Permit #: SPEV-032052-2019 Application Date: 05/16/2019

Issue Date:



City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: John Hope Franklin Annual Community Walk Date(s) of Event: May 30, 2019

Location Address: 321 N ELGIN AVE E Council District(s): 4

Event Description: Community Walk in remembrance of the 1921 Race Massacre

Event Category: Athletic/Recreation

Event Includes: Public Right of Way, Public Park

Anticipated Attendance: Total: 125 Per Day: 125
Anticipated Participants: Total: 0 Per Day: 0

Number of Events for Monthly Event: NA

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: John Hope Franklin Center for Website: NA

Reconciliation

Chief Officer of Host Organization: Reuben Gant
Email and Phone: 918-584-6245
Applicant Name: Jean Neal

Email and Phone: <u>jneal@jhfcenter.org_918-295-5009</u>

Professional Event Organizer: NA

Email and Phone:

On-site Contact: <u>Dr. Dewayne Dickens</u> Mobile: <u>918-295-5009</u>
Billing Contact: John Hope Franklin Center for Phone: 918-295-5009

Reconciliation

Billing Address: <u>322 Greenwood Avenue</u>

Tulsa OK 74120

Event Timeline and Lane/Street Closure Information

Event Setup: Date: <u>05/30/2019</u> Time: <u>5:00 p.m.</u>

Street Closure for Event Setup: Date: Time:

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

Event Start: Date: <u>05/30/2019</u> Time: <u>5:30 p.m.</u>

Street Closure for Event Start: Date: Time:

Street(s) to be Closed for Event Start: NA - Walking on Sidewalks

Run, Walk, Parade Start Time: 5:30 p.m.

Daily Event Hours: NA

Event End: Date: <u>05/30/2019</u> Time: <u>6:30 P.M.</u>

Street Reopens after Event End: Date: Time:

Event Teardown: Date: <u>05/30/2019</u> Time: <u>6:30 P.M.</u>

Street Reopens after Event Teardown: Date: Time:

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

Number of Tents/Canopies: 0 Provider and Phone: NA

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: No

Provider and Phone: NA,

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

Security and/or Police: Contact, Email and Phone: NA

Medical and/or First Aid Services: Contact, Email and Phone: NA

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: Paved Lot

Transportation Service: No service

Transportation Service: Contact, Email and Phone: NA

Sponsor and Other Event Information

Event Sponsor(s): <u>John Hope Franklin Center for Reconciliation</u>

Name of Park and Location, if applicable: <u>John Hope Franklin Park as a starting point.</u>

Drone: No

Portable Toilets: Provider and Phone: NA

Total Number of Portable Toilets: 0 Number of ADA Accessible Portable Toilets: 0

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

Other information: NA

Entertainment and Related Activities

Number of	nber of Stages: 0 Number of Performers/Bands: 0							
Performe	r/Band name and music type	e: <u>NA</u>						
Sound Ar	nplification: Yes		Start Time	5:30p.m.	Finish	n Time:	<u>6:30 p.m.</u>	
Please de	escribe the sound equipment	t that will be u	ised for your	event:				
Micro	ohone a speaker							
Sound checks conducted prior to the event: Yes				Start Time:		Finish Time:		
Describe	hot air balloons, fire lanterns	s or similar de	evices used a	t event:				
<u>NA</u>								
Describe	the use of any signs, banne	rs, decoration	s, or special	lighting used	at event:			
<u>NA</u>								
Mitigati	on of Impact							
	escribe your plan for cleanup e John Hope Franklin Volun						g and after your	
Number of	of Trash Receptacles: 4	Number	of Dumpsters	s: <u>0</u> Nu	ımber of Re	cycling Co	ontainers: <u>0</u>	
Cleanup	Service Provider and Phone	, if applicable	: <u>NA</u>					
Equipmen	nt Setup: Date:	Time:	Equ	uipment Pickı	up: Date:		Time:	
Presente	d Event Concept to: No Roa	ad Closures						
	it of Applicant							
I certify the That I have comply we agree to part the Event agents, reactivities enforcem from civil	nat the information contained by e read, understand, and ago ith all requirements of the Cipay and be financially responding to a further agree to indemnify expresentatives, from any claim related to the Event. I undersent personnel, firefighters, Colaims of third parties that a	I in this Applic ree to abide b ty, County an sible for any and hold har ms (including stand that a F ity Event per re based upor	cation is true by the rules a nd State, and costs and fe rmless the Ci g cost of defe ermit does r sonnel, or en n injuries sus	and correct to nd regulation any other recess that may be ty of Tulsa, a nding such clot excuse my nergency wor tained at, or	o the best or is governing gulatory entioned incurred I and all City claims) or day failure to cokers, and din conjunctions	f my know this Ever ity related by the City of Tulsa of mages that comply with oes not pron with thi	rledge and belief to this Event. I r of Tulsa due to ficers, employee at may arise from h orders of law ovide immunity s Event.	
Initials:	On File							

For City of Tulsa Special Events Committee Use Only Date for review: Email/Online Review Date received: 05/16/2019 Date routed: 05/28/2019 ☐ 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 05/28/2019

