

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

Wild Bill Days 2024

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

□Run	□Walk	☐Bike Tour	☐Bike Race	□Parade	□Concert
Street Fair	☐Triathlon	Other			
	L Machion	Elother			
Event Title: Wild Bill [Days				
Event Date(s): June 1	3-15	Total	Anticipated Atten	dance:	
	onth, day, year)				
		(# of <u>Participa</u>	nts	# of Spectato	rs)
Actual Event Hours: (fro	_{m:} Noon	A	M / PM (to): 10	pm	AM / PM
Location / Staging Area:					
Set up/assembly/constru		June 13th	Start time: 4a	m	AM / PM
Please describe the scop Street Closure/Deadw	e of your setup / a lood to Pine and	ssembly work (s Wall to Deadw	pecific details): ood.		
Ottool Globalo, Doddi.					
Dismantle Date: Satur	ng closure as a resu	ılt of this event.	Include street na	me(s), day, date	and <u>time</u> of closing
and time of re-opening:	Deadwood to Pine	13-15 4am-10pr	n wall to Deadwoo	od 13-16 2.15pm	-2aiii
ends of Deadw Any request inv Street, which w Any request inv Shine Street an direct traffic.	rolving 25 or less mot ood Street. rolving 25-50 motor v vill not require street rolving 50 or more ve d security must be pr	ehicles (not includ closure. chicles (which wou ovided at Shine St	ling motorcycles) - w Ild require an entire reet and Main Street	rill park on the nort street closure Front t and Wall Street and	th side of Main m Wall Street to
		OPEN CO	NTAINER		
https://www	.cityofdeadwoo	od.com/planr	ning/page/spec	ial-event-ope	n-container-
		information			
Date: June 13th		Noon-10pm		: 1-2	
		Noon-10pm		: 1-2	 5
Date: June 15th Times		Noon-10pm	1 Zone	: <u>1-2</u>	
Date:	Times:			•	
Date:	Times:		Zone	•	

APPLICANT AND SPONSORING ORGANIZATION INFORMATION Commercial (for profit) Noncommercial (nonprofit) Sponsoring Organization: The Deadwood Chamber of commerce Chief Officer of Organization (NAME): Dory Hanson Applicant (NAME): Sarah Kryger 3578-1876 Business Phone: (605 SD 57732 PO Box 507 Deadwood Address: (zip code) (city) (state) Fax #: (605)578-2429 Daytime phone: (605) 578-1876 Evening Phone: (605) 578-1876 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: 57732 SD PO Box 507 Deadwood Address: (zip code) (state) (city) Contact person "on site" day of event or facility use Sarah Kryger Pager/Cell #: 605-863-1249 (Note: This person must be in attendance for the duration of the event and immediately available to city officials) Attach a written communication from the Chief Officer of the organization which authorizes REQUIRED: the applicant or professional event organizer to apply for this Special Event Permit on their behalf. FEES / PROCEEDS / REPORTING YES NO Is your organization a "Tax Exempt, nonprofit" organization? If YES, you must attach a copy of \square 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 Ø 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:

Wild Bill Days			
2 days	of fre	ee concerts	
3 days	of D	ock Dogs	
Gold F	Pannir	ng	
Street	closu	re Thursday 6/13 4am for Dock dogs set-up Deadwood-Pine	
Reope	en 6/1	5 10pm	
Street	closu	re Thursday 6/13 2.15pm for stage set-up Wall to Dwd St	
Re-op	en Sı	ınday June 16th at 2am	
Open c	ontain	er request 6/13 Noon-10pm 6/14 Noon-10pm 6/15 Noon-10pm	
Zone	1-2		
Reque	est to	waiver Banner fees for sponsors and Dock Dogs	
Reque	est to	waiver fee for band merchandise	
	OVE	RALL 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:				
	Mullipel of classicalis.				
	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.				
	Other Related Event Components not covered above.				

SAFETY / SECURITY / ACCESSIBILITY

		your procedures for both Crowd Cont	rol and Internal Security:		
Badlar	nds Secur	ity and Deadwood PD			
Please	describe	your Accessibility Plan for access at yo	ur event by individuals with	disabilities:	
		the applicant's responsibility to comp	ply with all City, County, Sta	ite and Federal Di	sability Access
NO	YES				
	X	Have you hired any Professional Seevent? If YES , please list:	ecurity organization to hand	lle security arrang	gements for this
Securit	y Organiz	ation: Badlands Security			
Securit	y Organiz	ation Address: 11089 Snoma Rd	Belle Fourche	SD	57717
	,		(city)	(state)	(zip code)
Security	Director (Name): Frit ≵ Carlson	Business p	ohone: 605-210-17	780
NO	YES 🔀	Is this a night event? If YES , please s to ensure the safety of the participal			
Please	Numb	what arrangements you have made for a made f	rovided?		
prope being which	CANT spe rty locate sought au results fr	ecifically acknowledges and agrees the control of t	at it shall be solely respons D's property pursuant to th onsible for any damage or lo o personal property owned	ible for any dama ne activity for wh ss to or of APPLIC by APPLICANT st val is being sough	age to personal nich approval is ANT's property ored or located
DEAD	WOOD m	ees to hold DEADWOOD harmless and ight have to pay to any person as a read of the City property pursuant of Acknowless and Acknowless and the City property pursuant of the City pursuant of the Ci	esult of property damage, p	ersonal injury or or which approval	death resulting

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

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			be your plans to notify all residents, businesses and churches impacted by the event:		
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		E	NTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES		
please state the number of bands and type of music. Number of Stages: 1 Number of Bands: 10 Type of Music: Rock/Country Will sound amplification be used? If YES, please indicate: Start Time: 10am AM / PM - Finish Time: 10pm AM / PM Will sound check be conducted prior to the event? If YES, please indicate: Start Time: 10am AM / PM - Finish Time: 10pm AM / PM Please describe the sound equipment that will be used for your event: Stage 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: 1.0ent Dock Dogs PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION NO YES Will this event be promoted, advertised or marketed in any manner? If YES, please describe: Social and Local Media Will there be any live media coverage during your event? If YES, please explain: Local Media	NO				
Type of Music: Rock/Country		X			
Will sound amplification be used?	Numb	er of Stag	Number of Bands: 10		
If YES, please indicate: Start Time: 10am	Туре с	of Music:	Rock/Country		
If YES, please indicate: Start Time: 10am	П	M	Will sound amplification be used?		
If YES, please indicate: Start Time: 10am AM / PM - Finish Time: 10pm AM / PM	_	بجا			
If YES, please indicate: Start Time: 10am	П	M			
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Refer all event public inquiries and / or media inquiries for this event to:	NO		Will there be any live media coverage during your event? If YES, please explain:		
			Local Media		

INSURANCE REQUIREMENTS/LIQUOR LIABILITY

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

Name of Insurance Company: Lloyds of London				
Agent's Name: Chris Roberts				
Business Phone: (605) 578-345	Policy Number: GP3506L003-2	Policy Type	: G/L	
Address: PO Box 507	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: <u>City of Deadwood, Finance Office</u>, <u>102 Sherman Street</u>, <u>Deadwood</u>, <u>SD 57732</u>.

AFFIDAVIT OF APPLICANT

<u>Advance Cancellation Notice Required:</u> 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	Title: Event Coordinator
68	Date: 1/11/2024
(Signature of Applicant/Sponsoring Organization)	