

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

Wild Bill Days Concerts June 13 & 14, 2025

### 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**

☐ Run	□ Walk	☐ Bike Tour	☐ Bike Race	☐ Parade	<b>■</b> Concert		
☐ Street Fair	☐ Triathlon	☐ Other					
Event Title: Wild Bill	Event Title: Wild Bill Days Concerts June 13 & 14, 2025						
Event Date(s): June 1	3 & 14, 2025	Total	Anticipated Atten	danco: 3000			
, ,	onth, day, year)		Anticipated Atten	uance. <u>9999</u>			
,	, , , , , , , , , , , , , , , ,	(# of <u>Participa</u>	nts 50	# of <u>Spectator</u>	<sub>s</sub> 2950 )		
Actual Event Hours: (from	տ. 6 pm	Δ	.M / PM (to): 10	mq	AM / PM		
			(101) 1 101 (10). <u></u>	<u> </u>			
Location / Staging Area:	Outlaw Squa	ire					
Set up/assembly/constru	uction June 12	, 2025	Start time: 9::	00 am	AM / PM		
Please describe the scop			nacifia dataila). P	roduction F	auipment		
Load in and set up	of stage sound	equipment	pecific details): <u>•</u>	TOUGOTION E	<u>чагритоти</u>		
	•						
- Begin	lune 1/1 end	lung 15.	3 a	m			
Dismantle Date: Begin	Julie 14, ellu	Julie 13Com	oletion time: <u>3</u>	111	AM / PM		
List any street(s) requirir							
and time of re-opening:				eopening Jun	e 15 3 am		
Siever Street - 6 an	Tourie 15 tillou	gir Julie 14	гт риг				
Any request inv	olving 25 or less moto	or vehicles will util	ize Deadwood Stree	t and will be barrica	ded 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							
Deadwood Street will require security be provided at Deadwood Street and Main Street and Wall Street and Main							
Street to direct traffic.  Additional security may be required at the discretion of the Event Committee.							
Additional security may be required at the discretion of the Event committee.							
OPEN CONTAINER							
https://www.cityofdeadwood.com/planning/page/special-event-open-container-							
<u>information-and-maps</u>							
<sub>Date:</sub> June 13	Times:	5 pm to 10		1 & 2			
Date: June 14	Times:	12 pm to 1	0 pm zone:	1 & 2			
Date:	Times:		Zone:				
Date:	Date: Times: Zone:						
Date:	Times:		Zone:				

## APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) ■ Noncommercial (nonprofit) Sponsoring Organization: Outlaw Square Chief Officer of Organization (NAME): Wade Morris aka Bobby Rock Applicant (NAME): Wade Morris aka Bobby Rock Business Phone: 605-210-1710 Address: 703 Main St Deadwood, Sd 57732 (city) (zip code) (state) Daytime phone: 605-717-6848 Evening Phone: 605-641-9162 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) Pager/Cell #: 605-641-9162 Contact person "on site" day of event or facility use Bobby Rock (Note: This person must be in attendance for the duration of the event and immediately available to city officials) Attach a written communication from the Chief Officer of the organization which authorizes **REQUIRED:** the applicant or professional event organizer to apply for this Special Event Permit on their behalf. FEES / PROCEEDS / REPORTING NO YES П 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):

# 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:

<u>Outla</u>	w Sq	uare concerts in support of Wild Bill Days June 13 & 14
2 band	l perfo	rming each day, opener and headliner starting at 6 pm and ending
10 pm	Դ.	
Reque	esting	Deadwood St. Closure starting at 9 am on Thursday, June 12 for
DMM s	sound	systems load in and set up of stage equipment - through Sunday
June 1	5 at 3	am. Deadwood Street will be used for band load in and spectator
seatir	ng du	ring the concerts and for Max XXL Screen placement.
Reques	sting S	iever St. Closure on Friday, June 13, 6 am until Sunday June 15, Midnight
for bus	s parki	ng and band parking. Buses utilize shore power connection. 1 bus
each	day,	Friday & Saturday
Reques	sting op	oen container zones 1 & 2 on Friday, June 13 from 5 pm to 10 and Saturday
June	14 fro	om 12 pm to 10 pm.
	OVE	RALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)
NO	YES	, ,
		Does the event involve the sale or use of alcoholic beverages? If <b>YES</b> , please proved your liquor
		liability insurance information to the last page of this application.
		Will Items or services be sold at the event? If <b>YES</b> , please describe:
		Artist merchandise will be sold at event
		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.
		provide written narrative to explain your route.
		Does this event involve a fixed venue site? If <b>YES</b> , attach a detailed site map showing all street
		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.						
>	Tables and Chairs.						
>	Fencing, Barriers and / or Barricades.						
>	Generator Locations and / or Source of Electricity.						
>	Canopies or Tent Locations.  Tent Rental with Approved Special Event, which is set and amended by resolution, paid to the City of Deadwood:  10' by 10' Set up and take down						
>	Booths, Exhibits, Displays or Enclosures.						
>	Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.						
>	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.  Number of trash cans: 8 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: Outlaw Square staff will collect and dispose of trash nightly						
	Other Related Event Components not covered above.						

