Permit #: SPEV-038909-2019 Application Date: 08/01/2019

Issue Date:



City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: Monte Cassino Octoberfest 1 Mile Fun Run Date(s) of Event: October 2, 2019

Location Address: 2206 S LEWIS AVE E Council District(s): 4

Event Description: 1 mile school fun run **Event Category:** Athletic/Recreation

Event Includes: Amplified Sound, Public Right of Way, Private Property, Street Closure

Anticipated Attendance: Total: 1200 Per Day: 1200 Anticipated Participants: Total: 600 Per Day: 600

Number of Events for Monthly Event: NA

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: Monte Cassino School Website: https://www.montecassino.org/

giving/octoberfest

Chief Officer of Host Organization: Kevin Smith

Email and Phone: ksmith@montecassino.org 918-742-3364

Mary Catherine Ward **Applicant Name:**

Email and Phone: mcward@semgroupcorp.com 918-524-8108

Professional Event Organizer: NA

Email and Phone:

On-site Contact: **Brooke Sturdivant** Mobile: 405-650-3690 Billing Contact: Mary Catherine Ward Phone: 918-524-8108

Billing Address: 2545 22nd pl

Tulsa OK 74114

Event Timeline and Lane/Street Closure Information

 Event Setup:
 Date:
 10/02/2019
 Time:
 7:00am

 Street Closure for Event Setup:
 Date:
 10/02/2019
 Time:
 8:00am

Street(s) to be Closed for Event Setup: Yorktown Ave (south of 21st street) to 27th St

 Event Start:
 Date:
 10/02/2019
 Time:
 8:00am

 Street Closure for Event Start:
 Date:
 10/02/2019
 Time:
 8:00am

Street Closure for Event Start: Date: 10/02/2019
Street(s) to be Closed for Event Start: See Route Map

Run, Walk, Parade Start Time: 8:30am

Daily Event Hours: NA

 Event End:
 Date:
 10/02/2019
 Time:
 9:45am

 Street Reopens after Event End:
 Date:
 10/02/2019
 Time:
 10:00am

 Event Teardown:
 Date:
 10/02/2019
 Time:
 10:00am

 Street Reopens after Event Teardown:
 Date:
 10/02/2019
 Time:
 10:00am

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

Number of Inflatables: <u>1</u> Provider and Phone: <u>Run start line inflatable</u>,

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: TPD Special Events Unit

918-586-6054

Medical and/or First Aid Services: Contact, Email and Phone: Monte Cassino parents, doctors and nurses will be

at first aid stations

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): Monte Cassino School

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 Number of Stages: 0 Number of Performers/Bands: 0 Performer/Band name and music type: NA Sound Amplification: Yes Start Time: 8:00am Finish Time: 9:45am Please describe the sound equipment that will be used for your event: Run companys speakers and microphone Sound checks conducted prior to the event: No Start Time: Finish Time: Describe hot air balloons, fire lanterns or similar devices used at event: Describe the use of any signs, banners, decorations, or special lighting used at event: NA Mitigation of Impact Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: Parents and Teachers will cleanup post event and pickup any trash Number of Trash Receptacles: 5 Number of Dumpsters: 1 Number of Recycling Containers: 1 Cleanup Service Provider and Phone, if applicable: NA

Avidavit of Applicant

Presented Event Concept to:

Residents, Businesses, Places of Worship

Equipment Setup: Date:

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.

Equipment Pickup: Date:

Time:

Time:

For City of Tulsa Special Events Committee Use Only

Date received:	08/01/201	9 Date ro	uted: 09/19	9/2019	Date for review:	09/25/2019	
Special Events Committee Recommendation:				/19/2019	¥ Yes □ No		
Date routed to N	9/19/2019	Mayo	Mayor's Recommendation:			□ Yes □ N	
Date routed to Council: 09/19/2019		9/19/2019	City Council Approval:				□ Yes □ N
Date Permit Issued:		Comments:	nments: Form (timeline) revised 09/19/2019. *Email review. Next SEC meeting 09/25/2019.				

