

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

#### Summary of Event

Name of Event: <u>N</u>	light Light Tulsa	Date(s) of Event: <u>October 3, 10, 17, 24, 31,</u> <u>2019</u>		
Location Address:	202 N MAYBELLE AVE W	Council District(s): 4		
Event Description	Night Light Tulsa is a weekly outreach that serves community. We have been serving since 2013. The 2019. Volunteers from across Tulsa and the surro	nis permit is for every Thursday in October		
Event Category:	Miscellaneous			
Event Includes: <u>Generator/Electricity, Public Right of Way, Open Flame, No Parking Signage, Sidev</u> <u>Street Closure</u>				
Anticipated Attend	lance: Total: <u>350</u>	Per Day: <u>350</u>		
Anticipated Partic	ipants: Total: <u>350</u>	Per Day: <u>350</u>		
Number of Events for Monthly Event: 5				

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

Host Organization:	The City Lights Foundation of Oklahoma	Website: https://citylightsok.org/			
Chief Officer of Host Organization	: <u>Sarah Grounds</u>				
Email and Phone:	sarah@citylightsok.org 918-991-9599				
Applicant Name:	Sarah Grounds				
Email and Phone:	sarah.grounds@citylightsok.org 918-991-9599				
Professional Event Organizer:	Same				
Email and Phone:					
On-site Contact:	Tyler Parette	Mobile: <u>918-510-9713</u>			
Billing Contact:	The City Lights Foundation of Oklahoma	Phone: <u>918-991-9599</u>			
Billing Address:	<u>7204 S. Birch Ave.</u> BROKEN ARROW OK 74011				

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

Event Setup:	Date: <u>10/03/2019</u>	Time: <u>6:15 pm</u>			
Street Closure for Event Setup:	Date: <u>10/03/2019</u>	Time: <u>6 pm</u>			
Street(s) to be Closed for Event Setup:	Reconciliation Way from Maybelle Ave, under the bridge, to Katy Trail				
Event Start:	Date: <u>10/03/2019</u>	Time: <u>6:30 pm</u>			
Street Closure for Event Start:	Date: 10/03/2019	Time: <u>6 pm</u>			
Street(s) to be Closed for Event Start:	Reconciliation Way from	m Maybelle Ave, under the bridge, to Katy			
Run, Walk, Parade Start Time:	<u>N/A</u>				
Daily Event Hours: <u>6:30- 9:30 pm</u>					
Event End:	Date: <u>10/31/2019</u>	Time: <u>9:30 pm</u>			
Street Reopens after Event End:	Date: <u>10/31/2019</u>	Time: <u>10 pm</u>			
Event Teardown:	Date: <u>10/31/2019</u>	Time: <u>9:30 pm</u>			
Street Reopens after Event Teardown:	Date: <u>10/31/2019</u>	Time: <u>10 pm</u>			

### Secondary Permits Required

Beer Sales, Alcohol Sales:	Not	Applicable			
Number of Food Vendors:	0				
Number of Food Trucks:	0				
Food Cooked on-site: Yes		Fuel(s) to be used: Gas			
Number of Item Vendors:	0	Number of Service Vendors:	<u>0</u>		
Number of Tents/Canopies:	0	Provider and Phone: <u>N/A</u>			
Number of Inflatables:	0	Provider and Phone: <u>N/A,</u>			
Number of Amusement Rides	: <u>0</u>	Provider and Phone: <u>N/A</u>			
Use of fireworks, rockets, lasers, or other pyrotechnics: No					

Provider and Phone: <u>N/A,</u>

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

Security and/or Police: Contact, Email and Phone: [	<u>Midnight Run Services LLC</u> Chris 918-895-6779					
Medical and/or First Aid Services: Contact, Email and Phone: We don't use medical services but do have a physician and RN on our volunteer staff. We als have several First Aid kits as well as an AED or site.						
Traffic Control Barricade Company: Contact, Email a	and Phone: We own our barricades					
Equipment Setup: Date: 10/03/2019 Time: 6 pm Equipment Pickup: Date: 10/31/2019 Time: 10 pm						
Crowd Management Fencing Company: Contact, Email and Phone: N/A						
Equipment Setup: Date: Time:	Equipment Pickup: Date:	Time:				
Parking Type: <u>Street</u>						
Transportation Service: No service						
Transportation Service: Contact, Email and Phone: <u>N/A</u>						

## Sponsor and Other Event Information

Event Sponsor(s): The City Lights Foundation of Oklahoma						
Name of Park and Location, if applicable: <u>N/A</u>						
Drone: <u>No</u>						
Portable Toilets: Provider and Phone: <u>Aim To Please</u> <u>918-606-5675</u>						
Total Number of Portable Toilets: 2 Number of ADA Accessible Portable Toilets: 1						
Equipment Setup: Date: 10/03	<u>3/2019</u> Time	: <u>6 pm</u>				
Equipment Pickup: Date: <u>10/3</u>	1/2019 Time	: <u>10 am</u>				
Other information: Portable toilets removed every Friday am (Following each Thursday night)						

#### Entertainment and Related Activities

Number of Stages: 0	Number of Performers/Bands: 0					
Performer/Band name and music type: <u>N/A</u>						
Sound Amplification: No	Start Time:	Finish Time:				
Please describe the sound equipment that will be used for your event:						
<u>N/A</u>						
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:					
<u>N/A</u>						
Describe the use of any signs, banners, decoration	s, or special lighting used at ev	rent:				
LED lights with special stands						

#### Mitigation of Impact

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: We have a group that cleans the area before we begin. Once our service time starts we have a group of approx. 12 that pick up trash under the bridge, down the street, and over to the Day Center. At the end of the night we inspect the area. All trash is loaded and taken back to our dumpster. We will occasionally take pictures to verify that the area is always better when we leave it then how we found it. You may contact us for those pics.

 Number of Trash Receptacles:
 <u>4</u>
 Number of Dumpsters:
 <u>0</u>
 Number of Recycling Containers:
 <u>0</u>

 Observer
 Operation
 Description
 Descrintinterea

Cleanup Service Provider and Phone, if applicable: <u>N/A</u>

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

Presented Event Concept to:

Residents, Other entities

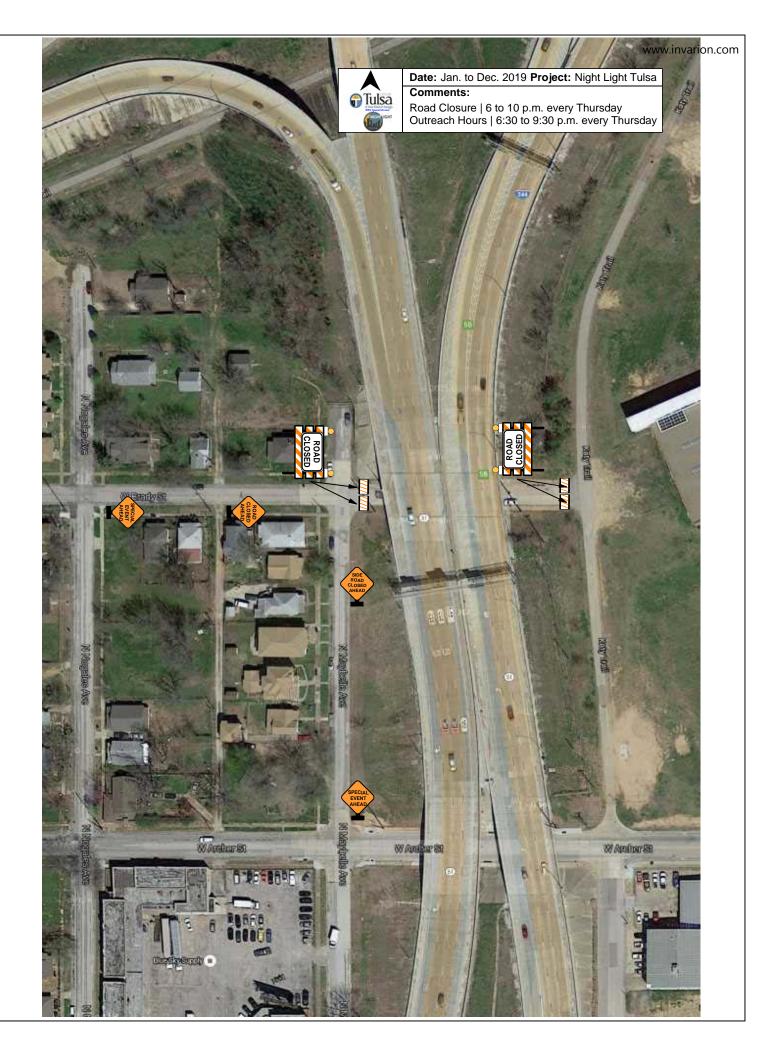
#### Avidavit of Applicant

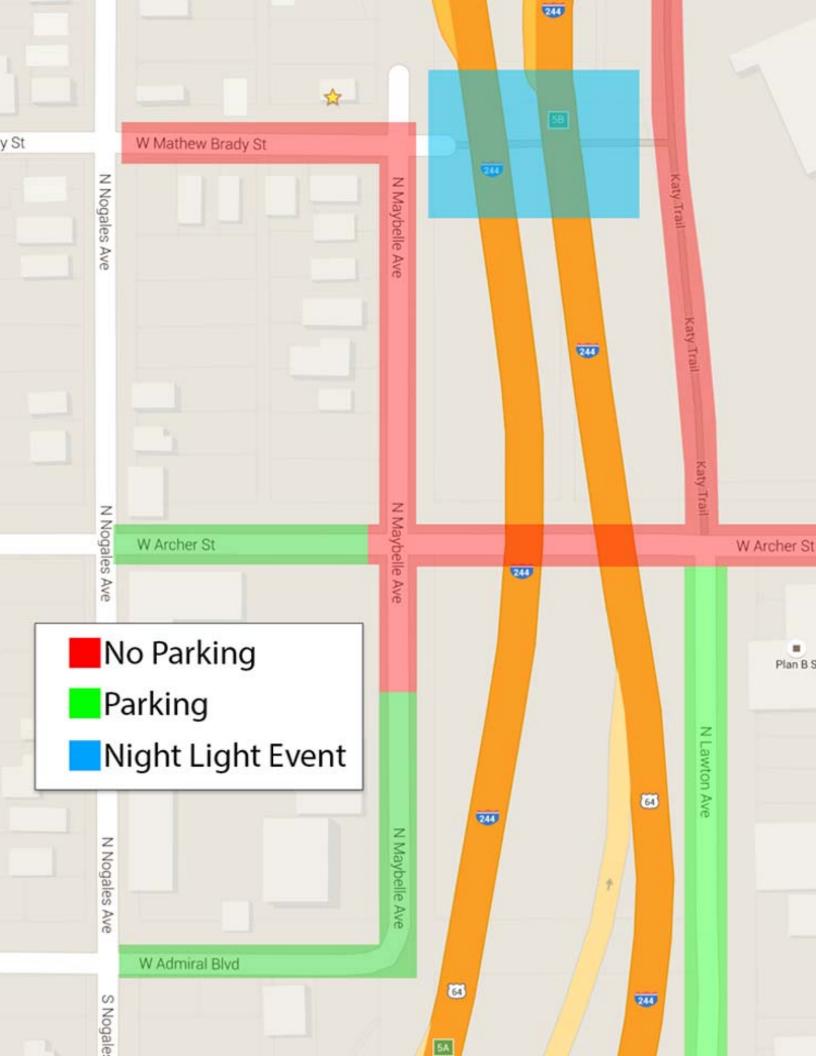
I certify that the information contained in this Application is true and correct to the best of my knowledge and belief. That I have read, understand, and agree to abide by the rules and regulations governing this Event. I agree to comply with all requirements of the City, County and State, and any other 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

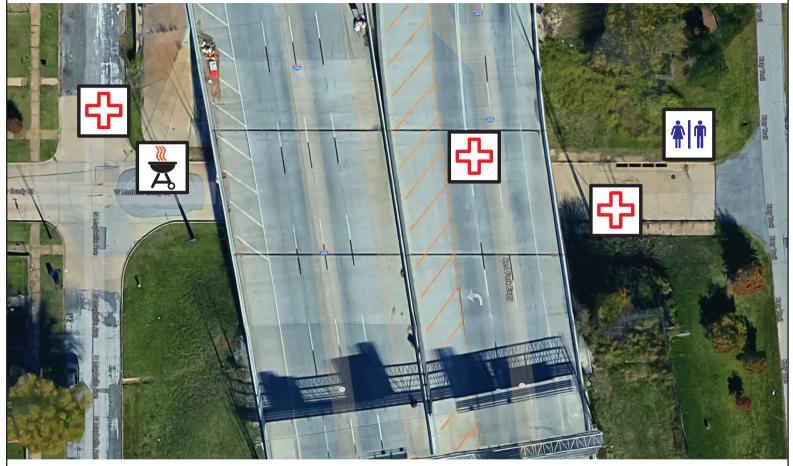
## For City of Tulsa Special Events Committee Use Only

Date received:	08/23/2	019	Date rou	ited:	09/18/2	019	Date for review:		09/25/2019	
Special Events (	Committe	e Recom	mendatior	n:	*09/19	9/2019	Yes 🗆	No		
Date routed to M	layor:	09/19/2	019	I	Mayor's	Recommer	ndation:			□ Yes □ No
Date routed to C	ouncil:	09/19/20	019		City	y Council Ap	oproval:			🗆 Yes 🗆 No
Date Permit Issu	ied:			Comm	ents:	<u>Form revis</u> SEC meeti			nail review. Next	<u>:</u>











## First Aid



# Food Preparation

**†** Portable Restrooms