



CITY OF SAND SPRINGS

100 E. Broadway St. • P.O. Box 338 • Sand Springs, Oklahoma 74063
Phone: 918.246.2500 • sandspringsok.org

CITY OF SAND SPRINGS Special Event Permit Application

Summary of Event

Event Title: _____ Date of Event: _____

Event Location: _____ Council District: _____

Event Description: _____ **(Submit Flyer or Brochure in Electronic Format)**

Event Sponsors: _____

Anticipated Attendance (participants, staff, vendors, 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: _____

Agency Status: Profit Non-Profit Fundraiser? / What cause?: _____

Site Plan and Route Map

Event Set-up: Date: _____ Day of Week: _____ Time: _____

Street closing for Set-up, Stages, Tents, etc.: Date: _____ Time: _____

Street(s) to be Closed: _____

_____ **(Submit a Site Map in pdf/Electronic Format)**

Event Opens: Date: _____ Day of Week: _____ Time: _____

Street Closing for Race, Parade, Festival, etc.: Date: _____ Time: _____

Street(s) to be Closed: _____

_____ **(Submit Route Map in pdf/Electronic Format)**

Race, Parade, or Escort Start Times: _____

Daily Festival or Street Party Times: _____

Road Race Service Co. and Phone: _____

Event Closes: Date: _____ Day of Week: _____ Time: _____

Street Opening: Date: _____ Day of Week: _____ Time: _____

Event Dismantle: 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 attachment of your plan: _____

Yes No Using Barricade Company or City? Agency and Phone: _____
If yes, the Barricade Co. providing equipment for the street closure must submit the plan in pdf/Electronic Format.

Equipment Setup: Date: _____ Time: _____ 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: _____

Yes No Medical/Fire On Site? Agency and Phone: _____
If yes, please describe or provide an attachment of your plan: _____

Other Related Activities and Information

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 Certification of Insurance? Agency and Phone: _____

If yes, submit certificate. If no, please explain: _____

Yes No Portable Rest Rooms? Agency and Phone: _____

Number of Portable Rest Rooms: _____ Number of Disability Accessible Portable Rest Rooms: _____

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

Yes No Need electrical service? Number of service outlets: _____ Max. amps per outlet: _____

How many electrical outlets will you need? 110 outlets: _____ Hard-wired electric: _____

* Please attach map showing detailed locations of electrical service connections.

Name of electrical service contractor used to establish connection: _____

Contractor contact info: _____ cell phone: _____ office phone: _____

* If your event will take place in a City park, the services of City staff electricians should be used for any specialty electrical work. See fee schedule for pricing.

Mitigation of Impact

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

Number of Trash Receptacles: _____ Number of Dumpsters: _____ Number of Recycling Containers: _____

Yes No Using a Sanitation Service? Agency and Phone: _____

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

Yes No Have you presented your event concept to the affected residents, businesses, churches and schools?

If yes, please attach a complete list of these entities. If no, please explain: _____

Yes No Do you have a sample of the notice that you propose to distribute **two weeks prior to your event**? If yes, please attach in an electronic format.

If no, please explain: _____

Yes No Other information? _____

Release of Liability

The below-named organization is requesting a permit for usage of the public streets, public parks or other public grounds for the purposes of a parade, public meeting or public assembly as defined in Chapter 12.32 of the Code of Ordinances of the City of Sand Springs, Oklahoma.

The undersigned, as the below-named organization's authorized representative, does hereby on behalf of said organization release, acquit and forever discharge the City of Sand Springs, Oklahoma, and the Sand Springs Municipal Authority, its or their officers, agents, employees, volunteers, successors and assigns of and from any and all actions, causes of action, claims or demands for damage, costs, loss of services, expenses and compensation, on account of, or in any way growing out of, any loss, damages or injuries to persons or property which may occur during the activity for which a Public Streets, Parks or Grounds Usage Permit is issued.

This release is full and complete as to all matters and things and claims arising from any such accident that may occur and is not to be construed as an admission of liability upon the part of the City of Sand Springs, Oklahoma, or the Sand Springs Municipal Authority, in the event of any such accident or injury.

As a further consideration, the below-named organization agrees to hold harmless the City of Sand Springs, Oklahoma, and the Sand Springs Municipal Authority, its or their officers, agents, employees, volunteers, successors, and other person(s), for damages or compensation resulting in any way from any accident occurring in the conduct of any activity for which a Public Streets, Parks or Grounds Usage Permit is issued. Said organization also agrees to indemnify the City of Sand Springs, Oklahoma, Sand Springs Municipal Authority, its or their officers, agents, employees, volunteers, successors and assigns for any loss, damage or costs, including attorney fees, to the City of Sand Springs, Oklahoma, Sand Springs Municipal Authority, its or their officers, agents, employees, volunteers, successors and assigns, incurred or paid as the result of any such action, claim, or demand by said organization, or by any other party directly or indirectly involved in the activity for which a Public Streets, Parks or Grounds Usage Permit is issued.

I as authorized representative for the organization seeking issuance of a Public Streets, Parks or Grounds Usage Permit have read the foregoing Indemnity/Liability Release Form and fully understand it.

Authorized Representative's Signature _____ Date: _____

Affidavit of Application

Sand Springs Police officers and public safety services, and traffic-control signage and barricades may be required for street closings, traffic/crowd control, and security. The Organizing Agency has the responsibility to be aware of and comply with City Ordinances and Regulations including, but not limited to, Curfew Ordinance, City/County Public Health Regulations, and Police/Park Public Safety Requirements. An application approval does not imply City sponsorship. Review the instructions for further information in reference to Special Events.

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief, and that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event. I further certify that I, on the behalf of the Organizing Agency, am also authorized to commit that agency, and therefore agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event to the City of Sand Springs and Police Department. Any omissions will delay the process.

Print Name: _____ Signature: _____ Date: _____

Mail to: City of Sand Springs, Planning Department, 100 E. Broadway or P.O. Box 338, Sand Springs, OK 74063, 918-246-2575

Or Email to: planning@sandspringsok.org. Your electronic submission will serve as your electronic signature.

For Sand Springs Special Event Coordinating Committee Use Only

Date received: _____ Date routed: _____ Date for review: _____

If any department feels there are any problems with this application, contact the event organizer and discuss the problems and solutions before this date: _____: If any problems are resolved for not resolved by that time, a copy of this application and brief memo stating the solution or reason for the objection should be submitted to: Planning Department, PO Box 338, Sand Springs, OK 74063. For further information or discussion, contact the Sand Springs Police Office of Special Events at 918-246-2533.

Special Event Coordinating Committee Recommendation: Pending Yes No : _____

Date routed to CM: _____ CM Approval: Yes No : _____

Date routed to Parks: _____ Parks Approval: Yes No : _____

Date routed to Police: _____ Police Approval: Yes No : _____

Date routed to Fire: _____ Fire Approval: Yes No : _____

Date routed to Streets: _____ Streets Approval: Yes No : _____

Date routed to Solid Waste: _____ Solid Waste Approval: Yes No : _____

Comments or conditions:

