

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

Outlaw Square Summer Kick off Concert May 26 & 27, 2023

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 IN	FORMATION		
Street Fair Triathlon	Bike Tour Other	☐ Bike Race	☐ Parade	■ Concert
Event Title: Outlaw Square Summer	Kick off Conce	rt May 26 & 27, 2	2023	
Event Date(s): May 26 & 27, 2023 (month, day, year)	<u>Tot</u>	tal Anticipated Atte	endance: 2500	
(month) day, year,	(# of <u>Pa</u>	rticipants	# of <u>Spe</u>	ctators
Actual Event Hours: (from): 5 pm Outlaw Squa Location / Staging Area:	re		10 pm	AM / PM
Set up/assembly/construction Date: May	26,	Start Tir	me: 9 am	AM / PM
Please describe the scope of your setup Loading off stage production equipr	-			
Dismantle Date: May 27 & 28	C	ompletion time: _	am	AM / PM
List any street(s) requiring closure as a and time of re-opening: Deadwood St - 8 am May 26 - reopening Ma Possibly need Siever street closed on May 2	ay 28, 12 am	nt. Include <u>street ı</u>	name(s), <u>day</u> , <u>da</u>	te and time of closing
 Any request involving 25 or less many request involving 25-50 moto which will not require street closure. Any request involving 50 or more Street and security must be provided Additional security maybe required. 	r vehicles (not incl ire. vehicles (which w ded at Shine Stree	luding motorcycles) - ould require an entir t and Main Street and	will park on the no re street closure Fr d Wall Street and N	orth side of Main Street, om Wall Street to Shine
APPLICANT AND SI	PONSORING	ORGANIZAT	ION INFORM	MATION
Commercial (for profit) Outlaw Squa	aro		Noncon	nmercial (nonprofit)
Sponsoring Organization:	/ade Morris			
Chief Officer of Organization (NAME):				
Applicant (NAME): Wade Morris		Business	Phone: (<u>605</u>) 717-6848
Address: 703 Main St	Dea	idwood	SD	57732
Daytime phone: (605) 717-6848	Evening Pho	(city) ne: (<u>605</u>) <u>641-9</u>	(state) 162 Fax #	(zip code) #: ()

your behalf to produce this event.

Please list any professional event organizer or event service provider hired by you that is authorized to work on

N	ame: _			
A	ddress:			
		(city)	(state	(zip code)
Contact per	son " o ı	n site" day of event or facility use	60 Pager/Cell #:	5-641-9162
(<u>Note</u> : Thi	is pers	on must be in attendance for the duration of the ever	nt and immediately avail	able to city officials)
REQUIRED	<u>)</u> :	Attach a written communication from the Chief Off applicant or professional event organizer to apply fo	r this Special Event Perm	
		FEES / PROCEEDS / REPO	ORTING	
NO	YES	Is your organization a "Tax Exempt, nonprofit" org your IRS 501C Tax Exemption Letter to this Special E certifying your current tax exempt, nonprofit status)	Event Permit application	
V		Are admission, entry, vendor or participant fees requand provide amount(s).:	uired? If YES , please exp	lain the purpose

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:

Outlaw Square will be hosting a 2 day Summer Kick off concerts event, featuring 2, possible 4 bands, 2 per day. These will be FREE concerts.

Event will take place on Friday, May 26, 5 pm until 10 pm & Saturday, May 27, 5 pm until 10 pm

Requesting Deadwood St. closure 8 am on Friday, May 26 thru Sunday May 28, 1 am

May also need to request Siever Street closing on Friday May 26 only.

Requesting open container for zones 1 & 2 on Friday, May 26, 3 pm until 10 pm & on Saturday, May 27, 12 pm until 10 pm

Deadwood Chamber event cups used for event.

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO	YES	YES Does the event involve the sale or use of alcoholic beverages? If YES, please provide your liquoliability insurance information to the last page of this application.		
		Will items or services be sold at the event? If YES , please describe: Artists selling band Merchandise		
NO	YES	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 streets impacted by the event.		
		route map required above, please attach a diagram showing the overall lay-out and set-up following items:		
>	Alcoholi	c and Non-alcoholic Concession and / or Beer Garden Areas.		
>	Food Co	ncession 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.			
>	Booths, Exhibits, Displays or Enclosures.			
>	Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.			
>	Vehicles	and / or Trailers.		
>	Trash Co	ontainers and Dumpsters.		

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(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: 8 plus adde Trash Containers w / lids: 0 Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility: Outlaw Square staff will handle nightly cleaning of trash. Bags will be gathered on Dwd St. Pioneer Way corner for city staff to pick up.				
Other Related Event Components not components.	overed above.			
SAFETY / S	ECURITY / ACCE	SSIBILITY		
Please describe your procedures for both Crowd Control and Internal Security : Badlands Security would handle crowd control - Outlaw Square Staff handles internal				
Please describe your Accessibility Plan for access at your event by individuals with disabilities: Outlaw Square is ADA compatible				
REQUIRED: It is the applicant's responsibility to Requirements applicable to this event.	comply with all City,	County, State and Federal Disability Access		
NO YES Have you hired any Professional Security organization to handle security arrangements for this event? If YES, please list: Security Organization: Badlands Security				
Security Organization Address: 11089 Snoma	Road			
Belle Fourche	SD	57717		
(city) Security Director (Name): Fritz Carlson Business phone: 605-210-1780 Is this a night event? If YES, please state how the event and surrounding area will be illuminated to ensure the safety of the participants and spectators: Outlaw Square is a lighted venue - production company providing stage lighting				
Please indicate what arrangements you have ma		Nid Staffing and Equipment?		

