

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

Shell Rotella SuperRigs 2024 Calendar Shoot

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

		EVEN'	T INFORM	ATION		
Type of Event: Run Street Fair	Walk Triathlon	☐ Bike Tour ☐Other	_	ike Race	Parade	☐ Concert
	ell Rotella Super					
Event Date(s):	June 11, 2023 (month, day, ye		<u>Total</u> Antici	oated Attenda	nce: 2 Big Rig	gs and 6 people
	(month, day, ye	ear) (#	of <u>Participant</u>	, 6	# of Specto	ntors 0
_		30 am at Main S	Street Entrand			AM/PM aloon No. 10
Set up/assembly	/construction Date	June 11, 2023		Start Time:	6:15 am	AM / PM
Please describe	the scope of your ooting photos of	setup / assembly	work (specific	details):		
Dismantle Date:	June 11		Completio	n time: 9:30 a	am	AM / PM
and time of re-o						and <u>time</u> of closing
Deadwo Any req which w Any req Street a	ood Street. uest involving 25-50 vill not require stree uest involving 50 or	motor vehicles (n t closure. more vehicles (wh provided at Shine	ot including mo nich would requ Street and Mair	torcycles) - will ire an entire str n Street and Wa	park on the north eet closure From Il Street and Mair	aded at both ends of a side of Main Street, Wall Street to Shine a Street to direct traffic.
	PPLICANT AN	ID SPONSOF	RING ORG	ANIZATIO		
Commercial	The Ke	erry Group (for S	Shell Oil)		Noncomm	ercial (nonprofit)
Sponsoring Orga		Bob McCan	n			
	Organization (NAN	,			044 5	00.0407
Applicant (NAM	E): Dave Musiel	_		Business Pho	one: ()	28-2467
Address: 523 F	lanley Industrial	Court	St. Louis		MO	63144
Daytime phone:	(847) 989-540	11 Evening	c 347 Phone: (ity)) <u>989-5401</u>	(state) Fax #: ((zip code))

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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.

Nam	e: C	harlotte Ariss Locations				
Addr	ess:	725 Windemere Curve	Plymouth		MN	55441
7133.			(city)		(state)	(zip code)
Contact person	า " or	n site" day of event or facility use	nkewich	Pager/	Cell #: 406-	599-1555
(<u>Note</u> : This p	erso	on must be in attendance for the durat	ion of the event and i	mmedia	tely availab	le to city officials)
REQUIRED:		Attach a written communication from applicant or professional event organi		_		
		FEES / PROCEE	DS / REPORTIN	NG		
NO V	YES	Is your organization a "Tax Exempt, r your IRS 501C Tax Exemption Letter to certifying your current tax exempt, no	o this Special Event P			• •
V		Are admission, entry, vendor or partic and provide amount(s).:	ipant fees required? I	If YES , pl	ease explai	n 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:

We will be conducting photography of two Class 8 semi trucks for the 2024 Shell Rotella SuperRigs calendar. We will not know whether they will be with or without trailer until the evening prior to the shoot day so we are planning for both. The first shot with Truck 1 will be conducted from 6:30-8:00 am under the Historic Main Street sign on Lower Main Street. We are in talks with the Deadwood police regarding traffic control and the closure of the small section of the street we need for the shot. We are awaiting their recommendation. If the truck includes a trailer, we will need to have it drive down to Pioneer Way to Pine Street to turn onto Main Street and come back up to Lower Main Street because we need it facing north.

The second shot with Truck 2 will be conducted from 7:45-9:30 am in front of Saloon No. 10 and include a re-enactment of a card game with Wild Bill Hickok in front of the truck. We will begin setting that shot up at 7:30 am. We have received written approval from Saloon No. 10 and the Deadwood Alive cast. We are in talks with the Deadwood Police to block off parking spaces around the shot location and will also have traffic diverted during the shoot. We are awaiting their recommendation. The truck will be approaching from the north and come down Lower Main Street to get into position.

I will be providing a second application to shoot truck walk-around videos, video testimonials with each driver, and driver portrait shots, from 9:30 am to 1:00 pm in the parking lot of the Welcome Center. This photo shoot is not dependent on that as we are also looking at other locations for the video

In addition, the Welcome Center has informed us that the trucks can park there prior to the shots until they are able to move into position. They can do some final cleanup of their trucks after they drive in. They can also stay overnight on Saturday night if needed.

