

# **City of Tulsa** SPECIAL EVENT PERMIT APPLICATION

### Summary of Event

Date(s) of Event: June 22, 2019		
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## Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	918Makers LLC	Website	e: www.visitkendallwhittier.com/		
Chief Officer of Host Organization: Sarah Bowen			calendar/918makers-market/		
Email and Phone:	918makers@gmail.com 918-695	-7 <u>387</u>			
Applicant Name:	918Makers LLC				
Email and Phone:	918makers@gmail.com 918-695	-7 <u>387</u>			
Professional Event Organizer:	NA				
Email and Phone:					
On-site Contact:	Sarah Bowen	Mobile:	<u>918-695-7387</u>		
Billing Contact:	918Makers LLC	Phone:	<u>918-695-7387</u>		
Billing Address:	<u>1139 S Yorktown Ave</u> TULSA OK 74104				

# Event Timeline and Lane/Street Closure Information

Event Setup:	Date: 06/22/2019	Time: <u>7:00AM</u>
Street Closure for Event Setup:	Date:	Time:
Street(s) to be Closed for Event Setup:	NA	
Event Start:	Date: 06/22/2019	Time: <u>10:00AM</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 a.m. to 8 p.m.</u>		
Event End:	Date: 06/22/2019	Time: <u>8:00PM</u>
Street Reopens after Event End:	Date:	Time:
Event Teardown:	Date: 06/22/2019	Time: <u>8:00PM</u>
Street Reopens after Event Teardown:	Date:	Time:

# Secondary Permits Required

Beer Sales, Alcohol Sales:	Not Applicable			
Number of Food Vendors:	<u>1</u>			
Number of Food Trucks:	<u>1</u>			
Food Cooked on-site: Yes	Fuel(s) to	be used: <u>Electric</u>		
Number of Item Vendors:	40	Number of Service Ven	ndors: <u>0</u>	
Number of Tents/Canopies:	32 10x10 tents	Provider and Phone:	Individuals providing their own tents	
Number of Inflatables:	0	Provider and Phone:	<u>NA,</u>	
Number of Amusement Rides	: <u>0</u>	Provider and Phone:	NA	
Use of fireworks, rockets, lasers, or other pyrotechnics: <u>No</u>				
Provider and Phone: NA,				

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

Security and/or Police: Contact, Email and Phone: <u>TBD</u> Medical and/or First Aid Services: Contact, Email and Phone: <u>NA</u> Traffic Control Barricade Company: Contact, Email and Phone: <u>NA</u> Equipment Setup: Date: Time: Equipment Pickup: Date: Time: Crowd Management Fencing Company: Contact, Email and Phone: <u>NA</u> Equipment Setup: Date: Time: Equipment Pickup: Date: Time: Parking Type: <u>Street</u> Transportation Service: <u>No service</u> Transportation Service: Contact, Email and Phone: <u>NA</u>

#### Sponsor and Other Event Information

Event Sponsor(s): 918Makers					
Name of Park and Location, if applicable: <u>NA</u>					
Drone: <u>No</u>					
Portable Toilets: Provider and Phone:	No portable toilets required, as area businesses have agreed to allow patrons to use their public restrooms, 3 of which are known to be ADA compliant.				
Total Number of Portable Toilets: 0	Number of ADA Accessible Portable Toilets: 0				
Equipment Setup: Date:	Time:				
Equipment Pickup: Date:	Time:				
Other information: <u>NA</u>					

#### Entertainment and Related Activities

umber of Stages: 0 Number of Performers/Bands: 0					
Performer/Band name and music type: <u>NA</u>					
Sound Amplification: Yes	Start Time:	<u>10:00AM</u>	Finish Time:	<u>8:00PM</u>	
Please describe the sound equipment that will be u	used for your e	vent:			
One small bluetooth speaker					
Sound checks conducted prior to the event: <u>No</u> Start Time: Finish Time:					
Describe hot air balloons, fire lanterns or similar de	vices used at	event:			
NA					
Describe the use of any signs, banners, decoration	ns, or special lig	ghting used at ev	vent:		
One banner across the front (west facing) wall of the square, indicating event and 918Makers information.					

#### Mitigation of Impact

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: Event coordinators will personally remove trash and discard in private trash bins. Recycling will be taken to MET the following Monday.

Number of Trash Receptacles:	<u>3</u> Number of Du	mpsters: 0 Number of Recycl	ling Containers: <u>3</u>
Cleanup Service Provider and P	hone, if applicable: <u>NA</u>		
Equipment Setup: Date:	Time:	Equipment Pickup: Date:	Time:

Presented Event Concept to:

Businesses, Neighborhood Association

#### 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:	03/06/2019	Date routed:	06/17/2	2019	Date for review	: Email/Online	
Special Events	Committee Recorr	mendation:			□ Yes □ No		
Date routed to N	/layor:		Mayor's	s Recomme	endation:		🗆 Yes 🗆 No
Date routed to C	Council:		Cit	ty Council A	Approval:		□ Yes □ No
Date Permit Issu	ued:	Com	ments:	Form revi	ised 06/17/2019.		

ADMIRAL BLVD



