

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

# Summer Vendor & Pop Up Market June 6 & 7, 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).

Adopted October 7, 2024

#### **EVENT INFORMATION**

🗆 Run	🗆 Walk	🗆 Bike Tour	🗆 Bike Race	🗆 Parade	□ Concert
🗆 Street Fair	Triathlon	Other			
Event Title: Summer	Vendor & F	op Up Marl	ket June 6 8	7, 2025	
Event Date(s): June 6	& 7, 2025	Total	Anticipated Atten	dance: 300 eac	ch day
(m	onth, day, year)				
		(# of <u>Participa</u>	nts 75	# of <u>Spectators</u>	)
Actual Event Hours: (from: Friday 2 pm/Sat 10 amAM / PM (to): Friday 8 pm/Sat 7 pm AM / PM					
Location / Staging Area: Outlaw Square					
Set up/assembly/constru	uction Friday		Start time: 11	am	AM / PM
Please describe the scope of your setup / assembly work (specific details): Load in Vendors and set up food trucks					
Dismantle Date: Satur	day	Comp	pletion time: 9 p	m	AM / PM
List any street(s) requiring closure as a result of this event. Include <u>street name(s), day, date</u> and <u>time</u> of closing and time of re-opening: Deadwoood Street, main to pioneer way - Friday, June 6 11 am - Saturday 9 pm					

- 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 Deadwood Street will require security be provided at Deadwood Street and Main Street and Wall Street and Main Street to direct traffic.
- > Additional security may be required at the discretion of the Event Committee.

## **OPEN CONTAINER**

https://www.cityofdeadwood.com/planning/page/special-event-open-containerinformation-and-maps

Date:	Times:	Zone:
Date:	Times:	Zone:

#### APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Commercial (for profit)	Noncommercial (n	onprofit)	
Sponsoring Organization: Outlaw Square			
Chief Officer of Organization (NAME): Wade Morris aka	a Bobby Rock		
Applicant (NAME): Wade Morris aka Bobby Rock Address:703 Main St Deadwood, SD 57732		<sub>ne:</sub> 605-210-	
	(city)	(state)	(zip code)
Daytime phone: 605-717-6848 Evening Phone	605-641-9162	Fax #: ()	
Please list any <b>professional event organizer</b> or <b>event serv</b> on your behalf to produce this event.	<b>rice provider</b> hired by	you that is authori	zed to work
Name:			
Address:			
	(city)	(state)	(zip code)
Contact person " <b>on site</b> " day of event or facility use <b>Bobby F</b>	Rock	_Pager/Cell #: 605-	641-9162
( <u>Note</u> : This person must be in attendance for the duration	n of the event and imr	nediately available	to city officials)
<b><u>REQUIRED</u></b> : Attach a written communication from t	he Chief Officer of the	e organization whic	ch authorizes

EQUIRED: 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

- 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): \$100 vendor fee to participate, additional cost for tent use or use of electric

# 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 event is our annual Vendor Market which takes place within the Square and also the use of Deadwood of Deadwood Street for overflow vendors and Food trucks set up. Event takes place Friday & Saturday June 6 & 7, 2025 Set up will be begin at 11 am on Friday with Vendor Load in, parking for vendors will be in the Sherman St lot and we will shuttle them back & forth. Event times are Friday 2 pm until 8 pm - Saturday 10 am until 7 pm Requesting Deadwood St closure on Friday, June 6 at 11 am, Deadwood St will be used for Vendor tents and possibly 2 food trucks set up through Saturday. Deadwood St will be reopened by 9 pm on Saturday, June 7th. All vendors will be required to have Sale Tax numbers and insurance

#### **OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)**

NO	YES	Does the event involve the sale or use of alcoholic beverages? If <b>YES,</b> please proved your liquor liability insurance information to the last page of this application.
		Will Items or services be sold at the event? If <b>YES</b> , please describe:
		Does this event involve a moving route of any kind along streets, sidewalks, or highways? If <b>YES</b> , 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 <b>YES</b> , attach a detailed site map showing all street 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.
- $\triangleright$

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	Please describe how food will be served at the event:					
	requirements					
	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.					
۶	Fencing, Barriers and / or Barricades.					
	Generator Locations and / or Source of Electricity.					
	<ul> <li>Canopies or Tent Locations.</li> <li>Tent Rental with Approved Special Event, which is set and amended by resolution, paid to the City of Deadwood:</li> <li>10' by 10' Set up and take down</li></ul>					
۶	Booths, Exhibits, Displays or Enclosures.					
	Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.					

- Vehicles and / or Trailers.  $\succ$
- 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: 0 \_\_\_\_\_

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 clean up and trash removal during and after event

\_\_\_\_\_

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

Have you hired any Professional Security organization to handle security arrangements for this event? If **YES**, please list:

Security Organization: Badlands Security

Securit	y Organiz	zation Address: <u>11090 Snoma roac</u>	d Belle Fourche SD	
			(city)	(state) (zip code)
Security	Director	(Name): Fritz Carlson	Business r	ohone: <u>605-210-</u>
NO	YES	Is this a night event? If <b>YES</b> , please st to ensure the safety of the participa	ate how the event and surr nts and spectators:	
		early evening - Outlaw Squar		

Please indicate what arrangements you have made for providing First Aid Staffing and Equipment?

Number N/A	Ambulance(s) – How provided?	

Number <u>N/A</u>Emergency Medical Technicians – How provided?

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: WM

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: WM

Adopted October 7, 2024

# PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

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

	E	NTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES				
NO	YES	Are there any <b>musical entertainment</b> features related to your event or facilities rental? If <b>YES</b> , please state the number of bands and type of music.				
Numb	er of Stage	es: Number of Bands:				
Туре о	of Music: _					
		Will <b>sound amplification</b> be used? If <u>YES</u> , please indicate: Start Time:AM / PM – Finish Time:AM / PM				
		Will <b>sound check</b> be conducted prior to the event? If <u>YES</u> , please indicate: Start Time:AM / PM – Finish Time:AM / PM Please describe the sound equipment that will be used for your event:				
		Will any fireworks, rockets or other pyrotechnics be used? If <b>YES</b> , 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 <b>YES</b> , please describe:				
NO	YES	PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION				
NO		Will this event be promoted, advertised or marketed in any manner? If YES, please describe:				
		Through website, social media, posters & flyers				
NO ■	YES	Will there be any live media coverage during your event? If <b>YES</b> , please explain:				

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

PHONE: 605-641-9162

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## **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: ()	Policy Number:	Policy Type:		
Address:Spearfish, 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:

(Signature of Applicant/Sponsoring Organization)