



City of Tulsa

SPECIAL EVENT PERMIT APPLICATION

Summary of Event

Name of Event: Wedding Reception Date(s) of Event: Saturday, November 15, 2025

Location Address: Start: 9222 S Harvard Ave Council District(s): 2
End: 9222 S Harvard Ave

Event Description: On November 15, 2025, Thawng Mung and Vung Kim will be having their wedding ceremony at our church. Following the ceremony, they would like to hold their reception in the church parking lot with live music.

Event Category: Concert/Performance

Event Includes: Amplified Sound, Live Entertainment, Private Property

Anticipated Attendance: Total: 400 Per Day: 400

Anticipated Participants: Total: 0 Per Day: 0

Number of Events for Monthly Event: No

Host Organization, Applicant and Professional Event Organizer Information

Host Organization: Far East Mission Church Website: <https://www.femctulsa.org/>

Chief Officer of Host Organization: REV CIN KHAW KHAM

Email and Phone: khamfemc@gmail.com 918-946-3390

Applicant Name: Suan Khup

Email and Phone: khuppib@gmail.com 918-946-3390

Professional Event Organizer:

Email and Phone:

On-site Contact: Cin Kham or Ngul Cing Mobile: 918-946-3390

Billing Contact: Far East Mission Church Phone: 918-946-3390

Billing Address: 2640 W 114th PL S
Jenks, OK 74037

Event Timeline and Lane/Street Closure Information

Event Setup:	Date: <u>11/14/2025</u>	Time: <u>6:00PM</u>
Street Closure for Event Setup:	Date:	Time:
Street(s) to be Closed for Event Setup:	<u>N/A - Parking Lot</u>	
Event Start:	Date: <u>11/15/2025</u>	Time: <u>5:30PM</u>
Street Closure for Event Start:	Date:	Time:
Street(s) to be Closed for Event Start:	<u>N/A - Parking Lot</u>	
Run, Walk, Parade Start Time:	<u>N/A</u>	
Daily Event Hours:	<u>N/A</u>	
Event End:	Date: <u>11/15/2025</u>	Time: <u>8:30PM</u>
Street Reopens after Event End:	Date:	Time:
Event Teardown:	Date: <u>11/15/2025</u>	Time: <u>8:30PM</u>
Street Reopens after Event Teardown:	Date:	Time:

Secondary Permits Required

Beer Sales, Alcohol Sales:	<u>Not Applicable</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:	<u>0</u>	Number of Service Vendors: <u>0</u>
Number & Sizes of Tents:	<u>0</u>	Provider and Phone: <u>N/A</u>
Number of Inflatables:	<u>No</u> <u>0</u>	Provider and Phone: <u>NA</u>
Number of Amusement Rides:	<u>No</u> <u>0</u>	Provider and Phone: <u>NA</u>
Use of fireworks, rockets, lasers, or other pyrotechnics:	<u>No</u>	
Provider and Phone:	<u>N/A</u>	

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

Security and/or Police: No Contact, Email and Phone: N/A

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

Traffic Control Barricade Company: No Contact, Email and Phone: N/A

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

Crowd Management Fencing Company: No Contact, Email and Phone: N/A

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

Parking Type: ADA parking available, Paved Lot

Transportation Service: No service

Transportation Service: Contact, Email and Phone: N/A

Sponsor and Other Event Information

Event Sponsor(s): None

Park: No Name of Park and Location: N/A

Drone: No

Portable Toilets: No Provider and Phone: N/A

Total Number of Portable Toilets: 0 Number of ADA Accessible Portable Toilets: 0

Equipment Setup: Date: Time:

Equipment Pickup: Date: Time:

Other Event Information: N/A

Entertainment and Related Activities

Number of Stages: 1

Number of Performers/Bands: 3 singers/church

Performer/Band name and music type: Church worship team

Sound Amplification: Yes

Start Time: 1:00PM

Finish Time: 8:30PM

Please describe the sound equipment that will be used for your event:

Public address system

Sound checks conducted prior to the event: Yes

Start Time: 11:00AM

Finish Time: 1:00PM

Hot air balloons, fire lanterns or similar devices used at event: No Describe:

N/A

Use of any signs, banners, decorations, or special lighting used at event: Yes Describe:

There will be no signs or banners. However, outdoor string lights will be used as decorations in the reception area. All decorations will be removed immediately following the event.

Mitigation of Impact

Please describe your plan for cleanup and removal of recyclable goods, waste and garbage during and after your event: Trash and recycling bins will be put around the parking lot and reception area. Assigned volunteers will monitor and empty bins as needed during the reception. All decorations, tables, chairs, and equipments will be taken down and removed right after the reception.

Number of Trash Receptacles: 8

Number of Dumpsters: 1

Number of Recycling Containers: 4

Cleanup Service: No Provider and Phone: N/A

Presented Event Concept to:

Places of Worship

If not presented, please explain:

N/A

Affidavit 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: _____ Date routed: _____ Date for review: _____

Special Events Committee Recommendation: _____ Yes ☐ No ☐ _____

Date routed to Mayor: _____ Mayor's Recommendation: Yes ☐ No ☐ _____

Date routed to Council: _____ City Council Approval: Yes ☐ No ☐ _____

Date Permit Issued: _____ Comments: _____
