



07/2017

City of Tulsa

SPECIAL EVENT PERMIT APPLICATION

Page 1 of 8

Summary of Event

Name of Event: Fall Festival Date(s) of Event: 10-21-17
Location Start: 2828 S. 129th E. Ave. Tulsa 74134 Council District: 6
Location End: 2828 S. 129th E. Ave. Tulsa 74134 Council District: 6
Event Description: Encounter Church Fall Festival (Attach Flyer/Brochure)

Event Category:
☒ Festival/Celebration ☐ Athletic/Recreation ☐ Parade ☐ Procession/March
☐ Concert/Performance ☐ Carnival ☐ Circus ☐ Farmer/Outdoor Market
☐ Street/Block Party ☐ Police Escort ☐ Miscellaneous

Event Includes:
☐ Public Rights of Way ☒ Private Property ☐ Lane Closure ☐ Sidewalk Closure
☐ Tent/Canopy ☐ Merchandise Sales ☐ Public Park ☐ Private Park
☒ Amplified Sound ☐ Live Entertainment ☐ Food Sales ☐ Beer/Alcohol Sales
☐ No Parking Signage ☐ Generator/Electricity ☒ Other: Inflatables

Anticipated Participants: Total: TBD Per Day: _____

Anticipated Attendance: Total: TBD Per Day: _____

Yes ☐ No ☒ Is this a Monthly Event? If yes, how many events during the month? _____

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: Encounter Church Website: encounterchurchtulsa.com

Chief Officer of Host Organization: Steven Lee

Email: pastorsteve@encounterchurchtulsa.com Phone: 918-437-2930

Applicant Name: Charity Swindell

Email: charity@encounterchurchtulsa.com Phone: 918-724-6611

Professional Event Organizer: Allen Bergeron

Email: mysqww@gmail.com Phone: 918-592-8591

On-site Contact: Allen Bergeron Mobile: 918-592-8591

Billing Contact: Steven Lee Phone: 918-437-2930

Billing Address: 2828 S. 129th E. Ave. Tulsa OK 74134
Street City State Zip

Event Timeline and Lane/Street Closure Information

Event Setup: Date: 10-21-17 Time: 10:30 am
 Street Closure for Event Setup: Date: NA Time: _____
 Street(s) to be Closed for Event Setup: NA

(Attach Site Map)

Event Start: Date: 10-21-17 Time: 12 pm
 Street Closure for Event Start: Date: NA Time: _____
 Street(s) to be Closed for Event Start: NA

(Attach Route Map)

Run, Walk, Parade Start Time: NA
 Daily Event Hours: Noon to 2 p.m.

Event End: Date: 10-21-17 Time: 2 pm
 Street Reopens After Event End: Date: NA Time: _____
Event Teardown: Date: 10-21-17 Time: 2 pm
 Street Reopens After Event Teardown: Date: NA Time: _____

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: _____
 Yes ☐ No ☐ Food Truck on-site? Number of Food Trucks: _____
 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 ☒ Tent/Canopy on-site? If yes, Provider and Phone: _____

Please list number and size: _____ (Attach Tent Permit)

Yes ☒ No ☐ Inflatable on-site? If yes, Provider, Phone and Number of Inflatables: _____
 Bouncer's Kingdom 918-813-7498

Yes ☐ No ☒ Amusement 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)

Security, Medical, Traffic Control, Crowd Management and Parking Plans

Yes ☐ No ☒ Using Security and/or Police? If yes, its Contact, Email and Phone: _____
 _____ (Attach Security Plan)

Yes ☐ No ☒ Using Medical and/or First Aid Services? If yes, its Contact, Email and Phone: _____
 _____ (Attach Medical Plan)

Yes ☐ No ☒ Using Traffic Control Barricade Company? If yes, its Contact, Email and Phone: _____
 _____ (Attach Traffic Control Plan)

Equipment Setup: Date: _____ Time: _____ Equipment Pickup: Date: _____ Time: _____

Yes ☐ No ☒ Using Crowd Management Fencing Company? If yes, its Contact, Email and Phone: _____
 _____ (Attach Fencing Plan)

Equipment Setup: Date: _____ Time: _____ Equipment Pickup: Date: _____ Time: _____

