

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: Gathering Place Daily Operation	Date(s) of Event: Dec 1 - Dec 31, 2018			
Location Address: 3048 S BOSTON PL E	Council District(s): <u>4</u>			
Event Description: Winter & Christmas décor and Christmas market				
Event Category: Miscellaneous				
Event Includes: Private Park, Private Property				
Anticipated Attendance: Total: 15000	Per Day: <u>5000</u>			
Anticipated Participants: Total: 0	Per Day: <u>0</u>			
Number of Events for Monthly Event: NA				

Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	Gathering Place	Website: www.gatheringplace.org			
Chief Officer of Host Organization: Tony Moore					
Email and Phone:	<u>407-761-4676</u>				
Applicant Name:	Jimmy Cruz				
Email and Phone:	jcruz@gatheringplace.org 918-94	<u>17-6221</u>			
Professional Event Organizer:	NA				
Email and Phone:					
On-site Contact:	Jimmy Cruz	Mobile: <u>407-761-4676</u>			
Billing Contact:	Gathering Place	Phone: <u>918-947-6221</u>			
Billing Address:	<u>3048 South Boston Place</u> Tulsa OK 74114				

Event Timeline and Lane/Street Closure Information

Event Setup: Street Closure for Event Setup: Street(s) to be Closed for Event Setup:	Date: <u>12/01/2018</u> Date: NA	Time: Time:
Event Start:	Date: <u>12/01/2018</u>	Time:
Street Closure for Event Start:	Date:	Time:
Street(s) to be Closed for Event Start:	<u>NA</u>	
Run, Walk, Parade Start Time:	<u>NA</u>	
Daily Event Hours: <u>NA</u>		
Event End:	Date: <u>12/31/2018</u>	Time:
Street Reopens after Event End:	Date:	Time:
Event Teardown:	Date: 12/31/2018	Time:
Street Reopens after Event Teardown:	Date:	Time:

Secondary Permits Required

Beer Sales, Alcohol Sales:	<u>Not</u>	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: <u>NA</u>		
Number of Inflatables:	0	Provider and Phone: <u>NA,</u>		
Number of Amusement Rides	: <u>0</u>	Provider and Phone: <u>NA</u>		
Use of fireworks, rockets, lasers, or other pyrotechnics: <u>No</u>				

Provider and Phone: <u>NA</u>,

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

Security and/or Police: Contact, Email and Phone:	On site Security jcruz@gatheringplace.org 407-761-4676	
Medical and/or First Aid Services: Contact, Email a	nd Phone: <u>NA</u>	
Traffic Control Barricade Company: Contact, Email	and Phone: <u>NA</u>	
Equipment Setup: Date: Time:	Equipment Pickup: Date: Ti	me:
Crowd Management Fencing Company: Contact, E	mail and Phone: <u>NA</u>	
Equipment Setup: Date: Time:	Equipment Pickup: Date: Ti	me:
Parking Type: Unpaved Lot		
Transportation Service: Shuttle Service		
Transportation Service: Contact, Email and Phone:	Trans Sol Pro Kevin Sparks 918-830-0315 kevin@transolpro.com	

Sponsor and Other Event Information

Event Sponsor(s): <u>The Gathering Place</u>			
Name of Park and Location, if applicable:	<u>The Gathering Place</u> 2650 S John Williams Way E		
Drone: <u>No</u>			
Portable Toilets: Provider and Phone:	NA		
Total Number of Portable Toilets: <u>0</u>	Number of ADA Accessible Portable Toilets: 0		
Equipment Setup: Date:	Time:		
Equipment Pickup: Date:	Time:		
Other information: <u>NA</u>			

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:	Finish Time:	
Please describe the sound equipment that w	ill be used for your event:			
NA				
Sound checks conducted prior to the event:	No Start 1	Time: Finish T	ime:	
Describe hot air balloons, fire lanterns or sim	ilar devices used at event:			
NA				
Describe the use of any signs, banners, deco	prations, or special lighting	used at event:		
NA				
Mitigation of Impact				
Please describe your plan for cleanup and re event: Daily Upkeep	moval of recyclable goods	, waste and garbage duri	ng and after your	
Number of Trash Receptacles: 1 Nu	mber of Dumpsters: 3	Number of Recycling (Containers: 1	

Cleanup Service Provider and Phone, if applicable: NA

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

Presented Event Concept to: No street closures

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

Time:

For City of Tulsa Special Events Committee Use Only

Date received:	12.04.2018	Date routed:	12.10.	2018	Date for rev	view:	Email Review	
Special Events (Committee Recor	- nmendation:			□ Yes □ No	_		
Date routed to M	layor:		Mayor'	s Recomm	endation:			🗆 Yes 🗆 No
Date routed to C	Council:		Ci	ty Council	Approval:			🗆 Yes 🗆 No
Date Permit Issu	led:	Com	ments:	Form rev	rised 12.10.201	8		

