

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

Deadwood Live Concert - August 8th, 2023

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).

		EVE	YT:INFORMATION	A COP	
Type of Event: Run Street Fair	☐ Walk ☐ Triathlon eadwood Live Co	Bike Tour		Parade	Concert
Event little:			001, 2025		Weight 1997
Event Date(s):	8/8/2023		Total Anticipated Att	endance: 2600	
	(month, day, year)		# of <u>Participants</u> 100	tators 2500	
Actual Event Ho	ours: (from): 4pm)	AM / PM (to)	10pm	AM/PM
Location / Stagi		Square and [Deadwood Street		
	-	₂ .8/8/23	Start Ti	7am	AM / PM
Please describe	the scope of your consist of fencing	setup / assemb	oly work (specific details): premiter of Outlaw Squa		d Street from
Dismantle Date	: <mark>8/8/23</mark>		Completion time:	Midnight	AM / PM
and time of re-	opening:		this event. Include <u>street</u> wy 14A closes from		
Deadw Any rec which Any rec Street	ood Street. quest involving 25-5 will not require stre quest involving 50 o and security must be	0 motor vehicles et closure. r more vehicles (e provided at Shii	cles will utilize Deadwood St (not including motorcycles) which would require an enti ne Street and Main Street an iscretion of the Event Comm	- will park on the nor ire street closure Fro d Wall Street and Ma	th side of Main Street, m Wall Street to Shine
Commercia Sponsoring Orga	ol (for profit) Oswal	d Entertainme	ORING ORGANIZAT	THE THE PROPERTY OF THE PROPER	IATION mercial (nonprofit)
Chief Officer of	Organization (NAI	Marc Osv ME):	vald		
Applicant (NAN	ME): Randy Brow	n for OEG	Busines	s Phone: (605	415-2946
Address: 2455	Long Hollow Pi	ke	Hendersonville	TN	37075
Daytime phone	: (605) 415-29	46 Eveni	(city) ng Phone: (605) 415-2	(state) 2946Fax#:	(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**.

Nam	ne: _	ame as above		·
Addı	ress:	-		***************************************
		(city)	(state)	(zip code)
Contact perso	ռ " or	site" day of event or facility use	Pager/Cell #:	115-2946
(Note: This	perso	on must be in attendance for the duration of the event and i	m med iate <mark>ly a</mark> vailabl	e to city officials)
REQUIRED:		Attach a written communication from the Chief Officer of applicant or professional event organizer to apply for this S	pecial Event Permit	
NO	YES			
		Is your organization a "Tax Exempt, nonprofit" organization your IRS 501C Tax Exemption Letter to this Special Event Potentifying your current tax exempt, nonprofit status).		
	Ø	Are admission, entry, vendor or participant fees required? I and provide amount(s).:	f YES , please explair	the purpose
		Ticketed event with attendees purchasing reserved or	GA tickets.	

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:

A third season of the Deadwood Live Open Air concert series is planned with two shows, the one in this application for 8/8/23 and another for 9/2/23 (a seperate application will be submitted). For this event we are requesting the 'small' footprint from previous years which includes Outlaw Square and Deadwood Street from main to Hwy 14A, but no part of Main Street.

As in previous years crews will erect fencing around the venue and seating inside, but not until the Harley Davidson event concludes at 4pm.

The working schedule calls for setup at 4pm, gates opening to patrons at 5:00pm, Sublime with Rome perfroms from 6:30-8pm, Rocksino by Hard Rock grand opening ceremony at 8pm and fences down by 10pm.

A map of the proposed layout is attached.

OV	ERAL	LEVELTO FACILITIES RENTAL DESCRIPTION CONTINUED.
NO	YES	Does the event involve the sale or use of alcoholic beverages? If YES , please provide 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: Beer and Wine and artist merchandise.
NO III	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 impacted by the event.
		e route map required above, please attach a diagram showing the overall lay-out and set-up following items:
>	Alcohol	ic 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:
		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 a	and Chairs.
>	Fencing	, Barriers and / or Barricades.
>	Genera	tor Locations and / or Source of Electricity.

> Booths, Exhibits, Displays or Enclosures.

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

➤ Vehicles and / or Trailers.

> Canopies or Tent Locations.

