

City of Mitchell

Street Dance & Special Event Permit Application

Applicant: Corn Polou - City of Mitchell
Event Date: August 2nd 2018
(month) (days) (year)



Instructions:

To apply for a Street Dance or Special Event Permit, please 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).

This application is subject to Mitchell City Council Approval. Any violations of the approved permit will be grounds for law enforcement to require the immediate termination of the event.

EVENT INFORMATION

Type of Event:

Street Dance For Profit Concert
 Private Dance Non-Profit Other (specify) _____

Event Title: MAHON Pre-Struggles Party Palace City Pre-Struggles Party

Event Date(s): Aug 2nd 2018 Total Anticipated Attendance: 2,000
(month, day, year) (# of Participants 500+ # of Spectators 1,500)

Actual Event Hours: (from): 5:00 AM / PM (to): 10:00 AM / PM
(dances / bands & amplified noise end no later than 12:00 a.m.)

Location / Staging Area: Main Street (between 4th & 7th) Sth Main Parking Lot - Nth Water Parkes LA

Band Name TBD

Set up/assembly/construction Date: Aug 2nd Start Time: 12 AM / PM

Please describe the scope of your setup / assembly work (specific details):
Travel stage, electricity, generator, Street closure & parking lot closures

Dismantle Date: Aug 2nd Completion time: _____ 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:
4th to 7th Main Street ;

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Commercial (for profit)
 Noncommercial (nonprofit)

Sponsoring Organization: Corn Palace

Chief Officer of Organization (NAME): Scott Schmidt

Applicant (NAME): Scott Schmidt Business Phone: (605) 770-4723

Address: 604 N. Main Michell SD 57201
(city) (state) (zip code)

Daytime phone: () Evening Phone: () Fax #: ()

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: _____

Address: _____ (city) (state) (zip code)

Contact person "on site" day of event or facility use Scott Schmidt Pager/Cell #: 605-770-4723
(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, non profit 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:

- Closure of Main Street from 4th - 7th = 1/2 block road
& West of 100 blocks of 5th & 6th Street. } 12pm (noon) - 11pm
- Closure of 5th & main parking lot as well as Northwest lot
- Music from 5pm - 10pm
- Food vendors
- Farmer Market
- Consumption of alcohol will only be allowed through use of special event sponsor cups.
- 5pm - 10pm - Alcohol will be served.

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

Consumption permit requested - \$500 fee
(consumption permits end at 12:30 a.m.)

Special event license requested: alcoholic
beverage license, malt beverage, wine license, or
malt beverage & wine license where noise permit is
required. (SDCL 35-4-124) - \$500 fee

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:

Vendors, food vendors

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 a 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.

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: Food Trucks

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: 12 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:

> Other Related Event Components not covered above.

ADDITIONAL INFORMATION REQUIRED FOR FACILITIES USE

1. Date / Time requested for set up or preparation of facility: Aug 2nd 2018
2. Date / Time clean up and restoration of facility will be completed: Aug 2nd 2018

3. Please indicate city facilities requested for use:

NO	YES		NO	YES
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Major <u>6</u> Bleachers (No. Needed <u>6</u>) \$35 per day per bleacher	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electricity / Main Street \$100 per day per electric panel	<input type="checkbox"/>	<input type="checkbox"/> City Hall parking lot
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fencing - orange snow fence \$2.50 per day per 50'	<input type="checkbox"/>	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Main Street</u> <u>725</u>	<input checked="" type="checkbox"/>	Parking Lot - <u>Northwestern Lot / Sth + Main Lot</u>
<input type="checkbox"/>	<input type="checkbox"/>	Traffic cones. (No. Needed _____) \$25.00 per day	<input type="checkbox"/>	<input type="checkbox"/> Conic Tables \$ 0.25 per Signs - \$2.00 per day (one needed for each lane of traffic)
<input type="checkbox"/>	<input type="checkbox"/>	Barricades - \$3.00 per day		
<input type="checkbox"/>	<input type="checkbox"/>	Portable Sign Posts - \$1.00 per day		

4. Please indicate set-up by sponsor:

Corn Palace Staff, MMS-B, Chamber

Please describe preparation or set-up required for your activity in detail: _____

Setup will be for stage, vendors & activities within the parking
lots & Main Street.

