

LINCOLN COUNTY SPECIAL EVENT APPLICATION

OF B
SPECIAL EVENT NAME RAID RACHEL (STORM AREA 51)
APPLICANT/ORGANIZATION LITTLE A'LE'INN
ADDRESS 9631 OLD MILL ST. City RACHEL State NEVADA Zip 89001
PHONE 775-729-2515 FAX 775-729-2551 EMAIL
SPECIAL EVENT PRIMARY CONTACT CONNIE WEST Phone Primary contact will be considered the Responsible Party and may be contacted at any time during the special event.
DATE(S) OF SPECIAL EVENT SEPT. 19 to 13 Time (if applicable
9631 OLD MILLST. RACHEL, NV. 89001
If applicable, a map showing the location(s) of the event will be required.
DESCRIPTION OF SPECIALEVENT MUSIC FESTIVAL
ESTIMATED NUMBER / QUANTITY:
Participants 500 Details
Vehicles 150 Details
Support PersonnelDetails
Vehicles Details
Animals Details
Description of Public Facilities or Equipment to be utilized PARKING ON FRONTAGE RD. Additional Sanitation Facilities to be provided MULTI PORTA JOHNS
Supplementary Checklist Required: The Supplementary Checklist is primarily used for OHV events, races, and other similar activities.
INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
The APPLICANT states that the information provided is true and accurate to the best of his/her knowledge. The

The *APPLICANT* states that the information provided is true and accurate to the best of his/her knowledge. The *APPLICANT* shall also indemnify and hold harmless Lincoln County, its officers, agents, and employees, from any and all liability, claims, demands, actions, costs, and expenses which may be incurred while performing activities within the scope of this Special Event Permit. When required, *APPLICANT* will agree to provide liability insurance coverage naming Lincoln County as additional insured in the amount of \$1,000,000 aggregate and each occurrence. The *APPLICANT* also further agrees to any additional conditions which may be required per Lincoln County Representative Approval

APPLICANT SIGNATURE Priscilla havis DATE 7-31-2019

LINCOLN COUNTY DEPARTMENT / OFFICIAL REVIEW

Official Use Only

Fee: Dept. #:	Special Event:			
Condition / Reason for Denial Fee:Dept. #: LC Sheriff	Applicant:			
Fee:Dept.#:	Town Board	Date	Approved	_Denied _
Fee:Dept.#:				
Fee:				
Fee:Dept. #:	LC Sheriff	Date	Approved	_ Denied _
Fee:				
Condition / Reason for Denial Fee: Dept. #: Special Event Committee Date Approved Denied Condition / Reason for Denial Fee: Dept. #: Building, Safety, and Facilities Date Approved Denied Condition / Reason for Denial Fee: Dept. #: Road Department Date Approved Denied Condition / Reason for Denial Fee: Dept. #:				
Fee: Dept. #:	Fire Department	Date	Approved	_ Denied _
Fee:Dept. #:	Condition / Reason for Denial			
Fee:Dept. #:				
Condition / Reason for Denial Fee: Dept. #: Building, Safety, and Facilities Date Approved Denie Condition / Reason for Denial Fee: Dept. #: Road Department Date Approved Denie Condition / Reason for Denial Fee: Dept. #: Ambulance Date Approved Denie Condition / Reason for Denial Fee: Dept. #:	Special Event Committee	Date	Approved	Denied _
Fee:Dept. #:				
Condition / Reason for Denial Fee: Dept. #: Road Department Date Approved Denial Condition / Reason for Denial Fee: Dept. #: Condition / Reason for Denial Fee: Dept. #: Emergency Management Date Approved Denial Condition / Reason for Denial				
Fee: Dept. #:	Building, Safety, and Facilities	Date	Approved	_ Denied _
Fee: Dept. #:	Condition / Reason for Denial			
Condition / Reason for Denial Fee: Dept. #: Ambulance Date Approved Deni Condition / Reason for Denial Fee: Dept. #: Emergency Management Date Approved Deni Condition / Reason for Denial				
Fee:Dept. #:	Road Department	Date	Approved	_ Denied
Ambulance Date Approved Deni Condition / Reason for Denial Fee: Dept. #: Emergency Management Date Approved Deni Condition / Reason for Denial	Condition / Reason for Denial			
Condition / Reason for Denial Fee: Dept. #: Emergency Management Date Approved Deni Condition / Reason for Denial	Fee: Dept. #:			
Fee:Dept. #: Emergency ManagementApprovedDeni Condition / Reason for Denial	Ambulance	Date	Approved _	_ Denied
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Condition / Reason for Denial	Fee: Dept. #:			
				Denied
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Review Fee: .non-refundable fee; Make checks payable to LC Building and Safety Department			F 20 0000000	
Review Fee:non-refundable fee; Make checks payable to LC Building and Safety Department. Fotal Fees: Make checks payable to Lincoln County Treasurer.				
Cotal Fees: Make checks payable to Lincoln County Treasurer.	Q	necial Event Permit #	20	
Cotal Fees: Make checks payable to Lincoln County Treasurer.		Docial Divolle & Cellill II	- 40	

LINCOLN COUNTY SPECIAL EVENT SUPPLEMENTARY CHECKLIST FORM

Special Events Representative-

<u>INITL</u>	$\frac{AL}{L}$
	Lincoln County Special Events Committee Approval: Ken Dixon, Connie Simkins, Zack Livreri, Vern Holaday, Kellon Walch, Ben Bender, Wally Giddings, Cory Lytle
-	Map of Event
	Lincoln County Sheriff's Search and Rescue or other entity, approved by the Lincoln County Sheriff, notified.
	Grazing permit/mining operators notified, Connie Simkins-coordinator. Written releases may be required by the event committee.
(Utility Providers Notified: Lincoln County Power District #1, 775-962-5122; Alamo Power District 775-725-3335; and Lincoln County Telephone 775-962-5131. Conditions and stipulations may be required by the utility providers.
	Bureau of Land Management Permits, (operation plans can be attached)
	State of Nevada, Department of Transportation Permits
	Nevada State Highway Patrol, 775-725-3325, if activity encroaches on a State Highway Right-of-Way.
	Board of Lincoln County Commissioners Approval:
	Other:
—	Past Event Review / Comments:
	APPLICANT SIGNATURE PARCELLA GROWS DATE 7-31-2019
	LINCOLN COUNTY OFFICIAL DATE