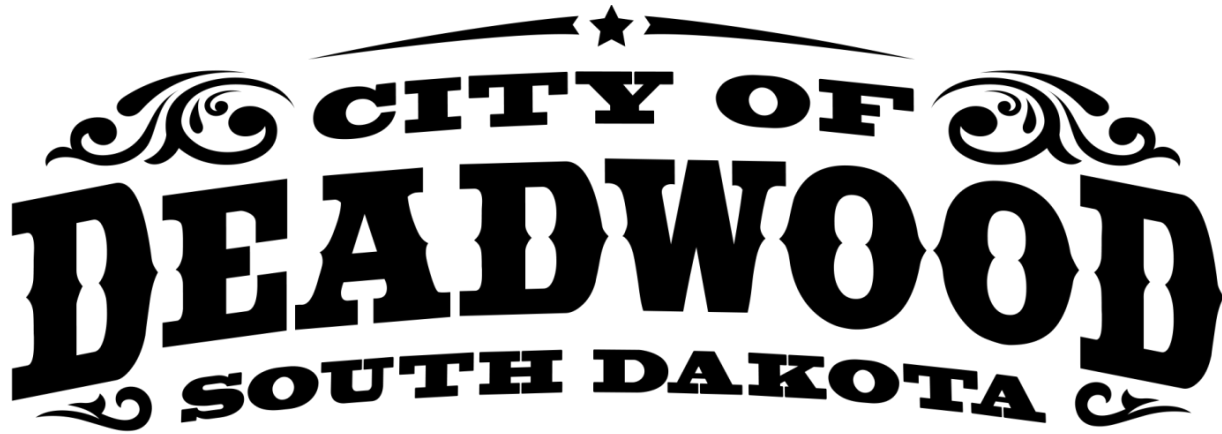




PARKING & TRANSPORTATION MEETING AGENDA

May 28, 2026

1. ROLL CALL
2. APPROVAL OF MINUTES
3. INFORMATIONAL ITEMS ON THE AGENDA
 - a. Crescent Street
 - b. Waterline
4. NOTICE TO CONTEST PARKING TICKETS
5. NEW BUSINESS
 - [a.](#) Harley Davidson request to film on Main Street: June 4, 2026 from 7:30 am to 10:00 am
6. OLD BUSINESS
7. INFORMATIONAL ITEMS NOT ON AGENDA
(Items considered but no action will be taken at this time.)
8. **Adjournment**
 - a. Next Meeting: June 11, 2026 at 9:00 am



City of Deadwood Special Event Permit Application and Facility Use Agreement for

Instructions:

To apply for a Special Event Permit, please read the Special Event Permit Application Instructions and then complete this application. Submit your application, including required attachments, no later than forty-five (45) days before your event. Facility Use Agreements should also be completed at this time (if applicable).

EVENT INFORMATION

<input type="checkbox"/> Run	<input type="checkbox"/> Walk	<input type="checkbox"/> Bike Tour	<input type="checkbox"/> Bike Race	<input type="checkbox"/> Parade	<input type="checkbox"/> Concert
<input type="checkbox"/> Street Fair	<input type="checkbox"/> Triathlon	<input checked="" type="checkbox"/> Other Still Photo and Video Project			

Event Title: Harley-Davidson

Event Date(s): 06/04/2026 Total Anticipated Attendance: 15
(month, day, year)

(# of Participants 15 # of Spectators 0)

Actual Event Hours: (from: 7:30 am AM / PM (to): 10:00 am AM / PM)

Location / Staging Area: TBD

Set up/assembly/construction NA Start time: NA AM / PM

Please describe the scope of your setup / assembly work (specific details):
Static beauty shots of motorcycle and rider parked on Main Street. B-roll of downtown Deadwood. Action shots of motorcycle driving down Main Street

Dismantle Date: NA Completion time: NA AM / PM

List any street(s) requiring closure as a result of this event. Include **street name(s), day, date** and **time** of closing and time of re-opening: Filming on Main Street @ Lee Street. Need to discuss how best to handle our request.

- Any request involving 25 or less motor vehicles will utilize Deadwood Street and will be barricaded at both ends of Deadwood Street.
- Any request involving 25-50 motor vehicles (not including motorcycles) will park on the north side of Main Street, which will not require street closure.
- Any request involving 50 or more vehicles which would require an entire street closure from Wall Street to Deadwood Street will require security be provided at Deadwood Street and Main Street and Wall Street and Main Street to direct traffic.
- Additional security may be required at the discretion of the Event Committee.

OPEN CONTAINER

<https://www.cityofdeadwood.com/planning/page/special-event-open-container-information-and-maps>

Date: NA Times: NA Zone: NA

Date: _____ Times: _____ Zone: _____

Date: _____ Times: _____ Zone: _____

Business who will be serving alcohol at event: NA

Adopted March 2, 2026

APPLICANT AND SPONSORING ORGANIZATION INFORMATION

Commercial (for profit)

Noncommercial (nonprofit)

Sponsoring Organization: Hey Autumn Productions LLC

Chief Officer of Organization (NAME): Autumn Spadaro

Applicant (NAME): Peg Diaz Business Phone: 760-447-1507

Address: 2611 E 3rd Street Austin TX 78702
(city) (state) (zip code)

Daytime phone: (732) 642-4378 Evening Phone: 760) 447-1507 Fax #: 888) 883-6256

Please list any **professional event organizer** or **event service provider** hired by you that is authorized to work on your behalf to produce this event.

Name: NA

Address: _____
(city) (state) (zip code)

Contact person "on site" day of event or facility use Autumn Spadaro Pager/Cell #: 732-642-4378

(Note: This person must be in attendance for the duration of the event and immediately available to city officials)

REQUIRED: Attach a written communication from the Chief Officer of the organization which authorizes the applicant or professional event organizer to apply for this Special Event Permit on their behalf.

FEES / PROCEEDS / REPORTING

NO YES

Is your organization a "Tax Exempt, nonprofit" organization? If **YES**, you must attach a copy of your IRS 501C Tax Exemption Letter to this Special Event Permit application (providing proof and certifying your current tax exempt, nonprofit status).

Are admission, entry, vendor or participant fees required? If **YES**, please explain the purpose and provide amount(s): **NO FEES REQUIRED**

The City of Deadwood has a ticket surcharge, which is set and amended by resolution.

OVERALL EVENT DESCRIPTION:

ROUTE MAP/ SITE DIAGRAM/ SANITATION

Please provide a **detailed description** of your proposed event. Include details regarding any components of your event such as use of vehicles, animals, rides or any other pertinent information about the event:

Static beauty shot of motorcycle and rider parked at curb or in street in various places on Main Street @ Lee Street. Still photo and video camera will be across the intersection. Natural light.

Action shot of rider gearing up, getting on bike, and riding down street.

B-roll shots of downtown Deadwood. See attached map.

Multiple horizontal lines for additional text input.

OVERALL EVENT / FACILITIES RENTAL DESCRIPTION (CONTINUED)

- NO YES

Does the event involve the sale or use of alcoholic beverages? If **YES**, please provide your liquor liability insurance information to the last page of this application.
- NO YES

Will Items or services be sold at the event? If **YES**, please describe: _____

- NO YES

Does this event involve a moving route of any kind along streets, sidewalks, or highways? If **YES**, attach a detailed map of your proposed route, indicating the direction of travel and provide written narrative to explain your route. If the route involves state highways, please click the link below to submit a SD DOT Permit to Occupy Right-of-Way.

https://www.state.sd.us/eforms/secure/eforms/S_E0903v1_PermitToOccupyROW.pdf
- NO YES

Does this event involve a fixed venue site? If **YES**, attach a detailed site map showing all street impacted by the event.

Describe your plan for clean-up and removal of waste and garbage during and after the event or use of facility: All trash generated by crew will be removed from site and disposed of properly.

Other Related Event Components not covered above. NA

SAFETY / SECURITY / ACCESSIBILITY

Please describe your procedures for both **Crowd Control** and **Internal Security**: _____
Need to discuss this.

Please describe your Accessibility Plan for access at your event by individuals with disabilities: _____
NA

REQUIRED: It is the applicant's responsibility to comply with all City, County, State and Federal Disability Access Requirements applicable to this event.

NO YES

Have you hired any Professional Security organization to handle security arrangements for this event? If **YES**, please list:

Security Organization: _____

Security Organization Address: _____
(city) (state) (zip code)

Security Director (Name): _____ Business phone: _____

NO YES

Is this a night event? If **YES**, please state how the event and surrounding area will be illuminated to ensure the safety of the participants and spectators: _____

Please indicate what arrangements you have made for providing **First Aid Staffing and Equipment**?

