Permit #: SPEV-051794-2020 Application Date: 01/08/2020

Issue Date:



# City of Tulsa SPECIAL EVENT PERMIT APPLICATION

#### Summary of Event

Name of Event: <u>WEDDING CEREMONY</u> Date(s) of Event: <u>1/17/2020</u>

Location Address: 20 E ARCHER ST N 102 Council District(s): 4

Event Description: Small wedding ceremony with less than 10 guests to be held at the Center of the Universe

location.

**Event Category:** Miscellaneous

Event Includes: Sidewalk Closure, Public Property

Anticipated Attendance: Total: 10 Per Day: 0
Anticipated Participants: Total: 10 Per Day: 0

Number of Events for Monthly Event: NA

## Host Organization, Applicant and Professional Event Organizer Information

Host Organization: SHALAE HILL Website: NA

Chief Officer of Host Organization: SHALAE HILL
Email and Phone: (918) 688-4683
Applicant Name: Shalae Hill

Email and Phone: <u>shalae.hill@gmail.com</u>

Professional Event Organizer: NA

Email and Phone:

On-site Contact: SHALAE HILL Mobile: NA

Billing Contact: Shalae Hill Phone: (918) 688-4683

Billing Address: 236 W 9th

Bristow 74010

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

**Event Setup:** Date: <u>01/17/2020</u> Time: <u>1:00 PM</u>

Street Closure for Event Setup: Date: Time: Street(s) to be Closed for Event Setup: NA - A portion of the sidewalk

Event Start: Date: <u>01/17/2020</u> Time: <u>1:30 PM</u>

Street Closure for Event Start: Date: Time:

Daily Event Hours: NA

**Event End:** Date: <u>01/17/2020</u> Time: <u>3:00 PM</u>

Street Reopens after Event End: Date: Time:

**Event Teardown:** Date: <u>01/17/2020</u> Time: <u>3:00 PM</u>

Street Reopens after Event Teardown: Date: Time:

#### Secondary Permits Required

Beer Sales, Alcohol Sales: Not Applicable

Number of Food Vendors: 0Number 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: 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: <u>Parking Garage, Street</u>
Transportation Service: <u>No service</u>

Transportation Service: Contact, Email and Phone: NA

## Sponsor and Other Event Information

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: Sidewalks open on the east and west side of the COU.

#### Entertainment and Related Activities

Initials:

Litter tallille it and Neiated Activities			
Number of Stages: 0	Number of Performers/Bands: 0		
Performer/Band name and music type: NA			
Sound Amplification: No	Start Time:	Finis	h Time:
Please describe the sound equipment that will be	be used for your event:		
<u>NA</u>			
Sound checks conducted prior to the event: No.	Start Ti	ime:	Finish Time:
Describe hot air balloons, fire lanterns or simila	r devices used at event:		
<u>NA</u>			
Describe the use of any signs, banners, decora	tions, or special lighting ι	used at event:	
<u>NA</u>			
Mitigation of Impact			
<u> </u>			
Please describe your plan for cleanup and reme event: I will ensure any trash is cleaned up afte not anticipate any trash.			
Number of Trash Receptacles: <u>0</u> Numb	per of Dumpsters: <u>0</u>	Number of Re	ecycling Containers: 0
Cleanup Service Provider and Phone, if applica	ıble: <u>NA</u>		
Equipment Setup: Date: Time:	Equipment F	Pickup: Date:	Time:
Presented Event Concept to: No street closure			
Avidavit of Applicant			
I certify that the information contained in this Ap That I have read, understand, and agree to able comply with all requirements of the City, County agree to pay and be financially responsible for the Event. I further agree to indemnify and hold agents, representatives, from any claims (included activities related to the Event. I understand that enforcement personnel, firefighters, City Event from civil claims of third parties that are based to	oplication is true and correde by the rules and regulary and State, and any other any costs and fees that meany costs and fees that meany cost of defending such a Permit does not excus personnel, or emergency upon injuries sustained at	ect to the best of ations governing or regulatory end hay be incurred sa, and all City of ch claims) or date my failure to or workers, and of t, or in conjuncti	of my knowledge and belief. If this Event. I agree to get this Event. I agree to this Event. I by the City of Tulsa due to por Tulsa officers, employees, amages that may arise from comply with orders of law loes not provide immunity on with this Event.
Initials: On File			

#### For City of Tulsa Special Events Committee Use Only Date received: 01/08/2020 Date routed: 01/10/2020 Date for review: 01/15/2020 ☐ Yes ☐ No Special Events Committee Recommendation: $\square$ Yes $\square$ No Date routed to Mayor: Mayor's Recommendation: $\square$ Yes $\square$ No Date routed to Council: City Council Approval: Date Permit Issued: \_\_\_\_\_ Comments: Form revised and Map attached 01/10/2020

