

Application for Tourist Conveyance License

(per DCO Chapter 5.40)

understand the City of Deadwood Tourist Conveyance Regulations: RORY MAYNER D Name of Company Owner/Manager
□ Renewal New Application for Year: <u>26みる</u> TRANSFER
Business
Business Name (as will appear on license): ALRALI INE TOURS
Business Address: 1214 TERRY PEAR LN, SPEARFISH 50 57183
Business Phone: 665 - 641 - 2309
Home/Cell Phone: 65-641-2869
SD Sales Tax Number: <u>TBD</u>
If business is a partnership or corporation, please provide the name and address of each partner/officer. "BUBBA" Name: LINDSAM HARLAN DOBSON JP. Address: 1214 TERRY PERM LN, SPEARFISH, SD 57
Name: RORY MAYNARD Address: 2409 HONEYSURIE SPEARFISH, SD 57787
Name:Address:
Person Completing Application Applicant Name: RORY MAYNARD
Home Address: 2669 HONDSOULTLE CRT SPEARFISH, SD 57783
Home Phone/Cell Phone: 65 - 64) - 2869
Is applicant also the contact person? □ Yes ♥No Contact Name: BUBBA DoB5のN Address: 12 M TRRY PEAR W, SPEARFISH, SPEARS
Home Phone/Cell Phone: (ab5 - 264 - 1713
Proposed Dates of Operation: From ARCIL thru 6CT6BER

Type of Vehicle(s): 865	Number of Vehicles:	
Vehicle Inspection: A statement of inspection or a service record from an approved mechanic must be provided with this application of the above listed vehicles before license will be issued. A copy of the inspection or service record will be attached to this application and maintained on file with the Chief of Police.		
Inspection or Service Record Received: TBD - WILL BE CURRENT		
Date Received Staging Location Preference: FROW OF SALOW #10	Signature of City Staff Receiving Application	
Location is subject to approval by the Deadwood City Commission with Parking & Transportation recommendation. (Attach recommendation letter(s) from adjacent businesses near proposed location)		
Insurance: Liability coverage of two-million dollars (\$2,000,000.00) per accident is required naming the City of Deadwood as co-insured. (Attach letter from Agent upon acceptance of license)		
Agent's Name and Address:CHRIS ROBERTS - HUB IN	SURANCE DEADWOOD	
Policy Number: Expiration Date	:	
License and Associated Fees: License and associated fees are set by resolution on an annual basis. Please confirm with the City Finance Office the current license fee. (Fee covers operation of vehicle within the City of Deadwood, limited access to Mt. Moriah Cemetery and one (1) reserved parking location with no additional space(s) provided)		
License Deposit: Deposit of two-hundred-fifty dollars (\$250.00) is due with this application on or before December 1^{st} to reserve license for following year. Balance of license fee is due by May 1^{st} of the operation year.		
Operations:		
 All drivers must possess a certified CDL driver's license and meet all state and federal motor vehicle regulations. Operation of all vehicles shall be in accordance with all state motor vehicle regulations. 		
 Each company will be permitted to operate only one vehicle <u>in</u> Mt. Moriah Cemetery at any one time. Each company will be permitted to operate only one vehicle <u>to</u> Mt. Moriah at any one time from assigned parking space. 		
 Vehicles operating in Mt. Moriah note that this is still an active ce maintained during all phases of operation. 	metery and that the dignity of that area will be	
6. Vehicles operating in Mt. Moriah will pay the entry for for all persons brought into Mt. Moriah. Fees will be paid to the City of Deadwood per the requirements of the Finance Office.		
7. Vehicles will operate in such a manner as to not impede the flow of traffic. No vehicle will stop in a roadway, but will utilize designated stopping areas. Drivers of slow moving vehicles will utilize designated pull-out areas to allow vehicles following to pass safely.		
8. If corporate structure or ownership changes, a new application is	necessary.	
9. The City of Deadwood reserves the right to cancel the license at a	ny time for cause.	
Application Signature:Da	te <u>4/22/23</u>	
License fee is non refundable		
City of Deadwood Action: () Approved () Disapproved		

_Date_____

Authorized Signature:_____