



# Special Event Application

8/28/2024

Standard

113-SE-2024

## Event Information

Event Name CAKE WMO EXTENSION  
 Event Location 4405 N SADDLEBAG TR  
 Event URL  
 Event Description CAKE NIGHTCLUB EXTENSION OF PREMISE FOR WMO.

## Event Dates

Event Dates (4)	Start Date	End Date	Participant Attendance	Other Attendance
	THU 2/6/2025 4:00 PM	THU 2/6/2025 2:00 AM	75	5
	FRI 2/7/2025 4:00 PM	FRI 2/7/2025 2:00 AM	75	5
	SAT 2/8/2025 10:00 AM	SAT 2/8/2025 2:00 AM	75	5
	SUN 2/9/2025 10:00 AM	SUN 2/9/2025 2:00 AM	75	5

Setup Date **TUE 2/4/2025** 8:00 AM - 05:00 PM  
 Teardown Date MON 2/10/2025 5:00 AM - 12:00 PM

## Applicant Information

Applicant RIOT HOSPITALITY GROUP  
 Applicant Address 7525 E CAMELBACK RD SUITE 100  
 Applicant City SCOTTSDALE, AZ 85251  
 Applicant Name JAMES GARGUILO  
 Title DIRECTOR OF RISK MANAGEMENT  
 Phone (814) 659-6370 Email JAMESGARGUILO@RIOTHG.COM  
 On-Site Contact LOUIE DAVID  
 Title GENERAL MANAGER  
 Phone (305) 794-6966 Email LOUIEDAVID@RIOTHG.COM  
 Applicant Experience CORPORATE EVENT COORDINATOR AT RHG

## Prior Events

Has this event been produced before? YES  
 Is this an annual event? YES Previous Years : 3  
 Are there any changes from previous years? NO

## Event Elements

Elements ENTERTAINMENT  
 Description ENTERTAINMENT OF LOCALS AND OUT OF TOWNERS.

## Public Property Criteria



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Are there any cross promotions or collaborations with local businesses to encourage sales or visibility? **NO**  
PROMOTIONS WITH OTHER RHG VENUES IN THE SCOTTSDALE AREA.

Explain any anticipated regional, national, or international attendance.

POSSIBLE NATIONAL ENTERTAINERS TBA

Is Scottsdale promoted in the special event marketing? **YES**

SCOTTSDALE WILL BE PROMOTED BY OUR PROMOTIONS OF OUR BUSINESSES LOCATED IN SCOTTSDALE.

Explain how the community benefits from the event from a civic or cultural perspective.

COMMUNITY BENEFITS BY INCREASING THE DRAW FOR TOURISTS COMING TO THE WMO TO STAY IN, AND EXPERIENCE, ALL THAT SCOTTSDALE HAS TO OFFER.

Does your event require a paid fee for participants and/or spectators? **YES**

### Event Equipment

Stages	YES QTY: 1	Tables, Chairs, Furniture	YES
Generators	NO	Inflatables	NO
Portable Bars	YES QTY: 2	Amplified Sound	YES
Speakers	YES QTY: 3-4	Temporary Restrooms	YES QTY: 2
Fencing	NO	BBQ Grills or Propane Use	NO
Lighting	YES	Tents/Canopies	YES
		LARGER THAN 20' x 20'	QTY: 1

### Vendor Sales

Retail Merchandise	NO	Food And Non-Alcoholic Beverages	NO
Food Trucks	NO	Alcohol	YES QTY: 1
Services	NO	APPLICATION FOR : EXTENSION FOR PREMISES	
		ORGANIZATION NAME : N/A	

### Signage Plan

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

Off-Premise Signs? **NO**

Signage Plan Description:

TBD

### Parking Plan

City parking lot	YES	City parking garage	NO
On-street parking	NO	On-site parking	NO



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Off-site parking	YES	Shuttle service from off-site parking areas	NO
Valet service	NO	Rider Provider	NO

Parking Plan Description  
PARKING IN SURROUNDING AREA.

