

# DEADWOOD

## Application for Tourist Conveyance License

(per DCO Chapter 5.40)

I am aware of, and was given a copy of the DCO Chapter 5.40 – Tourist Conveyance as well as read and understand the City of Deadwood Tourist Conveyance Regulations: Susan Caldwell, manager

Name of Company Owner/Manager

☒ Renewal ☐ New Application for Year: \_\_\_\_\_

Kevin Postner, owner

### Business

Business Name (as will appear on license): Original Deadwood Tour

Business Address: PO Box 472, Deadwood, SD 57732

Business Phone: 605-578-2091

Home/Cell Phone: 605-580-1119 (Susan's cell)

SD Sales Tax Number: 1015-7238 ST.

If business is a partnership or corporation, please provide the name and address of each partner/officer.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

### Person Completing Application

Applicant Name: Susan Caldwell

Home Address: 128 May St. #A, Lead, SD 57754

Home Phone/Cell Phone: 605-580-1119

Is applicant also the contact person? ☒ Yes ☐ No

If not, who is the contact person for this application:

Contact Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone/Cell Phone: \_\_\_\_\_

Proposed Dates of Operation: From May 16, 2025 thru Oct 18, 2025

**Vehicle Inspection:** A statement of inspection or a service record from an approved mechanic must be provided with this application of the above listed vehicles before license will be issued. A copy of the inspection or service record will be attached to this application and maintained on file with the Chief of Police.

Inspection or Service Record Received: \_\_\_\_\_

Date Received \_\_\_\_\_

Signature of City Staff Receiving Application \_\_\_\_\_

**Staging Location Preference:** \_\_\_\_\_

Location is subject to approval by the Deadwood City Commission with Parking & Transportation recommendation.

(Attach recommendation letter(s) from adjacent businesses near proposed location)

**Insurance:** Liability coverage of two-million dollars (\$2,000,000.00) per accident is required naming the City of Deadwood as co-insured. (Attach letter from Agent upon acceptance of license)

Agent's Name and Address: \_\_\_\_\_

HUB - Linda Speerlin 605-641-9073

Policy Number: \_\_\_\_\_

70APR428677

Expiration Date: \_\_\_\_\_

08/10/2025

**License and Associated Fees:** License and associated fees are set by resolution on an annual basis. Please confirm with the City Finance Office the current license fee. (Fee covers operation of vehicle within the City of Deadwood, limited access to Mt. Moriah Cemetery and one (1) reserved parking location with no additional space(s) provided)

**License Deposit:** Deposit of two-hundred-fifty dollars (\$250.00) is due with this application on or before February 1<sup>st</sup> to reserve license for following year. Balance of license fee is due by May 1<sup>st</sup> of the operation year.

**Operations:**

1. All drivers must possess a certified CDL driver's license and meet all state and federal motor vehicle regulations.
2. Operation of all vehicles shall be in accordance with all state motor vehicle regulations.
3. Each company will be permitted to operate only one vehicle in Mt. Moriah Cemetery at any one time.
4. Each company will be permitted to operate only one vehicle to Mt. Moriah at any one time from assigned parking space.
5. Vehicles operating in Mt. Moriah note that this is still an active cemetery and that the dignity of that area will be maintained during all phases of operation.
6. Vehicles operating in Mt. Moriah will pay the entry for for all persons brought into Mt. Moriah. Fees will be paid to the City of Deadwood per the requirements of the Finance Office.
7. Vehicles will operate in such a manner as to not impede the flow of traffic. No vehicle will stop in a roadway, but will utilize designated stopping areas. Drivers of slow moving vehicles will utilize designated pull-out areas to allow vehicles following to pass safely.
8. If corporate structure or ownership changes, a new application is necessary.
9. The City of Deadwood reserves the right to cancel the license at any time for cause.

Application Signature: \_\_\_\_\_

Susan Caldwell

Date \_\_\_\_\_

3-15-25

License fee is non refundable

City of Deadwood Action: ( ) Approved ( ) Disapproved

Authorized Signature: \_\_\_\_\_

Date \_\_\_\_\_