

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

Deadwood Jam 9/19/25-9/20/25

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	☐ Concert				
☐ Street Fair	☐ Triathlon	☐ Other							
Event Title: Deadwood	d Jam 9/19/25-9/2	0/25							
Event Date(s): 9/19/2025 - 9/20/2025 Total Anticipated Attendance: 3000									
(m	nonth, day, year)	/# of Dartisina	nte	# of Chastator					
		(# of <u>Participa</u>		# of <u>Spectator</u>	<u>s</u>				
Actual Event Hours: (fro	_{m:} <u>5pm 9/19 Noc</u>	<u>n 9/20</u> _ _A	M / PM (to): <u>10p</u>	m	AM / PM				
Location / Staging Area:	Outlaw Square a	and Deadwood	St.						
Set up/assembly/constr	uction 9/18/25		Start time: 8an	n	AM / PM				
					closure to allow				
Please describe the scop	be of your setup / a beir semi and set up t	ssembly work (s the stage at Outlay	pecific details): <u>De</u> w Square	eauwoou Street	closure to allow				
Divini Gyotomo to unicad t	inon som and set up	ino stage at Oatia	w oquare.						
Dismantle Date: 9/21		Com	oletion time: 3am		AM / PM				
List any street(s) requiri	ng closure as a resu	It of this event.	Include street nan	ne(s). dav. date a	nd time of closing				
and time of re-opening:									
Siever St. 9/19 and 9/20 fe	or bus parking 6am-1	0pm							
Any request inv	volving 25 or less moto	ar vohiclos will util	iza Daadwaad Straat	and will be barries	dad at both				
ends of Deadw		or vernicles will utili	ize Deauwood Street	and will be barrical	ded at botti				
Any request inv	volving 25-50 motor v	ehicles (not includ	ing motorcycles) will	park on the north s	ide of Main				
	vill not require street				II G				
	volving 50 or more ve et will require security								
Street to direct		20 p. 01. 40 a 41 2 0 4							
Additional secu	irity may be required	at the discretion o	f the Event Committe	ee.					
		OPEN CO	NITAINIED						
httms://www	cituafdaada			al avent anan					
nttps://ww	w.cityofdeadwo			iai-event-open	<u>-container-</u>				
Date: 9/19	Timos	information 5-10pm	i-and-maps Zone:	1-2					
Date: 9/20		: Noon - 10pm							
-	Times Times			-					
Date:			Zone:	-					
Date:	Times		Zone:						
Date:	Times		Zone:						

APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) Noncommercial (nonprofit) Sponsoring Organization: The Deadwood Jam Chief Officer of Organization (NAME): Brandon Harvey Business Phone: (60521017) 80 Applicant (NAME): Jesse Allen Address: 501 Main St. Deadwood, SD 57732 (city) (state) (zip code) 578-1876 Evening Phone: (605) 591-9171 Daytime phone: (605 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 <u>Jesse Allen</u> Pager/Cell #: 605-591-9171 (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 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:

Two da	ys of f	ree concerts at Outlaw Square.
Reques	sting st	reet closure on Deadwood St. Thursday 9/18 @8am - Sunday 9/21 @3am
Reques	sting s	treet closure on Seiver St. Friday 9/19 and Saturday 9/20 for bus parking
6am - 1	l0pm	
Reques	st to w	aive vendor fees
Reques	st to w	aive event banner and sponsor fees
	OVE	RALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)
NO	YES	
		Does the event involve the sale or use of alcoholic beverages? If YES , please proved 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:
		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 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):										
>	at 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: 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: Deadwood Jam Staff will clean up the Square and move trash to the curb or designated area.										
	Other Related Event Components not covered above.										

