

THE FOLLOWING ITEMS MUST BE COMPLETED AND ACCOMPANY YOUR APPLICATION FOR A CARSON CITY SPECIAL EVENT PERMIT:

- Provide a General Liability Insurance binder naming Carson City as additionally insured in the amount of \$1,000,000(if applicable)(example attached)
 - Provide a Liquor Liability Insurance binder naming Carson City as additionally insured in the amount of \$1,000,000 (if applicable)(example attached)
 - Authorization Letter from Property Owner if event is held on Private Property
 - List of Vendors selling/serving merchandise, food, or liquor at event (form attached)
 - Provide detailed layout of the event (example attached)
 - Verification notice to all residents/tenants affected by street closure (form attached)
- **Applications need to be submitted 30 working days prior to the event to guarantee permit approval.**
- **Incomplete applications will not be accepted.**

SUBMIT COMPLETED APPLICATIONS TO THE FOLLOWING ADDRESS:

Carson City Business License Division
108 E. Proctor St.
Carson City, NV 89701
(775) 887-2105

Fees required for a Special Event Permit are as follows:

<u>Type of Event</u>	<u>Fee</u>
Special Event Permit (Non-Profit)	\$ 21.30/day
Special Event Permit	\$ 53.25/day
Vendor Fees	\$ 2.15/day/vendor
Temporary Liquor License (5 days maximum)	\$ 20.00/day

If food or beverage is being served to the public, a permit must be obtained from the Carson City Health Department (775) 887-2190; Individual food vendors are responsible for obtaining their own permit.

Liquor must be purchased from a licensed State of Nevada Wholesale Distributor (list attached).

Insurance Terms and Conditions

General Liability Insurance

If the Special Event will be in any portion of Carson City's right-of-ways or on the sidewalk, Special Event applicants must provide general liability insurance coverage for the specific dates of the event naming the "City of Carson City, its officers, employees, and agents" as an Additional Insured for a minimum of \$1,000,000 per occurrence. The policy must be obtained from a carrier licensed to do business in the State of Nevada.

Liquor Liability Insurance

If liquor will be sold, served, or dispensed in any portion of Carson City's right-of-ways or on the sidewalk, the vendor serving the alcohol must provide liquor liability coverage naming the "City of Carson City, its officers, employees, and agents" as an Additional Insured for a minimum of \$1,000,000 per occurrence. If the event organizer is going to act as the alcohol vendor, then he must provide the liquor liability coverage. If several vendors are serving alcohol, each vendor must provide a certificate of insurance for the required liquor liability coverage, naming the "City of Carson City, its officers, employees, and agents" as Additional Insured. The policy must be from a carrier licensed to do business in the State of Nevada.



CARSON CITY SPECIAL EVENT APPLICATION

Special Event Permit #:

Incomplete or illegible applications will not be accepted.

Submittal Date:

1	Type of Permit	<input type="checkbox"/> Special Event Permit	<input type="checkbox"/> Special Event Permit with Food, Liquor, and Street Closures		
		<input type="checkbox"/> Special Event Permit with Food	<input type="checkbox"/> Special Event Permit with Street Closures	<input type="checkbox"/> Special Event Permit with Liquor	<input type="checkbox"/> Liquor License Only
2	Type of Entity	<input type="checkbox"/> Commercial		<input type="checkbox"/> Non-profit	
3	Business or Organization Name			4	Business Phone Number
5	Name of Event Organizer			6	Event Organizer Phone Number
7	Email Address				
8	Business Address	City	State	Zip Code	
9	Mailing Address	City	State	Zip Code	
10	Event Address			11	Total Number of Vendors
12	Streets Being Closed				
13	Date and Time Event Begins	Date and Time Event Ends		14	Estimated number of attendees
15	Event Description				
16	<p>I have read and accept all conditions and requirements in regards to this event as stated in CCMC Section 4.04.077 and Section 4.13.240.</p> <p>Applicant's Signature _____ Date _____</p>				
17	OFFICE USE ONLY				
Permit Fees		FEE		Permit Checklist	
Special Event Permit Fee				Vendor List	
Special Event Permit Fee (Non-Profit)				Verification Notice Form	
Vendor Fees				Authorization Letter from Property Owner	
Temporary Liquor License				Event Layout	
TOTAL FEES DUE:				Copy of General Liability Insurance	
Payment Type				Copy of Liquor Liability Insurance	
Received By			Date		



