

DELL RAPIDS

SOUTH DAKOTA

APPLICATION FOR OUTDOOR DANCE, CONCERT, OR OTHER EVENT

Applicant's Name _____

Street Address _____

Mailing Address (if different) _____

If applicant is a corporation, partnership, or non-corporate organization or joint-venture; names of officers and directors, partners, or three (3) other primary responsible persons, whichever is applicable, and street and mailing addresses.

Name

Street Address

Mailing Address

<u>Name</u>	<u>Street Address</u>	<u>Mailing Address</u>

Type of Event _____ Date of Event _____

Beginning Time of Event _____ Ending Time _____

Location of event, including street address – if any – and boundaries. (Provide map if necessary.)

Describe perimeter construction (fencing, etc.) _____

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Type of Entertainment (including name of band or performer) _____

Projected Number of People Who will Attend _____

Will Alcoholic Beverages be Sold, Served, or Consumed at the event? _____

If Yes, Will Underage Persons be Allowed to Attend? _____

If Yes, Describe the method to be used to separate minors from the alcoholic beverages.

Number of Security Staff _____

Level/Type of Training _____

Describe Uniforms or Means of Identifying Security Personnel _____

Will the security personnel be prohibited from drinking alcohol? _____

Describe Restroom Facilities (number and type) _____

Describe Trash Receptacles (number and type) _____

Describe the Plan for Parking and Traffic Flow _____

Describe Plan for Clean-Up Following the Event

Date of Clean-Up _____ Number of People in Crew _____

Method of Clean-Up _____

Signed:

Applicant

Date

City Use Only

Approved by the Governing Body of the City of Dell Rapids, South Dakota

On this _____ day of _____, 20_____

By _____
It's Mayor

ATTEST:

By _____
Municipal Finance Officer