

City of Tulsa Special Event Permit Application

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Summary of Even	nt			
Event Title:		Date of Eve	nt:	
Event Location:		Council Dist	rict:	
Event Description:		(Submit Flyer or	(Submit Flyer or Brochure in Electronic Format)	
Event Sponsors:				
Anticipated Attenda	nce (participants, staff, vendo	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:	~	City	State Zip	
<u>Site Plan and Ro</u>	ute Map		Time:	
			Time:	
	d:			
			/ap in CAD/Electronic Format)	
Event Opens:	Date:	Day of Week:	Time:	
			Time:	
Street(s) to be Close	d:			
		(Submit Route N	/ap in CAD/Electronic Format)	
Race, Parade, or Esc	cort Start Times:			
Daily Festival or Str	eet Party Times:			
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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Secondar	v Permit Red	nuirements
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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	ng Plans		
Yes No Security or Police On-Site?	Agency and Phone: _		
If yes, please describe or provide an attachm			
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 equipment	t for the street closure n	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 attachn	nent of your plan:
Yes No Is there Disabled Parking?	If yes, please describe	e or provide an attachn	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 Informat	tion		
Yes No Entertainment On-Site?	Live Music	Recorded Music	Dancing
Yes No Entertainment On-Site?			Dancing
	Live Music	Other (specify):	_ 0
Fireworks Inflatables	Live Music Animals Setup Time:	Other (specify):Start Time:	Finish Time:
Fireworks Inflatables Yes No Sound Amplification?	Live Music Animals Setup Time: Agency and Phone: _	Other (specify):Start Time:	Finish Time:
Fireworks Inflatables Yes No Sound Amplification? Yes No Certificate of Insurance?	Live Music Animals Setup Time: Agency and Phone: _ n:	Other (specify):Start Time:	Finish Time:
☐ Fireworks ☐ Inflatables Yes No Sound Amplification? Yes No Certificate of Insurance? If yes, submit certificate. If no, please explai	Live Music Animals Setup Time: Agency and Phone: _ n: Agency and Phone: _	Other (specify):	Finish Time:

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

Nousland frank December 1			
	es: Number of Dumpster		
Yes No Using a Sanit	ation Service? Agency and Phe	one:	
Equipment Setup: Date:	Time: Equi	ipment Pickup: Date:	Time:
Yes No Have you pres	sented your event concept to the	affected residents, businesse	es, churches, and schools?
If yes, please attach a comple	ete list of these entities. If no, pl	ease explain:	
Yes No Do you have :	a sample of the notice that you p	ropose to distribute two we	eks prior to your event?
If yes, please attach in an ele	ectronic format. If no, please exp	plain:	
	ation?		
Affidavit of Applicant			
control, and security. The Organiz including, but not limited to, Curfe application approval does not impl I certify that the information conta read, understand, and agree to abid of the Organizing Agency, am also	fety services, and traffic-control signag- zing Agency has the responsibility to b w Ordinance, City/County Public Heal- ly City sponsorship. Review the instru- ined in the foregoing application is true by the rules and regulations governing authorized to commit that agency, and behalf of the Event to the City of Tulsa	be aware of and comply with Cit th Regulations, and Police/Park P ctions for further information in i e and correct to the best of my kn g the proposed Special Event. I fund d therefore agree to be financially	y Ordinances and Regulations ublic Safety Requirements. An eference to Special Events. owledge and belief that I have ther certify that I, on the behalf responsible for any costs and
fees that may be incurred by or on	behalf of the Event to the City of Tulsa	a and Police Department. Any on	issions will delay the process.
	behalf of the Event to the City of Tulsa Signature:		
Print Name: Mail to: Special Event Co Or Email to: <u>sbain@cityo</u>	Signature: oordinating Committee, 175 Ea oftulsa.org. Your electronic su	ast 2nd Street, Suite 590, Tu bmission will serve as you	Date: Ilsa, Oklahoma 74103 r electronic signature.
Print Name: Mail to: Special Event Co Or Email to: <u>sbain@cityo</u> For City of	Signature: oordinating Committee, 175 Ea offulsa.org. Your electronic su Tulsa Special Event Coor	ast 2nd Street, Suite 590, Tu bmission will serve as you rdinating Committee U	Date: Ilsa, Oklahoma 74103 r electronic signature. Jse Only
Print Name: Mail to: Special Event Co Or Email to: <u>sbain@cityo</u> For City of Date received:	Signature:	ast 2nd Street, Suite 590, To bmission will serve as you rdinating Committee U Date for revie	Date: Ilsa, Oklahoma 74103 r electronic signature. Jse Only w:
Print Name: Mail to: Special Event Co Or Email to: <u>sbain@cityo</u> For City of Date received:	Signature: oordinating Committee, 175 Ea offulsa.org. Your electronic su Tulsa Special Event Coor	ast 2nd Street, Suite 590, To bmission will serve as you rdinating Committee U Date for revie	Date: Ilsa, Oklahoma 74103 r electronic signature. Jse Only w:
Print Name: Mail to: Special Event Co Or Email to: sbain@cityo For City of Date received: If any agency feels there are any pr this date: stating the solution or reason for the OK 74103. For further information	Signature:	ast 2nd Street, Suite 590, To bmission will serve as you rdinating Committee U Date for revie be event organizer and discuss the solved by that time, a copy of th ial Event Coordinating Committe sa Office of Special Events at 91	Date: Ilsa, Oklahoma 74103 r electronic signature. Use Only w: problems and solutions before is application and brief memo e,175 East 2nd Street, Ste 590 8.576.5636. Fax 918.699.3602
Print Name: Mail to: Special Event Co Or Email to: sbain@cityo For City of Date received: If any agency feels there are any pr this date: stating the solution or reason for the OK 74103. For further information Special Event Coordinating of	Signature:	ast 2nd Street, Suite 590, To bmission will serve as you rdinating Committee U Date for revie be event organizer and discuss the solved by that time, a copy of the ial Event Coordinating Committed sa Office of Special Events at 91 Pending Yes No	Date: Ilsa, Oklahoma 74103 r electronic signature. Use Only w: problems and solutions before is application and brief memo e,175 East 2nd Street, Ste 590 8.576.5636. Fax 918.699.3602 :
Print Name: Mail to: Special Event Co Or Email to: sbain@cityo For City of Date received: If any agency feels there are any pr this date: stating the solution or reason for the OK 74103. For further information Special Event Coordinating of Date routed to Mayor:	Signature:	ast 2nd Street, Suite 590, Tu bmission will serve as you rdinating Committee U Date for revie be event organizer and discuss the solved by that time, a copy of the ial Event Coordinating Committe sa Office of Special Events at 91 Pending Yes No nmendation: Yes No	Date: Ilsa, Oklahoma 74103 r electronic signature. Use Only w: problems and solutions before is application and brief memo e,175 East 2nd Street, Ste 590 8.576.5636. Fax 918.699.3602 :

