

## City of Tulsa SPECIAL EVENT PERMIT APPLICATION

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| Summary of Event                        |                              |                  |  |                      |  |
|---|------------------------------|------------------|--|----------------------|--|
| Name of Event: DSAT Buddy Walk & 5K     |                              |                  | Date(s) of Event: October 15, 2017   |                      |  |
| Location Start: Oral Roberts University |                              |                  | Council District: 2  |                      |  |
| Location End: Oral Roberts University   |                              |                  | Council District: 2  |                      |  |
| Event Description: 5K and               | Fun Run                      |                  | (At  | tach Flyer/Brochure) |  |
| <b>Event Category:</b>                  | ✓ Athletic/Recreation        | Parade           | Proce  | ession/March         |  |
| Festival/Celebration                    | Carnival                     | Circus           | Farm   | er/Outdoor Market    |  |
| Concert/Performance                     | Street/Block Party           | Police Esc       | ort Misco  | ellaneous            |  |
| Event Includes:                         | <b>✓</b> Street Closure      | Lane Close       | ure Sidev  | valk Closure         |  |
| Public Rights of Way                    | Private Property             | Public Par       | k Priva  | te Park              |  |
| ☐ Tent/Canopy                           | Merchandise Sales            | Food Sale        | Beer,  | Alcohol Sales        |  |
| ✓ Amplified Sound                       | Live Entertainment           | Open Flan        | ne Firew   | orks/Pyrotechnics    |  |
| No Parking Signage                      | ✓ Generator/Electricity      | Other:           | and the State of t |                      |  |
| Anticipated Participants: To            | otal: 350                    | Per Da           | y: 350   |                      |  |
| Anticipated Attendance: To              |                              | Per Da           |  |                      |  |
|   | thly Event? If yes, how many | events during th | e month?   |                      |  |
| Host Organization, A                    | Applicant and Profession     | onal Event O     | rganizer Info  | rmation              |  |
|   | Syndrome Association of To   |                  | 2 5 4/350 3/3/13 5 5   | unsignup/dsat5k      |  |
| Chief Officer of Host Organiz           |                              | 100,000,000      |  |                      |  |
| Email: president@dsat.org               |                              |                  | Phone: 918-906-0494  |                      |  |
| Applicant Name: Brian hoo               | ver                          |                  |  |                      |  |
| Email: brian@tatur.org                  |                              |                  | Phone: 918-244-6918  |                      |  |
| Professional Event Organize             | r: Tatur Racing              |                  |  |                      |  |
| Email: brian@tatur.org                  |                              | Phone            | Phone: 918-244-6918  |                      |  |
| On-site Contact: Robert Adams           |                              |                  | Mobile: 918-906-0494   |                      |  |
| Billing Contact: Robert Ad              |                              | Phone            |  |                      |  |
| Billing Address: 2629 W. D              |                              | Broken Arro      | The second of  | 74012                |  |
|   | Street                       | City             | State  | Zip                  |  |

Event Timeline and Lane/Street Closure Information Date: 10/15/17 Time: 10am **Event Setup:** Time: N/A ORU Prop. Date: N/A ORU property Street Closure for Event Setup: Street(s) to be Closed for Event Setup: See certified course map as attachement to this email.... (Attach Site Map) Time: 11:30am Date: 10/15/17 **Event Start:** Time: 10am Date: 10/15/17 Street Closure for Event Start: Street(s) to be Closed for Event Start: N/A Startin on ORU grounds (Attach Route Map) Run, Walk, Parade Start Time: 5K at 1pm. Walk at 3:30pm Daily Event Hours: NA Time: 5pm Date: 10/15/17 Event End: Date: 10/15/17 Time: 2:10pm Street Reopens After Event End: Date: 10/15/17 Time: 5pm **Event Teardown:** Date: NA Time: NA Street Reopens After Event Teardown: Secondary Permits Required Yes No Low-Point Beer on-site? Beer Sales Free Beer Yes No High-Point/Alcohol on-site? Alcohol Sales Wine Sales Free Alcohol/Wine Yes No Food Vendor on-site? Number of Food Vendors: 1 Number of Food Trucks: 1 Yes No Food Truck on-site? Yes No Food Cooked on-site? ✓ Charcoal Electric ✓ Gas Other Yes No Other Vendor on-site? Number of Item Vendors: Number of Service Vendors: Yes No V Tent/Canopy on-site? If yes, Provider and Phone: Please list number and size: Yes No ✓ Inflatable on-site? If yes, Provider, Phone and Number of Inflatables: Yes No Manusement Ride on-site? If yes, Provider, Phone and Number of Rides: (Attach Certificate of Operation) Yes No Does your event include the use of fireworks, rockets, lasers, or other pyrotechnics? If yes, Provider and Phone: (Attach Fireworks Permit)

