

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:			

Cite Map 150ft x 200ft

