

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

TUSK CONCERT AUGUST 29, 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: TUSK C	ONCERT A	UGUST 29,	2025			
Event Date(s): Friday,	August 29, 2	025 _{Total}	Anticipated Atten	dance 2500		
	onth, day, year)		Anticipated Atten			
		(# of <u>Participa</u>	ints 50	# of <u>Spectator</u>	_s 2450	
Actual Event Hours: (fro	_{m:} 8 pm		M / PM (to): 10	pm	AM / PM	
Location / Staging Area:	Outlaw Squ	are				
			7.			
Set up/assembly/constr	uction August	29, 2025	Start time: / 3	am	AM / PM	
Please describe the scor	oe of your setup / a	assembly work (s	pecific details): \underline{L}	oad in cons	ists of	
production equipme	ent, sound & lig	hts and back	line			
Dismantle Date: Augu	st 30, 2025	Com	pletion time: 1 a	m	AM / PM	
List any street(s) requiri	na alacura as a ras	ult of this overt			and time of clasing	
List any street(s) requiring and time of re-opening:						
1 am on August 30			, ,			
Any request invented of Deadw	olving 25 or less mo	tor vehicles will util	ize Deadwood Stree	t and will be barrica	ded at both	
	volving 25-50 motor v	vehicles (not includ	ing motorcycles) wil	I park on the north s	side of Main	
	vill not require stree					
	volving 50 or more veet will require security		•			
Street to direct		be provided at Dear	awood Street and M	am street and wan	Street and Main	
Additional secu						
		OPEN CO				
https://www	v.cityofdeadwo			<u>ial-event-oper</u>	<u>ı-container-</u>	
A	2025	information		1 ft O		
Date: August 29				1 \$ 2		
Date:						
Date:						
Date:						
Date:	Times	S:	Zone			

APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) ■ Noncommercial (nonprofit) Sponsoring Organization: Outlaw Square Chief Officer of Organization (NAME): ____ 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) Contact person "on site" day of event or facility use Bobby Rock Pager/Cell #: 605-641-9162 (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 is	s a L	abor Day weekend Concert on Friday, August 29, 2025
featur	ing T	USK (Classic Fleetwood Mac Tribute Band)
Show	will	start at 8 pm and be completed no later that 10 pm
Reque	st De	adwood St. closure from 7 am August 29 to 1 am August 30, 2025
This wil	l be u	sed for production load in, equipment placement and crowds during show
Reque	esting	Open Container, August 29, 5 pm until 10 pm - Zones 1 & 2
Dead	NOOC	Event cups will be used
	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:
		Band merchandise
		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

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: N/A				
	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 trash clean up and removal				
	Other Related Event Components not covered above				

SAFETY / SECURITY / ACCESSIBILITY

		your procedures for both Crowd Control and Internal Security :are will handle internal control - private security will handle crowd of	control
		your Accessibility Plan for access at your event by individuals with disabilities: are is ADA accessible and will have handicap area set up	
		s the applicant's responsibility to comply with all City, County, State and Federal Dis applicable to this event.	ability Access
NO Securi	YES Ty Organiz	Have you hired any Professional Security organization to handle security arrange event? If YES , please list: ization: Badlands Security	ements for this
Securi	ty Organiz	zation Address: 11090 Snoma Road - Belle Fourche, SD	
		(city) (state)	(zip code)
Securit	y Director ((Name): Fritz Carlson Business phone: 605-210	-1710
NO	YES	Is this a night event? If YES , please state how the event and surrounding area will to ensure the safety of the participants and spectators: Outlaw Square lighting and production lighting	
Pleas		te what arrangements you have made for providing First Aid Staffing and Equipment ? The nber n/aAmbulance(s) – How provided?	
		nber n/aEmergency Medical Technicians – How provided?	
prop bein whic	LICANT sports erty locating sought a h results f	pecifically acknowledges and agrees that it shall be solely responsible for any damented in or stored in or upon DEADWOOD's property pursuant to the activity for what and that DEADWOOD shall not be responsible for any damage or loss to or of APPLIC from any cause or reason with regard to personal property owned by APPLICANT stody's property pursuant to approval of the activity for which approval is being sough Acknowledge acceptance with initial: WM	age to personal hich approval is CANT's property cored or located
DEA	DWOOD n	grees to hold DEADWOOD harmless and indemnify DEADWOOD from any sums o might have to pay to any person as a result of property damage, personal injury or ANT's use of the City property pursuant to approval of the activity for which approval Acknowledge acceptance with initial: wm	death resulting

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 Public Hearing notices					
		NITERTAINMENT / 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: 9	classic rock					
		Will sound amplification be used? If YES , please indicate: Start Time: 6 pmAM / PM – Finish Time: 10 pmAM / PM					
		Will sound check be conducted prior to the event? If <u>YES</u> , please indicate: Start Time: 10a/4p AM / PM – Finish Time: 11a/5 p AM / PM					
		Please describe the sound equipment that will be used for your event:					
		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:					
		radio, print, posters, social media, web					
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: 605-641-9162					

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company: Hub International

Agent's Name: Chris Roberts				
Business Phone: (605-578-3456	Policy Number:		Policy Type:	
Address:				
	(c	ity)	(state)	(zip code)
For final permit approval, you will not Deadwood, its officers, employees and a for the duration of the event. To deter Finance Office at (605) 578-2600 – Fax #	gents" as an additional i	nsured. Insuran	ce coverage m	ust be maintained
The City must be named as an "addition insurance certificate to: City of Deadwo		•		_
A	AFFIDAVIT OF API	PLICANT		
Advance Cancellation Notice Required Otherwise, City personnel and equipmen		•	Deadwood Po	olice Department.
I certify that the information in the fore belief and that I have read, understand a Special Event and I understand that this the City Commission of Deadwood. I ag organization, am also authorized to com for any cost and fees that may be incurr	and agree to abide by the application is made subgree to abide by these rand that organization, a	ne rules and regroject to the rule rule ules and furthe and therefore ag	ulations gover s and regulation r certify that tree to be fina	ning the proposed ons established by I, on behalf of the ncially responsible
Name of Applicant (PRINT): Wade Mo	rris	Title: [Director	
Wade Morris	,		7/10/2025	

(Signature of Applicant/Sponsoring Organization)