

City of Tulsa Special Event Permit Application

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| Summary of Even | nt | | | | |
|-------------------------|--------------------------------|---------------------------|--------------------------------|--|--|
| Event Title: | Date of Event: | | | | |
| Event Location: | | Council District: | | | |
| Event Description: | | (Submit Flyer or | Brochure in Electronic Format) | | |
| Event Sponsors: | | | | | |
| Anticipated Attenda | nce (participants, staff, vend | ors, crowd, etc.): Total: | Per Day: | | |
| Event Organizer | Information | | | | |
| Organizing Agency: | | Web Address: | | | |
| Agency Contact: | | Email Address: | | | |
| On-Site Contact: | | | On-Site Phone: | | |
| Billing Contact: | | Billing Phone: | | | |
| Billing Address: | Street | City | 0 | | |
| Agency Status: Prof | it Non-Profit Fun | | State Zip | | |
| | ute Map | | | | |
| | | | Time: | | |
| | | | Time: | | |
| Street(s) to be Close | d: | | | | |
| | | (Submit a Site N | Map in CAD/Electronic Format) | | |
| Event Opens: | Date: | Day of Week: | Time: | | |
| Street Closing for R | ace, Parade, Festival, etc.: | Date: | Time: | | |
| Street(s) to be Close | d: | | | | |
| | | (Submit Route N | Map in CAD/Electronic Format) | | |
| Race, Parade, or Esc | ort Start Times: | | | | |
| Daily Festival or Stre | eet Party Times: | | | | |
| Road Race Service C | Co. and Phone: | | | | |
| Event Closes: | Date: | Day of Week: | Time: | | |
| Street Opening: | Date: | Day of Week: | Time: | | |
| Event Dismantle: | Date: | Day of Week: | Time: | | |
| Street Opening: | Date: | Day of Week: | Time: | | |

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| Secondary | Permit Reg | uirements |
|-----------|------------|-----------|
| | | |

| 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 Ven | dors: Number | of Item Vendors: |
| Yes No Food Preparation On-Site? | Charcoal | Electric | Gas |
| Yes No Tents or Stages On-Site? | If yes, what sizes: | | |
| Yes No Other Structures On-Site? | If yes, please explain: | | |
| Yes No Using a City or River Park? | Name and location: | | |
| Security, Medical, Traffic, and Parki | _ | | |
| Yes No Security or Police On-Site? | Agency and Phone: _ | | |
| If yes, please describe or provide an attachn | | | |
| | | | |
| Yes No Medical First Aid On-Site? | Agency and Phone: _ | | |
| If yes, please describe or provide an attachm | nent of your plan: | | |
| | | | |
| Yes No Using Barricade Company? | Agency and Phone: _ | | |
| If yes, the Barricade Co. providing equipmer | t for the street closure r | nust submit the plan in | CAD/Electronic Format. |
| Equipment Setup: Date: Time | e: Equipmen | t Pickup: Date: | Time: |
| Yes No Is there Parking Available? | If yes, please describe | e or provide an attachr | nent of your plan: |
| | | | |
| Yes No Is there Disabled Parking? | If yes, please describe | e or provide an attachr | nent of your plan: |
| | | | |
| Yes No Using a Shuttle Service? | If yes, please describe | e or provide an attachr | nent of your plan: |
| | | | |
| Other Related Activities and Informa | tion | | |
| Yes No Entertainment On-Site? | Live Music | Recorded Music | Dancing |
| Fireworks Inflatables | Animals | Other (specify): | |
| Yes No Sound Amplification? | Setup Time: | Start Time: | Finish Time: |
| Yes No Certificate of Insurance? | Agency and Phone: _ | | |
| If yes, submit certificate. If no, please explain | in: | | |
| Yes No Portable Rest Rooms? | Agency and Phone: _ | | |
| Number of Portable Rest Rooms: | Number of Disability | Accessible Portable R | est Rooms. |
| | | | |

Please describe your plan for cleanup and removal of waste and garbage during and after your event:

| Number of Trash Receptacles | | | |
|--|--|--|--|
| Yes No Using a Sanita | tion Service? Agency and | d Phone: | |
| Equipment Setup: Date: | Time: | Equipment Pickup: Date: | Time: |
| Yes No Have you prese | | | |
| If yes, please attach a complete | te list of these entities. If no | o, please explain: | |
| Yes No Do you have a | sample of the notice that y | ou propose to distribute two v | veeks prior to your event? |
| If yes, please attach in an elec | tronic format. If no, pleas | e explain: | |
| Yes No Other Information | | | |
| Affidavit of Applicant | | | |
| Tulsa Police officers and public safe control, and security. The Organizit including, but not limited to, Curfew application approval does not imply I certify that the information contain read, understand, and agree to abide of the Organizing Agency, am also fees that may be incurred by or on b | In the foregoing applications gove authorized to commit that agence by the rules and regulations gove authorized to commit that agence ehalf of the Event to the City of | y to be aware of and comply with 0 Health Regulations, and Police/Parl nstructions for further information i is true and correct to the best of my erning the proposed Special Event. I y, and therefore agree to be financia Tulsa and Police Department. Any | City Ordinances and Regulations Cublic Safety Requirements. An in reference to Special Events. knowledge and belief that I have further certify that I, on the behalf ally responsible for any costs and omissions will delay the process. |
| Print Name: | Signature | | Date: |
| Or Email to: sbain@cityof | <u>'tulsa.org</u> . Your electroni | 75 East 2nd Street, Suite 590, c submission will serve as yo Coordinating Committee | our electronic signature. |
| Date received: | - | - | - |
| If any agency feels there are any pro this date: I stating the solution or reason for the OK 74103. For further information | | | |
| Special Event Coordinating C | ommittee Recommendatio | on: Pending Yes No |]: |
| Date routed to Mayor: | Mayor's Re | ecommendation: Yes No | _: |
| Date routed to Council: | City Counc | cil Approval: Yes No | : |
| Comments: | | | |
| | | | |

