

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: TFM Winter MarketDate(s) of Event: Jan.4th.&18th.2020Location Address: 1 S LEWIS AVE ECouncil District(s): 4Event Description: Farmers MarketCouncil District(s): 4Event Category: Farmers/Outdoor MarketEvent Includes: Tent/Canopy, Beer/Alcohol Sales, Food Sales, Merchandise Sales, Private PropertyAnticipated Attendance: Total: 300Anticipated Participants: Total: 150Number of Events for Monthly Event: 2

Host Organization, Applicant and Professional Event Organizer Information

| 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: <u>918-636-8419</u> | | |
| Billing Contact: | Tulsa Farmers' Market | Phone: 918-636-8419 | | |
| Billing Address: | <u>PO BOX PO BOX 14572</u> Tulsa OK 74159 | | | |

Event Timeline and Lane/Street Closure Information

| Event Setup: | Date: 01/04/2020 | Time: <u>6:30am</u> | | | |
|-----------------------------------------|-------------------------|---------------------|--|--|--|
| Street Closure for Event Setup: | Date: 01/04/2020 | Time: <u>NA</u> | | | |
| Street(s) to be Closed for Event Setup: | NA - Parking Lot | | | | |
| | | | | | |
| Event Start: | Date: 01/04/2020 | Time: <u>8:30am</u> | | | |
| Street Closure for Event Start: | Date: 01/04/2020 | Time: <u>NA</u> | | | |
| Street(s) to be Closed for Event Start: | <u>NA - Parking Lot</u> | | | | |
| Run, Walk, Parade Start Time: | <u>NA</u> | | | | |
| Daily Event Hours: 8:30-12pm | | | | | |
| Event End: | Date: 01/18/2020 | Time: <u>12pm</u> | | | |
| Street Reopens after Event End: | Date: 01/18/2020 | Time: <u>NA</u> | | | |
| Event Teardown: | Date: 01/18/2020 | Time: <u>12pm</u> | | | |
| Street Reopens after Event Teardown: | Date: 01/18/2020 | Time: <u>NA</u> | | | |

Secondary Permits Required

| Beer Sales, Alcohol Sales: | Not Applicable | 2 | |
|---------------------------------|-------------------|-----------------------|-----------------|
| Number of Food Vendors: | <u>10</u> | | |
| Number of Food Trucks: | <u>0</u> | | |
| Food Cooked on-site: No | Fuel(s) to | be used: | |
| Number of Item Vendors: | <u>5</u> | Number of Service Ver | ndors: <u>0</u> |
| Number of Tents/Canopies: | 15 10x10 | Provider and Phone: | Vendor Owned |
| 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, lase | ers, or other pyr | otechnics: <u>No</u> | |

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

Security and/or Police: Contact, Email and Phone: <u>NA</u> Medical and/or First Aid Services: Contact, Email and Phone: <u>NA</u> Traffic Control Barricade Company: Contact, Email and Phone: <u>NA</u> Equipment Setup: Date: Time: Equipment Pickup: Date: Time: Crowd Management Fencing Company: Contact, Email and Phone: <u>NA</u> Equipment Setup: Date: Time: Equipment Pickup: Date: Time: Parking Type: <u>Street, ADA parking available, Paved Lot</u> Transportation Service: <u>No service</u> Transportation Service: Contact, Email and Phone: <u>NA</u>

Sponsor and Other Event Information

| Event Sponsor(s): None | |
|----------------------------------------------------------------------------|----------------------------------------------|
| Name of Park and Location, if applicable: <u>Name of Park and Location</u> | <u>NA</u> |
| Drone: <u>No</u> | |
| Portable Toilets: Provider and Phone: N/ | <u>A</u> |
| Total Number of Portable Toilets: 0 | Number of ADA Accessible Portable Toilets: 0 |
| Equipment Setup: Date: | Time: |
| Equipment Pickup: Date: | Time: |
| Other information: <u>NA</u> | |

Entertainment and Related Activities

| Number of Stages: 0 | nber of Stages: 0 Number of Performers/Bands: 0 | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------|------------------|--|--|
| Performer/Band name and music type: <u>h</u> | <u>NA</u> | | | | |
| Sound Amplification: No | Start Time: | Finish Time: | Finish Time: | | |
| Please describe the sound equipment that will be used for your event: | | | | | |
| NA | | | | | |
| Sound checks conducted prior to the even | it: <u>No</u> Start | Time: Finish Time: | | | |
| Describe hot air balloons, fire lanterns or s | similar devices used at event | t: | | | |
| NA | | | | | |
| Describe the use of any signs, banners, de | ecorations, or special lighting | g used at event: | | | |
| NA | | | | | |
| | | | | | |
| Million of Immont | | | | | |
| Mitigation of Impact | | | | | |
| Please describe your plan for cleanup and event: All TFM Vendors are to pick up after check before the square is opened. | , , | | | | |
| Number of Trash Receptacles: 2 | Number of Dumpsters: 0 | Number of Recycling Conta | ainers: <u>0</u> | | |

Cleanup Service Provider and Phone, if applicable: NA

| Equipment Setup: Date: | Time: | Equipment Pickup: Date: | Time: |
|-----------------------------|-------|-------------------------|-------|
| Presented Event Concept to: | | | |

Residents, Schools, Businesses, Business Association, Neighborhood 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: | 12/02/2019 | Date routed: | 12/16/2 | 2019 | Date for review: | Email/Website | |
|------------------|-----------------|--------------|---------|--------------|-------------------|-----------------|------------|
| Special Events (| Committee Recom | mendation: | | | □ Yes □ No | | |
| Date routed to M | layor: | | Mayor's | Recommer | idation: | | 🗆 Yes 🗆 No |
| Date routed to C | council: | | City | / Council Ap | proval: | | □ Yes □ No |
| Date Permit Issu | ied: | Con | nments: | Form revis | ed & requesting s | ite map12/16/20 | 19. |