

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: 2019 Oklahoma Championship Steak Cookoff	Date(s) of Event: September 14, 2019
Location Address: 1313 S LEWIS AVE E	Council District(s): 4
Event Description: BBQ cookoff/Festival	
Event Category: Festival/Celebration	
Event Includes: Amplified Sound, Tent/Canopy, Use of barbeque	grills by competitors, Private Property
Anticipated Attendance: Total: 250	Per Day: <u>250</u>
Anticipated Participants: Total: 60	Per Day: <u>60</u>

Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	Hasty-Bake Inc	Website: http://tulsagrillstore.com/
Chief Officer of Host Organization	: Richard Alexander	
Email and Phone:	ralexander@hastybake.com 918-	665-8220
Applicant Name:	Sandra McBride	
Email and Phone:	smcbride@hastybake.com 918-6	<u>65-8220</u>
Professional Event Organizer:	Same	
Email and Phone:		
On-site Contact:	Sandra McBride	Mobile: <u>918-606-5834</u>
Billing Contact:	Hasty-Bake	Phone: <u>918-665-8220</u>
Billing Address:	<u>1313 S Lewis</u> TULSA OK 74104	

Event Timeline and Lane/Street Closure Information

Event Setup:	Date: 09/14/2019	Time: <u>07:00am</u>
Street Closure for Event Setup:	Date:	Time:
Street(s) to be Closed for Event Setup:	NA	
Event Start:	Date: 09/14/2019	Time: <u>10:00am</u>
Street Closure for Event Start:	Date: 09/14/2019	Time:
Street(s) to be Closed for Event Start:	NA	
Run, Walk, Parade Start Time:	<u>NA</u>	
Daily Event Hours: <u>10am to 6pm</u>		
Event End:	Date: 09/14/2019	Time: <u>6:00PM</u>
Street Reopens after Event End:	Date:	Time:
Event Teardown:	Date: 09/14/2019	Time: <u>5:00PM</u>
Street Reopens after Event Teardown:	Date:	Time:

Secondary Permits Required

Beer Sales, Alcohol Sales:	Not Applicable	2		
Number of Food Vendors:	<u>0</u>			
Number of Food Trucks:	<u>0</u>			
Food Cooked on-site: Yes	Fuel(s) to	be used: Charcoal, El	<u>ectric, Gas, Wood</u>	
Number of Item Vendors:	<u>2</u>	Number of Service Ver	ndors: <u>0</u>	
Number of Tents/Canopies:	45 10x10	Provider and Phone:	Competitors bring their own	
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: <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: TPD Drew Holden 918-284-4801					
Medical and/or First Aid Services: Con	Medical and/or First Aid Services: Contact, Email and Phone: NA				
Traffic Control Barricade Company: C	ontact, Email an	d Phone: <u>NA</u>			
Equipment Setup: Date:	Time:	Equipment Pickup: Date:	Time:		
Crowd Management Fencing Compar	ny: Contact, Ema	il and Phone: <u>NA</u>			
Equipment Setup: Date: Time: Equipment Pickup: Date: Time:					
Parking Type: ADA parking available, Paved Lot					
Transportation Service: Shuttle Service					
Transportation Service: Contact, Email and Phone: <u>918 Shuttle</u> <u>918-748-8853</u>					

Sponsor and Other Event Information

Event Sponsor(s): Hasty-B	<u>ake</u>		
Name of Park and Location	, if applicable:	NA NA	
Drone: <u>No</u>			
Portable Toilets: Provide	r and Phone:	<u>At Your Service</u> 918-272-0568	
Total Number of Portable T	oilets: <u>3</u>	Number of ADA Accessible Portable Toilets: 2	2
Equipment Setup: Date:	<u>09/13/2019</u>	Time: <u>12:00</u>	
Equipment Pickup: Date:	09/16/2019	Time: <u>12:00</u>	
Other information: <u>NA</u>			

Entertainment and Related Activities

Number 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>5:00PM</u>	
Please describe the sound equipment that will be	used for your e	vent:			
Portable PA system					
Sound checks conducted prior to the event: No		Start Time:	Finish Tim	ne:	
Describe hot air balloons, fire lanterns or similar de	evices used at	event:			
NA					
Describe the use of any signs, banners, decoration	ns, or special li	ghting used at ev	vent:		
NA					
Mitigation of Impact					
Mitigation of Impact					
Please describe your plan for cleanup and remova event: Done by employees	I of recyclable	goods, waste an	d garbage during	g and after your	
Number of Trash Receptacles: <u>40</u> Number	of Dumpsters:	<u>1</u> Number	r of Recycling Co	ontainers: <u>10</u>	
Cleanup Service Provider and Phone, if applicable	:				

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

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:	08/13/2019	Date routed:	09/13/2	2019	Date for review:	Email/Website	
Special Events	Committee Recor	- mmendation:			□ Yes □ No		
Date routed to N	layor:		Mayor's	Recomme	- endation:		□ Yes □ No
Date routed to C	Council:		Cit	y Council A	Approval:		□ Yes □ No
Date Permit Issu	ued:	Com	ments:	Form rev	ised 09/13/2019		