



Current Date _____

Applications are processed in the order received - preference given to long standing events.

Event Name Run Lucky
Expected Attendance 500
Event Coordinator Crystal Frost / Tim Thompson
Email Address Crystal@AutismOklahoma.org
Mailing Address P.O. Box 7747 Edmond, OK 73083
Phone 405-315-6337 Fax _____
Event Address (Location) Fassler Hall 421 NW 10th St OKC, OK 73103
Event Start Day/Date March 9, 2025 Event Start Time 2pm
Event End Day/Date March 9, 2025 Event End Time 4pm
Set-up Day/Date March 9, 2025 Start Time 11AM End Time 2pm
Tear-down Day/Date March 9, 2025 Start Time 4pm End Time 5pm

Street Closure Times (if applicable)

Closure Day/Date March 9, 2025 Time 11AM
Reopening Day/Date March 9, 2025 Time 5pm

Event description (activities, exact location, etc.). Please also submit an event site map.

5K Run and 1 mile Fun Run

Start and Finish on W. Park Place
in front of Fassler Hall

Is this an annual event? yes If yes, how many years? 13
How many vendors will sell items at your event (retail, food, beverages, etc.)?
☒ None ☐ 1 ☐ 2-10 ☐ 11-25 ☐ 26-50 ☐ 50+

Please note: the deadline for the food vendor list is a strict **10 business days** prior to the event.



Event includes (mark all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Block party | <input checked="" type="checkbox"/> Street closure | <input type="checkbox"/> Assembly event (First Amendment) |
| <input type="checkbox"/> Beverage sales | <input type="checkbox"/> Procession/Horse Procession | <input type="checkbox"/> Residential area |
| <input type="checkbox"/> Alcohol sales | <input type="checkbox"/> Parade | <input type="checkbox"/> Non-residential area |
| <input type="checkbox"/> Food sales | <input type="checkbox"/> Amplified sound | <input type="checkbox"/> Parklet |
| <input type="checkbox"/> Merchandise sales | <input type="checkbox"/> Live entertainment | <input type="checkbox"/> Athletic event |
| <input type="checkbox"/> Street activities | <input type="checkbox"/> Electrical wiring/generator(s) | <input type="checkbox"/> Filming |

Number of tents 2

Size of tent(s) 10 X 10

Number of Parade Entries _____ Number of Horses/Animals participating _____

Emergency primary contacts during event:

Name Crystal Frost

Name Tim Thompson

Mobile 405-315-6337

Mobile 405-410-3485

Email Crystal@AutomotiveOklahoma.org

Email OKrunneredmond@att.net

Event Coordinator Signature Crystal Frost

(By signing this permit, the event coordinator and their organizing partners agree to abide by the applicable general rules of application listed and the applicable laws referenced under City of Oklahoma City Municipal Code Chapters 50 and 60)

RETURN COMPLETED FORM

Via U.S. Postal Special Events - Public Information & Marketing 200 N. Walker, OKC, OK 73102

Via E-Mail specialevents@okc.gov (preferred method)

