

# City of Mitchell

## Street Dance & Special Event

### Permit Application

Applicant: Corn Palace – City of Mitchell

Event Date: August 25<sup>th</sup> – 29<sup>th</sup>, 2020  
(month) (days) (year)

**Additional Dates:** NA



### 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: Corn Palace Festival Plaza Stage and Beer Garden

Event Date(s): August 26-30, 2020

**(# of Participants 20 # of Spectators 5000)**

Actual Event Hours: (from): 6-10 pm Tues-Sunday AM / PM (to): 12-7pm Saturday/12-4pm Sunday AM / PM

**(dances / bands & amplified noise end no later than 12:00 a.m.)**

Location / Staging Area: Corn Palace Plaza and adjoining parking lots of Cornpalace and Scoreboard Bar/Grill

Band Name Festival Line-up

Set up/assembly/construction Date: Tuesday August 25th Start

Time: 11:00 AM AM / PM Please describe the scope of

Setup the stage, lighting, sound, beer vendors and any barricades we need for staging our acts. Get campers/Bussing prepared with hospitality area for artists.

Dismantle Date: Monday August 31st Completion time: 5:00 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:

Lawler Street from 5<sup>th</sup> to 7<sup>th</sup> to accommodate concert stage and truck parking of sponsors on the street. 8 am Tuesday, August 25<sup>th</sup>, through 5 pm, Monday, August 31<sup>st</sup>, 2020. To allow for setup and removal of stage and equipment.

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### APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Commercial (for profit)  
 Noncommercial (nonprofit)

Sponsoring Organization: Corn Palace

Chief Officer of Organization (NAME): Doug Greenway

Applicant (NAME): Doug Greenway Business Phone: ( 605 ) 995-8427

Address: 612 North Main Street, Mitchell SD 57301  
(city) (state) (zip code)

Daytime phone: ( 605 ) 770-4723 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: Romeo Entertainment Group, Michelle Romeo (402) 250-5297 and DDM Productions , Rob Uehling – 605310-4435

Address: \_\_\_\_\_  
(city) (state) (zip code)

Contact person "on site" day of event or facility use Doug Greenway Page/Cel #: 605-770-0761  
**(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.



## 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.

\*\*\***PLEASE NOTE:** ONLY alcoholic beverages purchased in a designated Cornstalk 'container' will be allowed in the event area

      Will items or services be sold at the event? If **YES**, please describe:  
Merchandise / food / beer \_\_\_\_\_

      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      X ELECTRIC (Generators) \_\_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: 25 \_\_\_\_\_ 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:

Garbage will be placed in appropriate trash cans by event volunteers during and after each event

➤ Other Related Event Components not covered above.

**ADDITIONAL INFORMATION REQUIRED FOR FACILITIES USE**

1. Date / Time requested for set up or preparation of facility: August 20<sup>th</sup> 2019 11 am

2. Date / Time clean up and restoration of facility will be completed: August 26<sup>th</sup> 5 pm

3. Please indicate city facilities requested for use:

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

4. Please indicate set-up by sponsor:

Have contracted out for stage/sound. Corn Palace Staff

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Please describe preparation or set-up required for your activity in detail: The set up for the talent will be done before hand at the 5<sup>th</sup> and main parking lot .

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## SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both **Crowd Control** and **Internal Security**: MPD, Corn Palace Staff, Search and Rescue Personnel.

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Please describe your Accessibility Plan for access at your event by individuals with disabilities:  
We will adhere to the EAP that is in place for the Horseman's Sports Arena.

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**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:

Using street lights and stage lights.

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

City of Mitchell EMT's

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## PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event:  
This event will be advertised with flyers, on the radio, newspapers, event calendars and on social media.

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## 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: 4
- Type of Music/Entertainers Name: Country/Rock
- Will **sound amplification** be used?  
If **YES**, please indicate: Start Time: dependant on day AM / PM –  
Finish Time: hours of shows specified above AM / PM
- Will **sound checks** be conducted prior to the event?  
If **YES**, please indicate: Start Time: hour before start time AM / PM –  
Finish Time: \_\_\_\_\_ AM / PM
- Please describe the sound equipment that will be used for your event:
- Sound System will vary depending on the performer.
- \_\_\_\_\_
- 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: On Stage and in perimeter areas of concert venue
- \_\_\_\_\_

## PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

- NO**      **YES**
- Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe: Newspaper, radio, event calendars, flyers, poster and social media
- Will there be any live media coverage during your event? If **YES**, please explain: Local paper and radio
- \_\_\_\_\_
- 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.cornpalace.com](http://www.cornpalace.com)

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

NAME: Doug Greenway      PHONE: 605-770-0761

## 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: 604 N Main Street Mitchell SD 57301  
(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): Doug Greenway Title: Corn Palace Director

\_\_\_\_\_  
(signature of Applicant / sponsoring organization) Date: \_\_\_\_\_  
(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.