

## City of Tulsa Special Event Permit Application

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Summary of Even	<u>ıt</u>						
Event Title: Woody's St. Patrick's Day Celebration			Date of Event: March 17-18, 2017				
Event Location: 200 S Elgin			Council District: 4				
Event Description: Street Celebration and Concert			(Submit Flyer or Brochure in Electronic Format)				
Event Sponsors: Bud	dweiser						
Anticipated Attendar	nce (participants, staff, vendo	rs, crowd	, etc.): Total: <u>80</u>	000 1	Per Day: <u>8000</u>		
Event Organizer	Information						
Organizing Agency: Woody's Corner Bar			Web Address: www.woodyscornerbar.com				
Agency Contact: Ben Shrewsbury			Email Address: support@woodyscornerbar.com				
On-Site Contact: Doug Stockard			On-Site Phone: 918.408.4336				
Billing Contact: Ma	ark Shawnee		Billing Phone:	918.706.825	5		
	15 W Hefner Rd, Bldg A		OKC	OK	73162		
Agency Status: Prof.	it Non-Profit Fund	raiser?/`	City What cause:	State	Zip		
Event Set-up:	Date: 3/16/17	Day o	f Week: Thursda	ay	Time: 6pm		
-			3/16/17	Time: 10 a.m.			
_	d: Elgin Ave Between 1st Stre	-		nd street betwe	<u>-                                    </u>		
to Detroit Ave	<u> </u>				AD/Electronic Format)		
<b>Event Opens:</b>	Date: 3/17/17	Day of	Week: Friday		Time: 2pm		
_	ace, Parade, Festival, etc.:	_ •	3/16/17		Time: 10 a.m.		
Street(s) to be Closed	d: Same as for setup						
			(Submit Ro	ute Map in C	AD/Electronic Format)		
Race, Parade, or Esc	ort Start Times: NA						
Daily Festival or Stre	eet Party Times: Friday 2pm-1	am, Satu	ırday 2pm-12am	l			
Road Race Service C	Co. and Phone: TBD with Bl	ue Dome	Association				
<b>Event Closes:</b>	Date: <u>3/19/17</u>	_ Day of	f Week: Sunday	,	Time: 1am		
Street Opening:	Date: 3/19/17	_ Day of	ay of Week: Sunday		Time: 10 a.m.		
<b>Event Dismantle:</b>	Date: <u>3/19/17</u>	_ Day o	f Week: Sunday		Time: 2am		
Street Opening:	Date: 3/19/17	_ Day of	Week: Sunday		Time: 10 a.m.		

Secondary Permit Requirements								
Yes ✓ No ☐ Is this an Open Air Event?	✓ Public Property Private Property Parking Lot							
Yes ✓ No ☐ Alcohol or Beer On-Site?	☐ Alcohol Sales ☐ Beer Sales ☐ Free Beverages							
Yes No Concessionaires On-Site?	Number of Food Vendors: $\underline{0}$ Number of Item Vendors: $\underline{0}$							
Yes No Food Preparation On-Site?	☐Charcoal ✓Electric ☐Gas							
Yes ✓ No ☐ Tents or Stages On-Site?	If yes, what sizes: Stage: 20x20; Tent: 40x80							
Yes No ✓ Other Structures On-Site?	Other Structures On-Site? If yes, please explain:							
es No ✓ Using a City or River Park? Name and location:								
Security, Medical, Traffic, and Parking Plans								
Yes ✓ No ☐ Security or Police On-Site?	Agency and Phone: Internal and work with city police							
If yes, please describe or provide an attachment of your plan: Will provide security paln.								
Yes No ✓ Medical First Aid On-Site?	Agency and Phone:							
If yes, please describe or provide an attachm	nent of your plan: Off-duty TPD will have radio contact with EMSA							
Yes ✓ No Using Barricade Company?	Agency and Phone: RoadSafe Traffic Systems (918) 425-4550							
$If yes, the \ Barricade \ Co.\ providing \ equipment \ for the \ street \ closure \ must \ submit \ the \ plan \ in \ CAD/Electronic \ Format.$								
Equipment Setup: Date: 3/16/17 Time	e: <u>10 a.m.</u> Equipment Pickup: Date: <u>3/19/17</u> Time: <u>10 a.m.</u>							
Yes ✓ No ☐ Is there Parking Available?	If yes, please describe or provide an attachment of your plan:							
American Parking lots will be available								
Yes ✓ No ☐ Is there Disabled Parking?	If yes, please describe or provide an attachment of your plan:							
Located in American Parking lots								
Yes No ✓ Using a Shuttle Service?	If yes, please describe or provide an attachment of your plan:							
Other Related Activities and Informat	tion							
Yes ✓ No ☐ Entertainment On-Site?	✓ Live Music							
☐Fireworks ☐Inflatables	Animals Other (specify):							
Yes ✓ No ☐ Sound Amplification?	Setup Time: 1pm Start Time: 3pm Finish Time: 12am							
Yes ✓ No Certificate of Insurance?	Agency and Phone: Commercial Insurance Brokers 918.884.2900							
If yes, submit certificate. If no, please explain:								
Yes ✓ No Portable Rest Rooms?	Agency and Phone: Porta John of Tulsa 918.836.8657							
Number of Portable Rest Rooms: 5 Number of Disability Accessible Portable Rest Rooms: 2								
Equipment Setup: Date: 3/16/17 Time: 6pm Equipment Pickup: Date: 3/19/17 Time: TBD								

