

# OUTDOOR COMMUNITY EVENT APPLICATION

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

Application date: 4-6-2021

## 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 ext 0 (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
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## Event Information

Name of Event: Community Pancake Breakfast

Date(s) of Event: Saturday July 3, 2021 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: Tia Rancourt

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: 250

Approximate maximum number of persons on any one day of the event: 750

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 Public 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, Suite 102 Carson City NV 89701  
Street City State Zip code

Limits of liability: \$10,000,000.00

## 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.

North Lake Tahoe Fire Protection District has been hosting the Community Pancake Breakfast for over 20 years, starting with our 40th anniversary in 1999. We also host various public education forums on different topics such as Emergency Preparedness, Fuels Mitigation and Defensible Space.

These events usually take place during the week in the evenings or during the day on the weekends.

## Vendor List

(attach additional sheets if needed)

Name of Vendor	Type of service or product
<u>Bonanza Produce</u>	<u>blueberries, strawberries</u>
<u>ECG Products</u>	<u>compostable paper and cutlery products</u>
<u>US Foods</u>	<u>sausage, pancake mix</u>
<u>Model Dairy</u>	<u>whip cream</u>

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

STATE OF NEVADA            )  
  ) ss:  
COUNTY OF WASHOE        )

I, Sharon Cary 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

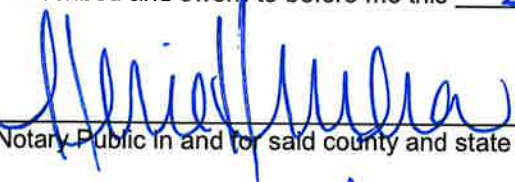
Affirm that I give permission to the applicants for the below named proposed outdoor community event to conduct the event on the following property or properties which I own:

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

Proposed Outdoor Community Event: NLTFPD Community Pancake Breakfast

Signed 

Subscribed and sworn to before me this 21st day of APRIL, 2021

  
Notary Public in and for said county and state



My commission expires: 10/12/2021

\*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 March 31st, 2021  
 (Describe fully and indicate assets pledged) NPA  
 (If additional space is required, attached supporting pages or documents)

**Current Assets**

Cash on hand _____	\$ <u>250</u>
Cash in safe deposit box _____	\$ _____
Cash in <u>UMPQUA</u> _____ Location of Box	\$ <u>1,061,772</u>
Cash in <u>LGIP</u> _____ Name, Bank and Branch	\$ <u>11,706,874</u>
Accounts and notes receivable (describe nature of receivable and when due)	\$ _____
_____	\$ _____
_____	\$ _____
Other current assets	\$ _____
_____	\$ _____
_____	\$ _____

**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)	
<u>875 Tanager St, Incline Village, NV; 863 Tanager St, Incline Village, NV;</u>	\$ <u>11,426,273</u>
<u>866 Oriole Way, Incline Village, NV; 219 Enterprise Way, Incline Village, NV;</u>	\$ _____
<u>14 Cal Neva Dr, Incline Village, NV; 965 Mt. Rose Hwy, Incline Village, NV</u>	\$ _____

**Other assets**

Automobiles and other personal property	
Equipment _____	\$ <u>9,293,236</u>
_____	\$ _____
_____	\$ _____

**Total Assets** ..... \$ 33,488,405

Sharon Cary  
 Print Name

Sharon Cary 4/21/2021  
 Signature Date







**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 \_\_\_\_\_ on the  
30<sup>th</sup> day of April, 2021.

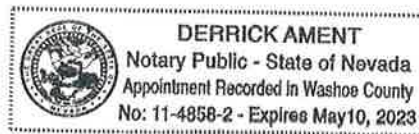
\_\_\_\_\_  
Sharon Cary  
Printed name of applicant

\_\_\_\_\_  
*Sharon Cary*  
Signature of applicant

State of Nevada  
County of Washoe  
Subscribed and sworn to before me this 30 day of April, 2021

\_\_\_\_\_  
Notary Public in and for said county and state

My commission expires: May 10, 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.

