

City of Deadwood Special Event Permit Application and Facility Use Agreement for

Deadwood Jam - Amended - Friday, September 19, 2025

Instructions:

To apply for a Special Event Permit, please read the Special Event Permit Application Instructions and then complete this application. Submit your application, including required attachments, no later than forty-five (45) days before your event. Facility Use Agreements should also be completed at this time (if applicable).

EVENT INFORMATION

☐ Run	☐ Walk	☐ Bike Tour	☐ Bike Race	☐ Parade	■ Concert
☐ Street Fair	☐ Triathlon	☐ Other			
Event Title: Deadwo	od Jam - Ar	nended - Fr	iday, Septer	nber 19, 20	25
Event Date(s): Septer	mber 19, 20	25_ Total	Anticipated Attend	dance: 4000	
(m	onth, day, year)		400		
		(# of <u>Participa</u>	ints 100	# of <u>Spectator</u>	<u>rs</u>)
Actual Event Hours: (fro	_{m:} <u>5 pm</u>		M / PM (to): <u>10</u>	pm	AM / PM
Location / Staging Area:	Outlaw Squ	are			
Set up/assembly/constr	uction <u>9/18/20</u>	25	Start time: 8 a	am	AM / PM
Please describe the scop	oe of vour setup /	assembly work (s	pecific details): D	eadwood S	t. closure to
allow DMM systems to	o unload their se	emi and set up s	taging at Outlaw	Square for Dea	adwood Jam event
Dismantle Date: 9/20	& 9/21	Com	pletion time: 3 a	m	AM / PM
List any street(s) requiri	ng closure as a res	sult of this event.	Include street na	me(s), day, date	and time of closing
and time of re-opening:					<u></u> 0. 0.008
Siever St 9/19 6 am - 9/2	0, 11 pm for bus a	nd semi parking. I	MAIN STREET 9/20	0 7:45 pm to 10 p	m in Front of Franklin
Any request inv	olving 25 or less mo	tor vehicles will util	ize Deadwood Street	t and will be barrica	aded at both
ends of Deadw					
Any request involving 25-50 motor vehicles (not including motorcycles) will park on the north side of Main					
Street, which will not require street closure. Any request involving 50 or more vehicles which would require an entire street closure from Wall Street to					
Deadwood Street will require security be provided at Deadwood Street and Main Street and Wall Street and Main					
Street to direct traffic. Additional security may be required at the discretion of the Event Committee.					
Additional security may be required at the discretion of the Event committee.					
OPEN CONTAINER					
https://www.cityofdeadwood.com/planning/page/special-event-open-container-					
<u>information-and-maps</u>					
Date: <u>9/19</u>		s: <u>5-10 pm</u>		<u>1-2</u>	
Date: <u>9/20</u>	Time:	s: <u>5-10 pm</u>	Zone:	1-2	
Date:	Time:	s:	Zone:		
Date:	Time:	s:	Zone:		
Date:	Time	s:	Zone:		

APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) ■ Noncommercial (nonprofit) Sponsoring Organization: The Deadwood Jam Chief Officer of Organization (NAME): Brandon Harvey Applicant (NAME): Wade Morris aka Bobby Rock Business Phone: 605-210-1780 Address: 703 Main St. Deadwood, SD 57732 (city) (zip code) (state) Daytime phone: 605-717-6848 Evening Phone: 605-641-9162 Fax #: (____) Please list any professional event organizer or event service provider hired by you that is authorized to work on your behalf to produce this event. Name: (city) (state) (zip code) Contact person "on site" day of event or facility use _______ Pager/Cell #: (Note: This person must be in attendance for the duration of the event and immediately available to city officials) **REQUIRED:** Attach a written communication from the Chief Officer of the organization which authorizes the applicant or professional event organizer to apply for this Special Event Permit on their behalf. FEES / PROCEEDS / REPORTING NO YES П Is your organization a "Tax Exempt, nonprofit" organization? If YES, you must attach a copy of your IRS 501C Tax Exemption Letter to this Special Event Permit application (providing proof and certifying your current tax exempt, nonprofit status). Are admission, entry, vendor or participant fees required? If YES, please explain the purpose and provide amount(s):

