

**OUTDOOR
COMMUNITY EVENT
LICENSE APPLICATION**

**1001 EAST 9TH STREET, BUILDING A
RENO, NEVADA 89512**

(775) 328-3733

www.washoecounty.us

OUTDOOR COMMUNITY EVENT APPLICATION

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

Application date: 1-24-2024

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)

Email: _____

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: Tuesday July 2, 2024 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: 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, Suite 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 25 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:

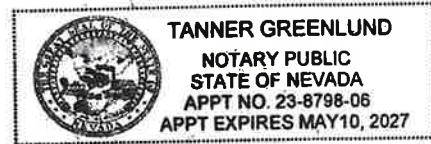
Assessor Parcel Number(s): 132-223-14

Proposed Outdoor Community Event: NLTFPD Community Pancake Breakfast

Signed 

Subscribed and sworn to before me this 25 day of March, 2024


Notary Public in and for said county and state



My commission expires: May 10, 2027

*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, 2023

(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 _____	\$ _____
Cash in <u>UMPQUA, INCLINE VILLAGE, WELLS FARGO, INCLINE VILLAGE</u> _____	\$ <u>2,109,454</u>
Location of Box Name, Bank and Branch	
Cash in <u>LOCAL GOVERNMENT INVESTMENT POOL</u> _____	\$ <u>5,551,815</u>
Name, Bank and Branch	
Accounts and notes receivable (describe nature of receivable and when due) <u>DUE FROM OTHER GOVERNMENTS - WITHIN 120 days</u> _____	\$ <u>652,340</u>
_____	\$ _____
Other current assets <u>PREPAID EXPENSES</u> _____	\$ <u>403,703</u>
_____	\$ _____

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)

875 Tanager St, Incline Village, NV; 863 Tanager St, Incline Village, NV;	\$ <u>6,780,902</u>
866 Oriole Way, Incline Village, NV; 219 Enterprise Way, Incline Village, NV;	\$ _____
14 Cal Neva Dr, Crystal Bay, NV; 965 Mt Rose Hwy, Incline Village, NV	\$ _____

Other assets

Automobiles and other personal property

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Assets \$ 15,798,214

Jackie Signorelli, CFO
Print Name


Signature

3/24/24
Date

OUTDOOR COMMUNITY EVENT STATEMENT OF LIABILITIES

As of December 31, 2023

(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 \$ 1,485,727
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)
JP Morgan Chase \$ \$ 1,425,000

Other liabilities
Pension liability \$ 3,537,569
Pay back to the taxpayers of Incline Village/Crystal Bay \$ 200,000

Total Liabilities \$ 6,648,296

Contingent liabilities (describe)

Jackie Signorelli _____ 3/24/24
Print Name Signature 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.

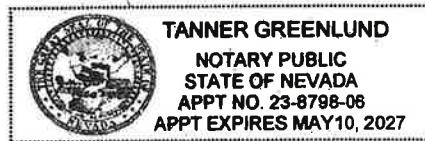
IN WITNESS WHEREOF, I have executed this release at 3983 S. MCCARRAN BLVD on the 25th day of MARCH, 2024.

Jackie Signorelli
Printed name of applicant

[Signature]
Signature of applicant

Subscribed and sworn to before me this 25 day of March, 2024

Tanner Greenlund
Notary Public in and for said county and state



My commission expires: May 10, 2027

**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:

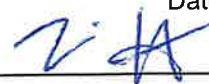
Community Pancake Breakfast

Tuesday July 2, 2024

Name of Event

Date(s) of Event

Tia Rancourt



Applicant's name (printed)

Applicant's signature

Date: 1/24/2024

Community Pancake Breakfast Tuesday, July 2, 2024

Introduction:

For 25 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 40th 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: Tuesday, July 2, 2024 0800 - 1000

