# City of Deadwood

# Special Event Permit Application and Facility Use Agreement for

DAYS OF '76 PARADE



# 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).

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	estrue len		
Type of Event:     Run   Walk   Bike Tour     Street Fair   Triathlon   Rodeo Ground     Other (specify)		vilion Use	oncert
Event Title: DAYS OF '76 PARADE			·····
Event Date(s): <u>フ/28 </u> 7/29 <u>Tota</u> (month, day, year)	al Anticipated Attend	ance:	
Actual Event Hours: (from): <u>7/29 10:00 AM</u>	AM / PM (to):	11:30 AM	AM / PM
Location / Staging Area: DAYS OF '76 Ro	DEO GROUNDS		N.C.
Set up/assembly/construction Date:	Start T	ime:	AM / PM
Please describe the scope of your setup / a	ssembly work (spec	ific details):	
		anna an ann an Aire an Aire ann an Aire ann an Aire ann an Aire an Aire an Aire an Aire ann an Aire an Aire an	
			n a sana mangana manana manana ang sa
Dismantle Date:Co	ompletion time:		_ AM / PM
List any street(s) requiring closure as a result of this event. closing and time of re-opening:	Include <u>street nam</u>	<u>e(</u> s), <u>day</u> , <u>date</u> a	and <u>time</u> of
SEE STREET CLOSURE MAP - PARADE	ROUTE PROVIDE	30	
ESTER AND	10):(GA, 1174-1	Commercial	(for profit)
Sponsoring Organization: DAYS OF 76		•	
Chief Officer of Organization (NAME):			
Applicant (NAME): CHRIS ROBERTS	Business Phone: (_	605 ) 920-	1116
Address: PO Box 391 Da	ADWOOD		57732
	(city)	(state)	(zip code)
Daytime phone: () Evening Phone: (			
Please list any <b>professional event organizer</b> or <b>event ser</b> on your behalf to produce this event.	vice provider hired	by you that is a	uthorized to work
Name:			
Address:			

5115

Address:	 (city)	-	(state)	(zip code)

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.

NO	YES	
	Ń	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, non profit status).
Ø		Are admission, entry, vendor or participant fees required? If YES, please explain the purpose and provide amount(s).:

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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:

PARADE WILL FORM AT THE RODEO GROUNDS AND ENTER
HIGHWAY 14A B5 TO DOWNTOWN MAIN ST. PARADE WILL
TRAVEL UP MAIN ST, LEFT ON RNE ST AND ANOTHER LEFT ON
SHERMAN ST. THE PARADE WILL TRAVEL NORTH TO HWY 14A/85
AND PROCEED BACK TO THE RODED GROUNDS.

	NO	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								
	Γ <b>Α</b> Ι		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 a written narrative to explain your route.								
	$\square$		Does this event involve a fixed venue site? If YES, attach a detailed site map showing all streets impacted by the event.						
	tion to the r		nap required above, please attach a diagram showing the overall lay-out and set-up g items:						
Þ	Alcoholic	and No	on-alcoholic Concession and / or Beer Garden Areas.						
Þ			n and / or Food Preparation Area(s). describe how food will be served at the event:						
	lf	you in	tend to cook food in the event area, please specify the method to be used:						
		G/	AS ELECTRIC CHARCOAL OTHER (specify):						
8	First Aid F	acilitie	es and Ambulance locations.						
A	Tables an	id Cha	irs.						
A	Fencing, I	Barrier	s and / or Barricades.						
Þ	Generato	r Locat	tions and / or Source of Electricity.						
A	Canopies	or Tei	nt Locations.						
A	Booths, E	xhibits	, Displays or Enclosures.						
Þ	Scaffoldir	ig, Ble	achers, Platforms, Stages, Grandstands or Related Structures.						
$\triangleleft$	Vehicles a	and / o	r Trailers.						
۶	Trash Co	ntainei	s and Dumpsters.						
( <u>N</u>	<u>OTE</u> ): You imm	must ediate	properly dispose of waste and garbage throughout the term of your event and ly 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.
For Pavilion Use or Days of 76 Complex, please complete information on page 5:

			GRATING CTANFA-HOLSE			
1.	Date / T	ime requ	uested for set up or preparation of f	acility: <u>N</u>	14	
2.	Date / T	ime clea	an up and restoration of facility will h	e completed:	<u> </u>	A
3.	Please i	indicate	facilities requested for use:			•
	NO	YES		NO	YES	
			Bleachers / 76 Complex			Restrooms / 76 Complex
			Grandstand / 76 Complex			Stock corrais / 76 Complex
			Arena / 76 Complex			Lighting / 76 Complex
			Baseball Field / 76 Complex			Arena parking lot / Complex 76
			Electrical Hookup / 76 Complex			Other (specify)
			Pavilion Use (If YES, please com	olete Agreeme	ent on pa	ges 9 through 11.)
4.	Please	indicate	e city services requested:			
	NO	YES				
	X		Preparation ( if yes, complete de	ail in # 5 belo	w)	
	$\mathbf{X}$		Clean up (if yes, complete detail	in #6 below)		
5.	Please	describe	preparation or set-up required for	your activity in	detail:	
<u></u>						
<u></u>						
					egen andere er staar die koop	e
6.	Please	give a d	etailed description of clean up and	restoration of	racility to	its pre-use condition:
been to be						
		a a star for the star of the				
			алан тараалан тараала			
						5

