SPECIAL EVENT APPLICATION

Rapid City Police Department

Traffic Section
300 Kansas City Street
Rapid City SD 57701
Phone: 605-394-4130



| NAME OF EVENT: | |
|--|----|
| | |
| EVENT DATE/TIME: | ** |
| SPONSOR ORGANIZATION: | |
| CONTACT PERSON: | |
| ADDRESS: | |
| HOME PHONE: | |
| WORK PHONE: | |
| EMAIL ADDRESS: | w |
| PURPOSE OF EVENT: | |
| ASSEMBLY AREA: | |
| ASSEMBLY TIME: | |
| | |
| Map Attached? YES NO | |
| Alternate Routes Available: YES NO | |
| REQUESTING ANY CITY RESOURCES? (If so, explain need) | |
| FIRE DEPARTMENT: Contact: 10 Main Street 394-4180 | |
| STREET DEPARTMENT: Contact: 605 Steele Street 394-4152 | |
| PARKS DEPARTMENT: Contact: 125 Waterloo Street 394-5225 | |

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| Does event require special parking accommodations? | YES | NO | |
|--|---------------------------------|--------------------------------|--------|
| Will businesses be affected by street closures? | YES | NO | |
| Have affected businesses been notified? | YES | NO | |
| Will event require clearing of streets? (Towing of cars) | YES | NO | |
| Does event include placement of temporary structures? Copy of 11-6-19 Review Attached? YES NO | YES | NO | |
| Does event plan on serving alcohol? | YES | NO | " |
| Do you anticipate any security needs? | YES | NO | |
| Does your event require closing or blocking of any State Highway? Any application for an event which requires the clostate permit, prior to submittal of the event permit. Copy of State Permit Attached? YES NO | YES osing of any State highw | NO vay, must have a corresp | onding |
| How may floats do you anticipate in your parade? If your parade has over 70 floats, City Ordinance requires C | | | |
| OFFICE USE | ONL1 | | |
| COUNCIL APPROVAL REQUIRED: YES | NO | | |
| POLICE DEPARTMENT REVIEWED BY: | DATE: | | |
| SENT TO LEGAL/FINANCE: | L/F MEETING DATE: | | |
| COUNCIL MEETING DATE: | | | |
| COUNCIL APPROVED: YES NO | Da | ATE: | |