

Special Event & Use of City Property Application

Updated September 2021

Application should be submitted at least <u>60 days</u> in advance of event to be get proper approval completed.

FILL OUT COMPLETELY OR IT WILL NOT BE APPROVED!

Please Return Completed Application to: Robin Korth at rkorth@sturgisgov.com or drop off at City of Sturgis Rally/Events Dept.,1040 Harley-Davidson Way, Sturgis, SD 57785

Date Application Received by R&E: ______ City Manager Approval_____

| Event Date: | | Hours: | |
|--|---|--|--|
| Snancaring Organization | | | - Nonnrofit |
| Sponsoring Organization: Do you have a 501c3 status? Yes _ | No | (Please attach a c | Nonprofit ropy of your exemption) |
| | | (, rease accae, a e | opy of your exemperon, |
| Applicant Information: Name: | | | |
| Email: | Pho | nne. | |
| | | | |
| Address:Street/PO Box | | | |
| Street/PO Box | City | State | Zip Code |
| Contact Person day of event: | | Phone: | |
| *This person(s) <u>must be in</u> | | | |
| | | | |
| | | | |
| | <u>Eve</u> | nt Information | <u>on</u> |
| Anticipated Attendance (Contesta | | | |
| • | nts/Spectator | s) | |
| Anticipated Attendance (Contesta Type of Event: | nts/Spectator | s) | |
| Type of Event: | nts/Spectator | s) | otry cost: |
| Type of Event: Location of event: (Contact 347-3916 for Park Shel | nts/Spectator | Admission/erH-D I for Armory/Commui | ntry cost: Rally Point Plaza, Barry Stadium, Oth nity Center) |
| Type of Event:Location of event: | nts/Spectator | Admission/erH-D I for Armory/Commui | ntry cost: Rally Point Plaza, Barry Stadium, Oth nity Center) |
| Type of Event: Location of event: (Contact 347-3916 for Park Shel | nts/Spectator ters or 347-6513 nd times Tea | Admission/er Admission/er H-D I for Armory/Commun | Rally Point Plaza, Barry Stadium, Oth hity Center) Start/end times |
| Type of Event: Location of event: (Contact 347-3916 for Park Shel Set up date: Are you requesting Open Containe | nts/Spectator ters or 347-6513 nd times Tea | Admission/er H-D I for Armory/Commun or down date: for the event: Yes | Rally Point Plaza, Barry Stadium, Ot nity Center) Start/end times |
| Type of Event: Location of event: (Contact 347-3916 for Park Shel Set up date: Start/e | nts/Spectator ters or 347-6513 nd times Tea er be allowed | Admission/er Admission/er H-D I for Armory/Commun or down date: for the event: Yes | ntry cost: Rally Point Plaza, Barry Stadium, Ot nity Center) Start/end times /No |



| Does this event include the use of | f: Music, Fireworks, Specia | al Lighting, Sound Systen | n (Circle what's used) |
|--|---|---|--|
| Please explain: | | | <u>-</u> |
| Does this event require street clo attached There is a \$50 fee | osure(s)? No for road closures (exclude | | |
| | Affidavit of A | <u>pplicant</u> | |
| I certify that the information in the belief and that I have read, unde proposed Special Event. I am autorganization will be financially reevent. This includes cleanup fees | rstand and agree to abide thorized to commit my org sponsible for any/all costs | by the rules and regulati anization to this propos | ions governing the ed event and agree that our |
| Applicant:(print) | Signature: | Date: _ | |
| (print) | Insurance Requi | | |
| Insurance for your event will be certificate of insurance that provided as an 'Additional Insured for use of inventory items such as tents, black way purchase insurance the | vides for at least \$1,000,000 and insurance covering solutions. | 00 in general liability co spectators. Additional in | verage, listing the City of nsurance may be required |
| Name of Insurance Company: | | | |
| Agent: | Busines | ss Phone: | |
| Address: | | | |
| Street | City | State | Zip Code |

^{*}Applications cannot be processed without insurance and maps if needed and will be denied.

^{*}Property Maintenance- Facility must cleaned after the event. This includes trash pickup, spills on pavers, stage, or any other areas of the facility. Lack of cleaning can result in denial of use for future events.

