

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: MLK Walk in Peace						
Location Address: 701 S CINCINNATI AVE E						
Event Description: Processional						
Event Category: Procession/March						
Event Includes: Public Right of Way, Street Closure						
Anticipated Attendance: Total: 200						
Anticipated Participants: Total: 200						
Number of Events for Monthly Event: NA						

Date(s) of Event: <u>January 20, 2018</u> Council District(s): <u>4</u>

Per Day: <u>200</u> Per Day: <u>200</u>

Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	Martin Luther King Jr. Commemoration Society	Website: www.mlktulsa.com					
Chief Officer of Host Organization	: <u>Pleas Thompson</u>						
Email and Phone:	mlktulsa@gmail.com						
Applicant Name:	Pleas Thompson						
Email and Phone:	mlktulsa@gmail.com Pending						
Professional Event Organizer:	NA						
Email and Phone:							
On-site Contact:	<u>Sue Bunday</u>	Mobile: <u>503-380-3727</u>					
Billing Contact:	Martin Luther King Jr. Commemoration Society	Phone: Pending					
Billing Address:	<u>PO Box 14025</u> Tulsa OK 74159						

Event Timeline and Lane/Street Closure Information

Event Setup:	Date: 01/20/2019 Time: 1700					
Street Closure for Event Setup:	Date: 01/20/2019 Time: 1700					
Street(s) to be Closed for Event Setup:	Cincinnati Ave from 7th St to 8th St					
Event Start:	Date: 01/20/2019 Time: <u>1730</u>					
Street Closure for Event Start:	Date: 01/20/2019 Time: <u>1715</u>					
Street(s) to be Closed for Event Start:	8th St and Cincinnati to 13th St and Boston Ave					
Run, Walk, Parade Start Time:	<u>1730</u>					
Daily Event Hours: <u>1700 to 1830</u>						
Event End:	Date: 01/20/2019 Time: 1815					
Street Reopens after Event End:	Date: 01/20/2019 Time: 1815					
Event Teardown:	Date: 01/20/2019 Time: 1815					
Street Reopens after Event Teardown:	Date: 01/20/2019 Time: 1815					

Secondary Permits Required

Beer Sales, Alcohol Sales:	<u>Not</u>	t 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: (<u>)</u>		
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, Ema		<u>PD Special Events Unit</u> <u>8-586-6054</u>				
Medical and/or First Aid Services: Co	ontact, Email and	Phone: <u>EMSA</u> <u>918-596-3100</u>				
Traffic Control Barricade Company: 0	Contact, Email an	d Phone: <u>NA</u>				
Equipment Setup: Date:	Time:	Equipment Pickup: Date:				
Crowd Management Fencing Company: Contact, Email and Phone: <u>NA</u>						
Equipment Setup: Date:	Time:	Equipment Pickup: Dat	e: Time:			
Parking Type: ADA parking availab	ole, Paved Lot					
Transportation Service: <u>No service</u>						
Transportation Service: Contact, Ema	ail and Phone: <u>N</u>	<u>IA</u>				

Sponsor and Other Event Information

Event Sponsor(s): Dr. Martin Luther King Jr.	Commemoration Society
Name of Park and Location, if applicable: <u>N</u>	<u>IA</u>
Drone: <u>No</u>	
Portable Toilets: Provider and Phone: NA	<u>×</u>
Total Number of Portable Toilets: 0	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: <u>NA</u>						
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.	o Start Time:	Finish Time:				
Describe hot air balloons, fire lanterns or similar devices used at event:						
NA						
Describe the use of any signs, banners, decora	ations, or special lighting used	at event:				
NA						
Mitigation of Impact						
Please describe your plan for cleanup and rem event: Cleanup will not be necessary for this ev						
Number of Trash Receptacles: <u>0</u> Number of Dumpsters: <u>0</u> Number of Recycling Containers: <u>0</u>						
Cleanup Service Provider and Phone, if applica	able: <u>NA</u>					

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

Presented Event Concept to:

Businesses, Places of Worship

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:	12.12.2018	Date routed:	01.02.	2018	Date for rev	iew:	01.09.2018		
Special Events	Committee Recon	- nmendation:			□ Yes □ N	0			
Date routed to N	layor:		Mayor'	s Recomm	endation:				No
Date routed to C	Council:		Ci	ty Council /	Approval:			□ Yes □	No
Date Permit Issu	Jed:	Com	ments:	Date char	nged 12.31.201	8. Fo	rm revised 01.0	02.2019.	