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Please describe	e your pro	cedures for both Crowd Control a	Ind Internal Security:	
Please describe	e your Ac	cessibility Plan for access at your e	event by individuals with d	isabilities:
REQUIRED: It D	is the ap isability /	plicant's responsibility to compl Access Requirements applicable	y with all City, County, to this event.	State and Federal
NO	YES			
		Have you hired any Professional arrangements for this event? If Y Security Organization:	ES, please list:	
		Security Organization Address:		
		(city)	(state)	(zip code)
		Security Director (Name):	Business	s phone:
		Is this a night event? If <b>YES</b> , plea illuminated to ensure the safety o	se state how the event ar f the participants and spe	nd surrounding area will be ectators:
Please indicate	what arr	angements you have made for pro	viding First Aid Staffing	and Equipment?
		Ambulance(s) – How provided		
Numbe	er	Emergency Medical Technicia	ins – How provided?	

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: \_\_\_\_\_\_

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: \_\_\_\_\_\_

## WARNING - IF RODEO GROUNDS USED

Under South Dakota law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to § 42-11-2.

Acknowledge acceptance with initial: \_\_\_\_\_\_

## PARKING READERSHIDTER F. PLAND MERSACHONING DEPARTS

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

RADID, PRINT, TV & ELECTRONIC MEDIA

NO	YES	
Ŕ		Are there any <b>musical entertainment</b> features related to your event or facilities rental? If <b>YES</b> , please state the number of bands and type of music.
		Number of Stages: Number of Bands:
		Type of Music:
Ŕ		Will sound amplification be used? If <u>YES</u> , please indicate: Start Time:AM / PM – Finish Time:AM / PM
Þ		Will sound checks 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:
Ŕ		Will any fireworks, rockets or other pyrotechnics be used? If <b>YES</b> , please attach a copy of your permit (issued by the State Fire Marshall's office) to this application.
X		Will any signs, banners, decorations or special lighting be used? If YES, please describe:
itte Me	Heir L	A DWEICH CHARGE MARKING AND THE WEICH DEMANDED
NO	YES	
Ø		Will this event be promoted, advertised or marketed in any manner? If YES, please
		7

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		describe:	RADIO, PRIM	JT TV	& ELECTRO	NIC MEDIA	
	図	Will there be an explain:				? If YES, pleas	
	Ŵ	of Upcoming E	erral telephone vents in the Cit	numbers on ty of Deadwo	the internet in ood. If you hav	publish the Con conjunction wit /e a home page tress for your h	h the Calendar and want us
Refer all	l event p	oublic inquiries a	nd / or media ir	nquiries for th	nis event to:		
NAME:	DEAL	owood Chan	1BO2		_ PHONE:	578-1876	>
REQUIRED: Ins Name of Insuran Business Phone Address:132	nce Corr : <i>lób</i>	1000 1000 1000 1000 1000 1000 1000 100	P _ Policy N	100N1 1umber: 5 <i>PB</i> ARFIS	Agent's Name	CHRIS R Policy Type	57783
For final permit a Deadwood, its o maintained for th contact the Final	fficers, e ne durat	employees and a ion of the event.	agents" as an a To determine	dditional insi the amount (	ured. Insurance of insurance co	e coverage mu	st be
The City must be insurance certific							
			er Ast				
REQUIRED: Thi fa	is insura cilities r		required if you	are planning	g to sell alcoho	lic beverages a	t your event or
Name of Insurar	ice Com	npany:			Agent's Name	, ,	
<b>Business Phone</b>	:		Policy N	umber:		Policy Type:	
Address:	A						
Please obtain the Office, 102 She				al insurance	certificate to:	City of Deadw	<u>ood, Finance</u>

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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): CHRIS ROBERTS \_\_\_\_\_ Title: \_\_\_\_\_

Date: 3/14/23 (signature of Applicant / sponsoring organization)

(signature of Professional Event Organizer or Renter of City-owned Facilities)

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NA This Agreement dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_, by and between the City of Deadwood, hereinafter referred to as "DEADWOOD" AND

hereinafter referred to as "RENTER."

The purpose of this Agreement is to set forth the terms and conditions under which DEADWOOD rents to RENTER to use the Deadwood Pavilion hereinafter referred to as the "PAVILION" owned by the City of Deadwood.

Upon the terms and conditions hereof, DEADWOOD grants and RENTER accepts a non-

assignable right for the RENTER to use and occupy the PAVILION in the City of Deadwood.

The following additional terms and conditions are to be met:

1. The rental fee shall be Two Hundred Dollars (\$200) per day plus a Two Hundred Dollar (\$200) cleaning / damage deposit unless waived by the City Commission;

2. The RENTER shall be responsible for cleanup of the building and grounds;

3. The RENTER should make arrangements with the Public Works Director for a walk-through of the PAVILION prior to use;