> 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: 8+Tr Describe your plan for clean-up and removal of Event staff and Outlaw Square staff will ha	f waste and garbage d				
> Other Related Event Components not	covered above.				
SAFETY/:	SECURITY / ACC	ESSIBILITY			
Please describe your procedures for both Crow	d Control and Interna	al Security:			
Badland Security has been hired from crown Outlaw Square atff will handle building sec		and general security.			
Please describe your Accessibility Plan for access	ss at your event by inc	dividuals with disabilities:			
Outlaw Square is ADA compliant - event s arises.	taff will handle disca	abled seating as the need			
REQUIRED: It is the applicant's responsibility to Requirements applicable to this event.	to comply with all Cit	y, County, State and Federal Disability Access			
NO YES Have you hired any Profession event? If YES, please list:	onal Security organizat	tion to handle security arrangements for this			
Security Organization: Badlands Security					
Security Organization Address:	a Rd				
Belle Fourch	SD	605-210-1780			
(city)	(state)	(zip code)			
Security Director (Name):	Business phone:	505-210-1780			
Is this a night event? If YES , please state how the event and surrounding area will be illuminated to ensure the safety of the participants and spectators: Outlaw Square venue lighting and production company lighting will be used.					
Please indicate what arrangements you have m	nade for providing Fire	st Aid Staffing and Equipment?			
Number 1Ambulance(s) – F	low provided?				
Number 2 Fmergency Medi	ical Technicians How	r 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: OEG

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: OEG

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: Attendees will utalize Deadwood City Parking.

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO	YES					
		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: 2				
Туре о	f Music:	Funk and Rock				
		Will sound amplification be used? If <u>YES</u> , please indicate: Start Time: <u>approx 4p</u> AM / PM – Finish Time: <u>approx 8:3</u> AM / PM				
		Will sound checks be conducted prior to the event? If <u>YES</u> , please indicate: Start Time: <u>TBD</u> AM / PM – Finish Time: <u>TBD</u> AM / PM				
		Please describe the sound equipment that will be used for your event:				
		Similar system from previous years by Powerhouse Sound				
		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.				
		Will any signs, banners, decorations or special lighting be used? If YES, please describe:				

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PRON	IOTIO	N/ADVERTISING/MARKETING/INTERNET INFORMATION				
NO	YES					
		Will this event be promoted, advertised or marketed in any manner? If YES, please describe: Television, radio, solcial media and web				
		Will there be any live media coverage during your event? If YES , please explain: It will be requested.				
		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:				
Refer all	event pu	ablic inquiries and / or media inquiries for this event to:				
NAME:	Randy E	Brown PHONE:				
		INSURANCE REQUIREMENTS:				
		rance for your event will be required before final permit approval.				
Name of	Insuran	ce Company: Allianz (Front Specialy) Agent's Name: Melissa Day				
Business	Phone:	Ce Company: Allianz (Front Specially) Agent's Name: Melissa Day (15-312-7904 Policy Number: UST020292220 Policy Type: Gen Liability				
Address	: 1117	17th Ave 5 Nashville TV 37212 (city) (state) (zip code)				
For final its office duration	permit a ers, emp	approval, you will need commercial general liability insurance that names "the City of Deadwood, loyees 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.				
insuranc	e certific	e named as an "additional insured." Please obtain the required insurance and mail an original rate to: City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.				
Ge h	n Lie	bility declarion offeted- "additional insured" certificate seen requested.				

DHIH, LLC W:11 provide ASAP

LIQUOR LIABILITY INSURANCE

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

acilities rental.						
Name of Insurance Company:	······································	Agent's Name:				
Business Phone:	Policy Number:		_ Policy Type:			
Address:						
Please obtain the required insuranc Office, 102 Sherman Street, Deadwo	e and mail an original insuran	(city) ace certificate to:	(state) (zip code) City of Deadwood, F	<u>inance</u>		
	AFFIDAVIT OF APP	LICATIES.				
ADVANCE CANCELLATION NOTICE R Otherwise, City personnel and equip		•	Deadwood Police Depa	rtment.		
certify that the information in the pelief and that I have read, understanged in the pecial Event and I understand that the City Commission of Deadwood. I appropriately a person of the	and and agree to abide by the this application is made subject agree to abide by these rules commit that organization, and	e rules and regula t to the rules and s and further ce therefore agree t	ations governing the particle of the particle	roposed d by the f of the		
Name of Applicant (PRINT):	Brown	Title: _	DEG Rep			
162	5/23/23 Date:					
Signature of Applicant / Sponsoring O		(Signatur	re of Professional Event O			

GENERAL LIABILITY COVERAGE SECTION - DECLARATIONS

- These Declarations, together with the Common Policy Declarations and Policy Conditions, Coverage Formus and any Endorsement is a complete this policy.
- If one or more numbers are shown in the Location is column of these Declarations, then each number represents that specific location(s) as displayed on the Common Policy Declarations. If the word "ALL" is shown in the Location is column shown in these Declarations, then such word means all locations as displayed on the Common Policy Declarations except operations at locations that are specifically excluded.

Audit Period Annual

Commercial General Liability Coverage Form (CG 00 01 04 13)

Coverage Description	Limits of Insurance
Commercial General Liability Coverage Part	
General Aggregate Limit (Other than Products – Completed Operations)	\$ 2,000.
Products-Completed Operations Aggregate Limit	S 1.000.
Personal & Advertising Injury Limit	\$ 1.000.
Each Occurrence Limit	\$ 1.000.
Damage To Premises Rented To You Limit-Any One Premises	\$ 100.
Medica: Expense Limit- Any One Person	Exclu

Classification(s)

Location(s)	Coverage(s)		Classification Description(s)	Basis of Premium	Exposure
2	Premises Operations (Products Included)	81036	Event Producer Planner Admissions:	Admissions	19.000

Endorsements

Blanket Additional Insured Endorsement (ENTGL 019 01 19)

Name of Additional Insured Person(s) or Organization(s)

Person's or organizations as described in this endorsement

Exclusion - Designated Professional Services (CG 21 16 04 13)

Description Of Professional Services
Al- Professional Services

Exclusion-Coverage C-Medical Payments (CG 21 35 10 01)

Description And Location Of Premises Or Classification

At:

Blanket Waiver of Subrogation Endorsement (ENTGL 020 01 19)

Name of Person(s) or Organization(s)

Any person or organization where you have agreed in writing before the loss to waive any of all rights of recovery

Fungi or Bacteria Exclusion (CG 72 77 03 19)

Specified Location (If Applicable)

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Activities Exclusion - Promoter and Live Events (ENTGL 005 01 19)

Activities Excluded (Only the Exclusions in this Endorsement that are stated in this Schedule shall apply)

- A. Throwing Objects Exclusion
- B. Stage Diving | Cro.:d Surfing Exclusion
- C. Moshing Exclusion

Animal Exclusion (ENTGL 015 01 19)

Description of Production or Event

All Productions and Events

Animals Excluded (Only the Exclusions in this Endorsement that are stated in this Schedule shall apply)

A. Animai Exclusion

Exclusion - Designated Operations or Activities (ENTGL 025 01 19)

Description of Designated Operations or Activities

The folioxing activities whether incidental or ongoing of the Insured, any Additional Insured, vendor, concessionaire, or independent contractor using any premises owned, operated, rented or maintained by the Insured.

- 1.Hang Gliding, Pools, Bodies of Water, Lakes, Ponds or any other water or related activity. Parasaling, Parachuting, Tobogganing, Luge, Go-Carts, Motorized Racing of any kind, Monster Truck Events, Skateboarding, Snowboarding, Skiing, Trampolines, Bungee Jumping, Zip Line, Waterslides, Inflatable attractions, Haunted Houses, Hot Air Balloon Rides, Sky Coaster, Roller Coasters and all Amusement Park devices, rides or games, Hay Rides, Rodeo, Mechanical Bulls and Saddle Animals, or any similar activity unless prior written approval has been granted by us.
- 2.Any performance, production or event designed to include or results in "Camping" unless specifically declared and endorsed hereon. For purposes of this exclusion; "Camping" includes, but is not limited to AiThe use of a tent, a temporary structure or no shelter at all; andBiSpending one or more nights at an outdoor impromptu or idedicated area; andCiAny onsite or offsite outdoor area used for the purpose of sleeping, resting or meetings.
- 3.Any temporary or permanent bridge or similar structure used by spectators or to transport spectators, if such bridge or similar structure is not controlled by or was not constructed by the Named Insured.
- 4. Ali Filming and Mideo Operations
- 5 All operations and activities at TGL Farms.
- 6. Business & Talent Management
- 7. All operations of the artists, musicians and performers represented by our insured.
- 8. All touring and related operations
- 9. Branding, Marketing, Event Planning & Production and related activities

Coverage for Designated Events (ENTGL 034 01 19)

Dec	ianate	400	warad	Events
UES	Junate	$a \cup o$	vereu	Events

Dead Good Livel 2022 Music Series

