

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

DEADWOOD JAM

9/17 - 9/18 2021

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								
Type of Event: Run Street Fair	☐ Walk	Bike Tour	☐ Bike Race	Parade	☑ Concert			
Event Title: The	e Deadwood Jan	n						
	Steptember 17-1		Total Anticipated Attendance: 2000					
	(month, day, year)		of <u>Participants</u> # of <u>Spectators</u>					
			AM / PM (to):	10pm	AM / PM			
Location / Stagir	ng Area: Outlaw	Sqaure and Dea	adwood Street					
			Start Tin	ne: 8am	AM / PM			
Please describe	the scope of your	setup / assembly	work (specific details):					
Dismantle Date:	9/19/21		Completion time:	ompletion time: MidnightAM / P				
List any street(s and time of re-o		e as a result of th	nis event. Include <u>stree</u>	t name(s), day, da	te and time of closing			
Deadwood Stre	eet/Outlaw Squa	re						
Deadwo Any requestion which w Any requestion	ood Street. uest involving 25-50 vill not require stree uest involving 50 or) motor vehicles (no t closure. more vehicles (whi	will utilize Deadwood Str ot including motorcycles) - ch would require an entire Street and Main Street and	will park on the nort	th side of Main Street, Wall Street to Shine			
Commercial		ID SPONSOR	ING ORGANIZAT		ATION ercial (nonprofit)			
Sponsoring Orga	nization: The De	eadwood Jam						
Chief Officer of (Organization (NAN	ME): Brandon Ha	rvey					
	E): Sarah Kryge		Business	Phone: (<u>605</u>) <u>5</u>	78-1876			
	/lain Street		Deadwood	SD	57732			
	(<u>605) 578</u> -	1876 Evening	(city) Phone: (<u>605</u>) <u>863</u>	(state) -1249_Fax #: ((zip code) 605 578-2429			

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.

Na	ame: _			
Ad	ddress:		(state)	(zip code)
		(city)	` ,	
Contact ner	son " o r	n site" day of event or facility use	aevey 920-9853	
(Note: Thi	s pers	on must be in attendance for the duration of the event a	nd immediately availabl	e to city officials)
REQUIRED	;	Attach a written communication from the Chief Office applicant or professional event organizer to apply for the		
8 E W		FEES / PROCEEDS / REPOR	TING	
NO	YES			
V	V	Is your organization a "Tax Exempt, nonprofit" organized your IRS 501C Tax Exemption Letter to this Special Ever certifying your current tax exempt, nonprofit status).		
V		Are admission, entry, vendor or participant fees require and provide amount(s).:	ed? If YES , please explair	the purpose

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:

2 Days of concerts at Outlaw Square Request Deadwood Street closure 9/17/21 6am-Midnight 9/18/21 Open container Zone 1-2 Friday 9/17/21 5-10pm Saturday 9/18/21 Noon-10pm Request to waive Vender Fees Request to waive Event and Sponsor Banners