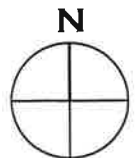
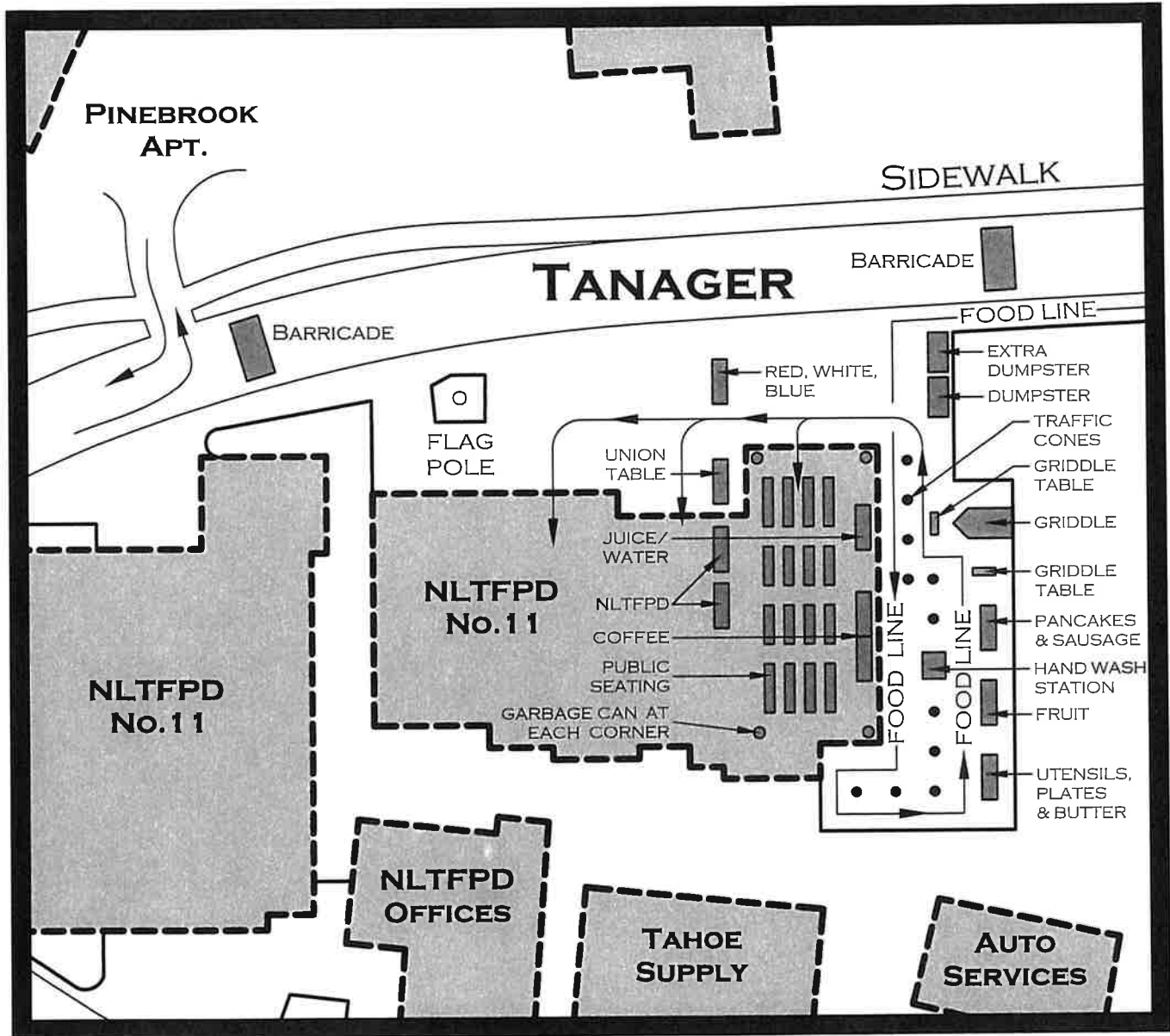
Location of Event: Main Fire Station, 875 Tanager Street, Incline Village, NV 89451

Attendance Projections: 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

PANCAKE BREAKFAST



NEVADA PUBLIC AGENCY INSURANCE POOL
CERTIFICATE OF PARTICIPATION

Issued to
North Lake Tahoe FPD

The Nevada Public Agency Insurance Pool (hereinafter NPAIP) certifies that the above-mentioned entity is a participating member of the NPAIP Site Pollution Incident Legal Liability Select (SPILLS) Insurance program for the period beginning July 1, 2023 expiring July 1, 2024.

