

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: Cherry Street Farmers' Market	Date(s) of Event: <u>September 7, 14, 21, 28,</u> 2019				
Location Address: <u>1340 E 15TH ST S</u>	Council District(s): 4				
Event Description: Farmers Market					
Event Category: Farmers/Outdoor Market					
Event Includes: <u>Tent/Canopy, Beer/Alcohol Sales, Lane Closure</u> Sales, No Parking Signage, Street Closure	, Live Entertainment, Food Sales, Merchandise				
Anticipated Attendance: Total: 3500	Per Day: <u>3500</u>				
Anticipated Participants: Total: 55	Per Day: <u>55</u>				
Number of Events for Monthly Event: <u>4</u>					

Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	Tulsa Farmers' Market	Website: www.tulsafarmersmarket.org				
Chief Officer of Host Organization: Kristin Hutto						
Email and Phone:	kristin@tulsafarmersmarket.org	918-636-8419				
Applicant Name:	Kristin Hutto					
Email and Phone:	kristin@tulsafarmersmarket.org	918-636-8419				
Professional Event Organizer:	Same					
Email and Phone:						
On-site Contact:	Kristin Hutto	Mobile: <u>918-636-8419</u>				
Billing Contact:	Tulsa Farmers' Market	Phone: <u>918-636-8419</u>				
Billing Address:	<u>PO BOX PO BOX 14572</u> Tulsa OK 74159					

Event Timeline and Lane/Street Closure Information

Event Setup:	Date: <u>09/07/2019</u> Time: <u>5am</u>			
Street Closure for Event Setup:	Date: <u>09/07/2019</u> Time: <u>5am</u>			
Street(s) to be Closed for Event Setup:	15th Street between Quaker Ave to Rockford Ave			
Event Start:	Date: <u>09/07/2019</u> Time: <u>7am</u>			
Street Closure for Event Start:	Date: 09/07/2019 Time: <u>5am</u>			
Street(s) to be Closed for Event Start:	15th Street between Quaker Ave to Rockford Ave			
Run, Walk, Parade Start Time:	<u>7am</u>			
Daily Event Hours: 7-11am				
Event End:	Date: 09/28/2019 Time: 11am			
Street Reopens after Event End:	Date: 09/28/2019 Time: 12pm			
Event Teardown:	Date: 09/28/2019 Time: 11am			
Street Reopens after Event Teardown:	Date: 09/28/2019 Time: 12pm			

Secondary Permits Required

Beer Sales, Alcohol Sales:	Not Applicable	1		
Number of Food Vendors:	40			
Number of Food Trucks:	<u>1</u>			
Food Cooked on-site: Yes	Fuel(s) to	be used: <u>Electric</u>		
Number of Item Vendors:	<u>15</u>	Number of Service Ven	dors: <u>0</u>	
Number of Tents/Canopies:	55	Provider and Phone:	Vendor Owned	
Number of Inflatables:	<u>0</u>	Provider and Phone:	<u>NA,</u>	
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 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>We own our barricades & signage</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, ADA parking available, 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): <u>NA</u>	
Name of Park and Location, if applicable: 1	<u>NA</u>
Drone: <u>No</u>	
Portable Toilets: Provider and Phone: N	<u>A</u>
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

Number of Stages: 0	nber of Stages: 0 Number of Performers/Bands: 1				
Performer/Band name and music type:	Singer/songwriter				
Sound Amplification: No	Start Time:	Start Time: Finish Time:			
Please describe the sound equipment th	nat will be used for your	event:			
NA					
Sound checks conducted prior to the even	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 e	vent:		
NA					
Mitigation of Impact					
Please describe your plan for cleanup and event: TFM Vendors are to pick up after and site check prior to street reopening	•	-			

Number of Trash Receptacles: <u>5</u>	Number of Dumps	sters: <u>0</u>	Number of Recycling Cont	ainers: <u>0</u>
Cleanup Service Provider and Phone, if	applicable: <u>NA</u>			
Equipment Setup: Date:	Time:	Equipment P	ickup: Date:	Time:
Presented Event Concept to:				
Residents, Schools, Businesses, Bu	siness Association,	Neighborhood	Association, Places of We	orship

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:	08/05/2	2019 Date	routed:	08/23/2	019	Date for review:	08/28/2019	
Special Events	Committe	e Recommenda	tion:	*08/23	/2019	Yes 🗆 No		
Date routed to N	/layor:	08/23/2019	_	Mayor's	Recommer	ndation:		□ Yes □ No
Date routed to C	Council:	08/23/2019	_	Cit	y Council Ap	oproval:		□ Yes □ No -
Date Permit Issu	ued:		Comr	nents:	Form revise meeting 08	ed 08/23/2019. *E /28/2019.	mail review. Ne	<u>xt SEC</u>