Carson City
Business License Division
108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105

Indemnification Hold Harmless Agreement

Permittee shall indemnify, defend, and hold harmless, the City from any and all claims, demands, actions, attorney's fees, costs and expenses based upon or arising out of any negligence of the permittee or its associates, employees, subcontractors and other agents while performing activities within the scope of the permit.

Permittee further agrees that to the extent any losses or damage to public property caused by any negligence of the permittee or associates, employees, subcontractors and other agents while performing activities within the scope of the permit which is not covered by insurance, such property will be repaired or replaced at the sole cost and expense of permittee. This shall be done to the satisfaction of the City within 10 working days after the Special Event activities have ceased.

Please indicate your acceptance of the foregoing by signing and printing your name in the space provided below.

Event Name: _____

Business or Organization Name: _____

Event Organizer Printed Name: _____

Event Organizer Signature: _____ Date: _____



Carson City Health Department

Application for a Temporary Food Permit

FOR OFFICE USE ONLY

Date Paid: _____
 AMT Paid: _____ Late Fee: _____
 Check #: _____
 Receipt Number: _____
 Nonprofit Tax ID#: _____

Please submit application with payment to health department 5 days prior to event or an additional late fee will be charged.

1. Event:	Location of Event:
2. Dates of Event: _____ Through _____	Begin Time: _____ End Time: _____
3. Business/Organization/Food Service Represented:	
4. Applicant's Name:	Phone
5. Applicant's Address:	Fax
6. Person(s) in Charge at Food Service Site:	
7. Location of Advanced Preparation:	

	Prep Begins	Prep Ends:
--	-------------	------------

8. Please List All Foods to be Served:	FOODS NOT LISTED ON THE MENU WILL NOT BE ALLOWED TO BE SERVED			
FOOD ITEM	*PREP - ON OR OFF SITE	COOKING PROCEDURES	HOLDING HOT OR COLD	SERVING HOT OR COLD

***According to NAC 446.050 subsection 4 No food prepared or stored in a private home may be used, stored, served, offered for sale, sold, given away or offered to the public in a food establishment. This permit is for a temporary food establishment and falls under the above statement. Any food found to be prepared at home will be discarded on site and possible revocation of permit.**

9. Describe: Cold/Hot Holding Equipment:	Cooking/Reheating Equipment::
10. If Food is Transported to the Food Service Site: What is the Length of Time in Transport:	How is the Food to be kept Hot or Cold?
11. Stem-Type (0-220 degrees F.) food thermometer available? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>REQUIRED</u>	
12. Water Source:	Wastewater Disposal: <input type="checkbox"/> Sewer <input type="checkbox"/> Holding Tank
13. Handwashing Facilities: <input type="checkbox"/> Plumbed Sink or <input type="checkbox"/> Gravity Flow Container (As a minimum, you need 2 gallons in an insulated container with a spigot, a covered bucket for wastewater, pump soap container and paper towels)	
14. Utensil Washing Facilities: <input type="checkbox"/> Plumbed 3-compartment sink <input type="checkbox"/> Adequate supply of clean utensils for daily operation or <input type="checkbox"/> Other	
15. Garbage disposal: <input type="checkbox"/> Cans or <input type="checkbox"/> Dumpsters	
16. Food Booth Construction:	

I hereby consent to inspection by the HEALTH DEPARTMENT and acknowledge that issuance and retention of this permit is contingent upon satisfactory compliance with local temporary food service requirements.

