OUTDOOR COMMUNITY EVENT LICENSE APPLICATION

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

(775) 328-3733 www.washoecounty.us

OUTDOOR COMMUNITY EVENT APPLICATION

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

Application date: 3-2-2023

Applicant Information

866 Oriole Way	Protection District	NV	89451
Mailing address: 866 Oriole Way Street or PO Box	Incline Village City	State	Zip code
Phone: 775-831-0351 (Business)	(Home)		(Cell)
Email:(Business)		·	,
All applicants, to include corporate offic		sonal history for	m
Is the applicant a(n):	_	J Individual	
If a corporation or a partnership, list corporate of	·		
Name	Address	Т	itle
	Event Information		
Name of Event: Community Pancake Bre	akfast		
Date(s) of Event: Sunday July 2, 2023	Hours of operation: 0800) - 1000	
Location of Event: 875 Tanager Street, In			
	- initial of the state of the s		
	3 0,		
Assessor Parcel Number(s): 132-223-14		s, sausage, fr	ruit, coffee at the
Assessor Parcel Number(s): 132-223-14	e Breakfast - serving pancake	s, sausage, fr	ruit, coffee at the
Assessor Parcel Number(s): 132-223-14	e Breakfast - serving pancake	s, sausage, fr	ruit, coffee at the
Assessor Parcel Number(s): 132-223-14 Description of Event: Community Pancak main fire station loc	e Breakfast - serving pancake ated at 875 Tanager Street, Ir	es, sausage, fr ncline Village,	ruit, coffee at the NV 89451
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Assessor Parcel Number(s): 132-223-14 Description of Event: Community Pancak main fire station loc Name of the designated event representative applicant: Tia Rancourt	e Breakfast - serving pancake tated at 875 Tanager Street, In	es, sausage, froncine Village,	ruit, coffee at the NV 89451
Assessor Parcel Number(s): 132-223-14 Description of Event: Community Pancak main fire station loc Name of the designated event representative applicant: Tia Rancourt Will an admission fee be charged for your ever	te Breakfast - serving pancake rated at 875 Tanager Street, Ir who will be on-site during the event?	es, sausage, fr ncline Village,	ruit, coffee at the NV 89451
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Assessor Parcel Number(s): 132-223-14 Description of Event: Community Pancak main fire station loc main fire	e Breakfast - serving pancake rated at 875 Tanager Street, In the who will be on-site during the event? Pre-sales persons: 25 tors: 500 any one day of the event: 500 any one day of the event: 500 have the appropriate Washoe Countres	es, sausage, froiline Village, ent and who ha No trance	ruit, coffee at the NV 89451 Is authority to bind the permits)
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OUTDOOR COMMUNITY EVENT LICENSE

Insurer Information

(see Insurance, Hold Harmless & Indemnification Requirements)

Name of Insurer: Nevada Insurance Pool	Policy nun	nber: NPAIP20	1819
Attach copy of insurance policy specific to event (mu			
Address of Insurer: 201 South Roop Street, Suite 102		NV	89701
Street	City	State	Zip code
Limits of liability:! \$10,000,000			
WOTODY OF 01	AU AD EVENTO		
	MILAR EVENTS sheets if needed)		
Describe the history of all similar events conducted, operated names, types, dates, locations, permits or licenses issued. The North Lake Tahoe Fire Protection District has			
Breakfast for 24 years starting with our 40th anniversal and forums on varioius topics such as emergency	<u>ersary in 1999. We</u> preparedness and	also host pub evacuation, d	lic education event efensible space,
fuels mitigation to name a few.			
	or List I sheets if needed)		
Name of Vendor	Туре	of service or prod	luct
Bonanza Foods	Fresh fr	uit - blueberrie	es, strawberries
US Foods	Sausage	e, pancake mi	x
ECG Products	Compos	table paper a	nd cutlery products
Model Dairy	Whippe		<i>9</i> 20
ar and a second and			