### Street Use

Street or Alley Use  
Street Closure : YES  
Number of Lanes : 2  
Direction : S  
Street Name : SADDLEBAG TRAIL  
Closure Dates : 2/5/2025 2:00:00 AM - 2/10/2025 12:00:00 PM

Public Parking Use  
Parking Closure : YES  
Parking Name : SADDLEBAG TRAIL  
Closure Dates : 2/5/2025 2:00:00 AM - 2/10/2025 12:00:00 PM

Sidewalk Use  
Sidewalk Closure : YES  
Sidewalk Name : SADDLEBAG TRAIL  
Closure Dates : 2/5/2025 2:00:00 AM - 2/10/2025 12:00:00 PM

Barricade Company

### Entertainment - Amplification/Sound Plan

Entertainment  
DJ  
Sound Monitoring  
Name : LOUIE DAVID  
Company : CAKE NIGHTCLUB  
Phone Number : (305) 794-6966

Time and type of outside sound and sound check times  
SPEAKERS ARE ACTIVATED DURING THE TIME OF THE EVENT.

Plan for sound monitoring, containment, and mitigation  
NOISE LEVELS ARE MONITORED BY MANAGEMENT DURING USE.

### Police/Security

Security Personnel  
Inhouse Security    YES    Estimated Number : 10  
Hired Security        NO  
Off Duty Police       YES    Estimated Number : 1    Scottsdale Police : YES    Other Agency : NO



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## Scottsdale Fire Department and Medical Standby Services

Fire Department Permit Required YES

Medical Standby YES Estimated Number : 2  
Contact : ADAM HOSTER

Fire Apparatus/Personnel Standby Required NO

## Insurance

Insurance: Event activities on City/public property must be covered by insurance that protects the event sponsor/applicant and the City of Scottsdale. Various types and levels of liability insurance are required depending on the event. The required coverage and limits will be at the discretion of the Risk Management Division depending on the size and scope of the event. It is recommended that you submit your application and receive a determination on coverage and amounts before purchasing insurance coverage. Please refer to the Special Events Users Guide for more detailed information.

The following is a general guideline of the minimum limits that will be required:

Commercial General Liability Insurance coverage is required for all events with minimum limits of \$1,000,000 Each Occurrence, \$2,000,000 Products & Completed Operations Aggregates, \$2,000,000 General Aggregate. Liquor Liability Insurance of \$1,000,000 to \$5,000,000 Per Occurrence is required for any event where liquor is being served.

All Insurance must endorse the City of Scottsdale as an Additional Insured. A separate insurance addendum with additional insurance requirements may be added to this application and become part of this contract.

I have a race event and have submitted a copy of the participant waiver that includes waiving liability against the city of Scottsdale and holding the city of Scottsdale harmless? NO

I have included a copy of the insurance certificate showing appropriate limits and coverages as required and naming City of Scottsdale as additional insured? 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.



