



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: 5 - 8 - 2 0 2 4

Applicant Information

Applicant's name: Lieutenant Joseph Colacurcio

Mailing address: 911 Parr Blvd

Phone: 775-745-1778 (Business) 775-832-4104 (Home) 775-745-1778 (Cell)

Email: Jcolacurcio@washoecounty.gov

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>Washoe County Honorary Deputy Sheriff's Association 911 Parr Blvd Reno NV 89512</u>		

Event Information

Name of Event: WCSO Honorary Deputy Sheriff's Benefit Concert

Date(s) of Event: July 9, 2024 Hours of operation: 1200 to 1900 hours

Location of Event: 1047 Lakeshore Blvd, Incline Village NV 89451

Assessor Parcel Number(s): 130-230-16, 130-230-17, 130-230-18

Description of Event: See attached event plan

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

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 Band Members

Approximate number of customers and spectators: 500-600

Approximate maximum number of persons on any one day of the event: 500-600

Will food and/or beverages be served? No

(all food and beverage vendors must have the appropriate Washoe County Health District permits)

Will alcoholic beverages be served? No

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

Will there be live music? Yes

OUTDOOR COMMUNITY EVENT LICENSE

Insurer Information

(see Insurance, Hold Harmless & Indemnification Requirements)

Name of Insurer: Washoe County Policy number: Self

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

Address of Insurer: 1001 E 9th Street, Reno NV 89512

Street

City

State

Zip code

Limits of liability: \$1,500,000.00 - \$5,000,000.00

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.

Beach Boys Benefit Event at 1047 Lakeshore Blvd. Held on 7/22/2023 WADMIN23-0008

Kern Schumacher Estate 1047 Lakeshore Blvd, WADMIN 21-0010

Vendor List

(attach additional sheets if needed)

Name of Vendor

Type of service or product

See the attached vendor list.

EVENT OVERVIEW/ACTION PLAN
July 9th 2024, WCSDH Benefit Concert

The Washoe County Sheriff's Honorary Deputy Association (501 c3)(WCSHDA) has the opportunity to hold a Benefit concert with Jake Owens as a fundraising concert. The concert will raise funds for the Washoe County Honorary Deputy Association, which will be used to support the Washoe County Sheriff's Office. Many Honorary Deputies reside in the Incline Village Community and have reached out to hold a fundraising event. The concert is a way to give back to the community and support the efforts of the Washoe County Sheriff's Department. Tickets will be pre-sold, and this will be a private event.

EVENT PLANS

1. Security

ESI Security – One security guard at the entrance to the event at all times, with several other security guards walking around the reception area.

2. Fire Protection

North Lake Tahoe Fire Protection District (NLTFPD) will provide an ambulance if necessary or required. The fees will be negotiated between WCSO and NLTFPD.

NLTFPD Contact

John James Fire Marshall

Off: 775.831.0351 x 8131 Cell: 775.413.9344

E-mail: jdonohue@nltpd.net

866 Oriole Way, Incline Village, NV 89451

3. Water Supply and Facilities

Water access is available on the premises in all locations where the event will be held.

4. Medical Facilities and Services

NLTFP will provide Emergency Medical Services on stand-by for the event.

5. Vehicle Parking Spaces

Off-site vehicle parking will be available at the Incline Middle School, 931 Southwood Blvd, Incline Village, NV 89451. Washoe County will cover insurance for the parking location. Shuttle services will be provided from this location to the event location, and onsite parking will be provided for VIP and preferred attendees.

6. Communication System

Handheld Radios and cell phones will be used for communication. An on-site sound amplification system and the ability to complete public addresses will be used for the concert.

7. Illuminating on premises

No onsite illumination will be required for this event.

8. Camping

No camping will occur at this event.

9. Clean-up and Rubbish removal

Volunteers will be used to clean up the rubbish removed to the Washoe County Sheriff's Office Sub-station dumpster. Zaphod Productions will arrive on July 10th, 2024, to remove any and all items used for the concert production.

Concert Details

The WCHSDA Benefit Concert will have staggered entry. VIP Guests will start to arrive around 1400 hours, with preferred guests arriving around 1430 Hours. All general admission guests will arrive around 1500 hours. There will be security at the main entrance to the event. There will be no ticket sales during the day of the event. Guests will be provided wristbands that correspond to their ticket level. There will be a one-hour reception from 1500 to 1600 hours, with the event starting at 1600 hours. The event will conclude no later than 1900 hours.

Vendor List July 9th 2024
Washoe County Honorary Deputy Benefit Concert

Name of Vendor	Type of Service or Product
ESI Security	Security
Quick Space	Sanitation
Cart Barn	Golf Cart Rentals
Nevada Premier Valet	Valet Parking
Red Carpet Events	Event Management
Zaphod Productions LLC	Event & Concert Production
Pistachio Productions	Production Equipment

WASHOE COUNTY SHERIFFS OFFICE HONORARY DEPUTY BENEFIT CONCERT



Entrance to the event with security. Valet and golf cart shuttle.