OUTDOOR COMMUNITY EVENT STATEMENT OF ASSETS

As of !December 31, 2022

(Describe fully and indicate assets pledged)
(If additional space is required, attached supporting pages or documents

Current Assets Cash on hand			\$	250
		Location of Box		
Cash in UMPQUA, INC	LINE VILLAGE	Location of Box	\$_1	, 375,478
		e, Bank and Branch POOL e, Bank and Branch of receivable and when due)		9,795,421
	ervable (describe riature o	or receivable and when due,	•	
Other current assets			¢	
			¢	
		orporation, furnish current balanc	\$	
			¢	
Investments, other than	stocks and bonds		•	
			•	
			•	
Fixed assets		alue of each parcel) ager St, Incline Village, NV;		7,161,177
866 Oriole Way, Inclin 14 Cal Neva Dr, Cryst	e Village, NV; 219 Ente al Bay, NV; 965 Mt Ros	erprise Way, Incline Village, N se Hwy, Incline Village, NV	V; \$ \$	
Other assets Automobiles and other	personal property			
*				_
3				
3				
Total Assets			\$_	\$18,325,326
Jackie Signorelli, (CFO	tosier		3/9/2023
Print Name		Signature		Date

OUTDOOR COMMUNITY EVENT STATEMENT OF LIABILITIES

As of **December 31, 2022**

(Describe fully, indicate secured liabilities)
(If additional space is required, attached supporting pages or documents

Current liabilities			
Notes payable			\$
	Name, Bank and Branc		
Due	How secured		
Notes payable	N. D. J. and Danne	L	\$
	Name, Bank and Branc		
Due	How secured		
Notes payable	Name Donk and Propo	ch	\$
_			
Due	How secured		
Notes payable	Nama Rank and Bran	nch	\$
	How secured		
Other notes payable (indicat	e name, address and how secured)		
			\$
			\$
			¢
	T (1.1"		
	Tax (delinquent)		
	Federal Income Taxtaxes		
	taxestaxes		
Liability for other delinquent	taxes	***************************************	Ψ
	tgage separately, how secured, and gan Chase	monthly payments due the	a\$ 4.744.000
Other liabilities Pension liability			\$ 2,042,885
Pay back to the taxpay	ers of Incline Village/Crystal B	av	\$ 3,600,000
i ay baek to the tampay	J. J		• •
All and a second and a second as			\$ 7,368,885
Total Liabilities			, \$ <u>1,000,000</u>
Contingent liabilities (describe)			
Jackie Signorelli		tosis	3/9/23
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: <mark>Jackie</mark>			Signorelli	
First	Middle		Last	
List ALL other names you have been know	n by: <u>Text</u>			
Residence address:				
Street	- 22	City	State	Zip Code
Residence phone:		Business phone: 7	75-631-0351	
Name of your present business or employe	_{r:} <u>North Lake Ta</u>	hoe Fire Protection	n District	
Business address: 866 Oriole Way		Incline Village		89451
Street		City	State	Zip Code
Type of business: Fire Protection Distr	ict	Position: Chief Fi	nanciai Oπice	<u> </u>
How long engaged in this business:				
Date of birth:	Age:	Place	e of birth:	
List cities in which you have lived during the	e last ten years:			
Dates From and To	City			State
			of row knowledge	o all answers are true
I, the undersigned, have answered all que and correct. I further understand that disc the license. The filing of the application of and any carrying on of such event before a	losure of any false, loes not authorize t	misleading or incorred he conducting of any	t answers could event for which	a license is required,
Jackie Signorelli Printed name of applicant		- Josi	ignature of appl	icant
3/9/2023 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
H	
	ERVICES OR ACTIVITIES LIST
(List the names and addresses o	of any person expected to provide, for consideration, ncillary to or in conjunction with the event)
services of activities at	additional sheets if needed)
Name	Address
,	

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.