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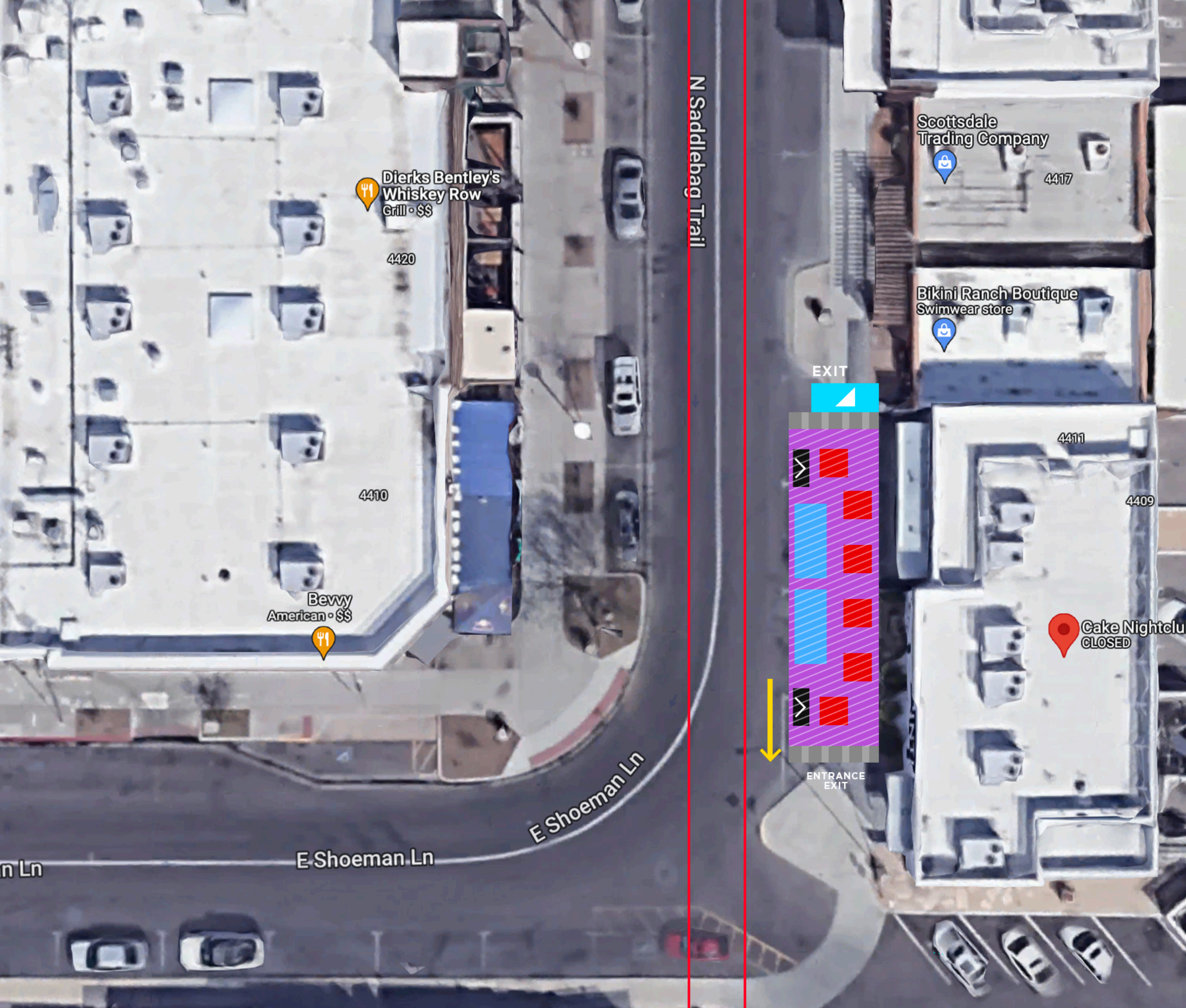
113-SE-2024