Pick up and drop off of those being shuttled to the event by golf cart.

Restrooms and Medical staging area will be located in this general location.

Performance and reception area for the event. Generator location with extension cord mitigation.

**General Information Checklist Items
July 9, 2024 WCSDH Benefit Concert**

Event Organizer's name, address, email, and phone number.

Karen Nichols: Red Carpet Events
775-250-1215
Karen@redcarpetdmc.com
325 Freeport Blvd, Sparks NV 89431

Emergency Contact

Lieutenant Joseph Colacurcio
775-745-1778
Jcolacurcio@washoecounty.gov
911 Parr Blvd, Reno NV, 89512

Estimated number of attendants on-site plan

499

Location & Gross square footage for each separated tent/booth site plan.

No tents or booths will be utilized.

Fire Extinguisher 75' max ft. distance ft. of event area on site plan.

See the attached site plan.

Depict locations of generators on the site plan.

See the attached site plan. A generator will be used to create the sound system for the concert.

Depict location of heating on site plan

No heating will be utilized.

Depict the location of exit illumination on the site plan.

No lighting will be utilized.

Depict the location of the access roads with the driveway/egress location on the site plan or vicinity map.

See attached plan

Depict location of cooking or use of open flames on site plan.

No food will be served.

Show means to keep vehicles at a safe distance from areas where people will congregate.

There will be no parking near the concert location. All vehicles close to the event will be valet. Please see the attached plan for valet services. Natural and manmade barriers are in place to prevent vehicle access to the reception area and concert venue.

Depict location of electrical outlet and extension cord protection.

Red Carpet Productions has arranged for the generators to be placed in an area that will prevent trip hazards or vehicles from traveling over any electrical items.



May 7, 2024

To: Kern Schumacher
1047 Lakeshore Blvd
Incline Village, NV 89451

Re: Evidence of Insurance for Washoe County with respects to the Washoe County Honorary Deputy Sheriff's Association Fundraiser and Jake Owen Concert to be held July 9, 2024 at 1047 Lakeshore Blvd, Incline Village, NV 89451

Please be advised that Washoe County, on behalf of its officials, departments, and employees through its Risk Management Division, has established a Self-insurance Program for its property, professional liability, and general liability exposures. This Program follows substantially the same format as that of commercial insurance coverage for property losses and third-party liability claims.

The County self-funds its property losses up to \$50,000 per loss and has commercial "all risk" coverage above that amount.

Professional and General Liability losses are self-funded up to \$1,500,000, with excess insurance of \$5,000,000. All liability actions against the County are handled in accordance with Nevada Revised Statutes, Chapter 41.

Washoe County is authorized as a Self-Insured Employer for Workers' Compensation by the Nevada Commissioner of Insurance, certificate number 123024.

This letter will serve as evidence of self-insurance, and any questions concerning the Self-insurance Program should be addressed to the Risk Management Division.

Sincerely,

Doreen Ertell

Doreen Ertell
Risk Management



QUALITY
PUBLIC SERVICE



INTEGRITY



EFFECTIVE
COMMUNICATION

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

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

I, Kern Schumacher 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): 130-230-16, 130-230-17, 130-230-18

Proposed Outdoor Community Event: WCSO Honorary Deputy Sheriff's Benefit Concert

Signed _____

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public in and for said county and state

My commission expires: _____

*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 _____, 20____
 (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 _____	\$ _____
Location of Box	
Cash in _____	\$ _____
Name, Bank and Branch	
Cash in _____	\$ _____
Name, Bank and Branch	
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)	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other assets

Automobiles and other personal property	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total Assets	\$ _____
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Lieutenant Joseph Colacurcio

 Print Name

Joseph Colacurcio

 Signature

5/7/2024

 Date

OUTDOOR COMMUNITY EVENT STATEMENT OF LIABILITIES

As of _____, 20_____
 (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 \$ _____
 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)
 _____ \$ _____
 _____ \$ _____

Other liabilities
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Total Liabilities \$ _____

Contingent liabilities (describe)

Lieutenant Joseph Colacurcio

 Print Name

Joseph Colacurcio 5/7/2024

 Signature Date

**OUTDOOR COMMUNITY EVENT
PERSONAL HISTORY**

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

Name in full: Joseph Colacurcio
First Middle Last

List ALL other names you have been known by: n/a

Residence address: n/a
Street City State Zip Code

Residence phone: _____ Business phone: 775-328-3001

Name of your present business or employer: Washoe County Sheriff's Office

Business address: 911 Parr Blvd, Reno, NV, 89512
Street City State Zip Code

Type of business: Government Position: Lieutenant

How long engaged in this business: Since 1861

Date of birth: ██████████ Age: ██ Place of birth: ██████████

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

Dates From and To	City	State
<u>6/2006 to present</u>	<u>Reno</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.

Joseph Colacurcio
Printed name of applicant

Joseph Colacurcio
Signature of applicant

5/7/2024
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 _____ day of _____, 20_____.

Joseph Colacurcio

Printed name of applicant

Signature of applicant

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public in and for said county and state

My commission expires: _____

