



07/2017

City of Tulsa

SPECIAL EVENT PERMIT APPLICATION

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Summary of Event

Name of Event: _____ Date(s) of Event: _____

Location Start: _____ Council District: _____

Location End: _____ Council District: _____

Event Description: _____ (Attach Flyer/Brochure)

Event Category:	<input type="checkbox"/> Athletic/Recreation	<input type="checkbox"/> Parade	<input type="checkbox"/> Procession/March
<input type="checkbox"/> Festival/Celebration	<input type="checkbox"/> Carnival	<input type="checkbox"/> Circus	<input type="checkbox"/> Farmer/Outdoor Market
<input type="checkbox"/> Concert/Performance	<input type="checkbox"/> Street/Block Party	<input type="checkbox"/> Police Escort	<input type="checkbox"/> Miscellaneous
Event Includes:	<input type="checkbox"/> Street Closure	<input type="checkbox"/> Lane Closure	<input type="checkbox"/> Sidewalk Closure
<input type="checkbox"/> Public Rights of Way	<input type="checkbox"/> Private Property	<input type="checkbox"/> Public Park	<input type="checkbox"/> Private Park
<input type="checkbox"/> Tent/Canopy	<input type="checkbox"/> Merchandise Sales	<input type="checkbox"/> Food Sales	<input type="checkbox"/> Beer/Alcohol Sales
<input type="checkbox"/> Amplified Sound	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Open Flame	<input type="checkbox"/> Fireworks/Pyrotechnics
<input type="checkbox"/> No Parking Signage	<input type="checkbox"/> Generator/Electricity	<input type="checkbox"/> Other: _____	

Anticipated Participants: Total: _____ Per Day: _____

Anticipated Attendance: Total: _____ 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: _____ Website: _____

Chief Officer of Host Organization: _____

Email: _____ Phone: _____

Applicant Name: _____

Email: _____ Phone: _____

Professional Event Organizer: _____

Email: _____ Phone: _____

On-site Contact: _____ Mobile: _____

Billing Contact: _____ Phone: _____

Billing Address: _____

Street

City

State

Zip

Event Timeline and Lane/Street Closure Information

Event Setup: Date: _____ Time: _____

Street Closure for Event Setup: Date: _____ Time: _____

Street(s) to be Closed for Event Setup: _____

(Attach Site Map)

Event Start: Date: _____ Time: _____

Street Closure for Event Start: Date: _____ Time: _____

Street(s) to be Closed for Event Start: _____

(Attach Route Map)

Run, Walk, Parade Start Time: _____

Daily Event Hours: _____

Event End: Date: _____ Time: _____

Street Reopens After Event End: Date: _____ Time: _____

Event Teardown: Date: _____ Time: _____

Street Reopens After Event Teardown: Date: _____ Time: _____

Secondary Permits RequiredYes ☐ No ☐ Low-Point Beer on-site? ☐ Beer Sales ☐ Free BeerYes ☐ No ☐ High-Point/Alcohol on-site? ☐ Alcohol Sales ☐ Wine Sales ☐ Free Alcohol/WineYes ☐ 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: _____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: _____

