

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

Deadwood Jam. 9/15-16 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).

DEN TW		EVEN	TINFORMATION		THE CHIEF			
Type of Event: Run Street Fair	☐ Walk ☐ Triathlon eadwood Jam. 9/	☐ Bike Tour ☐ Other 15-16 2023	☐ Bike Race	Parade	Concert			
Event little:								
Event Date(s):	9/15-16/2023 (month, day, ye		Total Anticipated Attendance:					
	(month, day, ye	(#	of <u>Participants</u>					
Actual Event Ho		n Square/Deadw	AM / PM (to): ood Street	10pm	AM / PM			
	y/construction Date	9/14	Start Til	me: 8am	AM / PM			
Please describe	the scope of your	setup / assembly	work (specific details):					
Dismantle Date	.: ^{9/17}		Completion time: $\frac{2^{i}}{2^{i}}$	am	AM / PM			
and time of re- Deadwood	opening: Street Thurso	lay 9/14 8am	is event. Include <u>street r</u> through sunday 9 ay 9/16 6am-10pm	/17 at 2am.				
Deadw Any rew which Any rew Street	Deadwood Street. 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 Shine Street and security must be provided at Shine Street and Main Street and Wall Street and Main Street to direct traffic							
	al (for profit)		RING ORGANIZAT		ATION nercial (nonprofit)			
Sponsoring Org		eadwood Jam Brandon Ha	arvey					
Applicant (NAN	Sarah Knyoo		Business	Phone: (605)	578-1876			
	Main Street		Deadwood	SD	57732			
Add1633			(city)	(state)	(zip code)			
Daytime phone	: () 578-187	76 Evening	Phone: (605) 863-1	249Fax #:	(605) 578-2429			
Please list any p	professional event	organizer or eve	ent service provider hire	ed by you that is au	thorized to work on			

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your behalf to produce this event.

N	ame: _			
А	ddress:		(state)	(zip code)
		(city)	, ,	, ,
Contact pe	rson " o i	site" day of event or facility use	Pager/Cell #:	920-9853
(Note: Th	is perse	on must be in attendance for the duration of the event an	d immediately availab	le to city officials)
		applicant or professional event organizer to apply for this		on their benan.
NO	YES			
	<u> </u>	Is your organization a "Tax Exempt, nonprofit" organization IRS 501C Tax Exemption Letter to this Special Event certifying your current tax exempt, nonprofit status).	ation? If YES , you must Permit application (p	et attach a copy of roviding proof and
V		Are admission, entry, vendor or participant fees required and provide amount(s).:	? If YES , please explai	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:

2 days of free concerts at Outlaw Square

Request Deadwood Street closure Thursday 9/14: at 8am thru sunday 9/17: at 2am Request Seiver Street Closure Friday 9/15: and Saturday 9/16: 6am-10pm for Bus parking Open container zones 1&2 Friday 9/15: 5pm-10pm and Saturday 9/16: Noon-10pm Request to waive Vendor Fees

Request to waive event and sponsor banners.

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.						
	88							
		Band and Jam Merchandise. Auction						
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.						
		e route map required above, please attach a diagram showing the overall lay-out and set-up following items:						
>	Alcohol	ic 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 Aic	Facilities and Ambulance locations.						
>	Tables a	and Chairs.						
>	Fencing	, Barriers and / or Barricades.						
>	Genera	tor Locations and / or Source of Electricity.						
>	Canopie	es or Tent Locations.						
>	Booths,	Exhibits, Displays or Enclosures.						
>	Scaffold	ling, Bleachers, Platforms, Stages, Grandstands or Related Structures.						
>	Vehicle	s and / or Trailers.						
>	Trash C	ontainers and Dumpsters.						

(<u>NOTE</u>): 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.

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Number of trash cans:Tra Describe your plan for clean-up and removal of v	sh Containers w / vaste and garbage	lids:e during and after the event or use of facility:
Other Related Event Components not components.	overed above.	
SAFETY / S	ECURITY / AC	CCESSIBILITY
Please describe your procedures for both Crowd Badlands Security	Control and Inter	nal Security:
Please describe your Accessibility Plan for access Accessible	at your event by i	individuals with disabilities:
REQUIRED: It is the applicant's responsibility to Requirements applicable to this event.	comply with all C	City, County, State and Federal Disability Access
event? If YES, please list:	al Security organiz	zation to handle security arrangements for this
Security Organization: Badlands Security		
Security Organization Address: 11089 Snoma	Rd	
Belle Fourche	SD	57717
(city)	(state)	(zip code)
Fritz Carlson Security Director (Name):	Business phone:	605-210-1780
Is this a night event? If YES , pto ensure the safety of the participants and spe		he event and surrounding area will be illuminated
Please indicate what arrangements you have ma	ade for providing F	irst Aid Staffing and Equipment?
NumberAmbulance(s) – Ho	ow provided?	
Number 0 Emergency Medica	al Technicians – Ho	ow 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: 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: Social Media

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.
Numl	ber of Stag	ges: 1 Number of Bands: 10
Туре	of Music:	Blues/Rock/Jazz
		Will sound amplification be used? If <u>YES</u> , please indicate: Start Time: Noon AM / PM – Finish Time: 10pm AM / PM
		Will sound checks be conducted prior to the event? If <u>YES</u> , please indicate: Start Time: 8am AM / PM – Finish Time: 10pm AM / PM
		Please describe the sound equipment that will be used for your event: Staging
		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.
\Box		Will any signs, banners, decorations or special lighting be used? If YES , please describe:

