

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

4th of July Parade 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 October 7, 2024

EVENT INFORMATION

🗆 Run	□ Walk	🗆 Bike Tour	🗆 Bike Race	🗆 Parade	□ Concert
🗆 Street Fair	□ Triathlon	□ Other			
					-
Event Title: 4th of July	Parade 2025				
Event Date(s): 7/4/25		Total	Anticipated Attenc	lance:	
(m	nonth, day, year)				
		(# of <u>Participa</u>	nts	# of <u>Spectators</u>)
Actual Event Hours: (fro	m: <u>3pm</u>	A	M/PM (to): <u>4pm</u>	ו	AM / PM
Location / Staging Area:					
Set up/assembly/constr	uction 2pm		Start time: <u>3pn</u>	n	AM / PM
Please describe the scop	be of your setup / a	assembly work (sp	ecific details):		
Dismantle Date: <u>4pm</u>		Com	pletion time: 4pm		AM / PM
List any street(s) requiri	ng closure as a res				

- 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 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.

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)					
Sponsoring Orga	nization: Deadwood Cham	ber of Commerce				
	rganization (NAME): Dory					
Applicant (NAME	Jesse Allen		Du	siness Phone:	<i>(</i> 605) 578-	1876
Address: 160 Cha		Deadwood	ьu SD	57732	() = =	
Address		2000000	(city)	0.1.02	(state)	(zip code)
Daytime phone: (605) 578-1876	Evening Phone: (605)	591-9171	_ Fax #: ()	
on your behalf to	ofessional event organize pproduce this event.		·		u that is authori	zed to work
Name.						
Address:					(-+-+-)	(-:
			(city)		(state)	(zip code)
Contact person "o	n site " day of event or facili	ty use <u>Jesse Allen</u>		P	ager/Cell #: 605-	591-9171
(<u>Note</u> : This perso	on must be in attendance	for the duration o	of the eve	nt and immed	liately available	to city officials)
REQUIRED : 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	6 / REPO	ORTING		
NO YES	Is your organization a " your IRS 501C Tax Exen and certifying your curr	nption Letter to t	his Specia	al Event Perm	-	
	Are admission, entry, ve purpose and provide an			-	-	

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:

4th of July Parade. Lineup 2pm at the Rodeo Grounds. Parade starts at 3pm in Deadwood and ends in Lead. Main St. to 14A.

Request Police escort.

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.							
۶	Generator Locations and / or Source of Electricity.							
	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							
A A	20' by 40' Set up and take down\$600.00							
	20' by 40' Set up and take down							

SAFETY / SECURITY / ACCESSIBILITY

Please	describe y	our procedures	s for both Crowd Co	ntrol and Internal S	ecurity:		
Please	describe y		ty Plan for access at				
		the applicant's pplicable to the	s responsibility to c his event.	omply with all City	, County, State and	Federal Dis	ability Access
NO Securit	YES	event? If Y	ired any Profession /ES , please list:				ements for this
Securi	ty Organiz	ation Address.		(city		(state)	(zip code)
Securit	y Director (Name):			Business phone:	605	578-1876
NO			t event? If YES , plea e safety of the part				
Pleas		-	nents you have mad _Ambulance(s) – Ho		_		
	Num	per	_Emergency Medica	l Technicians – How	v provided?		
prop bein whic	erty locat g sought a h results f	ed in or stored nd that DEADV rom any cause	owledges and agree d in or upon DEAD WOOD shall not be e or reason with reg pursuant to approva Acl	WOOD's property responsible for any ard to personal pro	pursuant to the ac damage or loss to o pperty owned by Al which approval is	tivity for wh or of APPLIC PPLICANT st	nich approval is ANT's property ored or located
DEAI	DWOOD n APPLICAI	night have to p	DEADWOOD harmle bay to any person a City property pursu Ackn	s a result of proper	rty damage, person the activity for whi	al injury or	death resulting

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

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

10	YES	NTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES
		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.
umbe	er of Stag	es: Number of Bands:
ype o	f Music: _	
		Will sound amplification be used?
		If YES , please indicate: Start Time: <u>3pm</u> AM / PM – Finish Time: <u>4pm</u> AM / PM
		Will sound check be conducted prior to the event?
		If YES , please indicate: Start Time:AM / PM – Finish Time:AM / PM
		Please describe the sound equipment that will be used for your event: Parade float music
		Will any fireworks, rockets or other pyrotechnics be used? If YES, please attach a copy of you
_		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: Float Banners
		PROMOTION / ADVERTISING / MARKETING / INTERNET
_		INFORMATION
0 7	YES	Will this event be promoted, advertised or marketed in any manner? If YES , please describe:
		Local and social media
0	YES	
٦		Will there be any live media coverage during your event? If YES , please explain: Local Media

___PHONE: ____605-578-1876

NAME: Amanda Kille

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: (<u>605</u>) 578-3456	Policy Number: GP350GL003-2		Policy Type: <u>GL</u>				
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: <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): Jesse Allen

Title: Event Coordinator

Date: <u>2/18/25</u>

(Signature of Applicant/Sponsoring Organization)