



# City of Tulsa

## SPECIAL EVENT PERMIT APPLICATION

### **Summary of Event**

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Name of Event: TFM Winter Market Date(s) of Event: November 9 & 23, 2019  
Location Address: 1 S LEWIS AVE E Council District(s): 4  
Event Description: Farmers Market  
**Event Category:** Farmers/Outdoor Market  
**Event Includes:** Food Sales, Merchandise Sales, Private Property  
Anticipated Attendance: Total: 1000 Per Day: 1000  
Anticipated Participants: Total: 25 Per Day: 25  
Number of Events for Monthly Event: 2

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

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Host Organization: Tulsa Farmers' Market Website: https://www.tulsafarmersmarket.org/  
Chief Officer of Host Organization: Kristin Hutto  
Email and Phone: kristin@tulsafarmersmarket.org 918-636-8419  
Applicant Name: Kristin Hutto  
Email and Phone: kristin@tulsafarmersmarket.org 918-636-8419  
Professional Event Organizer: Same  
Email and Phone:  
On-site Contact: Kristin Hutto Mobile: 918-636-8419  
Billing Contact: Tulsa Farmers' Market Phone: 918-636-8419  
Billing Address: PO BOX PO BOX 14572  
Tulsa OK 74159

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

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**Event Setup:** Date: 11/09/2019 Time: 6:30am  
Street Closure for Event Setup: Date: 11/09/2019 Time: NA  
Street(s) to be Closed for Event Setup: NA

**Event Start:** Date: 11/09/2019 Time: 8:30am  
Street Closure for Event Start: Date: Time: NA  
Street(s) to be Closed for Event Start: NA  
Run, Walk, Parade Start Time: NA  
Daily Event Hours: 8:30-12pm

**Event End:** Date: 11/09/2019 Time: 12pm  
Street Reopens after Event End: Date: 11/09/2019 Time: NA

**Event Teardown:** Date: 11/09/2019 Time: 12pm  
Street Reopens after Event Teardown: Date: 11/09/2019 Time: NA

## ***Secondary Permits Required***

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Beer Sales, Alcohol Sales: Not Applicable  
Number of Food Vendors: 20  
Number of Food Trucks: 0  
Food Cooked on-site: No Fuel(s) to be used:  
Number of Item Vendors: 5 Number of Service Vendors: 0  
Number of Tents/Canopies: 25 10x10 tents Provider and Phone: Vendor Owned  
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: Street, ADA parking available, 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: All vendors are required to clean up their spaces per TFM rules & regulations. TFM Staff performs site check before leaving.

Number of Trash Receptacles: 5

Number of Dumpsters: 0

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:

Residents, Businesses, Business Association, Neighborhood Association

**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: 09/27/2019      Date routed: 11/05/2019      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: Form revised, no site map 11/05/2019.