

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/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)

☒ 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)
- ☒ 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

OUTDOOR COMMUNITY EVENT APPLICATION

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

Application date: 2/4/2025

Applicant Information

Applicant's name: North Lake Tahoe Fire Protection District

Mailing address: 866 Oriole Way Incline Village NV 89451

Street or PO Box

City

State

Zip code

Phone: 775-831-0351 (Business) _____ (Home) _____ (Cell) _____

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

Event Information

Name of Event: Community Pancake Breakfast

Date(s) of Event: Thursday July 3, 2025 Hours of operation: 0800 - 1000

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

Assessor Parcel Number(s): 132-223-14

Description of Event: Community Pancake Breakfast - serving pancakes, sausage, fruit, coffee at the main fire station located at 875 Tanager Street, Incline Village, NV 89451

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

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: 25

Approximate number of customers and spectators: 500

Approximate maximum number of persons on any one day of the event: 500

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: Nevada Insurance Pool Policy number: NPAIP201819

Attach copy of insurance policy specific to event (must be furnished prior to the issuance of the license)

Address of Insurer: 201 South Roop Street, Suit 102 Carson City NV 89701
Street City State Zip code

Limits of liability: \$10,000,000

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.

The North Lake Tahoe Fire Protection District has been hosting the annual Community Pancake

Breakfast for 26 years starting with our 40th anniversary in 1999. We also host public education events
and forums on various topics such as emergency preparedness and evacuation, defensible space,

fuels mitigation to name a few.

Vendor List

(attach additional sheets if needed)

Name of Vendor	Type of service or product
<u>Bonanza Foods</u>	<u>Fresh fruit - blueberries, strawberries</u>
<u>US Foods</u>	<u>Sausage, pancake mix</u>
<u>ECG Products</u>	<u>Compostable paper and cutlery products</u>
<u>Model Dairy</u>	<u>Whipped cream</u>

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

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, Jackie Signorelli 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): 132-223-14

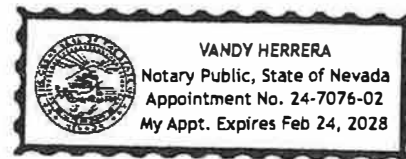
Proposed Outdoor Community Event: NLTFPD Community Pancake Breakfast

Signed

[Signature]

Subscribed and sworn to before me this 25 day of FEBRUARY, 2025

[Signature]
Notary Public in and for said county and state



My commission expires: 02/24/2028

*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

OUTDOOR COMMUNITY EVENT STATEMENT OF ASSETS

As of December 31, 2024

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

Current Assets

Cash on hand _____	\$ _____
Cash in safe deposit box _____	\$ _____
Location of Box	
Cash in <u>Umpqua Bank</u> _____	\$ <u>\$1.495k</u>
Name, Bank and Branch	
Cash in _____	\$ _____
Name, Bank and Branch	
Accounts and notes receivable (describe nature of receivable and when due)	
<u>Trade Receivables</u> _____	\$ <u>\$3.078k</u>
_____	\$ _____
Other current assets	
<u>Prepaid Expenses</u> _____	\$ <u>\$0.411k</u>
_____	\$ _____

Investments

Stocks, Bonds, etc (Market value) (If close held corporation, furnish current balance sheet)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
Investments, other than stocks and bonds	
<u>LGIP</u> _____	\$ <u>\$7.332k</u>
<u>Wells Fargo Sweep - Money Market</u> _____	\$ <u>\$1.414k</u>
_____	\$ _____

Fixed assets

Real estate (Give location, description and fair value of each parcel)	
<u>875 Tanager St. Incline Village, NV; 863 Tanager St. Incline Village NV</u> _____	\$ <u>\$3.438k</u>
<u>866 Oriole Way, Incline Village, NV; 219 E Enterprise St. Incline Village, NV</u> _____	\$ _____
<u>14 Cal Neva Dr. Crystal Bay, NV; 965 Mt Rose Hwy, Incline Village, NV</u> _____	\$ _____
FV = \$14.605k	

Other assets

Automobiles and other personal property	
_____	\$ <u>\$9.886k</u>
_____	\$ _____
_____	\$ _____

Total Assets	\$ <u>\$27.054k</u>
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Jackie Signorelli, CFO
Print Name


Signature

2/24/25
Date

**OUTDOOR COMMUNITY EVENT
STATEMENT OF LIABILITIES**

As of December 31, 2024

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

Current liabilities

Notes payable _____ \$ _____
Name, Bank and Branch _____
Due _____ How secured _____