Dack D. G. august

IN WITNESS WHEREOF, I have executed this release at	
Jackie Signorelli Printed name of applicant State of Nevada.	Signature of applicant
County of Washoe. Subscribed and sworn to before me this	day of harch , 20 23
Notary Public in and for said county and state My commission expires: May 10, 2023	DERRICK AMENT Notary Public - State of Nevada Appointment Recorded in Washoe County No: 11-4858-2 - Expires May10, 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:

Community Pancake Breakfast

Name of Event

Tia Rancourt

Applicant's name (printed)

Date: March 2, 2023

Sunday July 2, 2023

Date(s) of Event

Applicant's signature

COMMUNITY PANCAKE BREAKFAST SAFETY PLAN 2023:

Ingress/Egress: There will be street parking on surrounding streets near the fire station on Tanager, Enterprise and Oriole as well as our 866 Oriole, 219 Enterprise and Incline Station 863 Tanager parking lots. We also have parking space available across the street at the Starbucks Plaza.

Security: Cones will block off event for traffic safety marking off event area in front of the fire station and we will have staff directing foot traffic during the event from 8a – 10a. Most attendees walk from other areas in town to the fire station.

Communications: direct communications with Grass Valley Emergency Command Center.

Medical standby will be provided at the event by NLTFPD with paramedics and EMTs.

Community Pancake Breakfast Sunday, July 2, 2023

Introduction:

For 24 years the North Lake Tahoe Fire Protection District has hosted a Community Pancake Breakfast at the main fire station located at 875 Tanager Street. Starting in 1999, the District's 40th anniversary of serving the community, it has been the Fire District's flagship event to say 'thank you' for allowing us to provide public safety services to the communities of Incline Village & Crystal Bay, Nevada.

Event Overview:

A pancake breakfast complete with pancakes, sausage, fresh fruit, coffee, and juice. The food is cooked and served just outside of the main fire station and attendees sit inside the fire station apparatus floor area to enjoy their breakfast and mingle with community members. Tables are set up providing information about Fire District programs and services and families are welcome to take part in station and fire engine apparatus tours with Fire District personnel.

Date/Time of the Event: Sunday, July 2, 2023 0800 - 1000

Location of Event: Main Fire Station, 875 Tanager Street, Incline Village, NV 89451

Attendance Projections: 500 over the 2 hour over the entirety of the event

SITE MAP & PARKING, TRAFFIC, SECURITY AND SAFETY PLAN – see attached map

Marketing: social media, press release, Veteran's Community Sign board in town



WASHOE COUNTY HEALTH DISTRICT **ENVIRONMENTAL HEALTH SERVICES DIVISION** 1001 East Ninth Street, Building B, Reno, NV 89512 Telephone (775) 328-2434 · Fax (775) 328-6176

www.washoecounty.gov/health Email Application: healthehs@washoecounty.gov

	=
Office Use Only	
Fee Paid	
Late Fee Paid	
Date Paid	
Cash/ CC/ Check	
Receipt No	
Permit #	
	_

Application for Special Events Food Permit Application is to be completed, in full, by the applicant. Please print clearly. Permits are NOT transferable and NOT refundable. Please submit applications at least 15 business days before the event. Applications and payments submitted within 7 business days of the event will be charged a late fee. Applications and payments submitted within 2 complete business days of the event will not be accepted. Annual Producer: Packaged nuts, eggs, and/or other agriculture products Permit Type Annual Sampling: Individual sample portions of food/beverage Temporary Food Establishment (TFE) Applicant Contact Number: Applicant Email: Applicant Name: Applicant Information trancourt@nltfpd.net 775-813-8106 Tia Rancourt Zip State Applicant Street Address: 89451 NV Incline Village 866 Oriole Way Have you participated in previous Business Name (DBA): events in Washoe County? North Lake Tahoe Fire Protection District YES Person-in-Charge Contact Number: Person-in-Charge Email Address: Name of Person-in-Charge (must be present at event): trancourt@nltfpd.net 775-813-8106 Tia Rancourt Number of Booths at Event with Same Menu: $\underline{1}$ Please Note: Separate applications are required for different menus. Fill out the following table for ALL events/dates; please list only the times during which food/beverage items will be prepared and sold. PLEASE NOTE: TFE permit applicants may list a maximum of 14 recurring, non-consecutive dates for the SAME event (i.e. Farmer's Markets, weekly events, etc.). TFE permit applicants must fill out different applications for separate events. **Coordinator Phone** Start & End **Event Coordinator Event Location Event Name** Number **Event Date** Time 775-813-8106 Tia Rancourt 875 Tanager Street 7-2-2023 | 0800 - 1000 Community Pancake Breakfast **Event Information**

