

# **City of Tulsa** SPECIAL EVENT PERMIT APPLICATION

#### Summary of Event

Name of Event: <u>Smoke &amp; Guns Oklahoma Blood Institute Blood</u>	Date(s) of Event: <u>April 4-5, 2019</u>
Location Address: 4848 S PEORIA AVE E	Council District(s): 9
Event Description: <u>Blood Drive for Oklahoma Blood Institute featuring</u> Department.	g the Tulsa Police Department and Tulsa Fire
Event Category: Miscellaneous	
Event Includes: Private Property	
Anticipated Attendance: Total: 500	Per Day: <u>500</u>
Anticipated Participants: Total: <u>1000</u>	Per Day: <u>500</u>
Number of Events for Monthly Event: No	

#### Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	Myers-Duren Harley-Davidson	: www.tulsaharley.com			
Chief Officer of Host Organization: James McClanahan					
Email and Phone:	james@tulsaharley.com 918-743-4440				
Applicant Name:	James McClanahan				
Email and Phone:	james@tulsaharley.com 918-743-4440				
Professional Event Organizer:	NA				
Email and Phone:					
On-site Contact:	James McClanahan	Mobile:	<u>918-743-4440</u>		
Billing Contact:	Myers-Duren Harley-Davidson	Phone:	<u>918-743-4440</u>		
Billing Address:	<u>4848 S Peoria</u> Tulsa OK 74105				

### Event Timeline and Lane/Street Closure Information

Event Setup: Street Closure for Event Setup:	Date: <u>04/04/2019</u> Date:	Time: <u>8:30 AM</u> Time:		
Street(s) to be Closed for Event Setup:	NA - Parking Lot			
Event Start:	Date: 04/04/2019	Time: <u>10:00 AM</u>		
Street Closure for Event Start:	Date:	Time:		
Street(s) to be Closed for Event Start:	NA			
Run, Walk, Parade Start Time:	<u>NA</u>			
Daily Event Hours: <u>10AM-6PM</u>				
Event End:	Date: 04/05/2019	Time: <u>6:00 PM</u>		
Street Reopens after Event End:	Date:	Time:		
Event Teardown:	Date: 04/05/2019	Time: <u>6:30 PM</u>		
Street Reopens after Event Teardown:	Date:	Time:		

#### Secondary Permits Required

Beer Sales, Alcohol Sales:	Not Applicabl	<u>e</u>		
Number of Food Vendors:	<u>0</u>			
Number of Food Trucks:	<u>0</u>			
Food Cooked on-site: No	Fuel(s) to	b be used:		
Number of Item Vendors:	<u>0</u>	Number of Service Ver	ndors:	0
Number of Tents/Canopies:	(2) 10x20	Provider and Phone:	<u>TBD</u>	
Number of Inflatables:	<u>0</u>	Provider and Phone:	<u>NA,</u>	
Number of Amusement Ride	s: <u>0</u>	Provider and Phone:	<u>NA</u>	
Use of fireworks, rockets, lasers, or other pyrotechnics: <u>No</u>				
Provider and Phone: NA				

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

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

Security and/or Police: Contact, Email and Phone: <u>NA</u> Medical and/or First Aid Services: Contact, Email and Phone: <u>NA</u> Traffic Control Barricade Company: Contact, Email and Phone: <u>NA</u> Equipment Setup: Date: Time: Equipment Pickup: Date: Time: Crowd Management Fencing Company: Contact, Email and Phone: <u>NA</u> Equipment Setup: Date: Time: Equipment Pickup: Date: Time: Parking Type: <u>ADA parking available, Paved Lot</u> Transportation Service: <u>No service</u> Transportation Service: Contact, Email and Phone: <u>NA</u>

#### Sponsor and Other Event Information

Event Sponsor(s): Myers-Duren Harley-David	dson
Name of Park and Location, if applicable: <u>N</u>	<u>A</u>
Drone: <u>No</u>	
Portable Toilets: Provider and Phone: NA	<u>.</u>
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: NA	

#### 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 u	ised for your event:			
NA				
Sound checks conducted prior to the event: <u>No</u> Start Time: Finish Time:				
Describe hot air balloons, fire lanterns or similar de	vices used at event:			
NA				
Describe the use of any signs, banners, decoration	s, or special lighting used at ev	/ent:		
NA				
Mitigation of Impact				
Please describe your plan for cleanup and removal event: Cleanup Crew On-Site, Several Trash Rece		<b>v v v v</b>		

 Number of Trash Receptacles:
 12
 Number of Dumpsters:
 1
 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:	03/21/2019	Date routed:	03/30/2	019	Date for review:	04/03/2019	
Special Events	Committee Recom	- mendation:			□ Yes □ No		
Date routed to M	layor:		Mayor's	Recomme	ndation:		🗆 Yes 🗆 No
Date routed to C	Council:		Cit	y Council A	pproval:		□ Yes □ No
Date Permit Issu	Jed:	Com	ments:	Form revi	sed 03/30/2019		

