

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

Deadwood Mickelson Trail Marathon

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

Type of Event:

- Run
 Walk
 Bike Tour
 Bike Race
 Parade
 Concert
 Street Fair
 Triathlon
 Other

Event Title: Deadwood Mickelson Trail Marathon, Half Marathon, 5 Person Marathon Relay, 5K & 1K

Event Date(s): 6/3/23 and 6/4/ 23 Total Anticipated Attendance: 4000
(month, day, year)

(# of **Participants** 2500 # of **Spectators** 1500)

Actual Event Hours: (from): Sat5K 11am-3pm Sun 8am AM / PM (to): 3pm AM / PM

Location / Staging Area: Sherman Street Lot/ Trailhead, Event Complex, Outlaw Square

Set up/assembly/construction Date: Friday June 2nd Start Time: 8am AM / PM

Please describe the scope of your setup / assembly work (specific details):
 Set up at the Sherman Street Lot: Place signs on Wednesday May 31st " No parking Friday June 2nd at 8am to Sunday June 4th 4pm" Friday Morning June 2nd 8am see next page for details

Dismantle Date: June 4th Completion time: 5pm AM / PM

List any street(s) requiring closure as a result of this event. Include **street name(s), day, date** and **time** of closing and time of re-opening:

No closures, but will stop traffic for runner's on Hwy 385 at the Kirk Road Mickelson Trailhead and the Hwy 85 crossing of the Mickelson Trail

- Any request involving 25 or less motor vehicles will utilize Deadwood Street and will be barricaded at both ends of 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.
- Additional security maybe required at the discretion of the Event Committee.

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

- Commercial (for profit)
 Noncommercial (nonprofit)

Sponsoring Organization: WEM, Inc

Chief Officer of Organization (NAME): Emily Wheeler

Applicant (NAME): Emily Wheeler Business Phone: (605) 390-6137

Address: 2458 Lindsey Drive Rapid City SD 57702
(city) (state) (zip code)

Daytime phone: (605) 390-6137 Evening Phone: (605) 390-6137 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: _____

Address: _____ (city) _____ (state) _____ (zip code)

Contact person "on site" day of event or facility use Emily Wheeler Pager/Cell #: 605-390-6137

(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.

FEEES / PROCEEDS / REPORTING

NO

YES

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):

Yes, fees vary for race registrations from \$15-\$110

OVERALL EVENT DESCRIPTION: ROUTE MAP / SITE DIAGRAM / SANITATION

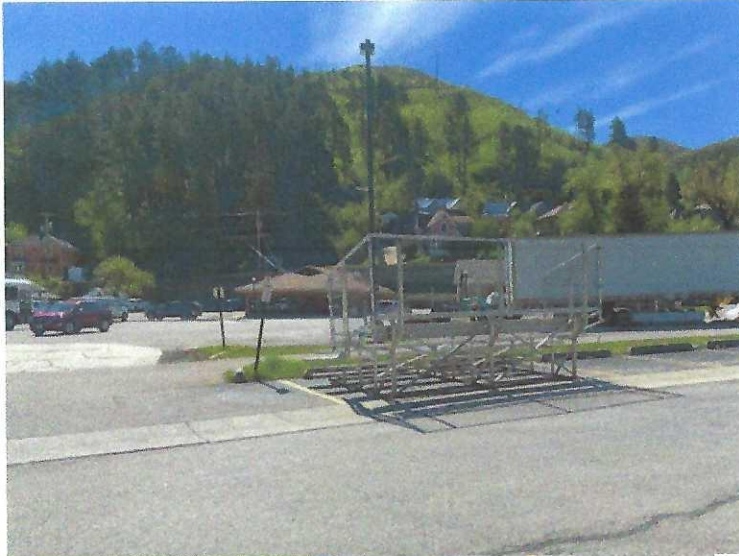
Please provide a **detailed description** of your proposed event. Include details regarding any components of your event such as use of vehicles, animals, rides or any other pertinent information about the event:

Please see next Page

Sherman Street Lot Detail:

- Erect city tent on Friday at the Sherman Street parking lot
- Deliver 1 set of bleachers to Sherman St. Parking lot
- Deliver the event fencing which will be used to create a Finisher's Chute from the old rail bridge to our finish line. (leave in trailer)
- Provide barricades to close off the Sherman Street lot to public use.
- Deliver 11 cement barricades to Sherman Street lot Friday morning for setting up the BHSU tent (Randy and BHSU crew will set up)





Events Center/ Rodeo Grounds:

- Will Park vehicles on Sunday June 4th to load buses for the Start Lines. Parking Crew arrives at 4:45am. Need trolleys to pick up runner's from hotels between 5:30am-6:45am and deliver them to the Rodeo Grounds

Outlaw Square

- Will host free concert/ Post race party from 2-5pm on Sunday June 4th

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.

