

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

Mustang Rally 8/28/25

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 T	itle: Mustang R	ally				
Event D	eate(s): 8/28/25 (m	onth, day, year)	Total /	Anticipated Attenda	nce:	
	•	,, , , , , , , , , , , , , , , , ,	(# of Participa	nts	# of Spectator	s i
Actual E	vent Hours: (fron	n: <u>1pm</u>	———А	M / PM (to): 4pm		AM / PM
Locatio	n / Staging Area:	Wall to Deadwo	od St.			
Set up/a	assembly/constru	iction 1pm		_Start time: 1pm		AM / PM
Please d	lescribe the scope	e of your setup / a	ssembly work (sp	ecific details): Stre	et closure for	Mustang Parking
List any	le Date: 8/28/25 street(s) requiring		Comp It of this event. In	letion time: 4pm	(s), day, date an	_AM / PM d <u>time</u> of closing
>	ends of Deadwo	od Street. Iving 25-50 motor vi	ehicles (not includin	e Deadwood Street ar g motorcycles) will pa		
>	Street, which will Any request invo Deadwood Street Street to direct t	Il not require street blving 50 or more ve will require security raffic.	closure. hicles which would be providedat Dead	require an entire stro wood Street and Main	et closure from \	Vall Street to
>	Additional securi	ty may be required a	it the discretion of t	he Event Committee.		
			OPEN CON	TAINER		
	https://www	ı.cityofdeadwo		ng/page/special-	event-open-c	ontainer-
Date:		Time	information-a			
				Zone:		
				Zone:		
Date:		Times		Zone:		
				Zone: Zone:		

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

	L	Commercial (for profit)	l	Noncommercial (nonprofit)		
Sponsorii	ng Orga	nization: Sturgis Mustang	Rally				
		rganization (NAME): Fran					
Applicant	t (NAM	E): Jesse Allen		Business Ph	one: (⁶⁰⁵	210-17	80
Address:			Dea	Deadwood SD		57732	
				(city)	(state)		(zip code)
Daytime p	hone: (605-578 ₎ -1876	Evening Phone: (6	g Phone: (605-59)1-9171 Fax #:)	
on your b	ehalf to	ofessional event organia o produce this event.				uthorize	d to work
_			Erank Lauden	,		•	
Contact pe	erson "o	n site" day of event or facil	ity use I rank Lawton		Pager/Cell#	: 005-33	5-7005
(<u>Note</u> : Th	is perso	n must be in attendance	for the duration of	the event and imn	nediately avai	lable to	city officials)
REQUIRED:		Attach a written comm the applicant or profes behalf.					
		FEES	/ PROCEEDS	/ REPORTING	3		
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):							

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:

Musta	ng Pa	rking
Wall to	Dead	wood St. 1pm-4pm
Mustan	g Rally	will reimburse Deadwood Alive for lost income at a total of \$300
Cars wi	II stage	in the Sherman St. Parking Lot before moving to Main St.
	01//	EDALL EVENT / FACULTUS DENIENT DECEMBER
NO	YES	ERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)
		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:
		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):					
>	First Aid Facilities and Ambulance locations.					
A	Tables and Chairs.					
	Fencing, Barriers and / or Barricades.					
>	Generator Locations and / or Source of Electricity.					
A .	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					
	Exhibits, Displays or Enclosures.					
	olding, 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: Trash Containers w / lids:					
	Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility:					