OVERALL EVENT DESCRIPTION: ROUTE MAP/ SITE DIAGRAM/ SANITATION

Please provide a **detailed description** of your proposed event. Include details regarding any components of your event such as use of vehicles, animals, rides or any other pertinent information about the event:

Two c	lays	of free concerts at Outlaw Square
Reques	sting st	reet closure on Deadwood St. Thursday 9/18 @8am - Sunday 9/21 @3 am
Reques	sting st	reet closure on Siever St. Friday 9/19 @6 am until Saturday 9/20 @11 pm
Reque	esting	MAIN STREET closure on Friday 9/19 at 7:45 pm - 10 pm
This wi	ll be a	hard closure from Silverado vestibule to Deadwood St. for the purpose
of crow	/d size	e management as a safety precaution. There will be a soft closure a
Pine &	Main	St. for Franklin hotel guest to drop off and turn around. This has
been	discu	issed with both Deadwood Police & Fire Chiefs.
-		
Requ	est w	aive event & banner fees
Requ	est to	waive vendor fees
	OVE	RALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)
NO	YES	
		Does the event involve the sale or use of alcoholic beverages? If YES , please proved your liquor
		liability insurance information to the last page of this application.
П		Will Items or services be sold at the event? If YES , please describe:
_	_	Deadwood Jam and Band merchandise
		Does this event involve a moving route of any kind along streets, sidewalks, or highways? If
		YES, attach a detailed map of your proposed route, indicating the direction of travel and
		provide written narrative to explain your route.
		Does this event involve a fixed venue site? If YES, attach a detailed site map showing all street
		impacted by the event.

In addition to the route map required above, please attach a diagram showing the overall lay-out and set-up locations for the following items:

>	Alcoholic and Non-alcoholic Concession and / or Beer Garden Areas.				
>	Food Concession and / or Food Preparation Area(s). Please describe how food will be served at the event:				
	If you intend to cook food in the event area, please specify the method to be used:				
	GAS ELECTRIC CHARCOAL OTHER(SPECIFY):				
>	First Aid Facilities and Ambulance locations.				
>	Tables and Chairs.				
>	Fencing, Barriers and / or Barricades.				
>	Generator Locations and / or Source of Electricity.				
>	Canopies or Tent Locations. Tent Rental with Approved Special Event, which is set and amended by resolution, paid to the City of Deadwood: 10' by 10' Set up and take down				
>	Booths, Exhibits, Displays or Enclosures.				
>	Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.				
>	Vehicles and / or Trailers.				
>	Trash Containers and Dumpsters. (NOTE): You must properly dispose of waste and garbage throughout the term of your event and immediately upon conclusion of the event, the area must be returned to a clean condition. Number of trash cans: Trash Containers w / lids:				
	Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility: Deadwood Jam and Outlaw Square crew will handle trash clean up				
	Other Related Event Components not covered above.				

SAFETY / SECURITY / ACCESSIBILITY

		your procedures for both Crowd Control and Internal Secur i curity for crowd control - Outlaw Square staff fo		
		your Accessibility Plan for access at your event by individual are is ADA compatible	ls with disabilities:	
		the applicant's responsibility to comply with all City, Courapplicable to this event.	nty, State and Federal Disa	ibility Access
NO Securi	YES Ty Organiz	Have you hired any Professional Security organization of event? If YES , please list: zation: Badlands Security	, -	ments for this
Securit	ty Organiz	zation Address: 1109 Snoma Road Belle Fourche	, SD 57717	
	, 0	(city)	(state)	(zip code)
Securit	y Director ((Name): Fritz Carlson	Business phone: <u>605-210-</u>	1780
NO	YES	Is this a night event? If YES , please state how the event at to ensure the safety of the participants and spectators: Outlaw Square and stage lighting		
Pleas	Numb	e what arrangements you have made for providing First Aid berAmbulance(s) – How provided? berEmergency Medical Technicians – How prov		
prop being whic on D	ICANT spo erty locat g sought a h results f EADWOO	pecifically acknowledges and agrees that it shall be solely sted in or stored in or upon DEADWOOD's property pursuand that DEADWOOD shall not be responsible for any dama from any cause or reason with regard to personal property DD's property pursuant to approval of the activity for whice Acknowledge acceptance w	responsible for any damage or loss to or of APPLICA y owned by APPLICANT stoch approval is being sought with initial:	ge to personal ich approval is ANT's property ored or located therein.
DEA	OWOOD n	grees to hold DEADWOOD harmless and indemnify DEAD might have to pay to any person as a result of property da NT's use of the City property pursuant to approval of the ac Acknowledge acceptance with	image, personal injury or d ctivity for which approval i	leath resulting