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

Printed Name JAMES GARGUILO

Date 8/28/2024

Title of Applicant DIRECTOR OF RISK MANAGEMENT



## CAKE NIGHTCLUB

4405 N SADDLEBAG TRAIL  
SCOTTSDALE, AZ 85251

### RIOT HOSPITALITY GROUP

7525 E CAMELBACK RD #100,  
SCOTTSDALE, AZ 85251

#### KEY:



**FIRE LANE**  
20 FT WIDE



**SEATING**



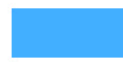
**ADA RAMP**



**STAIRS  
/EXIT**



**CAKE**  
70 FT X 24 FT  
RAISED EXTENSION  
WITH TENT



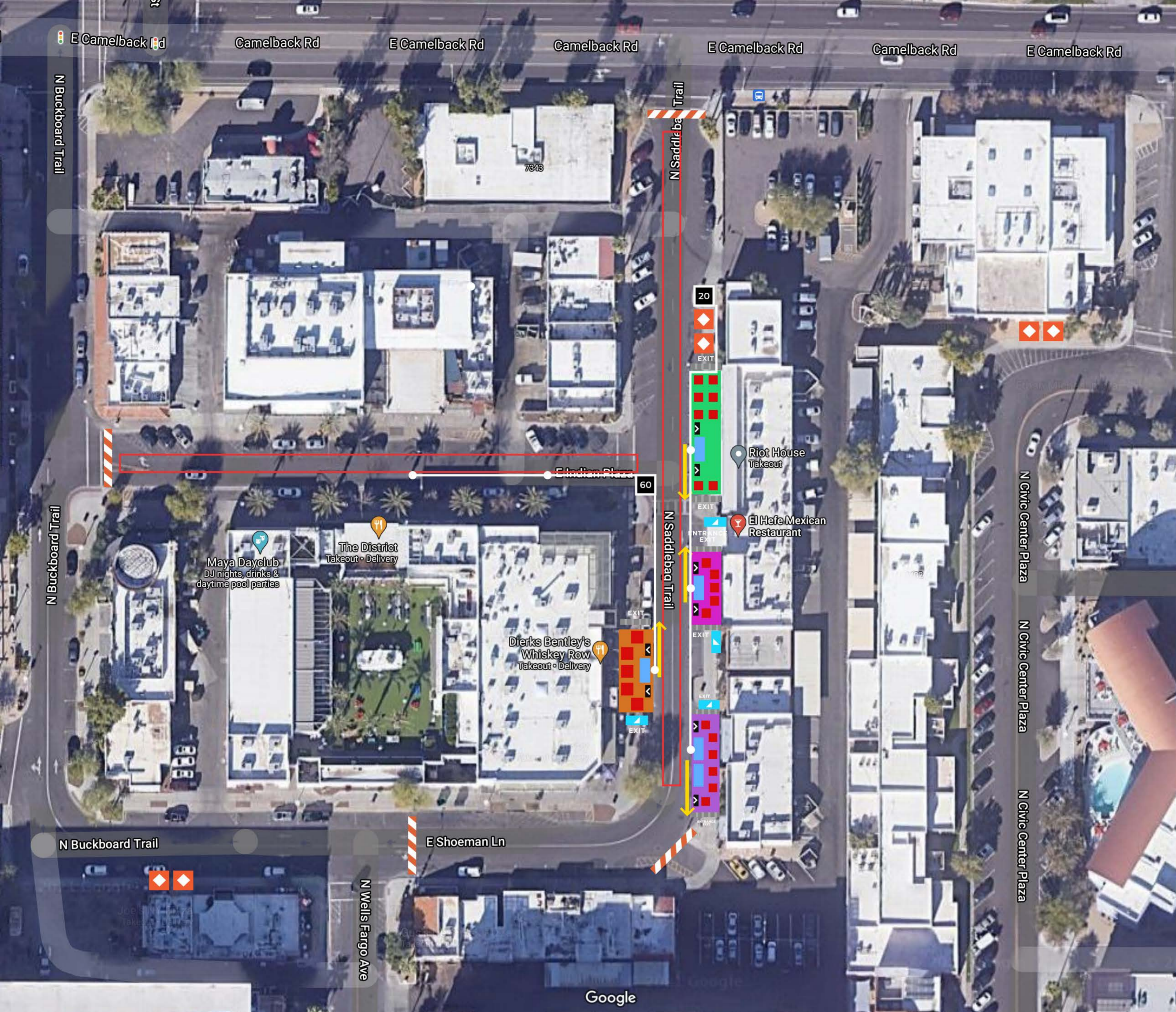
**BAR**



**SPEAKERS**



**LINE  
DESIGNATION**



# RIOT HOSPITALITY GROUP

4425 SADDLEBAG TR  
