

OUTDOOR COMMUNITY EVENT APPLICATION

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

Application date: _____

Applicant Information

Applicant's name: League to Save Lake Tahoe

Mailing address: 2877 Lake Tahoe Blvd South Lake Tahoe CA 96150

Street or PO Box

City

State

Zip code

Phone: 530-541-5388 (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 ☒ Registered 501c3

If a corporation or a partnership, list corporate officers or partners:

Name

Address

Title

Name	Address	Title

Event Information

Name of Event: League to Save Lake Tahoe Annual Luncheon and Benefit

Date(s) of Event: Saturday August 2 2025 Hours of operation: 10am-3:00pm

Location of Event: 1047 Lakeshore Blvd, Incline Village

Assessor Parcel Number(s): _____

Description of Event: Benefit fashion show and annual luncheon in support of the League to Save Lake Tahoe

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

Will an admission fee be charged for your event? ☒ Yes ☐ No

If yes, amount and type of fee(s): \$1250-\$2250

When will fee be collected? ☒ Pre-sales ☐ At entrance

Approximate number of participants and other persons: 425 guests and 50 support staff

Approximate number of customers and spectators: 425

Approximate maximum number of persons on any one day of the event: 475

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)

State Compensation Insurance Fund

Name of Insurer: National Alliance of Nonprofits for Insurance, Inc. Policy number: 2024-14398

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

Address of Insurer: Acrisure Partners West Coast Insurance Services, LL 950 W Corporate Way #1Anaheim CA

92801

Street

City

State

Zip code

Limits of liability: see attached declarations page

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 fashion show and luncheon have been occurring on the first Saturday of August since 1969 at various private properties in the Lake Tahoe basin. We have obtained a community event permit from Washoe County for this event held in the same location, 1047 Lakeshore Blvd, Incline Village NV for calendar years 2018-2024.

Vendor List

(attach additional sheets if needed)

Name of Vendor

Type of service or product



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/4/2024

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 Acrisure Partners West Coast Insurance Services, LLC 1950 W Corporate Way #1 Anaheim CA 92801	CONTACT NAME: Susan Lemcke PHONE (A/C, No, Ext): 707-546-2300 FAX (A/C, No): 707-546-2915 E-MAIL ADDRESS: WestCerts@acrisure.com
INSURED League to Save Lake Tahoe 2608 Lake Tahoe Blvd. So. Lake Tahoe CA 96158	License#: 6009644 LEAGTOS-01
INSURER(S) AFFORDING COVERAGE	
INSURER A: Nonprofits Insurance Alliance of California	NAIC #
INSURER B: State Compensation Insurance Fund of California	35076
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 1798730540**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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:	Y	N	2024-14398	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	2024-14398	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			2024-14398-UMB	10/1/2024	10/1/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
B	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 <input type="checkbox"/>	N/A	9072866-2024	10/1/2024	10/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Washoe County, NV, its officers, agents, employees and volunteers are included as additional insured with regards to General Liability per attached form.

CERTIFICATE HOLDER**CANCELLATION**Washoe County, Nevada
1001 East Ninth Street
Reno NV 89512

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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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.	All insured premises and operations.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C. With respect to the insurance afforded to these additional insureds, the following is added to

Section III – Limits Of Insurance:

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

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

STATE OF NEVADA)
) ss:
COUNTY OF WASHOE)

Kern Schumacher, on behalf of KWS NV Residential, LLC 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: League to Save Lake Tahoe Annual Fashion Show and Luncheon

Signed _____

Subscribed and sworn to before me this 12th day of February, 2025

Shelley Kowaliski
Notary Public in and for said county and state

My commission expires: 3/14/26



*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 <u>Bank Accounts</u>	\$ <u>238,876.14</u>
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)	
<u>Accounts Receivable multi year pledge/grants receivable due in 2024/2025</u>	\$ <u>178,000</u>
_____	\$ _____
Other current assets	
<u>Undeposited funds, prepaid expenses, inventory and asset held for sale</u>	\$ <u>955,359.28</u>
_____	\$ _____

Investments

Stocks, Bonds, etc (Market value) (If close held corporation, furnish current balance sheet)	
<u>Morgan Stanley Investments</u>	\$ <u>5,125,907.49</u>
<u>LPL Financial</u>	\$ <u>225,805.16</u>
<u>Parasol Foundation Endowment + Investments + EDCF Endowment</u>	\$ <u>1,615,741.36</u>
Investments, other than stocks and bonds	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Fixed assets

Real estate (Give location, description and fair value of each parcel)	
<u>Real Estate Land 2877 Lake Tahoe Blvd</u>	\$ <u>323,400</u>
<u>Building less accumulated depreciation 2877 Lake Tahoe Blvd</u>	\$ <u>694,625.66</u>
_____	\$ _____

Other assets

Automobiles and other personal property	
<u>Furniture and Website redevelopment (less accumulated depreciation, Trademarks)</u>	\$ <u>50,800</u>
<u>Work - in -process: remodel on 2877 building</u>	\$ <u>2,705,347.77</u>
_____	\$ _____

Total Assets	\$ <u><u>12,113,862.86</u></u>
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Melissa Franz Finance Director
Print Name

Melissa Franz
Signature 3.06.2025
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 \$ 380,472.76

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

Credit card \$ 31,991.48

sales and use tax \$ 1,485.61

accrued vacation/payroll/payroll liabilities \$ 198,543.62

Total Liabilities **\$ 612,493.47**

Contingent liabilities (describe)

Melissa Franz
Print Name

Melissa Franz
Signature

3.06.2025
Date

**OUTDOOR COMMUNITY EVENT
PERSONAL HISTORY**

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

Name in full: Darcie Bea Collins
First Middle Last

List ALL other names you have been known by: Darcie Bea Goodman

Residence address: [REDACTED]
Street City State Zip Code

Residence phone: [REDACTED] Business phone: 530-541-5388

Name of your present business or employer: League to Save Lake Tahoe

Business address: 2877 Lake Tahoe Blvd South Lake Tahoe CA 96150
Street City State Zip Code

Type of business: environmental non-profit Position: CEO

How long engaged in this business: 13 years

Date of birth: [REDACTED] Age: [REDACTED] Place of birth: [REDACTED]

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

Dates From and To	City	State
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</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.

Darcie Bea Collins
Printed name of applicant

[Signature]
Signature of applicant

1/16/25
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

Roundabout Catering 631 Dunn Circle Sparks NV 89431	
Ideas Event Styling 1055 California Street, Suite San Francisco, CA 94108	
Alert Security Asset Protection 401 Keitzke Lane Building M SUite 246 Reno NV 89502	
Cart Barn 305 Edison Way Reno NV 89502	
North Tahoe Executive Shuttle PO Box 302 Tahoe City CA 96145	
North Tahoe Fire Protection District 866 Oriole Way Incline Village NV 89451	
Tom Delaney Orchestra 4797 Reno View Court Reno NY 89503	
Sani-hut Po Box 7455 Reno NV 89451	
Sani-hut Po Box 7455 Reno NV 89451	
Incline Village Waste Managment 1076 Tahoe Blvd Incline Village NV 89451	
High Sierra Gardens 866 Tahoe Blvd Incline Village NV 89451	

**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 9:30 AM on the
13th day of January, 2025.

Darrel Collins

Printed name of applicant

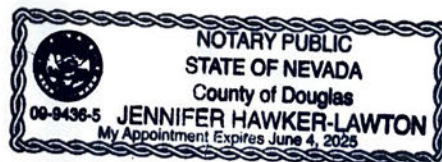
[Signature]

