

OUTDOOR COMMUNITY EVENT APPLICATION

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

Application date: 4/18/14

Applicant Information

Applicant's name: WEST COAST ARTISTS CORPORATION

Mailing address: P.O. BOX 750, ACTON, CA 93510

Phone: 818 813-4478 (Business) 661-269-2884 (Home) 818 621-1350 (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
<u>RONDA MILLS-BECK</u>	<u>1725 MARY RD ACTON,</u>	<u>PRES.</u>
<u>CURT BECK</u>	<u>1725 MARY RD, ACTON, CA</u>	<u>VP.</u>

Event Information

Name of Event: INCLINE VILLAGE FINE ART FESTIVAL

Date(s) of Event: AUG 15-17, 2014 Hours of operation: 10:00A-5:00 pm

Location of Event: PRESTON FIELD, INCLINE VILLAGE

Assessor Parcel Number(s): _____

Description of Event: A FINE ART EXHIBIT AND SALE WITH APPROX. 50 ARTISTS PARTICIPATING.

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

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: 50 PARTICIPANTS

Approximate number of customers and spectators: 500 PATRONS

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 maybe No

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

Will there be live music? Yes No

Insurer Information

(see Insurance, Hold Harmless & Indemnification Requirements)

Name of Insurer: ATTACHED Policy number: _____

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

Address of Insurer: _____
Street City State Zip code

Limits of liability: _____

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.

WEST COAST ARTISTS HAS BEEN PRODUCING ART SHOWS
SINCE 1983, WITH OVER 300 SHOWS TO DATE.

Vendor List

(attach additional sheets if needed)

Name of Vendor

Type of product

NOT YET CONFIRMED.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/4/2014

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 does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FRANCIS L. DEAN & ASSOCIATES, LLC 1776 S. NAPERVILLE ROAD, BLDG-B P.O. BOX 4200 WHEATON, IL 60189 <u>www.fdean.com</u> (800)745-2409	CONTACT NAME: PHONE (A/C, No, Ext): 800-745-2409 FAX (A/C, No): 630-665-7294 E-MAIL ADDRESS: info@fdean.com INSURER(S) AFFORDING COVERAGE: NAIC # INSURER A: United States Fire Insurance Company 21113 INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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INSURED SPORTS AND RECREATION PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

West Coast Artists Corporation
 1725 Mary Road
 Acton, CA 93510

COVERAGES **CERTIFICATE NUMBER: USS239232** **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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			SRPG-101-0413	02/04/2014 12:01 AM	02/04/2015 12:01 AM	GENERAL AGGREGATE \$2,000,000.00 PRODUCTS - COM/PROP AGG \$2,000,000.00 PERSONAL & ADV INJURY \$1,000,000.00 EACH OCCURRENCE \$1,000,000.00 FIRE DAMAGE (Any one fire) \$300,000.00 MED EXP (Any one person) \$5,000.00 _____ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTO <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ _____ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR 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	WC STATUTORY LIMITS OTH-ER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	GL Premium:						\$4,514.00

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

9 Festivals - Fine Arts Events

CERTIFICATE HOLDER West Coast Artists Corporation 1725 Mary Road Acton, CA 93510	CANCELLATION 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 <div style="text-align: right; font-family: cursive; font-size: 1.2em;">Francis L. Dean</div>
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OUTDOOR COMMUNITY EVENT

PERSONAL HISTORY

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

Name in full: RONIDA L MILLS-BECK
First Middle Last

List ALL other names you have been known by: RONIDA MILLS

Residence address: 1725 MARY RD, ACTON, CA 93510
Street City State Zip Code

Residence phone: 661-269-2884 Business phone: 818 813-4478

Name of your present business or employer: WEST COAST ARTISTS CORPORATION

Business address: P.O. BOX 750, ACTON, CA 93510
Street City State Zip Code

Type of business: PROMOTIONS Position: CEO

How long engaged in this business: 1983

Date of birth: Place of birth: CALIFORNIA

Social Security

Driver's license number: ND855141 State:

List cities in which you have lived during the last ten years:

Table with 3 columns: Dates From and To, City, State. Rows include CHATSWORTH 1994-2007 CA, GRANADA HILLS 2007-2009 CA, VALENCIA 2009-2010 CA, ACTON 2010-PRESENT CA.

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.

RONIDA MILLS-BECK
Printed name of applicant

Ronida Mills-Beck
Signature of applicant

4/18/14
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

WEST COAST ARTISTS CORPORATION

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

NONE

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

Pursuant to Washoe County Code §25.303, any applicant for a Washoe County outdoor community business license must ensure the following requirements are met to the satisfaction of the Washoe County Risk Management Division before the outdoor festival business 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:

INCLINE VILLAGE FINE ART FESTIVAL

Name of Event

8/15-17/2014

Date(s) of Event

RONDA MILLS-BECK

Applicant's name (printed)

Ronda Mills-Beck

Applicant's signature

Date:

4/18/14

**OUTDOOR COMMUNITY EVENT
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I hereby agree to the all of the provisions stated above:

INCLINE VILLAGE FINE ART FESTIVAL 11-15-17, 2014
Name of Event Date(s) of Event

RONDA MILLS-BECK Ronda Mills-Beck
Applicant's name (printed) Applicant's signature

Date: 11/25/13



September 19, 2013

Dear RHONDA MILLS - ORG,

Thank you for your interest in IVGID's rental facilities. To complete your rental for contract # 6513 and secure the facility(ies), a signature is required on the attached contract by 9/27/2013 and payment in full by 5/15/2014. Please review and return this contract to Incline Village Parks and Recreation Department. Contact information is located on the bottom of this page or reply by email to parksandrec@ivgid.org. Payment by credit card can be made over the phone by calling 775-832-1310.

Thank you,

IVGID Parks and Recreation

Incline Village Recreation
Recreation Center
980 Incline Way
Incline Village, NV 89451

4/18/2014 10:15 AM

174056 - Rec Counter #3 - Tom

1 FACRNT	\$1,185.00
Preston Field	
RHONDA MILLS - ORG (283681)	

Total	\$1,185.00
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Visa	\$1,185.00
RHONDA L MILLS-BECK	

I hereby agree to pay the above amount
according to the card issuer agreement.

Signature

Thank you for visiting
the Incline Village
Recreation Center!

Visit us online at
www.inclinerecreation.com
www.yourtahoepace.com

4/18/2014 10:15 AM

Incline Village Fine Art Festival

Preston Field

August 15 – 17, 2014

Event Plan

The “Incline Village Fine Art Festival” is planned for August 15 – 17, 2014. The location will be Preston Field, Incline Village, NV. The event will consist of approximately 50 artists, 3 food booths; wine tasting (if approved) and acoustic entertainment (no amplification, no stages). Each artist will set-up their own 10' X 10' canopy, in which they will display their original artwork over a course of three days.

The canopies will remain set-up overnight and there will be overnight security provided to watch over the displays.

Preston Field has ample parking for the event, has permanent toilet and hand washing facilities, and potable water available to the patrons of the event. An information/First Aid station will be set-up in case of an emergency.

The hours of the event will be from 10:00 am until 5:00 pm. Daylight hours only, so there is no need for night time illumination. All members of the staff have cell phones for communication. No overnight camping will be approved for Preston Field.

West Coast Artists will have additional portable toilets and a dumpster delivered to the property. Trash receptacles will be disbursed throughout the event and will be emptied as necessary.

Each food booth will be equipped with a Fire Extinguisher.

Admission and parking are free to the public. The event will benefit a local non-profit organization. West Coast Artists' has 501 c status, as well.

Upon completion of the event, the artists will break down their displays beginning at 5:00 pm on Sunday, August 17th, and will be gone by 9:00 pm. The grounds will be cleaned and left in an orderly fashion.

It is our experience that patrons of the event stay just one or two hours and leave. Therefore, the parking that is available at Preston Field will be sufficient for the traffic that is expected. Artists will park off site on the dirt road behind Preston Field or on Hwy 431 or on Tahoe Blvd., Hwy 28. Should additional parking be needed, we will contact the Business behind Preston Field and utilize the very large lot.

**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 ACTON, CALIFORNIA on the 18TH day of APRIL, 2014.

RONDA MILLS-BECK
Printed name of applicant

Ronda Mills Beck
Signature of applicant

State of California County of Los Angeles

Subscribed and sworn to before me this 18 day of April, 2014

Janice R. Brown
Notary Public in and for said county and state

My commission expires: Mar. 26, 2016



OUTDOOR COMMUNITY EVENT

RELEASE OF CLAIMS

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

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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 ACTON, CA on the 18th day of APRIL, 2014.

