

# City of Shawnee



## Special Event Permit Application

City Manager's Office • P.O. Box 1448 • Shawnee, OK 74802-1448 • Phone 405-878-1601 • Fax 405-214-4249

**\*\* Application must be filed with the City Manager's Office 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   | Structure Collapse | Crowd Control              |
| Medical Emergencies | Lost Child         | Accident                   |
| Fire                | Loss of Utilities  | Communications Malfunction |
| Lost and Found      |                    |                            |

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





CITY OF SHAWNEE STAFF USE ONLY

Staff Approval of Event Application

+++++

<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