Notes payable _____ \$ _____
Name, Bank and Branch _____
Due _____ How secured _____

Notes payable _____ \$ _____
Name, Bank and Branch _____
Due _____ How secured _____

Notes payable _____ \$ _____
Name, Bank and Branch _____
Due _____ How secured _____

Other notes payable (indicate name, address and how secured)

\$ _____
_____ \$ _____

Accounts payable \$ \$7.984k
Liability for Federal Income Tax (delinquent) \$ _____
Provision for current year's Federal Income Tax \$ _____
Provisions for other current taxes \$ _____
Liability for other delinquent taxes \$ _____

Mortgages payable (List each mortgage separately, how secured, and monthly payments due thereon)

JPMorgan Chase, real estate \$ \$1.027k
_____ \$ _____

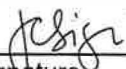
Other liabilities

Unavailable Revenues \$ \$0.075k
Salaries & Wages Payable \$ \$0.594k
_____ \$ _____

Total Liabilities \$ \$9.680k

Contingent liabilities (describe)

Jackie Signorelli, CFO
Print Name


Signature

2/24/25
Date

**OUTDOOR COMMUNITY EVENT
PERSONAL HISTORY**

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

Name in full: Jackie Signorelli
First Middle Last

List ALL other names you have been known by: _____

Residence address: _____
Street City State Zip Code

Residence phone: _____ Business phone: 775-831-0351

Name of your present business or employer: North Lake Tahoe Fire Protection District

Business address: 866 Oriole Way Incline Village NV 89451
Street City State Zip Code

Type of business: Fire Protection District Position: Chief Financial Officer

How long engaged in this business: _____

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

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.

Jackie Signorelli

Printed name of applicant


Signature of applicant

2/24/25

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

ANCILLARY SERVICES OR ACTIVITIES LIST

(List the names and addresses of any person expected to provide, for consideration,
services or activities ancillary to or in conjunction with the event)
(attach 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.

IN WITNESS WHEREOF, I have executed this release at INCLINE VILLAGE, NV on the 25th day of FEBRUARY, 2025.

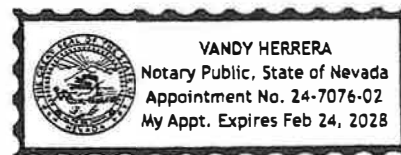
JACKLYN C. SIGNORELLI
Printed name of applicant

[Signature]
Signature of applicant

Subscribed and sworn to before me this 25 day of FEBRUARY, 2025

[Signature]
Notary Public in and for said county and state

My commission expires: 02/25/2025



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:

NLTFPD Community Pancake Breakfast

Thursday July 3, 2025

Name of Event

Date(s) of Event

Jackie Signorelli

Applicant's name (printed)



Applicant's signature

Date: 2/4/2025

Community Pancake Breakfast – Thursday, July 3, 2025

Introduction

For 26 years, the North Lake Tahoe Fire Protection District has proudly hosted the annual Community Pancake Breakfast at our main fire station, located at 875 Tanager Street. Originally established in 1999 to commemorate the District's 40th anniversary of serving the community, this flagship event continues as a heartfelt tradition to thank the residents of Incline Village and Crystal Bay, Nevada, for their ongoing support.

Event Overview

The annual Community Pancake Breakfast brings the community together for a morning of good food and camaraderie. The event features a breakfast of pancakes, sausage, fresh fruit, coffee, and juice, prepared and served outside the fire station. Attendees will enjoy their meal inside the fire station's apparatus bay while engaging with neighbors and local first responders.

Informational tables will be available, providing details on Fire District programs and services. Additionally, families will have the opportunity to participate in guided tours of the fire station and fire engine apparatus, led by Fire District personnel.