| Yes No V Using Security an   | d/or Police? If yes, it  | ts Contact, Email and Pho   | ne:                         | Plans   |
|--|--|---|-----------------------------|---|
|  |  |   |                             | Attach Security Plan)                           |
| Yes No V Using Medical an  | d/or First Aid Service   | es? If yes, its Contact, Em   | ail and Phone:              |   |
|  |  |   | (                           | Attach Medical Plan)                            |
| Yes No Using Traffic Con   | trol Barricade Comp  | pany? If yes, its Contact, E  | mail and Phone              | : Tulsa PD                                      |
| (918) 586-6054   |  |   | (Attacl                     | Traffic Control Plan)                           |
| Equipment Setup: Date:   | Time:  | Equipment Pickup: [   | Date:                       | Time:   |
| Yes No V Using Crowd Mai   | nagement Fencing (   | Company? If yes, its Cont   | act, Email and F            | hone:   |
|  |  |   |                             | Attach Fencing Plan)                            |
| Equipment Setup: Date:   | Time:  | Equipment Pickup: I   | Date:                       | Time:   |
| Yes No Is Parking Availab  | ble? Parking Ga  | arage Paved Lot   | Street                      | Unpaved Lot                                     |
| If yes, please attach Parking Plan   | n/Map. If no, please   | e explain:  |                             |   |
| Yes No Is ADA Parking A  | vailable? If yes, atta   | ach Parking Plan/Map. If  | no, please exp              | lain:   |
| Vac No VI Heine Shuttle See  | ning House its Cont  | and Free Hand Blanca  |                             |   |
| Yes ☐ No ☑ Using Shuttle Ser   | rvicer iryes, its cont   | act, Email and Phone:   |                             |   |
| res No V Osing Snuttle Ser   | vice? If yes, its cont   |   |                             | (Attach Shuttle Plan)                           |
| Yes No V Using Valet Servi   |  |   |                             | (Attach Shuttle Plan)                           |
|  |  |   |                             | (Attach Shuttle Plan)                           |
|  | ce? If yes, its Conta  | ct, Email and Phone:  |                             | (Attach Shuttle Plan)                           |
| Yes No V Using Valet Servi   | ce? If yes, its Contain  | ct, Email and Phone:  |                             | (Attach Shuttle Plan)                           |
| Yes No V Using Valet Servi   | ce? If yes, its Contain  | ct, Email and Phone:  |                             | (Attach Shuttle Plan)                           |
| Yes No V Using Valet Servi   | ce? If yes, its Contactors ant Information OSAT Website  | ct, Email and Phone:  |                             | (Attach Shuttle Plan) _ (Attach Valet Plan)     |
| Yes No V Using Valet Servi  Sponsor and Other Eve  Event Sponsor(s): Many. See   | ce? If yes, its Contactors ant Information OSAT Website  | ct, Email and Phone:  |                             | (Attach Shuttle Plan) _ (Attach Valet Plan)     |
| Yes No V Using Valet Servi  Sponsor and Other Eve  Event Sponsor(s): Many. See   | ent Information OSAT Website  ty, River or Private F   | ct, Email and Phone:  | k and Location              | (Attach Shuttle Plan)  _ (Attach Valet Plan)  : |
| Yes No V Using Valet Servi  Sponsor and Other Eve  Event Sponsor(s): Many. See D  Yes No V Using City, Count   | ce? If yes, its Contact of the conta | Park? If yes, Name of Par   | k and Location              | (Attach Shuttle Plan)  _ (Attach Valet Plan)  : |
| Yes No V Using Valet Servi  Sponsor and Other Eve  Event Sponsor(s): Many. See D  Yes No V Using City, Count  Yes No V Using Drone on-s  | ent Information OSAT Website  ty, River or Private F site?   | Park? If yes, Name of Parmmercial Operator  | k and Location              | (Attach Shuttle Plan)  _ (Attach Valet Plan)  : |
| Yes No V Using Valet Servi  Sponsor and Other Eve  Event Sponsor(s): Many. See D  Yes No V Using City, Count  Yes No V Using Drone on-s  If yes, please attach License. If                     | ce? If yes, its Contact  ent Information  OSAT Website  ty, River or Private Factor  site?   | Park? If yes, Name of Parmercial Operator n: der and Phone:                                       | k and Location              | (Attach Shuttle Plan) _ (Attach Valet Plan) :   |
| Yes No Using Valet Servi  Sponsor and Other Eve  Event Sponsor(s): Many. See D  Yes No Using City, Count  Yes No Using Drone on-s  If yes, please attach License. If  Yes No Using Portable To | ce? If yes, its Contact  Int Information OSAT Website  ty, River or Private Factors site?  | Park? If yes, Name of Par<br>mmercial Operator<br>n:<br>der and Phone:<br>umber of ADA Accessible | Recreationa Portable Toilet | (Attach Shuttle Plan)  _ (Attach Valet Plan)  : |

