



Current Date 02/27/2024

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

Event Name Dia del Niño 2024

Expected Attendance 500

Event Coordinator Marcia Thompson

Email Address mhochthompson@gmail.com

Mailing Address 2725 SW 29th St. OKC, OK 73119

Phone 405.408.5611 Fax N/A

Event Address (Location) Main stage will be set up on SW 29th St. and Walker

Event Start Day/Date April 21, 2024 Event Start Time 12:00 P.M.

Event End Day/Date April 21, 2024 Event End Time 5:00 P.M.

Set-up Day/Date April 21, 2024 Start Time 7:00 AM End Time 12:00 PM

Tear-down Day/Date April 21, 2024 Start Time 5:00 PM End Time 8:00 PM

Street Closure Times (if applicable)

Closure Day/Date April 21, 2024 Time 10:00 AM

Reopening Day/Date April 21, 2024 Time 8:00 PM

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

Day of the children festivan on SW 29th St.

The street will be closed from Walker to Ollie.

Social services booths andn retail vendors will be set up throughout the street.

A main stage will be set up on SW 29th and Walker.

Programing like music, cultural dancrs,.

"Reyes de la 29" contest where a boy and girl will be crowned king and queen of the district

Is this an annual event? Yes If yes, how many years? 11

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 checked="" 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 checked="" type="checkbox"/> Parade | <input checked="" type="checkbox"/> Non-residential area |
| <input type="checkbox"/> Food sales | <input checked="" type="checkbox"/> Amplified sound | <input type="checkbox"/> Parklet |
| <input checked="" type="checkbox"/> Merchandise sales | <input checked="" type="checkbox"/> Live entertainment | <input type="checkbox"/> Athletic event |
| <input checked="" type="checkbox"/> Street activities | <input checked="" type="checkbox"/> Electrical wiring/generator(s) | <input checked="" type="checkbox"/> Filming |

Number of tents _____ **Size of tent(s)** _____

Number of Parade Entries 1 **Number of Horses/Animals participating** _____

Emergency primary contacts during event:

Name <u>Xavier Neira</u>	Name <u>Pilar Cipollone</u>
Mobile <u>405.795.3240</u>	Mobile <u>405.684.7661</u>
Email <u>xavier@theneiras.com</u>	Email <u>pilycipollone@gmail.com</u>

