

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

Wild Bill Days June 15-17 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).

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1507		EVENT	INFORMA	TION	V 1981	
Type of Event: Run Street Fair Event Title: Wild		☐ Bike Tour ☐ Other	□Bik	e Race	Parade	☐ Concert
	une 15-17 2023 (month, day, ye	ar) (# c	Total Anticipa		nce: # of <u>Spect</u>	
	urs: (from): Noor Wall-De		AM / P	M (to): 10	om	AM/PM
Set up/assembly, Please describe t	/construction Date the scope of your Wall to Deadwo	: Thursday Juno setup / assembly	e 15th work (specific		2.15pm	AM / PM
List any street(s) and time of re-o Wall to De Any requ Deadwo Any requ which w	requiring closure pening: eadwood/ 6/15-1 uest involving 25 or od Street. uest involving 25-50 ill not require stree	as a result of thi 8 2.15pm-2am less motor vehicles motor vehicles (not closure.	s event. Include Deadwood-P s will utilize Dead	e street nam Pine 6/15-17 wood Street : prcycles) - will	ne(s), day, date 7 9am-10pm and will be barri park on the nor	AM / PM and time of closing caded at both ends of th side of Main Street, we wall Street to Shine
Street ar Addition	and security must be last security maybe r	provided at Shine sequired at the disc	Street and Main : retion of the Eve	Street and Want Committee	all Street and Ma e.	ain Street to direct traffic.
Commercial Sponsoring Orga	(for profit)	eadwood Cham			- 11. 444	mercial (nonprofit)
Chief Officer of C	Organization (NAN	ΛΕ): Lee Harsta	d			
Applicant (NAMI		r		Business Pho	one: ()	578-1876
Address: 501 M	lain Street		Deadwood (city	<i>t</i>)	SD (state)	57732 (zip code)
Daytime phone:	(605) 578-187	6 Evening			Fax #:	
					y you that is a	uthorized to work on

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your behalf to produce this event.

Na	me:_				
Ac	ldress:			(state)	(zip code)
Contact pers	son "oi s perso	n site" day of event or facility use	Pager/Ce d immediately	605- #: available	863-1249 e to city officials)
REQUIRED	:	Attach a written communication from the Chief Officer of applicant or professional event organizer to apply for this	of the organiz	ation whi nt Permit	ch authorizes the on their behalf.
11		FEES / PROCEEDS / REPORT	ING		14 14 11
NO 	YES	Is your organization a "Tax Exempt, nonprofit" organization upon IRS 501C Tax Exemption Letter to this Special Even certifying your current tax exempt, nonprofit status).	ation? If YES , t Permit appl	you mu: ication (p	st attach a copy of providing proof and
X		Are admission, entry, vendor or participant fees required and provide amount(s).:	!? If YES , plea	se explair	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:

Wild Bill Days 2 days of free Concerts Dock Dogs, Gold Panning Midnight Cowboy Run. 6/17/23 10pm

Street Closure Thursday June 15th 9am for Dock Dogs. Deadwood to Pine. Re-open Saturday June 17th at 10pm

Street Closure Thursday June 15th 2.15pm for Concerts. Wall to Deadwood. Re-open Sunday June 18th at 2am Request open container Thursday June 15th 5-10pm, Friday June 16th Noon-10pm and Saturday June 17th Noon-10pm. Both Zone 1 & 2

Request to waiver Banner Fees for Sponsors and Dock Dogs.

Request to waiver Fee for band merchandise.