Yes ☒ No ☐ Is Parking Available? ☐ Parking Garage ☒ Paved Lot ☒ Street ☐ Unpaved Lot

If yes, please attach Parking Plan/Map. If no, please explain: _____

Yes ☒ No ☐ Is ADA Parking Available? If yes, attach Parking Plan/Map. If no, please explain: _____

Yes ☐ No ☒ Using Shuttle Service? If yes, its Contact, Email and Phone: _____
 _____ (Attach Shuttle Plan)

Yes ☐ No ☒ Using Valet Service? If yes, its Contact, Email and Phone: _____
 _____ (Attach Valet Plan)

Sponsor and Other Event Information

Event Sponsor(s): _____

Yes ☐ No ☒ Using City, County, River or Private Park? If yes, Name of Park and Location: _____
 _____ (Attach Park Permit)

Yes ☐ No ☒ Using Drone on-site? ☐ Commercial Operator ☐ Recreational Operator

If yes, please attach License. If none, please explain: _____

Yes ☐ No ☒ Using Portable Toilets? If yes, Provider and Phone: _____

Total Number of Portable Toilets: _____ Number of ADA Accessible Portable Toilets: _____

Equipment Setup: Date: _____ Time: _____ Equipment Pickup: Date: _____ Time: _____

Yes ☐ No ☒ Other information? _____

Site Plan and Route Map

Your event 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.

Entertainment and Related Activities

Yes ☒ No ☐ Are there any musical entertainment features related to your event? If yes, please complete the following information or provide an attachment listing all bands/performers, type of music, sound check and performance schedule.

Number of Stages: _____ Number of Performers/Bands: _____

Performer/Band name and music type: Church Worship Team

Yes ☒ No ☐ Will sound amplification be used at your event?

If yes, Start time: 12 pm Finish time: 2 pm

Please describe the sound equipment that will be used for your event? _____

Mics, guitars, amps.

Yes ☐ No ☒ Will sound checks be conducted prior to the event?

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, please describe: _____

Mitigation of Impact

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: Staff will clean up and remove trash generated by the event in equal or better condition.

Number of Trash Receptacles: TBD Number of Dumpsters: 1 Number of Recycling Containers: 0

Yes ☐ No ☒ Using Clean Up Service? Provider and Phone: _____

Equipment Setup: Date: _____ Time: _____ Equipment Pickup: Date: _____ Time: _____

Yes ☐ No ☒ Have you presented your event concept to the officially recognized community groups that represent the venue area? If yes, please attach letters of endorsement or support from each of these groups. If no, please explain: _____

Yes ☐ No ☒ Have you met with the residents, businesses, places of worship, schools and other entities that may be directly impacted by your event? 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 to the impacted entities **two weeks prior to your event**? If yes, please attach. If no, please explain: _____

Affidavit of Applicant

I certify that the information contained in this 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 this Event. I agree to comply with all requirements of the City, County and State, and any other regulatory entity related to this Event. I agree to pay and be financially responsible for any costs and fees that may be incurred by the City of Tulsa due to the Event. I further agree to indemnify and hold harmless the City of Tulsa, and all City of Tulsa officers, employees, agents, representatives, from any claims (including cost of defending such claims) or damages that may arise from activities related to the Event. I understand that a Permit does not excuse my failure to comply with orders of law enforcement personnel, firefighters, City Event personnel, or emergency workers, and does not provide immunity from civil claims of third parties that are based upon injuries sustained at, or in conjunction with this Event.

Print Name: Charity Swindell Signature:  Date: 9-22-17

Mail to: Special Events Coordinator, 175 E. 2nd St., Ste. 590, Tulsa, OK 74103, (918) 576-5636 or
Email to: Special Events Coordinator. Your electronic submission will serve as your electronic signature.

For City of Tulsa Special Events Committee Use Only

Date received: 09.22.2017 Date routed: 10.04.2017 Date for review: 10.11.2017

Special Events Committee Recommendation: Pending ☐ Yes ☒ No ☐ 10.04.2017

Date routed to Mayor: 10.05.2017 Mayor's Recommendation: Yes ☐ No ☐ _____

Date routed to Council: 10.05.2017 City Council Approval: Yes ☐ No ☐ _____

Date Permit Issued: _____ Comments: _____

Form revised and missing pages via email pending 10.04.2017.