

Return Completed Form To:
Planning and Zoning
108 Sherman Street
Deadwood, SD 57732



Questions Contact:
Planning and Zoning Dept.
(605) 578-2082 or
leah@cityofdeadwood.com

Business License No _____

APPLICATION FOR PORTABLE SIGN

Application Fee: \$25.00

Annual License Fee: \$25.00 (due after approval of application)

Deadwood Portable Sign (due after approval of application): \$250.00 + tax

Applicants: Application shall be submitted to the Planning and Zoning Office. Allow up to ten (10) business days for processing. All licenses expire at the end of the calendar year and must be renewed annually. Portable signs shall be obtained from the City of Deadwood upon approval.

Please read thoroughly prior to completing this form. Only complete applications will be considered for review.

Applicant: _____ Telephone: _____

Name of Business: Deadwood Tobacco Co. Email: _____

Applicant's Mailing Address: _____ Deadwood SD 57732
Street City State Zip

Physical Street Address of Portable Sign Location: _____

Contact Name, Phone Number and Email of Property Owner: _____

Please use the box below to indicate the intended location of the portable sign via written statement and/or drawing. Portable signs must be located at least twenty-five (25) feet from the nearest permitted sign per Ordinance 15.32.130(T)(5).

715 main St
Next to the Pilar outside
the front door.

Attach the following to the application: (incomplete applications will not be considered)

1. Application Fee - \$25.00. Make checks payable to City of Deadwood.
2. Copy of general liability insurance with limit of \$1,000,000 per occurrence naming the City of Deadwood as an additional insured.

NOTICE

I agree that any falsification, misstatements, or omissions, including those related to location, shall result in immediate revocation of this permit and removal of the portable sign. Permit holders agree to indemnify, defend and hold harmless the City of Deadwood, its employees and authorized representatives from and against any and all suits, claims, actions, legal and administrative proceedings, demands, liabilities, costs and expense including attorney's fees arising out of or in

connection with permit holder's placement of any signs issued pursuant to this section upon their property.

Applicant signature: _____

Date submitted: _____

7/24/26

REQUIREMENTS FOR PORTABLE SIGNS

- Portable Sign Applications need to be submitted to: City of Deadwood Zoning Office, 108 Sherman Street, Deadwood, South Dakota 57732, Phone: (605) 578-2082.
- Application must be accompanied by application fee and proof of general liability insurance. Fees must be paid by cash, cashier's check, money order or credit card.
- Portable signs shall be obtained from the City of Deadwood upon approval of a permit application.
- A permit application must be reviewed and approved by the Deadwood Sign Review Commission, per Ordinance 15.32.160.
- The permit fee shall be payable in advance for each sign. Sign permits run for a calendar year and expire on December 31 annually.
- Permit applicants shall provide a liability insurance certificate naming the City of Deadwood are additionally insured in an amount of not less than one million dollars (\$1,000,000).
- A maximum of one (1) portable sign is permitted per store front. Each portable sign must be located at least twenty-five (25) feet from the nearest permitted sign. If multiple businesses share a store front, only one portable sign may be issued.
- Portable signs shall be placed within 6" of the exterior wall of the building that obtained the sign and permit from the City of Deadwood.
- Portable signs may be displayed during business hours only and shall be removed at the close of business each day.
- No illumination, electronics, moving parts, balloons, streamers, pennants or similar adornments may be attached to a portable sign.
- Store front shall be defined as the façade or entryway on the ground floor or street level of a commercial building.
- Building shall be defined as a roofed independent free-standing structure usually enclosed within external walls or dividing walls that extend from the foundations to the roof and comprises on or more rooms or other space within which goods or services are being offered for sale.

NOTE:

A portable sign that does not comply with the requirements of Ordinance 15.32.130(T) shall be removed immediately by City personnel without notice.

OFFICE USE ONLY:

Date Received: _____

7/28/26

☒ Approved – Permit No: _____

☐ Denied – Reason: _____

Planning & Zoning Official Signature: _____





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/27/2026

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 HUB INTERNATIONAL GREAT PLAINS LLC 2630 JACKSON BLVD STE 202 RAPID CITY SD 57702 Phone: 605.348.9800 Fax: 605.342.4579	CONTACT NAME: PHONE (A/C, No, Ext): Ext: FAX (A/C, No): E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Acuity, A Mutual Insurance Company NAIC # 14184 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED DEADWOOD TOBACCO COMPANY 715 MAIN ST DEADWOOD SD 57732	

COVERAGES **CERTIFICATE NUMBER:** **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	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PRO-JECT ☒ LOC OTHER:			K70187	06/17/2026	06/17/2027	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			K70187	06/17/2026	06/17/2027	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER Deadwood Tobacco company 715 Main st Deadwood, SD 57732	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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