



RAPID CITY POLICE DEPARTMENT

Steve Allender, Chief of Police

SPECIAL EVENT APPLICATION

SECTION A.

(Type or print legibly)

Date of application: 7/29/13	Contact phone #: 617-504-5733	Organization: Murphy's	Applicant's name: Anthony DeMarco
Event name: Rally Parking		Date of event: Aug 2nd - Aug 11th	
Purpose of event: To help stave the decrease in business we see during the Rally. This worked last year for sure			
Location of event: The five spots connected with the murphys building + parking			
Map attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Alternate routes available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact email address: Tony - demarco@yahoo.com	
Exact location of formation area: C	Approximate Formation Time: 11/12	Event Start Time: 11/12	Total number of participants in event: N/A
Do you anticipate any security needs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does the event plan to serve alcoholic beverages? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is this a parade? (If yes skip to section B) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

SECTION B. (PARADES ONLY)

Will businesses be affected by street closures? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have affected businesses been notified? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No By whom:	Will event require clearing of streets? (Towing Cars) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	How many floats do you anticipate in your parade? (Note: Over 70 floats requires City Council Approval)
Does your parade require closing or blocking a State Highway? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If yes, you must have a corresponding state permit prior to submitting an event permit. Copy of state permit attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Event route (list all streets and areas route is expected to cover):			

SECTION C.

Will you require any City Resources? <input type="checkbox"/> Yes (if yes please list) <input checked="" type="checkbox"/> No	FIRE DEPARTMENT:	STREET DEPARTMENT:	PARKS DEPARTMENT:
	10 Main Street: 394-4180	605 Steele Street: 394-4152	125 Waterloo Street: 394-5225
	Person Contacted:	Person Contacted:	Person Contacted:

OFFICE USE ONLY

Council Approval Required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Post Orders: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Police Department Reviewed: By: <i>[Signature]</i> Date: 7/30/13	Sent to Legal/Finance: Date:	Legal/Finance meeting: Date:	Council Meeting Date: Date:	Council Approved: Date:
---	---	--	---------------------------------	---------------------------------	--------------------------------	----------------------------

[Signature]
7/29/13