

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

July 4th Parade 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).

	7 7 7	EVEN'	TINFORMATION		
Type of Event: Run Street Fair	☐ Walk ☐ Triathlon	☐ Bike Tour	☐ Bike Race	Parade	☐ Concert
	h of July Parade				
Event Date(s):	July 4th 2023 (month, day, y	ear) (# 6	Total Anticipated Attender		
Actual Event He	ours: (from):		AM / PM (to): _	pm	AM/PM
	ing Area: Days o				
			Start Time	2pm	AM / PM
Please describe	the scope of your	setup / assembly	work (specific details):		
List any street(: and time of re- 7-4-23 M  Any rec Deadw Any rec which Any rec Street	s) requiring closure opening: Main Street 3-4pn quest involving 25 or ood Street. quest involving 25-50 will not require streed quest involving 50 or and security must be	e as a result of thing less motor vehicle o motor vehicles (not closure, more vehicles (who provided at Shine	Completion time: 2ar is event. Include street na s will utilize Deadwood Stree ot including motorcycles) - w ich would require an entire s Street and Main Street and N cretion of the Event Committe	et and will be barric will park on the nor street closure Fron Wall Street and Ma	and time of closing caded at both ends of th side of Main Street, m Wall Street to Shine
	al (for profit)		RING ORGANIZATION		IATION nercial (nonprofit)
Sponsoring Org	anization:		ber of Commerce		
Chief Officer of	Organization (NA	ME): Lee Harsta	d ————————————————————————————————————	005	70.4070
	ΛΕ): Sarah Kryge	er 	Business P	none: () _	578-1876
Address: 501	Main Street		Deadwood	SD (state)	57732 (zip code)
Daytime phone	e: ()578-18	76 Evening	(city) g Phone: (605)	(state) 19 Fax #:	
Please list any	professional even	t organizer or eve	ent service provider hired	by you that is au	uthorized to work on

your behalf to produce this event.

Na	ame: _			
Ac	idress:	(city)	(state)	(zip code)
		(city)	• •	
	"	n site" day of event or facility use	Pager/Cell #: 605-	863-1249
(Note: This	son " <b>o</b> i s pe <b>r</b> so	on must be in attendance for the duration of the event ar	d immediately available	e to city officials)
REQUIRED:	ŧ	Attach a written communication from the Chief Officer applicant or professional event organizer to apply for the		
	H.	FEES / PROCEEDS / REPORT	ring	
NO	YES			
X		Is your organization a "Tax Exempt, nonprofit" organize your IRS 501C Tax Exemption Letter to this Special Ever certifying your current tax exempt, nonprofit status).	zation? If <b>YES</b> , you must nt Permit application (p	st attach a copy of providing proof and
X		Are admission, entry, vendor or participant fees require and provide amount(s).:	d? If <b>YES</b> , please explair	n 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:

4th of July Parade 3-4pm

Main Street to Hwy 14A and contiue through Central city and on to Lead

REQUEST TO WAIVE FLOAT GANNERS

## OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO		YES	Does the event involve the sale or use of alcoholic beverages? If <b>YES</b> , please provide your liquor liability insurance information to the last page of this application.				
X			Will items or services be sold at the event? If YES, please describe:				
NO		YES	Does this event involve a moving route of any kind along streets, sidewalks or highways? If <b>YES</b> attach a detailed map of your proposed route, indicating the direction of travel and provide written narrative to explain your route.				
X			Does this event involve a fixed venue site? If <b>YES</b> , attach a detailed site map showing all streets impacted by the event.				
			e 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.				
	<b>A</b>	Tables and Chairs.					
	>	Fencing, Barriers and / or Barricades.					
	>	Generator Locations and / or Source of Electricity.					
	>	Canopies or Tent Locations.					
		Booths, Exhibits, Displays or Enclosures.					
	>	Scaffold	ing, Bleachers, Platforms, Stages, Grandstands or Related Structures.				
	>	Vehicles and / or Trailers.					
	>	Trash Containers and Dumpsters.					
( <u>NO</u>	<u>TE</u> ):	You mu	st properly dispose of waste and garbage throughout the term of your event and immediately				

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upon conclusion of the event, the area must be returned to a clean condition.

