

## City of Tulsa Special Event Permit Application

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Summary of Ever	nt			
Event Title:		Date of Ev	Date of Event:	
Event Location:				
Event Description: _		(Submit Flyer o	(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:				
On-Site Contact:		On-Site Phone:		
Billing Contact:		Billing Phone:		
Billing Address:	Street	City	<b>7</b>	
Agency Status: Prof	it Non-Profit Fun		State Zip	
Site Plan and Ros			Tr.	
			Time:	
			Time:	
Street(s) to be Close	d:		M. I. CARCEL ( I.E. ()	
			e Map in CAD/Electronic Format)	
Event Opens:			Time:	
	ace, Parade, Festival, etc.:	Date:	Time:	
Street(s) to be Close	d:			
			e Map in CAD/Electronic Format)	
	·			
<b>Event Closes:</b>	Date:			
Street Opening:	Date:			
<b>Event Dismantle:</b>	Date:	Day of Week:		
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 attachm	nent 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	e: 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?				
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	e: Equipment Pickup: Date: Time:			

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