

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

Deadwood Live Concert - September 2nd, 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).

		EVEN	TINFORMATION :		
Type of Event: Run Street Fair	☐ Walk ☐ Triathlon	Bike Tour Other	☐ Bike Race	Parade	Concert
Event Title: De	eadwood Live Co	oncert - Septem	ber 2nd, 2023		
Event Date(s):	9/2/2023 (month, day, y		Total Anticipated Attend	dance: 2600	
	(month, day,)	(#	of <u>Participants</u> 100	# of Specto	tors 2500
Actual Event He	ours: (from): 4pn	1	AM / PM (to):	0pm	AM / PM
		Square and Do	eadwood Street		
			Start Time	7am	AM / PM
	consist of fencin		y work (specific details): emiter of Outlaw Square	and Deadwood	Street from
Dismantle Date	9/2/23		Completion time:	0am	AM / PM
and time of re-	opening:		nis event. Include <u>street na</u> vy 14A closes from 7		
Deadw Any rew which Any re Street	yood Street. quest involving 25-5 will not require stre quest involving 50 c and security must b	0 motor vehicles (et closure. or more vehicles (w e provided at Shino	es will utilize Deadwood Streen not including motorcycles) - workich would require an entire sees and Vairet and Vacretion of the Event Committee	ill park on the north street closure From Vall Street and Main	side of Main Street, Wall Street to Shine
Commercial	al (for profit) Oswa		RING ORGANIZATION (OEG)		ercial (nonprofit)
, ,	Organization (NA	Marc Osw	ald	· · · · · · · · · · · · · · · · · · ·	
Applicant (NAN	Pondy Prov	-	Business P	605 \ 4	15-2946
	5 Long Hollow P	ike	Hendersonville	TN	37075
	,605 、415-29	46	(city) 605 \ 415-294	(state)	(zip code)
Daytime phone	9: (Evenin	g Phone: (003) 413-294	Fax #: ()

Please list any professional event organizer or event service provider hired by you that is authorized to work on

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your behalf to produce this event.

Na	ame: _	ame as above		· · · · · · · · · · · · · · · · · · ·
Ac	dress:			
		(city)	(state)	(zip code)
Contact per	son " o r	site" day of event or facility useRandy Brown	Pager/Cell #:	415-2946
		on must be in attendance for the duration of the event and		
REQUIRED	:	Attach a written communication from the Chief Officer of applicant or professional event organizer to apply for this	Special Event Permit	
		FEES / PROCEEDS / REPORT	NG.	
NO	YES			
	Ц	Is your organization a "Tax Exempt, nonprofit" organiza your IRS 501C Tax Exemption Letter to this Special Event certifying your current tax exempt, nonprofit status).	•	
	Ø	Are admission, entry, vendor or participant fees required and provide amount(s).:	? If YES , please explai	n the purpose
		Ticketed event with attendees purchasing reserved of	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, this is the second one planne for 9/2/23 (a seperate application was submitted for the one on 8/8/23). 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.

A map of the proposed layout is attached.

10	YES						
OV	PERALL E	EVENT/I	ACILIT	ies ren	TAL DE	ON (cian	MIVEC)

		TES	Does the event involve the sale or use of alcoholic beverages? If YES , please provide your liquo 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		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:
	>	Alcoholi	ic and Non-alcoholic Concession and / or Beer Garden Areas.
	>	Food Co	encession 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.
	>	Generat	tor Locations and / or Source of Electricity.
	>	Canopie	es or Tent Locations.
	>	Booths,	Exhibits, Displays or Enclosures.
	>	Scaffold	ing, Bleachers, Platforms, Stages, Grandstands or Related Structures.
	>	Vehicles	and / or Trailers.
	>	Trash Co	ontainers and Dumpsters.
(<u>NO</u>	<u>TE</u>):	You mus	st 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 of Describe your plan for clear Event staff and Outlaw S	n-up and removal of wa		g and after the event or use of facility:	
Other Related Ever	nt Components not cov	ered above.		
	SAFETY/SE	CURITY / ACCES	SIBILITY*	
Please describe your procee	dures for both Crowd C o	ontrol and internal Se	curity:	
Badland Security has be Outlaw Square atff will ha			d general security.	
Please describe your Access	sibility Plan for access a	t your event by individ	luals with disabilities:	
Outlaw Square is ADA coarises.	ompliant - event staff	will handle discable	d seating as the need	
REQUIRED: It is the applica Requirements applicable to	•	omply with all City, Co	ounty, State and Federal Disability Access	
event? If	YES, please list:	Security organization	to handle security arrangements for this	
Security Organization:	dlands Security			
Security Organization Addr	ess:	d		
Belle Fourch	:	SD	605-210-1780	
(city)		(state)	(zip code)	
Security Director (Name):	tz Carlson	_Business phone:	210-1780	
Is this a to ensure the safety of the Outlaw Square venue lig	participants and specta	ators:	ent and surrounding area will be illuminated	Ł
Please indicate what arrang	gements you have made	e for providing First Ai	d Staffing and Equipment?	
Number 1	Ambulance(s) – How	provided?		
Number 2	Emergency Medical 1	Fechnicians – How pro	ovided?	

