

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

Harley Davidson Outlaw Square Activation - July 31 - August 9, 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: Harley Da	avidson Rally	Point at Outla	aw Square		
Event Date(s): August 1-10, 2025 Total Anticipated Attendance: 300-600 per day					
(m	nonth, day, year)	/# of Dauticine		# of Cooctato	\
	4.0		ints		<u>rs</u> )
Actual Event Hours: (fro	<sub>m:</sub> 10 am	AM / PM (to): 6 pmAM /			AM / PM
Location / Staging Area:	Outlaw Squa	re			
Set up/assembly/constr	uction July 31		Start time: 7 am		
Please describe the scop	pe of your setup /	assembly work (s	pecific details):	a a unitu a a ta a	otatio aign
Static Bike Display displays, all within	the confines (	nandise tent, of Outlaw Squ	surrounding s	ecurity gates	, static sign
		or Odilaw Oqt	daic		
Dismantle Date: Augu	st 10	Com	pletion time: 9 pr	m	AM / PM
List any street(s) requiri	ng closure as a res	cult of this event	Include street na	mals) day data	and time of closing
and time of re-opening:		out of this event.	merade <u>street na</u>	me(s), day, date	and and or closing
Any request in	olving 25 or less mo	otor vehicles will uti	lize Deadwood Stree	t and will be barric	aded at both
ends of Deadw					
	olving 25-50 motor vill not require stree		ling motorcycles) - w	ill park on the nort	h side of Main
			ıld require an entire	street closure Fron	n Wall Street to
	d security must be p	provided at Shine St	reet and Main Street	and Wall Street ar	nd Main Street to
direct traffic.  Additional secu	ırity maybe required	dat the discretion o	f the Event Committe	PP.	
	,,				
		OPEN CO	NTAINER		
https://www	v.cityofdeadwo		ning/page/spec	ial-event-ope	n-container-
	0005	information			
Date: August 2-3,		s: 10 am - 7 pi		-	
Date: August 4, 20		3 pm - 7 pm			
Date: August 5,6,		s: 10 am - 7 pi			
Date: August 8, 20		s: 10 am - 7 pi			
Date: August 9, 20	025 Times	<sub>s:</sub> 10 am - 7 pı	m Zone	: <u>4</u>	

# APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) Noncommercial (nonprofit) Sponsoring Organization: Harley Davidson Chief Officer of Organization (NAME): David Patterson ${\sf Applicant} \; ({\sf NAME}) : \; \underline{{\sf Wade}} \; {\sf Morris/Bobby} \; {\sf Ro}$ Business Phone: (605)717-6848 Address: 703 Main St - Deadwood SD 57732 (city) (state) (zip code) 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: Randy Brown Address: 703 Main St - Deadwood SD 57732 (state) (zip code) Contact person "on site" day of event or facility use Randy Brown Pager/Cell #: 605-415-2946 (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):

# 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: Harley Davidson will have full use of Outlaw Square July 31-August 10, 2025, for their annual activation event during the Sturgis Motorcycle Rally. Plans are to have scheduled events throughout the week, including bike shows and music. Bands will be performing on the Outlaw Square stage Sat. Sun, Tues, Weds. Thurs and possible Saturday - 2 pm - 4 pm Background music will be playing when bands are not Bars will be set up within the confines of Outlaw Square selling Beer & Wine only, requesting zone 4 open container, with use of zone 3 on Friday -Security gate fencing will be placed around Outlaw Square perimeter with Badlands Security controlling entrance and exits. 2 different food trucks may rotate mid week but will be onsite for the event. Rocksino beer & wine license will be used for the event. **OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)** NO YES Does the event involve the sale or use of alcoholic beverages? If YES, please proved your liquor П liability insurance information to the last page of this application. Will Items or services be sold at the event? If YES, please describe: \_ П Bike show vendors and ride groups will be selling merch 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. П 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: Food Trucks on site							
								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.							
>	Booths, Exhibits, Displays or Enclosures.							
>	Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.							
>	Vehicles and / or Trailers.							
>	Trash Containers and Dumpsters.							
	Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility: Outlaw Square and HD staff will handle daily trash clean up.							
	Other Related Event Components not covered above.							

