

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

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

<input type="checkbox"/> Run	<input type="checkbox"/> Walk	<input type="checkbox"/> Bike Tour	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Parade	<input type="checkbox"/> Concert
<input type="checkbox"/> Street Fair	<input type="checkbox"/> Triathlon	<input checked="" type="checkbox"/> Other	3 WHEELER RALLY		

Event Title: Deadwood 3 wheeler Rally

Event Date(s): July 11- July 15, 2026 Total Anticipated Attendance: 700+
(month, day, year)

(# of Participants) _____ # of Spectators _____)

Actual Event Hours: (from: 8:00 AM / PM (to): 10:00 AM / PM)

Location / Staging Area: Deadwood Event Center / Days of 76 Complex

Set up/assembly/construction Friday - July 10 Start time: 6:00 AM / PM

Please describe the scope of your setup / assembly work (specific details): Setting up additional tents, Vendor set up, Bar set up, Tables & chairs, Banners & Flags

Dismantle Date: July 16 6:00 am Completion time: July 16 3:00 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: July 13th/Monday - Soft closure on main street from Wall Street to gold street (mustang salys to Gold Dust) right hand side going S. We will provide Badlands Security / start at 9:00 am - ending at 11:00 a.m.

- 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 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.

OPEN CONTAINER

<https://www.cityofdeadwood.com/planning/page/special-event-open-container-information-and-maps>

Date: <u>11/1</u>	Times: _____	Zone: _____
Date: <u>N/A</u>	Times: _____	Zone: _____
Date: <u> </u>	Times: _____	Zone: _____
Date: <u> </u>	Times: _____	Zone: _____
Date: <u> </u>	Times: _____	Zone: _____

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Commercial (for profit)

Noncommercial (nonprofit)

Sponsoring Organization: First Gold Gaming Resort
Chief Officer of Organization (NAME): Terri Ward / Deadwood 3 Wheeler Rally
Applicant (NAME): Michelle Pierce Business Phone: (605) 578-9777 ext 1103
Address: 270 Main Street Deadwood SD 57732
(city) (state) (zip code)
Daytime phone: 307 391-1541 Evening Phone: 307 391-1541 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: Michelle Pierce
Address: 270 Main Street Deadwood SD 57732
(city) (state) (zip code)

Contact person "on site" day of event or facility use Michelle Pierce Pager/Cell #: 307-391-1541

(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.

FEES / 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):

Participant 50.00 per person to offset swag bags & activities & music

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:

Attached map

JULY 11 - kick off party @ Complex 5:00 pm

JULY 12 - 4 coordinated rides with ride leaders - music @ 5:00

JULY 13 - Show-n-shine 9-11 Downtown afternoon rides
music @ 5:00 at complex

JULY 14 - 4-6 coordinated rides - pie & ice cream social
raise money for local VFW
music @ 5:00 - complex

JULY 15 - pancake feed 7-11 VFW - 2-4 coordinated rides
finale dinner @ 5:00, parade @ 8:30 pm

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: shirts hats
food

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. If the route involves state highways, please click the link below to submit a SD DOT Permit to Occupy Right-of-Way.
https://www.state.sd.us/eforms/secure/eforms/S_E0903v1_PermitToOccupyROW.pdf

Does this event involve a fixed venue site? If YES, 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: FG will prepare food
on site via grills (propane) flat top grills

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.
- Jersey Barriers and Equipment used for other than safety purposes \$25.00 each
- 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	\$200.00
20' by 30' Set up and take down	\$400.00
20' by 40' Set up and take down	\$600.00

- 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: 14 Trash Containers w / lids: _____

- Garbage Removal Fee - \$150.00/hour/employee – if the City of Deadwood has to remove the garbage after the event.

Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility: city - fee paid

Other Related Event Components not covered above. porta potties - Superior Sanitation
daily service

SAFETY / SECURITY / ACCESSIBILITY

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

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

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: Badlands Security - Fritz Carlson
Security Organization Address: Belle Fourche SD

(city) (state) (zip code)

Security Director (Name): Fritz Carlson Business phone: 605-210-1780

NO YES

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: 10 pm

lights in Event Center and also in bar tents
that FG provides

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

Number _____ Ambulance(s) – How provided? Dwrd Emergency

Number _____ Emergency Medical Technicians – How provided? _____

PROMOTION/ADVERTISING/MARKETING/INFORMATION

NO YES Will this event be promoted, advertised or marketed in any manner? If YES, please describe:

Social Media, radio, local newspaper, SEO

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

possibly tv station

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

NAME: _____ PHONE: _____

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company: Black Hills Insurance Agency

Agent's Name: Elizabeth Brown

Business Phone: (605) 342-5555 Policy Number: CL 2462827196 Policy Type: Commercial liability

Address: 820 St. Joseph, Rapid City (city) 57709 (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.

