



RAPID CITY POLICE DEPARTMENT

Steve Allender, Chief of Police

SPECIAL EVENT APPLICATION

SECTION A.

(Type or print legibly)

Date of application: 10/01/13	Contact phone #: 381-4204/348-1930	Organization: FESTIVAL OF LIGHTS	Applicant's name: CONNIE OLSON
Event name: FESTIVAL OF LIGHTS		Date of event: 11/30/13	
Purpose of event: ANNUAL HOLIDAY PARADE, ALL ARRANGEMENTS AND PLANNING SAME AS PRIOR YEAR			
Location of event : DOWNTOWN RC-E BLVD/MAIN PROCEEDING WEST ON MAIN TO 7TH STREET TURN SOUTH THEN EAST ON ST JOE TO E BLVD			
Map attached: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Alternate routes available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact email address: tcolson@rap.midco.net/nano@caseypeterson.com	
Exacted location of formation area: SDSM&T	Approximate Formation Time: 2-8PM	Event Start Time: 6:00 pm	Total number of participants in event: 100
Do you anticipate any security needs? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION B. (PARADES ONLY)

Will businesses be affected by street closures? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Have affected businesses been notified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No By whom:	Will event require clearing of streets? (Towing Cars) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	How many floats do you anticipate in your parade? (Note: Over 70 floats requires City Council Approval) 70-80
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 type="checkbox"/> No			
Event route (list all streets and areas route is expected to cover):			

SECTION C.

Will you require any City Resources? <input checked="" type="checkbox"/> Yes (if yes please list) <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Police Department Reviewed: By: <i>[Signature]</i> Date: 10/2/13	Sent to Legal/Finance: Date: 10-2-13	Legal/Finance meeting: Date: 10-16-13	Council Meeting Date: Date: 10-21-13	Council Approved: Date:
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