Applicant's Signature	Date:
-----------------------	-------



CARSON CITY HEALTH & HUMAN SERVICES
900 E. Long Street, Carson City, NV 89706
(775) 887-2190 – Fax (775) 887-2248

Food Vending at Temporary Events

CCMC 9.05.030.1: "It is unlawful for any person to operate a food establishment without a valid permit issued to him by the health authority."

All vendors seeking a temporary health permit must submit an application for a temporary health permit to the Carson City Health & Human Services office at least 5 business days before the date of operation. All fees (listed below) must be paid prior to application review and approval to operate. Late fees will be assessed on all applications received less than 5 working days prior to the event.

All vendors seeking a temporary health permit **MUST ALSO** contact the Carson City Business License Office, at (775) 887-2105. Please allow **a minimum of 14 days** to go through their process of obtaining a temporary business license.

Event Duration	Event Fee	Late Fee
day	\$25.00	\$25.00
2-7 days	\$50.00	\$35.00
8-14 days	\$75.00	\$40.00
Farmer's Market	\$75.00	\$40.00

Non-profit organizations which provide a non-profit tax id# and Food Establishments operating under a current Carson City Health Permit are not charged Event Fees. Late fees will be assessed on all late applications.

NOTE: HEALTH INSPECTORS CANNOT COLLECT FEES IN THE FIELD

Complete the entire application including the bottom portion. Incomplete applications will cause a delay in the review process and may prohibit you from operating a temporary food establishment.

After the application is approved, an environmental health inspector will conduct a routine inspection of your temporary food booth at the start of food operations.

If the inspector determines the food booth is in compliance with the temporary food vending requirements, you will be issued a health permit to operate. Post the permit copy in a conspicuous, observable place for the duration of the temporary food operations.

If you have submitted your application on time and been given an approval, you are allowed to operate before receiving an inspection and your copy of the permit.

YOU WILL NOT BE ALLOWED TO OPERATE A TEMPORARY FOOD ESTABLISHMENT if you do not have a permit for operation and/or your temporary food booth is not in compliance with Carson City regulations.

Minimum Requirements for Food Preparation and Handling

1. Food booths must have an overhead structure and an acceptable floor surface approved by the health authority.
2. Foods (including ice) must be from an approved source, i.e., restaurant/grocery store/a source approved by the health authority. **Food prepared in a private residence is strictly prohibited.**
3. Potentially hazardous foods served at a temporary food establishment must be prepared and served in the same day and must not be saved for service on the following day.
4. Minimum cooking temperatures required are as follows:
 - a. Chicken and Hot Dogs 165 degrees Fahrenheit (°F)
 - b. Ground Beef: 155 degrees
 - c. Pork: 155 degrees
 - d. All other foods: 145 degrees
5. Hot foods must be held at 140°F or greater. Gas or electric hot holding units are preferred.
6. Heating or cooking equipment must be placed in an area inaccessible to the public.
7. All foods that require reheating must be quickly and thoroughly heated to 165 °F within 30 minutes prior to being held or served.
8. Foods that require cold storage must be held at 40°F or below.
9. A metal stem thermometer is required at each food booth handling any potentially hazardous foods (i.e. raw meats, hot dogs, chili, potatoes, rice, beans, etc.). The thermometer should have a range of at least 0°F to 220°F and accurate to $\pm 2^\circ\text{F}$.
10. Raw meats or poultry must be stored and prepared so they will not contaminate other foods.
11. A hand wash station is required at each food booth. A minimum of two gallons of water dispensed by a spigot, pump soap, paper towels and a catch basin/bucket (for gray water).
12. Cloth sanitizing towels used during the event must be stored in sanitizing bucket with proper mix of 100 parts per million (ppm) of chlorine solution. Place approximately one tablespoon of bleach per gallon of water.
13. Food service utensils must be washed, rinsed and sanitized in a three-step approved method or an adequate supply of clean utensils must be available for daily operations.
14. All food and paper products must be stored off the ground.
15. Condiments must be dispensed from a pump or served in single-service packets.
16. Booths that offer food samples must serve individual portions so that contact with food products is minimized (i.e. on individual plates or with toothpicks). **Common bowls are strictly prohibited.**
17. Baked goods must be displayed under a cover or in a display case. Baked goods will be served with tongs or other devices that minimize or eliminate human contact.
18. An ice scoop with a handle must be used to serve ice to customers. The scoop must be stored in an upright position so that the handle does not come into contact with ice. Ice or ice products may not be exposed to sources of contamination.
19. Suitable dispensing utensils, adequate in number, must be used when serving food. Utensils must be stored in the food with the handle of the utensil extended out of the food.
20. Solid waste and garbage must be stored in a leak proof container with tight fitting lids.
21. All liquid waste must be contained and disposed of in a sanitary sewer.

