



# City of Tulsa

## SPECIAL EVENT PERMIT APPLICATION

### **Summary of Event**

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Name of Event: Urban Adventure Date(s) of Event: September 28, 2019  
Location Address: 3920 S PEORIA AVE E Council District(s): 1, 4, 9  
Event Description: 25, 50, 75, and 100-mile run around town that is on sidewalks only  
**Event Category:** Athletic/Recreation  
**Event Includes:** Public Right of Way  
Anticipated Attendance: Total: 100 Per Day: 100  
Anticipated Participants: Total: 100 Per Day: 100  
Number of Events for Monthly Event: NA

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

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Host Organization: RunnersWorld Racing Website: https://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: Same  
Email and Phone:  
On-site Contact: Kathy Bratton Mobile: 918-805-6905  
Billing Contact: RunnersWorld Racing Phone: 918-749-7557  
Billing Address: 3920 South Peoria Street  
Tulsa OK 74105

## ***Event Timeline and Lane/Street Closure Information***

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**Event Setup:** Date: 09/28/2019 Time: 5:00am  
Street Closure for Event Setup: Date: Time:  
Street(s) to be Closed for Event Setup: NA - Sidewalks only

**Event Start:** Date: 09/28/2019 Time: 7:00am  
Street Closure for Event Start: Date: Time:  
Street(s) to be Closed for Event Start: NA - Sidewalks only  
Run, Walk, Parade Start Time: TBD  
Daily Event Hours: NA

**Event End:** Date: 09/29/2019 Time: 5:00pm  
Street Reopens after Event End: Date: Time:

**Event Teardown:** Date: 09/29/2019 Time: 5:00pm  
Street Reopens after Event Teardown: Date: Time:

## ***Secondary Permits Required***

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Beer Sales, Alcohol Sales: Not 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: 0  
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**

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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**

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Event Sponsor(s): NA

Name of Park and Location, if applicable: NA

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**

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Number of Stages: 0

Number of Performers/Bands: 0

Performer/Band name and music type: NA

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

Start Time:

Finish Time:

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:

NA

**Mitigation of Impact**

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Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: We will clean up and dispose of trash in dumpsters on property

Number of Trash Receptacles: 6

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 road closures

**Avidavit of Applicant**

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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: 08/24/2019      Date routed: 09/26/2019      Date for review: Email/Website

Special Events Committee Recommendation: \_\_\_\_\_  Yes  No  
Date routed to Mayor: \_\_\_\_\_ Mayor's Recommendation: \_\_\_\_\_  Yes  No

Date routed to Council: \_\_\_\_\_ City Council Approval: \_\_\_\_\_  Yes  No

Date Permit Issued: \_\_\_\_\_ Comments: Map received 09/19/2019. Form revised 09/26/2019.

[Course Map](#)