# SAFETY / SECURITY / ACCESSIBILITY

					and private		II handle crov	wd control
			sibility Plan for A compatib				abilities:	
			ant's responsib to this event.	oility to compl	y with all City, C	County, State	and Federal Dis	ability Access
NO Securit	YES  Ty Organiz	event?	ou hired any Pr If <b>YES</b> , please dland Secul	list:	curity organizati	ion to handle	security arrange	ements for this
Securit	y Organiz	ation Addr	ess: 11090 S	Snoma Roa	d Belle Fou	ırche, Sd		
	, 0				(city)		(state)	(zip code)
Security	/ Director (	Name): <u>Fr</u>	ritz Carlson			Business ph	one: <u>605-210-</u>	1710
NO	YES	to ensur	e the safety of	the participar		ors:	unding area will	
Pleas	e indicate	what arra	ngements you	have made for	providing <b>First</b>	<b>Aid Staffing</b> a	nd <b>Equipment</b> ?	
	Number 1Ambulance(s) – How provided? Monument Health							
	Numb	<sub>oer</sub> 2	Emergenc	y Medical Tech	nnicians – How p	orovided? Mo	onument Hea	ılth
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

		e your plans to notify all residents, businesses and churches impacted by the event:and businesses will be notified through city public hearing notices					
NO	YES	NTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES					
	IES	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.					
Numb	er of Stag	Number of Bands: 4					
Туре	of Music:	Country/blues					
		Will <b>sound amplification</b> be used?  If <u>YES</u> , please indicate: Start Time: 6 pmAM / PM – Finish Time: 10 pmAM / PM					
		Will <b>sound check</b> be conducted prior to the event?  If <b>YES</b> , please indicate: Start Time: 3 pmAM / PM – Finish Time: 5 pmAM / PM					
		Please describe the sound equipment that will be used for your event:					
		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.					
		Are any signs, banners decorations or special lighting be used? If <b>YES</b> , please describe:stage production lighting					
		PROMOTION / ADVERTISING / MARKETING / INTERNET					
		INFORMATION					
NO	YES	Will this event be promoted, advertised or marketed in any manner? If <b>YES</b> , please describe:					
		Through the Deadwood Chamber, radio, social media, posters					
NO	YES	Will there be any live media coverage during your event? If YES, please explain:					
	all event p	oublic inquiries and / or media inquiries for this event to: / Rock PHONE: 605-717-6848					

# INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company: Hub Inst	urances					
Agent's Name: Chris Roberts						
Business Phone: (605-717-6988	_ Policy Number:		Policy Type: Prop/Caus			
Address:						
	(city)		(state)	(zip code)		
For final permit approval, you will ne Deadwood, its officers, employees and age for the duration of the event. To detern Finance Office at (605) 578-2600 – Fax #	gents" as an additional insuration the amount of insurations.	red. Insurai	nce coverage m	nust be maintained		
The City must be named as an "additional insured." Please obtain the required insurance and mail an original nsurance certificate to: City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.						
A	FFIDAVIT OF APPLIC	CANT				
Advance Cancellation Notice Required: Otherwise, City personnel and equipmen	<del>-</del>	•	e Deadwood P	olice Department.		
certify that the information in the foregoelief and that I have read, understand a Special Event and I understand that this the City Commission of Deadwood. I ago organization, am also authorized to comport any cost and fees that may be incurred.	and agree to abide by the ruapplication is made subjection is made subjective to abide by these rules mit that organization, and the subjection is the subje	ules and reg t to the rules and furth therefore a	gulations gover es and regulati er certify that gree to be fina	rning the proposed ions established by I, on behalf of the incially responsible		
Name of Applicant (PRINT): Wade Mor	rris aka Bobby Rock	Title:	Director			
		Date:	1/28/2025			

(Signature of Applicant/Sponsoring Organization)