

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

WILD BILL DAYS JUNE 18th + 19th 2021

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 II	NFORMATION		
Type of Event: Run Street Fair	☐ Walk	☐ Bike Tour	Bike Race	Parade	Concert
Event Title: Wil	d Bill Days				
Event Date(s):	6/18-19/2021 (month, day, y		otal Anticipated Attend		ators
			AM / PM (to): 10	Opm	AM / PM
Set up/assembly	//construction Da		17th Start Time:	2.15pm	AM / PM
) requiring closur		Completion time: 2am		
 Any req Deadwo Any req which w Any req 	uest involving 25 or ood Street. uest involving 25-5(ill not require stree uest involving 50 or	less motor vehicles wi motor vehicles (not ir t closure. more vehicles (which	ood to Pine June 17-1 ill utilize Deadwood Street ncluding motorcycles) - wi would require an entire st eet and Main Street and W	and will be barrion and will be barrion the norterest closure From	th side of Main Street, Wall Street to Shine
		ID SPONSORIN	IG ORGANIZATIO		
Commercial Sponsoring Orga	The D	eadwood Chambei	r of Commerce	∐Noncomm	ercial (nonprofit)
Chief Officer of	Organization (NAI	ME): Lee Harstad			
Applicant (NAM	E): Sarah Kryge	r	Business Ph	one: (<u>605</u>) <u>5</u>	78-1876
Address: 501 N	Main Street		(city)	SD (state)	57732 (zip code)
Daytime phone:	(605) 578-1	876 Evening Ph	one: (<u>605</u>) <u>863 - 1</u>	249 Fax #: (605) 578-2429

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.

N	ame: _				
А	ddress:				
		(city)	(s	tate)	(zip code)
Contact per	rson "oı	n site" day of event or facility use	Pager/Cell #:	863-	1249
(Note: Th	is pers	on must be in attendance for the duration of the event	and immediately a	vailabl	e to city officials)
REQUIRED		Attach a written communication from the Chief Offic applicant or professional event organizer to apply for FEES / PROCEEDS / REPO	this Special Event P		
NO	YES				
	<u> </u>	Is your organization a "Tax Exempt, nonprofit" organ your IRS 501C Tax Exemption Letter to this Special Ev certifying your current tax exempt, nonprofit status).	=		
V		Are admission, entry, vendor or participant fees requi and provide amount(s).:	red? If YES , please	explair	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:

Wild Bill Days. 2 days of Free Concerts, Dock Dogs, Gold Panning and Wild Bill Motorcycle Classic June 18-19 2021

MIDNIGHT COWBOY RUN - 7-18-21

Street Closure: thursday June 17th at 9am tru Saturday June 19th at 10pm

Deadwood-Pine For Dock Dogs Set-up

Street Closure: Thursday June 17th at 2.15pm thru Sunday at 2am Wall to Deadwood for Stage set-up

Request to park motorcycles on Friday June 18th from 10am to 5pm and Saturday June 19th from Noon till 10pm. Wild Bill Bar to the Nugget Saloon and also in Front of Mineral Palace

Request open container in 1-2 Friday June 18th from 5pm-10pm Saturday June 19th from Noon-10pm Request to waive banner fee fro Dock Dogs Request to waive Banner fees for Sponsors Request to waive fee for Band Merchandise.

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO		YES	Does the event involve the sale or use of alcoholic beverages? If YES , please provide your liquoliability insurance information to the last page of this application.
		V	Will items or services be sold at the event? If YES, please describe: Band Merchandise
NO		YES	Does this event involve a moving route of any kind along streets, sidewalks or highways? If YES
V			attach a detailed map of your proposed route, indicating the direction of travel and provide written narrative to explain your route.
		V	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:
7	> /	Alcoholi	c and Non-alcoholic Concession and / or Beer Garden Areas.
>	> F	ood Co	ncession 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):
>	> F	irst Aid	Facilities and Ambulance locations.
>	> T	ables a	nd Chairs.
>	> F	encing,	Barriers and / or Barricades.
>	> (Generat	or Locations and / or Source of Electricity.
>	> (Canopie	s or Tent Locations.
>	> E	Booths,	Exhibits, Displays or Enclosures.
>	> S	caffold	ing, Bleachers, Platforms, Stages, Grandstands or Related Structures.
>	> \	ehicles	and / or Trailers.
7	⊾ т	rach Co	antainars and Dumnstors

