



BPAG 09/01/2011

# City of Tulsa

## Special Event Permit Application

Page 1 of 3

### Summary of Event

Event Title: \_\_\_\_\_ Date of Event: \_\_\_\_\_  
Event Location: \_\_\_\_\_ Council District: \_\_\_\_\_  
Event Description: \_\_\_\_\_ (Submit Flyer or Brochure in Electronic Format)  
Event Sponsors: \_\_\_\_\_  
Anticipated Attendance (participants, staff, vendors, 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 State Zip  
Agency Status: Profit \_\_\_\_ Non-Profit \_\_\_\_ Fundraiser? / What cause: \_\_\_\_\_

### Site Plan and Route Map

**Event Set-up:** Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_  
Street Closing for Set-up, Stages, Tents, etc.: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Street(s) to be Closed: \_\_\_\_\_  
(Submit a Site Map in CAD/Electronic Format)

**Event Opens:** Date: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_  
Street Closing for Race, Parade, Festival, etc.: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Street(s) to be Closed: \_\_\_\_\_  
(Submit Route Map in CAD/Electronic Format)

Race, Parade, or Escort Start Times: \_\_\_\_\_  
Daily Festival or Street Party Times: \_\_\_\_\_  
Road Race Service 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: \_\_\_\_\_

**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: \_\_\_\_\_ 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 Parking Plans**

Yes ☐ No ☐ Security or Police On-Site? Agency and Phone: \_\_\_\_\_

If yes, please describe or provide an attachment of your plan: \_\_\_\_\_

Yes ☐ No ☐ Medical First Aid On-Site? Agency and Phone: \_\_\_\_\_

If yes, please describe or provide an attachment of your plan: \_\_\_\_\_

Yes ☐ No ☐ Using Barricade Company? Agency and Phone: \_\_\_\_\_

If yes, the Barricade Co. providing equipment for the street closure must submit the plan in CAD/Electronic Format.

Equipment Setup: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Equipment Pickup: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Yes ☐ No ☐ Is there Parking Available? If yes, please describe or provide an attachment of your plan: \_\_\_\_\_

Yes ☐ No ☐ Is there Disabled Parking? If yes, please describe or provide an attachment of your plan: \_\_\_\_\_

Yes ☐ No ☐ Using a Shuttle Service? If yes, please describe or provide an attachment of your plan: \_\_\_\_\_

**Other Related Activities and Information**

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: \_\_\_\_\_

Yes ☐ No ☐ Portable Rest Rooms? Agency and Phone: \_\_\_\_\_

Number of Portable Rest Rooms: \_\_\_\_\_ Number of Disability Accessible Portable Rest Rooms: \_\_\_\_\_

Equipment Setup: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Equipment Pickup: Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Mitigation of Impact**

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

Number of Trash Receptacles: \_\_\_\_\_ Number of Dumpsters: \_\_\_\_\_ Number of Recycling Containers: \_\_\_\_\_

Yes ☐ No ☐ Using a Sanitation Service? Agency and Phone: \_\_\_\_\_

Equipment Setup: Date: \_\_\_\_\_ Time: \_\_\_\_\_ Equipment Pickup: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Yes ☐ No ☐ Have you presented your event concept to the affected residents, businesses, churches, and schools?

If yes, please attach a complete list of these entities. If no, please explain: \_\_\_\_\_

Yes ☐ No ☐ Do you have a sample of the notice that you propose to distribute **two weeks prior to your event?**

If yes, please attach in an electronic format. If no, please explain: \_\_\_\_\_

Yes ☐ No ☐ Other Information? \_\_\_\_\_**Affidavit of Applicant**

Tulsa Police officers and public safety services, and traffic-control signage and barricades will be required for street closings, traffic/crowd control, and security. The Organizing Agency has the responsibility to be aware of and comply with City Ordinances and Regulations including, but not limited to, Curfew Ordinance, City/County Public Health Regulations, and Police/Park Public Safety Requirements. An application approval does not imply City sponsorship. Review the instructions for further information in reference to Special Events. I certify that the information contained in the foregoing 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 the proposed Special Event. I further certify that I, on the behalf of the Organizing Agency, am also authorized to commit that agency, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Tulsa and Police Department. Any omissions will delay the process.

Print Name: \_\_\_\_\_ Signature:  Date: \_\_\_\_\_**Mail to: Special Event Coordinating Committee, 175 East 2nd Street, Suite 590, Tulsa, Oklahoma 74103****Or Email to: [sbain@cityoftulsa.org](mailto:sbain@cityoftulsa.org). Your electronic submission will serve as your electronic signature.****For City of Tulsa Special Event Coordinating Committee Use Only**

Date received: \_\_\_\_\_ Date routed: \_\_\_\_\_ Date for review: \_\_\_\_\_

If any agency feels there are any problems with this application, contact the event organizer and discuss the problems and solutions before this date: \_\_\_\_\_. If any problems are resolved or not resolved by that time, a copy of this application and brief memo stating the solution or reason for the objection should be submitted to: Special Event Coordinating Committee, 175 East 2nd Street, Ste 590 OK 74103. For further information or discussion, contact the City of Tulsa Office of Special Events at 918.576.5636. Fax 918.699.3602.

Special Event Coordinating Committee Recommendation: Pending ☐ Yes ☐ No ☐: \_\_\_\_\_Date routed to Mayor: \_\_\_\_\_ Mayor's Recommendation: Yes ☐ No ☐: \_\_\_\_\_Date routed to Council: \_\_\_\_\_ City Council Approval: Yes ☐ No ☐: \_\_\_\_\_

Comments: \_\_\_\_\_

