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

Harley Davidson Medicine Wheel Ride Parking & Deadwood St Sunday August 9, 20

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).

Adopted June 1, 2023

EVENT INFORMATION

☐Run	☐Walk	☐Bike Tour	☐Bike Race	☐Parade	☐Concert
☐Street Fair	☐Triathlon	☒Other			

Event Title: Medicine Wheel Ride HD event parking & Deadwood St closure

Event Date(s): August 9, 2026 (month, day, year)

Total Anticipated Attendance: 100

(# of Participants _____ # of Spectators _____)

Actual Event Hours: (from: 11 am AM / PM (to): 5 pm AM / PM

Location / Staging Area: Outlaw Square

Set up/assembly/construction Interpretive Lot Start time: 8:00 am AM / PM

Please describe the scope of your setup / assembly work (specific details): gating and blocking out half of the Interpretive Lot, closest to Deadwood St. for Medicin Wheel Riders parking and closing Deadwood St from Main to Pioneer Way

Dismantle Date: August 3 Completion time: 5 pm 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: Requesting Deadwood Street 10:30 am to 5 pm

- 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.

OPEN CONTAINER

https://www.cityofdeadwood.com/planning/page/special-event-open-container-information-and-maps

Date: _____ Times: _____ Zone: _____
Date: _____ Times: _____ Zone: _____
Date: _____ Times: _____ Zone: _____
Date: _____ Times: _____ Zone: _____
Date: _____ Times: _____ Zone: _____

Adopted June 1, 2023

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

☒ Commercial (for profit) ☐ Noncommercial (nonprofit)

Sponsoring Organization: Harley Davidson

Chief Officer of Organization (NAME): [redacted]

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.

Name: Randy Brown

Address: 703 Main St Deadwood, SD 57732

(city) (state) (zip code)

Contact person "**on site**" day of event or facility use Laura Harley Davidsor Pager/Cell #: 414 534 8045

(Note: This person must be in attendance for the duration of the event and immediately available to city 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.

FEES / PROCEEDS / REPORTING

NO	YES	
☒	☐	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, nonprofit status).
☒	☐	Are admission, entry, vendor or participant fees required? If **YES**, please explain the purpose and provide amount(s): _____

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:

The Medicine Wheel Womans Ridersarrival will be taking place in Deadwood

Medicine Wheel Riders plan to arrive at 11 am will be using both Deadwood St and Interpretive lot for those riders from 11 am until 5 pm.

We are requesting half of the Interpretive lot be cordoned off with gates used for Medicine Wheel Riders parking. Parking will be from 11 am until 5 pm lot will be reopened at 5 pm.

Deadwood St will be closed from Main St to Pioneer way at 10:30 am and reopen at 5 pm.

Security will be in place on Deadwood St. side of Interpretive lot

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

NO	YES	
☒	☐	Does the event involve the sale or use of alcoholic beverages? If **YES,** please proved 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: _____
☒	☐	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 street impacted by the event.

In addition to the route map required above, please attach a diagram showing the overall lay-out and set-up locations for the following items:

- Alcoholic 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 and Chairs.
- Fencing, Barriers and / or Barricades.
- Generator Locations and / or Source of Electricity.
- Canopies or Tent Locations.
- Booths, Exhibits, Displays or Enclosures.
- Scaffolding, Bleachers, Platforms, Stages, Grandstands or Related Structures.
- Vehicles and / or Trailers.
- Trash Containers and Dumpsters.

  (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: Outlaw Square staff will handle clean up.
  _____
  _____

  Other Related Event Components not covered above. _____
  _____
  _____

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both **Crowd Control** and **Internal Security**: Private Security will be on hand and Outlaw Square staff will handle internal issues

Please describe your Accessibility Plan for access at your event by individuals with disabilities: Outlaw Square is ADA compliant

REQUIRED: It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event.

NO ☐ YES ☒ Have you hired any Professional Security organization to handle security arrangements for this event? If **YES**, please list:

Security Organization: Badlands Security

[redacted]

NO ☒ YES ☐ 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: _____

Please indicate what arrangements you have made for providing **First Aid Staffing** and **Equipment**?

Number n/a Ambulance(s) – How provided? _____

Number n/a Emergency Medical Technicians – 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: WM

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: WM

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: Residents and businesses will be notified through public hearing notices.

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.

Number of Stages: 1 Number of Bands: 2

Type of Music: variety

☐ ☒ Will **sound amplification** be used?
If **YES**, please indicate: Start Time: 10 am AM / PM – Finish Time: 10 pm AM / PM

☐ ☒ Will **sound check** be conducted prior to the event?
If **YES**, please indicate: Start Time: 1 pm AM / PM – Finish Time: _____ AM / PM

Please describe the sound equipment that will be used for your event: Outlaw Square PA & Powerhouse Sound Production Company

☒ ☐ 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.

☐ ☒ Are any signs, banners decorations or special lighting be used? If **YES**, please describe: Harley Davidson banners in place

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

NO ☐ YES ☒ Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe: HD will promote through their Marketing channels

NO ☒ YES ☐ Will there be any live media coverage during your event? If **YES**, please explain:

Refer all event public inquiries and / or media inquiries for this event to:
NAME: Bobby Rock PHONE: 605-641-9162

Adopted June 1, 2023

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

REQUIRED: Insurance for your event will be required before final permit approval.

Name of Insurance Company: Harley Davidson Group

Agent's Name: _____

Business Phone: (_____)_____ Policy Number: _____ Policy Type: _____

Address: 703 Main St Deadwood, SD 57732

(city) (state) (zip code)

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.

The City must be named as an "additional insured." 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): Wade Morris aka Bobby Rock Title: Director

_____ Date: 5/19/2026

(Signature of Applicant/Sponsoring Organization)

Adopted June 1, 2023