	Food/ Beverage Item	Cooking Procedures	Holding (Hot/Cold)	Serving (Hot/Cold)
	pancakes	propane griddle		hot
	sausage	propane griddle		hot
	mixed fruit			cold
	juice boxes, bottled water			cold
ŀ	coffee	A STATE OF THE STA		hot
a a a a a a a a a a a a a a a a a a a				
	Will food/beverage items be prepare YES. Fill out the following information for the location at	d and/or stored off-site before the event NO. My food/beverage items will n	ot be stored	and/or
	which the food/beverage items will be prepared and/or stored prior to the event: Name: Address: City: State: Zip: Is the facility in Washoe County? YES. Permit #: NO. Attach a copy of the facility's valid health permit. Advance Preparation Start Time: End Time: How will food items will be kept hot or cold during transport? By the vendors: Bonanza Produce, Model Dairy	further enforcement action, include Applicant Initials: TR Once initialed, skip to "Food Preparation	ems/ingredien d or prepared at I may be ask e items at the of of purchase ling permit su	ts the day of at home. By ked to verify time of may result i spension.
100	Length of transportation time (minutes): 3 minutes Handwashing Facility Type (choose one):	Utensil/ Equipment Washing Type (che	pose one):	
b	PLUMBED SINK GRAVITY FLOW CONTAINER SELF-CONTAINED PORTABLE UNIT Please note: Gravity flow containers must be a minimum of 2 gallons of potable water in an insulated container, and must be equipped with a hands-free spigot, a 5-gallon bucket for wastewater, pump hand soap, and paper towels.	PLUMBED 3-COMPARTMENT SINK 3-TUB SYSTEM LOCATED INSIDE BOO ADEQUATE SUPPLY OF CLEAN UTENS Please note: Utilization of a 3-tub sys	TH (prior appr SILS FOR DAILY stem is only po cutensil/equip	OPERATION ermitted wit ment washi
nd Holdin	List All Cold-Holding Equipment Type(s) and Quantity: Refrigerator and coolers	List All Hot-Holding Equipment Type(s) and Quantity	,
ition a	Acmigorator and occions	Chafing trays		
Food Preparation and Holding	List All Cooking Equipment Type(s) and Quantity: Propane griddle	List All Reheating Equipment Type(s)	and Quantity:	-11
ě		n/a		
	List Sampling Methods and Equipment if applicable:			
*	n/a			
	I have a calibrated STEM THERMOMETER available for taking		THE PERSON NAMED IN COLUMN	

