

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

Harley Davidson - Outlaw Square August 5 - August 12

### 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).

T. 45		EVENT	INFORMATION:		4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
Type of Event: Run Street Fair	☐ Walk ☐ Triathlon	Bike Tour Other	☐ Bike Race	Parade	Concert	
Event Title:	rley Davidson Ra	ally Point at Out	law Square			
Event Date(s):	: August 5-August 12, 2023 (month, day, year)		Total Anticipated Attendance: Daily 250-300			
(month, day, year)			of Participants	tators)		
			AM / PM (to): 7 ;	om	AM/PM	
Location / Stagi	ng Area: Outlaw	Square				
Set up/assembly	y/construction Dat	August 4 e:	Start Time:	7 am	AM / PM	
			work (specific details): f Outlaw Square bounda	ry		
Dismantle Date	August 13		Completion time: 9 pn	n	AM / PM	
List any street(s and time of re-o NONE		e as a result of thi	s event. Include <u>street nan</u>	ne(s), <u>day</u> , <u>dat</u>	<u>e</u> and <u>time</u> of closing	
Deadwo  Any red  which v  Any red  Street a	ood Street. Juest involving 25-50 vill not require stree Juest involving 50 or Ind security must be	) motor vehicles (no et closure. more vehicles (wh provided at Shine	s will utilize Deadwood Street of including motorcycles) - wil ich would require an entire st Street and Main Street and W retion of the Event Committe	II park on the no reet closure Fro all Street and M	rth side of Main Street, m Wall Street to Shine	
Commercia	(for profit)		IING ORGANIZATIO	Hermonia (Transpiration of the second	NATION mercial (nonprofit)	
Sponsoring Orga	anization: Harley	Davidson				
Chief Officer of	Organization (NAI	-				
Applicant (NAM	ie):	aka Bobby Ro	Business Ph		717-6848	
Address: 703 I	viain St	***************************************	Deadwood (city)	SD (state)	57732 (zip code)	
Daytime phone	(605) 717-684	18 Evening	005 044 040	, ,		
Please list any p	orofessional event	organizer or eve	ent service provider hired l	by you that is a	uthorized to work on	

your behalf to produce this event.

Name	Randy Brown				
Addr	696 Main St	Deadwood	SD	57732 (zip code)	
Aggir.	+344	(city)	(state)		
•	"on site" day of event or facility us erson must be in attendance for	e Randy Brown Page the duration of the event and immed	er/Cell #: liately availabl		
REQUIRED:		ation from the Chief Officer of the or ent organizer to apply for this Specia	_		
NO \	FEES://	PROCEEDS / REPORTING		77 W. 1	
×	Is your organization a "Tax	Exempt, nonprofit" organization? If the Letter to this Special Event Permit exempt, nonprofit status).			
×	Are admission, entry, vendo and provide amount(s).:	or or participant fees required? If YES	, please explai	n 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:

Harley Davidson will have full use of Outlaw Square August 5 - August 13, 2023

Plan is to have scheduled events throughout the week, including bike shows and pool party. They will have bar set up thoughout the Square, selling beer & wine only.

Requesting Open Container in ZONE 4 ONLY - Beer and Wine ONLY - fencing will be placed up around the perimeter of Outlaw Square, security will be in place to prevent any alcohol.

Music provided by DJ with emcee hosting the events.

Possbile live band scheduled during the week but nothing late night.

The Good Stuff Food Truck on site all week.

Rockcinso/Hickoks beer & wine license

## OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED) NO Does the event involve the sale or use of alcoholic beverages? If YES, please provide your liquor П liability insurance information to the last page of this application. П Will items or services be sold at the event? If YES, please describe: NO YES 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 streets П 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. Tables and Chairs. Fencing, Barriers and / or Barricades. Generator Locations and / or Source of Electricity. Canopies or Tent Locations. Booths, Exhibits, Displays or Enclosures.

(<u>NOTE</u>): 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.

Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.

Vehicles and / or Trailers.

> Trash Containers and Dumpsters.

	_Trash Containers		
Describe your plan for clean-up and remove	al of waste and gar	bage during and after the event or u	se of facility:
Outlaw Square Staff and HD event staff	will pull trash for	morning pick up.	
> Other Related Event Components	not covered above		
SAIETY	/ SECURITY /	ACCESSIBILITY	
Please describe your procedures for both C Private Security hired for daily and over			ecurity
Please describe your Accessibility Plan for a Outlaw Square is ADA compliant	occess at your even	t by individuals with disabilities:	
REQUIRED: It is the applicant's responsibil Requirements applicable to this event.	lity to comply with	all City, County, State and Federal	Disability Access
NO YES  Have you hired any Profe event? If YES, please list:  Badlands Security  Security Organization:	: /	ganization to handle security arrang	ements for this
	oma Road		
Belle Fourche	SD	57714	
(city)	(sta	ete) (zip code)	-
Security Director (Name):	Business pl	605-210-1780	
Is this a night event? If to ensure the safety of the participants and Outlaw Square Lighting will be used for	d spectators:	ow the event and surrounding area w	will be illuminated
Please indicate what arrangements you have	ve made for provid	ing First Aid Staffing and Equipment	?
NumberAmbulance(s)	– How provided?		
n/a NumberEmergency M	ledical Technicians	How provided?	

