

# **City of Tulsa** SPECIAL EVENT PERMIT APPLICATION

### Summary of Event

Name of Event: Tex at The Outsiders House Museum	Date(s) of Event: July 11, 2020		
Location Address: 731 N ST LOUIS AVE E	Council District(s): 1		
Event Description: Viewing the movie Tex on the lawn of the Outsiders House Museum			
Event Category: Miscellaneous			
Event Includes: Amplified Sound, Generator/Electricity, Public Rig	ht of Way, Food Sales, No Parking Signage		
Anticipated Attendance: Total: <u>100</u>	Per Day: <u>100</u>		
Anticipated Participants: Total: <u>100</u>	Per Day: <u>100</u>		
Number of Events for Monthly Event: NA			

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

Host Organization:	Outsiders House Museum	Website: www.theoutsidershouse.com		
Chief Officer of Host Organization	: <u>Donnie Rich</u>			
Email and Phone:	<u>918-949-1345</u>			
Applicant Name:	Donnie Rich			
Email and Phone:	ftpsolo@hotmail.com 918-949-13	45		
Professional Event Organizer:	NA			
Email and Phone:				
On-site Contact:	Donnie Rich	Mobile: <u>918-949-1345</u>		
Billing Contact:	Delta Bravo LLC	Phone: <u>918-949-1345</u>		
Billing Address:	<u>731 E N St Louis S</u> Tulsa OK 74106			

## Event Timeline and Lane/Street Closure Information

Event Setup:	Date: 07/11/2020	Time: <u>5:00pm</u>
Street Closure for Event Setup:	Date:	Time:
Street(s) to be Closed for Event Setup:	NA	
Event Start:	Date: 07/11/2020	Time: <u>8:00pm</u>
Street Closure for Event Start:	Date:	Time:
Street(s) to be Closed for Event Start:	NA	
Run, Walk, Parade Start Time:	NA	
Daily Event Hours: 8 to 10pm		
Event End:	Date: 07/11/2020	Time: <u>10:00pm</u>
Street Reopens after Event End:	Date:	Time:
Event Teardown:	Date: 07/11/2020	Time: <u>10:00pm</u>
Street Reopens after Event Teardown:	Date:	Time:

#### Secondary Permits Required

Beer Sales, Alcohol Sales:	Not	Applicable	
Number of Food Vendors:	0		
Number of Food Trucks:	<u> </u>		
Food Cooked on-site: Yes		Fuel(s) to be used: Gas	
Number of Item Vendors:	0	Number of Service Vendors	0
Number of Tents/Canopies:	0	Provider and Phone: <u>NA</u>	
Number of Inflatables:	0	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: <u>No</u>			

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

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

Security and/or Police: Contact, Email and Phone: <u>Donnie Rich, ftpsolo@hotmail.com, 918.949.1345</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>Unpaved Lot, 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): The Outsiders House Mus	seum
Name of Park and Location, if applicable: <u>N</u>	<u>IA</u>
Drone: <u>No</u>	
Portable Toilets: Provider and Phone: NA	<u>&gt;</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 Number of Performers/Bands: 0				
-		nonners/Danus.	0	
Performer/Band name and music type: <u>NA</u>				
Sound Amplification: Yes	Start Time:	<u>8:00pm</u>	Finish Time:	<u>10:00pm</u>
Please describe the sound equipment that will be	used for your e	vent:		
Speaker on a stick				
Sound checks conducted prior to the event: No	:	Start Time:	Finish Tim	ne:
Describe hot air balloons, fire lanterns or similar d	evices used at o	event:		
NA				
Describe the use of any signs, banners, decoratio	ns, or special lig	ghting used at ev	vent:	
NA				
Mitigation of Impact				
Please describe your plan for cleanup and remova event: Museum staff will clean up all trash.	al of recyclable	goods, waste and	d garbage during	and after you
Number of Trash Receptacles: <u>8</u> Number	of Dumpsters:	<u>1</u> Number	of Recycling Co	ntainers: <u>8</u>
Cleanup Service Provider and Phone, if applicable	e: NA			

Equipment Setup: Date: Time: Equipment Pickup: Date:

Presented Event Concept to: No street closure

#### 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

Time:

# For City of Tulsa Special Events Committee Use Only

Date received:	07/06/2020	Date routed:	07/08	3/2020	Date for review	: Email Review	
Special Events C	committee Recor	nmendation:			_		
Date routed to M	ayor:		Mayor's	s Recomm	endation:		
Date routed to Co	ouncil:		Cit	ty Council .	Approval:		
Date Permit Issu	ed:	Com	ments:	Form rev	ised 07/08/2020.		

