Special Event Application



CITY CODE 10-404

Event Name:				
Event Location:				
Event Date(s):		Event Hours:	AM/PM to	AM/PM
Setup Date(s):	:	Setup Hours:	AM/PM to	AM/PM
Event Type: Choose all th	at apply.			
Open to Public	Private Event	☐ Ticketed Event	☐ Ticketed Event	
One Time Event	Recurring/Annual Event	☐ Protest/Rally	Parade	
Procession/March	Festival/Fair/Block Party	Concert	Run/Walk	
Grand Opening	Auction	Other Promotion	Restaurant/Bar Exter	nded Service
Other Event Type:				
Estimated Number: Participants/Vendors Spectators/Customers/Guests Portable restrooms may be required.				
Please describe event and	d list all activities:			
Event Category: Spont	aneous Expressive Event	Expressive Special Event	Other:	
Amendment of the United States	is an event organized or conducted so s Constitution that is occasioned by no nd as such requires no prior advance :	ews, affairs, or circumstances co		
Amendment of the United States	anned event organized or conducted s s Constitution. An Expressive Special I submitted at least 1 month in advance	Event Permit must be submitted a		
Does your event require a	ny sidewalk, traffic lane or str	eet closures?	No	
Equipment/Set Up: St	aging/Scaffolding	rks 🗌 Generators 🔲 Ani	mals	
Inflatables/Bouncy Toys:	Yes No Portable I	Restrooms: Yes No	Tents/Canopies: 🔲	Yes No
Number of tents/canopie	s larger than 700 sq feet	Number of tents/cand	opies larger than 400 sq fe	eet
What type of surface will	the tents/canopies be on?			

*If your event requires any of the above equipment or requires any sidewalk or street closures, a detailed map must be attached to this application.

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YES - I am applying for Relief from Noise Restric	ctions due to the pro	posed activities stated above (C	City Code 10-416).
TO BE COMPLETED ONLY IF EVENT IS HELD AT A	NON-LICENSED EST	ABLISHMENT	
☐ YES - Food will be sold at this event. All food booth Health Department, as well as a food handle you have a mobile food truck, a Temporary N Clerk's office: 301 N Broadway; (405) 793-50	r's license obtained. H Mobile Food Service Li	lealth Department Permit must be cense Application must be compl	e posted on site. If
☐ YES - Alcoholic Beverages will be sold and/or ser public or special event license must be obt Blvd, Ste. 270, OKC, OK 73105, (405) 521-3	ained from the State	of Oklahoma's ABLE Commission	on, 4545 N. Lincoln
☐ YES - An Inflatable/Bouncy Toy will be used AND comprehensive general liability insurance i City of Moore as additional insured. Eviden	n the amount of one	hundred twenty-five thousand de	
HOLD HARMLESS/INDEMNIFICATION AGREEMEN	IT		
Know all men by these presents that:			
For and in consideration of the City of Moore appro (Responsible Party) hereby agree to hold the City of causes of actions, claims, damages, costs, loss of s any way arising out of my participation in any or all and further agrees to indemnify the City of Moore, in persons or entities arising from the conducting of s	f Moore, its Agents a services, attorney fee event(s) described ir ts Agents and Emplo	nd Employees, harmless from ares, expenses and compensation of this application within the City of	ny and all actions, on account of, or in of Moore, Oklahoma;
Responsible Party Signature	Printed Name		Date
Email:			
Primary Phone:	Secondary	Phone:	
Address of Applicant:			
City:	State:	Zip:	
Additional Contact Name:			
Email:			
Primary Phone:			
Moore City Clerk's Office 301 N. Broadway, Moore, OK 73160			

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Email: cityclerk@cityofmoore.com

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CITY USE ONLY BELOW		
POLICE DEPARTMENT		
Police Chief or Designee Signature	Printed Name	Date
Recommends: APPROVAL DENIAL of sp. Recommends: APPROVAL DENIAL of re	lief from noise restriction application	
FIRE DEPARTMENT		
Fire Chief or Designee Signature	Printed Name	Date
Recommends: APPROVAL DENIAL of sp	pecial event	
Comments:		
MANAGEMENT		
City Manager Signature	Printed Name	Date
□ APPROVED □ DENIED special event applica □ APPROVED □ DENIED relief from noise rest	riction application	
Comments:		
S50/day Special Events serving alcoholic beve	erages Free All other Special Events	
APPLICATION APPROVED/PERMIT GRANTED: [□YES □NO	
City Clerk or Designee Signature	Printed Name	 Date

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SITE PLAN