Hand Washing and Other Food Safety Quick Tips

Good personal hygiene is a critical protective measure against food borne illness. In addition, customers frequently judge a food service operation by observing the personnel serving them.

WASH YOUR HANDS FOR AT LEAST 20 SECONDS.

This is usually the length of time it takes to sing "Happy Birthday"

- Before handling any foods
- Before putting on gloves
- After handling raw foods and before handling foods that do not require cooking.
- After using the restroom, smoking, touching your face, hair or contact with body fluids.

ALL PERSONNEL HANDLING FOODS SHOULD BE VISIBLY HEALTHY AND NOT HAVE:

- Colds and/or Coughs
- Diarrhea or Stomach Flu

ALL PERSONNEL SHOULD BE DRESSED APPROPRIATELY FOR SERVING FOOD

- Wear clean clothing and adequate hair restraints
- No jewelry, watches, rings, bracelets, or finger nail polish
- No smoking or eating while handling food or in the food prep area

SANITATION OF YOUR WORK AREA

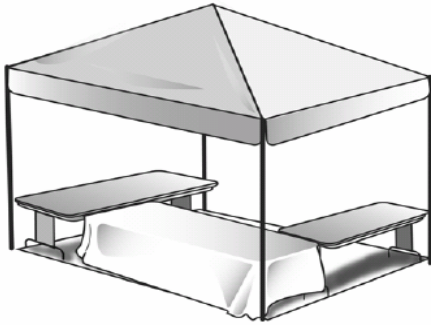
- Always keep a clean, sanitary work environment
- Frequently clean counter, equipment and all work surfaces with sanitizing solution
- To clean food prep areas: keep wiping cloths in a bucket of clean water with bleach (about 1 tablespoon per gallon of water)
- Keep food serving utensils in a container of bleach solution and change solution frequently

FOOD SAFETY TIPS

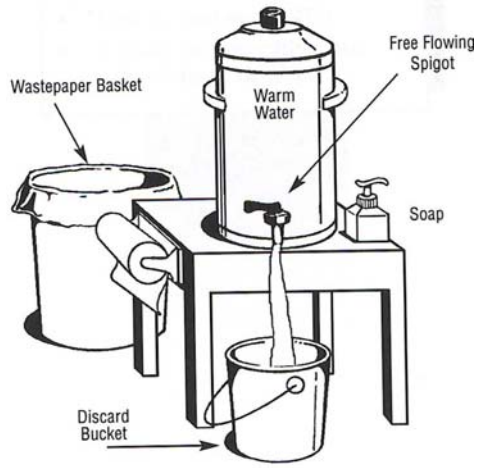
- Potentially Hazardous foods are those that support the rapid growth of organisms that cause food borne illness. Such foods include: meats, cut melons, dairy products, gravies, rice, potatoes and beans
- Pre-processed, pre-cooked foods that are ready-to-serve and individually wrapped or sealed, are best for temporary food booths
- Keep all unsealed foods protected from contamination – especially from flies. Keep lids on all serving dishes or Saran Wrap on all containers without lids

This is only a partial list of the requirements for temporary food establishments and shall not be construed to be exclusive. Contact Carson City Health & Human Services at (775) 887-2190 for more information.

