

# City of Mitchell

## Street Dance & Special Event Permit Application

Applicant: \_\_\_\_\_

Event Date: \_\_\_\_\_

(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: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Total Anticipated Attendance: \_\_\_\_\_  
(month, day, year)

(# of Participants \_\_\_\_\_ # of Spectators \_\_\_\_\_)

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

Location / Staging Area: \_\_\_\_\_

Band Name \_\_\_\_\_

Set up/assembly/construction Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ AM / PM

Please describe the scope of your setup / assembly work (specific details):

\_\_\_\_\_  
\_\_\_\_\_

Dismantle Date: \_\_\_\_\_ 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT AND SPONSORING ORGANIZATION INFORMATION**

Commercial (for profit)  
 Noncommercial (nonprofit)

Sponsoring Organization: \_\_\_\_\_

Chief Officer of Organization (NAME): \_\_\_\_\_

Applicant (NAME): \_\_\_\_\_ Business Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ (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 \_\_\_\_\_ Pager/Cell #: \_\_\_\_\_

**(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**



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:

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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: \_\_\_\_\_

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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: \_\_\_\_\_ 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:

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➤ Other Related Event Components not covered above.

## ADDITIONAL INFORMATION REQUIRED FOR FACILITIES USE

1. Date / Time requested for set up or preparation of facility: \_\_\_\_\_

2. Date / Time clean up and restoration of facility will be completed: \_\_\_\_\_

3. Please indicate city facilities requested for use:

	NO	YES		NO	YES	
	<input type="checkbox"/>	<input type="checkbox"/>	Bleachers (No. Needed _____) \$35 per day per bleacher	<input type="checkbox"/>		
	<input 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 type="checkbox"/>	<input type="checkbox"/>	Main Street	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot
<input type="checkbox"/> day	<input type="checkbox"/>	<input type="checkbox"/>	Traffic cones. (No. Needed _____) \$25.00 per day	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Tables \$ 0.25 per
			Barricades - \$3.00 per day			Signs - \$2.00 per day (one needed for each lane of traffic)
	<input type="checkbox"/>	<input type="checkbox"/>	Portable Sign Posts - \$1.00 per day			

4. Please indicate set-up by sponsor:

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

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## SAFETY / SECURITY / ACCESSIBILITY

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

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

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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:

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

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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:

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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: \_\_\_\_\_ Number of Bands: \_\_\_\_\_

Type of Music/Entertainers Name: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

## PROMOTION / ADVERTISING / MARKETING / INTERNET INFORMATION

NO

YES

Will this event be promoted, advertised or marketed in any manner? If **YES**, please describe: \_\_\_\_\_

\_\_\_\_\_

Will there be any live media coverage during your event? If **YES**, please explain: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## 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): \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
(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.