| Type of business: | | | | Position: | | | |
| How long engaged | l in this business | : <u> </u> | ars at | IVNS . | | | <u>r in Washingto</u> |
| Date of birth: | | Ag | e: _ | | Place of | f birth: <u>Re</u> r | <u>00, 100</u> |
| List cities in which | you have lived o | luring the last to | en years: | | | | |
| Dates From | and To | | City | | | | State |
| | 2011 | | Kirkl | and _ | | | Washington |
| 2005 - 3 | 2010 | | Evere | | ··· | ··· | Washington |
| 2011 - C | current | | _Kings | Beach | | | California |
| | | | · J | | | | |
| and correct. I furth | her understand t filing of the appl | hat disclosure dication does no | of any false, m t authorize th | nisleading or e conducting | r incorrect a g of any eve | nswers could ent for which | e all answers are true result in the denial of a license is required, nse. |
| | NE Stiv inted name of ap | | | | i & Sign | ature of appli | lings cant |
| | 7 17 19 Date | | | | | | |

OUTDOOR COMMUNITY EVENT CONTRIBUTORS OR INVESTORS LIST

(List the names and addresses of any person contributing, investing or having an expected financial interest greater than \$500 in producing the event) (attach additional sheets if needed)

| Name | Address |
|---|---|
| Incline Village Nursery School | 341 Village Blvd, Village |
| <u> </u> | |
| | |
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| | |
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| | |
| | |
| | |
| ANCILLARY SERVICES | OR ACTIVITIES LIST |
| (List the names and addresses of any perso | n expected to provide, for consideration, |
| services or activities ancillary to or (attach additional si | neets if needed) |
| Name | Address |
| | |
| Kyle Ledson - musician | PO Box 355, Camptonville CA 95 |
| Tanoe Dance School | PO ROX 494 Tange City CA 9101 |
| Village Music | 930 Tance Blvd. Ste. 802-260, NV |
| DJ Felipe Leon | 6260 Leon Dr., Sun Valley NV 8 |
| DS TEMPE LECTI | <u> </u> |
| | |
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| | |
| | |

page 11

Outdoor Community Event Application

December 2015

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. | 930 Tance Blvd Suile 802 |
| IN WITNESS WHEREOF, I have executed this release at | Incline Village, NV on the |
| 19Th day of July | . 20 19 |
| | \bigcap |
| Nicole, Stilling | Vivole XIII is |
| Printed name of applicant | Signature of applicant |
| State of Nevada County of washoe | |
| Subscribed and sworn to before me this | day of <u>July</u> , 20 19 |
| dun I show | |
| Notary Public in and for said county and state | HEATHER MOORE |
| My commission expires: $09/07/2022$ | Notary Public-State of Nevada APPT. NO. 18-3732-2 My Appt. Expires 09-07-2022 |

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: | |
|---|-------------------------|
| 40m Annual Pumpkin Patch | <u>October 19, 2019</u> |
| Name of Event | Date(s) of Event |
| Nicole Stirling | Vicole Xtilling 9 |
| Applicant's name (printed) | Applicant's signature |
| Date: 7 17 2019 | |
| | |