

## City of Tulsa Special Event Permit Application

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<u>Summary of Ever</u>	nt				
Event Title: Spring	Fever Triathlon	Date of Event: 04/23/17			
Event Location: Jen	ks Aquatic Center	Council District: 2			
Event Description: S	print Tri	(Submit Flyer or Brochure in Electronic Format)			
Event Sponsors: _TI	BD				
Anticipated Attenda	nce (participants, staff, vendo	rs, crowd, etc.): Total: 275	Per Day: 1		
Event Organizer	Information				
Organizing Agency:	RunnersWorld Racing	Web Address: www.i	Web Address: www.runnersworldtulsa.com		
Agency Contact: Ka	athy Bratton	Email Address: runner	Email Address: runnersworldtulsa@yahoo.com		
On-Site Contact: Ka	athy Bratton	On-Site Phone: 918-80	On-Site Phone: 918-805-6905		
Billing Contact: Ka	athy Bratton	Billing Phone: 918-74	Billing Phone: 918-749-7557		
Billing Address: 39	20 S. Peoria Tulsa, Ok. 74105				
Agency Status: Prof	it Non-Profit Fund	City  Iraiser? / What cause: NA	State Zip		
Site Plan and Ro	ute Map	<del></del>			
Event Set-up:	Date: <u>04/23/2017</u>	_ Day of Week: Sunday	Time: 6:30Am		
Street Closing for Set-up, Stages, Tents, etc.:		Date: NA	Time: <u>NA</u>		
Street(s) to be Close	d: None closed (traffic contro	d)			
		(Submit a Site Ma	p in CAD/Electronic Format)		
<b>Event Opens:</b>	Date: 04/23/2017	_ Day of Week: Sunday	Time: <u>8AM</u>		
Street Closing for R	ace, Parade, Festival, etc.:	Date: 04/23/2017	Time: 8AM-10AM		
Street(s) to be Close	d: 81st South & 33rd West Av	ve (traffic control)			
		(Submit Route Ma	p in CAD/Electronic Format)		
Race, Parade, or Esc	ort Start Times: 400 yard poo	ol snake swim, 12 mile road bik	e ride and 2 mile road run		
Daily Festival or Str	eet Party Times: NA				
Road Race Service C	Co. and Phone: RunnersWor	ld Racing 918-749-7557			
<b>Event Closes:</b>	Date: 04/23/2017	_ Day of Week: Sunday	Time: 10:30AM		
Street Opening:	Date: NA	_ Day of Week: NA	Time: <u>NA</u>		
<b>Event Dismantle:</b>	Date: 04/23/2017	_ Day of Week: Sunday	Time: 11:00AM		
Street Opening:	Date: NA	_ Day of Week: NA	Time: NA		

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 Vend	lors: 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: Je	nks police   Contact p	pending				
If yes, please describe or provide an attachm	ent of your plan: <u>TPD</u>	Special Events (918)	586-6054				
Yes☑ No☐ Medical First Aid On-Site?	Agency and Phone: M	ledical staff on site					
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 equipmen	t for the street closure m	ust 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 attachn	nent of your plan:				
Yes No ✓ Is there Disabled Parking?	If yes, please describe	or provide an attachn	nent of your plan:				
Yes No ✓ Using a Shuttle Service?	If yes, please describe	or provide an attachn	nent of your plan:				
Other Related Activities and Information	ion						
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: U	SAT					
If yes, submit certificate. If no, please explain: will email you a copy							
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 clean Will haul away all trash	up and removal of waste and garba	age during and after your event	:
Number of Trash Receptacles:	Number of Dumpsters:	Number of Recycling Cont	ainers:
Yes No ✓ Using a Sanitation S	Service? Agency and Phone:		
Equipment Setup: Date:	Time: Equipment I	Pickup: Date: Tir	ne:
Yes No Have you presented If yes, please attach a complete list	•		
Yes No Do you have a samp	ole of the notice that you propose t	o distribute two weeks prior to	your event?
If yes, please attach in an electroni	ic format. If no, please explain:		
Yes No Other Information?			
Affidavit of Applicant			
Tulsa Police officers and public safety ser- control, and security. The Organizing Ag- including, but not limited to, Curfew Ordin application approval does not imply City I certify that the information contained in read, understand, and agree to abide by the of the Organizing Agency, am also author fees that may be incurred by or on behalf	vices, and traffic-control signage and barr gency has the responsibility to be aware nance, City/County Public Health Regula sponsorship. Review the instructions for the foregoing application is true and corre- e rules and regulations governing the prop- rized to commit that agency, and therefor of the Event to the City of Tulsa and Poli-	ricades will be required for street closing of and comply with City Ordinances ations, and Police/Park Public Safety Fourther information in reference to Spect to the best of my knowledge and bosed Special Event. I further certify the agree to be financially responsible ice Department. Any omissions will designed to the second se	ngs, traffic/crowd and Regulations Requirements. An pecial Events. belief that I have at I, on the behalf for any costs and elay the process.
Print Name: Kathy Bratton			
	nating Committee, 175 East 2nd a.org. Your electronic submission		
For City of Tuls	sa Special Event Coordinati	ing Committee Use Only	
Date received:03.20.2017	Date routed:04.04.2017	Date for review: <u>04.19.</u>	2017
If any agency feels there are any problems this date: 04.18.2017 . If any stating the solution or reason for the object OK 74103. For further information or dis	problems are resolved or not resolved by ion should be submitted to: Special Event	y that time, a copy of this application Coordinating Committee,175 East 2r	and brief memond Street, Ste 590
Special Event Coordinating Comm	nittee Recommendation: Pend	ling Yes No:	
Date routed to Mayor:	Mayor's Recommenda	tion: Yes No :	
Date routed to Council:	City Council Approval	: Yes No :	
Comments: Form revised and ma	aps attached 04.04.2017.		



