

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

St Patrick's Pub Crawl 2026

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

	□Run	□ Walk	☐ Bike Tour	☐ Bike Race	☐ Parade	☐ Concert
	☐ Street Fair	☐ Triathlon	☐ Other			
Event Tit	_{le:} St Patrick'	s Pub Crawl 202	26			
Event Da	_{te(s):} March 1	3-14 2026	Total	Anticipated Attend	8000	
LVCIII Da		onth, day, year)		Anticipated Attend		
				ints		
Actual Ev	ent Hours: (fror	_{m:} Noon		M/PM (to): 6am	1	AM / PM
Location	/ Staging Area:	Main Street				
	,					
Set un/as	ssembly/constru	uction 3/14/26		Start time: Noc	on	AM / PM
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Dlassa de	accriba tha ccan	e of your setup / as	samhly work (s	pacific datails). Ma	ain St	
- Iease ut	escribe the scop	e or your setup / as	sembly work (s	Decine details).		
-						
	_ 3/15/2	6	Com	_{nletion time} . 6am		AM / PM
Dismantl	e Date:		COIII	pietion time		AIVI / FIVI
list any s	treet(s) requirir	ng closure as a resul	t of this event	Include street nam	nals) day data a	and time of closing
		Wall to Pine Street			ic(s), day, date	ma <u>time</u> or closing
>		olving 25 or less moto	r vehicles will util	ize Deadwood Street	and will be barrica	ded 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 Deadwood Street will require security be provided at Deadwood Street and Main Street and Wall Street and Main						
Street to direct traffic.						
Additional security may be required at the discretion of the Event Committee.						
			ODEN CO			
			OPEN CO			
	https://www	w.cityofdeadwoo			<u>al-event-open</u>	<u>-container-</u>
Data	3/13/26	Times	information 5-10pm	<u>ı-and-maps</u> Zone:	1-2	
	3/14/26		Noon-10pm			
Date:	J/ 17/20	Times: Times:		Zone: Zone:	1-2	
Date:		Times: Times:		Zone: Zone:		
שמופ.		Times. Times:		Zone:		

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

	Commercial (for profit)	Noncommercial (nonp	rofit)			
Sponsoring Orga	nization: Deawood Chamber of Commerce)				
Chief Officer of O	rganization (NAME) <u>:</u> Amanda Kille					
Applicant (NAME	:): <u>Jesse Allen</u>	Business Phone:	(605)	578-1876		
Address: 501 Ma	in St.	Deadwood	SD	57732		
		(city)	(state)	(zip code)		
Daytime phone: ((605) 578-1876 Evening Phone: (605) 591-9171	Fax #: ()		
on your behalf to	ofessional event organizer or event service or produce this event.		ı that is auth	horized to work		
Address:						
		(city)	(stat	te) (zip code)		
Contact person " o	n site" day of event or facility use <u>Jesse Aller</u>	<u>1 </u>	ger/Cell #: 6	605-591-9171		
(<u>Note</u> : This perso	on must be in attendance for the duration o	of the event and immed	iately availa	ble 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				
NO 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).					
	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:

Lucky Leprechaun, Parade and Pub Crawl 3/13-14					
Parade	Parade Tin Lizzie to Pine noon to 1pm 3/14/26 Parade leaves from Chamber				
Street	Street Closure on Main St. Wall to Pine Noon 3/14/26 – 6am 3/15/26				
Open C	ontaine	er: 3/13/26 5-10pm 3/14/26 Noon-10pm Zones 1-2			
Reque	st to w	vaive float banner fees.			
	OVE	RALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)			
NO	YES				
		Does the event involve the sale or use of alcoholic beverages? If YES , please proved 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:			
		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 street 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.					
>						
>	Canopies or Tent Locations. Tent Rental with Approved Special Event, which is set and amended by resolution, paid to the City of Deadwood: 10' by 10' Set up and take down					
	20' by 40' Set up and take down					
>	Booths, Exhibits, Displays or Enclosures.					
>	Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.					
>	Vehicles and / or Trailers.					
>	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: 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:					
	Other Related Event Components not covered above.					

SAFETY / SECURITY / ACCESSIBILITY

Please	describe yo	ur procedu	res for both Crowd Con	trol and Internal Securit	y: Bandlands S	ecurity and local PD
Please	describe yo	ur Accessik	oility Plan for access at y	our event by individuals	with disabilities: _	
			nt's responsibility to co o this event.	mply with all City, Coun	ty, State and Fed	eral Disability Access
NO Securit	YES Organiza	event?	u hired any Professiona If YES , please list: ands Security	ll Security organization t	o handle security	arrangements for this
			ess: 11089 Sonma Rd	Belle Fourche	SD	57717
				(city)		(state) (zip code)
Security	Director (N	lame): Frit	z Carlson	Во	usiness phone: 605	5 210-1780
NO YES 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:						
Please	e indicate v	vhat arrang	gements you have made	for providing First Aid S	taffing and Equipr	ment?
	Number 0Ambulance(s) – How provided?					
	Numbe	_{er} 0	Emergency Medical	Technicians – How provi	ded?	
prope being which	erty locate sought an results fr	d in or sto d that DEA om any cau	red in or upon DEADW DWOOD shall not be re use or reason with rega y pursuant to approval	s that it shall be solely roods of the color of the activity for which nowledge acceptance with	ant to the activitinge or loss to or of owned by APPLICATION	y for which approval is APPLICANT's property CANT stored or located
DEAD	_	ight have t		s and indemnify DEAD\ a result of property dan		

from APPLICANT's use of the City property herein.	y pursuant to approval of the activity for which approval is being sought Acknowledge acceptance with initial: $^{\mbox{JA}}$

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

		e your plans to notify all residents, businesses and churches impacted by the event:				
	E	NTERTAINMENT / 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.				
Numb	er of Stag	es: Number of Bands:				
Гуре с	of Music: _					
		Will sound amplification be used? If YES , please indicate: Start Time:AM / PM – Finish Time:AM / PM				
		Will sound check be conducted prior to the event? If <u>YES</u> , please indicate: Start Time:AM / PM – Finish Time:AM / PM				
		Please describe the sound equipment that will be used for your event: Parade float 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.				
		Are any signs, banners decorations or special lighting be used? If YES , please describe:				
		PROMOTION / ADVERTISING / MARKETING / INTERNET				
		INFORMATION				
□ 10	YES	Will this event be promoted, advertised or marketed in any manner? If YES , please describe: Local and social media				
10	YES	Will there be any live media coverage during your event? If YES , please explain:				
	ت	Local				
Refer a		ublic inquiries and / or media inquiries for this event to: a Kille PHONE: 605-578-1876				

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

REQUIRED: Insurance for your event will be required before final permit approval.

Name of Insurance Company: Lloyds of London					
Agent's Name: Chris Roberts					
Business Phone: (605) 578-3456 Policy Number	_{r:} GP350GL008-2	Policy Type:	GL		
Address: PO Box 507	Deadwood	SD	57732		
	(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: City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.

AFFIDAVIT OF APPLICANT

<u>Advance Cancellation Notice Required:</u> 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): Jesse Allen	_{Title:} Event Coordinator
Dest	Date: 12/3/25
(Signature of Applicant/Sponsoring Organization)	