

City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: Black Wall Street Parade		
Location Address: 535 N GREENWOOD AVE E		
Event Description: Motorcycle escorted Parade		
Event Category: Parade		
Event Includes: Public Right of Way, Police Escort		
Anticipated Attendance: Total: <u>400</u>		
Anticipated Participants: Total: 400		
Number of Events for Monthly Event: NA		

Date(s) of Event: <u>May 14, 2022</u> Council District(s): <u>1</u>

Per Day: <u>400</u> Per Day: <u>400</u>

Host Organization, Applicant and Professional Event Organizer Information

Host Organization:	Tulsa Dream Center	Website: https://www.tulsadreamcenter.org/
Chief Officer of Host Organization	n: <u>Marcus Bowlin</u>	
Email and Phone:	<u>918-231-5950</u>	
Applicant Name:	Tulsa Dream Center - Tim Newto	n
Email and Phone:	tnewton@tulsadreamcenter.org	918-430-0099
Professional Event Organizer:	NA	
Email and Phone:		
On-site Contact:	Tim Newton	Mobile: <u>918-510-5773</u>
Billing Contact:	Tulsa Dream Center	Phone: <u>918-430-9984</u>
Billing Address:	200 W 46TH ST N Tulsa County Tulsa OK 74106	

Event Timeline and Lane/Street Closure Information

Event Setup:	Date: <u>05/14/2022</u>	Time: <u>2:30PM</u>	
Street Closure for Event Setup:	Date:	Time:	
Street(s) to be Closed for Event Setup:	NA - Staging and Landing in OSU-Tulsa Parking Lot A (east lot)		
Event Start:	Date: <u>05/14/2022</u>	Time: <u>2:30PM</u>	
Street Closure for Event Start:	Date: 05/14/2022	Time: <u>2:30PM</u>	
Street(s) to be Closed for Event Start:	See Route/Escort Map	(counterclockwise)	
Run, Walk, Parade Start Time:	<u>2:30PM</u>		
Daily Event Hours: <u>NA</u>			
Event End:	Date: 05/14/2022	Time: <u>3:30PM</u>	
Street Reopens after Event End:	Date: 05/14/2022	Time: <u>3:30PM</u>	
Event Teardown:	Date: 05/14/2022	Time: <u>3:30PM</u>	
Street Reopens after Event Teardown:	Date:	Time:	

Secondary Permits Required

Beer Sales, Alcohol Sales:	Not Applicable	<u>)</u>	
Number of Food Vendors:	<u>0</u>		
Number of Food Trucks:	<u>0</u>		
Food Cooked on-site: <u>No</u>	Fuel(s) to	be used:	
Number of Item Vendors:	0	Number of Service Ver	ndors: <u>0</u>
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, lase	ers, or other pyr	otechnics: <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>Parking not available</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: \underline{N}	<u>A</u>
Drone: <u>No</u>	
Portable Toilets: Provider and Phone: NA	<u>v</u>
Total Number of Portable Toilets: <u>0</u>	Number of ADA Accessible Portable Toilets: $\underline{0}$
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
Performer/Band name and music type: <u>NA</u>		
Sound Amplification: <u>No</u>	Start Time:	Finish Time:
Please describe the sound equipment that will be us	sed for your event:	
NA		
Sound checks conducted prior to the event: No	Start Time:	Finish Time:
Describe hot air balloons, fire lanterns or similar dev	vices used at event:	
NA		
Describe the use of any signs, banners, decorations	s, or special lighting used at ev	ent:
NA		
Mitigation of Impact		
Please describe your plan for cleanup and removal event: NA	of recyclable goods, waste and	d garbage during and after your

Number of Trash Receptacles: <u>0</u>	Number of Durr	npsters: <u>0</u>	Number of Recycling Co	ontainers: <u>0</u>
Cleanup Service Provider and Phone,	if applicable: <u>NA</u>			
Equipment Setup: Date:	Time:	Equipment	Pickup: Date:	Time:
Presented Event Concept to:				
Residents, Businesses, Schools, F	Places of Worship			

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 complwith all requirements of the City, County and State, and any other regulatory entity related to this Event. I agree to pa 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 third parties that are based upon injuries sustained at, or in conjunction with this Event.

Initials: On File