SCOTTSDALE AZ 85251

## KEY:



**EL HEFE**  
40 FT X 24 FT  
RAISED EXTENSION



**RIOT HOUSE**  
80 FT X 24 FT  
RAISED EXTENSION



**WHISKEY ROW**  
40 FT X 24 FT  
RAISED EXTENSION



**CAKE**  
70 FT X 24 FT  
RAISED EXTENSION



**FIRE LANE**  
20 FT WIDE



**PORTAJONS**  
(2)



**LINE DESIGNATION**



**ADA RAMP**



**STAIRS /EXIT**



**SEATING**



**BAR**



**SPEAKERS**









**PUBLIC ACCESS SIGN**

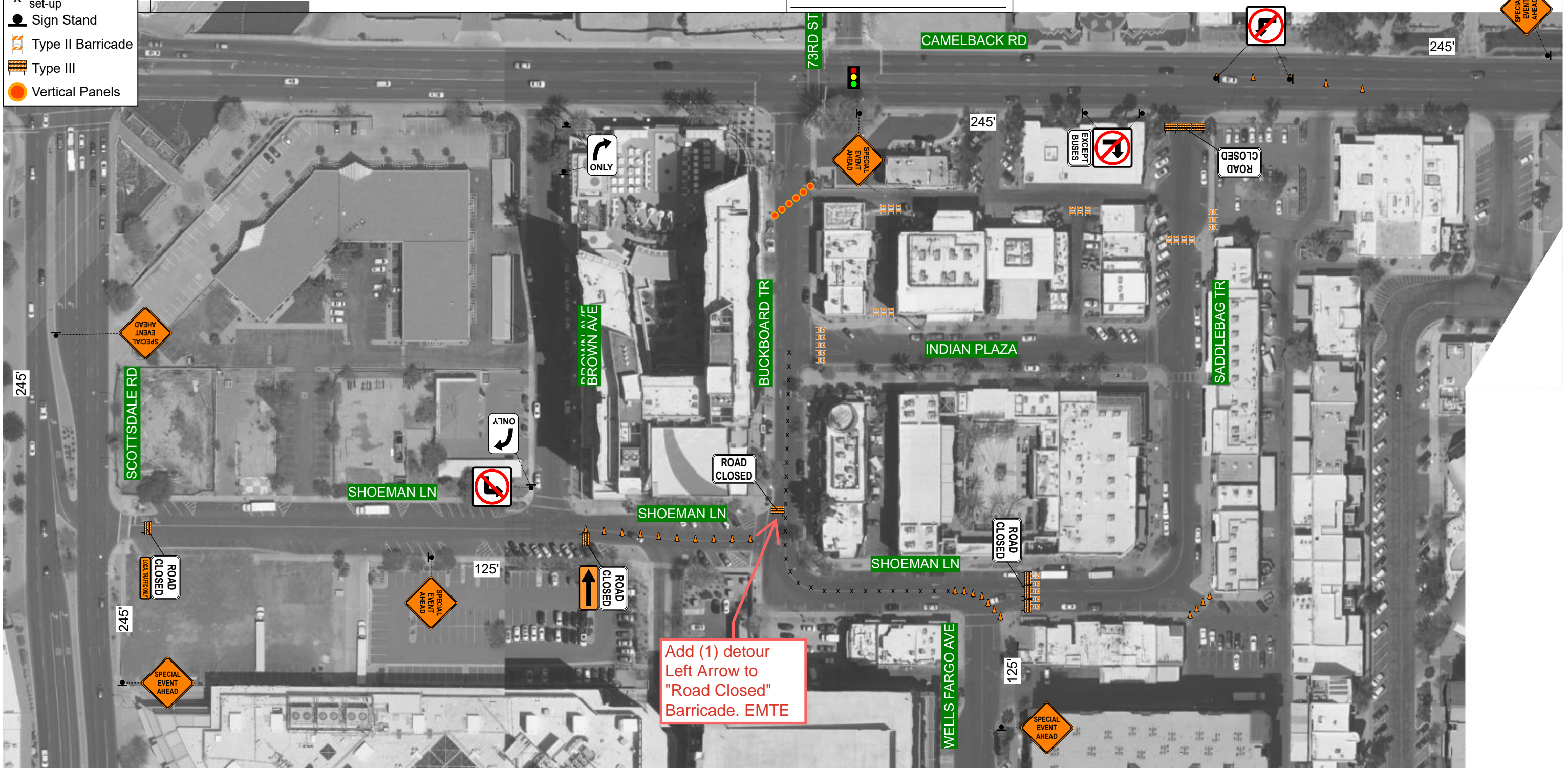


**ROAD CLOSURE BARRICADE**



**GENERATOR**

- Legend**
-  Cone
  -  Existing construction set-up
  -  Sign Stand
  -  Type II Barricade
  -  Type III
  -  Vertical Panels