## Site Plan and Route Map

| Your e                                  | vent site plan and route map should be submitted in CAD format and include, but not limited to:   |
|---|---|
|   | An outline of the entire event venue including the names of all streets or areas that are part of the venue and surrounding area. If the event involves a moving route of any kind, indicate the direction of travel and all street and lane closures.              |
|   | $The \ location \ of \ fencing, \ barriers \ and/or \ barricades. \ Indicate \ any \ removable \ fencing \ for \ emergency \ access.$   |
|   | The provision of minimum twenty foot (20') emergency access lanes throughout the event venue.   |
|   | The location of first aid facilities and ambulance stand-by.  |
|   | The location of all stages, platforms, scaffolding, bleachers, grandstands, canopies, tents, portable toilets, booths, beer gardens, cooking areas, trash containers and dumpsters, and other temporary structures.   |
|   | A detail or close-up of the food booth/truck and cooking area configuration including booth/truck identification of all vendors cooking with flammable gases or barbecue grills.  |
|   | Generator locations and/or source of electricity.   |
|   | Placement of support and media vehicles and/or trailers.  |
|   | Exit locations for outdoor events that are fenced and/or locations with tents and tent structures.  |
|   | Description of all event components required to meet ADA accessibility standards  |
|   | Other related event components or information not listed above.   |
| Ente                                    | rtainment and Related Activities  |
| follow<br>perfor                        | No Are there any musical entertainment features related to your event? If yes, please complete the ing information or provide an attachment listing all bands/performers, type of music, sound check and mance schedule.  er of Stages: Number of Performers/Bands: |
| Perfor                                  | mer/Band name and music type:   |
|   |   |
| Yes 🗸                                   | No Will sound amplification be used at your event?  |
| _                                       | Start time: 11:30am Finish time: 2pm  |
| Please                                  | describe the sound equipment that will be used for your event? Small 500W portable sound system   |
| Yes _                                   |   |
| If yes,                                 | Start Time:Finish Time:   |
| Yes _                                   | No Will hot air balloons, fire lanterns or similar devices be used at your event? If yes, please describe:  |
| Yes                                     | No Will your event include the use of any signs, banners, decorations, or special lighting? If yes,   |
| 1.45                                    | describe:   |
| 100000000000000000000000000000000000000 | 70 700 44 (4180)  |

| Gen | eral Rules for Application   |
|-----|--|
|     | A Special Event Permit is required to block pedestrian or vehicular traffic, or the use of private property for an outdoor venue open to the public.   |
|     | A Monthly Event Permit can be approved for a recurring event at the same location on multiple dates within the same month, provided no changes are made to the site plan and/or traffic control plan.  |
|     | Traffic control devices must be placed according to the <u>Manual on Uniform Traffic Control Devices</u> (MUTCD) and any additional City requirements for any type of road or lane closure.  |
|     | The Tulsa Police Department Special Events Unit (918) 586-6054 / (918) 586-6067 must be contacted to arrange for escorts and other event-related traffic control for any type of moving route.   |
|     | Contact Emergency Medical Services Authority (EMSA) for medical stand-by.  |
|     | Public rights-of-way must not be altered. Streets, sidewalks, trees, plants and buildings must be protected from damage during your event.   |
|     | Glassware is not allowed on-site for any outdoor events.   |
|     | Notification to impacted entities within 300 feet is required for all events (See below).  |
|     | Applicants must remove all trash and debris immediately following their event.   |
|     | If sales will take place at your event, you must provide the following documentation online fifteen (15) business days prior to the event:   |
|     | Submit a list of all vendors at the event including business name, contact name, address, and telephone number.  Oklahoma Vendors. Submit copies of sales tax permits of Oklahoma vendors at the event. Vendors  |
|     | must display copies of sales tax permits at the event.   |
| A   | Out of State Vendors. If out of state vendors will be making sales at the event, you must obtain a special event sales tax permit from the Oklahoma Tax Commission and submit a copy of the permit to the City of Tulsa. To obtain a special event sales tax permit, please contact the Oklahoma Tax Commission Special Events Division at (918) 581-2399. |
| A   | At the conclusion of the event, the <u>Special Events Sales Tax Form</u> needs to be completed and properly submitted by each vendor.  |
|     | Streets must not be painted. Handheld chalk and/or tape are the only allowed means of marking start/finish lines, route markers, logos and placement of tents, vendors, barricades, etc. unless approved.  |
|     | Event venues must comply with all ADA accessibility regulations.   |
|     | A permit does not give permission to trespass on private, county, state or federal property. You will need to show written proof that you have permission to use such property.  |
|     | A written statement from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this Special Event Permit on their behalf must be submitted.  |
|     | Events are processed on a first-come, first served basis. If a scheduling conflict occurs, preference will be given to the previously-permitted annual events operating on the customary event date(s).  |
|     | The City of Tulsa must not be included as a sponsor of the event unless authorized in writing.   |