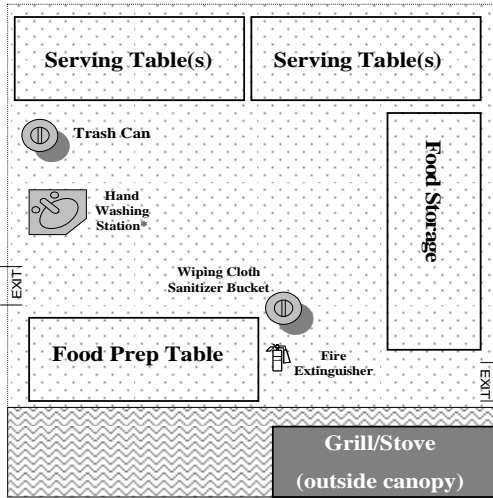
Sample Canopy Set-up



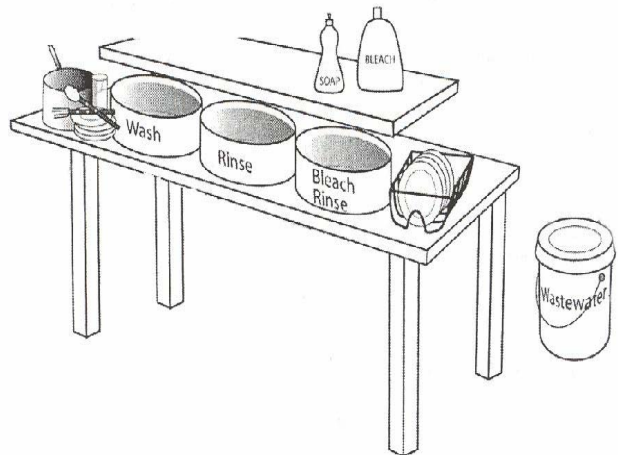
Sample Minimum Hand Wash Set-up



Sample of suggested set up under canopy



Suggested utensil washing set-up





Carson City Business License Division
108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105

Street Closure Signature Sheet

All property owners and/or tenants affected by the street closure **MUST** be contacted and informed of the proposed street closure. If additional sheets are needed, please photocopy this form.

Property Owner/Tenant	Property Address affected	Signature of Property Owner/Tenant
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____

Signatures must be submitted to the Business License Division **15 days** prior to the event.