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.

Name of Applicant (PRINT): Michele Pierce



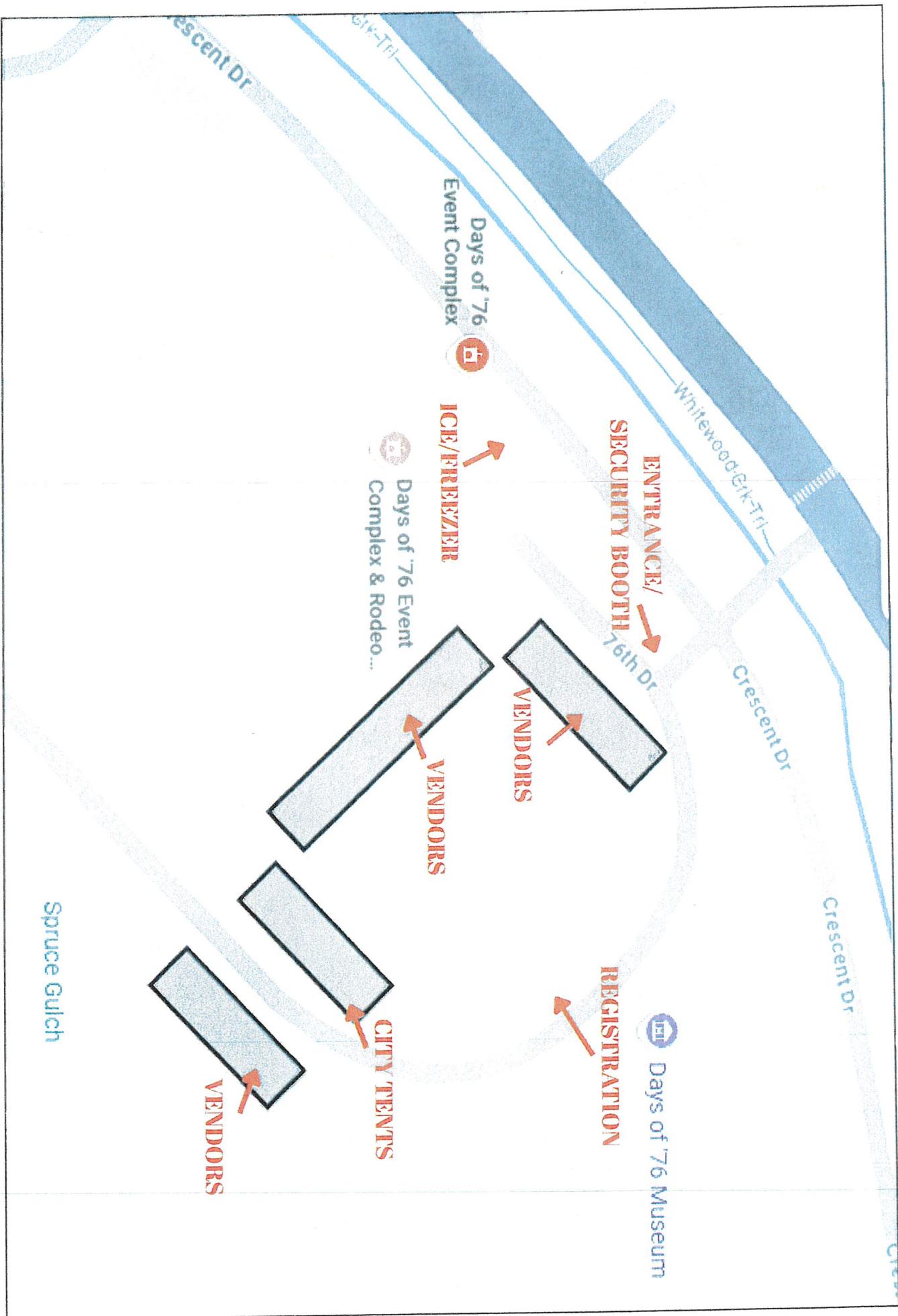
(Signature of Applicant/Sponsoring Organization)

Title: Event Coordinator

Date: 11/6/25

VENDING

Monthly vending reports shall be submitted by convention center vending, including Outlaw Square and Event Complex, to the Planning and Zoning Office. The report shall list event and vendor information for any event scheduled to occur the following month. Reports shall be submitted by the 15th of each month. Reports are to be submitted even if no upcoming event is planned for the following month. Failure to submit monthly reports could risk future event approval(s) and/or reissuance of liquor license. Approved vendors will be subject to periodic checks by the Zoning Administrator and/or his/her designee to ensure all information required by the City of Deadwood is being provided.