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

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.		
		Will items or services be sold at the event? If YES , please describe:		
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:		
>	Alcohol	ic and Non-alcoholic Concession and / or Beer Garden Areas.		
>	Food Co	oncession and / or Food Preparation Area(s). Please describe how food will be served at the event: None		
		If you intend to cook food in the event area, please specify the method to be used:		
		GAS ELECTRIC CHARCOAL OTHER (specify):		
>	First Aic	Facilities and Ambulance locations.		
>	Tables and Chairs.			
>	Fencing, Barriers and / or Barricades.			
>	Generator Locations and / or Source of Electricity.			
>	Canopies or Tent Locations.			
>	Booths,	Booths, Exhibits, Displays or Enclosures.		
>	Scaffold	ling, Bleachers, Platforms, Stages, Grandstands or Related Structures.		
>	Vehicles	s and / or Trailers.		
>	Trash Co	ontainers and Dumpsters.		

 $(\underline{\mathsf{NOTE}})$: 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: Not applicable.					
> Other Related Event Components not	covered above.				
SAFETY / S	SECURITY / ACCESSI	IBILITY			
Please describe your procedures for both Crow o We are working with the Deadwood Police					
Please describe your Accessibility Plan for access at your event by individuals with disabilities: This event is not open to the public.					
REQUIRED: It is the applicant's responsibility t Requirements applicable to this event.	o comply with all City, Cou	nty, State and Federal Disability Access			
NO YES Have you hired any Professional Security organization to handle security arrangements for this event? If YES, please list:					
Security Organization:					
Security Organization Address:					
(city)	(state)	(zip code)			
Security Director (Name):	Business phone:				
■ Is this a night event? If YES , please state how the event and surrounding area will be illuminated to ensure the safety of the participants and spectators: Outlaw Square lighting will be used					
Please indicate what arrangements you have made for providing First Aid Staffing and Equipment?					
NumberAmbulance(s) – H	ow provided?				
NumberEmergency Medic	cal Technicians – How provi	ded?			

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: DM

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: DM

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

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

Yes, we have reached out to 41 businesses on Main Street that the Chamber of Commerce provided to us.

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO	YES					
		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.				
Numb	per of Stag	es: Number of Bands:				
Туре	of Music:					
		Will sound amplification be used? If <u>YES</u> , please indicate: Start Time:AM / PM – Finish Time:AM / PM				
		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:				
▣		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.				
		Will any signs, banners, decorations or special lighting be used? If YES , please describe:				

NO	YES				
		Will this event be promoted, advertised or marketed in any manner? If YES, please describe: Wrestling club promoting through flyers, social media			
		Will there be any live media coverage during your event? If YES, please 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 all e	vent pı	ublic inquiries and / or media inquiries for this event to:			
NAME: D	ave M	usiel, The Kerry Group PHONE: 847-989-5401			
INSURANCE REQUIREMENTS					
REQUIRE) : Insu	rance for your event will be required before final permit approval.			
Name of I	nsuran	The Daniel & Henry Company Sara Pukas Ce Company:Agent's Name:			
		314-444-5046 COI will be provided Policy Type:			
Address:	1001 H	Highlands Plaza Drive West St. Louis MO 63110			
		(city) (state) (zip code)			
its officer duration	s, emp of the	approval, you will need commercial general liability insurance that names "the City of Deadwood loyees and agents" as an additional insured. Insurance coverage must be maintained for the event. To determine the amount of insurance coverage necessary, please contact the Finance 78-2600 – Fax # (605) 578-2084.			

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

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>.

LIQUOR LIABILITY INSURANCE

REQUIRED: This insurance coverage is facilities rental.	required if you are planning	to sell alcoholi	c beverages at your event or
Name of Insurance Company: N/A		.gent's Name: _	
Business Phone:	Policy Number:		Policy Type:
Address:			
Please obtain the required insurance a Office, 102 Sherman Street, Deadwood		(city) e certificate to:	(state) (zip code) City of Deadwood, Finance
AF	FIDAVIT OF APPL	.ICANT	
ADVANCE CANCELLATION NOTICE REQ Otherwise, City personnel and equipme I certify that the information in the fo belief and that I have read, understand Special Event and I understand that this City Commission of Deadwood. I agre organization, am also authorized to con any cost and fees that may be incurred by	nt may be needlessly dispatoring application is true and agree to abide by the application is made subject ee to abide by these rules nmit that organization, and the subject in the subje	hed. Ind correct to to the rules and regulate to the rules and and further centerefore agree to the refore agree to the reforement agree to the reforemen	he best of my knowledge and ations governing the proposed I regulations established by the ertify that I, on behalf of the to be financially responsible for
Name of Applicant (PRINT): Dave Mus	iel	[Title:	Director of Planning
Dave Musiel Digitally signed by Date: 2023.05.15 16			
(Signature of Applicant / Sponsoring Orga		(Signatu	re of Professional Event Organizer ter of City-owned Facilities)

Updated April 4, 2022