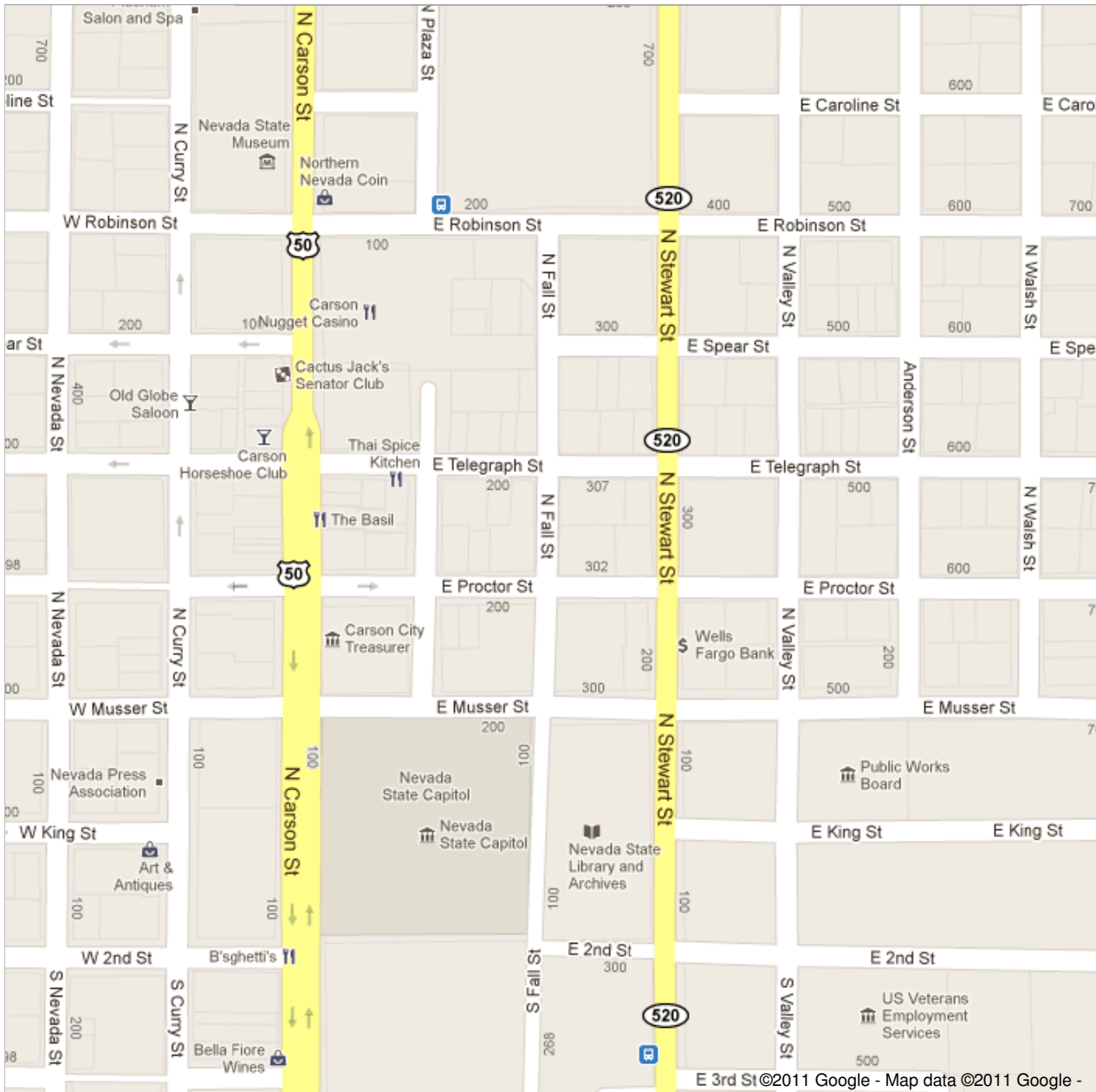
To see all the details that are visible on the screen, use the "Print" link next to the map.





