Permit #: SPEV-188592-2024 Application Date: 08/01/2024 Issue Date:





Summary of Event

Name of Event: <u>Jamaica Independence Celebrations</u> Date(s) of Event: <u>August 3, 2024</u>

Location Address: Start: 901 N Greenwood Ave Council District(s): 1

End: 901 N Greenwood Ave

Event Description: <u>Cultural independence celebrations</u>

Event Category: Festival/Celebration

Event Includes: Amplified Sound, Tent/Canopy, Generator/Electricity, Private Park, Open Flame, Food Sales,

Merchandise Sales, Private Property

Anticipated Attendance: Total: $\underline{200}$ Per Day: $\underline{200}$ Anticipated Participants: Total: $\underline{0}$ Per Day: $\underline{0}$

Number of Events for Monthly Event: No

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: <u>Michael Johnson</u> Website: NA

Chief Officer of Host Organization: Michael Johnson

Email and Phone: caribbeanpride2010@gmail.com 918-408-1904

Applicant Name: <u>Michael Johnson</u>

Email and Phone: caribbeanpride2010@gmail.com 918-408-1904

Professional Event Organizer:

Email and Phone:

On-site Contact: <u>Michael Johnson</u> Mobile: <u>918-408-1904</u>

Billing Contact: <u>Michael Johnson</u> Phone: <u>918-408-1904</u>

Billing Address: 601 N Beaumont st

Owasso, OK 74055

Event Timeline and Lane/Street Closure Information

Event Setup: Date: <u>08/03/2024</u> Time: <u>8 am</u>

Street Closure for Event Setup: Date: Time:

Street(s) to be Closed for Event Setup: NA - Parking Lot

Event Start: Date: 08/03/2024 Time: Noon

Street Closure for Event Start: Date: Time:

Street(s) to be Closed for Event Start: NA - Parking Lot

Run, Walk, Parade Start Time: NA

Daily Event Hours: Noon - 7 pm

Event End: Date: <u>08/03/2024</u> Time: <u>7 pm</u>

Street Reopens after Event End: Date: Time:

Event Teardown: Date: <u>08/03/2024</u> Time: <u>9 pm</u>

Street Reopens after Event Teardown: Date: Time:

Secondary Permits Required

Beer Sales, Alcohol Sales: Not Applicable

Number of Food Vendors: <u>6</u>

Number of Food Trucks: <u>6</u>

Food Cooked on-site: Yes Fuel(s) to be used: Charcoal, Electric

Number of Item Vendors: <u>10</u> Number of Service Vendors: <u>0</u>

Number & Sizes of Tents: 10 - 10X10 Provider and Phone: Vendor Owned

Number of Inflatables: No 0 Provider and Phone: NA Number of Amusement Rides: No 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: 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: Street, ADA parking available, Paved Lot

Transportation Service: No service

Transportation Service: Contact, Email and Phone: NA

Sponsor and Other Event Information

Event Sponsor(s): NA

Park: Yes Name of Park and Location: BS Roberts Park, 901 N Greenwood Ave

Drone: No

Portable Toilets: Yes Provider and Phone: Aim Right (918)?

Total Number of Portable Toilets: <u>3</u> Number of ADA Accessible Portable Toilets: <u>3</u>

Equipment Setup: Date: 08/02/2024 Time: 4:30 pm

Equipment Pickup: Date: 08/05/2024 Time: 9 am

Other Event Information: See Attachment

Entertainment and Related Activities

Number of Stages: <u>1</u>	Number of Performers/Bands: 2					
Performer/Band name and music type: <u>Local Hero's Reggae</u> <u>Gem Star Steel Drum and Calypso</u>						
Sound Amplification: Yes		Start Time:	<u>Noon</u>	Finish Time:	<u>7 pm</u>	
Please describe the sound equipment that will be used for your event:						
Standard Band Speakers						
Sound checks conducted prior to the eve	ent: <u>Yes</u>	Start Time:	<u>11:15 a.m</u>	Finish Time:	<u>Noon</u>	
Hot air balloons, fire lanterns or similar devices used at event: No Describe:						
<u>NA</u>						
Use of any signs, banners, decorations, or special lighting used at event: No Describe:						
<u>NA</u>						
Mitigation of Impact					_	
Please describe your plan for cleanup a event: American Waste removal and san		ible goods, v	vaste and ga	rbage during a	ınd after your	
Number of Trash Receptacles: 1	Number of Dumpste	rs: <u>1</u> N	Number of Re	ecycling Contai	iners: <u>1</u>	
Cleanup Service: No Provider and Pho	ne: <u>NA</u>					
Presented Event Concept to:						
Bill White						
If not presented, please explain:						
NA - No Road Closure						
Affidavit of Applicant						
I certify that the information contained in That I have read, understand, and agree with all requirements of the City, County pay and be financially responsible for any further agree to indemnify and hold har representatives, from any claims (includi related to the Event. I understand that a personnel, firefighters, City Event person of third parties that are based upon injuri	to abide by the rules a and State, and any o y costs and fees that n mless the City of Tuls ng cost of defending s Permit does not excus	and regulation of the regulation of the regulation of the regular	ns governing ory entity related by the City ity of Tulsa correct to comply with comply with the complex	this Event. I ag Ited to this Eve If y of Tulsa due to Ifficers, employ I hat may arise to I horders of law	ree to comply ent. I agree to to the Event. I yees, agents, from activities and referent	
Initials: On File						

For City of Tulsa Special Events Committee Use Only						
Date received: 08/01/2024	Date routed:	08/01/2024	Date for review: Email Review			
Special Events Committee Recommittee	mendation: _		Yes			
Date routed to Mayor:		Mayor's Recommendation:	Yes			
Date routed to Council:		City Council Approval:	Yes			
Date Permit Issued:		Comments: SEC meeting 08/07/2024				