Signature of applicant

Subscribed and sworn to before me this 13th day of January, 2025

Jennifer Hawker-Lawton Douglas NV
Notary Public in and for said county and state

My commission expires: June 4, 2025



**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>League to Save Lake Tahoe Annual Luncheon and Benefit</u>	<u>August 2, 2025</u>
Name of Event	Date(s) of Event
<u>Darcie Bea Collins</u>	
Applicant's name (printed)	Applicant's signature
Date: <u>1/16/25</u>	

League to Save Lake Tahoe Permit Application

Index of Attachments:

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A -3 - 4	Detailed Plan for Security, Fire Protection, Medical, Water & Sanitation, Communication and Clean-up
A - 5 - 10	Security Contract, Martin Ross
A – 11-14	Paramedic Confirmation
A – 15	Restroom Facilities Order, Sani-Hut
A -12	City of Reno Business Licenses, Roundabout Catering
A – 13	NV State Business License, Roundabout Catering
A-14	Washoe County Business License, Roundabout Catering
A-15	Washoe County Business Liquor License Roundabout Catering
A-16	Health Permit, Roundabout Catering
A - 17	Transportation Plan
A - 18	Parking Map at Sierra Nevada College
A - 19	Shuttle Order with passenger capacity
A - 20	Shuttle Route Map

