

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

Rusty Wallace Ride-

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: Rusty \	Nallace Ride-				
Event Date(s): Augu		Total .	Total Anticipated Attendance: 200		
(month, day, year)	(# of <u>Participa</u>	ntc	# of Spectator	١ .
	40DM				,
Actual Event Hours: (fr			м / РМ (to): <mark>10</mark> F	² IVI	AM / PM
Location / Staging Area	a: Outlaw Squa	are/Main St	reet		
Set up/assembly/cons	truction August 8	8	Start time: 11/	AM/4PM	AM / PM
Please describe the sco					
with gates on Dea		ne -staging will in	clude pre-set up c	f bar, then the bo	llards will be in place
with gates on Dea	idwood 51				
Dismantle Date: Aug	ust 8	Comp	oletion time: 3:15F	PM Main/10 PM [Deadwood _{AM} / PM
List any street(s) requi	ring closure as a resu	ult of this event.	Include street nar	ne(s), day, date	and <u>time</u> of closing
and time of re-opening	,			n 12PM until 3P	M, will reopen when
riders depart-Dea	dwood Street clo	sed from 4PI	M until 10PM		
Any request i	nvolving 25 or less mot	or vehicles will utili	ze Deadwood Street	and will be barrica	ded at both
ends of Dead					
	nvolving 25-50 motor v will not require street		ng motorcycles) will	park on the north s	ide of Main
	involving 50 or more ve		d require an entire s	treet 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.				
Additional security may be required at the discretion of the Event committee.					
OPEN CONTAINER					
https://www.cityofdeadwood.com/planning/page/special-event-open-container-					
information-and-maps					
Date:	Times	:	Zone:		
Date:	Times	:	Zone:		
Date:	Times	:	Zone:		
Date:	Times	:	Zone:		
Date:	Times	•	Zone:		

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Commercial (for profit) Noncommercial (nonprofit)						
Sponsoring Organization: Buffalo Chip Campground, LLC Chief Officer of Organization (NAME): Rod Woodruff						
Chief Offic	er of O	ganization (NAIVIE): INOC	a vvoodran			
Applicant	(NAME): Kris Sammons		Business Phon	e: 605-34 7- 900	00
Address: 2	0622	Fort Meade Way, S	Sturgis SD 577	' 85		
	(city) (state) (zip code)					
Daytime p	hone:@	05-347-9000	Evening Phone:	605-641-8490	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:						
А	ddress:	20622 Fort Meade	vvay, Sturgis,	(city)	(state)	(zip code)
Contact pe	rson " o ı	site" day of event or facili	ity use Cody Ert	man	Pager/Cell #: 605-	641-2328
(<u>Note</u> : Th	is perso	on must be in attendance	for the duration	of the event and imm	nediately 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): participants pay a fee that is completely used for charitable contributions					

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:

Rusty	Walla	ce Charity Ride-this is the second year for this ride in Deadwood
The Rus	sty Wa	llace Charity Ride will kick off with a party at OUtlaw Square and the Rocksino
by Ha	rd R	ock Deadwood.
The rec	ietratio	on will take place at the Outlaw Square and post ride event will take place
	*	
at the i	ROCKS	sino-There will be NO Alcohol served in Outlaw Square 9am -3pm
We are	reque	esting street closure of Main Street between Pine Street and Deadwood
Street	for r	egistered bike parking from 12pm unitl departure at 3pm
Reques	st stree	et closure of Deadwood Strett from Main Street to Pioneer Way from 4pm
until 10	PM. I	Returning participants will park on Deadwood Street for post event
gathering	g at the	Rocksino. Security will be in place at both the pre and post event and post ride events
Also reque	est Dead	wood Police escort upon departure and during arrival from 85/14 down Main Street to Deadwood St
	OVE	RALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)
NO •	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.
		Will Items or services be sold at the event? If YES , please describe: Ride event merchandise may be sold
		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 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):				
>	st Aid Facilities and Ambulance locations.				
>	Tables and Chairs.				
>	Fencing, Barriers and / or Barricades.				
>	Generator Locations and / or Source of Electricity.				
>	Canopies or Tent Locations. Tent Rental with Approved Special Event, which is set and amended by resolution, paid to the City of Deadwood: 10' by 10' Set up and take down				
>	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: 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 pick up of trash and dispose at end of event.				
	Other Related Event Components not covered above				

