

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

FORKS, CORKS+KEGS APRIL 8+9 2022

## 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									
	<b>W</b> alk Friathlon	☐ Bike Tour	☐ Bike R	ace	Parade	Conc	ert		
Event Title: Forks, C	orks and Ke	egs							
Event Date(s): 4-8/9		ar)	Total Anticipated			ctators	)		
Actual Event Hours: (	from):	l	AM / PM	(to): 10p	m		AM / PM		
Location / Staging Are									
Set up/assembly/cons			Sta	art Time:	5pm		AM / PM		
Please describe the scope of your setup / assembly work (specific details):									
Open Container									
Dismantle Date: Completion time:						AM / PM			
List any street(s) requiring closure as a result of this event. Include <u>street name(s)</u> , <u>day</u> , <u>date</u> and <u>time</u> of closing and time of re-opening:									
Deadwood Str  Any request in which will not  Any request in	eet. volving 25-50 require street volving 50 or r	motor vehicles (n closure. more vehicles (wh	s will utilize Deadwo ot including motorcy ich would require an Street and Main Stre	vcles) - will	park on the n	orth side of Mai	n Street,		
		D SPONSOF	RING ORGAN	IZATIO		MATION nmercial (nonpr	ofit)		
Commercial (for pi		ood Chamber	of Commerce		Noncon	imerciai (nonpr	one		
Chief Officer of Organ	ization (NAM arah Kryger			. 51	,605	578-1876			
501 Main 9			Deadwood	iness Phoi	ne: ( 5773	) 32			
Address:			(city)	<del></del>	(state)	(zip cod	de)		
Daytime phone: $(605)$ $578-1876$ Evening Phone: $(605)$ $578-1876$ Fax #: $(605)$ $578-2429$									

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.

Na	ame:_							
Ac	ddress:		(city)		tate)	(zip code)		
			, ,,	•	,			
Contact ner	son " <b>o</b> r	site" day of event or facility use	Sarah Kryger	Pager/Cell #:	605-8	63-1249		
(Note: This	s pers	on must be in attendance for t	he duration of the event and	d immediately a	vailable	e to city officials)		
REQUIRED	ė.	Attach a written communicat applicant or professional ever						
		FEES / P	ROCEEDS / REPORT	NG		1153, 11 7 7		
NO	YES							
V		Is your organization a "Tax Exempt, nonprofit" organization? If YES, you must attach a copy your IRS 501C Tax Exemption Letter to this Special Event Permit application (providing proof a certifying your current tax exempt, nonprofit status).						
	V	Are admission, entry, vendor and provide amount(s).:	or participant fees required	? If <b>YES</b> , please	explain	the purpose		
		2 day 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

Friday 4/8/22 5-10pm

Saturday 4/9/22 11am-10pm