

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 INFORMATION

	□Run	□Walk	☐Bike Tour	☐Bike Race	Parade	☐ Concert
	☐Street Fair	□Triathlon	□Other			
	ate(s): <u> </u>	Homecom -20-24 nonth, day, year)	Total	Anticipated Atte	ndance:/ , <u></u> # of <u>Spectato</u>	rs 800)
Actual E	vent Hours: (fro	m: <u>2:00</u>	<u> </u>	AM / (M) (to):	3'00	AM / (M)
Location	/ Staging Area:	Fergusan	Field 1:0	.0		
		uction 1:00			2:00	AM /@M
Please d	lescribe the scop	oe of your setup /	assembly work (s	pecific details): _ Football	Field	
Dismant	tle Date: g	- 20-24	Com	pletion time:	2115	AM / PM
and time	the We	or mainst	1-300 C	211 00 00	boots to	on st 200-215
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Adopted June 1, 2023

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:

NX	A	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.
	>	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: 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:								

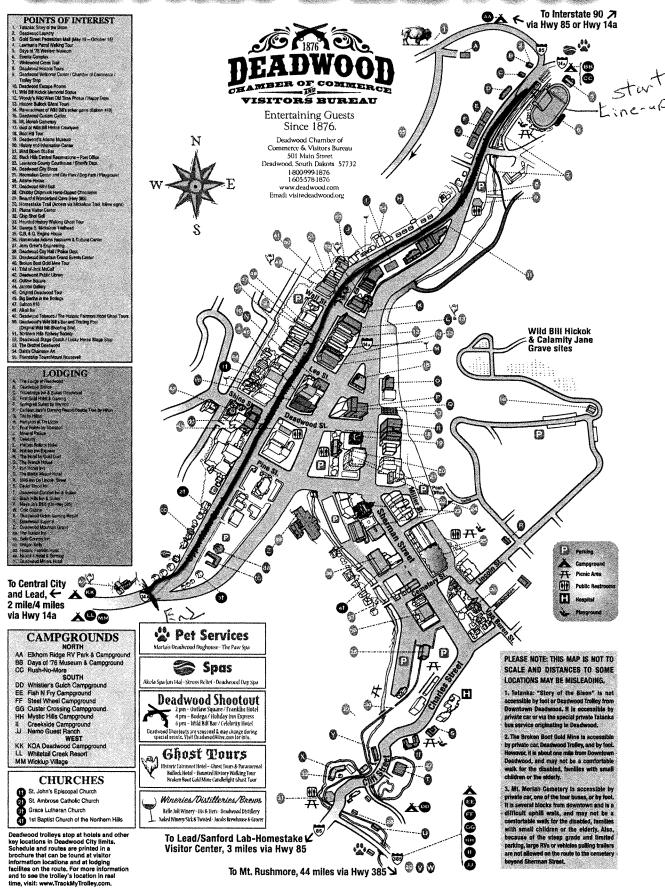
Please	e describe y		•		ent by individuals w		25:	
			nt's responsibil o this event.	lity to comply w	ith all City, County,	, State and Fe	ederal Disa	ability Access
NO	YES	•	ou hired any Pro If YES , please li		ty organization to h	nandle securi [,]	ty arrange	ments for this
Secur	ity Organiz	ation:						
Secur	ity Organia	ration Addr	acc,					
Secui	ity Organiz	ation Addit	C33.		(city)		(state)	(zip code)
Securi	ty Director	(Name):			Busin	ess phone:		
NO	YES		the safety of th	ne participants a	how the event and nd spectators:			
Plea				•	oviding First Aid St a			
	Num	<i>J</i> ei	Ambulance	:(s) — How provid	eu:	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Num	oer	Emergency	Medical Technic	cians – How provide	ed?	***************************************	
pro beii whi	perty locating sought a	ed in or sto and that DE from any ca	ored in or upon ADWOOD shall use or reason v	n DEADWOOD's not be responsible with regard to peapproval of the a	shall be solely responderty pursuant ole for any damage ersonal property own activity for which age acceptance with	to the activion loss to or over the control of the	ity for wh of APPLICA LICANT sto ing sought	ich approval is ANT's property ored or located therein.
DEA	ADWOOD r n APPLICA	night have	to pay to any p	erson as a result ty pursuant to ap	ndemnify DEADWC of property dama oproval of the activ acceptance with in	ge, personal i	injury or d approval i	leath resulting s being sought

APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) Noncommercial (nonprofit) Sponsoring Organization: LD School District Chief Officer of Organization (NAME): _____ Gary Line Applicant (NAME): Gary Lina Business Phone: (65) 717-389 Address: 320 5 main Leak SD S775 Daytime phone: (605) 580-154 Evening Phone: (____) Please list any professional event organizer or event service provider hired by you that is authorized to work on your behalf to produce this event. Name: _____ (state) (zip code) Contact person "on site" day of event or facility use _______Pager/Cell #: ____ (Note: This person must be in attendance for the duration of the event and immediately 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 / REPORTING YES NO 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:

LD	HS H	oneconia Parale 2024
<u> </u>	ta.	2042 2024
$\overline{\rho_{c}}$	aral	e linemp l'opper Ferguer Field
P	aralo	Time 2:00 pm
<u> </u>	soute	
		Ferguson Field down lower main
		to i thru Uppermain going out by
		Broker Boot mine
$\overline{\mathbb{Z}}$	and	s! will join in from the Vistor's Center
		Same route as in the past
. ^	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.
П	П	Does this event involve a fixed venue site? If YES , attach a detailed site map showing all street
td	L_J	impacted by the event.



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PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

NO	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.
Numbe	er of Stag	es: Number of Bands:
		Trumber of bands.
		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	YES	Will this event be promoted, advertised or marketed in any manner? If YES, please describe:
NO □	YES	Will there be any live media coverage during your event? If YES, please explain:

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company: FMC Hub Agent's Name: Chris Roberts Business Phone: (605)578-3456 Policy Number: 692185 Policy Type: Hape-t Address: 32 F. Illinois ST (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 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.