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

If yes, Start time: _____ Finish time: _____

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

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: _____

General Rules for Application

- ☐ Any Special Event which necessitates the closing or using a street or sidewalk, venue for carnival or circus, police escort or traffic control, or any Special Event which includes the serving or consumption of alcoholic beverages and/or beer must carry a [policy of liability insurance](#) in the amount \$1,000,000.00. Such insurance policy should be issued by an insurance company licensed to do business in the State of Oklahoma. A certificate of such insurance coverage, naming the City of Tulsa (175 E. 2nd St., Tulsa OK 74103) as Additional Insured, must be on file with the City of Tulsa fifteen (15) business days prior to the event. List the name and date of event on the certificate of insurance.
- ☐ In most cases, issuance of a Special Event Permit will serve as your approval to use amplified sound within the event venue as outlined in your permit application. Sound levels should not exceed 90 decibels 15 feet from the source. [Sound levels](#) may have to be lowered between 11 p.m. and 7 a.m.
- ☐ Tents/canopies or grouping of tents over 400 square feet require a tent permit. A tent permit must be obtained before erecting a tent. Tent stakes driven into the ground, street, sidewalk, or tent straps attached to poles are prohibited on public property. The [Tent Permit Application](#) (918) 596-9601 requires submittal fifteen (15) business days prior to the event. Review [Tent/Canopy requirements](#).
- ☐ [City, County](#) (20-day County Beer Permit process) and [State](#) Special Event Beer Permits are required to sell low-point beer outdoors on public property and includes private property (shared parking lot) adjacent to a business. Submit all permits fifteen (15) business days prior to the event. Review [Special Event Beer Application requirements](#).
- ☐ A [Special Event Alcohol Beverage License](#) is required to sell or serve high-point beer or alcohol outdoors on public property and includes private property (shared parking lot) adjacent to a business. The Oklahoma Alcoholic Beverage Laws Enforcement Commission (ABLE) (405) 521-3484 requires the submittal of the Public Event License application sixty (60) days prior to the event. Once received, present the ABLE License to the City of Tulsa Business License Office (918) 596-7640 and obtain a Special Event City Beverage License. Provide your plans to the Special Events Coordinator for outdoor alcohol premise enforcement prior to the event. Review [Beer Garden requirements](#).
- ☐ Rules for discharges into the storm sewer are stated in [Chapter 5 Pollution ordinance, section 502, B. subsection 1.d](#). Prohibited discharges "Any material that is disposed of or dumped in such a manner that causes pollutants to be discharged." This includes, but is not limited to, paints, process wastewater and liquids other than uncontaminated water. Violations of the pollution ordinance carry fines up to \$1000.00 per violation.
- ☐ Contact the [Tulsa Health Department](#) (918) 595-4361 for requirements related to food or beverage sales at the event.
- ☐ There is no permit required for a Drone within the City limits; however, all FAA regulations must be followed. Please review the [Best Management Practices](#). Please [register](#) your Drone and send a copy of the license to the Special Events Coordinator.
- ☐ Your permit may be revoked for any of the following: Fraud, misrepresentation, failure to obtain required secondary permits, imminent threat to public health, safety and/or welfare. If your permit is revoked, future permit requests may be denied.

Mitigation of Impact

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: _____

Number of Trash Receptacles: _____ Number of Dumpsters: _____ Number of Recycling Containers: _____

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: _____ Signature: _____ Date: _____

**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: _____ Date routed: _____ Date for review: _____

Special Events Committee Recommendation: Pending ☐ Yes ☐ No ☐ _____

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

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

Date Permit Issued: _____ Comments: _____

Thank you for completing your Special Event Permit Application. Before you submit your application to the City of Tulsa, please make sure that the following steps have been completed:

Have you ?

- ☐ Reviewed the general rules of the application?
- ☐ Signed (if to be mailed) and dated your application?
- ☐ Attached a written communication from the Chief Officer of the Host Organization authorizing the applicant and/or professional event organizer to apply for this permit on their behalf?
- ☐ Attached your event site map?
- ☐ Attached your event moving route map?
- ☐ Attached your event security, communication and contingency plan?
- ☐ Attached your event medical, communication and contingency plan?
- ☐ Attached your event traffic control plan/map?
- ☐ Attached your event parking plan/map?
- ☐ Attached your event shuttle plan/map?
- ☐ Attached your event valet plan/map?
- ☐ Attached a complete entertainment list and schedule?
- ☐ Attached a complete parade entry list and guidelines?
- ☐ Attached a list of entities and community groups impacted by your event that were notified and/or provided letters of support or endorsement?
- ☐ Attached notice of communications that will be distributed to residents, businesses, schools, places of worship and other entities impacted by your event?
- ☐ Attached written permission from the owners, if using private property?
- ☐ Attached your Certificate of Insurance?

Please submit the following documents to the City of Tulsa (if applicable) at least fifteen (15) business days prior to the event:

- ☐ Copy of your tent permit(s).
- ☐ Copies of your three (3) low-point beer licenses (City, County and State).
- ☐ Copies of your high-point beer/alcohol licenses. (City and ABLE)
- ☐ Copy of your park permit.
- ☐ Copy of your fireworks/fire permit(s).
- ☐ A list of Oklahoma and out-of-state vendors on-site at the event and copies of sales tax permits required.
- ☐ Proof of Drone registration with the FAA.



Closed

Cameron Street

the dock

the lawn

the stage

CONED OFF

FOOD TRUCKS

MLK Jr. Boulevard

CONED OFF

Brady Street

CONED OFF