



City of Tulsa

SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: BOK Financial Mobile Mammogram Date(s) of Event: 10/04/18
Location Address: 3 S BOSTON AVE E Council District(s): 4
Event Description: Mobile mammogram for BOKF employees
Event Category: Street, Lane, or Sidewalk Closure
Event Includes: Public Right of Way, No Parking Signage
Anticipated Attendance: Total: 0 Per Day: 0
Anticipated Participants: Total: 0 Per Day: 0
Number of Events for Monthly Event: NA

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: BOK Financial Website: NA
Chief Officer of Host Organization: Lauren Stoup
Email and Phone: lstoup@bokf.com 918-588-6434
Applicant Name: Lauren Stoup
Email and Phone: lstoup@bokf.com 918-588-6434
Professional Event Organizer: NA
Email and Phone:
On-site Contact: Lauren Stoup Mobile: 918-588-6434
Billing Contact: BOK Financial Phone: 918-588-6434
Billing Address: 1 Williams Center
Tulsa OK 74103

Event Timeline and Lane/Street Closure Information

Event Setup: Date: 10/04/2018 Time: 7:00 AM

Street Closure for Event Setup: Date: 10/04/2018 Time: 7:00 AM

Street(s) to be Closed for Event Setup: See below information

Event Start: Date: 10/04/2018 Time: 8:00 AM

Street Closure for Event Start: Date: 10/04/2018 Time: 8:00 AM

Street(s) to be Closed for Event Start: This will not close the entire street, but just block off a portion of the east curb of Boston Ave where there are No Parking signs. East curb lane of Boston Ave, between the south and north driveways of OK Jazz Hall of Fame.

Run, Walk, Parade Start Time: NA

Daily Event Hours: 8 AM to 5 PM

Event End: Date: 10/04/2018 Time: 5:00 PM

Street Reopens after Event End: Date: 10/04/2018 Time: 5:00 PM

Event Teardown: Date: 10/04/2018 Time: 5:00 PM

Street Reopens after Event Teardown: Date: 10/04/2018 Time: 5:00 PM

Secondary Permits Required

Beer Sales, Alcohol Sales: Not Applicable

Number of Food Vendors: 0

Number of Food Trucks: 0

Food Cooked on-site: No Fuel(s) to be used:

Number of Item Vendors: 0 Number of Service Vendors: 0

Number of Tents/Canopies: 0 Provider and Phone: NA

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: NA

Medical and/or First Aid Services: Contact, Email and Phone: NA

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: Parking not available

Transportation Service: No service

Transportation Service: Contact, Email and Phone: NA

Sponsor and Other Event Information

Event Sponsor(s): NA

Name of Park and Location, if applicable: NA

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: 0

Number of Performers/Bands: 0

Performer/Band name and music type: NA

Sound Amplification: No

Start Time:

Finish Time:

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

NA

Sound checks conducted prior to the event: No

Start Time:

Finish Time:

Describe hot air balloons, fire lanterns or similar devices used at event:

NA

Describe the use of any signs, banners, decorations, or special lighting used at event:

NA

Mitigation of Impact

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

Number of Trash Receptacles: 0

Number of Dumpsters: 0

Number of Recycling Containers: 0

Cleanup Service Provider and Phone, if applicable: NA

Equipment Setup: Date:

Time:

Equipment Pickup: Date:

Time:

Presented Event Concept to: No street closure

Avidavit 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.

Initials: On File

For City of Tulsa Special Events Committee Use Only

Date received: 07.11.2018 Date routed: 09.18.2018 Date for review: 09.19.2018

Special Events Committee Recommendation: _____ ☐ Yes ☐ No

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

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

Date Permit Issued: _____ Comments: Form revised 09.18.2018