

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event:GermanfestDate(s) of Event:May 3, 4, 5, 2019Location Address:2301 E 15TH ST SCouncil District(s):4Event Description:Cultural Family FestivalEvent Category:Festival/CelebrationEvent Includes:Beer/Alcohol Sales, Live Entertainment, Food Sales, Merchandise Sales, Private PropertyAnticipated Attendance:Total:1500Anticipated Participants:Total:50Number of Events for Monthly Event:NA

Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	<u>German American Society of</u> <u>Tulsa</u>	Website	e: www.gastulsa.org
Chief Officer of Host Organization	: Joseph & Virginia Rohr		
Email and Phone:	<u>918-585-8511</u>		
Applicant Name:	Arnold Bieber		
Email and Phone:	aobieber@aol.com 918-744-6997		
Professional Event Organizer:	NA		
Email and Phone:			
On-site Contact:	Bryca Brewer	Mobile:	918-744-6997
Billing Contact:	<u>German American Society of</u> <u>Tulsa</u>	Phone:	<u>918-744-6997</u>
Billing Address:	1429 Terrace Drive Tulsa OK 74104		

Event Timeline and Lane/Street Closure Information

Event Setup:		Date:	05/02/2019	Time:	<u>10 AM</u>
Street Closure for E	vent Setup:	Date:		Time:	
Street(s) to be Close	ed for Event Setup:	NA			
Event Start:		Date:	05/03/2019	Time:	<u>10 AM</u>
Street Closure for Event Start:		Date:		Time:	
Street(s) to be Closed for Event Start:		<u>NA</u>			
Run, Walk, Parade Start Time:		<u>NA</u>			
Daily Event Hours:	<u>10 AM to 9 PM May 3-4</u> <u>11 AM to 5 PM May 5</u>				
Event End:		Date:	05/05/2019	Time:	<u>5 PM</u>
Street Reopens after Event End:		Date:		Time:	
Event Teardown:		Date:	05/05/2019	Time:	<u>8 PM</u>
Street Reopens afte	r Event Teardown:	Date:		Time:	

Secondary Permits Required

Beer Sales, Alcohol Sales:	High point b	<u>peer sales</u>		
Number of Food Vendors:	<u>1</u>			
Number of Food Trucks:	<u>0</u>			
Food Cooked on-site: Yes	Fuel(s)	to be used: <u>Gas</u>		
Number of Item Vendors:	<u>1</u>	Number of Service Ver	ndors: <u>0</u>	
Number of Tents/Canopies:	0	Provider and Phone:	<u>NA</u>	
Number of Inflatables:	<u>1</u>	Provider and Phone:	<u>Show It Off LLC</u> 918-232-1196,	
Number of Amusement Rides	: <u>0</u>	Provider and Phone:	<u>NA</u>	
Use of fireworks, rockets, lasers, or other pyrotechnics: No				
Provider and Phone: <u>NA,</u>				

Security, Medical, Traffic Control, Crowd Management and Parking Plans

Security and/or Police: Contact, Email		<u> DK Security Professionals</u> Charlia Gilbert (918) 440-8802			
Medical and/or First Aid Services: Cont	tact, Email and	Phone: <u>NA</u>			
Traffic Control Barricade Company: Co	ontact, Email a	nd Phone: <u>NA</u>			
Equipment Setup: Date:	Time:	Equipment Pickup: Date:	Time:		
Crowd Management Fencing Company: Contact, Email and Phone: NA					
Equipment Setup: Date:	Time:	Equipment Pickup: Date:	Time:		
Parking Type: ADA parking available, Paved Lot					
Transportation Service: No service					
Transportation Service: Contact, Email and Phone: <u>NA</u>					

Sponsor and Other Event Information

Event Sponsor(s): None						
Name of Park and Location, if applicable: <u>NA</u>						
Drone: <u>No</u>						
Portable Toilets: Provider and Phone:	<u>NA</u>					
Total Number of Portable Toilets: <u>0</u>		Number of ADA Accessible Portable Toilets: 0				
Equipment Setup: Date:	Time:					
Equipment Pickup: Date:	Time:					
Other information: <u>NA</u>						

Entertainment and Related Activities

Number of Stages: 1	Number of Performers/Bands: 4			
Performer/Band name and music type:	<u>Das Ist Lustig</u> <u>Sepp & Heinz Diepolde</u> <u>Nick Bradkowitch</u> <u>GAST Blaskapelle</u>	<u>er</u>		
Sound Amplification: No	Start Time:		Finish Time:	
Please describe the sound equipment the	nat will be used for your	event:		
NA				
Sound checks conducted prior to the ev	ent: <u>No</u>	Start Time:	Finish Time:	
Describe hot air balloons, fire lanterns o	r similar devices used a	t event:		
NA				
Describe the use of any signs, banners,	decorations, or special	lighting used at ev	vent:	
<u>1 8x4 Banner used on private proper</u>	<u>ty</u>			
Mitigation of Impact				
Please describe your plan for cleanup a event: Clean up by volunteers	nd removal of recyclable	e goods, waste an	d garbage during and after you	
Number of Trash Receptacles: <u>8</u>	Number of Dumpsters	: <u>2</u> Number	r of Recycling Containers: <u>1</u>	

Cleanup Service Provider and Phone, if applicable: <u>NA</u>

Equipment Setup: Date:	Time:	Equipment Pickup: Date:	Time:
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Presented Event Concept to:

Residents, Businesses

Avidavit of Applicant

I certify that the information contained in this Application is true and correct to the best of my knowledge and belief. That I have read, understand, and agree to abide by the rules and regulations governing this Event. I agree to comply with all requirements of the City, County and State, and any other regulatory entity related to this Event. I agree to pay and be financially responsible for any costs and fees that may be incurred by the City of Tulsa due to the Event. I further agree to indemnify and hold harmless the City of Tulsa, and all City of Tulsa officers, employees, agents, representatives, from any claims (including cost of defending such claims) or damages that may arise from activities related to the Event. I understand that a Permit does not excuse my failure to comply with orders of law enforcement personnel, firefighters, City Event personnel, or emergency workers, and does not provide immunity from civil claims of third parties that are based upon injuries sustained at, or in conjunction with this Event.

Initials: On File

For City of Tulsa Special Events Committee Use Only

Date received:	03/21/2019	Date routed:	05/02/2019	Date fo	r review:	Email Review	
Special Events (Committee Recor	mmendation:		□ Yes	No		
Date routed to M	layor:		Mayor's Rec	commendation:			
Date routed to C	Council:		City Co	uncil Approval:			□ Yes □ No
Date Permit Issu	led:	Com	ments: For	m revised 05/02	/2019.		