

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

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	<b>INFORMATION</b>		
Type of Event: Run Street Fair	☐ Walk ☐ Triathlon	Bike Tour	Bike Race	Parade	Concert
Event Title:					
Event Date(s): _	(month, day, ye		Total Anticipated Attenc	lance:	
	(month, day, ye	,	of <u>Participants</u>	# of <u>Specta</u> t	tors ()
Actual Event Ho	urs: (from):		AM / PM (to):		AM/PM
Location / Stagin	ng Area:				
Set up/assembly	/construction Date	2:	Start Time	::	AM / PM
Please describe	the scope of your	setup / assembly	work (specific details):		
Dismantle Date:			Completion time:		AM / PM
			s event. Include <u>street na</u>		
<ul> <li>Deadwor</li> <li>Any req</li> <li>which w</li> <li>Any req</li> <li>Street a</li> <li>Addition</li> </ul>	ood Street. uest involving 25-50 vill not require stree uest involving 50 or nd security must be nal security maybe r	motor vehicles (no t closure. more vehicles (whi provided at Shine S equired at the disci	s will utilize Deadwood Street ot including motorcycles) - wi ich would require an entire s Street and Main Street and V retion of the Event Committe	ill park on the north treet closure From V Vall Street and Main ee.	side of Main Street, Wall Street to Shine Street to direct traffic.
AI		D SPONSOR			<b>TION</b> rcial (nonprofit)
—	,				
			Business Ph		
			(city)	(state)	(zip code)
Daytime phone:	()	Evening	Phone: ()	Fax #: (	)
Please list any <b>p</b>	rofessional event	organizer or eve	nt service provider hired	by you that is autl	horized to work on

your behalf to produce this event.

Name:			
Address:			
	(city)	(state)	(zip code)

Contact person "on site" day of event or facility use \_\_\_\_\_\_Pager/Cell #: \_\_\_\_\_\_Pager/Cell #: \_\_\_\_\_\_ (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
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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

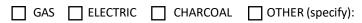
Please provide a **detailed description** of your proposed event. Include details regarding any components of your event such as use of vehicles, animals, rides or any other pertinent information about the event:

# **OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)**

	YES	Does the event involve the sale or use of alcoholic beverages? If <b>YES</b> , please provide your liquor liability insurance information to the last page of this application.
		Will items or services be sold at the event? If <b>YES</b> , please describe:
NO	YES	
		Does this event involve a moving route of any kind along streets, sidewalks or highways? If <b>YES</b> 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 <b>YES</b> , 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:

- > 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.

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 your procedures for both Crowd Control and Internal Security:

Please describe your Accessibility Plan for access at your event by individuals with disabilities:

REQUIRED: It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event.						
	YES Have you hired any Professional Security organization to handle security arrangements for this event? If YES, please list:					
Security C	Organiz	ation:				
Security C	Drganiz	ation Address:				
	(c	ity)		(state)	(zip code)	
Security Di	irector	Name):		_Business phone:		
D to ensure		-	event? If <b>YES</b> , ple cipants and specta		and surrounding area will be illumi	inated
		-	nts you have mad		Staffing and Equipment?	

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:

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:

#### PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event:

## **ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES**

NO	YES	
		Are there any <b>musical entertainment</b> features related to your event or facilities rental? If <b>YES</b> , please state the number of bands and type of music.
Numb	er of Stag	es: Number of Bands:
Туре о	of Music:	
		Will <b>sound amplification</b> be used? If <u>YES</u> , please indicate: Start Time:AM / PM – Finish Time:AM / PM
		Will <b>sound checks</b> 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:
		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 <b>YES</b> , please describe:

# **PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION**

NO	YES	
		Will this event be promoted, advertised or marketed in any manner? If <b>YES</b> , please describe:
		Will there be any live media coverage during your event? If <b>YES</b> , 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 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	blic inquiries and / or media inquiries for this event to:
NAME:		PHONE:
		INSURANCE REQUIREMENTS
REQUIRED	: Insur	ance for your event will be required before final permit approval.
Name of In	suranc	ce Company: Agent's Name:
Business Pł	one:	Policy Number: Policy Type:
Address: _		
		(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	уре:
Address:		(city)	(state)	(zip code)
Please obtain the required insurance and n Office, 102 Sherman Street, Deadwood, SD	-	(= - <i>11</i>	()	<b>VI</b> /

### **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):	 Title:	

Date:

(Signature of Applicant / Sponsoring Organization)

(Signature of Professional Event Organizer or Renter of City-owned Facilities)