| Mitig | qati | on | of I | mp | act |
|-------|------|----|------|----|-----|
| _     |      |    |      |    |     |

| Please describe your plan for cleanup and event: Volunteers will clean up the site  | Control of the Contro | Control of the Contro | Prove treatment of the second |
|---|--|--|---|
| Number of Trash Receptacles: 0 Number   |  |  |   |
| Yes No V Using Clean Up Service? P  | rovider and Phone:   |  |   |
| Equipment Setup: Date:T   | ime: Equipment P   | ickup: Date:   | Time:   |
| Yes No Have you presented your represent the venue area? If yes, please no, please explain:   | attach letters of endorseme  | nt or support from ea  | 실었다면 하셨다면 살아보다는 아이라 보이스   |
| Yes No Have you met with the remay be directly impacted by your event? explain:   | If yes, please attach a com  | plete list of these ent  |   |
| Yes No V Do you have a sample of t  | he notice that you propose   | to distribute to the in  | npacted entities two  |
| weeks prior to your event? If yes, please residences  | attach. If no, please explair  | e: Pending list from I   | INCOG of affected   |
| Affidavit of Applicant  |  |  |   |
| I certify that the information contained in to That I have read, understand, and agree to with all requirements of the City, County and and be financially responsible for any costs agree to indemnify and hold harmless the C from any claims (including cost of defending understand that a Permit does not excuse in City Event personnel, or emergency worker based upon injuries sustained at, or in conj | abide by the rules and regular d State, and any other regular and fees that may be incurred ity of Tulsa, and all City of Tulsa, such claims) or damages that my failure to comply with orders, and does not provide immunications.  | itions governing this Eventions governing this Eventity related to the by the City of Tulsa due a officers, employees, a may arise from activities of law enforcement process.   | rent. I agree to comply<br>is Event. I agree to pay<br>to the Event. I further<br>gents, representatives,<br>is related to the Event. I<br>personnel, firefighters,   |
| Print Name: Brian Hoover  | Signature: Brian Hoov  | er   | Date: 9/18/17   |
| Mail to: Special Events Coordinator.  |  |  |   |
| For City of Tu  | sa Special Events Comn   | nittee Use Only  |   |
| Date received: 09.18.2017 Date  | e routed:10.04.2017  | Date for review:_  | 10.11.2017  |
| Special Events Committee Recommenda   | tion: Pendin   | g Yes No   | 10.04.2017  |
| Date routed to Mayor: 10.05.2017  | Mayor's Recommendati   | on: Yes No   |   |
| Date routed to Council: 10.05.2017  | City Council Approval:   | Yes No No  |   |
| Date Permit Issued:   | Comments:  |  |   |
| Form revised 10.04.2017.  |  |  |   |



## **USATF** Certification OK14006DG

## ORU 5k Tulsa, OK - 5,000 meters

**Effective Dates** 02-16-14 to 12-31-24



Start/Finish: On the bridge over the creek on the campus road going out north from the Mabee Center parking lot. Start/finish point is 20 cm north of the

seem (joint) in the pavement that runs along the south edge of the bridge.

1k: On Rd around the outside of ORU North Parking Lot, 2.8 m east of the 2<sup>nd</sup> street light pole west of the the NW corner of the parking lot.

2k: On 75<sup>th</sup> St, at the bottom of the hill just before the course turn on to College Ave. Located 1.1 m west of the west edge of the driveway of 3006 E 75<sup>th</sup> St. 3k: On the bike path/sidewalk, directly as the sidewalk ends and the course turns left onto the entrance Rd for the baseball field parking lot.

4k: On the Rd around the North Parking Lot, 54.8 m east of the lane east edge of the lane (between 5" & 6" parking rows) where course turns going south.