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 master policy of insurance issued to NPAIP on behalf of the participating members.

The following policy has been issued to NPAIP:

Ironshore Specialty Insurance Company
Policy Number: ISPILLSB98D3003

The lines of coverage and limits of liability afforded to participating members, subject to the insurance application, are as follows:

Site Pollution Incident Legal Liability Limit \$2,000,000 each incident
\$10,000,000 policy aggregate

Participating member's deductible: \$25,000 each incident.

This certificate is not a contract of insurance and does not bind the insurance companies named hereon or NPAIP as such. The coverages provided will be governed by the terms and conditions of the master policy of insurance issued to NPAIP 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 FPD

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, 2023 expiring July 1, 2024.

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: # NPAIP20232024

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

Fill out the following table for ALL food/beverage items to be sold or sampled at the event(s). Food/beverage items that are not listed will NOT be allowed for service. Attach a separate menu if additional space is needed.

Food/ Beverage Item	Cooking Procedures	Holding (Hot/Cold)	Serving (Hot/Cold)
pancakes	propane griddle		hot
sausage	propane griddle		hot
mixed fruit			cold
juice boxes, bottled water			cold
coffee			hot

Food Source and Storage

Will food/beverage items be prepared and/or stored off-site before the event?

YES. Fill out the following information for the location at which the food/beverage items will be prepared and/or stored prior to the event:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Is the facility in Washoe County?

YES. Permit #: _____

NO. Attach a copy of the facility's valid health permit.

NO. My food/beverage items will not be stored and/or prepared off-site. I understand that I am required to purchase all food and beverage items/ingredients the day of the event. Food must not be stored or prepared at home. By initialing below, I acknowledge that I may be asked to verify purchasing dates of food/beverage items at the time of inspection. Failure to provide proof of purchase may result in further enforcement action, including permit suspension.

Applicant Initials: TR

Once initialed, skip to "Food Preparation and Holding" section.

Advance Preparation Start Time: _____ End Time: _____

How will food items will be kept hot or cold during transport?
By the vendors: **Bonanza Produce, Model Dairy**

Length of transportation time (minutes): **3 minutes**

Handwashing Facility Type (choose one):

- PLUMBED SINK
- GRAVITY FLOW CONTAINER
- SELF-CONTAINED PORTABLE UNIT

Please note: Gravity flow containers must be a minimum of 2 gallons of potable water in an insulated container, and must be equipped with a hands-free spigot, a 5-gallon bucket for wastewater, pump hand soap, and paper towels.

Utensil/ Equipment Washing Type (choose one):

- PLUMBED 3-COMPARTMENT SINK
- 3-TUB SYSTEM LOCATED INSIDE BOOTH (prior approval required)
- ADEQUATE SUPPLY OF CLEAN UTENSILS FOR DAILY OPERATION

Please note: Utilization of a 3-tub system is only permitted with prior approval from WCHD. All off-site utensil/equipment washing must occur in a commercial kitchen and may not be washed at home.

List All Cold-Holding Equipment Type(s) and Quantity:
Refrigerators and coolers

List All Hot-Holding Equipment Type(s) and Quantity:
Chafing trays

List All Cooking Equipment Type(s) and Quantity:
Propane griddle

List All Reheating Equipment Type(s) and Quantity:
n/a

List Sampling Methods and Equipment if applicable:

n/a


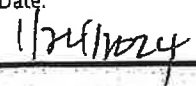
I have a calibrated STEM THERMOMETER available for taking food temperatures throughout the event.

Applicant Initials:

Please note: Thermometers must be able to accurately measure temperatures within 0-220°F. Vendors selling food items that do not require temperature control are not required to have a stem thermometer.

