

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: Spring Fever Tri	Date(s) of Event: 04/14/2019		
Location Address: <u>3920 S PEORIA AVE E</u>	Council District(s): 2		
Event Description: Swim-Bike-Run Race. Need traffic control for the intersection of 81st St South and 33rd West Ave for the bike portion of the Spring Fever Tri.			
Event Category: Street, Lane, or Sidewalk Closure			
Event Includes: Public Right of Way, Street Closure			
Anticipated Attendance: Total: 300	Per Day: <u>300</u>		
Anticipated Participants: Total: 325	Per Day: <u>325</u>		
Number of Events for Monthly Event: No			

Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	RunnersWorld Racing	Website: www.runnersworldtulsa.com			
Chief Officer of Host Organization: Kathy Bratton					
Email and Phone:	runnersworldtulsa@yahoo.com 918-749-7557				
Applicant Name:	Kathy Bratton				
Email and Phone:	runnersworldtulsa@yahoo.com 918-749-7557				
Professional Event Organizer:	NA				
Email and Phone:					
On-site Contact:	Barbara Pinkerton	Mobile: <u>918-691-5651</u>			
Billing Contact:	RunnersWorld Racing	Phone: <u>918-749-7557</u>			
Billing Address:	<u>3920 South Peoria Street</u> Tulsa OK 74105				

Event Timeline and Lane/Street Closure Information

Event Setup:	Date: 04/13/2019	Time: <u>4:00PM</u>		
Street Closure for Event Setup:	Date: 04/14/2019	Time: <u>NA</u>		
Street(s) to be Closed for Event Setup:	NA			
Event Start:	Date: 04/14/2019	Time: <u>8:00AM</u>		
Street Closure for Event Start:	Date: 04/14/2019	Time: <u>8:00AM</u>		
Street(s) to be Closed for Event Start:	8100 S 33rd West Ave. The bike portion starts in Jenks at the Aquatic Center and crosses over into Tulsa City Limits. We just need that intersection covered and we will have volunteers on site to direct bike flow.			
Run, Walk, Parade Start Time:	<u>8:00AM</u>			
Daily Event Hours: <u>NA</u>				
Event End:	Date: 04/14/2019	Time: <u>10:30AM</u>		
Street Reopens after Event End:	Date: 04/14/2019	Time: <u>10:00AM</u>		
Event Teardown:	Date: 04/14/2019	Time: <u>10:30AM</u>		
Street Reopens after Event Teardown:	Date: 04/14/2019	Time: <u>NA</u>		

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: <u>0</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, Email	(9	<u>PD Special Events Unit</u> 118) 586-6054 118) 586-6067		
Medical and/or First Aid Services: Contact, Email and Phone: NA				
Traffic Control Barricade Company: Co	ontact, Email an	id Phone: <u>NA</u>		
Equipment Setup: Date:	Time:	Equipment Pickup: Date: Tim		
Crowd Management Fencing Company: Contact, Email and Phone: NA				
Equipment Setup: Date:	Time:	Equipment Pickup: Date:	Time:	
Parking Type: Street, ADA parking available, Paved Lot				
Transportation Service: <u>No service</u>				
Transportation Service: Contact, Email and Phone: <u>NA</u>				

Sponsor and Other Event Information

Event Sponsor(s): Tulsa A	rea Triathletes			
Name of Park and Location, if applicable: <u>NA</u>				
Drone: <u>No</u>				
Portable Toilets: Provide	er and Phone:	<u>At Your Service</u> (918) 272-0568		
Total Number of Portable T	oilets: <u>3</u>	Number of ADA Accessible Portable Toilets: 1		
Equipment Setup: Date:	<u>04/13/2019</u>	Time: <u>8:00AM</u>		
Equipment Pickup: Date:	<u>04/15/2019</u>	Time: <u>8:00AM</u>		
Other information: <u>NA</u>				

Entertainment and Related Activities

Number of Stages: 0	Number of Performers/Bands: 0			
Performer/Band name and music type: N	<u>A</u>			
Sound Amplification: No	Start Time:	Start Time: Finish Time:		
Please describe the sound equipment that	will be used for your ever	nt:		
NA				
Sound checks conducted prior to the event	t: <u>No</u> Sta	art Time:	Finish Time:	
Describe hot air balloons, fire lanterns or si	imilar devices used at eve	ent:		
NA				
Describe the use of any signs, banners, de	corations, or special light	ing used at event:		
NA				
Mitigation of Impact				
Please describe your plan for cleanup and event: All trash will be removed	removal of recyclable goo	ods, waste and garb	bage during and after your	
Number of Trash Receptacles: 0 N	Sumber of Dumpsters: 0	Number of Re	ecycling Containers: 0	

 Cleanup Service Provider and Phone, if applicable:
 NA

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

Presented Event Concept to: No: Traffic Control - No Complete Road 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:	03.25.2019	Date routed:	03.27.2	019	Date for review:	04.03.2019	
Special Events (Committee Recorr	- imendation:			🗆 Yes 🗆 No		
Date routed to N	layor:		Mayor's	Recomme	ndation:		□ Yes □ No
Date routed to C	ouncil:		City	y Council A	pproval:		□ Yes □ No
Date Permit Issu	ied:	Com	ments:	Form revi	sed 03.27.2019.		

