

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

Forks, corks and Kegs April 14-15 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).

Updated April 4, 2022

		EVENT	INFORMA	TION				
Type of Event: Run Street Fair	☐ Walk ☐ Triathlon	Bike Tour Other	☐ Bil	ke Race	Parade	Concert		
	rks, corks and Ke		Total Anticipated Attenda		1200	1200		
Event Date(s):	April 14-15 2023 (month, day, ye	ar)			ince:			
	, , , , , ,	(# 0	(# of <u>Participants</u>					
Actual Event Ho	ours: (from):	n	AM / P	M (to): 10pi	m	AM/PM		
Location / Stagi	ng Area: Zone 1	and 2						
Set up/assembly	AM / PM							
	the scope of your		work (specific	details):				
List any street(s and time of re-c Any req Deadwo Any req Any req	opening: Juest involving 25 or Good Street. Juest involving 25-50	e as a result of thi	is event. Includ s will utilize Dead	e <u>street name</u> dwood Street ar	e(s), <u>day, date</u> and will be barrie	AM / PM and time of closing caded at both ends of		
Any req Street a	vill not require stree quest involving 50 or and security must be nal security maybe r	more vehicles (wh provided at Shine	Street and Main	Street and Wall	et closure Fron I Street and Ma	n Wall Street to Shine iin Street to direct traffic.		
Al	PPLICANT AN	D SPONSOR	RING ORGA	NIZATION				
Commercial	The De	eadwood Cham	ber of Comme	erce	Noncomr	nercial (nonprofit)		
Sponsoring Orga	anization:	Lee Harsta						
Chief Officer of	Organization (NAN	/IE):	<u> </u>		.605 . 9	 578-1876		
Applicant (NAM		<u> </u>		Business Phor	ne: ()			
Address: 501 M	Main Street		Deadwood (cit	w\	SD (state)	57732 (zip code)		
Daytime phone:	: ()	6 Evening	Phone: (863-1249)	Fax #:	605 578-2429		

your behalf to produce this event.

Please list any professional event organizer or event service provider hired by you that is authorized to work on

Na	me: _						_	
Ade	dress:				4.1.1.3	(Jain and)	_	
			(city)		(state)	(zip code)		
Contact person "on site" day of event or facility use			ah Kryger	Pager/Cel	Cell #:			
(Note: This	perso	on must be in attendance for the du	ration of the event a	nd immediately	available	e to city official	s)	
		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 / PROC	CEEDS / REPOR	IING				
NO	YES	Is your organization a "Tax Exempt, nonprofit" organization? If YES , you must attach a copyour IRS 501C Tax Exemption Letter to this Special Event Permit application (providing proof 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).:						
		2 day event pass						

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:

Request open container both zones 1 & 2

Friday April 14th: 5pm-10pm Saturday April 15th: 11am-10pm