TR

Equipment and Facilities	<p>On-site Garbage and Refuse Disposal (choose one):</p> <input type="checkbox"/> COVERED CANS <input checked="" type="checkbox"/> DUMPSTERS	<p>Garbage and Refuse Disposal Provided by:</p> <input checked="" type="checkbox"/> EVENT COORDINATOR <input type="checkbox"/> BOOTH OPERATOR Name of responsible party: <u>Waste Management</u>
	<p>Restroom Facilities Type (choose one):</p> <input type="checkbox"/> PORTABLE TOILETS <input checked="" type="checkbox"/> INDOOR TOILETS	<p>Restroom Facilities Provided by (choose one):</p> <input checked="" type="checkbox"/> EVENT COORDINATOR <input type="checkbox"/> BOOTH OPERATOR Name of responsible party: <u>North Lake Tahoe Fire 875 Tanager Street</u>
	<p>Wastewater Disposal Type (choose one):</p> <input checked="" type="checkbox"/> SANITARY SEWER <input type="checkbox"/> HOLDING TANK (see Operational Checklist)	<p>Wastewater Disposal Provided by (choose one):</p> <input checked="" type="checkbox"/> EVENT COORDINATOR <input type="checkbox"/> BOOTH OPERATOR Name of responsible party: <u>IVGID Public Works</u>
	<p>Drinkable (potable) Water Source for cooking and handwashing: (ex. Municipal water with food-grade hose, bottled water, etc.)</p> <p>cooking water is plummed; handwashing - Sani Hut/handwash 2-station</p>	<p>Electrical Supply Provided by (choose one):</p> <input checked="" type="checkbox"/> EVENT COORDINATOR <input type="checkbox"/> BOOTH OPERATOR

Terms and Conditions	<p>Review the following Term and Conditions for Operation of a Special Events Food Establishment and initial in the box corresponding to each statement. By initialing, the applicant acknowledges that failure to adhere to these terms and conditions may result in further enforcement action, including permit suspension.</p>	
	Terms and Conditions for Operation of a Special Events Food Establishment	Applicant Initials
	<p>I have reviewed and understand the requirements of this permit and of operating a Special Events Food Establishment. I understand that issuance and retention of this permit depends upon acceptable compliance with temporary foodservice requirements as stated in Chapter 170 and Chapter 210 of the Regulations of the Washoe County District Board of Health Governing Food Establishments.</p>	TR
	<p>I understand that my Special Events Food Establishment will be inspected by the Health Authority. I understand that failure to comply with food safety may result in further enforcement action, including assessment of reinspection fees and/or closure of my Special Events Food Establishment.</p>	TR
	<p>I acknowledge that interfering with the Health Authority's ability to perform their duties is a violation of Nevada Revised Statute (NRS) 446.885(3) and intimidating behavior against a public officer is a violation of NRS 199.3300 (Intimidating a public employee). I understand these behaviors include, but are not limited to threats of violence, abusive language, unwarranted physical contact; and that partaking in these behaviors may result in a closure of my Special Events Food Establishment. I understand that Washoe County employees will adhere to their Code of Conduct and work with me honestly, respectfully, fairly, and courteously.</p>	TR
<p>I understand that my application is <u>NOT</u> approved until I have been successfully interviewed by an inspector regarding the operation of my Special Events Food Establishment. I acknowledge that repeat vendors whose menu has not changed may only receive one interview per year.</p>	TR	
Application Acknowledgement	<p>By signing below, I certify that I am the owner or authorized representative of this business and that all statements made on this application are true to the best of my knowledge.</p>	
	<p>Print Name: Tia Rancourt</p>	<p>Date: 1/24/2024</p>
	<p>Signature: </p>	<p>Date: </p>
<p>FOR OFFICE USE ONLY – ADDITIONAL PERMIT NOTES</p>		

Tia Rancourt

From: noreply@ncr.com
Sent: Tuesday, January 30, 2024 12:59 PM
To: Tia Rancourt
Subject: Payment Receipt
Attachments: Logo

Information You don't often get email from noreply@ncr.com. [Learn why this is important](#)

Northern Nevada Public Health

NORTHERN NEVADA



Serving Reno, Sparks & Washoe County

Payment Receipt

Thank You for Your Payment

Please save this Confirmation Number for your personal records.

Customer Name

TIA RANCOURT

Effective Date

1/30/2024 12:58 PM Pacific Standard Time

Confirmation Number

20040305

	Payment Method	Amount
	Visa ***** 3365	\$186.00
	Item	Payment
	General Permits - District Health EHS	\$186.00
	Total Amount Paid:	\$186.00

Payment Details