Via Fax (405) 297-3124

Questions? Call Special Events Permit Office (405)297-2890

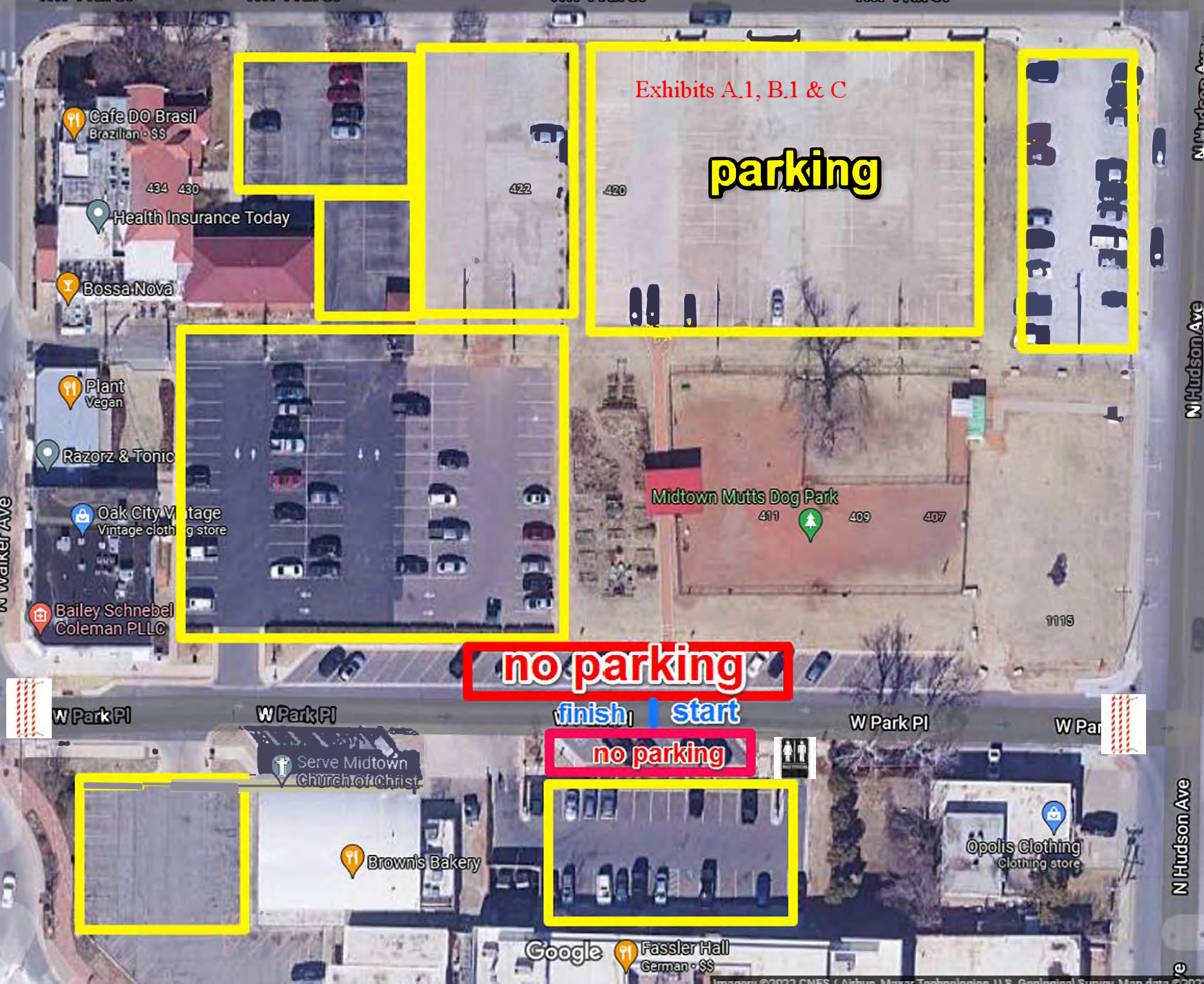
SPECIAL EVENTS OFFICE USE

Staff comments:

Special Events Office Approval _____

Questions? Call 405-297-2890

Additional information / Download forms @ okc.gov/specialevents



Exhibits A.1, B.1 & C

parking

422

420

1115

no parking

finish | start

no parking

Opolis Clothing
Clothing store

Google

Fassler Hall
German • \$\$

Imagery ©2022 CNES / Airbus, Maxar Technologies, U.S. Geological Survey, Map data ©2022