Number of trash cans:Tras Describe your plan for clean-up and removal of w	h Containers w / lids: _ vaste and garbage durin	g and after the event or use of facility:		
> Other Related Event Components not co	overed above.			
SAFETY / SE	CURITY / ACCES	SIBILITY		
Please describe your procedures for both <b>Crowd</b>	Control and Internal Se	ecurity:		
Please describe your Accessibility Plan for access	at your event by individ	duals with disabilities:		
REQUIRED: It is the applicant's responsibility to Requirements applicable to this event.	comply with all City, C	ounty, 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: Badlands Security				
Security Organization:11089 Snoma   Security Organization Address:	Rd			
Belle Fourche	Sd	57717		
(city)	(state)	(zip code)		
Security Director (Name): Fritz Carlson	Business phone:	210-1780		
Is this a night event? If <b>YES</b> , please state how the event and surrounding area will be illuminated to ensure the safety of the participants and spectators:				
Please indicate what arrangements you have ma	de for providing <b>First A</b> i	d Staffing and Equipment?		
Number Ambulance(s) – Ho				
Number O Emergency Medica	l Technicians – How pro	ovided?		

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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: SJK

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: SJK

### PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: Chamber News Social and Local Media

ENTE	RTAIN	MENT / ATTRACTIONS / RELATED EVENT ACTIVITIES		
NO	YES			
X		Are there any <b>musical entertainment</b> features related to your event or facilities rental? If <b>YES</b> , please state the number of bands and type of music.		
Numbe	er of Stag	es: Number of Bands:		
Туре о	f Music:			
	$\boxtimes$	Will sound amplification be used?  If <u>YES</u> , please indicate: Start Time: 3pm AM / PM – Finish Time: 4pm AM / PM		
X		Will sound checks be conducted prior to the event?  If <u>YES</u> , please indicate: Start Time:AM / PM – Finish Time:AM / PM		
		Please describe the sound equipment that will be used for your event:		
		FLOAT MUSIC		
Ø		Will any fireworks, rockets or other pyrotechnics be used? If <b>YES</b> , please attach a copy of your permit (issued by the State Fire Marshall's office) to this application.		
Will any signs, banners, decorations or special lighting be used? If <b>YES</b> , please describe:				
		FLORT BANNERS		

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PRON	OITON	N / ADVER	TISING / I	MARKETING	/ INTERNET	<b>FINF</b>	DRMAT	ION	
NO	YES	-	•						
	Soc	Will this event be promoted, advertised or marketed in any manner? If YES, please describe: cial and Local Media							
	Loc	Will there be any live media coverage during your event? If <b>YES</b> , please explain: cal Media							
	×	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 Event 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:						vents	
Refer al	l event p	ublic inquiries a	and / or media	inquiries for thi	s event to:				
NAME:	Amand	a Kille			PH	HONE:	605-578-	1876	
TI E	47 1	LE LE	INSU	RANCE REQ	UIREMENTS		100		
REQUIR	RED: Insu				inal permit appro				
Name o	of Insuran	ce Company:	Lloyds of Lor	ndon 	Agent's Na	ıme:	nris Robe	rts —————	
Busines	s Phone:	605-578-345	66	Policy Number:	GP3506L003-2	2	Policy Typ	G/L pe:	
Address		ox 507		Deadwo	od		SD	57732	
riuur coo	-				(city)		(state)	(zip code)	

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.

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

<b>REQUIRED:</b> This insurance coverage is required if you are planning to selfacilities rental.	ll alcoholic beverages at your event or
Name of Insurance Company: Agent's	Name:
Business Phone: Policy Number:	Policy Type:
Address: (city)  Please obtain the required insurance and mail an original insurance certion  Office, 102 Sherman Street, Deadwood, SD 57732.	
AFFIDAVIT OF APPLICA	NT -
ADVANCE CANCELLATION NOTICE REQUIRED: If this event is cancelled, no Otherwise, City personnel and equipment may be needlessly dispatched.	otify the Deadwood Police Department.
certify that the information in the foregoing application is true and corpelief and that I have read, understand and agree to abide by the rules a Special Event and I understand that this application is made subject to the City Commission of Deadwood. I agree to abide by these rules and forganization, am also authorized to commit that organization, and thereforence that may be incurred by or on behalf of the Event to the Commit that organization.	and regulations governing the proposed rules and regulations established by the urther certify that I, on behalf of the re agree to be financially responsible for
Name of Applicant (PRINT): Sarah Kryger	Title:
Date: 1/31/2023	In the second se
Signature of Applicant / Sponsoring Organization)	(Signature of Professional Event Organizer or Renter of City-owned Facilities)