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

		e your plans to notify all residents, businesses and churches impacted by the event:and businesses notified through public hearing			
NO	YES	INTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES			
	I E3	Are there any musical entertainment features related to your event or facilities rental? If YES , please state the number of bands and type of music.			
Numb	er of Stag	Number of Bands: 10			
Туре	of Music:	variety			
		Will sound amplification be used? If YES , please indicate: Start Time: 12 pmAM / PM – Finish Time: 10 pmAM / PM			
		Will sound check be conducted prior to the event? If YES , please indicate: Start Time: 8 am AM / PM – Finish Time: 10 pm AM / PM			
		Please describe the sound equipment that will be used for your event: DMM sound systems will be set up for event			
		Will any fireworks, rockets or other pyrotechnics be used? If YES , please attach a copy of your permit (issued by the State Fire Marshall's office) to this application.			
		Are any signs, banners decorations or special lighting be used? If YES , please describe:sponsor banners			
		PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION			
NO	YES	INFORIVIATION			
		Will this event be promoted, advertised or marketed in any manner? If YES, please describe:			
		radio, social media, posters, print			
NO	YES	Will there be any live media coverage during your event? If YES , please explain: Local media			
	-	oublic inquiries and / or media inquiries for this event to:			
NAME	: Brand	on Harvey PHONE: 605-920-9853			

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

REQUIRED: Insurance for your event will be required before final permit approval.

Name of Insurance Con	npany:				
Agent's Name:					
		Policy Number: _		Policy Type:	
Address:					
			(city)	(state)	(zip code)
For final permit appro	oval, you	will need commercial ge	eneral liability	insurance that na	mes "the City of
Deadwood, its officers,	employee	s and agents" as an additio	nal insured. In	surance coverage m	ust be maintained
for the duration of the	event. To	determine the amount of	of insurance co	verage necessary, p	olease contact the
Finance Office at (605)	578-2600	– Fax # (605) 578-2084.			
The City must be name	ed as an "	additional insured." Pleas	se obtain the r	equired insurance a	nd mail an original
·		eadwood, Finance Office		•	=
		AFFIDAVIT OF	APPLICAN'	Г	
Advance Cancellation	Notice Re	quired: If this event is ca	ancelled, notif	y the Deadwood Po	olice Department.
		uipment may be needless		•	·
I certify that the inform	nation in t	he foregoing application is	s true and corr	ect to the best of n	ny knowledge and
belief and that I have re	ead, unde	stand and agree to abide	by the rules ar	d regulations gover	ning the proposed
Special Event and I und	erstand th	nat this application is mad	e subject to th	e rules and regulation	ons established by
the City Commission o	he City Commission of Deadwood. I agree to abide by these rules and further certify that I, on behalf of the				
organization, am also a	uthorized	to commit that organizati	on, and theref	ore agree to be fina	ncially responsible
for any cost and fees th	at may be	incurred by or on behalf	of the Event to	the City of Deadwo	od.
Name of Applicant (PRI	_{NT):} Wac	le Morris	Ti	tle: Director	
Wade				ate: 6/24/25	

Date: 6/24/25

(Signature of Applicant/Sponsoring Organization)