Get Google Maps on your phone

Text the word "GMAPS" to 466453



108 East Proctor Street, Carson City, NV

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date

PRODUCER Insurance Agent/Broker Address City, State Zip Phone & Fax Number	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Named Insured Address City, State, Zip	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">INSURERS AFFORDING COVERAGE</td> <td style="width:20%;">NAIC #</td> </tr> <tr> <td>INSURER A: Full Insurance Company Name</td> <td>NAIC #</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> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Full Insurance Company Name	NAIC #	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Full Insurance Company Name	NAIC #												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy No.	Effective Date	Effective Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td> <td>\$ 100,000</td> </tr> <tr> <td>MED EXP (Any one person)</td> <td>\$ 5,000</td> </tr> <tr> <td>PERSONAL & ADV INJURY</td> <td>\$ 1,000,000</td> </tr> <tr> <td>GENERAL AGGREGATE</td> <td>\$ 2,000,000</td> </tr> <tr> <td>PRODUCTS - COMP/OP AGG</td> <td>\$ 2,000,000</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000	MED EXP (Any one person)	\$ 5,000	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000
EACH OCCURRENCE	\$ 1,000,000																	
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000																	
MED EXP (Any one person)	\$ 5,000																	
PERSONAL & ADV INJURY	\$ 1,000,000																	
GENERAL AGGREGATE	\$ 2,000,000																	
PRODUCTS - COMP/OP AGG	\$ 2,000,000																	
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy No.	Effective Date	Effective Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>COMBINED SINGLE LIMIT (Ea accident)</td> <td>\$ 1,000,000</td> </tr> <tr> <td>BODILY INJURY (Per person)</td> <td>\$</td> </tr> <tr> <td>BODILY INJURY (Per accident)</td> <td>\$</td> </tr> <tr> <td>PROPERTY DAMAGE (Per accident)</td> <td>\$</td> </tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000																	
BODILY INJURY (Per person)	\$																	
BODILY INJURY (Per accident)	\$																	
PROPERTY DAMAGE (Per accident)	\$																	
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>AUTO ONLY - EA ACCIDENT</td> <td>\$</td> </tr> <tr> <td>OTHER THAN AUTO ONLY: EA ACC</td> <td>\$</td> </tr> <tr> <td>AGG</td> <td>\$</td> </tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$						
AUTO ONLY - EA ACCIDENT	\$																	
OTHER THAN AUTO ONLY: EA ACC	\$																	
AGG	\$																	
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> DEDUCTIBLE RETENTION \$	Policy No.	Effective Date	Effective Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>EACH OCCURRENCE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>AGGREGATE</td> <td>\$ 1,000,000</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> <tr> <td></td> <td>\$</td> </tr> </table>	EACH OCCURRENCE	\$ 1,000,000	AGGREGATE	\$ 1,000,000		\$		\$		\$		
EACH OCCURRENCE	\$ 1,000,000																	
AGGREGATE	\$ 1,000,000																	
	\$																	
	\$																	
	\$																	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy No.	Effective Date	Effective Date	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td></td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td></td> <td>\$ 1,000,000</td> </tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$ 1,000,000	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000	E.L. DISEASE - POLICY LIMIT		\$ 1,000,000
<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER																	
E.L. EACH ACCIDENT		\$ 1,000,000																
E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000																
E.L. DISEASE - POLICY LIMIT		\$ 1,000,000																
		OTHER																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder, including its officers, employees and agents are included as Additional Insureds under General Liability as their interests may appear with respect to operations of the Named Insured at (Event Name) held at (Event Location) scheduled for (Event Date(s)) to include set-up and tear-down).

CERTIFICATE HOLDER Carson City Consolidated Municipality Business License Division 108 E. Proctor St. Carson City, NV 89701	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	--

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

Date

PRODUCER Insurance Agent/Broker Address City, State Zip Phone & Fax Number	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Named Insured Address City, State, Zip	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">INSURERS AFFORDING COVERAGE</td> <td style="width:20%;">NAIC #</td> </tr> <tr> <td>INSURER A: Full Insurance Company Name</td> <td>NAIC #</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> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Full Insurance Company Name	NAIC #	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Full Insurance Company Name	NAIC #												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR	ADD'L	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	Y	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Policy No. Include Liquor Liability in this section if coverage is provided under the General Liability coverage form or applicable endorsements.	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Liquor Liability \$ 1,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	Policy No.	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	Policy No.	Effective Date	Expiration Date	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	Policy No.	Effective Date	Expiration Date	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <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
		OTHER Liquor Liability	Policy No.	Effective Date	Expiration Date	Each Common Cause Limit: \$1,000,000 Aggregate Limit: \$2,000,000

Include evidence in this section if coverage is purchased under a separate form and/or policy from General Liability.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Certificate Holder, including its officers, employees and agents are included as Additional Insureds under General Liability and Liquor Liability as their interests may appear with respect to operations of the Named Insured at (Event Name) held at (Event Location) scheduled for (Event Date(s) to include set-up and tear-down).

