

**RAPID CITY POLICE DEPARTMENT  
MEMORANDUM**

DATE: June 22, 2011  
MEMO TO: City Council  
FROM: Chief Steve Allender  
SUBJECT: Event Permit / Discharge of Firearms in the City Limits

The attached event permit from Cowboy Fast Draw of the Black Hills is for an old west style shooting demonstration to be held at Cabela's in Rapid City on July 16<sup>th</sup>. The city has approved this event in the past. The event participants will be firing "blank" cartridges but they still qualify as a firearm under city ordinance due to the discharge of powder and other wadding from the barrel of the gun.

In order to approve this event, the council must either declare the event a "shooting Gallery" or otherwise "specifically authorize" the shooting of firearms in the city for this event under Rapid City Ordinance 9.28.050. The ordinance reads:

9.28.050 Discharging Firearms

It is unlawful for any person to discharge or shoot off any gun, pistol, rifle, air gun, carbon-dioxide gun or any other firearm, or use for any purpose any such device for throwing or forcing through the air missiles or projectiles of any character whatever, within the limits of the city or in any public park belonging to the city. This section shall not apply to any duly authorized shooting gallery in the city, or to sheriffs or their deputies, or police officers of the city while engaged in the lawful conduct of their duties, or to any citizen discharging of firearm when lawfully defending his or her person or property, or at a time, at a place, or in a manner specifically approved by the City Council. This section shall not apply in the general agricultural zoning district, so long as the discharge is for the purpose of preventing depredation in accordance with state laws and regulations regarding depredation.

I have reviewed the event plan, and have spoken to the event organizer in the past and believe they have taken proper steps to ensure safety during this event. Further, I believe the shooters in this event are shooting at targets and not other people.

The event organizer Mr. Don Valle will be present and able to answer any questions at the upcoming Legal and Finance as well as the council meeting.

I recommend approval of this event permit to allow the quick-draw shooting demonstration to take place. If you have any questions, please let me know.

# 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: *Cowboy Fast Draw*

EVENT DATE/TIME: *7-16-11 9:4<sup>PM</sup>*      *7-17-11 9-3*

SPONSOR ORGANIZATION: *Cowboy Fast Draw* ~~Team~~ *of the BLACK HITS*  
CONTACT PERSON: *Don Jallu*  
ADDRESS: *24954 Squaw Cr RD Hermosa SD*  
HOME PHONE: *605-255-4509*  
WORK PHONE: *605 484 9096*  
EMAIL ADDRESS: *Cdranch@peoplepc.com*

PURPOSE OF EVENT: *Demo on Fast Draw*

ASSEMBLY AREA: *Cabela's Parking lot*  
ASSEMBLY TIME:

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

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: \_\_\_\_\_

# SPECIAL EVENT APPLICATION

Rapid City Police Department

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?

YES

NO

Copy of 11-6-19 Review Attached? 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 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: \_\_\_\_\_