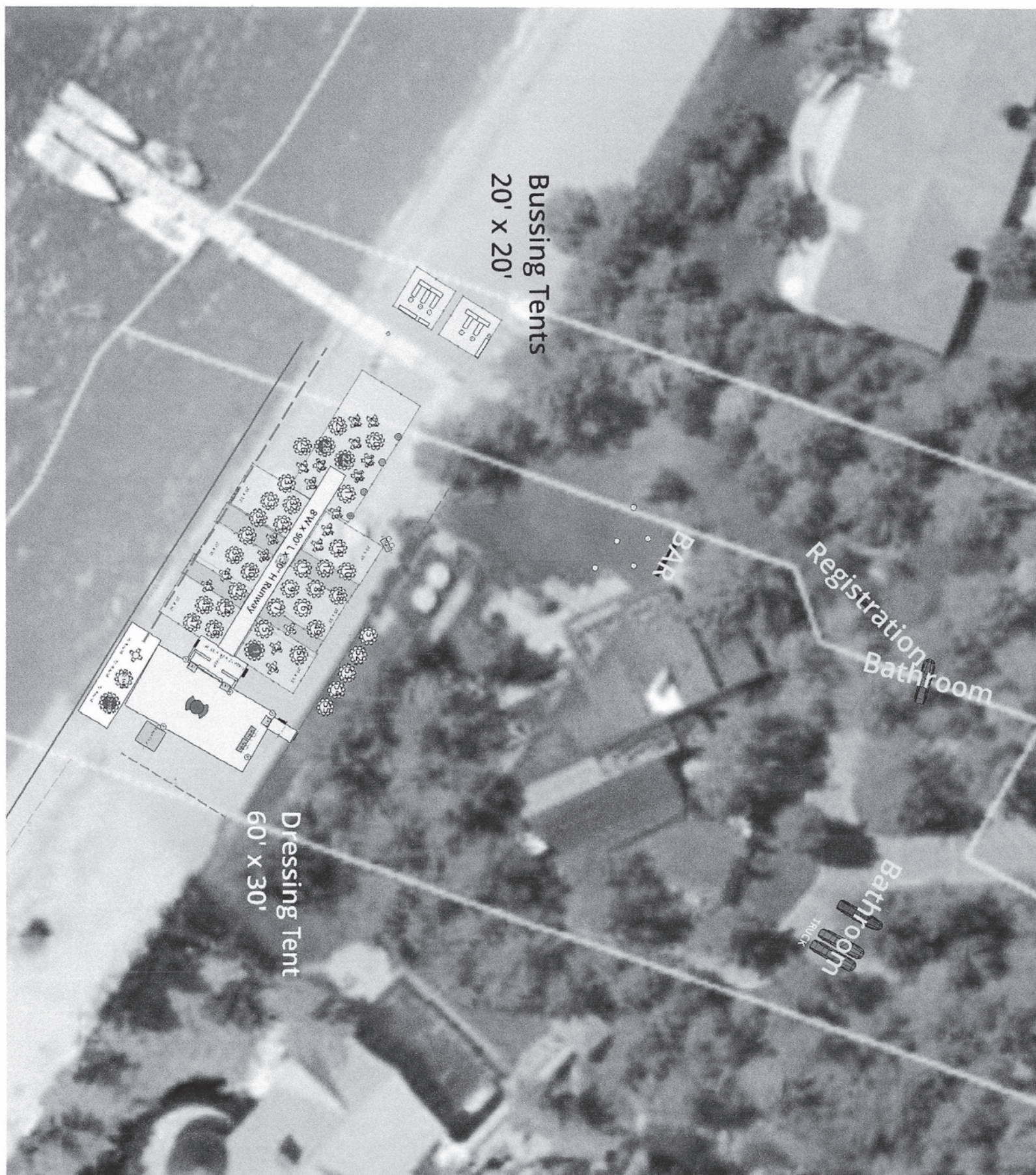




TABLE KEY:
4-5 guests = 48" round table
6-8 guests = 60" round table
9-12 guests = 72" round

20' x 90'

8'W x 9'0" L x 24" H Runway

Scale 1" = 30'

Dressing Tent
6'0" x 3'0"

EXIT

Neighbors Line

Storage

40' 0"

20 Feet

League to Save Lake Tahoe Annual Fashion Show and Luncheon
1047 Lakeshore Boulevard, Incline Village, NV
Saturday, August 2, 2025
Prepared by: Kristin Keane & Jessica Urreaga

Security, Fire Protection and Medical Services Plan

The League to Save Lake Tahoe retains Alert Security Asset Protection to assist with security on-site. There are 4 security personnel on site from 10:00 am until 3:00 pm. Security personnel will be assigned to site-specific areas including front gate, tent, beach and lawn.

North Tahoe Fire Protection District Personnel will be on-call with on-site ambulance stand-by arranged from 10:00 am until 2:00 pm., although not required for this event per Brittany Dayton.

Tents and structures are in compliance with current fire code and contain required fire extinguishers and clearly marked exits.

Attachments: Alert Security Agreement, NTFPD Invoice for Ambulance Stand-by, Site Plan

Water Supply and Sanitation Facilities

The League has rented 2 handicap restroom facilities, 1 Executive 33' bathroom trailer with direct line to sewer and water, 1 Executive 19' bathroom trailer with stand-by pump truck and 4 bathroom attendants.

Roundabout Catering has hand-washing facilities in the catering tents, which are indicated on the site-map.

Per Nick Flores, no permit required for food and sanitation because it is a closed event, by invitation only.

Attachments: Sani-hut Invoice, site map

Communication System

The event will have an audio system with 2 microphones that are used throughout the program on August 2, 2025.

Clean-up and Rubbish Removal

Two 6-foot dumpsters with lids and locks will be located on site for rubbish. Dumpsters are delivered on July 31 and collected August 4.

The League to Save Lake Tahoe is dedicated to protecting and restoring the environment within the Tahoe Basin. Our organization's charter demands we leave the environment better than how we found it. In addition, our host is exceedingly generous to allow us to use his property year after year and if we wish to be invited back, we need to make certain we are cleaning the venue and returning it to the state to which we arrived.



NORTH LAKE TAHOE FIRE PROTECTION DISTRICT

866 Oriole Way – Incline Village, NV 89451-9439
(775) 831-0351 Fax (775) 831-2072 www.nltfpd.net
Ryan Sommers – Fire Chief

EMERGENCY MEDICAL SERVICE STANDBYS

North Lake Tahoe Fire Protection District understands the importance of providing EMS coverage during special events or community programs. The enclosed *Dedicated EMS Standby Agreement* must be utilized for any organization, school, or governmental entity to request special standby services from North Lake Tahoe Fire Protection District. The enclosed agreement must be completed, signed, and returned to North Lake Tahoe Fire Protection District at least 15 days prior to the requested date for service. Although North Lake Tahoe Fire Protection District will make every effort to provide the level of service requested, there may be an emergency prior to the scheduled event that could cause North Lake Tahoe Fire Protection District to be late. North Lake Tahoe Fire Protection District's primary responsibility is to provide emergency 911 responses to the residents of our community.

