Permit #: SPEV-001656-2018 Application Date: 05/17/2018



City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: CF Cycle for Life Night Ride Date(s) of Event: September 14, 2018

Location Address: 111 E MATHEW BRADY ST N Council District(s): 4, 9

Event Description: Cycling Event **Event Category:** Athletic/Recreation

Event Includes: Amplified Sound, Tent/Canopy, Private Park, Public Right of Way, Police Escort

Anticipated Attendance: Total: 200 Per Day: 200 Anticipated Participants: Total: 150 Per Day: 150

Number of Events for Monthly Event: NA

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: Cystic Fibrosis Foundation Website: http://fightcf.cff.org/site/TR?

Chief Officer of Host Organization: JoAnn Winn fr id=6967&pg=entry

Email and Phone: jwinn@cff.org Applicant Name: Jenny Morris

Email and Phone: jemorris@cff.org 918-744-6354

Professional Event Organizer: NA

Email and Phone:

On-site Contact: Jenny Morris Mobile: <u>580-656-6175</u> Billing Contact: Cystic Fibrosis Foundation Phone: <u>918-744-6354</u>

Billing Address: 2642 East 21st Street 100

Tulsa OK 74114

Event Timeline and Lane/Street Closure Information

Event Setup: Date: <u>09/14/2018</u> Time: <u>9:00AM</u>

Street Closure for Event Setup: Date: Time:

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

 Event Start:
 Date:
 09/14/2018
 Time:
 5:00pm

 Street Closure for Event Start:
 Date:
 09/14/2018
 Time:
 6:30pm

Street(s) to be Closed for Event Start: <u>Intermittent Traffic Control - Police Escort - See Route Map</u>

Run, Walk, Parade Start Time: Ride 6:30 p.m.

Daily Event Hours: Registration 5 p.m.

 Event End:
 Date:
 09/14/2018
 Time:
 10:30pm

 Street Reopens after Event End:
 Date:
 09/14/2018
 Time:
 10pm

 Event Teardown:
 Date:
 09/14/2018
 Time:
 10:30pm

Street Reopens after Event Teardown: Date: Time:

Secondary Permits Required

Beer Sales, Alcohol Sales: Not Applicable

Number of Food Vendors: <u>1</u>
Number of Food Trucks: <u>0</u>

Food Cooked on-site: Yes Fuel(s) to be used: Electric

Number of Item Vendors: $\underline{0}$ Number of Service Vendors: $\underline{0}$

Number of Tents/Canopies: 2 Provider and Phone: Party Pro Rents, 918-622-8102

Number of Inflatables: 0 Provider and Phone: NA.

Number of Amusement Rides: 0 Provider and Phone: NA

Use of fireworks, rockets, lasers, or other pyrotechnics: No

Provider and Phone: NA,

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

Security and/or Police: Contact, Email and Phone: TPD Special Events Unit,

(918) 586-6054

Medical and/or First Aid Services: Contact, Email and Phone: EMSA, Holly Jones, 405-297-7131

Traffic Control Barricade Company: Contact, Email and Phone: NA

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

Crowd Management Fencing Company: Contact, Email and Phone: NA

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

Parking Type: <u>Street</u>

Transportation Service: No service

Transportation Service: Contact, Email and Phone: NA

Sponsor and Other Event Information

Event Sponsor(s): Coney Islander, Genetech.

Name of Park and Location, if applicable: River Parks

2100 S Jackson Ave

Drone: No

Portable Toilets: Provider and Phone: NA

Total Number of Portable Toilets: 0 Number of ADA Accessible Portable Toilets: 0

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

Other information: NA

Entertainment and Related Activities

Number of Stages: 1	Number of Performers/Bands: 1			
Performer/Band name and music type: DJ				
Sound Amplification: Yes	Start Time:	<u>6:00pm</u>	Finish Time:	<u>10:00pm</u>
Please describe the sound equipment that will be	used for your e	event:		
DJ with Speakers- Guthrie Green				
Sound checks conducted prior to the event: No		Start Time: Finish Time:		
Describe hot air balloons, fire lanterns or similar devices used at event:				
<u>NA</u>				
Describe the use of any signs, banners, decorations, or special lighting used at event:				
Signs and lighting				
Mitigation of Impact				
<u> </u>				
Please describe your plan for cleanup and remova event: Will Clean up night of with volunteers, Rent				
Number of Trash Receptacles: <u>10</u> Number	of Dumpsters:	<u>0</u> Numbe	er of Recycling Co	ontainers: <u>0</u>
Cleanup Service Provider and Phone, if applicable: <u>NA</u>				
Equipment Setup: Date: Time:	Equi	ipment Pickup: [)ate:	Time:
Presented Event Concept to: No complete street closure				
Other entities River Parks Authority				
Avidavit of Applicant				
I certify that the information contained in this Appli That I have read, understand, and agree to abide comply with all requirements of the City, County at agree to pay and be financially responsible for any the Event. I further agree to indemnify and hold hat agents, representatives, from any claims (including activities related to the Event. I understand that a lenforcement personnel, firefighters, City Event per from civil claims of third parties that are based upon	cation is true a by the rules an of State, and a costs and fee rmless the City cost of defen ermit does no sonnel, or emon injuries susta	and correct to the dregulations go any other regulat s that may be in y of Tulsa, and a ding such claims of excuse my fail ergency workers ained at, or in co	e best of my know verning this Even cory entity related curred by the City Il City of Tulsa of s) or damages that ure to comply with a, and does not pronjunction with thi	rledge and belief. It. I agree to to this Event. I of Tulsa due to ficers, employees at may arise from h orders of law ovide immunity s Event.
Initials: On File				

Pate received: 05.17.2018 Date routed: 09.06.2018 Date for review: 09.12.2018 Special Events Committee Recommendation: Date routed to Mayor: Mayor's Recommendation: Date routed to Council: City Council Approval: Date Permit Issued: Comments: Map revised 08.29.18. Form revised 09.06.18.