^{**}Upon approval of the application, applicant may be required to complete further paperwork at the City Hall Office – 1040 Harley-Davidson Way, Sturgis, SD 57785 (605-347-4422)



Rally & Events Inventory List and Notice of Fees

No Items will be available during the Sturgis Motorcycle Rally

Organization MUST provide labor for loading and unloading equipment. City Staff is not required to assist in loading/unloading equipment.

You are required to pick up/return items (Mon-Thurs 8am-5pm)

| Pick up D | ate: Return Date: |
|------------------|---|
| | Please note which items you will be needing for your upcoming event. |
| Pop Up Tents | Quantity 10' x 10' or 10x20 |
| <u>Bleachers</u> | Quantity (6 qty. available in inventory) Deposit Amt Paid |
| 0 | \$100.00 cash deposit required per bleacher. Deposit may be returned within 7 days if no damage is |
| | found upon inspection |
| 0 | Portable Aluminum bleachers can accommodate approximately 50 people |
| 0 | Bleachers must be transported by the organization and require 2" ball hitch |
| Picnic Tables | Quantity(10 qty. available in inventory – 6 regular, 4 ADA accessible) |
| 0 | Picnic tables typically accommodate 6-8 people per table |
| 0 | Tables may be provided by the City but organization will be required to transport tables |
| Light weight C | Crowd Control Panels (4'x6.5') Quantity |
| ** | f you want the heavy crowd control panels, contact Public Works 605-347-3916 |
| Garbage Totes | Quantity 90 gal totes (Residential) Quantity 300 gal totes (Commercial) |
| Banquet Table | es – Please contact Rod Heikes at the Sturgis Community Center at 605-347-6513 |
| Portable Toile | ts -Please contact sanitation companies, well in advance, to rent portable toilets for your event. |
| | responsible for scheduling rental, delivery/pickup and any servicing/pumping of toilets for the event and |
| _ | or the costs associated with those services. The City DOES NOT provide portable toilets. |
| | |

Ambulance- Please contact Sturgis Fire/Ambulance at 347-5801

<u>You are responsible for First Aid Staffing & Equipment</u>. According to City Ordinance, any events held in Sturgis that request emergency services on site are required to use Sturgis Ambulance and Fire Services.



| Dates: | Time: | Explain arrangements made: | |
|--------|-------|----------------------------|--|
| | | | |

Event Street Closure Request Form

| *Street Closure | Request must be submi | tted at least 60 days in adv | ance of event |
|--|------------------------------------|--|------------------|
| (Please attach | a <u>\$50.00</u> payment for stree | t closure request waived with prod | of of nonprofit) |
| Event Name : | | | |
| Street Closure location(s) r | equested: | | |
| *Please su | bmit a map of the requeste | ed street closure with your requ | est form |
| Date/Time of Street Closur | e and re-opening: | | |
| Reason for Requested Stre | et(s) Closure: | | |
| *Written Notification of b | usinesses/residents within | <u>200 feet</u> of proposed street closu | ure is required. |
| Have you notified t | he businesses/residents wit | thin the 200' requirement? Yes _ | No |
| Date of notification | : | | |
| Please submit a list | of names/addresses you ha | ave notified and copy of letter | |
| Additional Comments: | | | |
| Submitted by:OFFICE USE: | Signature: | Date: | |
| OFFICE USE: | Nate: | Received by : | |



Parade Request Form

(Attach map with request and Certificate of Insurance)

Parade Request must be submitted at least 60 days in advance of event

*Organization is responsible for any clean up if animals participate in the parade

| Parade Name: | | | |
|------------------------------------|----------------------------|-----------------------------|-------------|
| Applicant: Organization/Name: _ | | | · |
| Email: | Phone: | | |
| Address: | | | |
| Street/PO Box | City Sta | ate Zip Code | |
| Date of Parade: | Start Time: | End Time: | _ |
| Parade Route proposed: | | | |
| | | | |
| | | | |
| Starting/Lineup Location: List Add | dress | | |
| | rivate Property Has landov | | /No |
| Description & Reason for Parade: | | | |
| · | | | |
| | | | |
| Please indicate if you request use | of the following: | | |
| Police Escort – YOU are resp | - | Sturgis Police Dept. 605-34 | 17-5070 |
| Barricades/Barriers: Quantit | | | |
| Other (please explain) | | | |
| Submitted by: | | Dates | |