North Lake Tahoe Fire Protection District offers the following types of service:

- Advanced Life Support Ambulance (at least 1 Paramedic)
- Advanced EMT and/or Paramedic only
- Technical equipment UTV, jet ski, and boat with Emergency Medical Technician and/or Paramedic

Please complete the enclosed agreement and submit it to North Lake Tahoe Fire Protection District.

Mail or Drop Off:

North Lake Tahoe Fire Protection District
866 Oriole Way
Incline Village, NV 89451

Email:

aquiroz@nltfpd.net

Dedicated EMS Standby Agreement

THIS AGREEMENT, made this 17th day of January, 2025, by and between League to Save Lake Tahoe, and North Lake Tahoe Fire Protection DISTRICT, 866 Oriole Way, Incline Village, Nevada 89451, hereinafter referred to as the DISTRICT, and CLIENT, League to Save Lake Tahoe.

WHEREAS, CLIENT is requesting dedicated standby services; and WHEREAS, the District is willing to provide such services under the terms set forth herein.

NOW, THEREFORE, it is agreed as follows:

1. The DISTRICT agrees to provide dedicated EMS standby service(s) to the CLIENT. Standby service, meaning an emergency vehicle staffed personnel as agreed upon, will locate themselves at a function or event and will remain dedicated to that event unless a major incident occurs, and their services are required elsewhere. Such vehicle will be equipped to provide care at the capacity as agreed upon as required by the CLIENT. Pursuant to paragraph 3 below, dedicated standbys are subject to the availability of EMS crews and resources.
2. The DISTRICT agrees to provide dedicated standby emergency medical service(s) to the CLIENT named above for the dates, times, and locations specified in the *STANDBY AND CLIENT INFORMATION* attached to this Agreement and incorporated by reference.
3. Due to the call volume of EMS, dedicated standby services are subject to the availability resources. In addition, even if a CLIENT requests and agrees to the conditions of dedicated standby services, certain extreme, catastrophic, or immediate life-threat emergencies may still require The DISTRICT to utilize the vehicle assigned to the dedicated standby. If this occurs during a scheduled dedicated standby (with this Agreement in place), and a lapse of on-site EMS coverage occurs, another ambulance/crew will be routed to the event upon availability.
4. Hourly charges for this service begin from the time the crew arrives at the designated standby until it is released from the event, with a *two-hour minimum charge per dedicated standby service*. The DISTRICT reserves the right to waive fees.
5. Dedicated standby service fees are as follows:

Resource	Cost
Firefighter / Advanced EMT	\$50.41 / hr.
Firefighter / Paramedic	\$57.97 / hr.
Advanced Life Support Ambulance (Staffed)	\$157.12 / hr.
Jet Ski (equipment only)	\$27.70 / hr.
ATV / UTV (equipment only)	\$14.79 / hr.
Boat (equipment only)	\$120.00 / hr.

6. Upon completion of dedicated standby services, The DISTRICT will bill CLIENT for costs associated with this Agreement and CLIENT agrees to pay all fees within 30 days of invoice receipt.
7. The DISTRICT reserves the right to refuse any Dedicated Standby Agreement submitted by CLIENT.
8. This Agreement may be canceled by either party by giving 48-hours advance notice.
9. Nothing herein shall be construed to create a higher standard of care on the part of EMS than generally recognized under the rules and regulations set forth by the Nevada State Health Division Office of Emergency

Medical Systems. The DISTRICT crews may only operate under written protocols and procedures specifically approved by the DISTRICT Medical Director.

