Permit #: SPEV-032200-2019 Application Date: 05/17/2019

Issue Date:



City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: St. Toribio Romo Carnival Date(s) of Event: May 26, 2019

Location Address: 1428 N 67TH AVE E Council District(s): 3

Event Description: Family and Religious Event

Event Category: Carnival

Event Includes: Amplified Sound, Tent/Canopy, Live Entertainment, Fireworks/Pyrotechnics, Private Property

Anticipated Attendance: Total: 800 Per Day: 800 Anticipated Participants: Total: 800 Per Day: 800

Number of Events for Monthly Event: NA

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: Sts. Peter and Paul Catholic Website: NA

Church and School

Chief Officer of Host Organization: Fr, Michael J Knipe

Email and Phone: frmikeknipe@gmail.com 918-836-2596

Applicant Name: Alejandra Olmos-Garcia

Email and Phone: alejandra.olmosgarcia@yahoo.com 918-836-2596

Professional Event Organizer: NA

Email and Phone:

On-site Contact: Mobile: 918-836-2596 Fr. Micheal J. Knipe Billing Contact: Sts. Peter and Paul Catholic Phone: 918-836-2596

Church and School

Billing Address: 1419 North 67th East Avenue

Tulsa OK 74115

Event Timeline and Lane/Street Closure Information

Event Setup: Date: <u>05/26/2019</u> Time: <u>8am</u>

Street Closure for Event Setup: Date: Time:

Street(s) to be Closed for Event Setup: NA

Event Start: Date: 05/26/2019 Time: Noon

Street Closure for Event Start: Date: Time:

Street(s) to be Closed for Event Start: NA
Run, Walk, Parade Start Time: NA

Daily Event Hours: Noon to 11:30 p.m.

Event End: Date: <u>05/26/2019</u> Time: <u>11:30pm</u>

Street Reopens after Event End: Date: 05/26/2019 Time: NA

Event Teardown: Date: <u>05/26/2019</u> Time: <u>11:30pm</u>

Street Reopens after Event Teardown: Date: <u>05/26/2019</u> Time: <u>NA</u>

Secondary Permits Required

Beer Sales, Alcohol Sales: Not Applicable

Number of Food Vendors: <u>0</u>

Number of Food Trucks: <u>0</u>

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

Number of Item Vendors: $\underline{0}$ Number of Service Vendors: $\underline{0}$

Number of Tents/Canopies: 11 Provider and Phone: ABCO Rentals (918) 583-6557

1-40X80 | 10-10X10

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: <u>Yes</u>

Provider and Phone: Smith Family Fireworks (918) 930-0014

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

Security and/or Police: Contact, Email and Phone: Knights Of Columbus (918) 836-2596

PHD Security (918) 200-7373

Medical and/or First Aid Services: Contact, Email and Phone: Volunteers with First Aid Experience

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: ADA parking available, Paved Lot

Transportation Service: No service

Transportation Service: Contact, Email and Phone: NA

Sponsor and Other Event Information

Event Sponsor(s): None

Name of Park and Location, if applicable: NA

Drone: No

Portable Toilets: Provider and Phone: Porta John (918) 836-2134

Total Number of Portable Toilets: 4 Number of ADA Accessible Portable Toilets: 4

Equipment Setup: Date: 05/24/2019 Time: AM Equipment Pickup: Date: 05/28/2019 Time: AM

Other information: In conjunction with St. Toribio Kermes (procession) SPEV-028658-2019 before carnival.

Entertainment and Related Activities Number of Stages: 1 Number of Performers/Bands: 3 Performer/Band name and music type: Hispanic Music Sound Amplification: Yes Start Time: Noon Finish Time: 11:30pm Please describe the sound equipment that will be used for your event: Band type speakers Sound checks conducted prior to the event: Yes Start Time: 11:30am Finish Time: Noon 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: Minimal poster indicating bathrooms and other activities Mitigation of Impact Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: During the event, volunteers will be picking up as well as in the end Number of Trash Receptacles: 6 Number of Dumpsters: 2 Number of Recycling Containers: 0 Cleanup Service Provider and Phone, if applicable: American Waste Control (918) 446-0023 Equipment Setup: Date: TBD Time: Equipment Pickup: Date: TBD Time: Presented Event Concept to: Neighborhood Association Avidavit of Applicant I certify that the information contained in this Application is true and correct to the best of my knowledge and belief.

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	
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For City of Tulsa Special Events Committee Use Only Date received: 05/17/2019 Date routed: 05/23/2019 Date for review: Email/Online Review ☐ Yes ☐ No Special Events Committee Recommendation: ☐ Yes ☐ No Date routed to Mayor: Mayor's Recommendation: □ Yes □ No Date routed to Council: City Council Approval: Date Permit Issued: _____ Comments: Form revised 05/23/2019