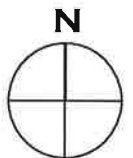
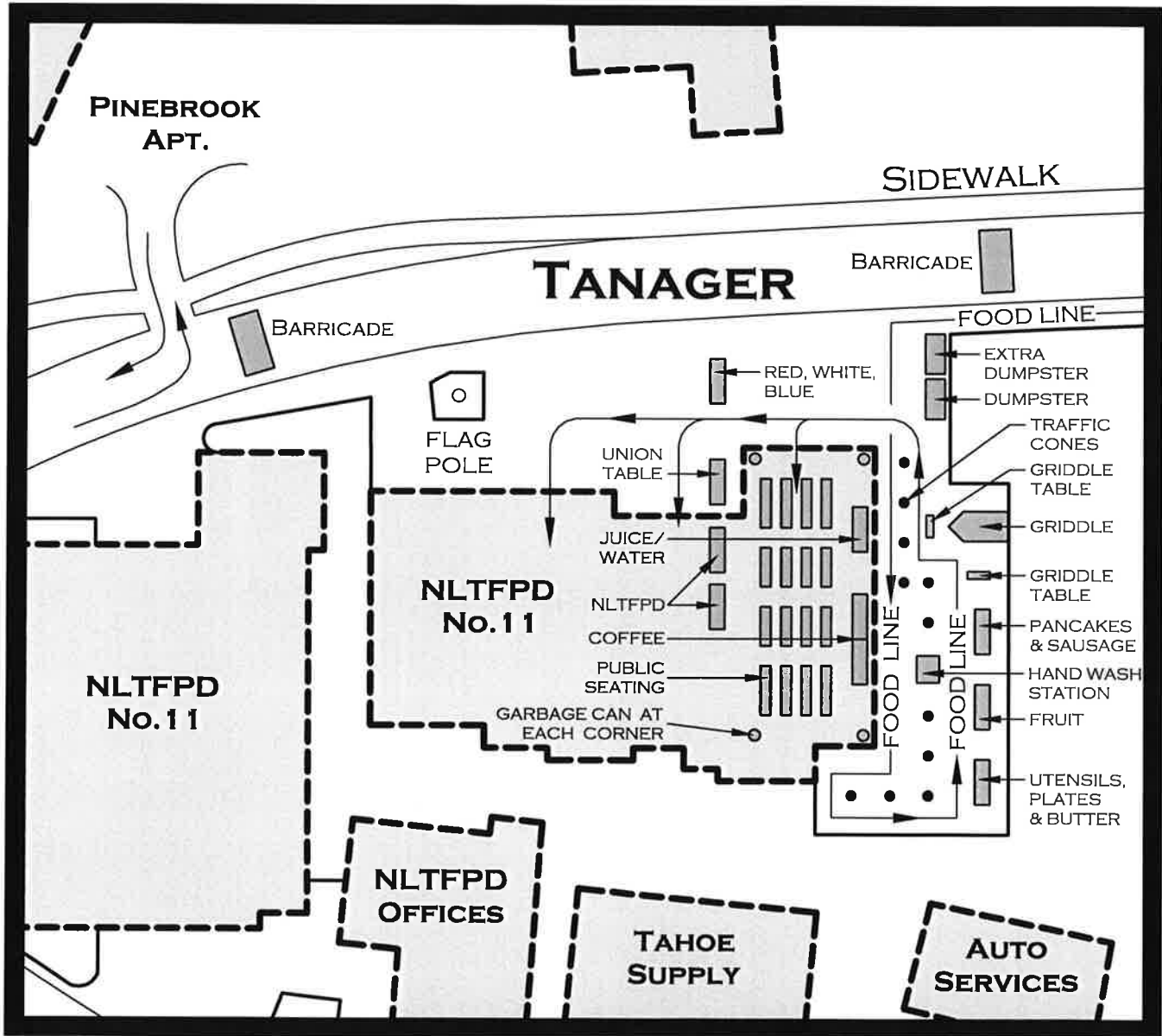
**NOTE: A certificate of insurance complying with the provisions stated above is not required with the outdoor community business license application, but must be furnished prior to the issuance of the license.**

I hereby agree to the all of the provisions stated above:

<u>Community Pancake Breakfast</u>	<u>Saturday July 3, 2021</u>
Name of Event	Date(s) of Event
<u>Tia Rancourt</u>	
Applicant's name (printed)	Applicant's signature

Date: April 6, 2021

# PANCAKE BREAKFAST



## **Community Pancake Breakfast Saturday, July 3, 2021**

### **Introduction:**

For over 20 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 40<sup>th</sup> 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: Saturday, July 3rd, 2021 0800 - 1000

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

Attendance Projections: 200-500 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

## COMMUNITY PANCAKE BREAKFAST SAFETY PLAN 2021:

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.