 Does this event involve a fixed venue site? If **YES**, attach a detailed site map showing all streets 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:

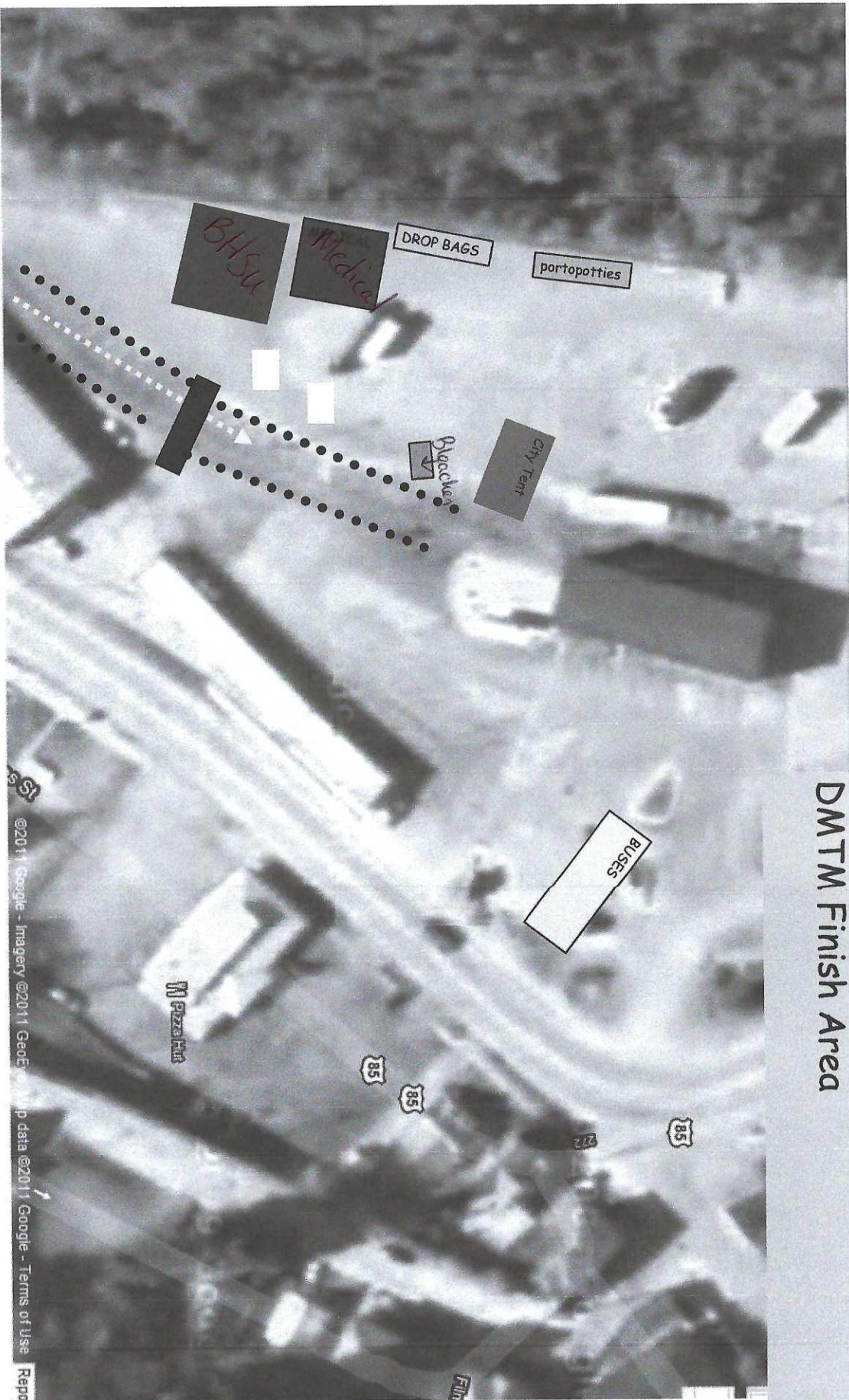
If you intend to cook food in the event area, please specify the method to be used:

GAS ELECTRIC CHARCOAL OTHER (specify):

- First Aid Facilities and Ambulance locations. *will be under BHSU Tent*
- Tables and Chairs.
- Fencing, Barriers and / or Barricades. *} City fencing to create finish chute*
- Generator Locations and / or Source of Electricity. *- Can use Dwd sign?*
- Canopies or Tent Locations. *- Attached*
- Booths, Exhibits, Displays or Enclosures. *None*
- Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures. *- Finish arch*
- 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.