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PRON	OITO	N / ADVERTISING / MARKETING	INTERNET INF	ORMAT	ION
NO	YES				
		Will this event be promoted, advertised or ma Local and social Media	irketed in any mannei	r? If YES , p	lease describe:
		Will there be any live media coverage during y Local Media	our event? If YES , pl	ease explai	n:
		Applicant acknowledges and agrees to allow the referral telephone numbers on the internet in in the City of Deadwood. If you have a home provide the Internet address for your home page.	conjunction with the page and want us to	Calendar o	of Upcoming Events
		ublic inquiries and / or media inquiries for this e on Harvey	event to: PHONE:	605-920-	-9853
NAME:		INSURANCE REQU			- 030
REQUIR	ED : Insu	rance for your event will be required before fina			
Name of	f Insurar	nce Company:	Agent's Name: _		
Business	Phone:	Policy Number: _		Policy Ty	/pe:
Address	:		(city)	(state)	(zip code)
its office duration	ers, em of the	approval, you will need commercial general liaployees and agents" as an additional insured event. To determine the amount of insuran 78-2600 – Fax # (605) 578-2084.	i. Insurance coverag	e must be	maintained for th

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The City must be named as an "additional insured." Please obtain the required insurance and mail an original

insurance certificate to: City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.

LIQUOR LIABILITY INSURANCE

REQUIRED: This insurance coverage is required if you are planning to sell alcoholic beverages at your event or facilities rental. Name of Insurance Company: ______ Agent's Name: _____ Business Phone: ______ Policy Number: _____ Policy Type: _____ Address: __ (city) (state) (zip code) Please obtain the required insurance and mail an original insurance certificate to: City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732. AFFIDAVIT OF APPLICANT ADVANCE CANCELLATION NOTICE REQUIRED: If this event is cancelled, notify the Deadwood Police Department. Otherwise, City personnel and equipment may be needlessly dispatched. I certify that the information in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event and I understand that this application is made subject to the rules and regulations established by the City Commission of Deadwood. I agree to abide by these rules and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the Event to the City of Deadwood. Sarah Kryger Name of Applicant (PRINT): Title: 2/13/2023 (Signature of Professional Event Organizer (Signature of Applicant / Sponsoring Organization) or Renter of City-owned Facilities)

LSPERLIN



CERTIFICATE OF LIABILITY INSURANCE

2/3/2023

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 liquid such endorsement(s)

	is certificate does not confer rights to				CONTAC NAME:	T Linda Sp	erlin			
HUB International Great Plains, LLC					PHONE (A/C, No, Ext): (605) 578-3456 FAX (A/C, No): (605) 347-4730					
	E Illinois Street				E-MAIL	s linda.spe	erlin@hubii	nternational.com		
Spearfish, SD 57783					7,551,2,			RDING COVERAGE		NAIC#
					INSURE		of London			15792
INSURED					INSURE					
INOU					INSURE					
	Deadwood Jam PO Box 1				INSURER D :					
	Deadwood, SD 57732				INSURER E :					
					INSURE					
		TIFIO		AUMADED.	INSURE	XF.		REVISION NUMBER:		
CO	VERAGES CER HIS IS TO CERTIFY THAT THE POLICIE	TIFIC/	AIE	NUMBER:	UAVE DI	EN ICCLIED			HE PO	OLICY PERIOD
181	DICATED NODASTRICTANDING AND D			INT TERM OR CONDITIO	NN OF A	NY CONTRA	CLOR OTHER	K DOCUMENT WITH RESPE	:01 10	סוחו חטוחייי כ
- 01	EDTIFICATE MAY BE ISSUED OR MAY	PERT	M1Δ	THE INSURANCE AFFOR	DED BY	THE POLIC	ES DESCRIB	ED HEKEIN IS SUBJECT T	O ALI	THE TERMS,
	CLUSIONS AND CONDITIONS OF SUCH	ADDL S	UBR	LIMITS SHOWN MAY HAVE	DEEN	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT		
LTR	TYPE OF INSURANCE	ADDL S	NVD	' POLICY NUMBER		(MM/DD/YYYY)	(MM/DD/YYYY)			1.000.000
Α	X COMMERCIAL GENERAL LIABILITY			D040001 0500		0/42/2022	0/42/2022	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR			RS100GL0523		9/13/2022	9/13/2023		\$	5,000
								MED EXP (Any one person)	\$	1,000,000
								PERSONAL & ADV INJURY	5	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$	Included
	POLICY PRO- LOC							PRODUCTS - COMP/OP AGG	\$	molaaco
	OTHER:							COMBINED SINGLE LIMIT	\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	ANY AUTO							BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY							PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							DED OTH	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							PER OTH-		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (AC	CORD	101, Additional Remarks Sched	ule, may b	attached if mo	e space is requi	red)		
CE:	DIEICATE HOLDER				CANO	ELLATION				
CE	RTIFICATE HOLDER		_		2446					
					SHO	ULD ANY OF	THE ABOVE D	ESCRIBED POLICIES BE C	ANCE	LLED BEFORE
	City of Deadwood					THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
	102 Sherman St				ACCOMMINE THE THE CENTER OF TH					
	Deadwood, SD 57732				AUTHORIZED REPRESENTATIVE					
					701110	: Roy	1			
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