Fee Paid \_\_\_\_\_  
Late Fee Paid \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Cash/CC/Check \_\_\_\_\_  
Receipt No. \_\_\_\_\_  
Permit # \_\_\_\_\_

**APPLICATION FOR TEMPORARY FOOD PERMIT**

**PAYMENT AND APPLICATION MUST BE SUBMITTED NO LESS THAN 7 BUSINESS DAYS (Monday-Friday) PRIOR TO START OF EVENT IN ORDER TO AVOID A LATE FEE EQUAL TO THE PERMIT FEE (not to exceed \$100)**

1. Event: Community Pancake Breakfast Event Location: 875 Tanager Street Incline Village, NV 89451  
2. Date(s) of Event - Start: July 3, 2021 End: July 3, 2021 Start Time: 0800 End Time: 1000 (for weekly/non-consecutive events, list dates below)

List up to 14 dates of recurring, non-consecutive events (e.g., Farmer's Markets, weekly events)							
Date #1:		Date #5:		Date #9:		Date #13:	
Date #2:		Date #6:		Date #10:		Date #14:	
Date #3:		Date #7:		Date #11:			
Date #4:		Date #8:		Date #12:			

3. Business Name / Foodservice Represented: North Lake Tahoe Fire Protection District  
4. Event Coordinator: Tia Rancourt Coordinator #: ( ) 813-8106  
5. Coordinator Address: 866 Oriole Way City / State / Zip: Incline Village, NV 89451  
6. Applicant's Name: North Lake Tahoe Fire Protection District Work #: ( ) 775-831-0351 Home #: ( ) \_\_\_\_\_  
7. Applicant's Address: 875 Tanager Street City / State / Zip: Incline Village, NV 89451  
8. Person(s) In Charge at Foodservice Site: Tia Rancourt Contact #: ( ) 775-813-8106  
9. E-mail Address of Person(s) In Charge: trancourt@nltfpd.net  
10. Location of Advance Preparation: 875 Tanager Street Incline Village, NV 89451 Time Prep Begins: 0800 Time Prep Ends: 1000

11. List food item(s) to be served: <small>ONLY food(s) listed below are allowed to be served at the event</small>	OFF SITE PREP	ON SITE PREP	COOKING PROCEDURES	HOLDING Hot / Cold	SERVING Hot / Cold
<b>pancakes</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input checked="" type="checkbox"/> H / <input type="checkbox"/> C
<b>sausage</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input checked="" type="checkbox"/> H / <input type="checkbox"/> C
<b>mixed fruit</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input type="checkbox"/> H / <input checked="" type="checkbox"/> C
<b>juice boxes, bottled water</b>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input type="checkbox"/> H / <input checked="" type="checkbox"/> C
	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		<input type="checkbox"/> H / <input type="checkbox"/> C	<input checked="" type="checkbox"/> H / <input type="checkbox"/> C

12. DESCRIBE: Cold Holding Equip: large Hot Cooking Equip: gas griddle  
Hot Holding Equip: serve asap Reheating Equip: n/a  
13. How food will be transported to foodservice site: n/a  
Length of transportation time to event: n/a How food will be kept hot or cold: serve asap off griddle  
14. Stem type food thermometer or thermocouple available (0-220°F):  YES or  NO  
15. Source of drinkable (potable) water: fire station Type of wastewater disposal:  SEWER or  HOLDING TANK  
16. Type of Handwashing Facilities: (choose one)  PLUMBED SINK or  GRAVITY FLOW CONTAINER  
(as a minimum-2 gallons water in an insulated container with a hands free spigot, a covered bucket for wastewater, pump soap container and paper towels are required)  
17. Utensil Washing:  PLUMBED 3-COMPARTMENT SINK or  ADEQUATE SUPPLY OF CLEAN UTENSILS FOR DAILY OPERATION  
18. Garbage Disposal:  COVERED CANS or  DUMPSTERS  
19. Restroom Facilities:  PORTABLE TOILETS or  INDOOR TOILETS

I hereby consent to inspection by the WASHOE COUNTY HEALTH DISTRICT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary foodservice requirements stated in SECTION 170 of the Regulations of THE WASHOE COUNTY DISTRICT BOARD OF HEALTH GOVERNING FOOD ESTABLISHMENTS.

APPLICANT'S SIGNATURE:  DATE: 4/21/2021

ORIGINAL | HEALTH DISTRICT      YELLOW | FIELD COPY      PINK | APPLICANT

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, 2020 expiring June 30, 2021.

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: # NPAIP20202021

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 \$1000 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

**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, 2020 through June 30, 2021.

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 #PACT20202021

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