

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

Summer Kickstart Concerts - Outlaw Square - May 24 & 25, 2024

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	e: Summer	KickStart C	oncerts			
Event Dat	_{e(s):} May 24	4, 25, 2024	Total	Anticipated Atten	dance: <u>2500</u>	
	(mo	onth, day, year)	(# of <u>Participa</u>	_{nts} 50	# of <u>Spectator</u>	rs 2450)
Actual Eve	ent Hours: (fron	n: <mark>8 pm</mark>	A	M / PM (to): <u>10</u>	pm	AM / PM
Location /	Staging Area:	Outlaw Squa	are			
		_{ction} May 24		Start time: 9 a	am	AM / PM
		e of your setup / a				
Load in	of Stage p	roduction equ	upment and	band load in	l	
Dismontia	e Date: May 2	26		pletion time: 12	am	
Dismantie	Date: <u>may</u>		Comp	bletion time: <u>1</u>		AM / PM
						and <u>time</u> of closing
						May 26, 12 am eet not needed.
<u> </u>				<u> </u>		
>		olving 25 or less mot	or vehicles will util	ize Deadwood Stree	et and will be barric	aded at both
≻	ends of Deadwo Any request invo	od Street. olving 25-50 motor v	ehicles (not includ	ing motorcycles) - w	vill park on the nort	h side of Main
		Il not require street				
Any request involving 50 or more vehicles (which would require an entire street closure From Wall Street to Shine Street and security must be provided at Shine Street and Main Street and Wall Street and Main Street to						
direct traffic.						
 Additional security maybe required at the discretion of the Event Committee. 						
OPEN CONTAINER						
https://www.cityofdeadwood.com/planning/page/special-event-open-container-						
	101 21 20	0.0.4	information		1 0 0	
	Aay 24, 20		5 pm until 12 pm until 1		: <u>1 & 2</u>	
_	/lay 25,20		12 pm until		: <mark>1 & 2</mark>	
					:	
					:	
Date:		Times:		Zone	:	

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

	Commercial (for profit)	Noncommercial (non	profit)	
	_{ization:} Outlaw Square _{rganization (NAME):} Wade Morris	aka Bobby Roo	ck	
Applicant (NAME Address: Dead): Wade Morris aka Bobby Rock Wood, SD	Business Phone	e: (<u>605</u>)717-6	6848
Daytime phone: (605) 717-6848 Evening Phone	(city) : (605_) 641-9162	(state) Fax #: ()_	(zip code)
	ofessional event organizer or event server produce this event.	ice provider hired by y	ou that is authori:	zed to work
Name:				
Address:	Deadwood, SD			
		(city)	(state)	(zip code)
Contact person " o	n site" day of event or facility use Bobby F	Rock _F	Pager/Cell #: 605-	641-9162
(<u>Note</u> : This perso	on must be in attendance for the duratio	n of the event and imm	ediately available	to city officials)
<u>REQUIRED</u> :	Attach a written communication from t the applicant or professional event orga behalf.		-	
NO YES	FEES / PROCEED	S / REPORTING		

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): No admission fee - FREE Concerts

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: Outlaw Square is hosting a 2 day Summer Kickoff Concert event featuring 2 Headline bands - These will be FREE Shows. Concerts will take place on Friday, May 24, 8 pm to 10 pm Saturday, May 25, 8 pm to 10 pm Requesting Deadwood St. closure from Main to Pioneer Way May 24 9 am until May 26 12 am - if possible will reopen Deadwood St. 11 pm until 10 am on May 24/25. May also need to request Siever street on May 24 if Friday band travels with a Bus but won't know until that band is booked. Requesting Open Container for zones 1 & 2 on May 24th, 5 pm until 10 pm May 25th, 12 pm until 10 pm

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO K	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.
	x	Will Items or services be sold at the event? If YES , please describe: Bands will sell their merchandise, tshirts, cd's, stickers etc.
x		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.
	x	Does this event involve a fixed venue site? If YES , attach a detailed site map showing all street impacted by the event.

Adopted June 1, 2023

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).

	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.			
۶	Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.			
	Vehicles and / or Trailers.			
	Trash Containers and Dumpsters. (<u>NOTE</u>): 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: Trash Containers w / lids:			

bins at city garage

Other Related Event Components not covered above.