DMTM Finish Area



ARCH/finish

Runners

Fencing/Chute

BLEACHERS

Small Pop ups for medals

BHSU tent for Awards, Massage, Photo Op

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:

Will have City deliver some trash cans. I will have porta-pots and a dumpster delivered Friday

➤ Other Related Event Components not covered above.

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both **Crowd Control** and **Internal Security**:

At Outlaw Sqare, will have Fritz.

Please describe your Accessibility Plan for access at your event by individuals with disabilities:

N/A- all accessible

REQUIRED: It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event.

NO

YES

Have you hired any Professional Security organization to handle security arrangements for this event? If **YES**, please list:

Security Organization: _____

Security Organization Address: _____

(city) (state) (zip code)

Security Director (Name): _____ Business phone: _____

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:

Please indicate what arrangements you have made for providing **First Aid Staffing and Equipment**?

Number ¹ _____ Ambulance(s) – How provided?

Number ⁶ _____ 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: ew

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: ew

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event:
Please See Attached for Rodeo Grounds

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 Stages: 0 Number of Bands: _____

Type of Music: Dj at Finish Line

- Will **sound amplification** be used?
If **YES**, please indicate: Start Time: _____ AM / PM – Finish Time: _____ AM / PM

- Will **sound checks** be conducted prior to the event?
If **YES**, please indicate: Start Time: _____ AM / PM – Finish Time: _____ AM / PM

Please describe the sound equipment that will be used for your event:
at Outlaw Square 1pm. At Finish Line 9am with DJ

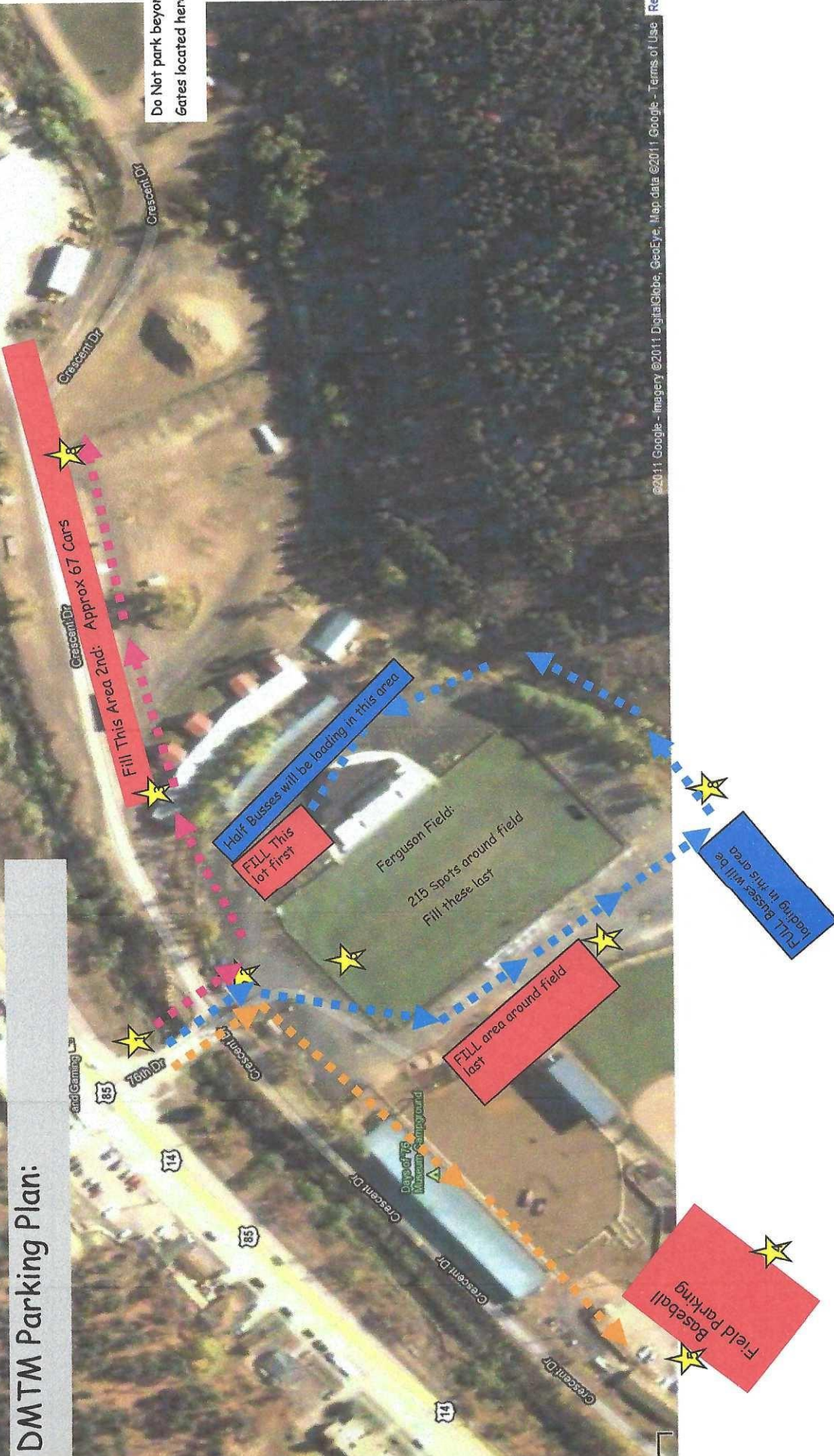
- Will any fireworks, rockets or other pyrotechnics be used? If **YES**, please attach a copy of your permit (issued by the State Fire Marshall's office) to this application.