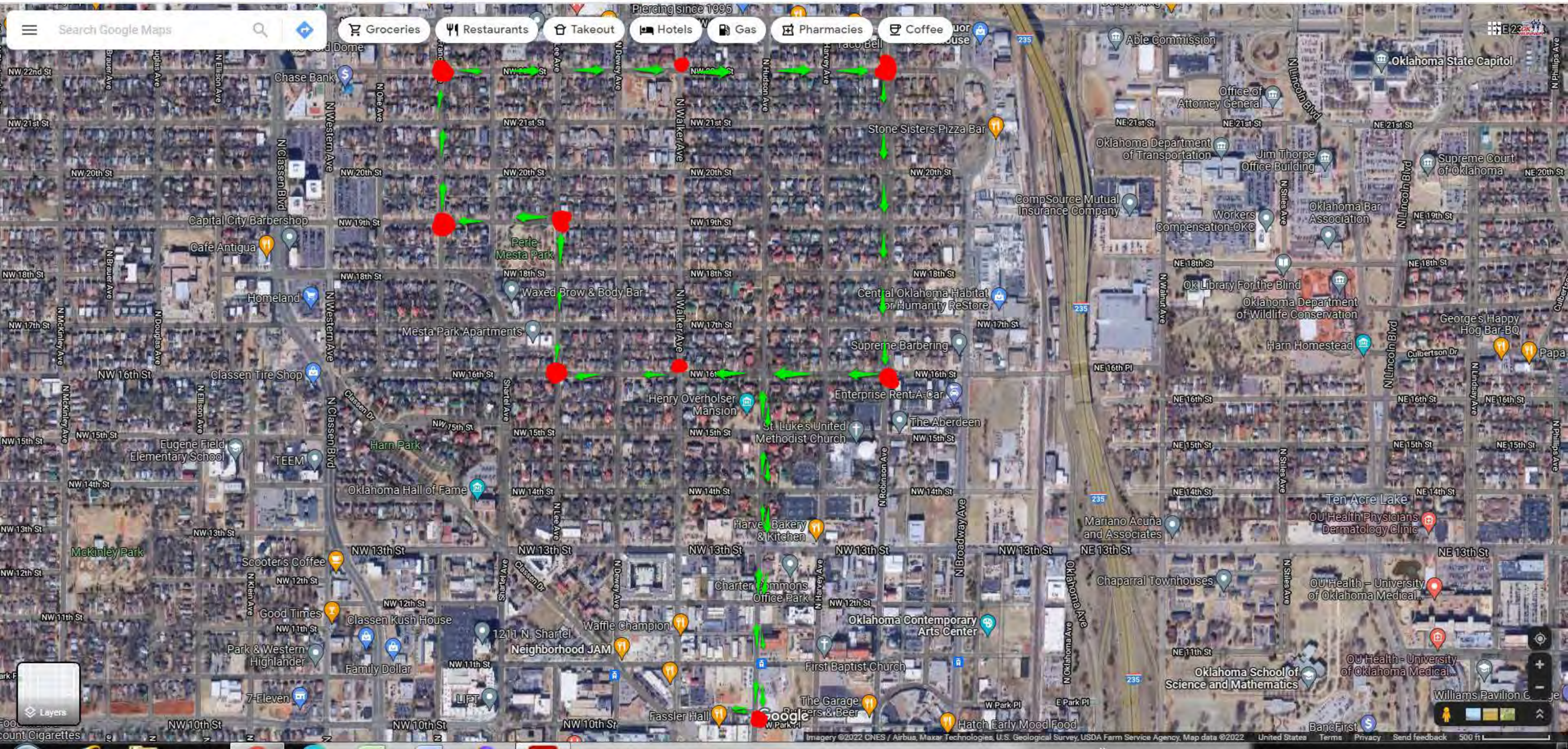
