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: [redacted] Telephone: ([redacted]

Name of Business: Silverado Franklin Email: [redacted]

Applicant's Mailing Address: [redacted] Deadwood SD 57732
Street City State Zip

Physical Street Address of Portable Sign Location: Silverado Franklin

Contact Name, Phone Number and Email of Property Owner: Pat McDermott 605-578-3670
President, SGMSD

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).

Sign will be placed on Franklin side of the street, near steps leading to 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: Danielle Osloond **Date submitted:** 8-3-26

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: 8/4/26 ☐ Approved – Permit No: 2026-22 ☐ Denied – Reason: _____
Planning & Zoning Official Signature: _____

SGMSLLC-01 EBROWN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/29/2026

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
Black Hills Insurance Agency
PO Box 3330
Rapid City, SD 57709-3330

CONTACT NAME: Elizabeth Brown
PHONE (A/C, No, Ext): (605) 342-5555 FAX (A/C, No): (605) 342-7901
E-MAIL ADDRESS: elizabethbrown@blackhillsagency.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Markel Insurance Company	38970F
INSURER B : Markel American Insurance Company	28932
INSURER C : First Dakota Indemnity Company	10351
INSURER D : Associated Industries Insurance Company, Inc.	23140
INSURER E : Upland Specialty Insurance Company	16988
INSURER F :	

INSURED
SGMSD, LLC
709 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	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			MKP0000501397102	5/5/2026	5/5/2027	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 5,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER: Liquor Liability						Agg/Occ	$ 1,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO			MKA0000501397502	5/5/2026	5/5/2027	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE			MKX0000501397902	5/5/2026	5/5/2027	AGGREGATE	$ 5,000,000
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N: Y	N / A		WC020-0068706-2026A	5/5/2026	5/5/2027	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
D	Excess 1st Layer			XSA1248815 02	5/5/2026	5/5/2027	Agg/Occ	5,000,000
E	Excess 2nd Layer			USXSL0228926	5/5/2026	5/5/2027	Agg/Occ	5,000,000

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

CERTIFICATE HOLDER

City of Deadwood
102 Sherman Street
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