10. The charges provided for herein reflect only those charges associated with making EMS readily available to the CLIENT. The normal charges for the care and transportation of patients will be the responsibility of the patient.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the date first above written.

CLIENT

Signature

Printed Name

Title

DISTRICT



Signature

Russell Barnum

Printed Name

Assistant Fire Chief

Title

Standby and CLIENT Information

The following CLIENT information will be used by The DISTRICT for scheduling and billing for EMS dedicated standby services.

Name/Title of Event: League to Save Lake Tahoe Annual Fashion Show and Luncheon

EVENT OCCURRENCE 1

Date(s): Saturday August 2nd 2025 Start Time: 1000 End Time: 1400

Location: 1047 Lakeshore, Incline Village NV 89450_

Number of Attendees: 200

EVENT COVERAGE REQUESTED

Advanced Life Support Ambulance (Staffed)	\$628.48 (\$157.12 / hr.)
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(If request is for more than 1 event occurrences attach additional details to agreement)

Organization Name: _

Primary Contact Person's Name (print): _

Mailing Address (for billing):_

City: _____ State: _____ Zip Code: _____

Phone #: _____ Phone # day of event (if different): _

Email Address: _

LEA1005

SE08011

LEAGUE TO SAVE LAKE TAHOE-SLT
2877 LAKE TAHOE BLVD
SOUTH LAKE TAHOE, CA 96150

OSCAR DE LA RENTA FASHION SHOW
1047 LAKESHORE DR
INCLINE VILLAGE, NV

2/19/2025

07/31/2025

(775) 348-8472

NET 10

" QUOTE "

JESSICA URREGA

LDM

2 HANDICAP RESTROOM	175.00	350.00
1 DELIVERY CHARGE	65.00	65.00
1 PICK UP CHARGE	65.00	65.00
2 EXECUTIVE DELUXE 19	1,827.50	3,655.00
4 DELIVERY & PICK UP CHARGE	125.00	500.00
1 FRIDAY ATTENDANT	565.00	565.00

RATES INCLUDE:**DELIVERY THURS (07/31/25)****SERVICE SAT (08/02/25)****PICK UP MON (08/04/25)****Sales Tax: 0.00****Order Total: 5,200.00**

SANI-HUT CO., INC.
P.O. Box 7455
Reno, Nevada 89510
(775) 358-6720
Fax (775) 359-7922

City of Reno

BUSINESS LICENSE

MBP ENTERPRISES

DBA: ROUNDABOUT CATERING AND PARTY RENTALS

MARYBETH SMITH

631 DUNN CIR
SPARKS, NV 89431

LICENSE #: R119071A-LIC

EXPIRES: 05/31/2025

ANNUAL LICENSE

LICENSE TYPE: CATERING, MERCHANDISE SALES, RESTAURANT

In accordance with the provisions of Reno Municipal Code Titles 4 and 5, the above named is hereby granted a City of Reno business license and is authorized to conduct the business activity listed. This license is valid until the expiration date unless suspended, revoked or cancelled and shall not be transferred or assigned.



DIRECTOR OF BUSINESS LICENSING

CITY CLERK

This license must be displayed in a conspicuous place pursuant to RMC Sec. 4.04.180(3). You may verify this business license online at www.cneriv.us.

SECRETARY OF STATE



NEVADA STATE BUSINESS LICENSE

MBP ENTERPRISES

Nevada Business Identification # NV20061717313

Expiration Date: 11/30/2025

In accordance with Title 7 of Nevada Revised Statutes, pursuant to proper application duly filed and payment of appropriate prescribed fees, the above named is hereby granted a Nevada State Business License for business activities conducted within the State of Nevada.

Valid until the expiration date listed unless suspended, revoked or cancelled in accordance with the provisions in Nevada Revised Statutes. License is not transferable and is not in lieu of any local business license, permit or registration.

License must be cancelled on or before its expiration date if business activity ceases. Failure to do so will result in late fees or penalties which, by law, cannot be waived.



