



BPAG 09/01/2011

City of Tulsa Special Event Permit Application

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. 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: _____



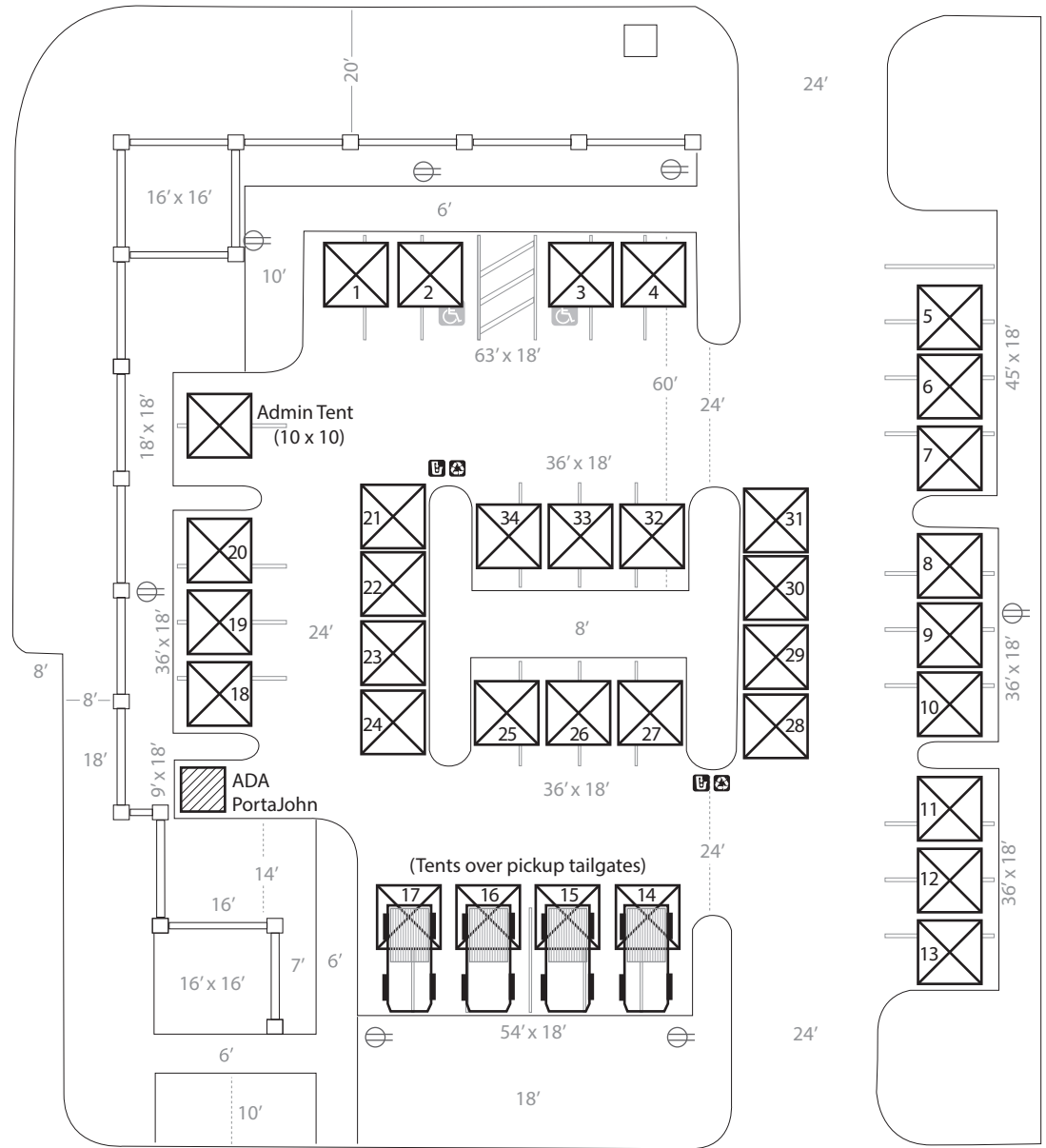
April 8 - Sept 30, 2017
 8:00am - noon
 (26 weeks)

Up to 34 stalls
 Vendors provide
 own tents/tables



ADMIRAL BLVD

LEWIS AVE





96-BP-K607-7 014112

CMP-4787
Page 1 of 1

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.



CMP-4787 WAIVER OF TRANSFER OF RIGHTS OF RECOVERY AGAINST OTHERS TO US

This endorsement modifies insurance provided under the following:
BUSINESSOWNERS COVERAGE FORM

SCHEDULE

Policy Number: 96-BP-K607-7

Named Insured:

**KENDALL WHITTIER MAIN STREET
INC
2508 E ADMIRAL BLVD
TULSA OK 74110-5213**

Name and Address of Person or Organization:

**CITY OF TULSA
175 E 2ND ST STE 570
TULSA OK 74103-3216**

The following is added to Paragraph 10.b. of SECTION I AND SECTION II — COMMON POLICY CONDITIONS:

We waive any right of recovery we may have against the person or organization shown in the Schedule because of payments we make for injury or damage arising out of:

- a. Your ongoing operations; or
- b. "Your work" done under contract with that person or organization and included in the "products-completed operations hazard".

This waiver applies only to the person or organization shown in the Schedule.
All other policy provisions apply.

CMP-4787

Policy No. 96-BP-K607-7

2094F831

FE-7315.1
(12/80)

STATE FARM FIRE & CASUALTY COMPANY

BLANK ENDORSEMENT

This endorsement effective SEP 21 2012 the effective hour being the same as that designated in the policy to which this endorsement is attached, forms a part of Policy No. 96-BP-K607-7 issued to RENDALL WHITTIER MAIN STREET INC

Loan No. _____

YOUR POLICY IS CHANGED AS FOLLOWS:

- 1 Insured's Name
- 2 Insured's Address
- 3 Effective Date
- 4 Expiration Date

- 5 Location
- 6 Construction
- 7 Mortgagee or Lienholder's Name
- 8 Mortgagee or Lienholder's Address

9 Other (Specify)

CITY OF TULSA
175 E 2ND ST STE 570
TULSA OK 74103

IN THE EVENT OF CANCELLATION OR NON-RENEWAL OF THE INSURANCE AFFORDED BY THIS COVERAGE PART, WE AGREE TO MAIL AT LEAST THIRTY (30) DAYS WRITTEN NOTICE OF CANCELLATION OR IN THE CASE OF NON-PAYMENT OF PREMIUM AT LEAST TEN (10) DAYS WRITTEN NOTICE OF CANCELLATION TO THE CITY OF TULSA AS SHOWN IN THE ABOVE SCHEDULE.

NO CHANGE IN PREMIUM:

CHANGE IN PREMIUM: INCREASE DECREASE

ENDORSEMENT PREMIUM: \$

FULL TERM PREMIUM FOR ENDORSEMENT: \$

The following Form Numbers are attached to and form a part of your policy.

The following Form Numbers are voided and no longer form a part of your policy.

*Minimum premium applies.

FE-7315.1
(12/80)

Agent M. Weber 36-2094
FIRE 36
TULSA SUBURBAN AFD F831