

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

Outlaw Square 2023 Wednesday Night Summer Concert Series

### 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						
Type of Event: Run Street Fair	☐ Walk ☐ Triathlon	☐ Bike Tour	☐ Bike Race	Parade	<b>■</b> Concert	
Event Title: Ou	tlaw Squar	re 2023 W	ednesday Nigh	t Summer Co	oncert Series	
Event Date(s): N	Event Date(s): May - Sept 2023 Total Anticipated Attendance: Varies					
	(month, day, ye	•	of <u>Participants</u>	# of Spectat		
Actual Event Hou		m	AM / PM (to):		AM / PM	
Location / Staging	g Area:	v Square				
Set up/assembly/o	construction Date	Day of s	show Start Tir	<sub>me:</sub> 2:30 pm	AM / PM	
Please describe th	Please describe the scope of your setup / assembly work (specific details): Production company loading in for set on Outlaw Square Stage - also band load in					
Dismantle Date: Day of showCompletion time: 11 pmAM / PM						
List any street(s) requiring closure as a result of this event. Include <u>street name(s)</u> , <u>day</u> , <u>date</u> and <u>time</u> of closing and time of re-opening:  Deadwood Street - Day of Show - 6:15 closure - reopen 11 pm						
Deadwood St will be closed following 6 pm Deadwood Alive gunfight on Main St.						
<ul> <li>Any request involving 25 or less motor vehicles will utilize Deadwood Street and will be barricaded at both ends of Deadwood Street.</li> <li>Any request involving 25-50 motor vehicles (not including motorcycles) - will park on the north side of Main Street, which will not require street closure.</li> <li>Any request involving 50 or more vehicles (which would require an entire street closure From Wall Street to Shine Street and security must be provided at Shine Street and Main Street and Wall Street and Main Street to direct traffic.</li> <li>Additional security maybe required at the discretion of the Event Committee.</li> </ul>						
APPLICANT AND SPONSORING ORGANIZATION INFORMATION						
Commercial (for profit)						
Sponsoring Organ	Outlavization:	w Square				
Wade Morris aka Bobby Rock Chief Officer of Organization (NAME):						
Applicant (NAME): Wade Morris aka Bobby Rock Business Phone: (605) 717-6848						
Address: <b>703</b>	Main St		Deawood	SD	57732	
Daytime phone: (	605 <sub>)</sub> <b>717-</b> (	6848 <sub>Evening</sub>	Phone: (605) 641	-9162 <sub>Fax #: (</sub>	(zip code) )	

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.

INa	ime:	
Ac	ldress:	
	(city)	(state) (zip code)
Contact pers	son "on site" day of event or facility use Bobby Rock	_Pager/Cell #: 605-641-9162
(Note: This	person 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 applicant or professional event organizer to apply for this Spe	_
	FEES / PROCEEDS / REPORTING	ì
NO	Is your organization a "Tax Exempt, nonprofit" organization your IRS 501C Tax Exemption Letter to this Special Event Percertifying your current tax exempt, nonprofit status).	
□ Fo	Are admission, entry, vendor or participant fees required? If Y and provide amount(s).: od truck vendor fee of \$50	<b>'ES</b> , please explain 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:

Outlaw Square's Wednesday Night Free Summer Concert Series for 2023 will be held on the following dates

May 31

June 7, 14, 21, 28

July 5, 12, 19, 26

August 2, 16, 23, 30

N. . . . . . .

Actual show times will be from 6:30 pm until 9 pm.
Sound Production company will load in at 2:30 pm day of show, bands will follow with load in approximately 3:30 pm - Production company and bands will part in Sherman St. parking lot.

Sound Checks will take place between 4 & 5 pm

 $Deadwood\ Street\ closure\ is\ requested\ from\ 6\ pm\ until\ 10\ pm\ -\ it\ will\ close\ at\ 6:15\ pm\ following\ Deadwood\ Alive\ gunfight\ at\ 6\ pm\ on\ Main\ St.$ 

Bollards and street closure signs will be in place on Deadwood St. at Main and Pioneer way.

Requesting Open Container for Beer & Wine only in Zones 1 & 2 from 5 pm until 10 pm on the dates provided with participants utilizing Deadwood Chamber Event Cups.

1 food truck will be located on Deadwood St. from 6:15 until 9 pm - food trucks will vary week to week.

Sergeant Poppers will be located on Outlaw Square space as per previous summers.

Deadwood St. will be reopened as soon as Production and band load out is complete, usually before 11 pm.

