

SPECIAL EVENT APPLICATION

Rapid City Police Department



Rapid City Police Department
300 Kansas City Street, Ste. 200
Rapid City SD 57701
Phone: 605-394-4130
Fax: 605-394-6854

NAME OF EVENT: Ketel Thorstenson Blood Drive

EVENT DATE/TIME: Tuesday, September 18 1:30-4:30

SPONSOR ORGANIZATION: United Blood Services
CONTACT PERSON: Jessica Mertz
ADDRESS: 2209 W. Omaha Street, Rapid City, SD 57702
HOME PHONE:
WORK PHONE: 605-342-8585
EMAIL ADDRESS: jmertz@bloodsystems.org

PURPOSE OF EVENT:
Blood Drive

ASSEMBLY AREA:

ASSEMBLY TIME:

ROUTE AREA: (List all streets and areas route is expected to cover)
Park bus in front of Ketel Thorstenson on Quincy Street.

Map Attached? YES NO
Alternate Routes Available: YES NO

REQUESTING ANY CITY RESOURCES?
(If so, explanation needed)

FIRE DEPARTMENT: 10 Main Street: 394-4180	Person Contacted:
STREET DEPARTMENT: 605 Steele Street: 394-4152	Person Contacted:
PARKS DEPARTMENT: 125 Waterloo Street: 394-5225	Person Contacted:

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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 the event plan to serve alcoholic beverages? 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 many floats do you anticipate in your parade?
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]* DATE: 9-7-12

SENT TO LEGAL/FINANCE: 9-10-12 L/F MEETING DATE: _____

COUNCIL MEETING DATE: _____

COUNCIL APPROVED: YES NO DATE: _____