Event Details

- **Date & Time:** Thursday, July 3, 2025 | 8:00 AM – 10:00 AM
- **Location:** North Lake Tahoe Fire Protection District Main Fire Station
875 Tanager Street, Incline Village, NV 89451
- **Expected Attendance:** Approximately 500 attendees over the course of the event

Site Map, Parking, Traffic, Security & Safety Plan

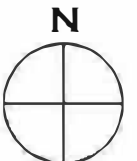
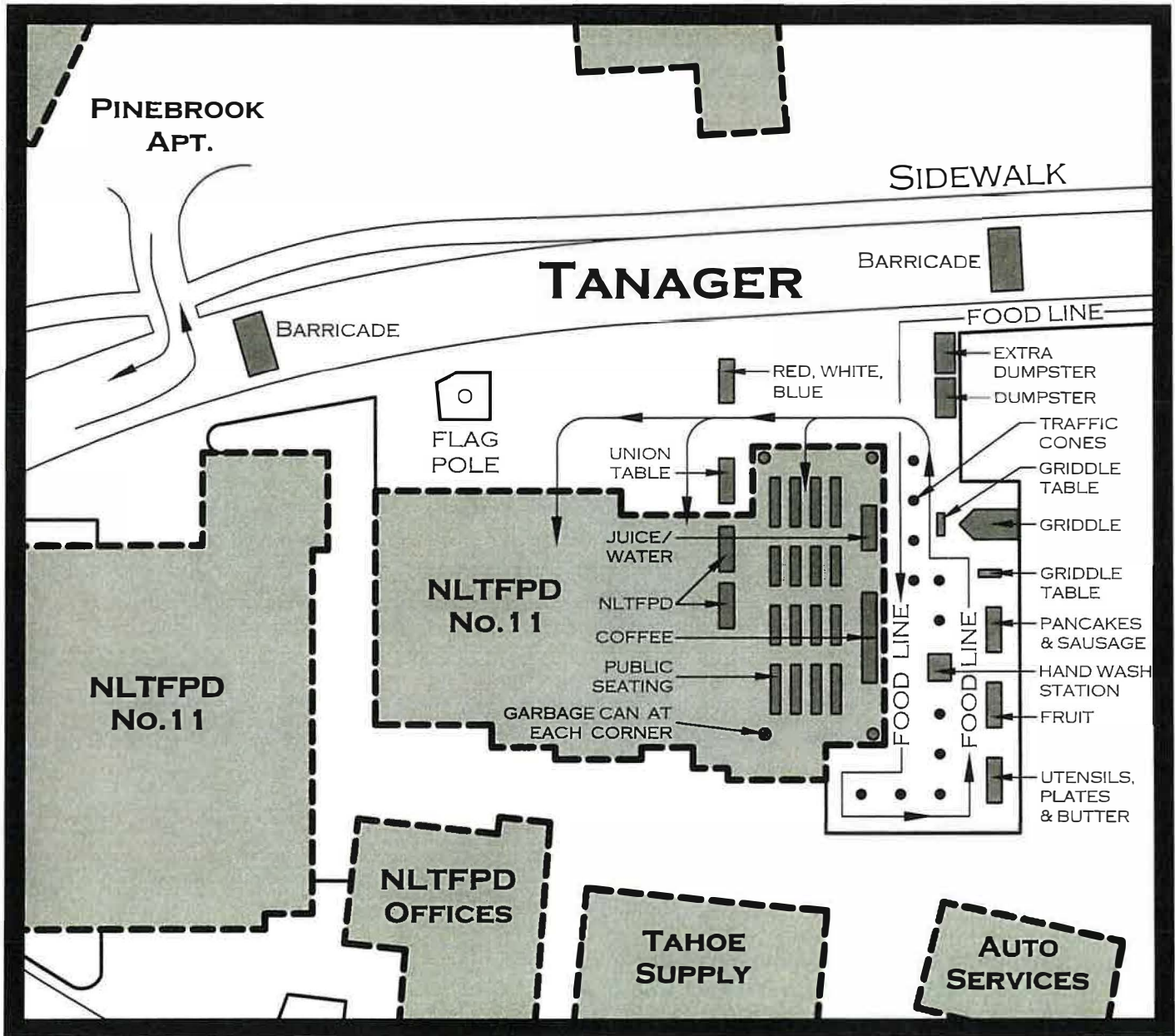
(See attached map for details.)

