

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: February Freeze 5K Fun Run/Walk
EVENT DATE/TIME: 02/13/2011

SPONSOR ORGANIZATION: Cardiac Services, Rapid City Regional Hospital
CONTACT PERSON: Amy Fahy
ADDRESS: 353 Fairmont Blvd., Rapid City SD 57201
~~HOME PHONE:~~
WORK PHONE: 719-8045 719-8208
EMAIL ADDRESS: afahy@regionalhealth.com

PURPOSE OF EVENT: Raise awareness of National Cardiac Rehab Week.

ASSEMBLY AREA: Rapid City Regional Hospital East and West Auditorium.
ASSEMBLY TIME: 11:30

ROUTE AREA: (List all streets and areas route is expected to cover)
The race/walk will begin on 5th Street next to the hospital. The participants will go south on 5th Street to the intersection of Enchantment Pine's Road where they will turn around and return to the hospital by the same route. In 2010 approximately 500 people participated. If possible one lane of north bound traffic to be blocked with cones. Assistance with the traffic at Minnesota would be appreciated.
Map Attached? YES NO
Alternate Routes Available: YES NO
Thank you.

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

FIRE DEPARTMENT:
10 Main Street 394-4180

Contact: _____

STREET DEPARTMENT:
603 Steele Street 394-4152

Contact: Police Department

PARKS DEPARTMENT:
125 Waterloo Street 394-3225

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? NA ~~YES~~ ~~NO~~

Will event require clearing of streets? (Towing of cars) YES NO

Does event include placement of temporary structures? YES NO
Copy of 11-6-19 Review Attached? YES NO Cones to block one here.

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~~ NA

How many floats do you anticipate in your parade? NA
 If your parade has over 70 floats, City Ordinance requires Council Approval.

OFFICE USE ONLY

COUNCIL APPROVAL REQUIRED: YES NO

POLICE DEPARTMENT REVIEWED BY: [Signature] 376 DATE: 12-8-10

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

COUNCIL MEETING DATE: _____

COUNCIL APPROVED: YES NO DATE: _____