		Garbage and Refuse Disposal Provided by:	1
			700
	On-site Garbage and Refuse Disposal (choose one):	EVENT COORDINATOR BOOTH OPERA	TOR
	COVERED CANS DUMPSTERS	Name of responsible party:	
		Restroom Facilities Provided by (choose one):
ies		EVENT COORDINATOR BOOTH OPERA	ATOR
gcili	Restroom Facilities Type (choose one):	Name of responsible party:	
Equipment and Facilities	PORTABLE TOILETS INDOOR TOILETS	Name of responsible party.	
ant a			
ipme		Wastewater Disposal Provided by (choose o	ne):
Equ	Wastewater Disposal Type (choose one):	EVENT COORDINATOR BOOTH OPER.	ATOR
	SANITARY SEWER	Name of responsible party:	
	HOLDING TANK (see Operational Checklist)		
	Drinkable (potable) Water Source for cooking and handwashing:	Electrical Supply Provided by (choose one):	
	(ex. Municipal water with food-grade hose, bottled water, etc.) cooking water is plummed; handwashing - Sani Hut/handwash 2-station		
	COOKING Water is plumined, handwashing - Sam Harmandwash 2 statish	EVENT COORDINATOR DOOTH OPER	ATOR
	Review the following Term and Conditions for Operation of a Sp to each statement. By initialing, the applicant acknowledges	ecial Events Food Establishment and initial in t	he box corresponding itions may result in
	to each statement. By initialing, the applicant acknowledges further enforcement action	n, including permit suspension.	
	Terms and Conditions for Operation of a Specia	I Events Food Establishment	Annlicant initials
			Applicant initials
	I have reviewed and understand the requirements of this per	nit and of operating a Special Events Food	TR
Su	I have reviewed and understand the requirements of this peri Establishment. I understand that issuance and retention of this	nit and of operating a Special Events Food permit depends upon acceptable compliance 70 and Chapter 210 of the Regulations of the	
ditions	I have reviewed and understand the requirements of this peri Establishment. I understand that issuance and retention of this with temporary foodservice requirements as stated in Chapter 1 Washoe County District Board of Health Gove	nit and of operating a Special Events Food permit depends upon acceptable compliance 70 and Chapter 210 of the Regulations of the ring Food Establishments.	
Conditions	I have reviewed and understand the requirements of this periestablishment. I understand that issuance and retention of this with temporary foodservice requirements as stated in Chapter 1 Washoe County District Board of Health Government of the county District Board of Health Government with food safety may result that the failure to comply with food safety may result	nit and of operating a Special Events Food permit depends upon acceptable compliance 70 and Chapter 210 of the Regulations of the rning Food Establishments. Il be inspected by the Health Authority. I t in further enforcement action, including	TR
and Conditions	I have reviewed and understand the requirements of this peri Establishment. I understand that issuance and retention of this with temporary foodservice requirements as stated in Chapter 1 Washoe County District Board of Health Govern I understand that my Special Events Food Establishment wi understand that failure to comply with food safety may resultances assessment of reinspection fees and/or closure of my	nit and of operating a Special Events Food permit depends upon acceptable compliance 70 and Chapter 210 of the Regulations of the rning Food Establishments. If be inspected by the Health Authority. I it in further enforcement action, including Special Events Food Establishment.	TR
	I have reviewed and understand the requirements of this peri Establishment. I understand that issuance and retention of this with temporary foodservice requirements as stated in Chapter 1 Washoe County District Board of Health Governous I understand that my Special Events Food Establishment with understand that failure to comply with food safety may result assessment of reinspection fees and/or closure of my I acknowledge that interfering with the Health Authority's ability of Prevised Statute (NRS) 446, 885(3) and intimidating behaviored.	mit and of operating a Special Events Food permit depends upon acceptable compliance 70 and Chapter 210 of the Regulations of the rning Food Establishments. If be inspected by the Health Authority, I it in further enforcement action, including Special Events Food Establishment. It to perform their duties is a violation of twior against a public officer is a violation of	TR
Terms and Conditions	I have reviewed and understand the requirements of this peri Establishment. I understand that issuance and retention of this with temporary foodservice requirements as stated in Chapter 1 Washoe County District Board of Health Governous I understand that my Special Events Food Establishment wis understand that failure to comply with food safety may resultance assessment of reinspection fees and/or closure of my I acknowledge that interfering with the Health Authority's abil Nevada Revised Statute (NRS) 446.885(3) and intimidating the NRS 199.3300 (Intimidating a public employee). I understand the threats of violence, abusive language, unwarranted physical co	mit and of operating a Special Events Food permit depends upon acceptable compliance 70 and Chapter 210 of the Regulations of the ming Food Establishments. If the inspected by the Health Authority, I it in further enforcement action, including Special Events Food Establishment. It to perform their duties is a violation of every against a public officer is a violation of ese behaviors include, but are not limited to ntact: and that partaking in these behaviors	TR
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