CURTIS W BECK
Printed name of applicant

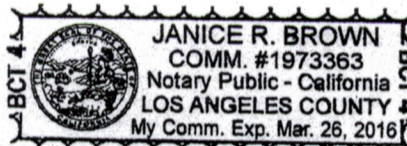
[Signature]
Signature of applicant

State of California County of Los Angeles

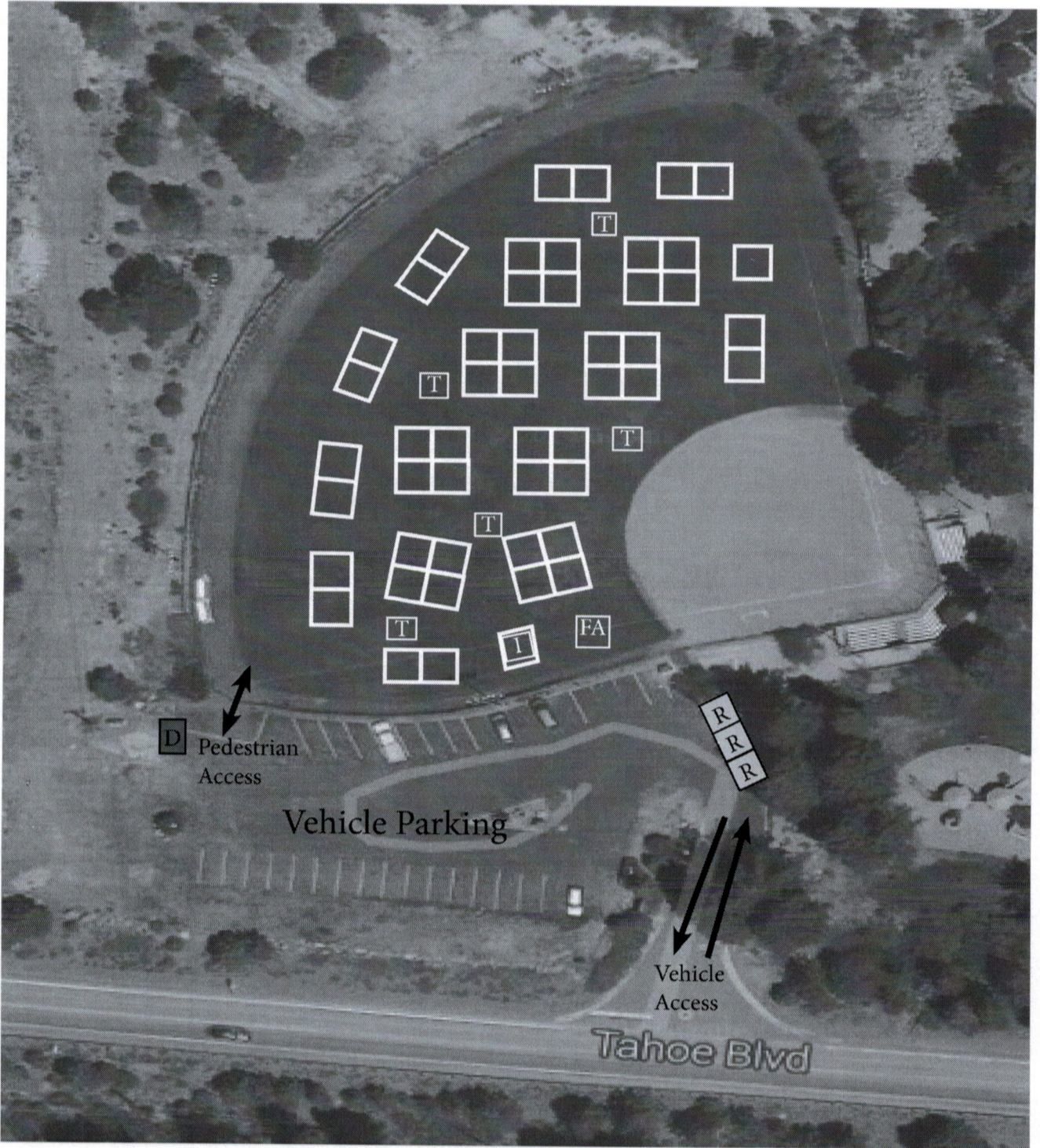
Subscribed and sworn to before me this 18 day of April, 2014

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

My commission expires: Mar. 26, 2016



Incline Village Fine Arts Festival Preston Field Incline Village NV



R = Restroom D = Dumpster T = Trash Bin FA= First Aid I= Info

Rental Contract / Permit

Contract #: 6513 Status: Pending
Printed: 9-19-2013 4:58 PM By: isw

The undersigned has read and on behalf of the Licensee agrees to be bound by this Permit/License and the Terms and Conditions contained herein and attached hereto, and hereby warrants and represents that he/she executes this Permit/License on behalf of the Licensee and has sufficient power, authority and capacity to bind the Licensee with his/her signature.

X: _____

X:  _____

RHONDA MILLS - ORG

Name: Indra Winquest

WEST COAST ARTISTS, PO BOX 750
ACTON, CA 93510
(818) 813-4478

Title: Assistant Parks & Rec Director
Incline Village Recreation Department

Date: _____

Date: 12/4/13 _____



Rental Contract / Permit

Contract #: 6513 Status: Pending
 Printed: 9-19-2013 4:58 PM By: isw

Incline Village Parks & Recreation Department, 980 Incline Way, Incline Village, NV 89451, hereby grants West Coast Artists (hereinafter called the 'Licensee') represented by RHONDA MILLS - ORG, permission to use the Facilities as outlined, subject of the Terms and Conditions of this Agreement contained herein and attached hereto all of which form part of the Agreement.

i) Purpose of Use
 Private Party

ii) Conditions of Use
 Expected Attendance: 500

iii) Date(s) and Time(s) of Use

Field/Facility	Day	Start Date/Time	End Date/Time	Fee or Adjustment	Amount
Preston Field	Fri	Aug 15 2014 7:00AM	Aug 15 2014 8:00PM	Field Rental - Daily Fee	\$395.00
Preston Field	Sat	Aug 16 2014 7:00AM	Aug 16 2014 8:00PM	Field Rental - Daily Fee	\$395.00
Preston Field	Sun	Aug 17 2014 7:00AM	Aug 17 2014 8:00PM	Field Rental - Daily Fee	\$395.00
Rental Total					\$1,185.00

iv) Additional Fees

v) Payment(s)

vi) Additional Notes
 Rental Contract Due: 9/27/2013
 Rental Payment Due: 5/15/2014