



# City of Tulsa

## SPECIAL EVENT PERMIT APPLICATION

### Summary of Event

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Name of Event: Summers Fifth Night Date(s) of Event: May 22, 29, 2025  
Location Address: Start: 1709 Utica Square Council District(s): 4  
End: 1709 Utica Square  
Event Description: Free Concerts every Thursday night in the summer.  
**Event Category:** Concert/Performance  
**Event Includes:** Amplified Sound, Live Entertainment, Private Property  
Anticipated Attendance: Total: 2000 Per Day: 1000  
Anticipated Participants: Total: 20 Per Day: 10  
Number of Events for Monthly Event: Yes 2

### Host Organization, Applicant and Professional Event Organizer Information

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Host Organization: UTICA SQUARE SHOPPING CENTER Website: <https://www.uticasquare.com/>  
Chief Officer of Host Organization: CARA HAIR  
Email and Phone: 918-588-5218  
Applicant Name: CASSANDRA MONTRAY  
Email and Phone: cassandra.montray@hpinc.com 918-588-5212  
Professional Event Organizer:  
Email and Phone:  
On-site Contact: CASSANDRA MONTRAY Mobile: 918-588-5212  
Billing Contact: UTICA SQUARE SHOPPING CENTER Phone: 918-588-5212  
Billing Address: 1709 Utica Square 220  
TULSA, OK 74136

### ***Event Timeline and Lane/Street Closure Information***

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<b>Event Setup:</b>	Date: <u>05/22/2025</u>	Time: <u>3:00pm</u>
Street Closure for Event Setup:	Date:	Time:
Street(s) to be Closed for Event Setup:	<u>N/A - Parking Lot</u>	
<b>Event Start:</b>	Date: <u>05/22/2025</u>	Time: <u>7:00pm</u>
Street Closure for Event Start:	Date:	Time:
Street(s) to be Closed for Event Start:	<u>N/A - Parking Lot</u>	
Run, Walk, Parade Start Time:	<u>N/A</u>	
Daily Event Hours:	<u>7:00 - 9:00pm</u>	
<b>Event End:</b>	Date: <u>05/29/2025</u>	Time: <u>9:00pm</u>
Street Reopens after Event End:	Date:	Time:
<b>Event Teardown:</b>	Date: <u>05/29/2025</u>	Time: <u>9:00pm</u>
Street Reopens after Event Teardown:	Date:	Time:

### ***Secondary Permits Required***

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Beer Sales, Alcohol Sales:	<u>Not Applicable</u>	
Number of Food Vendors:	<u>0</u>	
Number of Food Trucks:	<u>0</u>	
Food Cooked on-site:	<u>No</u>	Fuel(s) to be used:
Number of Item Vendors:	<u>0</u>	Number of Service Vendors: <u>0</u>
Number & Sizes of Tents:	<u>0</u>	Provider and Phone: <u>N/A</u>
Number of Inflatables:	<u>No</u> <u>0</u>	Provider and Phone: <u>NA</u>
Number of Amusement Rides:	<u>No</u> <u>0</u>	Provider and Phone: <u>NA</u>
Use of fireworks, rockets, lasers, or other pyrotechnics:	<u>No</u>	
Provider and Phone:	<u>N/A</u>	

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

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Security and/or Police: Yes Contact, Email and Phone: Utica Square Security (918) 361-1071

Medical and/or First Aid Services: No Contact, Email and Phone: N/A

Traffic Control Barricade Company: No Contact, Email and Phone: N/A

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

Crowd Management Fencing Company: No Contact, Email and Phone: N/A

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: N/A

### **Sponsor and Other Event Information**

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Event Sponsor(s): Utica Square Merchants Association

Park: No Name of Park and Location: N/A

Drone: No

Portable Toilets: Yes Provider and Phone: At Your Service (918) 272-0568

Total Number of Portable Toilets: 4                      Number of ADA Accessible Portable Toilets: 1

Equipment Setup: Date: 05/22/2025                      Time: 4:00pm

Equipment Pickup: Date: 05/29/2025                      Time: 9:00pm

Other Event Information: See Attachment

## **Entertainment and Related Activities**

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Number of Stages: 1

Number of Performers/Bands: 1

Performer/Band name and music type: Zodiac - pop  
The Get Down -pop

Sound Amplification: Yes

Start Time: 7:00pm

Finish Time: 9:00pm

Please describe the sound equipment that will be used for your event:

Standard band equipment and speakers.

Sound checks conducted prior to the event: Yes

Start Time: 6:00pm

Finish Time: 7:00pm

Hot air balloons, fire lanterns or similar devices used at event: No Describe:

N/A

Use of any signs, banners, decorations, or special lighting used at event: Yes Describe:

Banner on stage and lights

## **Mitigation of Impact**

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Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: All stage, equipment, sound, chairs, tables, restrooms and trash will be removed within 2 hours after the event.

Number of Trash Receptacles: 10

Number of Dumpsters: 1

Number of Recycling Containers: 1

Cleanup Service: No Provider and Phone: N/A

Presented Event Concept to:

If not presented, please explain:

N/A - No Road Closure

## **Affidavit of Applicant**

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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

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**For City of Tulsa Special Events Committee Use Only**

Date received: 04/17/2025      Date routed: 05/08/2025      Date for review: 05/21/2025

Special Events Committee Recommendation: \_\_\_\_\_ Yes ☐ No ☐ \_\_\_\_\_

Date routed to Mayor: \_\_\_\_\_ Mayor's Recommendation: Yes ☐ No ☐ \_\_\_\_\_

Date routed to Council: \_\_\_\_\_ City Council Approval: Yes ☐ No ☐ \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Comments: SEC meeting 05/21/2025.

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