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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.		
Number	r of Stag	res: 1 Number of Bands: 2		
Type of	Music:	Country		
		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:		

PROMO	TIO	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 ev	ent pu	ublic inquiries and / or media inquiries for this event to:				
NAME: R	andy E	Brown PHONE: 605-415-2946				
		INSURANCE REQUIREMENTS (1997)				
		rance for your event will be required before final permit approval.				
Name of In	suran	ce Company: Allianz (Frost Specialty) Agent's Name: Melissa Day				
Business Ph	none:	ce Company: Allianz (Frost Specialty) Agent's Name: Mel's Sc Day 615-312-7904 Policy Number: UST020292220 Policy Type: Gen Liability				
Address: [117	1774 Au S Nahalle TV B37212 (city) (state) (zip code)				
		(city) (state) (zip code)				
its officers duration o	, emp of the	approval, you will need commercial general liability insurance that names "the City of Deadwood, sloyees 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.				
		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.				
		ability declaration attracted - "additional insured"				
certit	e Le	has been requisfiel.				

DHIH, LLC WILL provide AJAP LIQUORLIABILITY INSURANCE

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

facilities rental.				
Name of Insurance Company:		Agent's Name: _		
Business Phone:	Policy Number:		Policy Ty	/pe:
Address:				
Please obtain the required insur Office, 102 Sherman Street, Dead	-	(city) nce certificate to	(state) : <u>City of C</u>	(zip code) Peadwood, Finance
	AFFIDAVITOF/APP	ELCANT		
ADVANCE CANCELLATION NOTION Otherwise, City personnel and eq	E REQUIRED: If this event is cand uipment may be needlessly dispate		Deadwood	Police Department.
Special Event and I understand the City Commission of Deadwood. organization, am also authorized	the foregoing application is true erstand and agree to abide by the lat this application is made subject I agree to abide by these rule to commit that organization, and urred by or on behalf of the Event	e rules and regu at to the rules and s and further c therefore agree	lations gov d regulation ertify that to be finan	erning the proposed ns established by the I, on behalf of the
Name of Applicant (PRINT):	dy Brown	Title:	OEG Rep	
	5/23/23 Date:			
(Signature of Applicant / Sponsori	ng Organization)	, ,		sional Event Organizer

GENERAL LIABILITY COVERAGE SECTION - DECLARATIONS

- These Declarations, together with the Common Policy Declarations and Policy Conditions, Coverage Form(s) and any Endorsement(s), complete this policy.
- If one or more numbers are shown in the Location(s) 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(s) 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)		\$ 2.000,000	
Products-Completed Operations Aggregate Limit		\$ 1.000,000	
Personal & Advertising Injury Limit		\$ 1.000.000	
Each Occurrence Limit		\$ 1.000,000	
Damage To Premises Rented To You Limit-Any One Premises		\$ 100.000	
Medical Expense Limit- Any One Person		Excluded	

Classification(s)

Location(s)	Coverage(s)	Class Code(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	
All Professional Services	

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

Description And Location Of Premises Or Classification

All

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)

All

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 / Crowd 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. Animal Exclusion

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

Description of Designated Operations or Activities

The following 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. Parasailing, 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 A)The use of a tent, a temporary structure or no shelter at all: andB)Spending one or more nights at an outdoor impromptu or dedicated area: andC)Any 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.All Filming and Video 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)

Designated Covered Events

Deadwood Live! 2022 Music Series

