SPECIAL EVENT APPLICATION

Rapid City Police Department

Traffic Section
300 Kansas City Street
Rapid City SD 57701
Phone: 605-394-4130
Fax: 605-394-6854

NAME OF EVENT: STURGIS BIKE RALLY / MOTORCYCLE PARKING

EVENT DATE/TIME: 8/8/2010 — 8/15/2010   ALL DAY & NIGHT

SPONSOR ORGANIZATION: THE ALEX JOHNSON HOTEL

CONTACT PERSON: SAM CANNON GENERAL MANAGER

ADDRESS: 523 6th STREET RAPID CITY, SD 57701

HOME PHONE: (605) 877-4904

WORK PHONE: (605) 342-1210

EMAIL ADDRESS: generalmanager@alexjohnson.com

PURPOSE OF EVENT: STURGIS MOTORCYCLE RALLY PARKING

ASSEMBLY AREA:

ASSEMBLY TIME:

ROUTE AREA: (List all streets and areas route is expected to cover)

6th STREET LOADING ZONE FOR ALEX JOHNSON HOTEL

Map Attached?   YES   NO

Alternate Routes Available: YES   NO

REQUESTING ANY CITY RESOURCES?
(If so, explain need)

FIRE DEPARTMENT:
10 Main Street 394-4180   Contact: _____

STREET DEPARTMENT:
605 Steele Street 394-4152   Contact: _____

PARKS DEPARTMENT:
125 Waterloo Street 394-5225   Contact: _____

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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?   YES   (NO)

Any application for an event which requires the closing of any State highway, must have a corresponding state permit, prior to submittal of the event permit.
Copy of State Permit Attached?   YES   NO

How may floats do you anticipate in your parade?   N/A
If your parade has over 70 floats, City Ordinance requires Council Approval.

_____ **OFFICE USE ONLY** _____

COUNCIL APPROVAL REQUIRED: (YES)   NO

POLICE DEPARTMENT REVIEWED BY: _____ DATE: 7-13-010

SENT TO LEGAL/FINANCE: _____ L/F MEETING DATE:_____

COUNCIL MEETING DATE: _____

COUNCIL APPROVED: YES   NO   DATE:_____