Permit #: SPEV-186660-2024 Application Date: 07/11/2024

Issue Date:



City of Tulsa SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: Love Mission Day Date(s) of Event: July 13, 2024

Location Address: Start: 1616 N GILCREASE MUSEUM RD Council District(s): 1

End: 1616 N GILCREASE MUSEUM RD

Event Description: Parking on private property front grass field for Love Mission Day. 7/13/24 from 9am - 5pm.

Volunteers will be serving and getting to know clients on our campus.

Event Category: Miscellaneous

Event Includes: Private Park, Public Right of Way, Private Property

Anticipated Attendance: Total: 30 Per Day: 30 Anticipated Participants: Total: 0 Per Day: 0

Number of Events for Monthly Event: No

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: Website:https://circleofcare.org/ Circle of Care, Inc.

Chief Officer of Host Organization: Daniel Moore

Email and Phone: daniel.moore@circleofcare.org 918-575-1620

Applicant Name: Alexis Tincher

Email and Phone: alexis.tincher@circleofcare.org 918-583-9506

Professional Event Organizer:

Email and Phone:

On-site Contact: Nikki Dillenbeck Mobile: <u>918-927-9862</u> Billing Contact: Circle Of Care, Inc. Phone: <u>918-583-9506</u>

1616 N GILCREASE MUSEUM RD W Billing Address:

Tulsa, OK 74127

Event Timeline and Lane/Street Closure Information

Event Setup: Date: <u>07/13/2024</u> Time: <u>8 am</u>

Street Closure for Event Setup: Date: Time:

Street(s) to be Closed for Event Setup: NA - Parking on Grass/Field

Event Start: Date: <u>07/13/2024</u> Time: <u>9 am</u>

Street Closure for Event Start: Date: Time:

Street(s) to be Closed for Event Start: NA - Parking on Grass/Field

Run, Walk, Parade Start Time: NA

Daily Event Hours: 9 am - 5 pm

Event End: Date: <u>07/13/2024</u> Time: <u>5 pm</u>

Street Reopens after Event End: Date: Time:

Event Teardown: Date: <u>07/13/2024</u> Time: <u>5 pm</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: 0

Food Cooked on-site: No Fuel(s) to be used:

Number of Item Vendors: $\underline{0}$ Number of Service Vendors: $\underline{0}$

Number & Sizes of Tents: $\underline{0}$ Provider and Phone: \underline{NA} Number of Inflatables: \underline{NO} Provider and Phone: \underline{NA} Number of Amusement Rides: \underline{NO} Provider and Phone: \underline{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: No Contact, Email and Phone: NA

Medical and/or First Aid Services: No Contact, Email and Phone: NA

Traffic Control Barricade Company: No Contact, Email and Phone: NA

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

Crowd Management Fencing Company: No Contact, Email and Phone: NA

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

Parking Type: Unpaved Lot, ADA parking available, Paved Lot

Transportation Service: No service

Transportation Service: Contact, Email and Phone: NA

Sponsor and Other Event Information

Event Sponsor(s): Circle of Care, Inc.

Park: No Name of Park and Location: NA

Drone: No

Portable Toilets: No Provider and Phone: NA

Total Number of Portable Toilets: <u>0</u> Number of ADA Accessible Portable Toilets: <u>0</u>

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

Other Event Information: See Map

Entertainment and Related Activities			
Number of Stages: 0	Number of Performers/Bands: 0		
Performer/Band name and music type: NA			
Sound Amplification: No	Start Time:	Finish Time:	
Please describe the sound equipment that will be	used for your event:		
NA	Ot at The	Every Time	
Sound checks conducted prior to the event: No	Start Time:	Finish Time:	
Hot air balloons, fire lanterns or similar devices us NA	ed at event: <u>No</u> Describe	:	
Use of any signs, banners, decorations, or special	lighting used at event: <u>N</u>	o Describe:	
<u>NA</u>			
Mitigation of Impact			
Please describe your plan for cleanup and remove vent: We will have a large roll off dumpster and 2			
Number of Trash Receptacles: <u>0</u> Number	of Dumpsters: 3	umber of Recycling Containers: <u>0</u>	
Cleanup Service: $\underline{\text{No}}$ Provider and Phone: $\underline{\text{NA}}$			
Presented Event Concept to:			
If not presented, please explain:			
No Road Closure			
Affidavit of Applicant			
I certify that the information contained in this Appli That I have read, understand, and agree to abide be with all requirements of the City, County and State pay and be financially responsible for any costs and further agree to indemnify and hold harmless the representatives, from any claims (including cost of related to the Event. I understand that a Permit does personnel, firefighters, City Event personnel, or emof third parties that are based upon injuries sustain	by the rules and regulation e, and any other regulato d fees that may be incurred City of Tulsa, and all City defending such claims) of es not excuse my failure the dergency workers, and do	s governing this Event. I agree to comply ry entity related to this Event. I agree to be by the City of Tulsa due to the Event. I say of Tulsa officers, employees, agents, r damages that may arise from activities to comply with orders of law enforcement es not provide immunity from civil claims	

On File

Initials:

For City of Tulsa Special Events Committee Use Only				
Date received: 07/11/2024	Date routed:	07/11/2024	Date for review: 07/12/2024	
Special Events Committee Recomn	nendation:		Yes □ No □	
Date routed to Mayor:		Mayor's Recommendation:	Yes	
Date routed to Council:		City Council Approval:	Yes □ No □	
Date Permit Issued:		Comments: SEC meeting 07/24/2024		

