

## Washoe County Community Services Department SPECIAL EVENT QUESTIONAIRE

| Date: $10/23/15$   |  |  |
|--|--|--|
| NAME OF GROUP: Shadow Industries LLC / Cross Reno  |  |  |
| MAILING ADDRESS: 820 Stoker Ave Reno. NV 89503   |  |  |
| CONTACT PERSON: Teal Statison-Lee PHONE (W): 888-285-8640 1 (C): 970-764-586   |  |  |
| ALT. CONTACT PERSON: Michelle Quevedo PHONE (W): 888-285-8640 A (C): 775-329-3888  |  |  |
| EMAIL ADDRESS: tstetsonlee @ Shadowind co. Com   |  |  |
| REQUESTED PARK: Rancho Son Rafael Regional Park  |  |  |
| SPECIFIC AREA: Whole park (except for the Arboretum)   |  |  |
| DATE(S)/HOURS OF REQUESTED EVENT: (Parks open at 8:00 am daily. Earlier entry requires prior approval)   |  |  |
| Actual event date(s): $10/1 - 10/2$ Set up: $9/27 - 9/30$ Take down: $10/3$  |  |  |
| Date(s)  Date  Date  Date  Date  |  |  |
| 5:00an - 8:00pm 8:00pm 8:00pm 5:00pm Time Time   |  |  |
| Event Title or Activity Title: Cross Reso Cyclocross Event \$ Music Festival  Specific details - list all activities:  |  |  |
| Cyclocross racing, live music, runing race, food/nerchandise Vendors, Kids of Number of portable amusement structures (bounce house, rock climbing wall etc): 5-10   |  |  |
| Primary purpose of your event or activity: Community Festival/Race   |  |  |
| Anticipated number of participants: 500 Spectators: 200 Vehicles: 300  |  |  |
| Will admission fees be charged for your event? Tes No Amount \$  |  |  |
| If yes, when will fees be collected?   Presales   At event   Both  |  |  |
| Will food be served to the general public? ☑ Yes ☐ No  **If Yes, Contact Washoe County Health Department, (775) 328-2400, Environmental Health at (775) 328-2436 for necessary food permits.  **If food is <u>SOLD</u> , contact Washoe County Planning Division, Business License & Code Enforcement at (775) 328-3733. |  |  |
| Number of vendors: 10-30  **Group is responsible to ensure vendors brought in for their event have the proper licenses, certificates, and permits to operate.  |  |  |
| Will alcoholic beverages be sold? ☐ Yes ☐ No<br>**If Yes, contact Washoe County Planning Division, Business License & Code Enforcement at (775) 328-3733.  |  |  |
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Phone (775) 823-6500 · Fax (775) 829-8014



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| Will a           | mplified sound equipment be used? X Yes No<br>If yes, prior approval is required   |
|------------------|--|
|                  | by what means? Website, Social media, radio, flyers, PR publications   |
| Any s            | oecial requests or comments?   |
| Additi           | onal Information:  |
| •                | Some events may require medical support or emergency response planning. For requirements contact Truckee Meadows Fire Protection District at (775) 326-6005  |
| •                | A Certificate of Liability Insurance naming Washoe County as an additional insured will be required. The amount of insurance is determined by the size and nature of the event.  |
| event<br>an in p | by submit my request to conduct the above activity. I am aware that fees and deposits are due upon approval on this [exceptions require special approval). I understand that submitting this form does not indicate approval. In most case erson meeting with the appropriate staff member is required to review event details, logistics, scheduling and other The event is confirmed only by the issuance of a Washoe County Use Permit. |
| inform           | best of my knowledge, the answers to the above questions are true and accurate. Any falsification of the above lation is cause for cancellation of my reservation. I understand that any change in the information provided must be ed to Washoe County Community Services Department immediately. Failure to do so may result in cancellation of my ation.  |
| Signat           | 10/23/15<br>ure Date   |