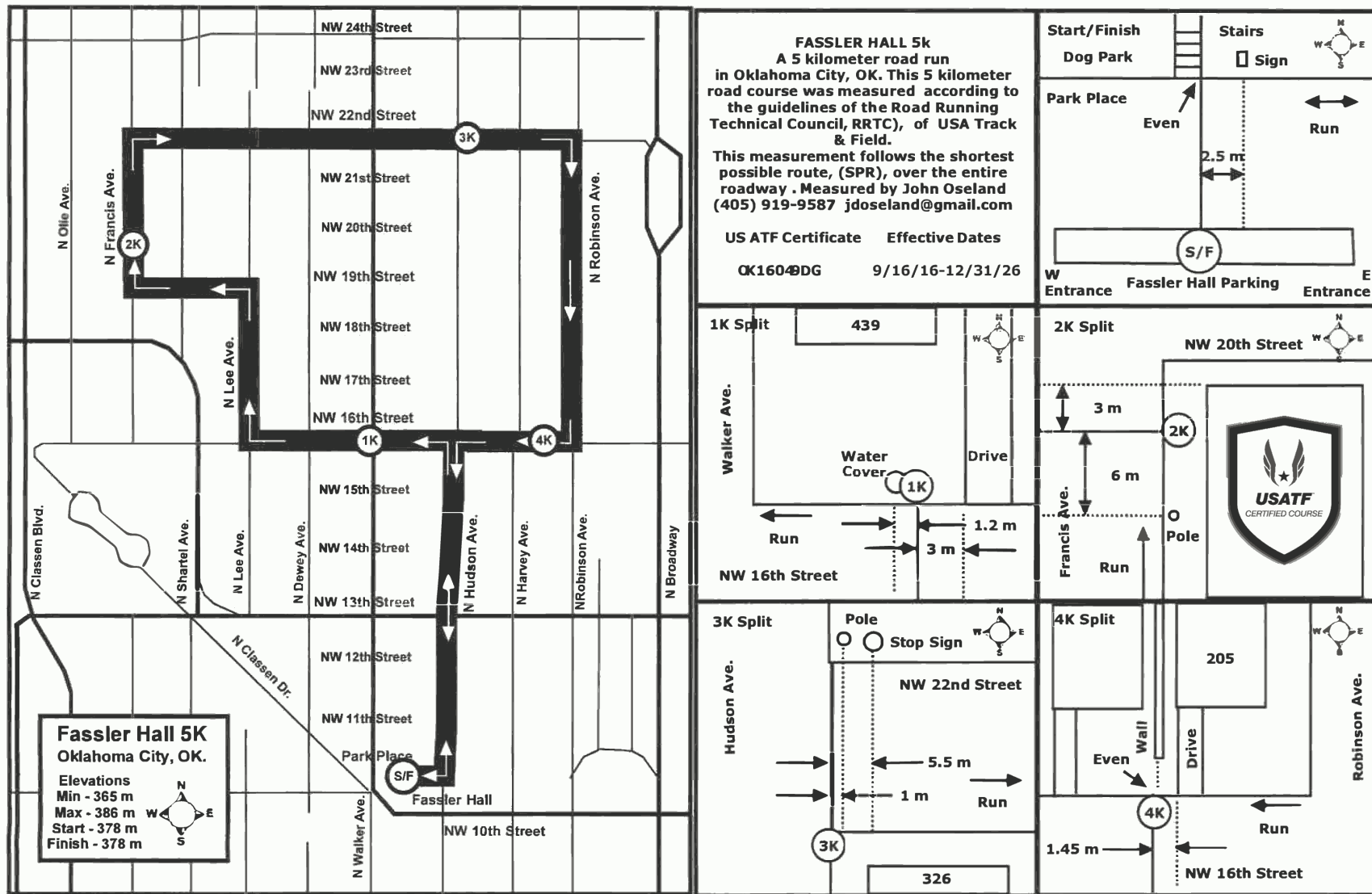