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both **Crowd Control** and **Internal Security**: _____

Milwaukee Police Department

Please describe your Accessibility Plan for access at your event by individuals with disabilities:

Mon Street 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.

PRIVATE SECURITY IS REQUIRED AS APPROVED BY THE CHIEF OF PUBLIC SAFETY

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:

Street lights + Emergency Police

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

Milwaukee EMT

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

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

Advertising online in coordination w/ chamber

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: 1

Type of Music/Entertainers Name: TBD

- Will **sound amplification** be used?
If **YES**, please indicate: Start Time: _____ AM / PM – Finish Time: _____ AM / PM

- Will **sound checks** be conducted prior to the event?
If **YES**, 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 complete the attached fireworks application included at the end of this Special Event application. A permit will be issued by the City Fire Marshal's office contingent upon the receipt of the required certificate of insurance and approval by the council. \$30.00 fee.

- Will any signs, banners, decorations or special lighting be used? If **YES**, please describe: TBD
- _____

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

NO YES

- Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe: posters, Social Media, online, radio, Newspapers
- _____

- Will there be any live media coverage during your event? If **YES**, please explain: radio, Newspaper
- _____

- 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 Mitchell. If you have a home page and want us to link with our Calendar, please provide the Internet address for your homepage:

www.complains.com / visitmitchell.com

Refer all event public inquiries and / or media inquiries for this event to:

NAME: Scott Schmitt PHONE: 605-770-4723

will have available as requested

INSURANCE REQUIREMENTS

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

Name of Insurance Company: _____ Agent's Name: _____

Business Phone: _____ Policy Number: _____ Policy Type: _____

Address: _____ (city) _____ (state) _____ (zip code)

For final permit approval, you will need \$2,000,000 commercial general liability insurance that names "the City of Mitchell, its officers, employees and agents" as an additional insured. Insurance coverage must be maintained for the duration of the event. For insurance related questions, please contact the Human Resources Office at (605) 995-8417 – Fax # (605) 995-8443.

The City must be named as an "additional insured." Please obtain the required insurance and mail an original insurance certificate to: **City of Mitchell, Human Resources, 612 North Main Street, Mitchell, SD 57301.**

LIQUOR LIABILITY INSURANCE

REQUIRED: This insurance coverage is required if you are planning to sell alcoholic beverages at your event or facilities rental. A minimum of \$500,000 liquor liability is required with City of Mitchell named as additional insured.

Name of Insurance Company: _____ Agent's Name: _____

Business Phone: _____ Policy Number: _____ Policy Type: _____

Address: _____

Please obtain the required insurance and mail an original insurance certificate to: **City of Mitchell, Human Resources, 612 North Main Street, Mitchell, SD 57301.**

AFFIDAVIT OF APPLICANT

ADVANCE CANCELLATION NOTICE REQUIRED: If this event is cancelled, notify the Mitchell Police Division. 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 Mitchell. 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 Mitchell.

Name of Applicant (PRINT): Scott Schmitt Title: Loan Policy Director

[Signature]
(signature of Applicant / sponsoring organization)

Date: 6-13-18

(signature of Professional Event Organizer or Renter of City-owned Facilities)

ACTION OF CITY COUNCIL

The within application for a Street Dance Permit in the City of Mitchell was presented to the City Council on the _____ Day of _____, 20_____.

Motion by the City Council was as follows:

The following permits will be granted by the Department of Public Safety:

____ Parade Permit ____ Noise Permit ____ Consumption Permit ____ Fireworks Permit

Amount of fees to be paid to the City of Mitchell: _____

Dated this _____ Day of _____, 20_____.

Mayor

Attest:

Finance Officer

Date fees paid: _____

Finance Office signature:

FIREWORKS PERMIT APPLICATION

(Needed Prior To Issuing Fireworks Permit)

Name of Applicant _____ Phone # _____
Address _____ City _____ State _____ Zip _____

PERSON(S) ACTUALLY IN CHARGE OF FIRING THE DISPLAY:

Name _____ Address _____ State _____ Zip _____
Name _____ Address _____ State _____ Zip _____

Date of Display _____ Time of Day _____

Length of Display: _____

Exact Location of Display _____

What is width perimeter requirements? _____

A copy of the applicant's insurance certificate must be on file with Human Resources. The insurance certificate must have liability insurance of \$1,000,000 per occurrence and the City of Mitchell listed as additional insured.

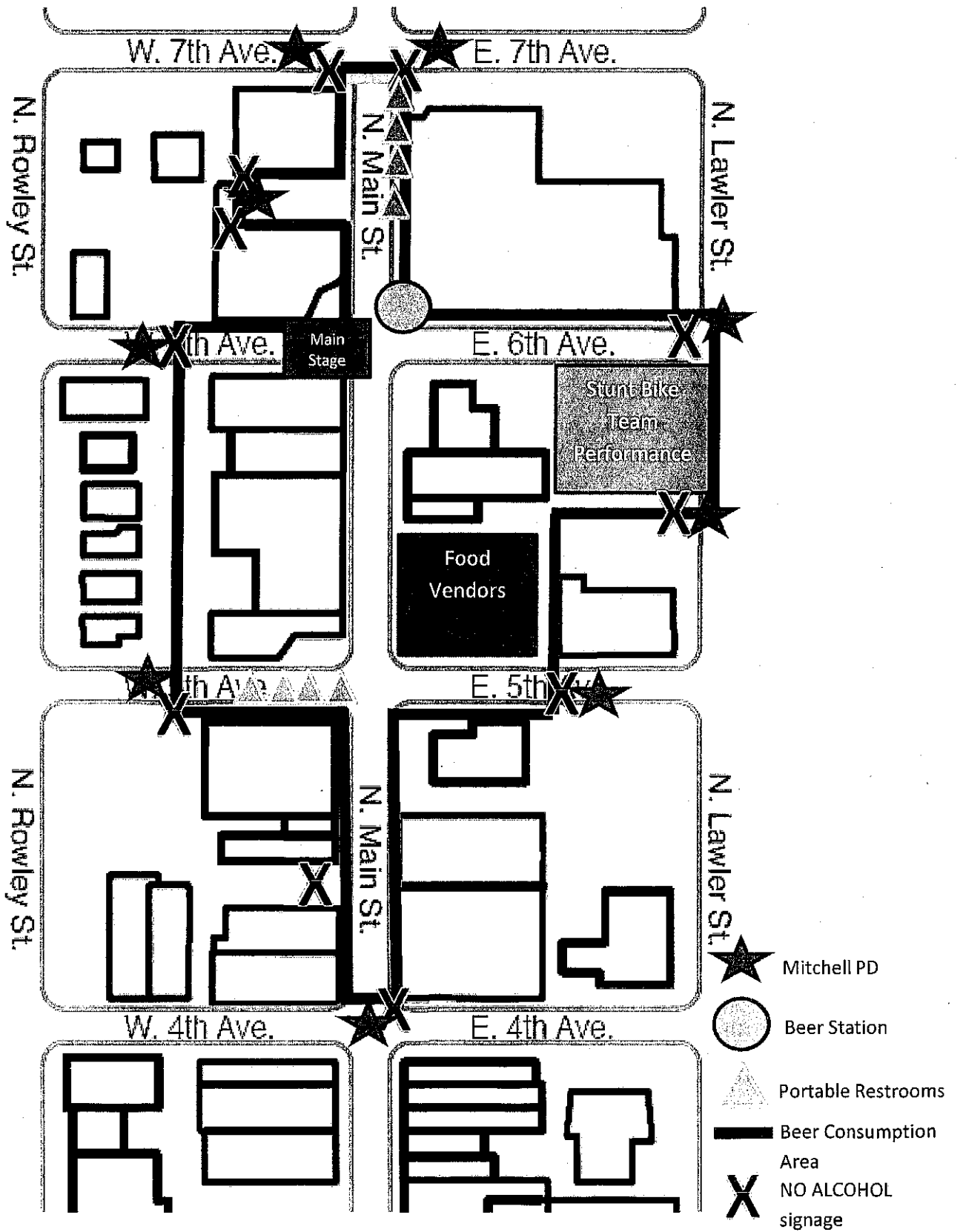
TYPE OF FIREWORKS:

_____ Class B Explosive (Special Fireworks) _____ Class C Common Fireworks

Applicant should be aware that there is a \$30.00 permit fee.

Palace City Pre-Sturgis Event Map

Mitchell, SD



-  Mitchell PD
-  Beer Station
-  Portable Restrooms
-  Beer Consumption Area
-  NO ALCOHOL signage