CERTIFICATE HOLDER Carson City Consolidated Municipality Business License Division 108 E. Proctor St. Carson City, NV 89701	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	--

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

Wholesale Distributors

20-Jan-11

Db Name	Loc Street 1 Txt	Loc City Txt	Loc State Cd	Loc Zip Cd	Phone Number
CAPITAL BEVERAGES INCORPORATED	2333 FAIRVIEW DR	CARSON CITY	NV	897015858	775-882-2122
HIGH SIERRA BREWING	302 S CARSON ST	CARSON CITY	NV		775-882-7751
CHURCHILL VINEYARDS	1045 DODGE LN	FALLON	NV	89406	775-423-4000
VALLEY DISTRIBUTORS	880 E FRONT ST	FALLON	NV	894068151	775-423-3432
TAHOE RIDGE WINERY & MARKETPLACE	2285 MAIN ST	GENOA	NV	89411	775-783-1566
BIG WOODY WINE CO LLC	876 TANAGER ST	INCLINE VILLAGE	NV	894519417	775 831-6126
BARONE IMPORTS & WHOLESALE LLC	8630 TECHNOLOGY WAY STE A	RENO	NV	89521	775-284-7778
BJ'S RESTAURANT & BREWERY	13999 S VIRGINIA ST #96	RENO	NV	89511	714-500-2435
BUCKBEAN BREWING COMPANY LLC	1155 S ROCK BLVD STE 490	RENO	NV	895027174	775-722-3949
CEPAGE LLC	4690 LONGLEY LN STE 112	RENO	NV	895027939	646-509-0900
EL DORADO HOTEL CASINO	345 N VIRGINIA ST	RENO	NV	89501	775-786-5700
ENCORE BEVERAGE	8550 W 4TH ST	RENO	NV	895238917	775-742-4814
GREAT BASIN BREWING CO	5525 S VIRGINIA ST	RENO	NV	89502	775-355-7711
LUCE & SON INC	2399 VALLEY RD	RENO	NV	895121606	775-785-7810
MCGEE AND MCGEE WINE MERCHANTS	3550 BARRON WAY	RENO	NV	895111851	775-884-1767
NEW WEST DISTRIBUTING INC	127 WOODLAND AVE	RENO	NV	895238910	775-355-5500
SILVER PEAK RESTAURANT & BREWERY	124 WONDER ST	RENO	NV	89502	775-321-1864
CROWN BEVERAGES	1650 LINDA WAY	SPARKS	NV	894316159	775-358-2428
EGG NOG LLC	2225 E GREG ST #108	SPARKS	NV	894317153	775-827-4447
GREAT BASIN BREWING CO	846 VICTORIAN AVE	SPARKS	NV	894315077	775-355-7711
MORREY DISTRIBUTING COMPANY INC	1850 E LINCOLN WAY	SPARKS	NV	894348944	775-352-6000
SIERRA WINE & SPIRITS INC	1201 INDUSTRIAL WAY	SPARKS	NV	894316033	775-355-0490
SOUTHERN WINE & SPIRITS SPARKS	960 UNITED CIRCLE	SPARKS	NV	89431	775-355-4500
WIRTZ BEVERAGE NEVADA RENO INC	100 DISTRIBUTION DR	SPARKS	NV	894415206	775-331-3400
WADE DISTRIBUTING	300 W 2ND ST	WINNEMUCCA	NV	894453303	775-623-3232
TAHOE SIERRA DISTRIBUTING CO	316 HWY 208	YERINGTON	NV	89447	775-463-5356
VALLEY BEVERAGES INC	123 MACKENZIE LN	YERINGTON	NV	894479515	775-463-2922



Carson City Business License Division
108 E. Proctor St.
Carson City, Nevada 89701
(775) 887-2105

Traffic Control Equipment Rentals:

Nevada Barricade and Sign Co.

1380 Greg St.
Sparks, NV 89431
(775) 331-5100
www.nbsco.com

Trench Plate Rental Co.

2000 Brierley Wy.
Sparks, NV 89431
(877) 809-6492
www.tprco.com

Granite Construction Supply

1055 Glendale Ave.
Sparks, NV 89431
(775) 355-3424
www.graniteconstructionsupply.com