SAFETY / SECURITY / ACCESSIBILITY

Please describe your Accessibility Plan for access at your event by individuals with disabilities: ______Outlaw Square is ADA compliant

REQUIRED: It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access
Requirements applicable to this event.

NO	YES				
	x	Have you hired any Professional Security organ	ization to handle	security arrange	ements for this
		event? If YES, please list:			
Security	y Organiz	ation: Badlands Security			
Securit	y Organiz	ation Address: 1109 Snoma Road, Belle Fo	urche, SD		
		(ci	ty)	(state)	(zip code)
Security	Director (Name): Fritz Carlson	Business ph	one: <u>605-210-</u>	1780
NO	YES				
		Is this a night event? If YES, please state how the	event and surror	unding area will	be illuminated
		to ensure the safety of the participants and spect	ators:		
		Outlaw Square and city street lights will	be on to illum	ninate the are	а
Please	e indicate	what arrangements you have made for providing F	irst Aid Staffing a	and Equipment ?	
	Numt	per 1 Ambulance(s) – How provided? Mo	nument Healt	h	

Number 2 Emergency Medical Technicians – How provided? Monument Health

APPLICANT specifically acknowledges and agrees that it shall be solely responsible for any damage to personal property located in or stored in or upon DEADWOOD's property pursuant to the activity for which approval is being sought and that DEADWOOD shall not be responsible for any damage or loss to or of APPLICANT's property which results from any cause or reason with regard to personal property owned by APPLICANT stored or located on DEADWOOD's property pursuant to approval of the activity for which approval is being sought herein. Acknowledge acceptance with initial: <u>WM</u>

APPLICANT agrees to hold DEADWOOD harmless and indemnify DEADWOOD from any sums of money which DEADWOOD might have to pay to any person as a result of property damage, personal injury or death resulting from APPLICANT's use of the City property pursuant to approval of the activity for which approval is being sought herein. Acknowledge acceptance with initial: <u>WM</u>

Adopted June 1, 2023

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: _______ Residents and businesses will be notified through city public hearing notices

	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.
Numbe	er of Stage	es: <u>1</u> Number of Bands: <u>1 each day</u>
Type o	f Music: <u>V</u>	/ariety
	×	Will sound amplification be used? If <u>YES</u> , please indicate: Start Time: <u>6 pm</u> AM / PM – Finish Time: <u>10 pm</u> AM / PM
	×	Will sound check be conducted prior to the event? If YES , please indicate: Start Time: <u>4 pm</u> AM / PM – Finish Time: <u>5 pm</u> AM / PM
		Please describe the sound equipment that will be used for your event: Powerhouse sound is our sound & lighting production company
x		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: stage lighting
		PROMOTION / ADVERTISING / MARKETING / INTERNET
		INFORMATION
NO	YES	Will this event be promoted, advertised or marketed in any manner? If YES , please describe: radio, newpaper, social media
NO ×	YES	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: NAME: Bobby 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: Hut	o International			
Agent's Name: Chris Robers				
Business Phone: ()	Policy Number:		Policy Type: C	ommerical Liability
Address:Deadwood, SD				
		city)	(state)	(zip code)

For final permit approval, you will need commercial general liability insurance that names "the City of Deadwood, its officers, employees and agents" as an additional insured. Insurance coverage must be maintained for the duration of the event. To determine the amount of insurance coverage necessary, please contact the Finance Office at (605) 578-2600 – Fax # (605) 578-2084.

The City must be named as an "additional insured." Please obtain the required insurance and mail an original insurance certificate to: <u>City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732</u>.

AFFIDAVIT OF APPLICANT

<u>Advance Cancellation Notice Required:</u> If this event is cancelled, notify the Deadwood Police Department. Otherwise, City personnel and equipment may be needlessly dispatched.

I certify that the information in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event and I understand that this application is made subject to the rules and regulations established by the City Commission of Deadwood. I agree to abide by these rules and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the Event to the City of Deadwood.

Name of Applicant (PRINT): Wade Morris aka Bobby Rock	Title: Director
	Date: 1/23/24

(Signature of Applicant/Sponsoring Organization)