Number 0 Ambulance(s) – How provided? _____

Number 0 Emergency Medical Technicians – How provided? _____

APPLICANT specifically acknowledges and agrees that it shall be solely responsible for any damage to personal property located in or stored in or upon DEADWOOD’s property pursuant to the activity for which approval is being sought and that DEADWOOD shall not be responsible for any damage or loss to or of APPLICANT’s property which results from any cause or reason with regard to personal property owned by APPLICANT stored or located on DEADWOOD’s property pursuant to approval of the activity for which approval is being sought herein.

Acknowledge acceptance with initial: PD

APPLICANT agrees to hold DEADWOOD harmless and indemnify DEADWOOD from any sums of money which DEADWOOD might have to pay to any person as a result of property damage, personal injury or death resulting from APPLICANT’s use of the City property pursuant to approval of the activity for which approval is being sought herein.

Acknowledge acceptance with initial: PD

PARKING PLAN / SHUTTLE PLAN / MITIGATION OF IMPACT

Please describe your plans to notify all residents, businesses and churches impacted by the event: TBD

ENTERTAINMENT / ATTRACTIONS / RELATED EVENT ACTIVITIES

NO YES

Are there any **musical entertainment** features related to your event or facilities rental? If **YES**, please state the number of bands and type of music.

Number of Stages: _____ Number of Bands: _____

Type of Music: _____

Will **sound amplification** be used?
If **YES**, please indicate: Start Time: _____AM / PM – Finish Time: _____AM / PM

Will **sound check** be conducted prior to the event?
If **YES**, please indicate: Start Time: _____AM / PM – Finish Time: _____AM / PM

Please describe the sound equipment that will be used for your event: _____

Will any fireworks, rockets or other pyrotechnics be used? If **YES**, please attach a copy of your permit (issued by the State Fire Marshall’s office) to this application.

Are any signs, banners, decorations or special lighting be used? (**Special Events recognized by The City of Deadwood get approved by Resolution annually in January**) (If **YES**, please describe: _____

PROMOTION/ADVERTISING/MARKETING/INFORMATION

NO	YES	Will this event be promoted, advertised or marketed in any manner? If YES , please describe:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Will there be any live media coverage during your event? If YES , please explain:

Refer all event public inquiries and / or media inquiries for this event to:

NAME: Peg Diaz PHONE: 760-447-1507

INSURANCE REQUIREMENTS

REQUIRED: Insurance for your event will be required before final permit approval.

Name of Insurance Company:

New York Marine & General Insurance Company

Agent's Name:

Darrell Rivers

Agent's Business Phone: (332-240-2886)

Policy Number: PK202500023852

Policy Type: General, Auto

Agent's Address: 228 Park Avenue South #3620d New York NY 36206

(city)

(state)

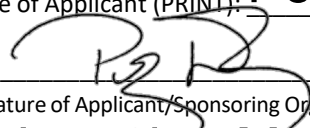
(zip code)

For final permit approval, you will need commercial general liability insurance that names "the City of Deadwood, its officers, employees and agents" as an additional insured. Insurance coverage must be maintained for the duration of the event. To determine the amount of insurance coverage necessary, please contact the Finance Office at (605) 578-2600 – Fax # (605) 578-2084. The City must be named as an "additional insured." Please obtain the required insurance and mail an original insurance certificate to: **City of Deadwood, Finance Office, 102 Sherman Street, Deadwood, SD 57732.**

AFFIDAVIT OF APPLICANT

Advance Cancellation Notice Required: If this event is cancelled, notify the Deadwood Police Department. Otherwise, City personnel and equipment may be needlessly dispatched. I certify that the information in the foregoing application is true and correct to the best of my knowledge and belief and that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event and I understand that this application is made subject to the rules and regulations established by the City Commission of Deadwood. I agree to abide by these rules and further certify that I, on behalf of the organization, am also authorized to commit that organization, and therefore agree to be financially responsible for any cost and fees that may be incurred by or on behalf of the Event to the City of Deadwood.

Name of Applicant (PRINT): Peg Diaz



(Signature of Applicant/Sponsoring Organization)

Title: Location Manager

Date: 06/26/26

VENDING

Monthly vending reports shall be submitted by convention center vending, including Outlaw Square and Event Complex, to the Planning and Zoning Office. The report shall list event and vendor information for any event scheduled to occur the following month. Reports shall be submitted by the 15th of each month. Reports are to be submitted even if no upcoming event is planned for the following month. Failure to submit monthly reports could risk future event approval(s) and/or reissuance of liquor license. Approved vendors will be subject to periodic checks by the Zoning Administrator and/or his/her designee to ensure all information required by the City of Deadwood is being provided.