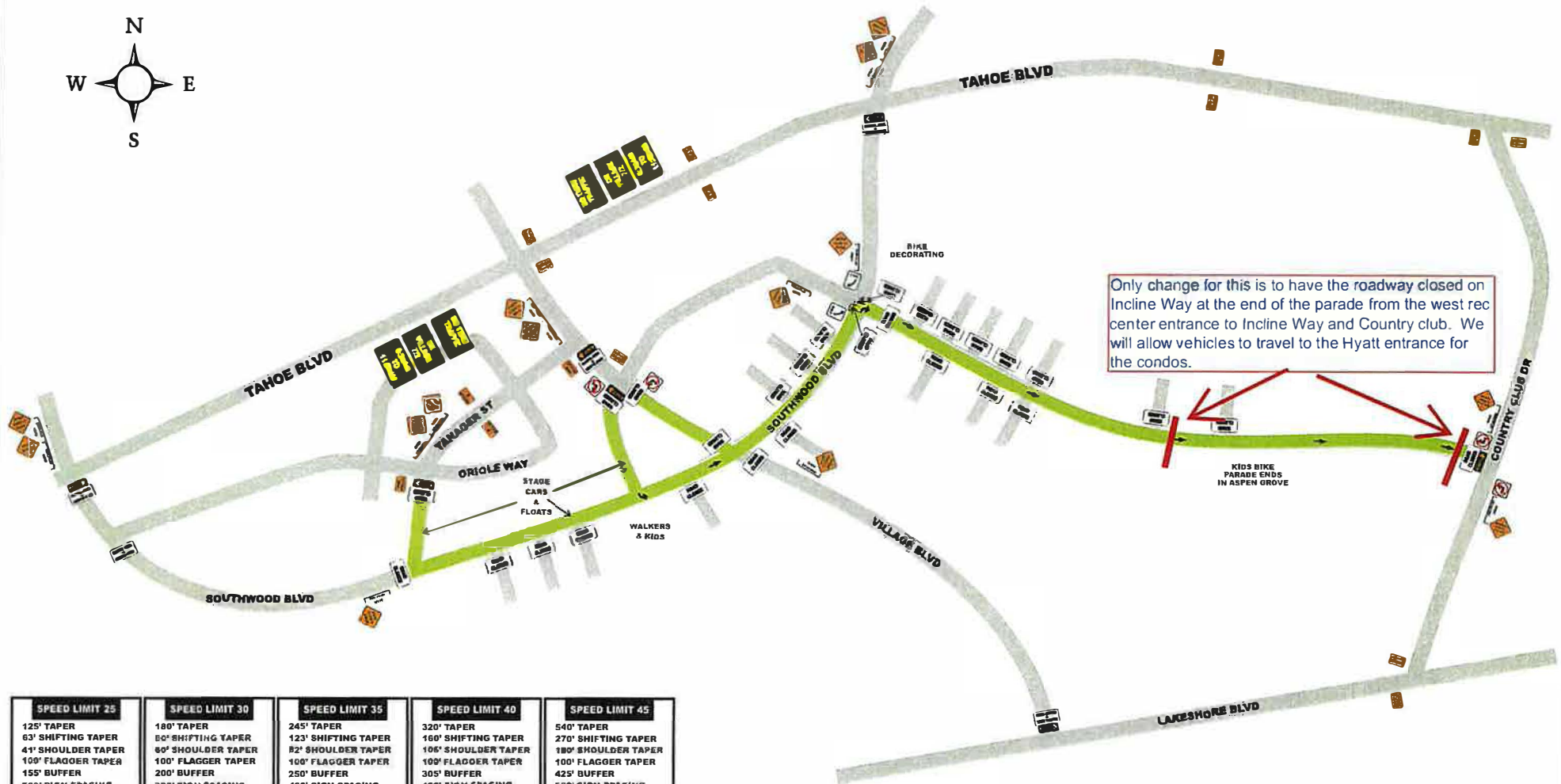
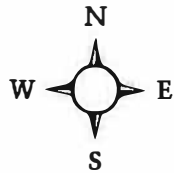
Marketing & Promotion

The event will be promoted through various channels, including:

- Social media platforms
- Press releases
- The Veteran's Community Sign Board in town

PANCAKE BREAKFAST





SPEED LIMIT 25	SPEED LIMIT 30	SPEED LIMIT 35	SPEED LIMIT 40	SPEED LIMIT 45
125' TAPER 63' SHIFTING TAPER 41' SHOULDER TAPER 100' FLAGGER TAPER 155' BUFFER 300' SIGN SPACING 25' CONE SPACING	180' TAPER 80' SHIFTING TAPER 60' SHOULDER TAPER 100' FLAGGER TAPER 200' BUFFER 300' SIGN SPACING 30' CONE SPACING	245' TAPER 123' SHIFTING TAPER 82' SHOULDER TAPER 100' FLAGGER TAPER 250' BUFFER 400' SIGN SPACING 35' CONE SPACING	320' TAPER 160' SHIFTING TAPER 106' SHOULDER TAPER 100' FLAGGER TAPER 305' BUFFER 400' SIGN SPACING 40' CONE SPACING	540' TAPER 270' SHIFTING TAPER 180' SHOULDER TAPER 100' FLAGGER TAPER 425' BUFFER 600' SIGN SPACING 45' CONE SPACING

