

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

Deadwood Mickelson Trail Marathon

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**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

**Type of Event:**

- Run     
  Walk     
  Bike Tour     
  Bike Race     
  Parade     
  Concert  
 Street Fair     
  Triathlon     
  Other

Event Title: Deadwood Mickelson Trail Marathon, Half Marathon, 5 Person Marathon Relay, 5K & 1K

Event Date(s): June 1 & 2, 2024 (month, day, year)      Total Anticipated Attendance: 4000

(# of Participants 2500      # of Spectators 1500)

Actual Event Hours: (from): Sat 5K 11am-3pm Sun 8am AM / PM (to): 3pm AM / PM

Location / Staging Area: Sherman Street Lot/ Trailhead, Event Complex, Outlaw Square

Set up/assembly/construction Date: Friday May 31 Start Time: 8am AM / PM

Please describe the scope of your setup / assembly work (specific details):

Set up at the Sherman Street Lot: Place signs on Wednesday May 29th No parking Friday May 31st at 8am to Sunday June 2nd 4pm Friday Morning May 31 8am see next page for details on set up.

Dismantle Date: June 2nd Completion time: 5pm AM / PM

List any street(s) requiring closure as a result of this event. Include **street name(s), day, date** and **time** of closing and time of re-opening:

No closures, but will stop traffic for runner's on Hwy 385 at the Kirk Road Mickelson Trailhead and the Hwy 85 crossing of the Mickelson Trail

- Any request involving 25 or less motor vehicles will utilize Deadwood Street and will be barricaded at both ends of Deadwood Street.
- Any request involving 25-50 motor vehicles (not including motorcycles) - will park on the north side of Main Street, which will not require street closure.
- 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.

## APPLICANT AND SPONSORING ORGANIZATION INFORMATION

- Commercial (for profit)     
  Noncommercial (nonprofit)

Sponsoring Organization: WEM, Inc

Chief Officer of Organization (NAME): Emily Wheeler

Applicant (NAME): Emily Wheeler Business Phone: (605) 390-6137

Address: 2458 Lindsey Drive Rapid City SD 57702  
(city) (state) (zip code)

Daytime phone: (605) 390-6137 Evening Phone: (605) 390-6137 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 Emily Wheeler Pager/Cell #: 605-390-6137

**(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   |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> Is your organization a "Tax Exempt, nonprofit" organization? If <b>YES</b> , 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). |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> Are admission, entry, vendor or participant fees required? If <b>YES</b> , please explain the purpose and provide amount(s).:<br>Yes, fees vary for race registrations from \$15-\$110  |

### OVERALL EVENT DESCRIPTION: ROUTE MAP / SITE DIAGRAM / SANITATION

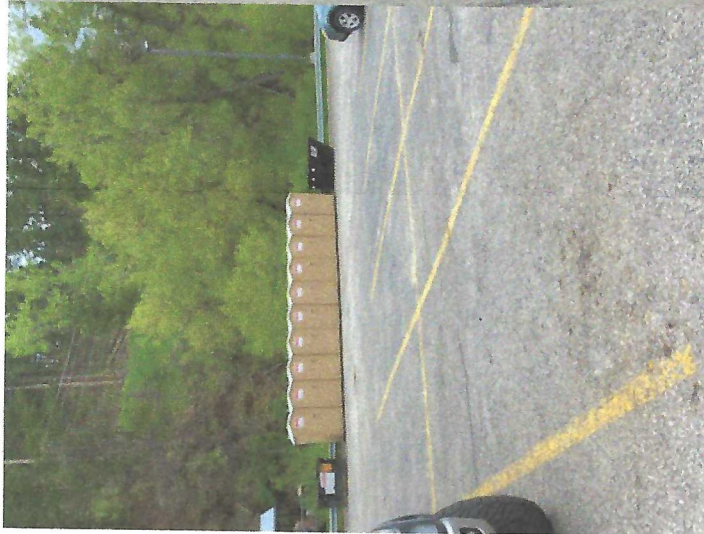
Please provide a **detailed description** of your proposed event. Include details regarding any components of your event such as use of vehicles, animals, rides or any other pertinent information about the event:

Please see next Page

**Sherman Street Lot Detail:**

- Erect city tent on Friday at the Sherman Street parking lot
- Deliver 1 set of bleachers to Sherman St. Parking lot
- Deliver the event fencing which will be used to create a Finisher's Chute from the old rail bridge to our finish line. (leave in trailer)
- Provide barricades to close off the Sherman Street lot to public use.
- Deliver 16 cement barricades to Sherman Street lot Friday morning for setting up the BHSU tent (Randy and BHSU crew will set up)





**Events Center/ Rodeo Grounds:**

- Will Park vehicles on Sunday June 2<sup>nd</sup> to load buses for the Start Lines. Parking Crew arrives at 4:45am. Need trolleys to pick up runner's from hotels between 5:30am-6:45am and deliver them to the Rodeo Grounds

**Outlaw Square**

- Will host free concert/ Post race party from 2-5pm on Sunday June 2<sup>nd</sup>

## OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

**NO**                      **YES**  
                       Does the event involve the sale or use of alcoholic beverages? If **YES**, please provide 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:

**NO**                      **YES**  
                       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.

                      Does this event involve a fixed venue site? If **YES**, attach a detailed site map showing all streets 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:

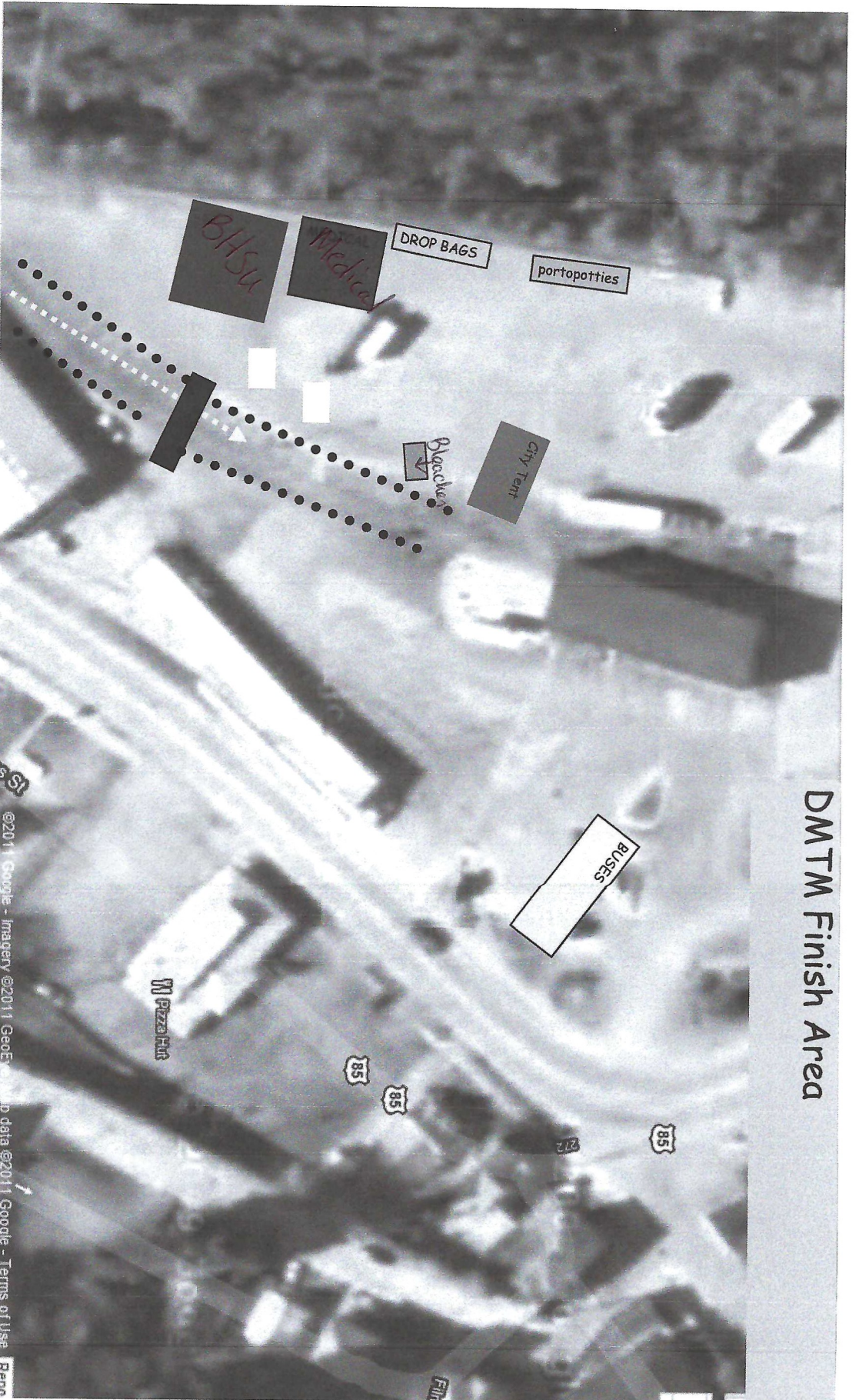
If you intend to cook food in the event area, please specify the method to be used:

GAS     ELECTRIC     CHARCOAL     OTHER (specify):

- First Aid Facilities and Ambulance locations. *Will be under BHSU Tent*
- Tables and Chairs.
- Fencing, Barriers and / or Barricades. *> City fencing to create finish chute*
- Generator Locations and / or Source of Electricity. *- Can use Dwd sign?*
- Canopies or Tent Locations. *- Attached*
- Booths, Exhibits, Displays or Enclosures. *None*
- Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures. *- Finish arch*
- 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.

# DMTM Finish Area



ARCH/finish

Small Pop ups for medals

Runners

Fencing/Chute

BHSU tent for Awards,, Massage, Photo OP

BLEACHERS







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: ew

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: ew

### PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event:  
Please See Attached for Rodeo Grounds

### 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 Stages: 0 Number of Bands: \_\_\_\_\_

Type of Music: Dj at Finish Line

- Will **sound amplification** be used?  
If **YES**, please indicate: Start Time: \_\_\_\_\_ AM / PM – Finish Time: \_\_\_\_\_ AM / PM

- Will **sound checks** be conducted prior to the event?  
If **YES**, please indicate: Start Time: \_\_\_\_\_ AM / PM – Finish Time: \_\_\_\_\_ AM / PM

Please describe the sound equipment that will be used for your event:  
at Outlaw Square 1pm. At Finish Line 9am with DJ

- 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.

- Will any signs, banners, decorations or special lighting be used? If **YES**, please describe:

some banners in finish chute. Finish line inflatable arch

# DMTM Parking Plan:



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★ Volunteers

→ Cars that are DROPPING OFF only should turn Right and exit

→ First Directions to give to park cars

→ Fill the spots around Ferguson Field Last

## Volunteers:

Arrive at 4:45am. Cars will start coming at 5am, buses arrive at 5:30am, and buses should all leave between 5:30-6:30am.

1. Directing Cars into Rodeo Grounds
2. Ask: Dropping off? Direct to right, or Parking? Direct to correct lot
3. 2 people directing parking in 1st Lot to North of Ferguson Field, then move up and fill to south
4. Once 1st and second lots are full, Direct cars around field filling

## PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

NO YES

Will this event be promoted, advertised or marketed in any manner? If YES, please describe:  
Social media, print marketing, website

Will there be any live media coverage during your event? If YES, please explain:  
Local station typically cover event

Applicant acknowledges and agrees to allow the City to publish the Contact Person and media referral telephone numbers on the internet in conjunction with the Calendar of Upcoming Events in the City of Deadwood. If you have a home page and want us to link with our Calendar, please provide the Internet address for your homepage:

Refer all event public inquiries and / or media inquiries for this event to:

NAME: Emily Wheeler PHONE: 605-390-6137

## INSURANCE REQUIREMENTS

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

Name of Insurance Company: Insurance Mgmt Group/RRCA Agent's Name: Margaret Mayers

Business Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Policy Type: \_\_\_\_\_

Address: \_\_\_\_\_  
(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: **City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.**

## LIQUOR LIABILITY INSURANCE

**REQUIRED:** This insurance coverage is required if you are planning to sell alcoholic beverages at your event or facilities rental.

Name of Insurance Company: \_\_\_\_\_ Agent's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Policy Type: \_\_\_\_\_

Address: \_\_\_\_\_

(city) (state) (zip code)

Please obtain the required insurance and mail an original insurance certificate to: **City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.**

## AFFIDAVIT OF APPLICANT

**ADVANCE CANCELLATION NOTICE REQUIRED:** 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): Emily Wheeler Title: Race Director

*Emily Wheeler* Date: ..1/16/24  
(Signature of Applicant) Sponsoring Organization (Signature of Professional Event Organizer or Renter of City-owned Facilities)