Event Coordinator Signature Marcia Thompson

(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 _____

Exhibits A-1 & C



Exhibit B

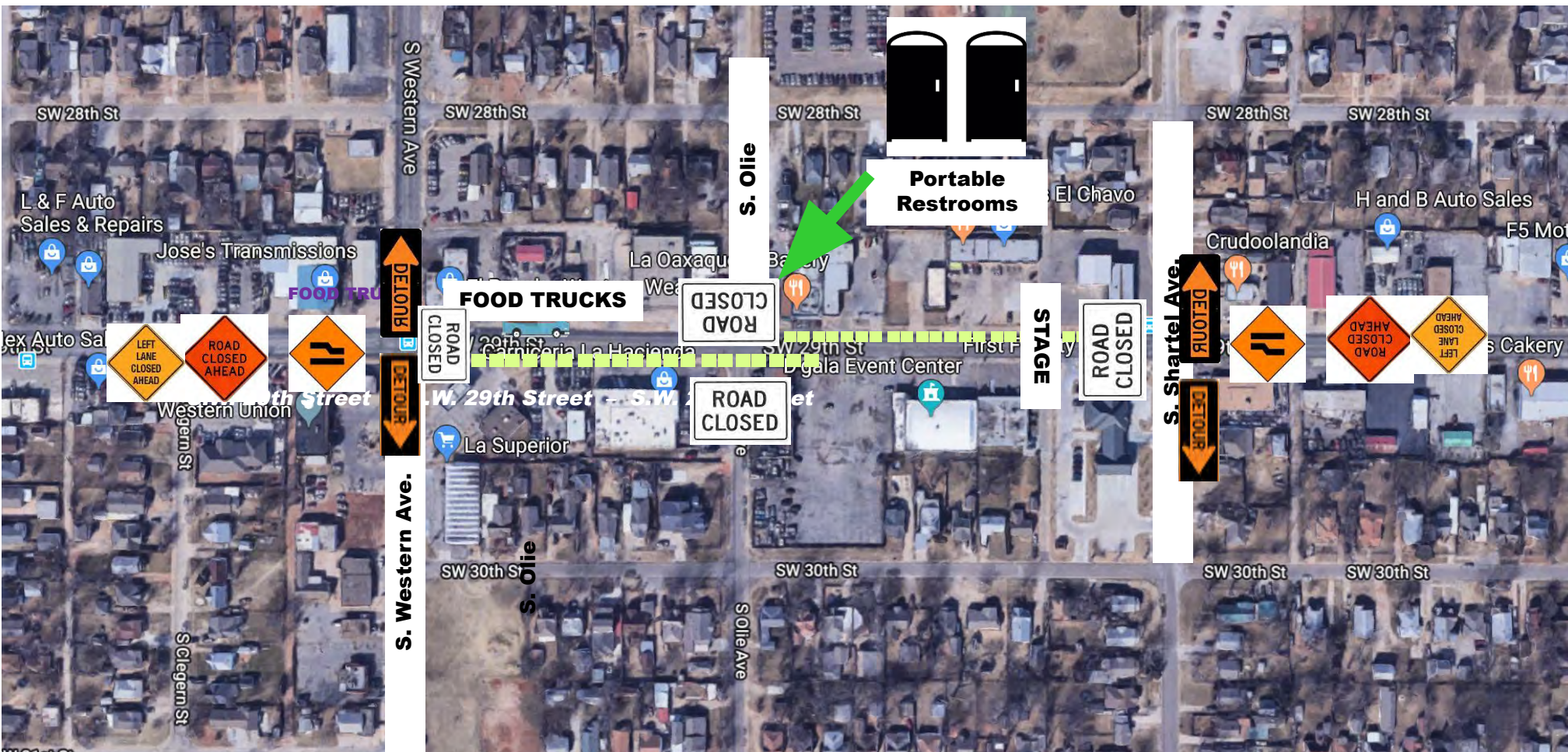
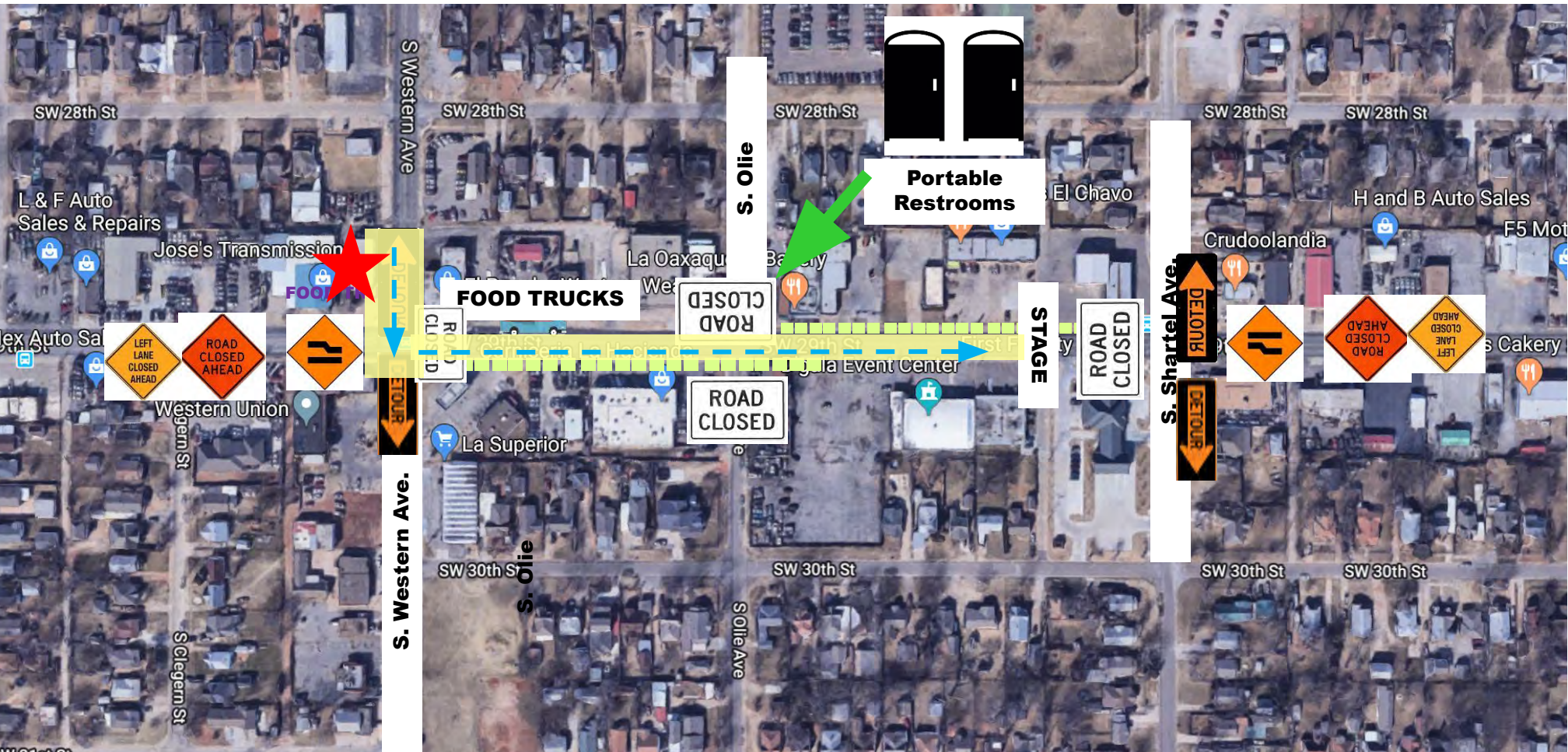