SAFETY / SECURITY / ACCESSIBILITY

Please	describe y	our procedures	for both Crowd Cont	rol and Internal Security:	Badland	ls Securit	У
Please Sidewa	describe y alks remain	our Accessibilit open		ır event by individuals with		25:	
REQUI Requir	RED: It is t rements a	he applicant's	responsibility to com	ply with all City, County, S	State and	Federal D	isability Access
NO Securit	YES Ty Organiza	Have you h event? If Y ation: Badlands	ES, please list:	Security organization to ha	ındle secu	arity arrang	gements for this
Security	y Organiza	tion Address:	11089 Sonoma Rd	Belle Fourche	SD	57732	
				(city)		(state)	(zip code)
Security	Director (I	Name): Fritz Ca	arlson	Busine	ess phone:	605	210-1780
NO	YES	Is this a night to ensure the	event? If YES, please safety of the particip	state how the event and spants and spectators:	surround	ing area w	ill be illuminated
		H					
Please	indicate v	vhat arrangem	ents you have made fo	r providing First Aid Staffin	g and Equ	ipment?	
	Numb	er	Ambulance(s) – How p	rovided?			
	Numb	er	Emergency Medical Te	chnicians – How provided?			
prope being which	CANT spec rty locate sought an results fro	cifically acknored in or stored d that DEADWorm any cause of the control of the c	wiedges and agrees t in or upon DEADWO OOD shall not be resp or reason with regard rsuant to approval of	hat it shall be solely respo OD's property pursuant to consible for any damage of to personal property own the activity for which app wiedge acceptance with init	onsible for the act r loss to one aed by AP proval is b	or any dam livity for wor of APPLIC	lage to personal hich approval is CANT's property tored or located
DEAD	WOOD mij IPPLICANT	ght have to pa	y to any person as a i ity property pursuant	and indemnify DEADWOO result of property damage to approval of the activity edge acceptance with init	, persona for which	al injury or	death resulting

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

	E	INTERTAINMENT / ATTRACTIONS	S / RELATED EVENT A	CTIVITIES	
00	YES				
麒		Are there any musical entertainment feat	ures related to your event or	facilities rental? If YES	
		please state the number of bands and type	e of music.		
lumb	er of Stag	ges: Num	ber of Bands:		
уре с	of Music:				
		Will sound amplification be used?			
		If YES, please indicate: Start Time:	_AM / PM – Finish Time:	AM / PM	
		Will sound check be conducted prior to the	event?		
		If <u>YES</u> , please indicate: Start Time:		AM / PM	
		Pleasedescribe the sound equipment that will	be used for your event:		
EST.		Will any fireworks, rockets or other pyrotec		attach a copy of your	
m	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 / ADVIDT	ICINIC / BAADVETING	/ INITEDNIET	
		PROMOTION / ADVERT		/ IIVI EKIVET	
		INFOR	MATION		
0	YES	18/III alain arrand ha myanasaad adrandia adrandia adrandia	narkated in any managed 15 MF	C place describes	
	L	Will this event be promoted, advertised or r	narketed in any manner? II TE	s, piease describe:	
	YES				
0		(APII at a company of the company of	ng your event? If VFS inlease o	xolain:	
IO II		Will there be any live media coverage durin	ig your event: if res, please e		

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

REMOIRED: Itisurance for your event will be required by	`	al.	
Name of Insurance Company: Lloyds of C Agent's Name: 2005 Robours	Landon		
Business Phone: (605) 117- 698 Bolicy Num	ber: RSIODGLOZ91	Policy Type:	AL
Address: 132 E Illinos 31	5 Dearling	50	57785
The state of the s	(city)	(state)	(zip code)
For final permit approval, you will need commerce Deadwood, its officers, employees and agents" as an arrifor the duration of the event. To determine the amount of Finance Office at (605) 578-2600 – Fax # (605) 578-208	dditional insured. Insural unt of insurance covera	nce coverage mu	st be maintained
The City must be named as an "additional insured." Insurance certificate to: City of Deadwood, Finance O			
AFFIDAVIT	OF APPLICANT		
Advance Concellation Notice Required: If this event Otherwise, City personnel and equipment may be need		Deadwood Poli	ce Department.
I certify that the information in the foregoing application belief and that I have read, understand and agree to at Special Event and I understand that this application is the City Commission of Deadwood. I agree to abide by organization, am also authorized to commit that organized ready and fees that may be incurred by or on believe of Applicant (PAINT):	oide by the rules and reg made subject to the rule by these rules and furthe ization, and therefore ag malf of the Event to the C	ulations governings and regulation er certify that I, or gree to be financiaty of Deadwood	ng the proposed is established by on behalf of the ially responsible i.
Think My Hon	Date:	2/21/2	-5
Sprature of Applicator/Sportsering Organization)		/ /	
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