

## City of Rapid City, South Dakota **2020 Special Event Application**

For Office Use Only

☐ Shelter Reservation

Detailed Description

Application

TH DAK		☐ Site Map
		Route/Traffic Safety Plan
Event Name:		Certificate Of Insurance
Name of Organization:		☐ Payment
Applicant Name:		Date Received
Mailing Address:		Submitted to Calendar
City/State/Zip:		Routed for Approval
Email:		Emailed Response
Org. Phone:		Completed By
On-Site Contact Person:	Estimated Attendance:	
On Site Cell Phone:	This Event is	DL1: -
Event Proceeds go to	Open to the Ticketed Ad	
Will there be a participation fee? Yes No	Private Even	t
Do you want this event included on the City's Special Event C	Calendar? Yes No	
EVENT DESCRIPTION Please attach a separate paper describing your event Event Application on Page 2 of the Handbook. A separate paper describing your event Event Application on Page 2 of the Handbook. A separate paper described a Traffic Safety Plan as des	arate, detailed site plan of the event site scribed in the Handbook.	e must also be submitted.
Start Time:	_ End Time:	
Event Location/Address:	_ Event Website if applicable:	
Setup date: Setup Time: _	Cleanup Time:	
Date/time street closure start:	Date/time street closure end:	
INDEMNIFICATION In consideration of approval to conduct this activity, the appli		ra in aid out to on in commention

with the permitted activity. Any property damage or bodily injury arising out of or in connectiom with the permitted activity shall be the sole responsibility of the applicant/organization. Applicant/Organization agrees to and shall indemnify, defend and hold the City harmless from and against all losses, liabilities, damages, costs, expenses including litigation costs and reasonable attorney's fees, judgments or settlements whatsoever incurred by the City resulting from any claim, demand, action, cause of action or suit arising from or relating to the negligent or intentional acts or omissions of applicant/organization's officers, volunteers, employees, vendors, agents, contractors, subcontractors and others acting on behalf of applicant/organization.

Date:	Name of Applicant:		
	11	Please Print	Signature