Certificate Number: B202410285140332

You may verify this certificate

online at <https://www.nvsi.verifume.gov/home>

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on 10/28/2024.

FV Aguilar

FRANCISCO V. AGUILAR
Secretary of State

LICENSE NUMBER

W039855A-LIC

LICENSE TYPE

Annual
Active

THIS CERTIFIES THAT
IN THE NAME OF
LOCATED AT

LICENSE - NOT TRANSFERRABLE
POST IN A CONSPICUOUS PLACE



**COUNTY OF
WASHOE
NEVADA**



YEAR LICENSE VALID

Expires on 01/31/2025

LICENSE FEE PAID

This license cannot be transferred or assigned. It is
valid only for the licensee and location shown below.

ROUNABOUT CATERING & PARTY RENTALS
MBP ENTERPRISES
631 DUNN CIR, Sparks, NV 89431

ROUNABOUT CATERING & PARTY RENTALS
MBP ENTERPRISES
631 DUNN CIR

SPARKS, NV 89431

This license certifies that the name above has paid the required fees to the license collector of Washoe County
and is hereby authorized to conduct business and is subject to the provisions of law.

LICENSE NUMBER

W040002Q-LIC

LICENSE TYPE

Liquor

L11 - Liquor Cater w/o Liq LIC

LICENSE - NOT TRANSFERRABLE

POST IN A CONSPICUOUS PLACE



**COUNTY OF
WASHOE
NEVADA**



YEAR LICENSE VALID

Expires on 04/01/2025

LICENSE FEE PAID

This license cannot be transferred or assigned. It is valid only for the licensee and location shown below.

**THIS CERTIFIES THAT
IN THE NAME OF
LOCATED AT**

**ROUNABOUT CATERING & PARTY RENTALS
MBP ENTERPRISES
631 DUNN CIR, Sparks, NV 89431**

**ROUNABOUT CATERING & PARTY RENTALS
MBP ENTERPRISES
631 DUNN CIR**

SPARKS, NV 89431

This license certifies that the name above has paid the required fees to the license collector of Washoe County and is hereby authorized to conduct business and is subject to the provisions of law.

HEALTH PERMIT TO OPERATE

BILLING ADDRESS:

ROUNDABOUT CATERING & PARTY RENTALS
ATTN: ACCOUNTS PAYABLE
631 DUNN CIR
SPARKS, NV 89431

Permit No.: H19-1919F000

Business Name: ROUNDABOUT CATERING & PARTY RENTALS

Type of Facility:

Support Kitchen

Date Issued:
08/09/2024

Expiration Date:
10/01/2025

POST IN A CONSPICUOUS PLACE

OWNED AND OPERATED BY:

MBP ENTERPRISES

FACILITY LOCATION:

631 DUNN CIR, SPARKS, NV 89431

Permits are not
transferable from
person to person or
place to place.

This permit certifies that the indicated facility has been found to be operating in conformity with the health laws and regulations promulgated by the Nevada State Board of Health and the Washoe County District Board of Health. This Permit is revocable at any time by the Washoe County District Health Officer for the failure on the part of the owner/operator to meet State and Health District laws and regulations.


DIVISION DIRECTOR, ENVIRONMENTAL HEALTH SERVICES

Transportation Plan
League Annual Fashion Show and Luncheon
Saturday, August 2, 2025
Prepared by: Kristin Keane & Jessica Urreaga

Parking and Shuttles: On-site parking at 1047 Lakeshore Drive is **not available** on August 2nd, 2024. Guest parking is available at Sierra Nevada University, 999 Tahoe Boulevard, Incline Village, NV where ample parking and continuous shuttle service await. *Distance to venue is approximately 1/2 mile.*

Directions for Parking:

From Tahoe City

- Proceed EAST on CA-28 / N LAKE BLVD. Continue to follow CA-28 (crossing into NEVADA).
- Continue EAST on SR 28 (Tahoe Boulevard) through Incline Village until you reach Country Club Drive (the third traffic light in Incline Village, located past the golf course).
- Turn RIGHT onto COUNTRY CLUB DR.