CONTRACTOR: CRUZ CONST

JOB: N FRONTAGE RD

ATSSA CERT: 154411

DRAWN BY: DAVID EATON

SIGNATURE: *David Eaton*

DATE: 3/3/23

LEGEND
WORK ZONE
42" CONE
TRAFFIC DRUM
LIGHT TOWER
FLAGGER

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



PUBLIC AGENCY COMPENSATION TRUST
CERTIFICATE OF PARTICIPATION
Issued to

North Lake Tahoe Fire Protection District

The Public Agency Compensation Trust (hereinafter PACT) certifies that the above-mentioned entity is a participating member of the PACT for the period beginning July 1, 2024, through July 1, 2025.

As a participating member, this entity is entitled to all the rights, privileges and protections and subject to all the duties and responsibilities under the Interlocal Cooperative Agreement, Bylaws and the Joint and Several Liability Agreement of PACT.

The following coverage form has been issued by PACT:

Public Agency Compensation Trust Coverage Form #PACT20242025

Limits of liability afforded to PACT members, subject to the application for coverage, are as follows:

Workers Compensation each accident or disease	\$ Statutory
Employers Liability each accident or disease	\$2,000,000

PACT is hereby responsible for processing claims and paying benefits under Chapters 616A, 616B, 616C, 616D and 617 of NRS for employees of members of this association injured in industrial accidents or contracting occupational diseases occurring on or after 12:01 A.M. (Pacific Standard Time) as of the effective date of this certificate.

This certificate is not a contract of insurance and does not bind PACT or its insurers or reinsurers as such. The coverages provided will be governed by the terms and conditions of the PACT Coverage Form and excess insurance and reinsurance policies and by the Interlocal Cooperative Agreement, Bylaws and Joint and Several Liability Agreement of PACT; and all claims, questions or disputes will be settled by reference to the same.



Wayne E. Carlson, MBA, CPCU, ARM
Executive Director

NEVADA PUBLIC AGENCY INSURANCE POOL
CERTIFICATE OF PARTICIPATION
issued to

North Lake Tahoe Fire Protection District

The Nevada Public Agency Insurance Pool (hereinafter NPAIP) certifies that the above-mentioned entity is a participating Member of NPAIP for the period beginning July 1, 2024, expiring July 1, 2025.

As a participating member, this entity is entitled to all the rights, privileges and protections and subject to all the duties and responsibilities under the Interlocal Cooperative Agreement and Bylaws of NPAIP and the coverage forms issued by NPAIP.

The following coverage forms apply to NPAIP and its Members:

Nevada Public Agency Insurance Pool Coverage Form: # NPAIP20242025

The lines of coverage and key limits of liability afforded to NPAIP members, subject to the coverage application and subject to additional sublimits as stated in the NPAIP Coverage Form, are summarized as follows:

Property/Crime/Equipment Breakdown

Blanket Limit per schedule of locations	\$ 300,000,000 per loss
Sublimit for earthquake coverage	\$ 150,000,000 annual aggregate
Sublimit for flood coverage	\$ 150,000,000 annual aggregate
Sublimit for flood coverage zone A	\$ 25,000,000 annual aggregate
Sublimit for Equipment Breakdown, Boiler & Machinery	\$ 100,000,000 each accident
Sublimit for Money & Securities including Dishonesty	\$ 500,000 each loss

Casualty

Bodily Injury, Property Damage, Personal Injury, Employment Based Benefits Administration, Law Enforcement Activities, and Wrongful Acts	\$10,000,000 per event \$10,000,000 annual aggregate
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Certain sublimits apply. All sublimits are a part of and not in addition to the Limits of Liability.

Participating member's Maintenance Deductible of **\$10,000** for each and every loss and/or claim and/or event.

This certificate is not a contract of insurance and does not bind NPAIP as such. The coverages provided will be governed by the terms and conditions of NPAIP Coverage Form and by the Interlocal Cooperative Agreement and Bylaws of NPAIP; and all claims, questions or disputes will be settled by reference to the same.


Wayne E. Carlson, MBA, CPCU, ARM
Executive Director