



Special Event Permit Application

Engineering Department • P.O. Box 1448 • Shawnee, OK 74802-1448 • Phone 405-878-1760 • Fax 405-878-1587

**** Application must be filed with the Engineering Department 60 days prior to the event. ****

Section 1 – Applicant Information

Name of Applicant (must be on site during the event): _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Corporation/Organization Name: _____

Section 2 – Event Information

Event Name: _____

Event Date(s): _____ Day(s) of the Week: _____ Time(s): _____

Event Location: _____

Set-up Date/Times: Date: _____ Time: _____ am/pm

Take-Down Date/Times: Date: _____ Time: _____ am/pm

Facilities to be used (check): Park Sidewalk Street Parking Lot Private Property

Event Type: (check Concert Exhibition Protest Run Dance Race Walk

as many as apply) Festival Drama Parade Ride Other Specify: _____

Carnival Carnival Operator: _____

Telephone Number: _____

Sponsor (s) of the Event: _____

Brief Description of Event: _____

Section 3 – Fire Marshal's Office

Please contact the Fire Marshal's Office at (405) 878-1675 to discuss fire and life safety requirements, inflatables and to secure a Fire Marshal's permit (\$25.00) if required. **A Special Events Permit will not be issued until this is complete.**

Section 4 – Fire Department

1) Yes No Will the Shawnee Fire Department be required?

If yes, please state purpose: _____

Please describe services needed: _____

Section 5 – Police Department

1) Yes No Will the Shawnee Police Department be required?

If yes, please state purpose: _____

Please describe services needed: _____

Section 6 – Parks, Traffic, and Streets

Parks Department

1) Yes No Will a city park be used for this event?

If yes, list park: _____ *(Please call the Parks Department at 405-878-1529 to reserve the park)*

Please describe services needed: _____

Please list items requested: _____

Traffic Control

****Please attach a site map/sketch of Traffic Control Plan to this Application. If site map or sketch is not included your permit will be denied. Upon approval of your site map/sketch, the Shawnee News-Star will need to be notified for an Orange Barrel alert of approved street closures.**

1) Yes No Will there be a need for street closures?

If yes, describe reason street closure (s) are needed: _____

Requested street closure (s)? _____

Date(s) street closure(s) needed: _____ Time(s) of closure: _____

Please describe other services and items requested: _____

Miscellaneous requests for other departments (Line Mtc, Streets., etc.)

Section 7 – Notification and Consent Requirements

All events are required to provide notification to affected properties. When notifying, your street closures must be illustrated and described. The description should clearly define the dates and times of your closures, with setup and teardown times included.

In areas of your event site considered to be temporarily closed (athletic event routes, parade routes, procession routes, etc.), you are required to notify abutting property owners/lessees. The full impact of your event should be defined to the contacts at these properties. This can occur no less than thirty (30) days prior to your event date.

Areas Requiring Consent

You are required to circulate a Street Closure Petition (page 7) to abutting properties within fully closed (athletic event staging areas, parade staging areas, festival areas, block parties, etc.) areas of your event site. Consent is critical in these areas because property access will be restricted for extended periods of time.

Section 8 – Emergency Plans

Every event differs based on the activities involved. The list below identifies common risks that occur at events. Once you have identified risks we suggest that you establish an emergency plan. The Police and Fire Departments can make suggestions and help you gain a better understanding of the issues associated with these risks:

Inclement Weather
Medical Emergencies
Fire
Lost and Found

Structure Collapse
Lost Child
Loss of Utilities

Crowd Control
Accident
Communications Malfunction

Section 9 – REACT

REACT paramedics often staff special events. REACT provides medical coverage should a participant need immediate medical assistance or transportation to a hospital.

You are asked to consider several things before requesting REACT assistance at your special event:

- The need for a fully staffed REACT ambulance, Paramedic and/or EMT presence.
- The type of special equipment that might be needed to specifically address the event participant's emergencies.
- Event site challenges that might require specialized REACT staging.
- Probability of responding in tight spaces, i.e. large crowds, blocked streets.

Section 10 – Food Concessions or Preparation

1) Yes No Does your event include food concession and/or preparation areas?

If yes, please describe how food will be served and/or prepared. _____

1) Yes No Do you intend to cook food in the event area?

If yes, please specify method below:

Gas Electric Charcoal Other (specify) _____

◆Please contact the Pottawatomie County Health Department at (405) 273-2157 to inquire if a License or Temporary Operating Permit is required.