Turn RIGHT at the THIRD DRIVEWAY onto the Sierra Nevada University campus (entrance located directly across from Mill Creek residential street). There is a parking lot located to your right and a loop driveway directly in front of the Tahoe Center for Environmental Sciences building where shuttles will stage.

From South Lake Tahoe

- Proceed EAST on LAKE TAHOE BLVD / US-50. Continue to follow US-50 E (Crossing into NEVADA).
- Turn LEFT onto NV-28.
- Turn LEFT onto COUNTRY CLUB DR.

Turn RIGHT at the THIRD DRIVEWAY onto the Sierra Nevada University campus (entrance located directly across from Mill Creek residential street). There is a parking lot located to your right and a loop driveway directly in front of the Tahoe Center for Environmental Sciences building where shuttles will stage.

Traffic Control and Parking Attendants: The League will have 4 volunteers stationed at Sierra Nevada University directing traffic into the parking lots and onto shuttles as guests arrive and depart. (1) paid security officer and (1) volunteer are stationed at the head of the driveway to 1047 Lakeshore Boulevard to ensure no cars enter driveway. Shuttles buses utilize the pullout on the west side of the driveway to off-load passengers so the shuttle is not obstructing traffic.

Staff & Vendor Parking

Vendor Parking will take place at Cornerstone Church at 300 Country Club Dr, Incline Village, NV 89451 on the evening of August 1st and during the day on August 2nd. Staff will also park at the church on August 2nd. All vehicles will be cleared from the property by 7am on August 5th.

Parking:

The University has approved parking in the Prim Libray Lot & Northwest Parking Lot:

****No parking in Reserved spaces, Restricted spaces or ADA (without proper placard)**





Service Contract

Transportation Department

P.O. Box 129

Truckee, Ca. 96160

T: 530-562-3555 | F: 530-562-1407

DATE: 1/16/2025

Date of Transfer: **8/2/2025**

Bill To:

Kristin Keane

League to Save Lake Tahoe

2608 Lake Tahoe Blvd.

South Lake Tahoe, CA 96150

Contact:

Tae Kim - North Tahoe Executive Shuttle

tae@northtahoeexecutiveshuttle.com

(530) 541-5388

Prepared by: Steve Hook

Transportation Department

Northstar California Resort

530-562-3555

NSTransportation@vailresorts.com

Fax: 530-562-1407

Re: League to Save Lake Tahoe - Oscar de la Renta

Credit Card Number or Account to Bill:

CID# XXXXXX

Description	AMOUNT
4 - 25 passenger buses for 6 hours (9:30am to 3:30pm)	\$3,900.00
2 - 30 passenger buses for 6 hours (9:30am to 3:30pm)	\$2,150.00
25 passenger bus, first 4 hours \$645, \$165 each additional hour.	
30+ passenger bus, first 4 hours \$715, \$180 each additional hour.	
TOTAL	\$6,050.00

*Reservations require a 4 hour minimum that cannot be split

*Cancellation Policy: Free of charge until 14 days prior to transfer date. 50% of contracted price within 14 days of transfer date; 100% of contracted price within 7 days of transfer date.

*All charters are billed for contracted time. Any additional time beyond the contracted time is billed at the hourly rate, rounded to the nearest half hour.

*Any excessive cleanup is subject to a \$200 befouling fee.

*Rates include taxes and an 20% gratuity. Additional gratuity is at the discretion of the client.

*Travel time is \$135/hr and is defined as the distance from Northstar to the first pick-up location

*This contract is governed by the laws of the State of California

Client Signature: _____ **Date:** _____



Map data ©2018 Google 500 ft



via Country Club Dr and Lakeshore Blvd
Best route, despite the usual traffic

2 min

0.6 mile



via Mill Creek Rd and Selby Dr

2 min

0.4 mile