# SAFETY / SECURITY / ACCESSIBILITY

	•	•		aw Square			ernal security	
			bility Plan fo A compat	iblo			n disabilities:	
			nt's responsi this event.		ply with all C	ity, County, SI	tate and Federal C	isability Access
NO Securit	YES  The second of the second	event?	u hired any F If <b>YES</b> , pleaso l <b>lands Se</b>	e list:			ndle security arran	
Securit	y Organiz	ation Addre	ess: 1109 S	Snoma Rd	Belle Fou	ırche, SD		
	, 0					city)	(state)	(zip code)
Security	Director (	Name): Fri	tz Carlsor	<u>1</u>		Busines:	s phone: <u>605-21</u> 0	)-1780
NO	YES		_				ırrounding area w	
Pleas	Numb		Ambulan	ce(s) – How p	rovided?		ing and Equipmen	
prop being which	ICANT spe erty locate sought an results fi	ecifically ac ed in or sto nd that DEA om any cau	knowledges red in or up DWOOD sha use or reasor	and agrees the on DEADWOC all not be respin with regard of approval of	nat it shall be DD's propert consible for a to personal p the activity	e solely respor y pursuant to ny damage or property owne	nsible for any dan the activity for w loss to or of APPLI ed by APPLICANT s roval is being soug	nage to personal which approval is CANT's property stored or located
DEAD	)WOOD m	ight have t	o pay to any	person as a r erty pursuant	esult of prop	erty damage,	D from any sums personal injury o for which approvant WM	r death resulting

## PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: the public and businesses will be notified through public hearing notifications **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 Bands: 6 (1 per day) Number of Stages: 1 Type of Music: variety - 2 pm to 4 pm П Will **sound amplification** be used? If <u>YES</u>, please indicate: Start Time: 10 am AM / PM – Finish Time: 7 pm AM / PM Will **sound check** be conducted prior to the event? П If <u>YES</u>, please indicate: Start Time: 1 pm AM / PM – Finish Time: 2 pm AM / PM Please describe the sound equipment that will be used for your event: Production company providing sound Will any fireworks, rockets or other pyrotechnics be used? If YES, please attach a copy of your П 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: П Yes some banner and static displays will be set up PROMOTION / ADVERTISING / MARKETING / INTERNET **INFORMATION** NO YES Will this event be promoted, advertised or marketed in any manner? If YES, please describe: П a wide variety of HD methods NO YES П Will there be any live media coverage during your event? If **YES**, please explain: Refer all event public inquiries and / or media inquiries for this event to: \_\_\_\_\_ PHONE: 605-717-6848 NAME: Randy Brown/Bobby Rock

# INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company:				
Agent's Name:				
Business Phone: ()	Policy Number:		Policy Type:	
Address: 703 Main St - Dead	wood SD 57732			
		(city)	(state)	(zip code)
For final permit approval, you w	vill need commercial gen	eral liability	insurance that nan	nes "the City of
Deadwood, its officers, employees	and agents" as an addition	al insured. In	surance coverage mu	ıst be maintained
for the duration of the event. To	determine the amount of	insurance co	verage necessary, pl	ease contact the
Finance Office at (605) 578-2600 –	Fax # (605) 578-2084.			
The City must be named as an "a	dditional insured." Please	obtain the i	required insurance a	nd mail an original
insurance certificate to: City of De	adwood, Finance Office, 1	02 Sherman	Street, Deadwood, S	D 57732.
	AFFIDAVIT OF A	PPLICAN	T	
Advance Cancellation Notice Req	uired: If this event is can	celled, notify	y the Deadwood Po	lice Department.
Otherwise, City personnel and equ	ipment may be needlessly	dispatched.		
I certify that the information in the	e foregoing application is t	rue and corr	ect to the best of m	y knowledge and
belief and that I have read, unders	and and agree to abide by	the rules an	d regulations govern	ing the proposed
Special Event and I understand tha	t this application is made	subject to the	e rules and regulatio	ns established by
the City Commission of Deadwood	I. I agree to abide by thes	e rules and f	urther certify that I,	on behalf of the
organization, am also authorized to	commit that organization	n, and therefo	ore agree to be finan	cially responsible
for any cost and fees that may be i	ncurred by or on behalf of	the Event to	the City of Deadwoo	d.
Name of Applicant (PRINT): Wade	e Morris/Bobby Rock	Ti	ttle: Director	
		D	ate: 3/25/24	

(Signature of Applicant/Sponsoring Organization)