

## City of Tulsa Special Event Permit Application

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Summary of Ever	nt			
Event Title:		Date of E	Date of Event:	
		Council District:		
Event Description: _		(Submit Flyer or Brochure in Electronic Format)		
Event Sponsors:				
Anticipated Attenda	nce (participants, staff, vende	ors, crowd, etc.): Total:	Per Day:	
Event Organizer	Information			
Organizing Agency:		Web Address:		
Agency Contact:		Email Address:		
On-Site Contact:		On-Site Phone:		
Billing Contact:		Billing Phone: _		
Billing Address:	Street	City	State Zip	
Agency Status: Prof		draiser? / What cause:	State Zip	
	Date:		Time:	
	et-up, Stages, Tents, etc.:		Time:	
Street(s) to be Close	d:			
		(Submit a Site	e Map in CAD/Electronic Format)	
<b>Event Opens:</b>	Date:	Day of Week:	Time:	
Street Closing for R			Time:	
Street(s) to be Close	d:			
		(Submit Route	e Map in CAD/Electronic Format)	
Race, Parade, or Esc	ort Start Times:			
Daily Festival or Stre	eet Party Times:			
Road Race Service C	Co. and Phone:			
<b>Event Closes:</b>	Date:	Day of Week:	Time:	
Street Opening:	Date:	Day of Week:	Time:	
<b>Event Dismantle:</b>	Date:	Day of Week:	Time:	
Street Opening:	Date:	Day of Week:	Time:	

Secondary Permit Requirements				
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 Vendors: 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 Parking Plans				
Yes No Security or Police On-Site?	Agency and Phone:			
If yes, please describe or provide an attachr	ment of your plan:			
Yes No Medical First Aid On-Site?	Agency and Phone:			
If yes, please describe or provide an attachr	ment of your plan:			
	Agency and Phone:			
	nt for the street closure must submit the plan in CAD/Electronic Format			
	ne: Equipment Pickup: Date: Time:			
Yes No Is there Parking Available?	If yes, please describe or provide an attachment of your plan:			
Yes No Is there Disabled Parking?	If yes, please describe or provide an attachment of your plan:			
Yes No Using a Shuttle Service?	If yes, please describe or provide an attachment of your plan:			
Other Related Activities and Informa	ution			
Yes No Entertainment On-Site?	Live Music Recorded Music Dancing			
Fireworks Inflatables	Animals Other (specify):			
Yes No Sound Amplification?	Setup Time: Start Time: Finish Time:			
Yes No Certificate of Insurance?	Agency and Phone:			
If yes, submit certificate. If no, please expla	nin:			
Yes No Portable Rest Rooms?	Agency and Phone:			
Number of Portable Rest Rooms:	Number of Disability Accessible Portable Rest Rooms:			
Equipment Setup: Date: Tim	ne: Equipment Pickup: Date: Time:			

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