

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

### Summary of Event

| Name of Event: Cinema Drive-Ins   |  | Date(s) of Event: September 16-27, 2020    |  |  |
|---|--|--|--|--|
| Location Address  | : 7021 S MEMORIAL DR E   | Council District(s): 7                     |  |  |
| Event Description: A drive-in cinema/entertainment venue that will be open from an hour before sunset for 2 -<br>hours after depending on film/entertainment length, with a car capacity of approximately 15<br>cars a night. A truss structure 47' x 26' will be erected as the screen to show the content. The<br>truss structure will be equipped with a blow through textilene fabric. A 15,000 Lumen laser<br>projector will be used to project on to the screen. Audio will be delivered through FM radios<br>a mobile app. |  |  |  |  |
| Event Category: Miscellaneous   |  |  |  |  |
| Event Includes:   | <u>Generator/Electricity, Live Entertainment, Projecti</u><br>Private Property | on of movies/entertainment on to a screen, |  |  |
| Anticipated Attendance: Total: <u>3600</u> Per Day: <u>400</u>  |  |  |  |  |
| Anticipated Participants: Total: 0  |  | Per Day: <u>0</u>                          |  |  |
| Number of Events  | Number of Events for Monthly Event: 9  |  |  |  |

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

| Host Organization:                 | Woodland Hills Mall                           | Website: NA                 |  |  |
|------------------------------------|---|-----------------------------|--|--|
| Chief Officer of Host Organization | Tricia Sanders                                |                             |  |  |
| Email and Phone:                   | <u>918-252-7511</u>                           |                             |  |  |
| Applicant Name:                    | Robert Samson                                 |                             |  |  |
| Email and Phone:                   | rjsamson@kilburnmedia.com 310-479-2410        |                             |  |  |
| Professional Event Organizer:      | Same  |                             |  |  |
| Email and Phone:                   |   |                             |  |  |
| On-site Contact:                   | Daniel Wu                                     | Mobile: <u>310-479-2410</u> |  |  |
| Billing Contact:                   | Cinema Drive Ins                              | Phone: <u>310-479-2410</u>  |  |  |
| Billing Address:                   | <u>11333 Iowa Ave</u><br>Los Angeles CA 91202 |                             |  |  |

## Event Timeline and Lane/Street Closure Information

| Event Setup:   | Date: 09/11/2020        | Time: <u>10:00AM</u> |  |  |  |
|--|-------------------------|----------------------|--|--|--|
| Street Closure for Event Setup:  | Date:                   | Time:                |  |  |  |
| Street(s) to be Closed for Event Setup:  | NA                      |                      |  |  |  |
| Event Start:   | Date: <u>09/16/2020</u> | Time: <u>7:00PM</u>  |  |  |  |
| Street Closure for Event Start:  | Date:                   | Time:                |  |  |  |
| Street(s) to be Closed for Event Start:  | <u>NA</u>               |                      |  |  |  |
| Run, Walk, Parade Start Time:  | <u>NA</u>               |                      |  |  |  |
| Daily Event Hours: Sept. 16-20 and 24-27<br>Opening Time: Sunset<br>Closing Time: End of Show<br>Gates Open: 1 Hour Before<br>Clean Up Ends: 1 Hour After Show |                         |                      |  |  |  |
| Event End:   | Date: 09/27/2020        | Time: <u>11:00PM</u> |  |  |  |
| Street Reopens after Event End:  | Date:                   | Time:                |  |  |  |
| Event Teardown:  | Date: 09/28/2020        | Time: <u>10:00AM</u> |  |  |  |
| Street Reopens after Event Teardown:   | Date:                   | Time:                |  |  |  |

# Secondary Permits Required

| Beer Sales, Alcohol Sales:  | Not Applicat | <u>ole</u>            |            |   |  |
|---|--------------|-----------------------|------------|---|--|
| 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>0</u>     | Number of Service Ver | ndors:     | 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:   | NA         |   |  |
| 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>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>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): <u>NA</u>  |
|--|
| Name of Park and Location, if applicable: <u>NA</u>  |
| Drone: <u>No</u>   |
| Portable Toilets: Provider and Phone: <u>TBD</u>   |
| Total Number of Portable Toilets: 4 Number of ADA Accessible Portable Toilets: 1   |
| Equipment Setup: Date: 09/07/2020 Time: 10:00AM  |
| Equipment Pickup: Date: 09/30/2020 Time: 10:00AM   |
| Other information: The truss will be erected by a contractor led by our in house production team. Wind capacity is 40 mph with the screen attached, and 105 mph when the screen is taken down. |

#### Entertainment and Related Activities

| Number of Stages: 0  | Number of Performers/Bands: 0 |              |  |  |  |
|--|-------------------------------|--------------|--|--|--|
| Performer/Band name and music type: <u>NA</u>  |                               |              |  |  |  |
| Sound Amplification: No  | Start Time:                   | Finish Time: |  |  |  |
| Please describe the sound equipment that will be u   | used for your event:          |              |  |  |  |
| NA   |                               |              |  |  |  |
| Sound checks conducted prior to the event: No  | Start Time:                   | Finish Time: |  |  |  |
| Describe hot air balloons, fire lanterns or similar de   | evices used at event:         |              |  |  |  |
| NA   |                               |              |  |  |  |
| Describe the use of any signs, banners, decorations, or special lighting used at event:                      |                               |              |  |  |  |
| An A frame sign stating the name of the event and potential show times. General logo branding on some of our |                               |              |  |  |  |
| equipment.   |                               |              |  |  |  |
|  |                               |              |  |  |  |
| Mitigation of Impact   |                               |              |  |  |  |

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: Clean up to be done every night after each event by the event staff.

| Number of Trash Receptacles: <u>8</u>  | Number of Dump          | sters: <u>1</u> | Number of Recycling Con | tainers: <u>1</u> |
|--|-------------------------|-----------------|-------------------------|-------------------|
| Cleanup Service Provider and Phone, if | f applicable: <u>NA</u> |                 |                         |                   |
| Equipment Setup: Date:                 | Time:                   | Equipment P     | ickup: Date:            | Time:             |

Presented Event Concept to:

**Businesses** 

#### 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:   | 08/24/2020      | Date routed: | 09/09/ | /2020         | Date for review:  | 09/11/2020      |               |
|------------------|-----------------|--------------|--------|---------------|-------------------|-----------------|---------------|
| Special Events   | Committee Recom | mendation:   |        |               | 🗆 Yes 🗆 No        |                 |               |
| Date routed to N | Mayor:          |              | Mayor  | 's Recomme    | -<br>ndation:     |                 | 🗆 Yes 🗆 No    |
| Date routed to 0 | Council:        |              | С      | ity Council A | pproval:          |                 | □ Yes □ No    |
| Date Permit Iss  | ued:            | Com          | ments: | Schedule u    | ploaded 09/01/202 | 0. Form revised | 1 09/09/2020. |