DATE: \_\_\_\_\_

SENT TO LEGAL/FINANCE: \_\_\_\_\_

L/F MEETING DATE: \_\_\_\_\_

COUNCIL MEETING DATE: \_\_\_\_\_

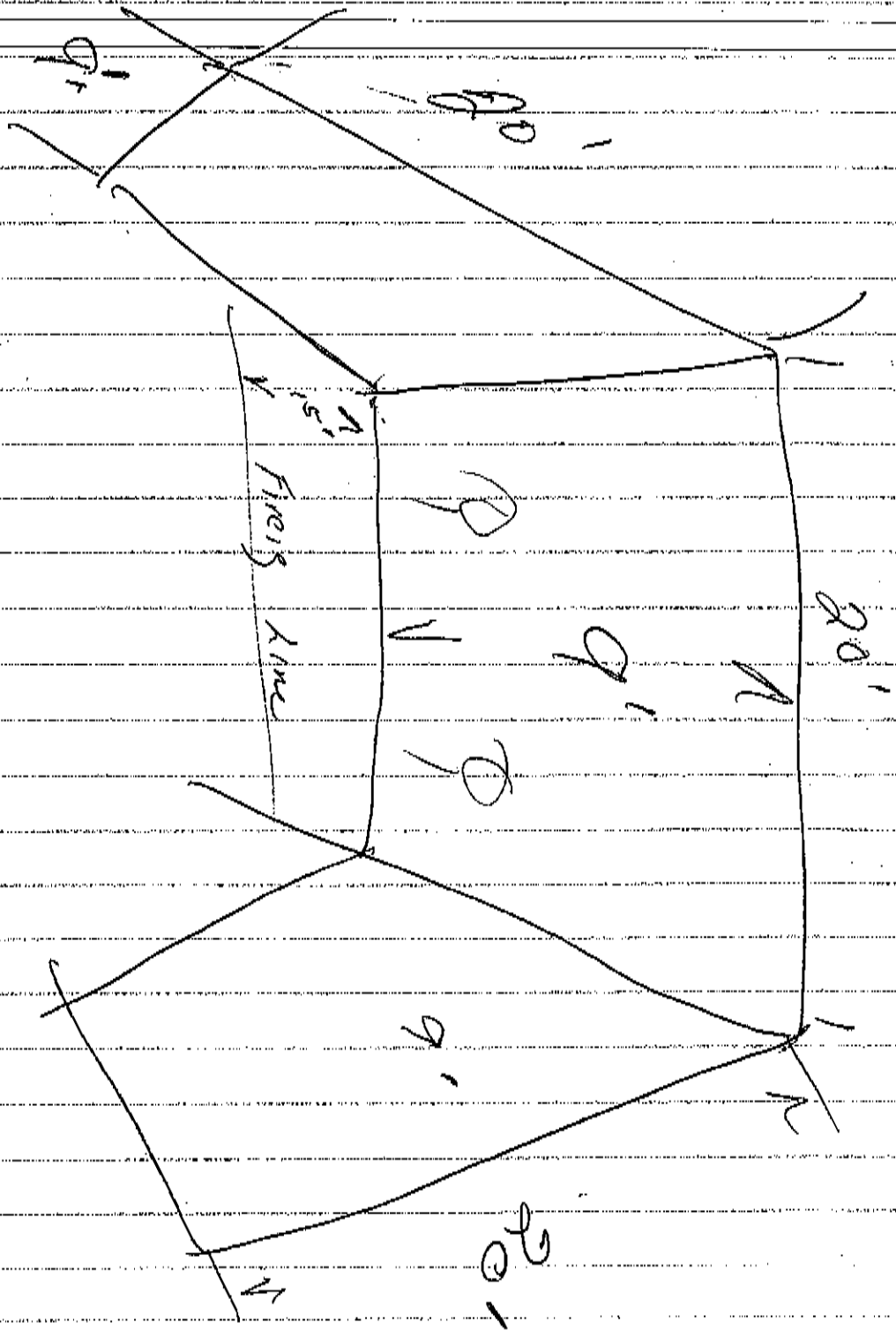
COUNCIL APPROVED:

YES

NO

DATE: \_\_\_\_\_

We set up 3 20' x 9' walls  
to keep people apart.





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/12/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lockton Risk Services P.O. Box 410579 Kansas City, MO 64141-0679	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 877-487-5407 FAX (A/C No.): E-MAIL: ADDRESS:
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Mountain Central Cowboy Past Draw Region P. O. Box 5 Fernley, NV 89408	<b>INSURER A:</b> Certain Underwriter's at Lloyd's, London
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>
	<b>INSURER F:</b>

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSN LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY		LM201125153	02/16/2011	02/16/2012	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					
	GEN'L AGGREGATE LIMIT APPLIES PER:					
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PROJECT				
	<input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO					
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	RED	DEFINITIONS				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below					

**INSURED COPY**

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Certificate holder is Additional Insured for the following co-sponsored event(s) or project(s) for liability arising out of the operations performed by or on behalf of the named insured, or out of premises or facilities owned or used by named insured: Event July 16-17th 2011.

<b>CERTIFICATE HOLDER</b>  Cabella's  3231 East Mall Drive  Rapid City, SD 57701	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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<b>PRODUCER</b>  Lockton Risk Services P.O. Box 410679 Kansas City, MO 64141-0679	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): 877-487-5407	<b>FAX (A/C No.):</b>
	<b>E-MAIL ADDRESS:</b>	
<b>INSURED</b>  Mountain Central Cowboy Fast Draw Region P. O. Box 5  Fernley, NV 89408	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Certain Underwriter's at Lloyd's, London	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
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	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON OWNED AUTOS						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB COV. RETENTION						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STAT. POLICY LIMITS    OTH- ER \$ L EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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<b>CERTIFICATE HOLDER</b>  City of Rapid City, SD  300 6th Street  Rapid City, SD 57701	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b> 