Exhibit A-2





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, Marcia Thompson
Name

as event coordinator of 11th Dia del Niño
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)) april 21, 2024.

Marcia Thompson 3/1/2024
Signature Date

Subscribed and sworn before me this 1st day of MARCH, 2024.

[Signature]
Notary Public

My commission expires MAY 01 2027





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, Marcia Thompson

as event coordinator of the Dia del Niño 2024
Event Name

hereby certify that all required property owners abutting the street closure for the named event **have**
person
been notified in writing and have provided consent that the right-of-way be closed 04/21/2024
date(s)

Marcia Thompson
Signature

3/12/24
Date

Subscribed and sworn before me this 12th day of March, 2024.

My commission expires _____



Matt Thompson
Notary Public

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



The City of
OKLAHOMA CITY

SPECIAL EVENTS

STREET CLOSURE PETITION

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 297-2890.

EVENT / CONTACT: DDN Dia del Niño/Marcia Thompson

DATE(S) / TIME(S): Sunday, April 21st 2024 12:00 - 5:00 PM

Agree	Disagree	Signature of property owner or lessee	Street address & business name (if applicable)
X		Yonmunda	FFB 700 SW 29th OKC OK 73109
X		Alfonso	Dream products 711 SW 29th 11
X		Ma Dolores Grado	Floreria y Novedades Lolis
✓		Alejandra Ortiz	Alejandra Ortiz
✓		Agustin Trejo	Chavo.
✓		Joanna Sanchez	La Oaxaquena
✓		Guadalupe J.G.	Paletaria El Paisano
✓		Quiana Rodriguez	Best Wash Laundry
X		Kenneth Ramsey	Ramsey Commercial
X		First Fidelity Bank	700 SW 29th St, OKC, OK 73109
X		Dream Organic Products	711 SW 29th St, OKC, OK 73109
X		Floreria y Novedades Lolis	715 SW 29th St, OKC, OK 73109
X		Estetica Familiar Alejandra	719 SW 29th St, OKC OK 73109
X		Super Tortas El Chavo	721 SW 29th St, OKC OK 73109
X		La Oaxaquena Bakery	741 SW 29thh St, OKC, OK 73109
X		Paletaria El Paisano	716 SW 29th St, OKC, OK 73109
X		Best Wash	714 SW 29th St, OKC, OK 73109
X		Ramsey's Commercial Property	701 SW 29thh St, OKC, OK 73109




CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

03/26/2024

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  Jim Evans 717 S. I-35 SERVICE RD MOORE OK 73160		CONTACT Jim Evans NAME: PHONE (A/C, No, Ext): 405-794-4779 FAX (A/C, No): E-MAIL ADDRESS: jim.evans.b3iq@statefarm.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: State Farm Fire and Casualty Company	
		NAIC # 25143	
INSURED SW 29TH DISTRICT ASSOCIATION INC 2725 SW 29TH ST OKLAHOMA CITY OK 731191805		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:****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	ADD INSD	SUB 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 type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	N	96-AJ-E410-7	09/08/2023	09/08/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	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 \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						

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

The Certificate holder is the CITY OF OKLAHOMA CITY AND ITS TRUSTS. This certificate holder is an additional insured on the general liability policy per the additional insured automatic status endorsement. All certificate holder privileges apply only if required by written agreement between the certificate holder and the insured and are subject to policy terms and conditions.

CERTIFICATE HOLDER**CANCELLATION**

The City of Oklahoma City 200 N Walker Ave 3rd Floor 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  This form was system-generated on 03/26/2024
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