According to Oklahoma State Health Department Rule 310:256-15-12, a person shall not operate a food service establishment without a valid license or temporary operating permit issued by the Health Department.

◆Please contact the Code Enforcement office at (405) 878-1616 to inquire if a Vendors License is required.

Section 11 - Concessionaires

1) Yes No Will items or services be sold at your event?

If yes, please describe or attach a complete list of vendors. _____

2) Yes No Will items or services sold at your event present unique liability issues (e.g. body piercing, massage, animal rides, etc.)?

If yes, please describe or attach a complete list of vendors. _____

◆Please contact the Code Enforcement Office at (405) 878-1616 to inquire if a Vendors License is required.

◆Each Vendor will require their own Vendors License and it will need to be displayed.

Section 12 - Alcohol

1) Yes No Will any alcoholic beverage(s) be sold?

2) Yes No Will alcoholic beverage(s) be given away?

If yes, please describe your security plan to ensure the safe sale or distribution of alcohol at your event. _____

◆Please contact the ABLE Commission (405) 522-3055 and the Shawnee Code Enforcement Office at (405) 878-1616 to inquire if a Special Event Liquor License is required.

Section 13 – Portable Rest Rooms

1) Yes No Do you plan to provide portable rest room facilities at your event?

If yes: Total number of portable toilets _____

Section 14 - Tents

1) Yes No Will there be any tents used?

If yes, what are the sizes? _____

Contact Person: _____ Phone Number: _____

Section 15 – Inflatables

1) Yes No Will inflatables be used?

If yes, what are the sizes? _____

Contact Person: _____ Phone Number: _____

Section 16 – Music Information

1) Yes No Will your event have music? If yes, what type of music?

Live Music Disc Jockey Stereo/CD Player

2) Yes No Will there be amplified sound?

3) How many bands/artist/Disc Jockeys will be participating? _____

4) Yes No Will you be supplying your own electricity?

If no, then what arrangements have you made? _____

Section 17 – Fireworks Display (Contact Fire Marshal)

1) Yes No Will there be any fireworks?

If yes, who have you hired to display the fireworks? _____

Contact Person: _____ Phone Number: _____

Section 18 - Insurance

Liability insurance will be required for any event open to the public. Such insurance shall be provided by a reputable and solvent insurance or surety company duly licensed to do business in the State of Oklahoma. Such policy shall name the permittee and the City of Shawnee as insured or additional insured to an existing policy. Such policy shall be provided **14 days** prior to the commencement of the event.

Certificate of insurance
with required minimums:
\$1 million Coverage
\$175,000 Personal Injury
\$25,000 Property Damage

The form must state The City of
Shawnee is an additional insured
party with the following address:
The City of Shawnee
16 W. 9th Street
Shawnee, OK 74801

Section 19 - Certification

I hereby certify that the statements made in this application are true and complete to the best of my knowledge, and that I am authorized to execute the application. Intentional omissions or falsification of information is sufficient grounds for denial of the application and subsequent revocation of the permit. I agree to indemnify, defend and save harmless the City and its respective officers, agents and employees and volunteers from any and all losses, claims liabilities, damages, costs and expenses, including reasonable attorney's fees and court costs, resulting from the conduct of the applicant, sponsor or promoter, their employees, suppliers, vendors or agents, or any of their guests, invitees or licensees with regard to the event applied for. I agree to indemnify, defend and save harmless, the City and its respective officers, agents and employees and volunteers from any and all losses, claims, liabilities, damages, costs and expenses, including reasonable attorney's fees and court costs, resulting from any facility, park or lake closure due to inclement weather.

I realize my submittal of this application request constitutes a contract between myself and the City of Shawnee and is a release of Liability.

I am the said applicant and submit this application request of my own free will.

Signature of Applicant's Authorize Agent or Applicant

Date

Print Name: _____ Title: _____

Staff Approval of Event Application

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<u>Department</u>	<u>Date Received</u>	<u>Date Approved</u>	<u>Approved By</u>
Fire Marshal's Office	_____	_____	_____ Print Name
Fire Chief's Office	_____	_____	_____ Print Name
Police Chief's Office	_____	_____	_____ Print Name
Parks Department	_____	_____	_____ Print Name
Traffic Control	_____	_____	_____ Print Name
Street Department	_____	_____	_____ Print Name
Emergency Management	_____	_____	_____ Print Name
City Manager's Office	_____	_____	_____ Print Name