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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: Public Notified throught public hearings notifications

### ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO	YES				
	X	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.			
Numbe	Number of Stages: 1 Number of Bands: unknow				
Туре о	f Music:	variety			
	×	Will sound amplification be used?  If <u>YES</u> , please indicate: Start Time: 10 am AM / PM — Finish Time: 9 pm AM / PM			
×		Will sound checks 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:  Production company equipment			
х		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 YES, please describe:			
	Banne	ers Hung up around the Square			

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NO	YES	
L	ma	Will this event be promoted, advertised or marketed in any manner? If YES, please describe: rketing through a variety of ways including social media, print and broadcast
		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 Ever in the City of Deadwood. If you have a home page and want us to link with our Calendar, pleas provide the Internet address for your homepage:
	-	ublic inquiries and / or media inquiries for this event to:  Brown PHONE:
		INSTRANCE REQUIREMENTS
DEOI HD	ED: Inci	INSURANCE REQUIREMENTS
REQUIR Name o	ED: Insu	rance for your event will be required before final permit approval.
REQUIR Name o	ED: Insu	rance for your event will be required before final permit approval.
Name o	f Insuran	rance for your event will be required before final permit approval.  The Company: Allianz (Frost)  Agent's Name: Meliss Sa Day  (615-312-7904 Policy Number: UST020292220 Policy Type: Gen Li
Name of Business Address For finalits officiduration	f Insurants Phone:    /// 7	Agent's Name: Mel. 559 Day  Get Company: Allianz (Frest)  Agent's Name: Mel. 559 Day  Get S-312-7794 Policy Number: UST020292220 Policy Type: Gen La  Get S-312-7794 Policy Number: UST020292220 Policy Type: Gen La  Get S-312-7794 Policy Number: UST020292220 Policy Type: Gen La  Get S-312-7794 Policy Number: UST020292220 Policy Type: Gen La  Get S-312-7794 Policy Number: UST020292220 Policy Type: Gen La  Get S-312-7794 Policy Number: UST020292220 Policy Type: Gen La  Get S-312-7794 Policy Number: UST020292220 Policy Type: Gen La  Get S-312-7794 Policy Number: UST020292220 Policy Type: Gen La  Get S-312-7794 Policy Number: UST0202722
Name of Business Address For finalits office duration Office at The City	f Insurants Phone:  I permit ers, emply of the tropic (605) 5	Agent's Name: Mel. 5 5 9 Day  Let S - 312 - 7 704 Policy Number: UST 020292220 Policy Type: Gen Let  177 Au S Name: Mel. 5 5 9 Day  (city) (state) (zip code)  approval, you will need commercial general liability insurance that names "the City of Deadwo ployees and agents" as an additional insured. Insurance coverage must be maintained for event. To determine the amount of insurance coverage necessary, please contact the Final 78-2600 – Fax # (605) 578-2084.
Name of Business Address For finalits office duration Office and The City insurance	f Insurants Phone:	Agent's Name: Mel. 5 5 9 Day  Get Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  Get Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  Get Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  Get Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  Get Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  Get Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company: Allianz (Frest)  Agent's Name: Mel. 5 5 9 Day  For Live Some Company

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# DHIH, LLC will provode ASAP

### LIQUOR LIABILITY INSURANCE

**REQUIRED:** This insurance coverage is required if you are planning to sell alcoholic beverages at your event or facilities rental.

Name of Insurance Company:	Agen	ıt's Name:			· · · · · · · · · · · · · · · · · · ·
Business Phone:	Policy Number:		Policy T	ype:	
Address:					
Please obtain the required insurance and Office, 102 Sherman Street, Deadwood, St	)) mail an original insurance c d	,,,	(state) City of	(zip code <b>Deadwood</b> ,	•
AFF	BAVITOF APPLIC	ANT			
ADVANCE CANCELLATION NOTICE REQUIREMENTS. City personnel and equipment		•	Deadwoo	d Police Dep	artment.
I certify that the information in the foregoeile and that I have read, understand a Special Event and I understand that this agree City Commission of Deadwood. I agree organization, am also authorized to commany cost and fees that may be incurred by	and agree to abide by the rule pplication is made subject to to to abide by these rules and that organization, and there or on behalf of the Event to the	es and regula he rules and d further cel efore agree to	tions goveregulation tify that to be finar	verning the one establish to be to b	proposed ed by the olf of the
Name of Applicant (PRINT): Wade Morris	s aka Bobby Rock	Title:	irector		
	5/20/2023 Date:				
(Signature of Applicant / Sponsoring Organiza	<del></del>			ssional Event -owned Faci	-