## Mitigation of Impact

Please describe your plan for cleanup Extra dumpster on site, hired extra s		=		<u> </u>
Number of Trash Receptacles: 12	Number o	f Dumpsters: 2	Number of Rec	cycling Containers: 1
Yes No ✓ Using a Sanitation Sea	rvice? Age	ncy and Phone:		
Equipment Setup: Date:				
Yes No ✓ Have you presented you	our event con	cept to the affected	d residents, business	ses, churches, and schools?
If yes, please attach a complete list o	f these entition	es. If no, please ex	plain: Will present	our event concept at the
February 2016 Blue Dome Merchan	t Association	Meeting		
Yes No ✓ Do you have a sample	of the notice			
If yes, please attach in an electronic	format. If no	, please explain: $\underline{i}$	n process of develo	ping
Yes No Other Information?				
Affidavit of Applicant				
Tulsa Police officers and public safety service control, and security. The Organizing Agenci including, but not limited to, Curfew Ordinan application approval does not imply City spot I certify that the information contained in the read, understand, and agree to abide by the ru of the Organizing Agency, am also authorize fees that may be incurred by or on behalf of	cy has the responder, City/County consorship. Reviet foregoing apples and regulation to commit the	onsibility to be aware y Public Health Regula ew the instructions fo lication is true and cor ons governing the propart at agency, and therefor City of Tulsa and Pol-	of and comply with Ci ations, and Police/Park I r further information in rect to the best of my k oosed Special Event. I fu re agree to be financial ince Department. Any of	ry Ordinances and Regulations Public Safety Requirements. An reference to Special Events. nowledge and belief that I have arther certify that I, on the behalf ly responsible for any costs and missions will delay the process
Print Name: Mark Shawnee	Sign	nature: <u>Moss</u>	Trainel	Date: 12/10/16
Mail to: Special Event Coordinat Or Email to: <a href="mailto:sbain@cityoftulsa.og">sbain@cityoftulsa.og</a>	ing Commit	tee, 175 East 2nd	Street, Suite 590, T	Sulsa, Oklahoma 74103
For City of Tulsa	Special Ev	ent Coordinat	ing Committee	Use Only
Date received: 12.16.2016	Date routed:	02.03.2017	Date for revi	ew: 02.22.2017
If any agency feels there are any problems withis date: 02.15.2017 . If any prostating the solution or reason for the objection OK 74103. For further information or discussions of the objection	th this application blems are resoluted be submission, contact the	on, contact the event of lived or not resolved b hitted to:Special Event he City of Tulsa Office	organizer and discuss the y that time, a copy of t Coordinating Commit e of Special Events at 9	e problems and solutions before his application and brief memo tee,175 East 2nd Street, Ste 590 18.576.5636. Fax 918.699.3602.
Special Event Coordinating Committee	ee Recomme	endation: Pend	ling Yes No	]:
Date routed to Mayor:	May	or's Recommenda	ution: Yes No	]:
Date routed to Council:	City	Council Approva	l: Yes No	]:
Comments: Form resubmitted (corre	ction) 02.01.	2017. Form and n	naps revised 02.02.2	2017.