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO		YES	Does the event involve the sale or use of alcoholic beverages? If YES , please provide your liquor liability insurance information to the last page of this application.
			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 YES 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 YES , 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	ic and Non-alcoholic Concession and / or Beer Garden Areas.
>	>	Food Cc	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.
7	>	Tables a	and Chairs.
7	>	Fencing	, Barriers and / or Barricades.
2	>	Generat	tor Locations and / or Source of Electricity.
2	>	Canopie	es or Tent Locations.
2	>	Booths,	Exhibits, Displays or Enclosures.
7	>	Scaffold	ling, Bleachers, Platforms, Stages, Grandstands or Related Structures.
7	>	Vehicles	s and / or Trailers.
2	>	Trash Co	ontainers and Dumpsters.
(NOT	<u>E</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:Transcribe your plan for clean-up and removal of	ash Containers v waste and garb	w / lids: page during and after the event or use of facility:				
Local Group will clean sweep street after ea	ach concert					
> Other Related Event Components not						
SAFETY / S	SECURITY /	ACCESSIBILITY				
Please describe your procedures for both Crow Badlands Security and Deadwood PD	d Control and li	nternal Security:				
Please describe your Accessibility Plan for access	Please describe your Accessibility Plan for access at your event by individuals with disabilities:					
REQUIRED: It is the applicant's responsibility to Requirements applicable to this event.	to comply with	all City, County, State and Federal Disability Acces	SS			
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						
1 1008 21101116	2 DA		_			
Security Organization Address:	a Rd 		_			
Security Organization Address:	s Rd Sd 	57717	_			
		te) (zip code)	_			
Belle Fourche	Sd (stat	(zip code)	_			
Belle Fourche (city) Security Director (Name): FRITZ CARLSON	Sd (state	(zip code)	::ed			
Belle Fourche (city) Security Director (Name): FRITZ CARLSO Is this a night event? If YES,	Sd (state State St	te) (zip code) one: w the event and surrounding area will be illuminat	:ed			
Security Director (Name): FRITZ CARLSO! Is this a night event? If YES, to ensure the safety of the participants and specific participants.	Sd (state State St	te) (zip code) one: w the event and surrounding area will be illuminat	ed			

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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

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO	YES	
	X	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	es: 1 Number of Bands: 10
Type of I	Music:	Rock/Country
	Ø	Will sound amplification be used? If <u>YES</u> , please indicate: Start Time:AM / PM — Finish Time:AM / PM
		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: Stage
X		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	X	Will any signs, banners, decorations or special lighting be used? If YES, please describe:

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PRON	OITON	N / ADVERTISING / MARKETING / INTERNET INFOR	RMATIO	N
NO	YES			
	Soc	Will this event be promoted, advertised or marketed in any manner? I sial and Local Media	if YES , pleas	se describe:
	∑ Loc	Will there be any live media coverage during your event? If YES, pleas al Media	e explain:	
	×	Applicant acknowledges and agrees to allow the City to publish the Correferral telephone numbers on the internet in conjunction with the Cal in the City of Deadwood. If you have a home page and want us to link provide the Internet address for your homepage:	lendar of U	pcoming Events
Refer al	l event pu	ublic inquiries and / or media inquiries for this event to:		
NAME:	Amanda	a Kille PHONE: 60	5-578-187	'6
	9.3	INSURANCE REQUIREMENTS	The second	5-y Y 14-
REQUIR	RED: Insu	rance for your event will be required before final permit approval.	a Dahamta	
Name o	f Insuran	ce Company: Lloyds of London Agent's Name:	s Roberts	
Busines	s Phone:	605-578-3456 Policy Number: GP3506L003-2	olicy Type:	G/L
Address	РО Во	ox 507 Deadwood SI	D :	57732
Address	·	(city) (sta	ate) (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>.

LIQUOR LIABILITY INSURANCE

Name of Insurance Company:	Agent's Name:				
Business Phone:	Policy Number:	Policy Type:			
Address:					
) ce and mail an original insurance o	(city) (state) (zip code) certificate to: City of Deadwood, Finance			
	AFFIDAVIT OF APPLIC	CANT			
Otherwise, City personnel and equipulation in the belief and that I have read, unders Special Event and I understand that City Commission of Deadwood. I organization, am also authorized to	e foregoing application is true and stand and agree to abide by the rule this application is made subject to agree to abide by these rules and	correct to the best of my knowledge and es and regulations governing the proposed the rules and regulations established by the further certify that I, on behalf of the efore agree to be financially responsible for			
	Kryger	Event Coordinator			
Name of Applicant (PKINT):	4/04/0000	Title:			
50	. 1/31/2023 Date:	*			