

# City of Norman, Oklahoma

## Special Event Permit Application

This application is to be completed by the person or organization wishing to hold the special event. It must be submitted to the Norman City Clerk's Office at least 90 days prior to the date of the event. Upon processing your application, you will be contacted by a representative of the City of Norman in order to discuss the required permits necessary in order to hold your event.

If you need additional room to fill out this application, please attached a separate sheet with the necessary additional information.

Date of Application: \_\_\_\_\_

### GENERAL EVENT INFORMATION

1. Please attach a detailed map of the area/location of the special event. Please provide the original map and four copies. The map must show the locations of the following items, if applicable. Please check all that apply.

Beer Sales Locations	Carnival Rides	Emergency Access Points
Event Headquarters	Fencing	First Aid Tents
Parking Areas	Public Entry Points	Restrooms
Security Tent(s)	Sign/Banner Placement	Stages/Production Areas
Street Closures	Trash receptacles/Recyclables	Vendor Booths/Tents
Emergency Access Points (including a 16' unobstructed fire lane)		Other Pertinent Details

2. Proposed Date(s) of Event: \_\_\_\_\_  
\_\_\_\_\_

3. Proposed Name of Event: \_\_\_\_\_

4. Type of Event: \_\_\_\_\_

For Profit	Non Profit	Carnival
Competition	Concert	Farmers Market
Festival	Parade	Rally/Demonstration
Walk/Run Footrace	Other _____	

5. Event Location/Address: \_\_\_\_\_

(For event sponsors seeking licensing to sell low-point beer, the Department of Public Works will issue an address to the special event.)

6. Event Duration:

a. Site Preparation:

i. Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

b. DAY ONE

i. Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

c. DAY TWO

i. Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

d. DAY THREE

i. Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

e. Dismantling/Clean Up

i. Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

7. Have you met to discuss your event with the affected persons in the area surrounding the event? If so, briefly describe the communication.

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**EVENT SPECIFICS**

1. Estimated Attendance: \_\_\_\_\_

2. Number of Support Persons: \_\_\_\_\_

3. Security Information:

It is the responsibility of an event producer to provide adequate security for an event and to ensure that an adequate number of security personnel are present to manage the expected size of the event's crowd. Security must include proper crowd control. Security personnel must meet the requirements of the Norman Police Department.

a. Number of Security Personnel: \_\_\_\_\_

- b. Security Firm Contact Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- c. Are City Police needed? \_\_\_\_\_  
\_\_\_\_\_
- d. Other Security measures, if any: \_\_\_\_\_  
\_\_\_\_\_
4. Will stage(s) be set up? \_\_\_\_\_  
a. What will the dimensions of the stage(s) be? \_\_\_\_\_  
\_\_\_\_\_
5. Will you be using electricity? \_\_\_\_\_
6. Will tent(s) be set up? \_\_\_\_\_  
a. What will the dimensions of the tent(s) be? \_\_\_\_\_  
\_\_\_\_\_
7. Will there be vendors? \_\_\_\_\_  
\_\_\_\_\_  
a. How many vendors do you estimate? \_\_\_\_\_  
b. How many food vendors do you estimate? \_\_\_\_\_  
c. Please provide a list of sales tax permit numbers for each vendor and Health Department permit numbers, if applicable, if they are food vendors. Out of state vendors will be reviewed on an individual basis.
8. What first aid facilities will you provide? \_\_\_\_\_  
\_\_\_\_\_  
a. What ambulance service will be used? \_\_\_\_\_  
\_\_\_\_\_

b. What medical personnel will be on site? \_\_\_\_\_  
\_\_\_\_\_

c. Please be sure to indicate the proposed locations of the first aid stations on your site map.

9. How will trash issues be handled?

NOTE: Failure to clean up trash and debris within 24 hours from the end of the event or prior to reopening of the street, whichever is sooner, will result in the City of Norman providing clean up and the event sponsor will be charged all costs incurred.

a. Trash and Recycling Contact Person: \_\_\_\_\_

i. Phone: \_\_\_\_\_

ii. Email: \_\_\_\_\_

b. Briefly describe your plan for trash and recycling removal and cleanup:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## CONTACT INFORMATION

1. Event Coordinators/Contact Persons: \_\_\_\_\_

2. Contact Information:

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Fax Number: \_\_\_\_\_

**INSURANCE INFORMATION**

An applicant shall maintain in full force and effect during the full period of the event, public liability insurance in an amount sufficient to cover potential claims for any bodily injury, death, or disability and for property damage, which may arise from or be related to the special event. The insurance policy shall name the City of Norman as an additional insured; apply as primary insurance regardless of any insurance which the City of Norman may carry; and obligate the insurance company to give notice to the authorizing official at least thirty days before any cancellation of the policy. The authorizing official may establish the amount of such insurance, subject to review or reconsideration. The proof of insurance must be provided prior to allowing the special event to take place. This section does NOT apply to governmental bodies applying for a permit (i.e., the University of Oklahoma).

- 1. Insurance Company: \_\_\_\_\_
- 2. Type/Risk: \_\_\_\_\_
- 3. Amount: \_\_\_\_\_
- 4. Policy Number: \_\_\_\_\_

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**SIGNATURE**

The information provided in this application and its attachments is complete and accurate to the best of my knowledge. I understand that I am under a continuing obligation to update any information supplied, and/or supply any new information as it becomes available.

Signature of Authorized Agent: \_\_\_\_\_ Date: \_\_\_\_\_

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