

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

Bev's Poker Run - June 22, 2025

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).

Adopted June 1, 2023

EVENT INFORMATION

□Run	□Walk	□Bike Tour	□Bike Race	□Parade		
□Street Fair	□Triathlon	Other				
Event Title: Bev;s Po	oker Run - Jun	e 22, 2025				
Event Date(s): June 2		Total	Total Anticipated Attendance: 50-100			
(1	month, day, year)	(# of <u>Participa</u>	_{nts} 50-100	# of <u>Spectators</u>)	
Actual Event Hours: (fr	AM / PM					
Location / Staging Area	a: Saloon #10 -	657 Main St	- Deadwood			
Set up/assembly/const	truction		Start time:		AM / PM	
Please describe the sco	ope of your setup /	assembly work (s	pecific details):			
Dismantle Date:		Com	pletion time:		AM / PM	
List any street(s) requiring closure as a result of this event. Include <u>street name(s), day, date</u> and <u>time</u> of closing and time of re-opening: NONE						

- 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.

OPEN CONTAINER

https://www.cityofdeadwood.com/planning/page/special-event-open-containerinformation-and-maps

Date:	Times:	Zone:
Date:	Times:	Zone:

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

		Commercial (for profit)		Noncommercial (I	nonprofit)	
Sponsoring C Chief Officer	Drgan ^r of Oi	ization: <mark>Saloon #10</mark> rganization (NAME): Cla	ay Sprague			
				Business Pho	one: (<u>605)59</u>	1-9765
Address:				(city)	(state)	(zip code)
Daytime pho	one: (<u>605) 591-9765</u>	_ Evening Phone:			
on your beh	alf to	ofessional event organize produce this event.				orized to work
Ado	dress:			(city)	(state) (zip code)
Contact perso	on " or	site" day of event or facil	_{ity use} Clay Sp			
(<u>Note</u> : This	perso	on must be in attendance	e for the duratior	n of the event and in	nmediately availa	able to city officials)
<u>REQUIRED</u> :		Attach a written comm the applicant or profest behalf.			-	
		FEES	/ PROCEEDS	S / REPORTING	6	
NO Y	YES	Is your organization a " your IRS 501C Tax Exer and certifying your curr	nption Letter to	this Special Event P	-	
		Are admission, entry, vor purpose and provide ar			-	

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: Bev's Poker Run is the Annual Motorcycle event that is a fund raiser for Relay For Life

Requesting Motorcycle parking on June 22, 5 pm until 10 pm from Lee St. to Wall St as the last part of the event takes place in the Saloon #10 - 657 Main St

Bike Parking will be on East side of Main St. only.

OVERALL 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.

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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).

	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.
	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. (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: N/A Trash Containers w / lids:

Other Related Event Components not covered above. N/A

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both **Crowd Control** and **Internal Security**: <u>N/A</u>

Please	e describe	your Access	sibility Plan for acc	ess at your eve	ent by individuals with	n disabilities: <u>N/A</u>	
			nt's responsibility to this event.	y to comply wi	th all City, County, St	ate and Federal Di	sability Access
NO	YES						
		-	ou hired any Profe If YES , please list:		y organization to har	Idle security arrang	ements for this
Secur	ity Organiz	ation:					
Secur	ity Organiz	ation Addr	ess:				
					(city)	(state)	(zip code)
Securi	ty Director	(Name):			Business	phone:	
NO	YES		-	-	now the event and sund spectators:	-	
Plea					widing First Aid Staffi		
	Num	oer	Emergency M	edical Technici	ans – How provided?		
prop bein whic	perty locat og sought a ch results f	ed in or sto ind that DE rom any ca	ored in or upon D ADWOOD shall no uuse or reason with	EADWOOD's p ot be responsib h regard to per proval of the a	shall be solely respon property pursuant to le for any damage or rsonal property owne ctivity for which appr e acceptance with init	the activity for whore the activity for whore the activity for whore the activity for whore the activity for a structure of the activity for a structure activity for a str	nich approval is ANT's property ored or located
							c

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: CS

Adopted June 1, 2023

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: ______ Residents and businesses will be notified through Public Hearing Notifications

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 <u>YES</u> , 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:
		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
NO	VEC	INFORMATION
NO	YES	Will this event be promoted, advertised or marketed in any manner? If YES , please describe: Posters and social media
NO	YES	
		Will there be any live media coverage during your event? If YES , please explain:

NAME: Clay Sprague

_____ PHONE: <u>605-591-9765</u>

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company:				
Agent's Name:				
Business Phone: ()	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>.

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): Clay Sprague	Title:	

____ _{Date:} <u>3/</u>25/25

(Signature of Applicant/Sponsoring Organization)