

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

Kool Deadwood Nights 2023

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 ☐ Triathlon	Bike Tour Other	☐ Bike Race	e Parad	de 🔲 Concert	
Event Title: Ko	ol Deadwood Nig	ints 2023				
Event Date(s):	August 23-27 20 (month, day, ye	23	Total Anticipated At	ttendance:		
	(month, day, ye		Participants	# of <u>s</u>	pectators	
	Wall to	Pine/Interpretive	Lot/Welcome Cen		AM / PM	
Set up/assembly		: Wednesday Au	gust 23rdStart -		AM / PM	
Dismantle Date: Sunday August 27th Completion time: 2am AM / PM List any street(s) requiring closure as a result of this event. Include street name(s), day, date and time of closing and time of re-opening: Wall to Deadwood 8/23-28 2.15pm-2am Deadwood to Pine 8/24-26 3pm-10pm						
 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. 						
APPLICANT AND SPONSORING ORGANIZATION INFORMATION						
Commercial (for profit) Deadwood Chamber of Commerce Sponsoring Organization: Noncommercial (nonprofit)						
Lee Harstad Chief Officer of Organization (NAME):						
Applicant (NAME): Sarah Kryger Business Phone: (605) 578-1876						
	lain Street		eadwood	SD	57732	
Daytime phone:	(605 578-1876	6Evening P	(city) none: (<u>605</u>) <u>863-</u>	(state) 1249Fa	(zip code) x #: (605) 578-2429	

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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.

1	Name: _			
,	Address:			
		(city)	(state)	(zip code)
		n site" day of event or facility use Sarah Kryer		
(<u>Note</u> : II	nis pers	on must be in attendance for the duration of the event	and immediately availab	le to city officials)
REQUIRE	<u>D</u> :	Attach a written communication from the Chief Office applicant or professional event organizer to apply for t	<u>-</u>	
		FEES / PROCEEDS / REPOR	RTING	
NO V	YES	Is your organization a "Tax Exempt, nonprofit" organ your IRS 501C Tax Exemption Letter to this Special Eve certifying your current tax exempt, nonprofit status).		
	V	Are admission, entry, vendor or participant fees requirand provide amount(s).:	ed? If YES , please explair	the purpose
		Car registration.		

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:

See attached

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO III	YES	Does the event involve the sale or use of alcoholic beverages? If YES , please provide 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: KDN Merchandise/Band Merchandise			
NO	YES	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 streets impacted by the event.			
		e route map required above, please attach a diagram showing the overall lay-out and set-up following items:			
>	Alcoholi	c 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 a	nd Chairs.			
>	Fencing, Barriers and / or Barricades.				
>	Generator Locations and / or Source of Electricity.				
>	Canopies or Tent Locations.				
>	Booths, Exhibits, Displays or Enclosures.				
>	Scaffoldi	ng, Bleachers, Platforms, Stages, Grandstands or Related Structures.			
>	Vehicles	and / or Trailers.			
>	Trash Co	ntainers and Dumpsters.			

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(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.

	ash Containers w / lids: waste and garbage during and after the event or use of facility:	
bescribe your plant for clean up and removal or	waste and garbage daring and arter the event of use of tability.	
Other Related Event Components not components.	covered above.	
CAFETY / C	SECURITY ACCESSION ITY	
SAFEIT / S	SECURITY / ACCESSIBILITY	
Please describe your procedures for both Crowd Badlands Security	d Control and Internal Security:	
Please describe your Accessibility Plan for access Will work with city departments on safety plants		
REQUIRED: It is the applicant's responsibility to Requirements applicable to this event.	o comply with all City, County, State and Federal Disability Access	i
NO YES Have you hired any Professions event? If YES, please list:	nal Security organization to handle security arrangements for this	
Have you hired any Profession	nal Security organization to handle security arrangements for this	
Have you hired any Professions event? If YES, please list: Badlands Security 11089 Sonma		_
Have you hired any Professions event? If YES, please list: Badlands Security Security Organization:		
Have you hired any Professions event? If YES, please list: Security Organization: Badlands Security 11089 Sonma Security Organization Address:	a Rd	_
Have you hired any Professions event? If YES, please list: Security Organization: Badlands Security Security Organization Address: Belle Fourche	a Rd SD 57717	_
Have you hired any Professions event? If YES, please list: Security Organization: Badlands Security Security Organization Address: Belle Fourche (city) Security Director (Name): Fritz Carlson	a Rd SD 57717 (state) (zip code) Business phone: 605-210-1780 please state how the event and surrounding area will be illuminate	
Have you hired any Professions event? If YES, please list: Security Organization: Badlands Security 11089 Sonma Security Organization Address: Belle Fourche (city) Fritz Carlson Security Director (Name): Is this a night event? If YES, please list: The ensure the safety of the participants and specified and Street Lights	a Rd SD 57717 (state) (zip code) Business phone: 605-210-1780 please state how the event and surrounding area will be illuminate	d
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APPLICANT specifically acknowledges and agrees that it shall be solely responsible for any damage to personal property located in or stored in or upon DEADWOOD's property pursuant to the activity for which approval is being sought and that DEADWOOD shall not be responsible for any damage or loss to or of APPLICANT's property which results from any cause or reason with regard to personal property owned by APPLICANT stored or located on DEADWOOD's property pursuant to approval of the activity for which approval is being sought herein.

