

## City of Tulsa Special Event Permit Application

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Summary of Ever	nt			
Event Title:		Date of E	Date of Event:	
		Council District:		
Event Description: _		(Submit Flyer or Brochure in Electronic Format)		
Event Sponsors:				
Anticipated Attenda	nce (participants, staff, vende	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	State Zip	
Agency Status: Prof		draiser? / What cause:	State Zip	
	Date:		Time:	
	et-up, Stages, Tents, etc.:		Time:	
Street(s) to be Close	d:			
		(Submit a Site	e Map in CAD/Electronic Format)	
<b>Event Opens:</b>	Date:	Day of Week:	Time:	
Street Closing for R			Time:	
Street(s) to be Close	d:			
		(Submit Route	e 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:			
<b>Event Closes:</b>	Date:	Day of Week:	Time:	
Street Opening:	Date:	Day of Week:	Time:	
<b>Event Dismantle:</b>	Date:	Day of Week:	Time:	
Street Opening:	Date:	Day of Week:	Time:	

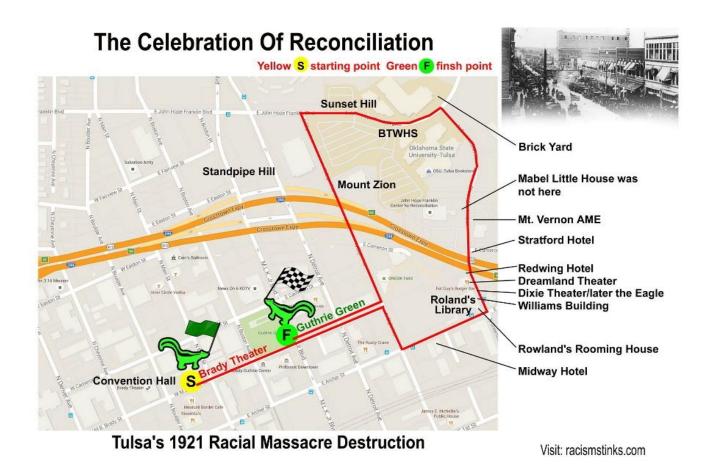
Secondary Permit Requirements				
Yes No Is this an Open Air Event?	Public Property Private Property Parking Lot			
Yes No Alcohol or Beer On-Site?	Alcohol Sales Beer Sales Free Beverages			
Yes No Concessionaires On-Site?	Number of Food Vendors: Number of Item Vendors:			
Yes No Food Preparation On-Site?	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 attachr	ment of your plan:			
Yes No Medical First Aid On-Site?	Agency and Phone:			
If yes, please describe or provide an attachr	ment of your plan:			
	Agency and Phone:			
	nt for the street closure must submit the plan in CAD/Electronic Format			
	ne: 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 Informa	ution			
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 expla	nin:			
Yes No Portable Rest Rooms?	Agency and Phone:			
Number of Portable Rest Rooms:	Number of Disability Accessible Portable Rest Rooms:			
Equipment Setup: Date: Tim	ne: Equipment Pickup: Date: Time:			

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## **Notice of Special Event with Street Closures**

Racismstinks Society hosts "The Celebration of Reconciliation" (See attached brochure)

On Saturday May 27, 2017, sections of the following streets will be temporarily closed between the hours of 7:00am to 11:00am: MB Brady, Archer, Greenwood, John Hope Franklin, and Elgin. Special Event Officer Sgt. Witt of the Tulsa Police Department and his crew will allow patrons in automobiles heading to the affected businesses access through the blocked off area during gaps of a safe distance between runners.



For any question please contact Mr. Richard Baxter at 918-946-3884 or email at racismstinks1921@yahoo.com