

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

## Summary of Event

Name of Event: Love More Grand Opening Kick Back	Date(s) of Event: July 6, 2019				
Location Address: 5970 E 31ST ST S	Council District(s): 5				
Event Description: Grand Opening Kick with music, vendors, card games, and jumping jupiter.					
Event Category: Festival/Celebration					
Event Includes: Private Property					
Anticipated Attendance: Total: 200 Per Day: 200					
Anticipated Participants: Total: 0 Per Day: 0					
Number of Events for Monthly Event: NA					

## Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	Love More Apparel and Accessories	Website	: NA		
Chief Officer of Host Organization	: <u>Mary Jackson</u>				
Email and Phone:	mjack3215@gmail.com 918-402-	<u>4538</u>			
Applicant Name:	Mary Jackson				
Email and Phone:	mjack3215@gmail.com 918-402-	<u>4538</u>			
Professional Event Organizer:	NA				
Email and Phone:					
On-site Contact:	Mary Jackson	Mobile:	<u>918-402-4538</u>		
Billing Contact:	Love More Apparel and Accessories	Phone:	918-402-4538		
Billing Address:	5970 E. 31st ST STE X Sheridan Tulsa OK 74106				

# Event Timeline and Lane/Street Closure Information

Event Setup: Street Closure for Event Setup: Street(s) to be Closed for Event Setup:	Date: <u>07/05/2019</u> Date: NA	Time: <u>10:00 am</u> Time:
Event Start:	Date: <u>07/06/2019</u>	Time: <u>10:00 am</u> 
Street Closure for Event Start: Street(s) to be Closed for Event Start:	Date: <u>NA</u>	Time:
Run, Walk, Parade Start Time: Daily Event Hours: <u>10 am to 7 pm</u>	<u>NA</u>	
Event End:	Date: 07/06/2019	Time: <u>7:00 pm</u>
Street Reopens after Event End:	Date:	Time:
Event Teardown: Street Reopens after Event Teardown:	Date: <u>07/06/2019</u> Date:	Time: <u>8:00 pm</u> Time:

#### Secondary Permits Required

Beer Sales, Alcohol Sales:	Not Applicable	<u>!</u>		
Number of Food Vendors:	<u>0</u>			
Number of Food Trucks:	<u>0</u>			
Food Cooked on-site: No	Fuel(s) to	be used:		
Number of Item Vendors:	<u>0</u>	Number of Service Ver	ndors: <u>0</u>	
Number of Tents/Canopies:	0	Provider and Phone:	NA	
Number of Inflatables:	<u>1</u>	Provider and Phone:	Jasmine Jumpers 918-402-4866,	
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: <u>NA</u>,

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

Security and/or Police: Contact, Email and Phone: <u>NA</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>Paved Lot</u> Transportation Service: <u>No service</u> Transportation Service: Contact, Email and Phone: <u>NA</u>

#### Sponsor and Other Event Information

Event Sponsor(s): Love More Apparel and Ac	ccessories
Name of Park and Location, if applicable: <u>N</u>	<u>A</u>
Drone: <u>No</u>	
Portable Toilets: Provider and Phone: NA	<u>.</u>
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: NA						
Sound Amplification: Yes	Start Time: 10:00	0 am Finish Time:	<u>7:00 pm</u>			
Please describe the sound equipment that w	ill be used for your event:					
Small speaker						
Sound checks conducted prior to the event: <u>No</u> Start Time: Finish Time:						
Describe hot air balloons, fire lanterns or sim	nilar devices used at event	:				
NA						
Describe the use of any signs, banners, deca	orations, or special lighting	j used at event:				
NA						
Mitigation of Impact						
Please describe your plan for cleanup and re event: (I), Mary Jackson owner of Love More	, ,		ing and after your			
Number of Trash Receptacles: 0 Nu	mber of Dumpsters: <u>2</u>	Number of Recycling (	Containers: <u>0</u>			
Cleanup Service Provider and Phone, if appl	icable: <u>NA</u>					

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

Presented Event Concept to:

Businesses, Other entities

#### 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:	07/03/2019	Date routed:	07/03/2	2019	Date for review:	Email/Website	
Special Events C	ommittee Recorr	- nmendation:			□ Yes □ No		
Date routed to M	ayor:		Mayor's	Recomme	endation:		□ Yes □ No
Date routed to Co	ouncil:		Cit	y Council A	Approval:		□ Yes □ No
Date Permit Issue	ed:	Com	ments:	Form rev	ised 07/03/2019		