

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

Puppy Poker Run

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	\square Parade	\square Concert	
	☐Street Fair	□Triathlon	■Other				
Event Tit	_{le:} PuppyPo	kerRun					
	Septen	nber 1st, 2024	Total	Anticipated Attend	_{dance:} 100-150		
	(m	nonth, day, year)					
			(# of <u>Participa</u>	ınts	# of <u>Spectators</u>)	
Actual Ev	vent Hours: (fro	_{m:} 10am	AM / PM (to): 8pm			AM / PM	
Location	/ Staging Area:						
Set up/as	ssembly/constr	uction		Start time:		AM / PM	
Please de	escribe the scop	oe of your setup / a	ssembly work (s	pecific details):			
Dismantl	e Date:		Com	pletion time:		AM / PM	
List any s	street(s) requiri	ng closure as a resu	Ilt of this event.	Include street nam	ne(s), day, date ai	nd <u>time</u> of closing	
and time	of re-opening:						
>	Any request invends of Deadw	volving 25 or less mot ood Street.	or vehicles will uti	lize Deadwood Stree	t and will be barricac	led at both	
>		volving 25-50 motor v		ling motorcycles) - w	ill park on the north	side of Main	
>	•	vill not require street volving 50 or more ve		ıld require an entire	street closure From	Wall Street to	
	Shine Street an direct traffic.	nd security must be pr	ovided at Shine St	reet and Main Street	and Wall Street and	Main Street to	
>		urity maybe required a	at the discretion o	f the Event Committe	ee.		
			OPEN CO	NTAINER			
	nttns://www	ı.cityofdeadwoo			ial-event-onen	-container-	
-	recps.//www	nercy or a cad woo	information		iai event open	COTTCOTTCOT	
Date:		Times:		·			
Date:		Times:		Zone:			
Date:		Times:		Zone:			
Date:		Times:		7one			

APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) ■ Noncommercial (nonprofit) Sponsoring Organization: Saloon #10 Chief Officer of Organization (NAME): Charlie Mook Applicant (NAME): Charlie Mook Business Phone: (605) 641-4847 Address: 657 Main St. Deadwood SD (state) (zip code) Daytime phone: (605) 641-4847 Evening Phone: (_____) 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: 657 Main St. Deadwood SD 57732 (city) (state) (zip code) Contact person "on site" day of event or facility use $\underline{Char}lie\ Mook$ Pager/Cell #: 605-641-4847 (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 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): \$25 per bike \$40 per couple

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 is a poker run that will be raising money for the Sacred Mt. Service Dog Program. Registration is at Deadwood Custom Cycles from 10:00 am- 12:00pm We will be leavin DCC. Our last stop is at Saloon #10 and we are requesting bike parking on the South side of Main St. from 5:00pm-9:00pm from Lee St. to Wall St. **OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)** NO YES Does the event involve the sale or use of alcoholic beverages? If YES, please proved your liquor z liability insurance information to the last page of this application. z Will Items or services be sold at the event? If **YES**, please describe: ______ П 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. х Does this event involve a fixed venue site? If YES, 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.					
>	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.					
>	Tables and Chairs.					
>	Fencing, Barriers and / or Barricades.					
>	Generator Locations and / or Source of Electricity.					
>	Canopies or Tent Locations.					
>	Booths, Exhibits, Displays or Enclosures.					
>	Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.					
>	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. Number of trash cans:					
	Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility:					
	Other Related Event Components not covered above.					

SAFETY / SECURITY / ACCESSIBILITY

N/A		•					
Please N/A						th disabilities:	
		the applicant pplicable to t	-	y to comply wi	th all City, County, S	State and Federal Dis	ability Access
NO ×	YES	event? If	YES, please list	t:		indle security arrang	ements for this
Securit	ty Organiz	ation:					
Securit	ty Organiz	ation Address	s:				
					(city)	(state)	(zip code)
Security	y Director (Name):			Busine	ss phone:	
NO	YES	_				urrounding area will	
Pleas	Numl	oer <u>0</u>	Ambulance(s)) – How provide	ed?	fing and Equipment?	
prop being whic on D	ICANT sp. erty locat g sought a h results f EADWOO	ecifically ackned in or store nd that DEAD rom any caus	nowledges and ed in or upon D WOOD shall no e or reason wit pursuant to ap	agrees that it so DEADWOOD's pot be responsibe th regard to per proval of the ac Acknowledge	shall be solely respondently pursuant to broperty pursuant to le for any damage of sonal property own ctivity for which appeacceptance with in	onsible for any dama o the activity for wh r loss to or of APPLIC, ned by APPLICANT sto proval is being sough	ge to personal ich approval is ANT's property ored or located t herein.
DEA	OWOOD n	night have to	pay to any pers e City property	son as a result pursuant to ap	of property damage	e, personal injury or o	death resulting

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

		ALTERTALNINAENIT / ATTRACT	IONIC / DEL ATED EVENT /	ACTIVITIES		
10		NTERTAINMENT / ATTRACT	IUNS / KELATED EVENT A	ACTIVITIES		
NO K	YES	Are there any musical entertainment please state the number of bands and	•	r facilities rental? If YES ,		
Numb	er of Stag	res:	Number of Bands:			
Гуре о	of Music: _					
× 🗆		Will sound amplification be used?				
		If <u>YES</u> , please indicate: Start Time:	AM / PM – Finish Time:	AM / PM		
х	П	Will sound check 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 t	hat will be used for your event:			
х		Will any fireworks, rockets or other p		se attach a copy of you		
х		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:				
		PROMOTION / ADV	ERTISING / MARKETING	/INTERNET		
		IN	FORMATION			
NO	YES					
	x	Will this event be promoted, advertis Posters and Social Media	ed or marketed in any manner? If	YES, please describe:		
NO.	VEC					
X 0 NO	YES ×	Will there be any live media coverage Local News	during your event? If YES , please	explain:		
Dofo	- خصميره الد	uplicing uping and / arrestalls in a visit - fo	or this arout to			
KUTOr 2	an event p	public inquiries and / or media inquiries fo	or unis event to:			

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company:			
Agent's Name:			
Business Phone: () Policy Nu	mber:	Policy Type: _	
Address:657 Main St.	Deadwood	SD	57732
	(city)	(state)	(zip code)
For final permit approval, you will need comme	rcial general liability ins	urance that na	ames "the City of
Deadwood, its officers, employees and agents" as an	additional insured. Insura	nce coverage n	nust be maintained
for the duration of the event. To determine the ar	mount of insurance covera	age necessary,	please contact the
Finance Office at (605) 578-2600 – Fax # (605) 578-2	2084.		
The City must be named as an "additional insured	L" Please obtain the requ	ired insurance	and mail an origina
insurance certificate to: City of Deadwood, Finance	•		_
<u> </u>			
AFFIDAV	IT OF APPLICANT		
Advance Cancellation Notice Required: If this even	ent is cancelled, notify th	e Deadwood P	olice Department.
Otherwise, City personnel and equipment may be no			
I certify that the information in the foregoing applic	cation 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 re	gulations gove	rning the proposed
Special Event and I understand that this application	is made subject to the rul	les and regulati	ions established by
the City Commission of Deadwood. I agree to abide	e by these rules and furth	ner certify that	I, on behalf of the
organization, am also authorized to commit that org	ganization, and therefore a	agree to be fina	ancially responsible
for any cost and fees that may be incurred by or on	behalf of the Event to the	City of Deadwo	ood.
Name of Applicant (PRINT): Charlie	Title:	Mook	
	Date:	07/23/2024	1

(Signature of Applicant/Sponsoring Organization)