

# Special Event Handbook

How To Plan an Event in Lead, SoDak



801 W Main Street  
Lead, SD 57754  
(605) 584-1401

[www.cityoflead.com](http://www.cityoflead.com)

Updated: 9/19/2024

Welcome to the beautiful Black Hills and Lead, South Dakota! Thank you for holding your event in our neck of the woods. We look forward to collaborating with you to help ensure the safety and success of your event.

*Note: This application is not required for the purpose of renting the Manuel Brother's Park Shelter.*

Please complete the following steps:

**Step 1:** Complete the following application with supporting documents and the required pertinent City forms **at least 45 days prior to your event. This timeframe is recommended to allow for the approval process; applications not submitted within the recommended timeframe may not be approved.**

*Applications can be submitted to City Hall Attn: Jett or emailed to [jetttr@cityoflead.com](mailto:jetttr@cityoflead.com)*

**Step 2:** Confirm approval of your event from the City of Lead and receive your event permit.

**Step 3:** Complete planning stages to have the best event possible.

**Step 4:** Before submitting your application, make sure you have considered the following, and if necessary, submit these items with the completed application:

- Event Site Plan, detailed description on additional pages, and route map of race, walk, etc
- Parking Plan/Traffic Control Plan Signage
- Mitigation Plan for Emergency Situation
- Vendors/Sales Tax/Food Requirements
- ADA Accessibility, staffing and volunteers
- Certificate of Insurance
- Alcohol Licensing Permits

**City Forms:**

- Special Sound Permit
- Special Permit for Possession of Open Container (\$5 fee)
- Manuel Brother's Park Shelter Rental Agreement (\$10 fee)
- Permit for Special Malt Beverage Retailer's License (\$5 fee)
- Peddler or Transient Vendor License Application (\$35 fee for 30 days)

**Step 5:** Confirm your event has been approved.

**Step 6:** Checklist before your event, the following list is not required but suggested to ensure the most successful event possible:

- Prepped your staff and/or volunteers who will be working the event
- Verified parking requirements
- Advertised any event updates to your attendees
- Shared the license application requirements with any vendors
- Planned for clean-up of the event site
- Continue coordination with the City of Lead on any event updates or changes.

Relevant Agencies Contact Information:

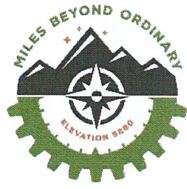
|                                 |   |                |
|---------------------------------|---|----------------|
| SD Department of Health         | <a href="https://doh.sd.gov">https://doh.sd.gov</a> | (605) 773-4945 |
| SD Department of Revenue        | <a href="https://dor.sd.gov">https://dor.sd.gov</a> | (605) 394-2332 |
| SD Department of Transportation | <a href="https://dot.sd.gov">https://dot.sd.gov</a> | (605) 773-3265 |

Additional information with a description of the event purpose, location and route is required as an additional document. This includes a detailed site map. Google Maps is an excellent starting point to successfully create a map for your event. The map should include, but is not limited to:

- Map of staging area for parades etc
- Route map for parades etc
- Street closures
- Barricade placements
- Parking and Shuttle zones
- ADA compliance
- Volunteer stations
- Retail, food, and beverage vendor locations
- First aid and ambulance locations
- Inflatable locations
- Tent locations, entrances, exits etc
- Emergency Plans

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# City of Lead Event Application

Complete the following application, with supporting documents and the required relating City forms **at least 45 days prior to your event.**

## Event Information:

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Event Name

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Name and address of Organization and Individual Requesting the Event Authorization

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Event Location

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Event Date(s)

Event Time(s)

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Event Start Time

Set up Date and Time

Tear Down Date and Time

Expected Daily Attendance at Event? \_\_\_\_\_ New event? Yes No Annual event, number of years? \_\_\_\_\_

Admission Charged: \$ \_\_\_\_\_ Who will receive proceeds: \_\_\_\_\_

Is your organization a "Tax Exempt, nonprofit organization"? Yes No If yes, you must attach a copy of your IRS 501C Tax Exemption Letter to this application.

Are you requesting the vendor permit fee to be waived? Yes No

Will Minors be Present? \_\_\_\_\_ Person Responsible for Minors: \_\_\_\_\_

Will animals be Included? \_\_\_\_\_

Will Food, Concessions or Food Trucks be present? \_\_\_\_\_ (If so, describe in plan below)

**ATTACH A DETAILED DESCRIPTION OF THE EVENT PURPOSE,  
LOCATION AND ROUTE WITH A MAP AS AN ADDITIONAL  
DOCUMENT TO THIS APPLICATION**

**Information About You and Your Organization:**

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Event Liaison

Position within Organization

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Address

City

State

Zip

---

Phone # before event

Phone # day of the event

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Email Address

A Certificate of Liability Insurance (COL) is required for *ALL* special events.  
See the insurance section for details.

