

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

The Drifters - Outlaw Square - Tuesday, August 19, 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	■ Concert	
☐ Street Fair	☐ Triathlon	☐ Other				
Event Title: The Drif	ters - Outlav	v Square - T	uesday, Au	gust 19, 20	25	
	Event Date(s): August 19, 2025 Total Anticipated Attendance: 800					
(11	ionth, day, year)	(# of <u>Participa</u>	nts 10	# of Spectato	rs 790)	
Actual Event Hours: (fro	_{m:} <u>5:30 pm</u>	A	м/рм (to): <u>9 р</u>	om	AM / PM	
Location / Staging Area:	Outlaw Squ	are				
Set up/assembly/constr	uction August	19	Start time: 1 p	om	AM / PM	
Please describe the scor Load in of production			pecific details):			
Dismantle Date: Augu List any street(s) requiri and time of re-opening:	ng closure as a res	ult of this event.		me(s), day, date		
ends of Deadw Any request inv Street, which v Any request inv Deadwood Street to direct	volving 25-50 motor vill not require stree volving 50 or more v eet will require security	vehicles (not includi t closure. ehicles which would be provided at Deac	ing motorcycles) wil d require an entire : lwood Street and M	l park on the north street closure from ain Street and Wall	side of Main Wall Street to	
httms://www		OPEN COI		ial avent one		
https://www.cityofdeadwood.com/planning/page/special-event-open-container- information-and-maps						
Date: August 19	Time	s: 5 pm to 10		1 & 2		
Date:		s:				
Date:		s:				
Date:	Time:	s:		:		
Date:	Times	s:	Zone:	:		

APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) Noncommercial (nonprofit) Sponsoring Organization: Outlaw Square - Deadwood Mt. Grand Chief Officer of Organization (NAME): Wade Morris - aka Bobby Rock Applicant (NAME): Wade Morris aka Bobby Rock Business Phone: 605-717-6848 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) **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:

This e	vent i	s a part of the KOOL DEADWOOD NITES week, the concert is
presen	ted by	The Deadwood Mountain Grand, with Outlaw Square being the hos
Concer	rt will t	take place starting at either 5:30 or 6:30 pm, and will be concluded by
7 or 8	pm.	
Reque	esting	Open Container, city wide, Zones 1 & 2 from 5 pm until 10 pm
Beer o	or W	ine only, served in Chamber open container cups.
Reque	sting l	Deadwood St closure from Main st to Pioneer Way 5 pm until 11 pm
purpo	se if	for additional seating and viewing of the show.
Deadv	vood	St will be reopened upon completion of Production load out.
	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):						
>	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: $\frac{14}{N/A}$ Trash Containers w / lids: $\frac{N/A}{N}$						
	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 handle clean up and trash removal						
	Other Related Event Components not covered above.						

SAFETY / SECURITY / ACCESSIBILITY

			ill handle cro				
			bility Plan for acco A compatible	-	-	vith disabilities:	
			nt's responsibility this event.	y to comply wit	h all City, County	,, State and Federal Dis	ability Access
NO Securit	YES	event? I	u hired any Profe If YES , please list	::	_	handle security arrange	ements for this
Securit	y Organiz	ation Addre	SS:		(city)	(state)	(zip code)
Securit	y Director (Name):			Busi	iness phone: <u>605-717-</u>	6848
NO	YES	to ensure	_	e participants a	nd spectators:	d surrounding area will	
Pleas	e indicate	what arrang	gements you hav	re made for prov	iding First Aid St a	affing and Equipment?	
	Numl	oer N/A	Ambulance(s)	– How provided	d?		
		oer N/A				ed?	
prop being whic	erty locat g sought a h results f	ed in or sto nd that DEA rom any cau	red in or upon D DWOOD shall no use or reason wit	DEADWOOD's pot be responsible the regard to per proval of the acceptance of the acce	roperty pursuan e for any damage sonal property o	sponsible for any dama t to the activity for wh e or loss to or of APPLIC wned by APPLICANT st approval is being sough initial: WM	nich approval is ANT's property ored or located
DEA	OWOOD n	night have to	o pay to any pers he City property	son as a result o	of property dama	OOD from any sums or age, personal injury or wity for which approval nitial: WM	death resulting

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

		e your plans to notify all residents, businesses and churches impacted by the event:
	E	NTERTAINMENT / 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.
Numb	er of Stag	Number of Bands: 1
Type o	of Music:	Oldies
		Will sound amplification be used?
		If <u>YES</u> , please indicate: Start Time: 5:30/6:30 pm AM / PM – Finish Time: 7 Or 8 pm AM / PM
		Will sound check be conducted prior to the event?
		If <u>YES</u> , please indicate: Start Time: 3 pmAM / PM – Finish Time: 4 pmAM / PM
		Please describe the sound equipment that will be used for your event: Powerhouse Productions is our production company
		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:
		PROMOTION / ADVERTISING / MARKETING / INTERNET
		INFORMATION
NO	YES	
		Will this event be promoted, advertised or marketed in any manner? If YES , please describe:
		Social media, internet, posters
NO	YES	
		Will there be any live media coverage during your event? If YES, please explain:
Refer:	all event n	public inquiries and / or media inquiries for this event to:
	: Bobby	

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company: <u>Hub</u>	International / Lloyds of	London		
Agent's Name: Chris Roberts				
Business Phone: ()	Policy Number:		Policy Type:	
Address:				
	(city	·)	(state)	(zip code)
For final permit approval, you w	rill need commercial general	liability ins	urance that nam	nes "the City of
Deadwood, its officers, employees	<u> </u>		•	
for the duration of the event. To of Finance Office at (605) 578-2600 –		rance cover	age necessary, pi	ease contact the
The City must be named as an "ac insurance certificate to: City of Dec		· ·		=
	AFFIDAVIT OF APPL	ICANT		
Advance Cancellation Notice Req	uired: If this event is cancelle	d, notify th	e Deadwood Pol	ice Department.
Otherwise, City personnel and equi	pment may be needlessly dispa	atched.		
I certify that the information in the belief and that I have read, underst Special Event and I understand tha the City Commission of Deadwood organization, am also authorized to for any cost and fees that may be in	and and agree to abide by the this application is made subjeted. I agree to abide by these rules commit that organization, and	rules and re ect to the ru es and furth d therefore	egulations govern les and regulation ner certify that I, agree to be finan	ing the proposed ns established by on behalf of the cially responsible
Name of Applicant (PRINT): Wade	Morris aka Bobby Rock	CTitle:	Director	
		Date:	4/21/25	

(Signature of Applicant/Sponsoring Organization)