# **OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)**

NO	YES	Does the event involve the sale or use of alcoholic beverages? If <b>YES</b> , please provide your liquor liability insurance information to the last page of this application.		
		Will items or services be sold at the event? If <b>YES</b> , please describe:  Bands will have merchandise for sale		
NO	YES	Does this event involve a moving route of any kind along streets, sidewalks or highways? If <b>YES</b> 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 <b>YES</b> , 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:		
>	Alcoholic and Non-alcoholic Concession and / or Beer Garden Areas.			
>	Food Co	oncession and / or Food Preparation Area(s).  Please describe how food will be served at the event:  1 Food truck will be located on Deadwood St. during shows along with Sergeant Poppers on OS site  If you intend to cook food in the event area, please specify the method to be used:		
		■ GAS ■ ELECTRIC □ CHARCOAL □ OTHER (specify):		
>	First Aic	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.			
>	Vehicle	s and / or Trailers.		
>	Trash Co	ontainers 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 will be cleaned up by OS staff - trash is collected by  COD in the morning
Other Related Event Components not covered above.
SAFETY / SECURITY / ACCESSIBILITY
Please describe your procedures for both Crowd Control and Internal Security:  Crowd Control by Badlands Security - Internal handled by OS staff
Please describe your Accessibility Plan for access at your event by individuals with disabilities:  Outlaw Square is ADA Compliant
REQUIRED: It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event.
NO YES  Have you hired any Professional Security organization to handle security arrangements for this event? If YES, please list:  Security Organization:  Badlands Security
Security Organization Address: 11089 Snoma Road
Belle Fourche SD 57717
(city) (state) (zip code) Security Director (Name): Fritz Carlson Business phone: 605-210-1780
■ Is this a night event? If <b>YES</b> , please state how the event and surrounding area will be illuminated to ensure the safety of the participants and spectators:  Outlaw Square lighting is used
Please indicate what arrangements you have made for providing First Aid Staffing and Equipment?
Number <u>n/a</u> Ambulance(s) – How provided?
Number <u>n/a</u> Emergency Medical 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: wm

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: wm

### PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

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

Deadwood city parking lots will be used

Residents and businesses notified through public hearing notice

## **ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES**

NO	YES				
		Are there any <b>musical entertainment</b> features related to your event or facilities rental? If <b>YES</b> , please state the number of bands and type of music.			
Number	of Stag	es: 1 Number of Bands: 1			
Type of N	∕lusic:	varies			
		Will <b>sound amplification</b> be used?  If <u>YES</u> , please indicate: Start Time:6:30AM / PM – Finish Time:9:30AM / PM			
		Will <b>sound checks</b> be conducted prior to the event?  If <u>YES</u> , please indicate: Start Time: 4 pmAM / PM – Finish Time: 5 pmAM / PM			
		Please describe the sound equipment that will be used for your event:  Powerhouse Production will be providing sound production for this event			
		Will any fireworks, rockets or other pyrotechnics be used? If <b>YES</b> , please attach a copy of your permit (issued by the State Fire Marshall's office) to this application.			
		Will any signs, banners, decorations or special lighting be used? If <b>YES</b> , please describe:			

PROM	ОТІО	N / ADVERTISING / MARKETING / INTERNET INFORMATION
NO	YES	
		Will this event be promoted, advertised or marketed in any manner? If <b>YES</b> , please describe: a variety of ways, social media, radio, print, posters
		Will there be any live media coverage during your event? If YES, please explain:
		Applicant acknowledges and agrees to allow the City to publish the Contact Person and media referral telephone numbers on the internet in conjunction with the Calendar of Upcoming Events in the City of Deadwood. If you have a home page and want us to link with our Calendar, please provide the Internet address for your homepage:  Outlawsquare.com
	-	by Rock  PHONE: 605-717-6848
		INSURANCE REQUIREMENTS
Name of	Insurar	rance for your event will be required before final permit approval.  Lice Company: Hub International Agent's Name: Chris Roberts
Business	Phone:	605-578-3456 Policy Number: RS100/200PA0112-1 Policy Type: Commercial Liability
Address:		(city) (state) (zip code)
its office duration	rs, empore	approval, you will need commercial general liability insurance that names "the City of Deadwood, ployees and agents" as an additional insured. Insurance coverage must be maintained for the event. To determine the amount of insurance coverage necessary, please contact the Finance 78-2600 – 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

<b>REQUIRED:</b> This insurance coverage is facilities rental.	s required if you are plann	ing to sell alcohol	ic beverages	s at your event or	
Name of Insurance Company:	e Company: Agent's Name:				
Business Phone:	Policy Number:		Policy Typ	oe:	
Address:					
Please obtain the required insurance Office, 102 Sherman Street, Deadwoo	_	(city) ance certificate to	(state) : City of De	(zip code) eadwood, Finance	
Al	FFIDAVIT OF API	PLICANT			
ADVANCE CANCELLATION NOTICE RECO Otherwise, City personnel and equipmed I certify that the information in the foliable and that I have read, understant Special Event and I understand that the City Commission of Deadwood. I agrorganization, am also authorized to co any cost and fees that may be incurred	ent may be needlessly disponent may be needlessly disponent is true and and agree to abide by the subjection is made subjected to abide by these rulummit that organization, an	e and correct to the rules and regulect to the rules and es and further could therefore agree	the best of lations gove diregulations ertify that I to be finance	my knowledge and rning the proposed s established by the , on behalf of the	
Name of Applicant (PRINT): Wad	= -			tor	
Name of Applicant (FRINT).	Date: 1/23/				
(Signature of Applicant / Sponsoring Org		(Signatu		onal Event Organizer wned Facilities)	