**Please check all that apply to your event:**

☐

Private Event

☐

Public Event

☐

Park Area Requested

☐

Park Shelter (must be rented, see shelter rental agreement)

☐

Band Shell

☐

Parade (Approval required)

☐

Procession or race

☐

Demonstration/Assembly

☐

Temporary Street Closure

**Court Reservation Requested:**

☐

Pickleball Courts

☐

Volleyball Courts

☐

Basketball Courts

☐

Horseshoe Pits

☐

Skatepark

**Route required, list streets, blocks or other public areas requested:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Alcohol:**

☐ Alcohol provided (not for sale): Permit required (see Special Permit for Possession of Open Container)

☐ Alcohol for sale: License required (see Permit for Special Malt Beverage Retailers License)

Name of Provider selling alcohol: \_\_\_\_\_

**Please check all items you are requesting for the event:**

☐ City staff, police, or EM personnel ☐ Traffic cones (number) \_\_\_\_\_

☐ City Tent ☐ Water

☐ Other (specify) \_\_\_\_\_ ☐ Electricity

**Sound and Noise:**

Yes No Are there any **musical entertainment** features related to your event?

Number of stages: \_\_\_\_\_ Number of bands: \_\_\_\_\_

Type of music: \_\_\_\_\_

Yes No Will sound **amplification** be used?

Start time: \_\_\_\_\_ Am/Pm Finish time: \_\_\_\_\_ Am/Pm

Yes No Will **sound check** be conducted prior to the event?

Start time: \_\_\_\_\_ Am/Pm Finish time: \_\_\_\_\_ Am/Pm

Please describe the sound equipment that will be used for your event: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yes No Will any fireworks, rockets or other pyrotechnics be used? If **yes**, please attach a copy of your permit (issued by the Lead Volunteer Fire Department) to this application.

Yes No Are any signs, banners, decorations, or special lighting be used? If **yes**, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Promotion, Advertising, Marketing, and Internet Information:**

Yes No Will this event be promoted, advertised, or marketed in any manner?  
Method of advertising: \_\_\_\_\_  
\_\_\_\_\_

Yes No Will there be any live media coverage during your event?  
Media coverage: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Name Phone

**Clean-Up and ADA Compliance:**

Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility:

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

**REQUIRED:** It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event. Please describe your Accessibility Plan for access at your event by individuals with disabilities:

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

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Other related event components not covered above: \_\_\_\_\_

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**Insurance (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 commercial general liability insurance that names, "The City of Lead, its officers, employees and agents" as an additional insured. The minimum coverage required is Occurrence-based general liability insurance or an equivalent form with a limit of not less than \$1,000,000 per occurrence. Insurance coverage must be maintained for the duration of the event.

The following link can be used to obtain insurance and is designed for organizations who do not carry liability coverage.

<https://app.gatherguard.com/>

Please submit an original insurance certificate with this application.

**Affidavit of Applicant:**

**Advance Cancellation Notice Required:** If this event is cancelled, notify the City of Lead as soon as possible. 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 Lead. 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 Lead.

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Name of Applicant

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Title

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Signature of Applicant/Sponsoring Organization

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Date

#### **Hold Harmless and Indemnification Agreement:**

Applicant agrees to indemnify and hold the City of Lead and its officers, agents, and employees harmless from any, and all liability, damages, actions, claims, demands, expenses, judgements, fees, and costs of whatever kind of character, arising from, by reason of, or in connection with this special event. It is the intention of the parties that the City of Lead and its officers, agents, and employees shall not be liable or in any way responsible for injury, damage, liability, loss or expenses resulting to the user or others due to accidents, mishaps, misconduct, negligence, or injuries, either in person or property.

Applicant expressly assumes full responsibility for any, and all damages or injuries which may result to any person or property by reason of, or in connection with the special event and agrees to pay the City of Lead for all damages caused to the facilities resulting from the special event.

The Applicant shall maintain occurrence-based commercial general liability insurance and shall provide the City of Lead with properly executed Certificates of Insurance.

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Name of Applicant

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Title

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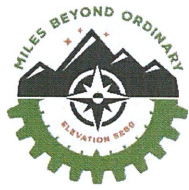
Signature of Applicant/Sponsoring Organization

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Date

Reminder to submit this application, with supporting documents and the required relating City forms **at least 45 days prior to your event.**





# City of Lead Event Application

----- FOR CITY USE ONLY -----

Date Received: \_\_\_\_\_

Date Reviewed by Event Committee: \_\_\_\_\_

Recommendations:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Approved

☐ Denied

City Staff Signature: \_\_\_\_\_

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

**City of Lead**  
**Manuel Brothers Park Shelter**  
**Rental Agreement**

It is hereby agreed that the City of Lead agrees to rent the Manuel Brothers Picnic Shelter to the following:

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

For the following fee: \$10.00

It is further agreed that the renting party shall assume all responsibility for any injury or damage to person(s) or property at the Manuel Brothers Picnic Shelter during the above-mentioned rental period. One of the considerations for this rental agreement is the renting party shall absolve indemnify and hold harmless from all injury and damage to the City of Lead during the time the renting party uses the Manuel Brothers Picnic Shelter.

