

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

TSD - Deadwood

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 IN	NFORMATION		
Type of Event: Run Walk Bi Street Fair Triathlon Ot	ke Tour her	Bike Race	Parade	☐ Concert
Event Title: TSD - Deadwood				
Event Date(s): 07/25 - 7/28	<u>Tc</u>	otal Anticipated Atten	dance: 15 - 25 (pending film being fil
(month, day, year)		articipants 15		
Actual Event Hours: (from):				
Location / Staging Area:				
Set up/assembly/construction Date:		Start Time	e:	AM / PM
Please describe the scope of your setup /	assembly wor	k (specific details):		
Dismantle Date:	(Completion time: $\frac{N/A}{A}$	1	AM / PM
List any street(s) requiring closure as a re and time of re-opening: Street closure will be arranged by Deadwood a some additional support to allow additional film	Alive on either 7	7/25 or 7/26 as part of the	eir normal program.	_
 Any request involving 25 or less mode Deadwood Street. Any request involving 25-50 motor which will not require street closure 	vehicles (not ince.	cluding motorcycles) - w	ill park on the nort	h side of Main Street,
 Any request involving 50 or more very Street and security must be provide Additional security maybe required 	d at Shine Stree	et and Main Street and V	Vall Street and Mai	
APPLICANT AND SPO	ONSORIN	G ORGANIZATION		
		ot via A Collective U		nercial (nonprofit)
Chief Officer of Organization (NAME):				
Applicant (NAME):		Business P	hone: (³⁰³) 2	50-7510
Address: 4595 Brentwood St	Wh	neat ridge	СО	80033
Daytime phone: (303) 250-7510	_Evening Pho	(city) one: ()	(state) Fax #: ((zip code)

your behalf to produce this event.

Please list any professional event organizer or event service provider hired by you that is authorized to work on

N	ame: _				
А	ddress:				
			(city)	(state)	(zip code)
Contact per	rson " o	n site" day of event or facility use		_Pager/Cell #:	
(<u>Note</u> : Th	is pers	on must be in attendance for the dura	tion of the event and in	nmediately availab	le to city officials)
REQUIRED	<u>)</u> :	Attach a written communication from applicant or professional event organ		_	
		FEES / PROCE	EDS / REPORTIN	G	
NO	YES				
V		Is your organization a "Tax Exempt, your IRS 501C Tax Exemption Letter to certifying your current tax exempt, no	to this Special Event Pe		
V		Are admission, entry, vendor or parti and provide amount(s).:	cipant fees required? If	YES, please explain	n the purpose

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:

We plan to film in the Deadwood. Locations will either private or organizations with events already arranged with the city.

As of 7/06/23 - We're working with the organizations to refine our schedule but will be happy to provide a finalized schedule as these logistics are locked.

7/25 - 7/26 locations:

- * Saloon 10
- * Deadwood Alive (tentatively their 3-5 PM to capture their 4 PM performance)
- * Deadwood Mountain grand
- * Pump House
- * Summer concert at Outlaw Square

7/27 - Days of 76 Rodeo

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO	YES	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.					
		e route map required above, please attach a diagram showing the overall lay-out and set-up following items:					
>	Alcohol	ic and Non-alcoholic Concession and / or Beer Garden Areas.					
>	· Food Co	oncession 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.					
>	Tables and Chairs.						
>	Fencing, Barriers and / or Barricades.						
>	Generator Locations and / or Source of Electricity.						
>	Canopies or Tent Locations.						
>	Booths, Exhibits, Displays or Enclosures.						
>	Scaffold	ing, Bleachers, Platforms, Stages, Grandstands or Related Structures.					
>	• Vehicles	s and / or Trailers.					
>	Trash Co	Trash Containers and Dumpsters.					

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(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.

		sh Containers w / lids: waste and garbage during a	and after the event or use of fa	icility:
> Other Related Ev	vent Components not c			
	SAFETY / S	ECURITY / ACCESSI	BILITY	
		Control and Internal Secu owd releases to explain t		
Please describe your Accounts Using existing infrastru	•	s at your event by individua	als with disabilities:	
Requirements applicable NO YES	e to this event.		nty, State and Federal Disabil	
event? Security Organization:	If YES , please list:			
Security Organization Ad	uress.			
(city)		(state)	(zip code)	
Security Director (Name): _		Business phone:		
to ensure the safety of th	ne participants and spe	ctators:	and surrounding area will be i	lluminated
Please indicate what arra	ngements you have ma	nde for providing First Aid S	Staffing and Equipment?	
Number	Ambulance(s) – Ho	ow provided?		
Number	Emergency Medica	al Technicians – How provid	ded?	

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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: JW

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: JW

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: We plan to work with the city to reserve approx. 10 - 12 parking spots near our filming locations.

For buildings that are more difficult to park directly in front of, we will request special loading privileges (Ex. Interior locations that require more lighting equipment).

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

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: _______ Number of Bands: _______ Type of Music: _______ 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:

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permit (issued by the State Fire Marshall's office) to this application.

Will any fireworks, rockets or other pyrotechnics be used? If YES, please attach a copy of your

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

NO	YES							
		Will this event be promoted	d, adve	rtised or m	arketed ir	n any mannei	? If YES , plea	se describe:
		Will there be any live media	a cover	age during	your ever	nt? If YES , pl	ease explain:	
	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 ev	ent pu	ıblic inquiries and / or media	inquir	ies for this	event to:			
NAME:						PHONE:		
INSURANCE REQUIREMENTS								
REQUIRED:	Insur	ance for your event will be r	equire	d before fir	nal permit	approval.		
Name of In	surano	TCP Insuran	ce		Age	v nt's Name: _	arious	
Business Ph	one:	800-726-3701	Policy	Number:	SPP4105	5249	Policy Type	Commercial
		acific Coast Hwy		Hermosa			CA	90254
					(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.								

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

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>.

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LIQUOR LIABILITY INSURANCE

REQUIRED: This insurance coverage is required if facilities rental.	you are planning to sell a	lcoholic beverages at your event or
Name of Insurance Company:	Agent's N	ame:
Business Phone: Policy	Number:	Policy Type:
Address:		
Please obtain the required insurance and mail an Office, 102 Sherman Street, Deadwood, SD 57732		(state) (zip code) rate to: City of Deadwood, Finance
AFFIDAVI	T OF APPLICAN	Т
ADVANCE CANCELLATION NOTICE REQUIRED: If the Otherwise, City personnel and equipment may be not set in the foresting and	eedlessly dispatched.	
I certify that the information in the foregoing app belief and that I have read, understand and agree Special Event and I understand that this application City Commission of Deadwood. I agree to abide organization, am also authorized to commit that or any cost and fees that may be incurred by or on bel	to abide by the rules and is made subject to the rule by these rules and fur ganization, and therefore half of the Event to the Cit	d regulations governing the proposed les and regulations established by the ther certify that I, on behalf of the agree to be financially responsible for
Name of Applicant (PRINT):		07/06/23 Title:
Julia Wechsler Digitally signed by Julia Wechsler Date: 2023.07.06 17:02:47 -07'00'	Date:	
(Signature of Applicant / Sponsoring Organization)	(Signature of Professional Event Organizer

or Renter of City-owned Facilities)