Acknowledge acceptance with initial: SJK

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: SJK

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

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

Chamber and Social Media

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO	YES	2				
NO	TES					
		Are there any musical entertainment features related to your event or facilities rental? If YI please state the number of bands and type of music.				
Number	_					
Type of	Music:	Oldies				
	of comme					
		Will sound amplification be used? If <u>YES</u> , please indicate: Start Time: 10am AM / PM – Finish Time: 10pm AM / PM				
		Will sound checks be conducted prior to the event? If <u>YES</u> , please indicate: Start Time: 10amAM / PM - Finish Time: 10pmAM / PM				
		If <u>YES</u> , please indicate: Start Time: 10amAM / PM – Finish Time: 10pmAM / PM				
		Please describe the sound equipment that will be used for your event:				
		Stage Sound				
		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.				
П	100	Will any signs, banners, decorations or special lighting be used? If YES, please describe:				

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PRON	OITON	N / ADVERTISING /	MARKETING / INTERN	NET INF	ORMATIO	N	
NO	YES						
		Will this event be promote Local and Social Me	ed, advertised or marketed in a edia	ny manner	? If YES , plea	se describe:	
		Will there be any live med Local	ia coverage during your event?	If YES , pl	ease explain:		
		Applicant acknowledges and agrees to allow the City to publish the Contact Person and media referral telephone numbers on the internet in conjunction with the Calendar of Upcoming Events in the City of Deadwood. If you have a home page and want us to link with our Calendar, please provide the Internet address for your homepage:					
Refer al	l event pu	ublic inquiries and / or medi	a inquiries for this event to:				
NAME:	Amanda	a Kille		PHONE:	605-578-18	76	
	48	INSU	IRANCE REQUIREMEN	TS		HELFT:	
REQUIR	ED: Insui	rance for your event will be	required before final permit ap	proval.			
Name o	f Insuran	ce Company: Lloyds of Lo	ondon Agent's	Name:	hris Roberts		
Business	Phone:	605-578-2435	GP350GL0	08-2	Policy Type:	GL	
م م ما ما م	PO Bo		Deadwood			57732	

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.

(state)

(zip code)

(city)

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>.

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LIQUOR LIABILITY INSURANCE

REQUIRED: This insurance coverage is required if you are planning to sell alcoholic beverages at your event or facilities rental. Name of Insurance Company: ______ Agent's Name: _____ Business Phone: ______ Policy Number: _____ Policy Type: ____ Address: (city) (state) (zip code) 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. Name of Applicant (PRINT): Sarah Kryger **Event Coordinator** ____Title: 3/6/2023 Date: __ (Signature of Applicant / Sponsoring Organization) (Signature of Professional Event Organizer or Renter of City-owned Facilities)

KDN Street and Parking Lot Closures:

Request Street Closure Wednesday, Aug 23 at 2:15pm and to remain closed thru Aug 27th at 2am from Wall-Deadwood St. (For early stage set up and concerts) To include side Streets and one-way directional traffic from Wall to Four Aces.

Request to close Interpretive Lot Thursday, Aug 24 at 2am and to remain closed through Sunday, Aug 27 at 2pm for Sock Hop and Classic Car Parking. Request KDN signs to be put up starting Tuesday, Aug 22.

Request to close the entire Lower Main Parking lot Wednesday 6am Aug 23 through Saturday 10pm Aug 26 for Registered Cars Only.

Registration will once again be held at the Visitor Center/Chamber offices.

Request Street Closure Thursday, Aug 24 thru Saturday 26th at Sunday 3am.

Request St Closure Sunday, Aug 27, 8am-3pm Tin Lizzies to Pine for Parade and Show and Shine parking.

Request parking in Front of Mineral Palace and Wild Bill Bar-Nugget Saloon Thursday, Aug 24-26 from 10am-10pm for classic car parking only.

Request Open Container Wednesday, Aug 23 in Zone 1 & 2 From Noon 5pm-10pm

Request Open Container Thursday Aug 24 in Zone 1 & 2 from Noon-10pm

Request Open Container Friday Aug 25 in Zone 1 & 2 from Noon-10pm

Request Open Container Saturday, Aug 26 in Zone 1 & 2 from Noon - 10pm

Request Open container Sunday, Aug 27 in Zone 1 & 2 From Noon-10pm

Request space in the Information Center Parking Lot for Official Kool Deadwood Nites Merchandise.

Request to waive Banner Fees for Event Sponsors, KDN Banners Directional Banners, and Chamber Banners.

Request to waive vending fees to sell KDN & Band Merchandise Wednesday, Aug 23 Thursday, Aug 24, Friday, Aug 25, and Saturday, Aug 26.

Request to waive vending Fees for American Legion to sell concessions Thursday, 10am-10pm Aug 24 through Saturday, Aug 26.

Request to waive vending fees for Napa Aug 24-28 / KDN Sponsor

Request Police Escort Friday, Aug 25 at 10am for Rod Run/Event Complex

Request Police Departments help with traffic flow during Judging at Event Complex/Highway on Sat Aug 26, 8am-Noon.

Request Police Escort Sun Aug 27, 9am for Parade.