Applicant's Signature: \_\_\_\_\_

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



**SPECIAL PERMIT FOR POSSESSION OF OPEN CONTAINER  
IN A DESIGNATED AREA IN THE CITY OF LEAD**

The purpose of this permit is to allow the applicant and or the organization listed on this permit to have possession of an open container in a public area that is designated within the City of Lead, South Dakota. It shall be agreed by the applicant and or the organization listed on this permit that a fee of \$5.00 shall be paid in advance to the City of Lead Finance Department. It shall also be agreed to by the applicant and or members of the organization that the permit is ONLY in effect for the date (s) and time (s) approved by the City of Lead.

Name of Applicant/Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Requested Date for Permit \_\_\_\_\_

Start Time \_\_\_\_\_ AM/PM                      End Time \_\_\_\_\_ AM/PM

Approximate Number of People Attending \_\_\_\_\_

Designated Area Requested \_\_\_\_\_

Reason for Permit \_\_\_\_\_

I agree to the condition of the permit and agree to be responsible for any condition that would be violated in the permit by me or any members of the organization.

Applicant Signature                      Date  
\_\_\_\_\_

City of Lead Signature                      Date  
\_\_\_\_\_

Date Approved  
\_\_\_\_\_

CITY OF LEAD

801 W. Main St, Lead, SD 57754 \* Phone (605)584-1401 \* Fax (605)584-1407



## Permit for a Special Malt Beverage Retailers License in the City of Lead

The purpose of this permit is to allow the applicant and the organization listed on this permit to have possession of a Special Malt Beverage Retailers License that is designated within the City of Lead, located in the County of Lawrence, State of South Dakota. It shall be agreed by the applicant and organization listed on this permit that a fee of \$5.00 payable to the City of Lead, be paid in advance with the Lead Finance Office. It shall also be agreed to by the applicant and members of the organization that the permit is ONLY in effect for the date and time approved by the City Administrator.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Date Requested: \_\_\_\_\_

Location Requested: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Approximate Number of People Attending: \_\_\_\_\_

Reason for Permit: \_\_\_\_\_

I, the undersigned, do hereby agree to the conditions of the permit and do agree to be responsible for any condition that would be violated in the permit by myself or any members of the organization that would also be in violation of the conditions of the permit.

Applicant's Signature: \_\_\_\_\_

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

City Administrator: \_\_\_\_\_

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

Chief of Police: \_\_\_\_\_

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



**LEAD**  
CITY OF LEAD



## Special Permit for Outdoor Sound Amplification

### After 10pm in the City of Lead

The purpose of this permit is to allow the applicant, or the organization listed on this permit to use sound amplification equipment between the hours of 10pm and 10am in an area that is designated within the City of Lead, located within the County of Lawrence, State of South Dakota. It shall be agreed by the applicant or organization listed on this permit that a fee of \$5, payable to the City of Lead, be paid in advance at the Lead City Finance Office. It shall also be agreed to by the applicant or organization, that the permit is ONLY in effect for the date and set time approved by the Honorable Board of Commissioners and the Chief of Police.

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address Permit to be Used: \_\_\_\_\_

Date Permit Requested: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

I, the undersigned, do hereby agree to the conditions of the permit and do agree to be responsible for any condition that would be violated in the permit by myself or any members of the organization and understand that the permit may be revoked by the Lead City Police Department at any time during the event, providing that the Lead City Police Department has just cause to revoke said permit.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Police Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF LEAD, SOUTH DAKOTA**  
**PEDDLER OR TRANSIENT VENDOR LICENSE APPLICATION**

Applicant's Name: \_\_\_\_\_  
Applicants Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Business Name: \_\_\_\_\_  
Business's Permanent Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
South Dakota Sales Tax Number: \_\_\_\_\_  
Federal Tax ID Number: \_\_\_\_\_

Requested Permit Dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
Types of Goods, Merchandise, Services: \_\_\_\_\_  
List Last (5) Communities Where You Have Worked:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ |          |

**Waiver of Hours Request**

This Permit allows you to transact business between the hours of 8:00 AM and 8:00 PM. If you wish to conduct business outside of these hours please complete the following:

Requested Beginning Hours: \_\_\_\_\_  
Requested Ending Hours: \_\_\_\_\_  
City Official Waiver Authorization: \_\_\_\_\_

This permit is valid for thirty (30) days from issuance. This permit must be kept with the authorized person or at the place of business and must be shown when requested. The failure to do so shall be deemed a misdemeanor.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

