

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: <u>N</u>	light Light Tulsa	Date(s) of Event: <u>November 7, 14, 21, 28,</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 Tulsa's homeles and low income of We have been serving since September 2013. This permit is for every Thursday in N 2019. Volunteers from across Tulsa and surrounding communities come to participate					
Event Category:					
Event Includes:	<u>Generator/Electricity, Public Right of Way, Open Flame, No Parking Signage, Sidewalk Closure,</u> <u>Street Closure</u>				
Anticipated Attend	dance: 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: 4					

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>	Sarah Grounds				
Email and Phone:	sarah.grounds@citylightsok.org	<u>918-991-9599</u>				
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>11/07/2019</u>	Time: <u>6:15 pm</u>			
Street Closure for Event Setup:	Date: <u>11/07/2019</u>	Time: <u>6:00 pm</u>			
Street(s) to be Closed for Event Setup:	Reconciliation Way between Maybelle Ave and Katy Trail				
Event Start:	Date: <u>11/07/2019</u>	Time: <u>6:30 pm</u>			
Street Closure for Event Start:	Date: 11/07/2019	Time: <u>6 pm</u>			
Street(s) to be Closed for Event Start:	Reconciliation Way between Maybelle Ave and Katy Trail				
Run, Walk, Parade Start Time:	<u>N/A</u>				
Daily Event Hours: 6:30 to 9:30 pm					
Event End:	Date: <u>11/28/2019</u>	Time: <u>9:30 pm</u>			
Street Reopens after Event End:	Date: <u>11/28/2019</u>	Time: <u>10 pm</u>			
Event Teardown:	Date: <u>11/28/2019</u>	Time: <u>9:30 pm</u>			
Street Reopens after Event Teardown:	Date: <u>11/28/2019</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 Venc	dors: <u>(</u>	<u>)</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 physician and RN on our volunteer staff. W have several First Aid kits as well as an AE site.						
Traffic Control Barricade Company: Contact, Email a	and Phone: We own our barricades.					
Equipment Setup: Date: <u>11/07/2019</u> Time: <u>6 pm</u>	Equipment Pickup: Date: <u>11/28/2019</u>	Time: <u>10 pm</u>				
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 O	<u>klahoma</u>
Name of Park and Location, if app	licable: <u>N/A</u>	
Drone: <u>No</u>		
Portable Toilets: Provider and I	Phone: <u>Aim To F</u> (918) 600	
Total Number of Portable Toilets:	2	Number of ADA Accessible Portable Toilets: 1
Equipment Setup: Date: <u>11/07</u>	7/2019 Time:	<u>6 pm</u>
Equipment Pickup: Date: <u>11/29</u>	/2019 Time	<u>10 am</u>
<u>Site plan wil</u>	be reversed star	y Friday am (following each Thursday night) ting Nov. 7. Cooking and line up on the Katy Trail side. or reversed activities on the eastside of the highway.

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 u	sed for your event:					
<u>N/A</u>						
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:						

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. Oce our service time starts we have a group of approximately 12 that pick up trash under the bridge, down the street and to the Day Center. At the end of the night we inspect the area. All trash is loaded and taken back to the dumpster at our building. We will occasionally take pictures to verify that the area is always better when we leave it than how we found it. You may contact me for those pictures.

Number of Trash Receptacles: 6	Number of Dumps	sters: <u>0</u>	Number of Recycling Cont	ainers: <u>0</u>
Cleanup Service Provider and Phone, if	f applicable: <u>N/A</u>			
Equipment Setup: Date:	Time:	Equipment P	ickup: Date:	Time:
Presented Event Concept to:				

