Permit #: SPEV-041834-2019 Application Date: 09/04/2019

Issue Date:



City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: AFSP Out of the Darkness Tulsa Metro Walk Date(s) of Event: 10/5/2019

Location Address: 700 N GREENWOOD AVE E Council District(s): 1, 4

Event Description: The Out of the Darkness Community Walk is a journey of remembrance, hope, support, and a

walk that unites a campus and community – a time to acknowledge the ways in which suicide and mental illness have affected our lives and our loved ones. #1 We will start on John Hope Franklin, turn right on Greenwood, turn right on Archer, turn right on Elgin stay in the square

always on a sidewalk.

Event Category: Athletic/Recreation

Event Includes: Amplified Sound, Public Right of Way, Public Park, Sidewalk Closure

Anticipated Attendance: Total: 500 Per Day: 500
Anticipated Participants: Total: 250 Per Day: 400

Number of Events for Monthly Event: NA

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: OSU Website: http://tulsa.okstate.edu/

Chief Officer of Host Organization: Sarah Allen

Email and Phone: SAllen@afsp.org 469-989-8282

Applicant Name: Robin LeBlanc

Email and Phone: <u>breakthesilencetulsa@yahoo.com 918-313-4113</u>

Professional Event Organizer: NA

Email and Phone:

On-site Contact: Robin LeBlanc Mobile: 918-313-4113

Billing Contact: American Foundation Suicide Phone: 918-313-4113

Prevention

Billing Address: <u>5513 S. 70th E. Pl.</u>

Tulsa OK 74145

Event Timeline and Lane/Street Closure Information

Event Setup: Date: <u>10/05/2019</u> Time: <u>7:00 am</u>

Street Closure for Event Setup: Date: Time:

Street(s) to be Closed for Event Setup: NA - There will be no street closure. We will use sidewalks only and

have police officers on-site

Event Start: Date: <u>10/05/2019</u> Time: <u>8:00 am</u>

Street Closure for Event Start: Date: Time:

Street(s) to be Closed for Event Start: NA - There will be no street closure. We will use sidewalks only and

have police officers on-site

Run, Walk, Parade Start Time: 10:00 am

Daily Event Hours: 8:00 a.m. to Noon

Event End: Date: 10/05/2019 Time: Noon

Street Reopens after Event End: Date: Time:

Event Teardown: Date: 10/05/2019 Time: Noon

Street Reopens after Event Teardown: Date: Time:

Secondary Permits Required

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: <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: TBD

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): American Foundation for Suicide Prevention

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: No	Start Time:	Finish	Time:
Please describe the sound equipment that will be used for your event:			
<u>NA</u>			
Sound checks conducted prior to the event: \underline{N}	lo Start Ti	ime: F	Finish Time:
Describe hot air balloons, fire lanterns or similar devices used at event:			
<u>NA</u>			
Describe the use of any signs, banners, decorations, or special lighting used at event:			
Banners and signs to direct traffic to location			
Mitigration of Improve			
Mitigation of Impact			
Please describe your plan for cleanup and remevent: Will have a clean up crew and have ran		waste and garba	ge during and after your
Number of Trash Receptacles: <u>10</u> Number of Dumpsters: <u>2</u> Number of Recycling Containers: <u>4</u>			
Cleanup Service Provider and Phone, if applicable: NA			
Equipment Setup: Date: Time:	Equipment I	Pickup: Date:	Time:
Presented Event Concept to: No Street Closures			
Avidavit of Applicant			
I certify that the information contained in this A That I have read, understand, and agree to ab comply with all requirements of the City, Count agree to pay and be financially responsible for the Event. I further agree to indemnify and hold agents, representatives, from any claims (incluactivities related to the Event. I understand that enforcement personnel, firefighters, City Event from civil claims of third parties that are based	pplication is true and corride by the rules and regula ty and State, and any other any costs and fees that many costs and fees that many cost of defending sure a Permit does not excus to personnel, or emergency upon injuries sustained and	ect to the best of ations governing to regulatory entity any be incurred by sa, and all City of ch claims) or dame in my failure to co workers, and do t, or in conjunction	my knowledge and belief this Event. I agree to y related to this Event. I y the City of Tulsa due to Tulsa officers, employee nages that may arise from omply with orders of law es not provide immunity n with this Event.
Initials: On File			

For City of Tulsa Special Events Committee Use Only Date received: 09/04/2019 Date routed: 10/01/2019 Date for review: Email/Website ☐ Yes ☐ No Special Events Committee Recommendation: ☐ Yes ☐ No Date routed to Mayor: Mayor's Recommendation: ☐ Yes ☐ No Date routed to Council: City Council Approval: Form and map revised 10/01/2019. Date Permit Issued: _____ Comments:

