

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

Brule Concert July 25, 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).

EVENT INFORMATION				
Type of Event: Run Walk Bike Tour Bike Race Street Fair Triathlon Other				
Event Title:				
Event Date(s): <u>(month, day, year)</u> <u>Total</u> Anticipated Attendance: <u>500</u> <u>500</u>				
(month, day, year) (# of <u>Participants</u> 50 # of <u>Spectators</u> 450				
Actual Event Hours: (from): 8 pm AM / PM (to): 10 pm AM / PM				
Location / Staging Area:				
Set up/assembly/construction Date:Start Time:AM / PM				
Please describe the scope of your setup / assembly work (specific details): Production and band load in.				
Dismantle Date: 7/26/2022 Completion time: 11;00 pm AM / PM				
 List any street(s) requiring closure as a result of this event. Include street name(s), day, date and time of closing and time of re-opening: Deadwood street - Pioneer Way to Main Street - July 25, 2023 - closing at 12 pm - will reopen temporarily from 2 pm - 2:30 for Deadwood Alive Gunfight and then reclose at 2:3- and reopen 11:30 Any request involving 25 or less motor vehicles will utilize Deadwood Street and will be barricaded at both ends of Deadwood Street. 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. 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. Additional security maybe required at the discretion of the Event Committee. 				
APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) Sponsoring Organization: Outlaw Square				
Chief Officer of Organization (NAME): Bobby Rock				
Applicant (NAME): Wade Morris aka Bobby Rock Business Phone: (605) 717-6848				
Address: 703 Main Deadwood SD 57732				
(city) (state) (zip code) Daytime phone: (<u>605</u>) 717-6848 Evening Phone: (<u>605</u>) <u>641-9162</u> Fax #: ()				

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.

Name:	obby Rock			
Address:	703 Main St	Deadwood	SD	57732
		(city)	(state)	(zip code)
Contact person "on	site" day of event or facility use	Bobby Rock	605-6	341-9162

(Note: This person must be in attendance for the duration of the event and immediately available to city officials)

<u>REQUIRED</u>: Attach a written communication from the Chief Officer of the organization which authorizes the applicant or professional event organizer to apply for this Special Event Permit on their behalf.

FEES / PROCEEDS / REPORTING				
	 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). 			
xx	Are admission, entry, vendor or participant fees required? If YES , please explain the purpose			

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:

Requesting Deadwood Street closure at 12 pm.

Will reopen temporarily from 2 pm - 2:30 for Deadwood Alive Gunfight - then reclose until 11:30 pm

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO X	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:
NO X	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.
	Х	Does this event involve a fixed venue site? If YES , attach a detailed site map showing all streets 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:



- ➢ 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.
- Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.
- Vehicles and / or Trailers.
- Trash Containers and Dumpsters.

(<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.

none

8 on site 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: staff will handle clean up after event

> Other Related Event Components not covered above.

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both Crowd Control and Internal Security:

Outlaw Square staff will hand security

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 X	YES X	Have you hired any Professional Security organization to handle security arrangements for this event? If YES , please list:				
Security O	rganiza	ation:				
Security O	rganiza	ation Address:				
	(city) (state) (zip code)					
Security Dire	ector (I	Name): Business phone:				
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 lighting will be used if event carries in the evening hours						
Please indicate what arrangements you have made for providing First Aid Staffing and Equipment?						
Number Ambulance(s) – How provided?						
1 Number 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: All notifications handled through public hearings and postings

Attendees will use Deadwood public parking lots

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.				
Number	of Stag	es: <u>1</u> Number of Bands: <u>1</u>				
Type of I	Ausic:	Native American Variety				
	Х	Will sound amplification be used? If <u>YES</u> , please indicate: Start Time: <u>8 pm</u> AM / PM – Finish Time: <u>10 pm</u> AM / PM				
	X	Will sound checks be conducted prior to the event? If <u>YES</u> , please indicate: Start Time: <u>4 pm</u> AM / PM – Finish Time: <u>5 om</u> AM / PM				
		Please describe the sound equipment that will be used for your event: Powerhouse Production				
X		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.				
	Х	Will any signs, banners, decorations or special lighting be used? If YES , please describe:				

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

NO	YES				
	■ TV,	Will this event be promoted, advertised or mark Radio, social media	keted in any manne	er? If YES , p	lease describe:
X	□ Rac	Will there be any live media coverage during yo lio promotions	ur event? If YES , p	olease explai	n:
		Applicant acknowledges and agrees to allow the referral telephone numbers on the internet in c in the City of Deadwood. If you have a home pa provide the Internet address for your homepag	onjunction with th age and want us to	e Calendar c	of Upcoming Events
Refer all ev	vent p	ublic inquiries and / or media inquiries for this ev	ent to:		
	obby F	Rock	PHONE:	605-717-6	818
INSURANCE REQUIREMENTS					
REQUIRED : Insurance for your event will be required before final permit approval. Name of Insurance Company: Agent's Name:					
Name of Insurance Company: Agent's Name:					
Business P	hone:	Policy Number:		Policy Typ	be:
Address:		Spearfish		SD	57783
_			(city)	(state)	(zip code)

For final permit approval, you will need commercial general liability insurance that names "the City of Deadwood, its officers, employees and agents" as an additional insured. Insurance coverage must be maintained for the duration of the event. To determine the amount of insurance coverage necessary, please contact the Finance Office at (605) 578-2600 – 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

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

Name of Insurance Company:		Agent's Name:		
Business Phone:	Policy Number:		_ Policy T	ype:
Address:		(city)	(state)	(zip code)
Please obtain the required insurance and n Office, 102 Sherman Street, Deadwood, SD	•	· //	()	· · · /

AFFIDAVIT OF APPLICANT

ADVANCE CANCELLATION NOTICE REQUIRED: If this event is cancelled, notify the Deadwood Police Department. Otherwise, City personnel and equipment may be needlessly dispatched.

I certify that the information in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event and I understand that this application is made subject to the rules and regulations established by the City Commission of Deadwood. I agree to abide by these rules and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the Event to the City of Deadwood.

Name of Applicant (PRINT):	•	Director Title:
	5/20/2023 Date:	
(Signature of Applicant / Sponsoring Organization)		(Signature of Professional Event Organizer or Renter of City-owned Facilities)