Exhibit A-3





The City of
OKLAHOMA CITY

SPECIAL EVENTS

Written Notice Affidavit to properties abutting event.
The written notice affidavit confirms that you have provided written notice (via postcard, letter) to property owners along running route/course.

AFFIDAVIT OF WRITTEN NOTICE TO PROPERTIES ABUTTING EVENT

AFFIDAVIT

STATE OF OKLAHOMA}

COUNTY OF OKLAHOMA}

Know all men by these presents: I, Crystal Frost

Name

as event coordinator of Run Lucky

Event Name

hereby certify that property owners abutting the named event **have been notified in writing that the right-of-way will be closed** (date(s)) March 9, 2025

Crystal Frost
Signature

November 26, 2024
Date

Subscribed and sworn before me this 26 day of Nov, 24.

My commission expires 6/8/26

[Signature]
Notary Public

02005146



Find additional info and forms @ www.okc.gov/specialevents



The City of
OKLAHOMA CITY

SPECIAL EVENTS

Consent Affidavit confirms that you have received street closure approvals from property owners for the street closure. Signed petition form, emails or letters are accepted forms of consent.

AFFIDAVIT OF CONSENT FROM, AND NOTICE TO, PROPERTIES ABUTTING EVENT

AFFIDAVIT

STATE OF OKLAHOMA}

COUNTY OF OKLAHOMA}

Know all men by these presents: I,

Crystal Frost

Name

as event coordinator of the

Run Lucky

Event Name

hereby certify that all required property owners abutting the street closure for the named event **have**

been notified in writing and have provided consent that the right-of-way be closed

March 9, 2025
date(s)

Crystal Frost
Signature

November 26, 2024
Date

Subscribed and sworn before me this 26 day of NW, 24.



My commission expires

6/8/26

[Signature]
Notary Public

02008744

Find additional info and forms @ www.okc.gov/specialevents



Approvals for street closures can be received either by signing this petition or via letters or e-mails.

STREET CLOSURE PETITION

EXAMPLE:

Agree	Disagree	Signature of property owner or lessee	Street address & business name (if applicable)
x		<i>John Smith</i>	1234 Street Name, OKC
x		Mary Joseph	letter attached 3456 Street Name, OKC
x		Jane Doe	e-mail attached - 91011 Street Name, OKC
x		<i>Peter Paul</i>	Pizza Palace - 5678 Street Name, OKC

Contact Name Crystal Frost
 Contact E-mail Crystal.Autism@oklahoma.gov Phone 405-315-6337
 Street(s) will be closed on DATE:(mm.dd.yy) March 9, 2005 TIME 11:00 AM
 Street(s) will re-open on DATE:(mm.dd.yy) March 9, 2005 TIME 5:pm
 Street closure is from what street to what street? W. Park Place

We, the undersigned, have been notified of street closures associated with the event noted and agree or disagree with the closure. I understand that if I have concerns about the proposed closure, I can contact the event organizer or contact Oklahoma City's Special Events Office at (405) 297-2890

Agree	Disagree	Signature of property owner or lessee	Street address & business name (if applicable)
✓		<i>Big Finance</i>	1140 N. Hudson - Palomar
✓		<i>Priscilla Springer</i>	1111 N HUDSON AVE. Opus
✓		<i>Paul Guss</i>	421 N 10th Street Fessler Hall / Dust bowl
✓		<i>Don West</i>	1101 N. Broadway, midtown Ren.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/22/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Unity Insurance Partners 420 SW 6th St Moore OK 73160	CONTACT NAME: Samantha Willard PHONE (A/C, No, Ext): 405-799-3311 E-MAIL ADDRESS: swillard@unity-ip.com	FAX (A/C, No): 405-799-3330
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A : Philadelphia Indemnity Ins. Co		18058
INSURER B : CompSource Mutual Insurance Company		36188
INSURER C :		
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:** 1242355907**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		PHPK2560847	7/21/2024	7/21/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A	02497190241	1/1/2024	1/1/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Run Lucky - March 9th, 2025 & Piece Walk - June 7th, 2025

City of Oklahoma City and its Trusts are named additional insured in regards to General Liability as required by contract.

CERTIFICATE HOLDER**CANCELLATION**City of Oklahoma City
200 N Walker
Oklahoma City OK 73102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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