



# Special Event Application

9/7/2022

Simple

141-SE-2022

## Event Information

Event Name ST PATRICK'S DAY WASTED GRAIN  
Event Location 7295 E STETSON DR  
Event URL WASTEDGRAIN.COM  
Event Description ST PATRICK'S DAY CELEBRATION

## Event Dates

Event Dates (2)	Start Date	End Date	Participant Attendance	Other Attendance
	FRI 3/17/2023 12:00 PM	FRI 3/17/2023 2:00 AM	300	18
	SAT 3/18/2023 12:00 PM	SAT 3/18/2023 2:00 AM	300	18

Setup Date FRI 3/17/2023 2:00 AM - 05:00 AM

Teardown Date SUN 3/19/2023 2:00 AM - 08:00 AM

## Applicant Information

Applicant WASTED GRAIN  
Applicant Address 7295 E STETSON DR  
Applicant City SCOTTSDALE, AZ 85251  
Applicant Name ROBERT KAGNOFF  
Title OWNER  
Phone (480) 241-8419 Email ROBERT@WASTEDGRAIN.COM  
On-Site Contact ROBERT KAGNOFF  
Title OWNER  
Phone (480) 241-8419 Email ROBERT@WASTEDGRAIN.COM

Applicant Experience WE HAVE HELD MULTIPLE SUCCESSFUL EVENTS OVER MANY YEARS, AND ARE EXPERIENCED IN MANAGING THESE TYPES OF EVENTS WITHOUT INCIDENT.

## Prior Events

Has this event been produced before? YES

Is this an annual event? YES Previous Years : 7

Are there any changes from previous years? NO

## Event Elements

Elements ENTERTAINMENT  
Description MUSIC FROM A DJ, FOOD AND BEVERAGE

## Event Equipment

Stages NO Tables, Chairs, Furniture YES



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Generators	NO	Inflatables	NO
Portable Bars	YES QTY: 1	Amplified Sound	YES
Speakers	YES QTY: 3-4	Temporary Restrooms	YES QTY: 2
Fencing	YES HEIGHT: 6 TYPE: CHAIN LINK	BBQ Grills or Propane Use	NO
Lighting	YES	Tents/Canopies	NO

## Vendor Sales

Retail Merchandise	NO	Food And Non-Alcoholic Beverages	NO
Food Trucks	NO	Alcohol	NO
Services	NO		

## Signage Plan

On-Site Signs? YES QTY: 4 TYPE: BANNER

Off-Premise Signs? NO

Signage Plan Description:

VINYL BANNERS LOCATED ON FENCING

## Parking Plan

City parking lot	YES	City parking garage	NO
On-street parking	NO	On-site parking	NO
Off-site parking	NO	Shuttle service from off-site parking areas	NO
Valet service	NO	Rider Provider	NO

Parking Plan Description

PARKING LOT WEST OF WASTED GRAIN

## Entertainment - Amplification/Sound Plan

Entertainment

DJ

Sound Monitoring

Name : ROBERT KAGNOFF  
Company : WASTED GRAIN  
Phone Number : (480) 241-8419

Time and type of outside sound and sound check times

LIVE DJ INSIDE, WITH SPEAKERS OUTSIDE 12PM TO 2 AM



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Plan for sound monitoring, containment, and mitigation

SUPERVISOR WILL MONITOR SOUND LEVELS

## Police/Security

### Security Personnel

Inhouse Security YES Estimated Number : 7

Hired Security NO

Off Duty Police NO

## Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required NO

Medical Standby NO

Fire Apparatus/Personnel Standby Required NO

## Application Authorization

**WARRANTY:** Applicant warrants that the information provided in this application is true and accurate to the best of Applicant's knowledge and belief.

**INDEMNIFICATION:** To the fullest extent allowed by law, the Applicant agrees to defend, indemnify and hold harmless the City, its officers, officials, representatives, agents, employees and volunteers from and against all allegations, demands, proceedings, suits, actions, claims, damages, losses, expenses, including but not limited to, attorney fees, court costs, the cost of appellate proceedings, and all claim adjusting and handling expenses, arising from or related to any acts or omissions of the permit holder or its agents, contractors and subcontractors related to the Special Event including any claims, damages, or losses resulting from the City's or its employees' or agents' negligence.

The Applicant's signature below authorizes a City representative to inspect a special event on City or private property at any time, including setup.

**AUTHORITY:** For special events on public property, the Applicant warrants:

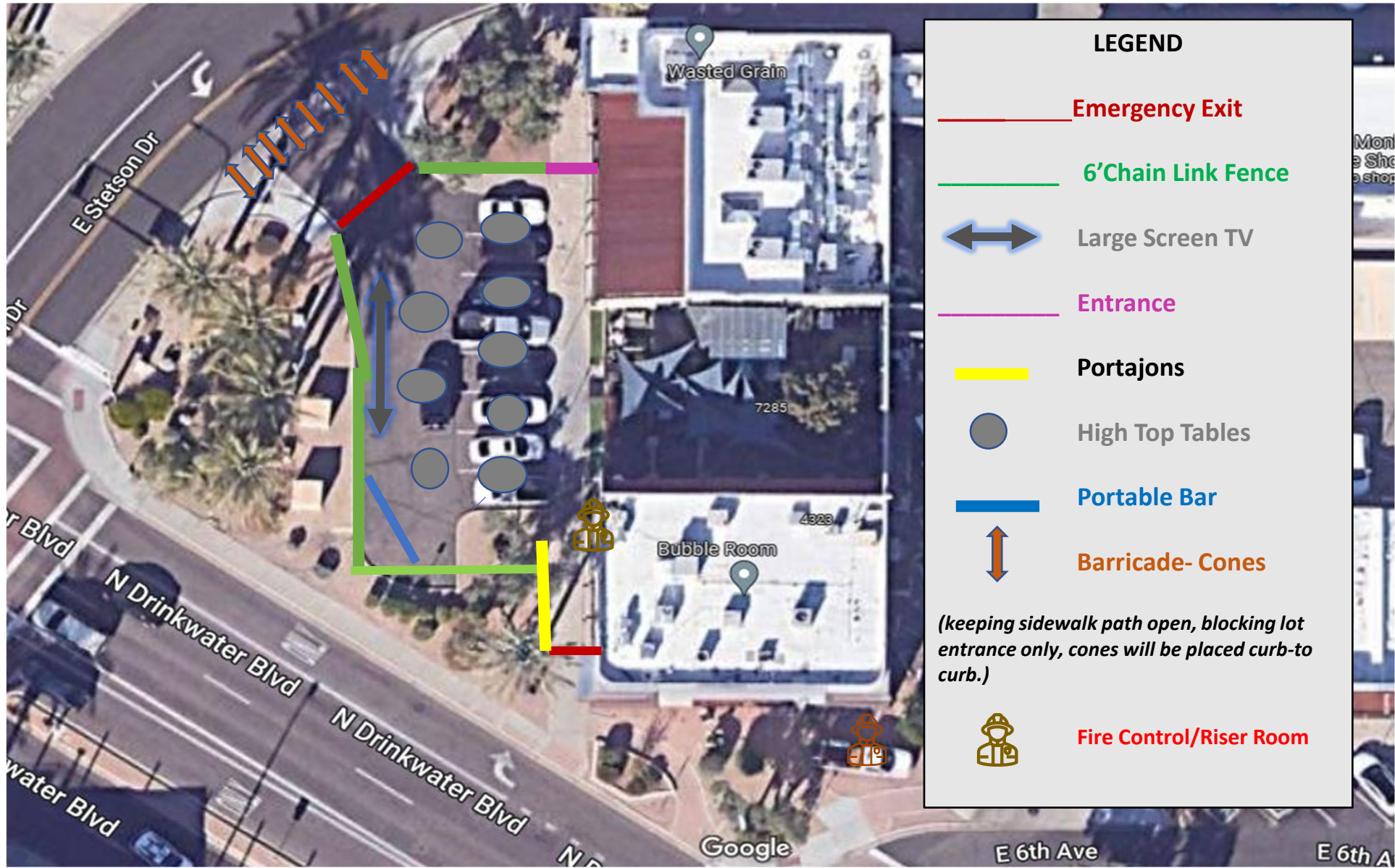
I am the permittee or an authorized agent of the permittee with authority to legally bind the permittee (an agent may sign only if the event is on private property) and agree to the conditions of this permit.

☒ Signature of Applicant - must be the same person listed on application.




Printed Name AMY NATIONS

Date 9/7/2022

Title of Applicant AGENT



### LEGEND

-  **Emergency Exit**
-  **6'Chain Link Fence**
-  **Large Screen TV**
-  **Entrance**
-  **Portajons**
-  **High Top Tables**
-  **Portable Bar**
-  **Barricade- Cones**  
*(keeping sidewalk path open, blocking lot entrance only, cones will be placed curb-to curb.)*
-  **Fire Control/Riser Room**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/20/2022

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).

<b>PRODUCER</b> Ambassador Group Inc. 7010 E Chauncey Ln Ste 230 Phoenix AZ 85054	<b>CONTACT NAME:</b> Kristin Reider <b>PHONE (A/C, No, Ext):</b> (480) 776-6950 <b>FAX (A/C, No):</b> (480) 776-6951 <b>E-MAIL ADDRESS:</b> kreider@ambassadorins.com																					
<b>INSURED</b> 7295 Stetson LLC DBA Wasted Grain 7600 E Camelback Rd Ste 1 Scottsdale AZ 85251	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Illinois Casualty Company</td><td>15571</td></tr><tr><td>INSURER B:</td><td>Employers Preferred Insurance Company</td><td>10346</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Illinois Casualty Company	15571	INSURER B:	Employers Preferred Insurance Company	10346	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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**COVERAGES****CERTIFICATE NUMBER:** 22-23 MASTER**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <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		BP47057	06/22/2022	06/22/2023	<table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 300,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ Excluded</td></tr><tr><td>PERSONAL &amp; 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><tr><td></td><td>\$</td></tr></table>	EACH OCCURRENCE	\$ 1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 300,000	MED EXP (Any one person)	\$ Excluded	PERSONAL & ADV INJURY	\$ 1,000,000	GENERAL AGGREGATE	\$ 2,000,000	PRODUCTS - COMP/OP AGG	\$ 2,000,000		\$
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A	<b>AUTOMOBILE LIABILITY</b> <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			BP47057	06/22/2022	06/22/2023	<table><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><tr><td></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)	\$		\$				
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B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	EIG269058203	08/30/2022	08/30/2023	<table><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$ 1,000,000</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$ 1,000,000</td></tr></table>	<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						
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A	Liquor Liability	Y		LL111435	06/22/2022	06/22/2023	<table><tr><td>Aggregate</td><td>2,000,000</td></tr><tr><td>Occurrence</td><td>1,000,000</td></tr></table>	Aggregate	2,000,000	Occurrence	1,000,000										
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**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage subject to policy forms, terms and conditions. City of Scottsdale is listed as additional insured on the General & Liquor Liability as required by written contract for events that will be in the parking lot to the insureds location.

**CERTIFICATE HOLDER****CANCELLATION**

City of Scottsdale 7447 E. Indian School Rd. #100  Scottsdale AZ 85251	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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