- Will any signs, banners, decorations or special lighting be used? If **YES**, please describe:

some banners in finish chute. Finish line inflatable arch

DMTM Parking Plan:

Do Not park beyond Gates located here



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★ Volunteers

→ Cars that are DROPPING OFF only should turn Right and exit

→ First Directions to give to park cars

→ Fill the spots around Ferguson Field Last

Volunteers:

Arrive at 4:45am. Cars will start coming at 5am, buses arrive at 5:30am, and buses should all leave between 5:30-6:30am.

1. Directing Cars into Rodeo Grounds
2. Ask: Dropping off? Direct to right, or Parking? Direct to correct lot
3. 2 people directing parking in 1st Lot to North of Ferguson Field, then move up and fill to south
4. Once 1st and second lots are full, Direct cars around field filling

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

NO YES

Will this event be promoted, advertised or marketed in any manner? If YES, please describe:
Social media, print marketing, website

Will there be any live media coverage during your event? If YES, please explain:
Local station typically cover event

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:

Refer all event public inquiries and / or media inquiries for this event to:

NAME: Emily Wheeler PHONE: 605-390-6137

INSURANCE REQUIREMENTS

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

Name of Insurance Company: Insurance Mgmt Group/RRCA Agent's Name: Margaret Mayers

Business Phone: _____ Policy Number: _____ Policy Type: _____

Address: _____ (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: **City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.**

Facilities Use Agreement Indemnification and Insurance Clause

User agrees to indemnify and hold the City, and its officers, agents and employees harmless from any and all liability, damages, actions, claims, demands, expenses, judgments, fees and costs of whatever kind or character, arising from, by reason of, or in connection with the use of the facilities described herein. It is the intention of the parties that the City, and its officers, agents and employees shall not be liable or in any way responsible for injury, damage, liability, loss or expense resulting to the user and those it brings onto the premises due to accidents, mishaps, misconduct, negligence or injuries, either in person or property.

User expressly assumes full responsibility for any and all damages or injuries which may result to any person or property by reason of or in connection with the use of the facilities pursuant to this agreement and agrees to pay the City for all damages caused to the facilities resulting from user's activities hereunder.

User represents that its activities, pursuant to this agreement, will be supervised by adequately trained personnel, and that user will observe, and cause the participants in the activity to observe, all safety rules for the facility and the activity. User acknowledges that the City has no duty to and will not provide supervision of the activity.

User shall maintain occurrence based commercial general liability insurance or equivalent form with a limit of not less than one million dollars (\$1,000,000) each occurrence. If such insurance contains a general aggregate limit it shall apply separately to this Agreement or be no less than two times the occurrence limit. Five days prior to commencement of this Agreement, User shall furnish the City with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this Agreement and provide that such insurance shall not be canceled, except on 30 days' prior written notice to the City. The City Commission reserves the right to require additional commercial general liability insurance necessary to protect the interests of the City.

I have read this Facilities Use Agreement Indemnification and Insurance Clause

Organization: WEM, Inc

Name: Emily Wheeler

Title: Race Director

Signature: *Emily Wheeler*

Date: 2/16/23

ACKNOWLEDGEMENT INDIVIDUAL

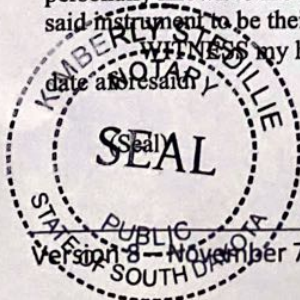
STATE OF _____

:
SS.

COUNTY OF _____

On this 16th day of February, 2023, before me a Notary Public, duly commissioned and qualified in and for said county and state, personally came Emily Wheeler, personally known to me to be the person whose name is affixed to the above instrument and acknowledged the said instrument to be their free and voluntary act and deed.

WITNESS my hand and official seal at Pinnacott, SD, in said county and state, the date and foresaid



Kimberly Stedley
Notary Public

My Commission Expires: 10/31/2023