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/01/2025

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 lieu of such endorsement(s).

PRODUCER	Black Hills Insurance Agency 820 St. Joseph PO Box 3330 Rapid City	CONTACT NAME: Elizabeth Brown
		PHONE (A/C, No. Ext): (605) 342-5555
INSURED	First Gold, Inc. 270 Main Deadwood	E-MAIL ADDRESS: elizabethbrown@blackhillsagency.com
		INSURER(S) AFFORDING COVERAGE
INSURER A:	Markel Insurance Company	
	INSURER B: Markel American Insurance Company	
INSURER C:	First Dakota Indemnity Company	10351
	INSURER D:	
INSURER E:		
	INSURER F:	

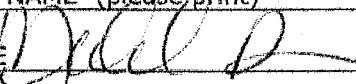
COVERAGES		CERTIFICATE NUMBER: CL267129604		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	ADD'L SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/>	INSD WVD	MKP0000501442601	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC OTHER:					
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS Hired AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	INSD WVD	MKA0000501442701	07/01/2025	07/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>					
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>	INSD WVD	MKX0000501442801	07/01/2025	07/01/2026	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000 \$
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below	INSD WVD	WC020-0027018-2025A	07/01/2025	07/01/2026	X PER STATUTE <input checked="" type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)					

CERTIFICATE HOLDER		CANCELLATION	
City of Deadwood 108 Sherman Street		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
Deadwood		SD 57732	
		AUTHORIZED REPRESENTATIVE	

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Highway No. 85/14A County LAWRENCE Approximately 1.7 Miles N S E Wfrom (City or well-defined point) 15'76 DRIVE Section _____ Township _____ Range _____Description of Occupancy: EVENING PARADE @ 830PM JULY 15, 2026 - POLICE ESCORTPurpose of Occupancy: PARADE TRAVELS OUT OF THE EVENT CENTER GOING SOUTH ON 85 TO MAIN ST
DEADWOOD - POLICE ESCORTDuration of Occupancy: PERMANENT TEMPORARY If temporary, estimated date of removal or completion: 07/15/26I, the undersigned, request permission to occupy public right-of-way at the above location and as shown on the attached layout sheet. In consideration for this permission, I agree to abide by all conditions as herein stated. 9:30 PM

1. To furnish all materials, labor, incidentals and pay all costs involved with this occupancy including restoration of any damage to the roadway and right-of-way to equal or better conditions than existed prior to the occupancy covered by this permit.
2. To provide protection to highway traffic during occupancy by the use of proper signs, barricades, flagpersons and lights as prescribed in the "Manual of Uniform Traffic Control Devices."
3. To indemnify and hold the State of South Dakota, its Department of Transportation, its officers, agents and employees, harmless from and against any and all actions, suits, damages, liability or other proceedings of any kind or nature brought because of any injuries or damage received or sustained by any person or property on account of the use or occupancy of right-of-way designated in this application.

APPLICANT NAME (please print) MICHELE PIERCE DEADWOOD 3 WHEEL RALLYSIGNATURE DATE 10/7/2025ADDRESS 270 MAIN STREET DEADWOOD SD 57732PHONE (605) 578-9777 ext 1103REPRESENTING DEADWOOD 3 WHEEL RALLY /FIRST GOLDEMAIL D3WR@FIRSTGOLD.COM

(Name of Individual, Company, Organization, etc.)

To be completed by Department of Transportation

Project _____ Station _____ Milepost _____ Maintenance Unit _____

1. Prior to commencing occupancy and at completion of occupancy the applicant must notify _____ at _____ Phone _____ Email _____
2. Special Conditions _____

3. Failure to accomplish the occupancy in accordance with the provisions of this permit will automatically render this permit null and void and where applicable, constitute grounds for its removal and/or full restoration of the occupancy site all at the applicant's expense.

This permit to occupy the right-of-way is granted subject to all conditions as herein stated.

Area Engineer _____ Date _____

Chief Bridge Engineer _____
(for Bridge Installations only)

Date _____

Region Engineer _____ Date _____

D3WR "Night Light Parade" Route Map

Parade on ~~Wednesday~~, July 15, 2026 @ 8:30 PM

Line-up at 8:00 PM

Start and End @ Deadwood Event Complex