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 $\label{eq:number} {\color{blue} \textbf{Number}} \, \underline{\color{blue} 2 \qquad \qquad} \\ {\color{blue} \textbf{Emergency Medical Technicians - How provided?}}$

APPLICANT specifically acknowledges and agrees that it shall be solely responsible for any damage to personal property located in or stored in or upon DEADWOOD's property pursuant to the activity for which approval is being sought and that DEADWOOD shall not be responsible for any damage or loss to or of APPLICANT's property which results from any cause or reason with regard to personal property owned by APPLICANT stored or located on DEADWOOD's property pursuant to approval of the activity for which approval is being sought herein.

Acknowledge acceptance with initial: WM

APPLICANT agrees to hold DEADWOOD harmless and indemnify DEADWOOD from any sums of money which DEADWOOD might have to pay to any person as a result of property damage, personal injury or death resulting from APPLICANT's use of the City property pursuant to approval of the activity for which approval is being sought herein.

Acknowledge acceptance with initial: WM

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: Residents and business will be notified through public hearing notice,

tour businesses will be contacted directly about street closure

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO	YES				
	▣	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.			
Number	of Stag	Number of Bands: 2 possible 4			
Type of	Music:	rock, country			
		Will sound amplification be used? If <u>YES</u> , please indicate: Start Time: 6 pmAM / PM – Finish Time: 10 pmAM / PM			
		Will sound checks be conducted prior to the event? If <u>YES</u> , please indicate: Start Time: <u>AM / PM – Finish Time</u> : <u>AM / PM </u> AM / PM			
		Please describe the sound equipment that will be used for your event: Powerhouse sound is the production company contracted for Outlaw Square			
		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.			
	П	Will any signs, banners, decorations or special lighting be used? If YES , please describe:			

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NO	YES					
		Will this event be promoted, advertised or marketed in any manner? If YES , please describe: Marketed through web, social media, broadcast media				
		Will there be any live media coverage during your event? If YES , please explain: Unknown				
		Applicant acknowledges and agrees to allow the City to publish the Contact Person and media referral telephone numbers on the internet in conjunction with the Calendar of Upcoming Events in the City of Deadwood. If you have a home page and want us to link with our Calendar, please provide the Internet address for your homepage: Outlawsquare.com				
Refer al	l event p	ublic inquiries and / or media inqui	ries for this event to:			
NAME:	Bobby F	Rock	PHON	605-641-9162 E:		
		INSURAN	CE REQUIREMENTS			
REQUIR	E D : Insu	rance for your event will be require	ed before final permit approval.			
Name o	f Insuran	Hub International ce Company:	Agent's Name:	Chris Roberts		
	s Phone:	605-578-3456 Policy	RS100/200PA0112 y Number:	2-1 Policy Type: Com gen liab		
Address	132 E	. Illinois St	Spearfish,	SD 57783		

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

For final permit approval, you will need commercial general liability insurance that names "the City of Deadwood, its officers, employees and agents" as an additional insured. Insurance coverage must be maintained for the duration of the event. To determine the amount of insurance coverage necessary, please contact the Finance Office at (605) 578-2600 – Fax # (605) 578-2084.

(city)

(state)

(zip code)

The City must be named as an "additional insured." Please obtain the required insurance and mail an original insurance certificate to: <u>City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732</u>.

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LIQUOR LIABILITY INSURANCE

REQUIRED: This insurance coverage is required facilities rental.	uired if you are plann	ing to sell alcoholic	beverages at your event or
Name of Insurance Company:		Agent's Name:	
Business Phone:	Policy Number:		_ Policy Type:
Address:			
Please obtain the required insurance and Office, 102 Sherman Street, Deadwood, SD	mail an original insur	(city) ance certificate to:	(state) (zip code) <u>City of Deadwood, Finance</u>
AFFI	DAVIT OF API	PLICANT	
ADVANCE CANCELLATION NOTICE REQUIR Otherwise, City personnel and equipment multiple of the control of the foregon belief and that I have read, understand an Special Event and I understand that this application of Deadwood. I agree the torganization, am also authorized to commit any cost and fees that may be incurred by or	nay be needlessly dispoing application is truid agree to abide by to abide subject abide by these rupt that organization, and on behalf of the Eve	e and correct to the rules and regulated to the rules and les and further cell ditherefore agree to the City of Dear	ne best of my knowledge and ations governing the proposed regulations established by the rtify that I, on behalf of the obe financially responsible for adwood.
Name of Applicant (PRINT): Wade Morris		Title:	Director
	4/3/202 Date:		
(Signature of Applicant / Sponsoring Organiza		(Signatur	e of Professional Event Organizer er of City-owned Facilities)