SAFETY / SECURITY / ACCESSIBILITY

Badland	ls Security	our proce	dure	s for b	oun Cr	owa Ci	Untroi a	and inte	rnai Sec	curity: _						
Please de	escribe yo			-			-	-			h disabili	· -				
	ED: It is tl ments ap			_		lity to	comply	with a	ll City, C	County,	State an	d Fed	deral Di	sal	oility A	ccess
NO Security	YES Organiza	event	? If '	YES , pl	ease li		nal Sec	urity or	ganizati	ion to h	andle sed	curity	y arrang	gen	nents fo	or this
Security	Organiza	ition Add	dres	s· 1108	39 Sno	ma Roa	ad Belle	Fourch	e SD 5	57717						
Security	Organiza	icion 7 ta	ui cs.	,. <u> </u>					(city)				(state)		(zip coc	de)
Security I	Director (N	lame): <u>F</u>	riz C	arlson						Busin	ness phone	e: <u>60</u>	5210178	0		
NO	YES										surrounc tlaw Squar					nated
Please		er <u>0</u>		_Amb	ulance	(s) – Ho	ow prov	/ided? _			fing and E					
proper being s which	CANT spe rty locate sought ar results fr ADWOOD	cifically and in or sold that Domany o	ackn store EAD caus	owled d in o WOOI e or re	ges ar r upor) shall ason v	nd agre n DEAD not be with re approv	ees tha DWOOD respor gard to val of th	t it sha O's prop nsible fo person ne activ	I be sol perty pu or any d nal prop ty for w	ely respursuant amage overty own which appropriately to the contraction of the contraction appropriately on the contraction appropriately appr	oonsible to the a or loss to vned by A	for a activito or o APPL s beir	ny dam ty for w f APPLIO	nag /hic CAl	e to pe ch appr NT's pr red or le	roval is operty ocated
DEAD	CANT agr WOOD m APPLICAN	ight have	e to	pay to	any p	erson a	as a res suant to	sult of positions appro	roperty val of th	y damag ne activi	ge, perso	nal i	njury or	r de	eath re	sulting

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

		e your plans to notify all residents, businesses and churches impacted by the event:								
		NTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES								
NO	YES	Are there any musical entertainment features related to your event or facilities rental? If YE please state the number of bands and type of music.								
Numb	er of Stag	res: 1 Number of Bands: 10								
Type o	of Music:	Mixed Genres								
		Will sound amplification be used? If YES , please indicate: Start Time: noon AM / PM – Finish Time: 10 AM / PM								
		Will sound check be conducted prior to the event? If <u>YES</u> , please indicate: Start Time: <u>8am</u> AM / PM – Finish Time: <u>10pm</u> AM / PM Please describe the sound equipment that will be used for your event: <u>Stage sound</u> . Line array and Subs								
▣		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. Are any signs, banners decorations or special lighting be used? If YES , please describe: Event and sponsor banners. Stage lighting								
		PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION								
NO	YES	Will this event be promoted, advertised or marketed in any manner? If YES , please describe: Local and social media								
NO	YES	Will there be any live media coverage during your event? If YES , please explain: Local Media								
	all event p : Brandor	nublic inquiries and / or media inquiries for this event to: n Harvey PHONE: 605 920 9853								

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance C	ompany:				
Agent's Name:					
Business Phone: ()	Policy Number:		Policy Type:	
Address:					
			(city)	(state)	(zip code)
For final permit ap	proval, you	will need commercial g	eneral liability ins	surance that nam	es "the City of
Deadwood, its office	rs, employee	s and agents" as an additi	onal insured. Insur	ance coverage mus	st be maintained
for the duration of t	he event. To	determine the amount	of insurance cover	age necessary, ple	ease contact the
Finance Office at (60	5) 578-2600	– Fax # (605) 578-2084.			
The City must be nar	ned as an "a	dditional insured." Please	e obtain the require	ed insurance and n	nail an original
•		eadwood, Finance Office	•		_
		AFFIDAVIT OF	APPLICANT		
Advance Cancellation	n Notice Re	quired: If this event is o	cancelled, notify th	ne Deadwood Poli	ce Department.
Otherwise, City perso	onnel and eq	uipment may be needless	sly dispatched.		
I certify that the info	rmation in tl	he foregoing application	is true and correct	to the best of my	/ knowledge and
belief and that I have	e read, under	stand and agree to abide	by the rules and re	egulations governi	ng the proposed
Special Event and I u	nderstand th	at this application is mad	de subject to the ru	lles and regulation	s established by
the City Commission	of Deadwoo	od. I agree to abide by th	ese rules and furt	her certify that I,	on behalf of the
organization, am also	authorized	to commit that organizat	ion, and therefore	agree to be financ	ially responsible
for any cost and fees	that may be	incurred by or on behalf	of the Event to the	City of Deadwood	d.
Name of Applicant (P	RINT): Jesse	Allen	Title:	Event Coordinator	
An	\sim		Date	· 4/22/25	
	*			•	

(Signature of Applicant/Sponsoring Organization)