Other entities

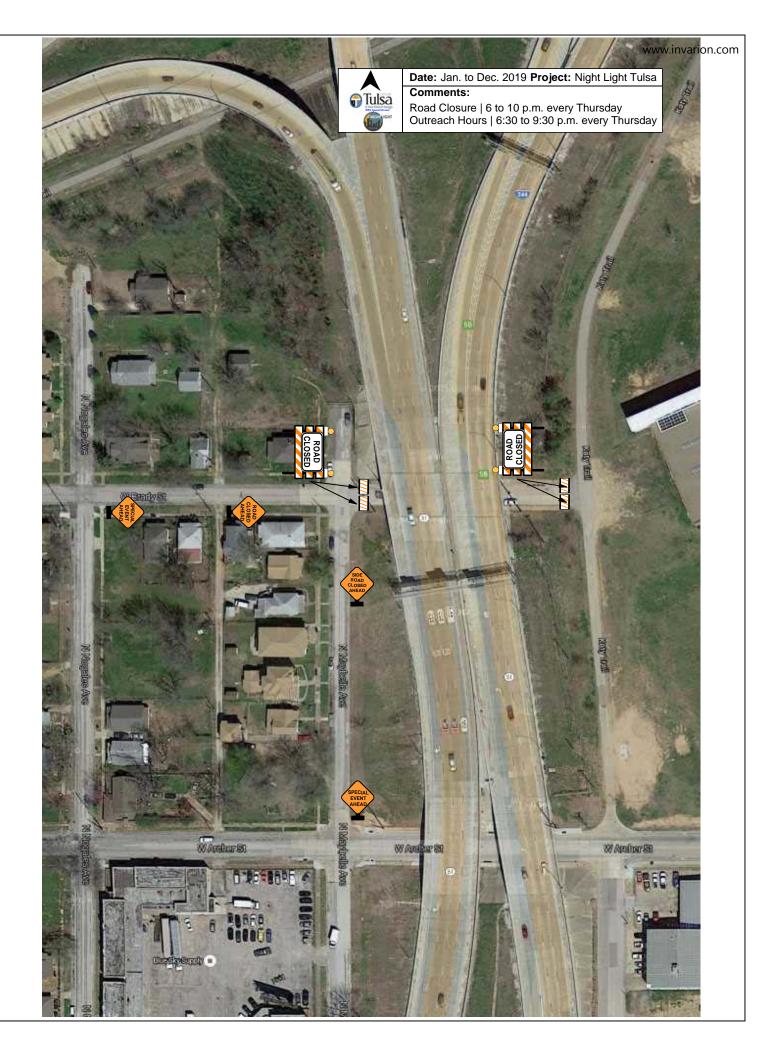
Avidavit of Applicant

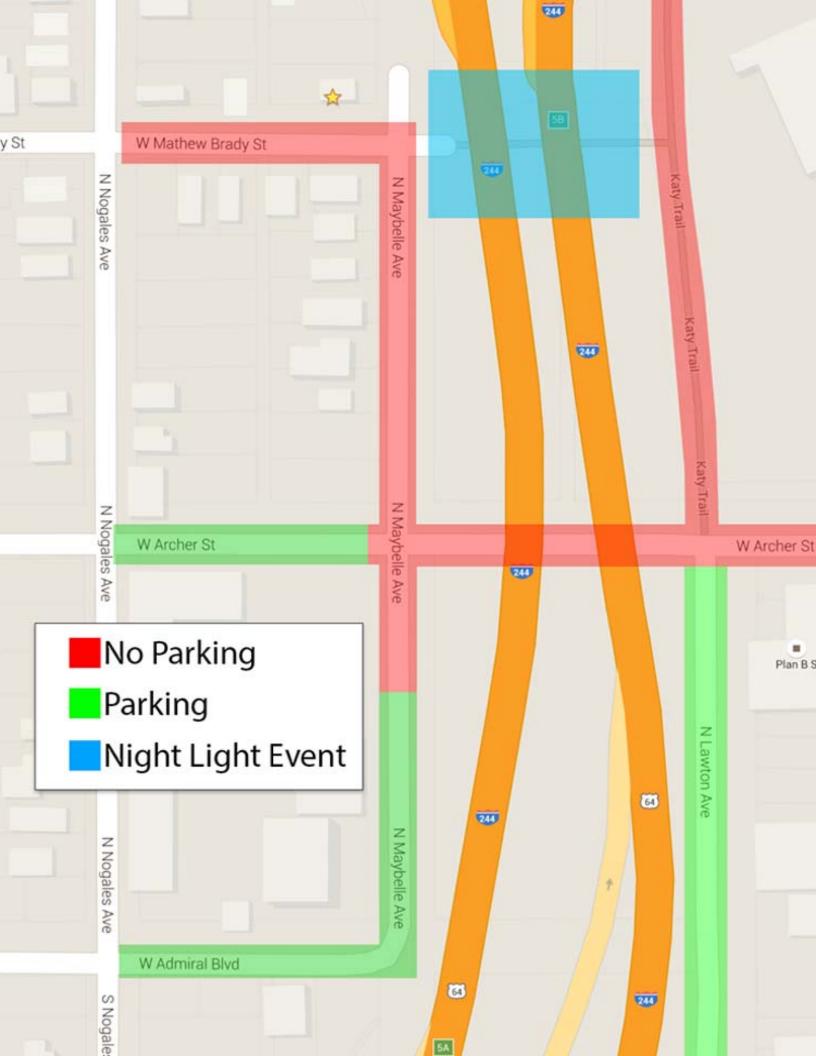
I certify that the information contained in this Application is true and correct to the best of my knowledge and belief. That I have read, understand, and agree to abide by the rules and regulations governing this Event. I agree to comply with all requirements of the City, County and State, and any other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

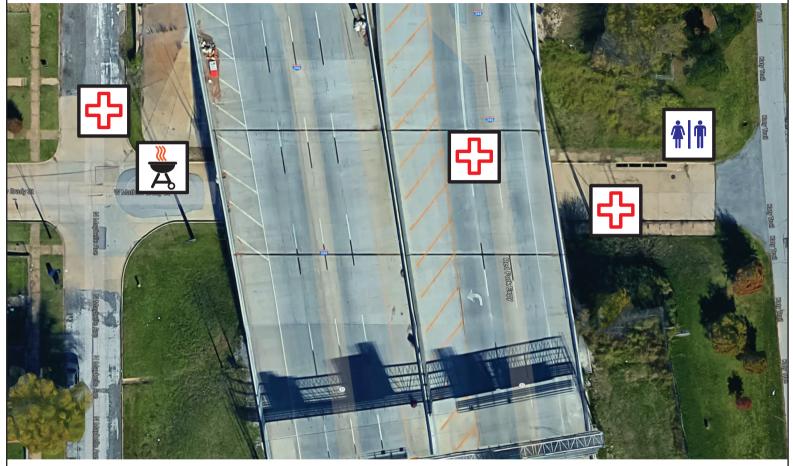
For City of Tulsa Special Events Committee Use Only

Date received:	08/26/2019	Date routed:	10/24/2	2019			10/30/2019	
- Special Events Co	ommittee Recon	- nmendation:	10/23	3/2019	Yes 🛛	∃ No		
Date routed to Ma	ayor: 10/24/2	019	Mayor's	s Recomme	ndation:	10/28/	2019	Yes □ No
Date routed to Council: 10/24/2019		2019	City Council Approval:		pproval:	10/30/2019		Yes 🗆 No
Date Permit Issue	ed: <u>11/07/201</u>	9 Com	nments:	Form revise	ed 10/24/20	019.		











First Aid



Food Preparation

***** Portable Restrooms