OFF-DUTY POLICE OFFICER IS REQUIRED IF WORKZONE IS WITHIN 300' OF SIGNALIZED INTERSECTIONS


BARRICADE COMPANY INFO




**AWP**  
Safety

CONTACT: Matthew Grotts  
EMAIL: matthew@traffcade.com

TCP NAME: Special Event COS PERMIT #: Permit  
 LOCATION: Buckboard Tr & Shoeman Ln  
 START DATE: 2-5-2025 (5AM) END DATE: 2-10-2025 (6AM)  
 WORK HOURS:  8:30am - 3:30pm Mon.-Fri.  24 HOUR  
 10:00 pm - 5:00am Sun. - Thur.  OTHER: \_\_\_\_\_  
 CONTRACTOR: Evening Entertainment Group  
 CONTACT PERSON: Ashlie Mast  
 EMAIL: ashlie@eveningentertainmentgroup.com

COMPASS 

POSTED SPEED 

PHONE: 480.970.1112





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/14/2025

**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>		<b>CONTACT NAME:</b> Laurie Lewis	
Ambassador Group Inc.		<b>PHONE (A/C, No, Ext):</b> (480) 776-6950	<b>FAX (A/C, No):</b> (480) 776-6951
7010 E Chauncey Ln		<b>E-MAIL ADDRESS:</b> llewis@ambassadorins.com	
Ste 230		<b>INSURER(S) AFFORDING COVERAGE</b>	
Phoenix AZ 85054		<b>INSURER A:</b> AXIS Surplus Insurance Company	<b>NAIC #</b> 26620
<b>INSURED</b>		<b>INSURER B:</b> Generral Star Indemnity Co	
4405 Saddlebag, LLC, DBA: Cake Nightclub		<b>INSURER C:</b>	
7525 E. Camelback Rd., Ste 100		<b>INSURER D:</b>	
Scottsdale AZ 85251		<b>INSURER E:</b>	
		<b>INSURER F:</b>	

**COVERAGES CERTIFICATE NUMBER:** 2025 PHX OPEN **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>	Y	Y	P-001-001172111-02	05/26/2024	05/26/2025	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
<p>GEN'L AGGREGATE LIMIT APPLIES PER:  <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC          OTHER: _____</p>							
A	<input type="checkbox"/> <b>ANY AUTO OWNED AUTOS ONLY</b>			P-001-001172111-02	05/26/2024	05/26/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> <b>HIRED AUTOS ONLY</b>						BODILY INJURY (Per person) \$
<p>SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input checked="" type="checkbox"/></p>							
B	<input type="checkbox"/> <b>UMBRELLA LIAB</b>	Y		IXG81019	11/01/2024	05/26/2025	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> <b>EXCESS LIAB</b>						AGGREGATE \$ 2,000,000
<p>DED: _____ RETENTION \$ _____</p>							
<p><b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>          ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N  <b>(Mandatory in NH)</b>          If yes, describe under DESCRIPTION OF OPERATIONS below</p>							<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>LIQUOR LIABILITY</b>			P-001-001172111-02	05/26/2024	05/26/2025	OCCURENCE \$1,000,000 AGGREGATE \$1,000,000

**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 additional insured as required by written contract. Excess liability extends over the liquor liability limit. Waiver of subrogations is afforded.

Interest: Extension of premises for 2025 Phoenix Open.

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
City of Scottsdale 7447 E. Indian School Rd., #10  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> 