

OUTDOOR COMMUNITY EVENT APPLICATION

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

Application date: Feb. 13, 2020

Applicant Information

Applicant's name: Lake Tahoe Markets, LLC - Steve Rozier, Manager

Mailing address: P.O. Box 11775, Zephyr Cove, NV 89448
Street or PO Box City State Zip code

Phone: (775) 339-1203 (Business) _____ (Home) (775) 790-7776 (Cell)

Email: manager@lake-tahoe-markets.com

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: Incline Village Farmers Market

Date(s) of Event: Thursdays 5/14-9/3 Hours of operation: 3:00-6:00 each Thursday

Location of Event: 855 Alder Ave, Incline Village

Assessor Parcel Number(s): 132-020-05

Description of Event: Farmers Market

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

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: up to 19 vendors

Approximate number of customers and spectators: 200+

Approximate maximum number of persons on any one day of the event: 200

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: State Farm Policy number: 98-BW-L644-3

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

Address of Insurer: 1701 County Rd. Suite G, Primm, NV 89423
Street City State Zip code

Limits of liability: \$2,000,000/\$4,000,000

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.

Incline Village Farmers Markets 2012-2019
Washoe County License issued each year

Vendor List

(attach additional sheets if needed)

Name of Vendor

Type of service or product

Freshway Fish Company - Frozen fresh seafood
Dayton Valley Aquaponics - produce
First Fruits Sustainable Farm - produce, honey, pork
Schletewitz Family Farms - produce
Other local and regional farms - produce
Other vendors which will vary week to week.

**OUTDOOR COMMUNITY EVENT
PERSONAL HISTORY**

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

Name in full: Steve T. Rozier
First Middle Last

List ALL other names you have been known by: N/A

Residence address: _____
Street City State Zip Code

Residence phone: _____ Business phone: (775) 339-1203

Name of your present business or employer: Lake Tahoe Markets

Business address: P.O. Box 11775, Zephyr Cove, NV 89448
Street City State Zip Code

Type of business: Farmers Markets Position: owner/manager

How long engaged in this business: 9 years

Date of birth: _____ Age: 45 Place of birth: _____

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

Dates From and To	City	State
<u>2007-2011</u>	<u>South Lake Tahoe</u>	<u>CA</u>
<u>2011-2014; 2016-present</u>	<u>Zephyr Cove</u>	<u>NV</u>
<u>2014-2015</u>	<u>Incline Village</u>	<u>NV</u>

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.

Steve Rozier
Printed name of applicant


Signature of applicant

Feb 13, 2020
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 Douglas County, Nevada on the 13th day of February, 2020.

Steve Rozier
Printed name of applicant

[Signature]
Signature of applicant

Subscribed and sworn to before me this 13th day of February, 2020

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

My commission expires: April 22, 2020



**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>Incline Village Farmers Market</u> Name of Event	<u>5/14/20 - 9/3/20</u> Date(s) of Event
<u>Steve Rozier</u> Applicant's name (printed)	<u>[Signature]</u> Applicant's signature

Date: Feb 13, 2020



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/13/2020

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 have ADDITIONAL INSURED provisions or 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 State Farm JOHN RAKER INSURANCE AGENCY INC 1791 COUNTY RD SUITE G MINDEN, NV 89423	CONTACT NAME: JOHN RAKER PHONE (A/C, No, Ext): 775-782-7107 E-MAIL ADDRESS: FAX (A/C, No):													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : State Farm Fire and Casualty Company</td> <td>25143</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : State Farm Fire and Casualty Company	25143	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER F :														
INSURED LAKE TAHOE MARKETS LLC PO BOX 11775 ZEPHYR COVE, NV 89448-3775														

COVERAGES **CERTIFICATE NUMBER:** **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	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC OTHER:		Y	98-BW-L644-3	08/01/2019	06/01/2020	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
BUS-MERCANTILE: Grocery Store Policy 299 ELKS POINT RD ZEPHYR COVE, NV 89448
Additional Insured: Washoe County 3101 Longley Ln Reno, NV 89502
Incline Village Farmers Market 845 Alder Ave Incline Village, NV 89451

CERTIFICATE HOLDER Incline Village Farmers Market 845 Alder Ave Incline Village, NV 89451	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
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Alder Ave

845 Alder Avenue

Alder Ave

Incline Village
Farmers Market

Alder Ave