(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:To Describe your plan for clean-up and removal of		w / lids: bage during and after the event or use of facility:
> Other Related Event Components no	t covered above.	
SAFETY /	SECURITY /	ACCESSIBILITY
Please describe your procedures for both Crov Security and local PD	wd Control and I	nternal Security:
Please describe your Accessibility Plan for acce Sidewalks to remain open	ess at your event	by individuals with disabilities:
REQUIRED: It is the applicant's responsibility Requirements applicable to this event.	to comply with	all City, County, State and Federal Disability Access
NO YES Have you hired any Profession event? If YES, please list: Badlands Security Security Organization:	onal Security orga	anization to handle security arrangements for this
Security Organization Address:	a Rd	
Belle Fourche	SD	57717
(city)	(state	e) (zip code)
Security Director (Name):	Business pho	one:
Is this a night event? If YES , to ensure the safety of the participants and sp		w the event and surrounding area will be illuminated
Please indicate what arrangements you have n	nade for providir	ng First Aid Staffing and Equipment?
NumberAmbulance(s) – F	low provided?	
Number 3Emergency Medi	cal 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: SJK

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: SJK

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: Chamber News.

Social and local media

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO	YES	
	V	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.
	_	es: 1 Number of Bands: 10
Type of N	/lusic:	Rock/Country
	V	Will sound amplification be used? If <u>YES</u> , please indicate: Start Time: 10am AM / PM – Finish Time: 10pm AM / PM
	V	Will sound checks be conducted prior to the event? If <u>YES</u> , please indicate: Start Time: 10am AM / PM – Finish Time: 10pm AM / PM
		Please describe the sound equipment that will be used for your event:
		Will any fireworks, rockets or other pyrotechnics be used? If VES, places attach a conventioning
	Ц	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.

	V	Will any signs, banners, decorations or special lighting be Sponsor and event banners	e used? If	YES , please	describe:
PROM	ОТІО	N / ADVERTISING / MARKETING / INTER	NET IN	FORMAT	TION
NO	YES				
	V	Will this event be promoted, advertised or marketed in a Social Media Local Media	any mann	er? If YES ,	please describe:
	V	Will there be any live media coverage during your event' Local Media	? If YES,	please expla	ain:
	V	Applicant acknowledges and agrees to allow the City to preferral telephone numbers on the internet in conjunction the City of Deadwood. If you have a home page and we provide the Internet address for your homepage:	on with th	ie Calendar	of Upcoming Events
Refer all e	event p	ublic inquiries and / or media inquiries for this event to:			
NAME: _	An	NANDA KILLE	PHONE	605-5	78-1876
		INSURANCE REQUIREMEN	ITS		
REQUIRE	D : Insu	rance for your event will be required before final permit a	pproval.		
		ce Company: Lloyds of LONDON Agent'			
		605-578-3456 Policy Number: 6935061			
Address:	Po	BOX 507 DEADWOOD (cit		50	57732
		(cit	y)	(state)	(zip code)
For final p	oermit :	approval, you will need commercial general liability insur	ance that	names "the	e City of Deadwood,

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>.

LIQUOR LIABILITY INSURANCE

REQUIRED: This insurance coverage is required facilities rental.	d if you are planning to se	sell alcoholic beverages at your event
Name of Insurance Company:	Agent's	's Name:
Business Phone: Pol	licy Number:	Policy Type:
Address:		
Please obtain the required insurance and mail Office, 102 Sherman Street, Deadwood, SD 577	(city an original insurance cer	**
AFFIDA	VIT OF APPLICA	ANT
ADVANCE CANCELLATION NOTICE REQUIRED: Otherwise, City personnel and equipment may be I certify that the information in the foregoing belief and that I have read, understand and agreement and I understand that this applicates	e needlessly dispatched. application is true and coree to abide by the rules are ion is made subject to the	orrect to the best of my knowledge ar and regulations governing the propose e rules and regulations established by th
City Commission of Deadwood. I agree to all organization, am also authorized to commit that any cost and fees that may be incurred by or on	organization, and therefo	ore agree to be financially responsible fo
Name of Applicant (PRINT): Sarah Kryger	2/16/2021 Date:	Deadwood Chamber Title: EVENT COOLDINATOR
(Signature of Applicant / Sponsoring Organization)		(Signature of Professional Event Organiz or Renter of City-owned Facilities)