Permit #: SPEV-031463-2019 Application Date: 05/09/2019

Issue Date:



City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: H-D Demo Truck Event Date(s) of Event: June 8, 2019

Location Address: 4848 S PEORIA AVE E Council District(s): 9

Event Description: Open House & Demo Rides

Event Category: Miscellaneous

Event Includes: Amplified Sound, Private Property

Anticipated Attendance: Total: 1000 Per Day: 1000
Anticipated Participants: Total: 1000 Per Day: 1000

Number of Events for Monthly Event: NA

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: Myers-Duren Harley-Davidson Website: www.tulsaharley.com

Chief Officer of Host Organization: James McClanahan

Email and Phone: james@tulsaharley.com 918-743-4440

Applicant Name: James McClanahan

Email and Phone: <u>james@tulsaharley.com_918-743-4440</u>

Professional Event Organizer: NA

Email and Phone:

On-site Contact: <u>James McClanahan</u> Mobile: <u>918-743-4440</u>
Billing Contact: <u>Myers-Duren Harley-Davidson</u> Phone: <u>918-743-4440</u>

Billing Address: 4848 S Peoria

Tulsa OK 74105

Event Timeline and Lane/Street Closure Information

Event Setup: Date: <u>06/08/2019</u> Time: <u>8:30 AM</u>

Street Closure for Event Setup: Date: Time:

Street(s) to be Closed for Event Setup: NA

Event Start: Date: <u>06/08/2019</u> Time: <u>10:00 AM</u>

Street Closure for Event Start: Date: Time:

Street(s) to be Closed for Event Start: NA

Run, Walk, Parade Start Time: NA

Daily Event Hours: 10 a.m. to 6 p.m.

Event End: Date: <u>06/08/2019</u> Time: <u>6:00 PM</u>

Street Reopens after Event End: Date: Time:

Event Teardown: Date: <u>06/08/2019</u> Time: <u>6:00 PM</u>

Street Reopens after Event Teardown: Date: Time:

Secondary Permits Required

Beer Sales, Alcohol Sales: Not Applicable

Number of Food Vendors: 0

Number of Food Trucks: 0

Food Cooked on-site: No Fuel(s) to be used:

Number of Item Vendors: $\underline{0}$ Number of Service Vendors: $\underline{0}$

Number of Tents/Canopies: 3 Provider and Phone: Vendor Owned (2) 10x20 (1) 10x10

Number of Inflatables: 0 Provider and Phone: NA.

Number of Amusement Rides: 0 Provider and Phone: NA

Use of fireworks, rockets, lasers, or other pyrotechnics: No

Provider and Phone: NA,

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

Security and/or Police: Contact, Email and Phone: COBRA Executive Protection (918) 695-4471

Medical and/or First Aid Services: Contact, Email and Phone: NA

Traffic Control Barricade Company: Contact, Email and Phone: NA

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: NA

Sponsor and Other Event Information

Event Sponsor(s): <u>Myers-Duren Harley-Davidson</u>

Name of Park and Location, if applicable: NA

Drone: No

Portable Toilets: Provider and Phone: NA

Total Number of Portable Toilets: 0 Number of ADA Accessible Portable Toilets: 0

Equipment Setup: Date: Time: Equipment Pickup: Date: Time:

Other information: NA

Entertainment and Related Activities

Number of Stages: 0	Number of Performers/Bands: 0			
Performer/Band name and music type: N	<u>IA</u>			
Sound Amplification: Yes	Start Time	10:00 AM	Finish Time:	<u>6:00 PM</u>
Please describe the sound equipment that	will be used for your	event:		
Small Speakers				
Sound checks conducted prior to the even	t: <u>No</u>	Start Time:	Finish Time:	
Describe hot air balloons, fire lanterns or s	imilar devices used a	t event:		
<u>NA</u>				
Describe the use of any signs, banners, de	ecorations, or special	lighting used at	event:	
<u>NA</u>				
Midiration of Immost				
Mitigation of Impact				
Please describe your plan for cleanup and event: Cleanup Crew On-Site / Several Tra				
Number of Trash Receptacles: <u>12</u>	Number of Dumpsters	:: <u>1</u> Numb	er of Recycling C	ontainers: <u>0</u>
Cleanup Service Provider and Phone, if ap	oplicable: <u>NA</u>			
Equipment Setup: Date: Tin	me: Equ	uipment Pickup: I	Date:	Time:
Presented Event Concept to: No Street C	Closure			
Avidavit of Applicant				
I certify that the information contained in the That I have read, understand, and agree to comply with all requirements of the City, Cagree to pay and be financially responsible the Event. I further agree to indemnify and agents, representatives, from any claims (i activities related to the Event. I understand enforcement personnel, firefighters, City E from civil claims of third parties that are based on the end of the Event.	nis Application is true of abide by the rules a county and State, and e for any costs and fe hold harmless the Cincluding cost of defed that a Permit does not personnel, or ensed upon injuries sus	and correct to the nd regulations go any other regula es that may be in ty of Tulsa, and anding such claim ot excuse my fainergency workerstained at, or in control of the such that the sum of the su	e best of my known overning this Eventory entity related neurred by the Cit all City of Tulsa on the comply with the complexes.	vledge and belief. nt. I agree to I to this Event. I y of Tulsa due to fficers, employees at may arise from th orders of law rovide immunity is Event.
Initials: On File				

For City of Tulsa Special Events Committee Use Only Date received: 05/09/2019 Date routed: 06/03/2019 Date for review: Email/Online ☐ Yes ☐ No Special Events Committee Recommendation: ☐ Yes ☐ No Date routed to Mayor: Mayor's Recommendation: ☐ Yes ☐ No Date routed to Council: City Council Approval: Form revised 06/03/2019 Date Permit Issued: _____ Comments:

