

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

| Name of Event: Winter Market | Date(s) of Event: Nov. 29 to Dec. 6, 2019 | | | |
|---|---|--|--|--|
| Location Address: 111 E RECONCILIATION WAY N | Council District(s): 4 | | | |
| Event Description: Holiday Market vendors and entertainment for a week | | | | |
| Event Category: Festival/Celebration | | | | |
| Event Includes: Amplified Sound, Tent/Canopy, Public Right of Way, Live Entertainment, No Parking Signage | | | | |
| Anticipated Attendance: Total: <u>3000</u> | Per Day: <u>0</u> | | | |
| Anticipated Participants: Total: 0 | Per Day: <u>400</u> | | | |
| Number of Events for Monthly Event: 8 | | | | |

Host Organization, Applicant and Professional Event Organizer Information

| Host Organization: | GGP | Website: https://guthriegreen.com/ | | | |
|------------------------------------|--|------------------------------------|--|--|--|
| Chief Officer of Host Organization | : <u>Heather Wimberly</u> | | | | |
| Email and Phone: | Heather@guthriegreen.com 918- | <u>591-2458</u> | | | |
| Applicant Name: | Guthrie Green | | | | |
| Email and Phone: | rob@guthriegreen.com 918-640-6645 | | | | |
| Professional Event Organizer: | Same | | | | |
| Email and Phone: | | | | | |
| On-site Contact: | Robert Wallace | Mobile: <u>918-640-6645</u> | | | |
| Billing Contact: | Guthrie Green | Phone: <u>918-640-6645</u> | | | |
| Billing Address: | <u>111 East Brady Street East Mathew B. Brady Street</u> | | | | |

Event Timeline and Lane/Street Closure Information

| Event Setup: | Date: <u>11/29/2019</u> | Time: <u>6pm</u> | |
|---|--------------------------|-------------------|--|
| Street Closure for Event Setup: | Date: | Time: | |
| Street(s) to be Closed for Event Setup: | NA - Parking Spaces Only | | |
| | | | |
| Event Start: | Date: <u>11/29/2019</u> | Time: <u>6pm</u> | |
| Street Closure for Event Start: | Date: | Time: | |
| Street(s) to be Closed for Event Start: | NA - Parking Spaces Only | | |
| Run, Walk, Parade Start Time: | <u>NA</u> | | |
| Daily Event Hours: 6pm-9pm | | | |
| Event End: | Date: <u>12/06/2019</u> | Time: <u>9pm</u> | |
| Street Reopens after Event End: | Date: | Time: | |
| Event Teardown: | Date: <u>12/06/2019</u> | Time: <u>10pm</u> | |
| Street Reopens after Event Teardown: | Date: | Time: | |

Secondary Permits Required

| Beer Sales, Alcohol Sales: | Not Applicable | 2 | | |
|--|--|-----------------------|------------|---|
| 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: | <u>15</u> | Number of Service Ver | idors: | 0 |
| Number of Tents/Canopies: | 0 | Provider and Phone: | <u>NA</u> | |
| Number of Inflatables: | <u>0</u> | Provider and Phone: | <u>NA,</u> | |
| Number of Amusement Rides | <u> 0 </u> | Provider and Phone: | <u>NA</u> | |
| Use of fireworks, rockets, lasers, or other pyrotechnics: No | | | | |

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

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

| Security and/or Police: Contact, Email and Phone: Owl Nite (Neetin Sen 918.951.5501) | | | | | |
|--|-------------------|--------------------------|-------|--|--|
| Medical and/or First Aid Services: Co | ntact, Email and | Phone: <u>NA</u> | | | |
| Traffic Control Barricade Company: C | Contact, Email ar | nd Phone: <u>NA</u> | | | |
| Equipment Setup: Date: | Time: | Equipment Pickup: Date: | Time: | | |
| Crowd Management Fencing Compa | ny: Contact, Ema | ail and Phone: <u>NA</u> | | | |
| Equipment Setup: Date: | Time: | Equipment Pickup: Date: | Time: | | |
| Parking Type: Parking Garage, Street | | | | | |
| Transportation Service: No service | | | | | |
| Transportation Service: Contact, Email and Phone: <u>NA</u> | | | | | |

Sponsor and Other Event Information

| Event Sponsor(s): <u>TBD</u> | | | | |
|--|--|--|--|--|
| Name of Park and Location, if applicable: <u>NA</u> | | | | |
| Drone: <u>No</u> | | | | |
| Portable Toilets: Provider and Phone: | AYS (Emergency Line 918.625.3978) Already on-site | | | |
| Total Number of Portable Toilets: 2 Number of ADA Accessible Portable Toilets: 1 | | | | |
| Equipment Setup: Date: | Time: | | | |
| Equipment Pickup: Date: | Time: | | | |
| Other information: <u>NA</u> | | | | |

Entertainment and Related Activities

| Number of Stages: 1 | Number of Performers/Bands: TBD | | | | | |
|---|---------------------------------|--------------------------|--------------------|----------------|--|--|
| Performer/Band name and music type: | <u>TBD</u> | | | | | |
| Sound Amplification: Yes | Finish Time: | <u>9pm</u> | | | | |
| Please describe the sound equipment that will be used for your event: | | | | | | |
| TBD | | | | | | |
| Sound checks conducted prior to the ev | Start Time: | <u>5:30pm</u> Finish Tim | ie: <u>6pm</u> | | | |
| Describe hot air balloons, fire lanterns o | or similar devices used a | event: | | | | |
| NA | | | | | | |
| Describe the use of any signs, banners | , decorations, or special | lighting used a | t event: | | | |
| Holiday Decor | | | | | | |
| | | | | | | |
| Mitigation of Impact | | | | | | |
| Please describe your plan for cleanup a event: On Site Staff | and removal of recyclable | e goods, waste | and garbage during | and after your | | |
| Number of Trash Receptacles: <u>30</u> Number of Dumpsters: <u>2</u> Number of Recycling Containers: <u>0</u> | | | | | | |
| Cleanup Service Provider and Phone, it | f applicable: <u>NA</u> | | | | | |
| Equipment Setup: Date: | Time: Equ | ipment Pickup | : Date: | Time: | | |
| Presented Event Concept to: | | | | | | |

Business Association

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: | 11/03/2019 | Date routed: | 11/27/2 | 2019 | Date for review: | Email/Website Review | |
|------------------|----------------|--------------|---------|-------------|------------------|----------------------|------|
| Special Events | Committee Reco | mmendation: | | | □ Yes □ No | | |
| Date routed to N | layor: | | Mayor's | s Recomme | endation: | □ Yes □ | ∃ No |
| Date routed to C | Council: | | Cit | y Council A | pproval: | | ∃ No |
| Date Permit Issu | led: | Com | ments: | Form revi | sed 11/27/2019 | | |

