

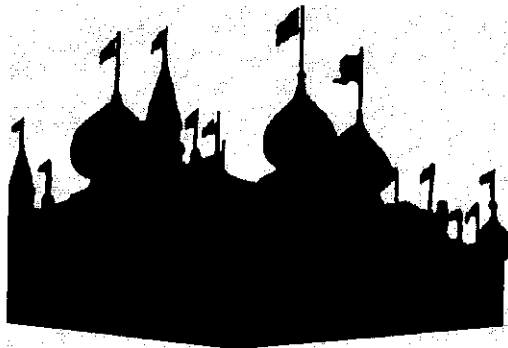
City of Mitchell

Street Dance & Special Event Permit Application

Mitchell Area

Applicant: *Big Friend Little Friend*

Event Date: *May* *23* *2020*
(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) Street Festival

Event Title: Memorial weekend in Mitchell for Big Friend Little Friend.

Event Date(s): 5 23 2010 Total Anticipated Attendance: 2000+
(month, day, year)

(# of Participants 100 # of Spectators 1900)

Actual Event Hours: (from): 8:00 AM PM (to): 10:00 AM / PM
(dances / bands & amplified noise end no later than 12:00 a.m.)

Location / Staging Area: South end of Main Street

Band Name TBA

Set up/assembly/construction Date: May 23rd Start Time: 6:00 AM / PM

Please describe the scope of your setup / assembly work (specific details):
BBQ Team set up Kids games Bann Bag Tournament
Poker Run Car Show Sponsor Displays

Dismantle Date: May 23rd Completion time: 10:00 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:
Main street from 2nd south to the Depot - Railroad street from 1/2 west of Main to Jewler street east of Main Both City parking lots south of 1st street
Alley on west parking lot between main & Rawley street - City lot west of Alley
All closures will be from 6:00 AM - 10:00 PM

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Commercial (for profit)
 Noncommercial (nonprofit)

Sponsoring Organization: ~~Big Friend Little Friend~~ Big Friend Little Friend of the Mitchell Area

Chief Officer of Organization (NAME): Dan Schneider
Mitchell Area

Applicant (NAME): Big Friend Little Friend Business Phone: (605) 292-4444

Address: 104 W 5th Ave. Mitchell SD 57301
(city) (state) (zip code)

Daytime phone: (605) 770-1109 Evening Phone: (605) 770-1109 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: NA

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

Contact person "on site" day of event or facility use Dan Schneider Pager/Cell #: 605 770-1109
(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.

FEEES / 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):
\$ 35.00 for Poker Run
\$ 100.00 for BBQ Teams
\$ 10.00 for BBQ Sample Cup
\$ 40.00 for Bean Bag Teams
\$ 7.00 for event cap for Alcoholic Beverage

**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:

BBQ will begin set up at 6 AM to begin preparing ribs for public sampling at 5 PM in west parking lot. Poker run will assemble on Rail Road Street & Depot parking lot. The run will leave at 1 PM returning approx at 5 PM. Parade route will be east on Rail Road St to Burr St. then turn right on Burr St. going South to Havens Ave. Bikes will then leave town on direction of their choice to the first stop. Bean Bag tournament will begin at 4 PM. Kids pedal pull & Inflatables will begin at 4 PM. Car show will start at 2 PM from 2nd South to the Depot. Music & PA announcements will be set up on a stage from 4-9 PM

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

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

Parade Permit \$250

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:

Event cups for alcoholic beverages
Event cups for BBQ Samples

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: BBQ Contest in West City parking lot

between 1st & Rail Road as well as city lot west of the parking lot - main street may be used Also
If you intend to cook food in the event area, please specify the method to be used:

X GAS X ELECTRIC X 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: 20 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:

Dumpster provided by Meidema Sanitation

➤ Other Related Event Components not covered above.

ADDITIONAL INFORMATION REQUIRED FOR FACILITIES USE

1. Date / Time requested for set up or preparation of facility: May 23rd 2020 5:00 AM
2. Date / Time clean up and restoration of facility will be completed: May 24th 2020 12:00 AM

3. Please indicate city facilities requested for use:

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

4. Please indicate set-up by sponsor:

Please describe preparation or set-up required for your activity in detail: Barricades will be needed from 2nd st. South to the Depot including closing 15th st. Rail Road ~~st.~~ from 1/2 block west of Main to Lawler St. East of Main The Alley adjoining the west parking lot. The City lot west of the west parking lot also.

Alcoholic Consumption permit will be for the same area and posted as needed.

We also request that BBQ Teams can begin set up on Fri evening in west parking lot and allowed to stay until Sun May 24th if needed

SAFETY / SECURITY / ACCESSIBILITY

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

Mitchell Police Dept.

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

All events occur on Main Street which is ADA accessible

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:

City street lights

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

Mitchell EMS

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

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

All downtown business will be notified and radio / newspaper & internet will promote the event

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: TBA

- Will **sound amplification** be used?
If **YES**, please indicate: Start Time: 12:00 AM / **PM** - Finish Time: 10:00 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:

Please approve a noise request from 12:00 PM - 10:00 PM
for this 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: Consumption boundaries & sponsor banners
will be used

PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

NO YES

- Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe: TV - Radio - Internet - Posters - Banners
- Newspapers

- Will there be any live media coverage during your event? If **YES**, please explain: Radio - TV - 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:
Facebook Memorial Weekend in Mitchell
Internet @ www.bigfriendlittlefriend.mitchell.org

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

NAME: Dan Schneider PHONE: 605 770-1109
Jean Haley 605 999-9200

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): Daniel Schneider Title: Community Member



(signature of Applicant / sponsoring organization)

Date: 2-25-2020

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