Adopted XXXXXX

Return this form to the
Planning and Zoning Office
By email:
leah@cityofdeadwood.com
By mail:
108 Sherman Street,
Deadwood, SD 57732



Questions? Contact the
Planning and Zoning Office
(605) 578-2082 or
leah@cityofdeadwood.com

Monthly Vending Report

Convention Center, Event Complex, Outlaw Square

Complete one (1) report for each event.

Report is due on the 15th of every month for any event scheduled to occur the following month.

Municipal Code 5.28.060 (C): Monthly vending reports shall be submitted by convention center vending, including Outlaw Square and Event Complex, to the Planning and Zoning Office. The report shall list event and vendor information for any event scheduled to occur the following month. Reports shall be submitted by the 15th of each month. Reports are to be submitted even if no upcoming event is planned for the following month. Failure to submit monthly reports could risk future event approval(s) and/or reissuance of liquor license. Approved vendors will be subject to periodic checks by the Zoning Administrator and/or his/her designee to ensure all information required by the City of Deadwood is being provided.

Report Date: _____ Event Date: _____

Name of Person Completing Form: _____

Contact Phone: _____ Contact Email: _____

Signature: _____

Check here if no event is scheduled for next month:

Event Name: _____

Event Location: _____

Adopted XXXXXX

List of Vendors

List all anticipated vendors for the applicable event.

Please use as many additional sheets as necessary.

Page 1 of _____

Vendor Name: _____

Vendor Phone: _____

Vendor Email: _____

SDDOR Sales Tax License Number: _____

Goods or services being sold: _____

Vendor Name: _____

Vendor Phone: _____

Vendor Email: _____

SDDOR Sales Tax License Number: _____

Goods or services being sold: _____

Vendor Name: _____

Vendor Phone: _____

Vendor Email: _____

SDDOR Sales Tax License Number: _____

Goods or services being sold: _____

Adopted XXXXXX

Monthly Vending Report – Additional Sheet

Report Date: _____ **Page** _____ **of** _____

Event Name: _____ **Event Date:** _____

Event Location: _____

Vendor Name: _____

Vendor Phone: _____

Vendor Email: _____

SDDOR Sales Tax License Number: _____

Goods or services being sold: _____

Vendor Name: _____

Vendor Phone: _____

Vendor Email: _____

SDDOR Sales Tax License Number: _____

Goods or services being sold: _____

Vendor Name: _____

Vendor Phone: _____

Vendor Email: _____

SDDOR Sales Tax License Number: _____

Goods or services being sold: _____

Adopted XXXXXX



CERTIFICATE OF LIABILITY INSURANCE

Section 5 Item a.

05/26/2026

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 have ADDITIONAL INSURED provisions or 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).

PRODUCER Workers Insurance Agency LLC 228 Park Avenue South #36206 New York NY 10003		CONTACT NAME: Darrell Rivers PHONE (A/C No. Ext): (332) 240-2886 E-MAIL ADDRESS: drivers@wrapbook.com FAX (A/C, No):	
INSURED Hey Autumn Productions, LLC 2611 E 3rd Street AUSTIN TX 78702		INSURER(S) AFFORDING COVERAGE INSURER A: NEW YORK MARINE & GENERAL INS CO. NAIC # 16608 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: CERT3179945711 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PK202500023852	07/09/2025	07/09/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		PK202500023852	07/09/2025	07/09/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED 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	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Inland Marine	Y		PK202500023852	07/09/2025	07/09/2026	Miscellaneous Equipment 100000 Third Party Property Damage 100000 Props Set Wardrobe 100000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder is Additional Insured & Loss Payee as their interests may appear. Coverage is written on a worldwide, in-transit, and replacement cost basis, includes loss of use, and does not contain an unattended vehicle exclusion. Equipment deductible is \$2,500; Auto Physical Damage limit is \$1,000,000; deductible is 10% of the loss, \$2,500 minimum and \$7,500 maximum.

CERTIFICATE HOLDER City of Deadwood 102 Sherman Street Deadwood SD 57732	CANCELLATION 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 <i>Darrell Rivers</i>
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.

Harley-Davidson – Hey Autumn Productions LLC

Thur June 4 7:30 am – 10:30 am

Permit: Peg Diaz 760-447-1507 On-site: Autumn Spadaro 732-642-4378

Beauty shot of motorcycle parked at or near curb in various places on Main Street @ Lee Street. Camera would be on sidewalk, or at/near curb. Natural light. See attached map.

Action shot of rider gearing up, getting on bike, pan shot riding down street. Temporary holds for car and pedestrian traffic