SAFETY / SECURITY / ACCESSIBILITY

		your procedures for both Crowd Control and Internal Security : I be provided	
		e your Accessibility Plan for access at your event by individuals with disabilities: pare is ADA complient	
		s the applicant's responsibility to comply with all City, County, State and Federal Disab applicable to this event.	oility Access
NO Securi	YES Tv Organiz	Have you hired any Professional Security organization to handle security arrangement event? If YES , please list:	ents for this
Securi	ty Organiz	ization Address:(city) (state) ((zip code)
Securit	v Director (r (Name): Business phone: 605-347-90	000
NO	YES	Is this a night event? If YES , please state how the event and surrounding area will be to ensure the safety of the participants and spectators:	
Pleas		te what arrangements you have made for providing First Aid Staffing and Equipment ? The moder N/AAmbulance(s) – How provided?	
	Numk	nber N/AEmergency Medical Technicians – How provided?	
prop bein whic	ICANT spo erty locat g sought a h results f	pecifically acknowledges and agrees that it shall be solely responsible for any damage ated in or stored in or upon DEADWOOD's property pursuant to the activity for which and that DEADWOOD shall not be responsible for any damage or loss to or of APPLICANs from any cause or reason with regard to personal property owned by APPLICANT store OD's property pursuant to approval of the activity for which approval is being sought head of the activity for which approval is the activity for which approval is the activity for the activity f	e to personal h approval is NT's property ed or located
DEA	OWOOD n	agrees to hold DEADWOOD harmless and indemnify DEADWOOD from any sums of m might have to pay to any person as a result of property damage, personal injury or dea ANT's use of the City property pursuant to approval of the activity for which approval is b Acknowledge acceptance with initial:	ath resulting

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

		e your plans to notify all residents, businesses and churches impacted by the event:and businesses will be notified through public meeting hearing notices				
	E	INTERTAINMENT / 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.				
Numb	er of Stag	ges: Number of Bands:				
Type c	of Music: _					
		Will sound amplification be used? If <u>YES</u> , please indicate: Start Time: 12PMAM / PM – Finish Time: 3PMAM / PM				
■		Will sound check 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: Outlaw Square PA System will be used				
		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:registration signs will be in place				
		PROMOTION / ADVERTISING / MARKETING / INTERNET				
		INFORMATION				
NO	YES	Will this event be promoted, advertised or marketed in any manner? If YES , please describe:				
		promoted by Buffalo Chip Campground website and social media platforms				
NO	YES	Will there be any live media coverage during your event? If YES , please explain: local news agencies usually have a reporter covering the event				
		oublic inquiries and / or media inquiries for this event to: Ertman PHONE: 605-641-2328				

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company: Hub Inter	national			
Agent's Name: <mark>Jeremy Vliem/Sturgi</mark> s	3			
Business Phone: <u>(6053)</u> 47-4644	Policy Number:	Policy Type: Co	mmercial Liability	
Address:20622 Fort Meade Way	Sturgis	SD	57785	
	(city)	(state)	(zip code)	
For final permit approval, you will need Deadwood, its officers, employees and agg for the duration of the event. To determ Finance Office at (605) 578-2600 – Fax # (ents" as an additional insured ine the amount of insurance	. Insurance coverage mus	st be maintained	
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. AFFIDAVIT OF APPLICANT				
Advance Cancellation Notice Required: Otherwise, City personnel and equipment certify that the information in the foregoelief and that I have read, understand ar	may be needlessly dispatche	d. orrect to the best of my	knowledge and	
Special Event and I understand that this a the City Commission of Deadwood. I agree organization, am also authorized to commisted to commister any cost and fees that may be incurred.	pplication is made subject to ee to abide by these rules ar nit that organization, and the	the rules and regulation d further certify that I, or refore agree to be finance.	on behalf of the ially responsible	
Name of Applicant (PRINT):		Title:		
		_ Date:		

(Signature of Applicant/Sponsoring Organization)