

## **City of Tulsa** Special Event Permit Application

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Summary of Even	nt						
Event Title:	Date of Event:						
Event Location:		Council Dis					
Event Description:	(Submit Flyer or Brochure in Electronic Format						
Event Sponsors:							
			Per Day:				
Event Organizer	Information						
Organizing Agency:		Web Address:	Web Address:				
			Email Address:				
		On-Site Phone:	On-Site Phone:				
Billing Contact:		Billing Phone:					
Billing Address:	Street	City	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~				
Agency Status: Prof	it Non-Profit Fun		State Zip				
Site Plan and Roi		Day of Wook:	Time				
			Time:				
	et-up, Stages, Tents, etc.:		Time:				
Sileei(s) to be Close	d:		Map in CAD/Electronic Format)				
Event Opens:	Date:		Time:				
			Time:				
		Date	I line				
	d:	(Submit Route)	Map in CAD/Electronic Format)				
Race, Parade, or Esc	cort Start Times:		-				
<b>Event Closes:</b>	Date:						
Street Opening:	Date:						
Event Dismantle:	Date:						
Street Opening:	Date:						

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<u>Secondar</u>	y Permit Red	<i>guirements</i>

Yes No Is this an Open Air Event?	Public Property	Private Property	Parking Lot
Yes No Alcohol or Beer On-Site?	Alcohol Sales	Beer Sales	Free Beverages
Yes No Concessionaires On-Site?	Number of Food Vend	lors: Number	of Item Vendors:
Yes No Food Preparation On-Site?	Charcoal	Electric	Gas
Yes No Tents or Stages On-Site?	If yes, what sizes:		
Yes No Other Structures On-Site?	If yes, please explain:		
Yes No Using a City or River Park?	Name and location:		
Security, Medical, Traffic, and Parkin	D1		
Yes No Security or Police On-Site?	Agency and Phone:		
If yes, please describe or provide an attachm	ent of your plan:		
Yes No Medical First Aid On-Site?	Agency and Phone:		
If yes, please describe or provide an attachm	ent of your plan:		
Yes No Using Barricade Company?	Agency and Phone:		
If yes, the Barricade Co. providing equipmen	t for the street closure m	ust submit the plan in	CAD/Electronic Format.
Equipment Setup: Date: Time	: Equipment	Pickup: Date:	Time:
Yes No Is there Parking Available?	If yes, please describe	or provide an attachn	nent of your plan:
Yes No Is there Disabled Parking?	If yes, please describe	or provide an attachn	nent of your plan:
Yes No Is there Disabled Parking? Yes No Using a Shuttle Service?	If yes, please describe If yes, please describe		
Yes No Using a Shuttle Service?	If yes, please describe		
	If yes, please describe		
Yes No Using a Shuttle Service?	If yes, please describe		
Yes No Using a Shuttle Service?	If yes, please describe ion Live Music	or provide an attachn	nent of your plan:
Yes No Using a Shuttle Service? Other Related Activities and Informat Yes No Entertainment On-Site?	If yes, please describe ion Live Music Animals	or provide an attachn Recorded Music Other (specify):	nent of your plan:
Yes       No       Using a Shuttle Service?         Other Related Activities and Informat         Yes       No       Entertainment On-Site?         Fireworks       Inflatables	If yes, please describe ion Live Music Animals Setup Time:	or provide an attachn Recorded Music Other (specify):	Dencing
Yes       No       Using a Shuttle Service?         Other Related Activities and Informat         Yes       No         Entertainment On-Site?         Fireworks       Inflatables         Yes       No         Sound Amplification?	If yes, please describe ion Live Music Animals Setup Time: Agency and Phone:	or provide an attachn Recorded Music Other (specify):	Dancing
Yes       No       Using a Shuttle Service?         Other Related Activities and Informat         Yes       No         Entertainment On-Site?         Fireworks       Inflatables         Yes       No         Sound Amplification?         Yes       No         Certificate of Insurance?	If yes, please describe ion Live Music Animals Setup Time: Agency and Phone: n:	or provide an attachn Recorded Music Other (specify): Start Time:	Dancing
Yes       No       Using a Shuttle Service?         Other Related Activities and Informat         Yes       No         Entertainment On-Site?         Fireworks       Inflatables         Yes       No         Sound Amplification?         Yes       No         Certificate of Insurance?         If yes, submit certificate. If no, please explain	If yes, please describe ion Live Music Animals Setup Time: Agency and Phone: Agency and Phone:	or provide an attachn Recorded Music Other (specify): Start Time:	Dancing

Please describe your plan for cleanup and removal of waste and garbage during and after your event:

Number of Trash Receptacles				
Yes No Using a Sanita	tion Service? Agency ar	nd Phone:		
Equipment Setup: Date:	Time:	_Equipment Picku	p: Date:	Time:
Yes No Have you prese				
If yes, please attach a comple	te list of these entities. If i	no, please explain		
Yes No Do you have a	sample of the notice that	you propose to dis	tribute <b>two we</b>	eks prior to your event?
If yes, please attach in an elec	tronic format. If no, plea	se explain:		
Yes No Other Information				
Affidavit of Applicant				
Tulsa Police officers and public safe control, and security. The Organizi including, but not limited to, Curfew application approval does not imply I certify that the information contain read, understand, and agree to abide of the Organizing Agency, am also fees that may be incurred by or on b	ng Agency has the responsibility 'Ordinance, City/County Publicy 'City sponsorship. Review the red in the foregoing application by the rules and regulations gover authorized to commit that agen rehalf of the Event to the City of	to be aware of and c Health Regulations, instructions for further is true and correct to verning the proposed S icy, and therefore agree f Tulsa and Police De	l comply with Cit and Police/Park P er information in the best of my kr Special Event. I fu per to be financially partment. Any on	y Ordinances and Regulations Public Safety Requirements. An reference to Special Events. Howledge and belief that I have rther certify that I, on the behalf y responsible for any costs and hissions will delay the process.
Print Name:	Signatur	e:		Date:
Mail to: Special Event Coo Or Email to: <u>sbain@cityof</u>		ic submission wi	ll serve as you	r electronic signature.
Date received:	-	-		-
If any agency feels there are any pro this date: I stating the solution or reason for the OK 74103. For further information				
Special Event Coordinating C	committee Recommendati	on: Pending	Yes No	]:
Date routed to Mayor:	Mayor's F	Recommendation:	Yes No	]:
Date routed to Council:	City Coun	cil Approval:	Yes No	]:
Comments:				

## ADMIRAL BLVD

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LEWIS AVE



