



Current Date 9/3/24

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

Event Name Cowboy Christmas Parade

Expected Attendance 5,000

Event Coordinator Debbie Harrison

Email Address office@stockyardscity.org

Mailing Address P.O. Box 82446, Oklahoma City, OK 73148

Phone 405-235-7267 Fax n/a

Event Address (Location) Stockyards City

Event Start Day/Date 12/7/24

Event Start Time 10 am

Event End Day/Date 12/7/24

Event End Time 2 pm

Set-up Day/Date 12/7/24

Start Time 7 am

End Time 10 am

Tear-down Day/Date 12/7/24

Start Time 2 pm

End Time 4 pm

Street Closure Times (if applicable)

Closure Day/Date 12/7/24

Time 9:45 am

Reopening Day/Date 12/7/24

Time 1 pm

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

Stockyards City Main Street will be hosting the Cowboy Christmas Parade on
Saturday, December 7th. The parade begins at Penn and Exchange, heads west
down Exchange to Agnew, then south on Agnew to 14th or 15th Street (depending
on the type of entry). The Slash O Ranch longhorns will lead the parade, followed by
Christmas themed entries, organizations, marching bands, equestrian groups, and
Santa. There will be other activities in the district following the parade, such as
pictures with Santa and live entertainment.

Is this an annual event? Yes If yes, how many years? 24

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 checked="" type="checkbox"/> Parade | <input type="checkbox"/> Non-residential area |
| <input checked="" 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 type="checkbox"/> Electrical wiring/generator(s) | <input type="checkbox"/> Filming |

Number of tents _____ Size of tent(s) _____

Number of Parade Entries ~~400~~ 60 Number of Horses/Animals participating 100

Emergency primary contacts during event:

Name <u>Debbie Harrison</u>	Name <u>Kelli Payne</u>
Mobile <u>405-834-5632</u>	Mobile <u>405-996-0435</u>
Email <u>office@stockyardscity.org</u>	Email <u>kpaynebeef@gmail.com</u>

Event Coordinator Signature [Signature]

(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:

9.23.24 Invoice paid. BRL [Signature]

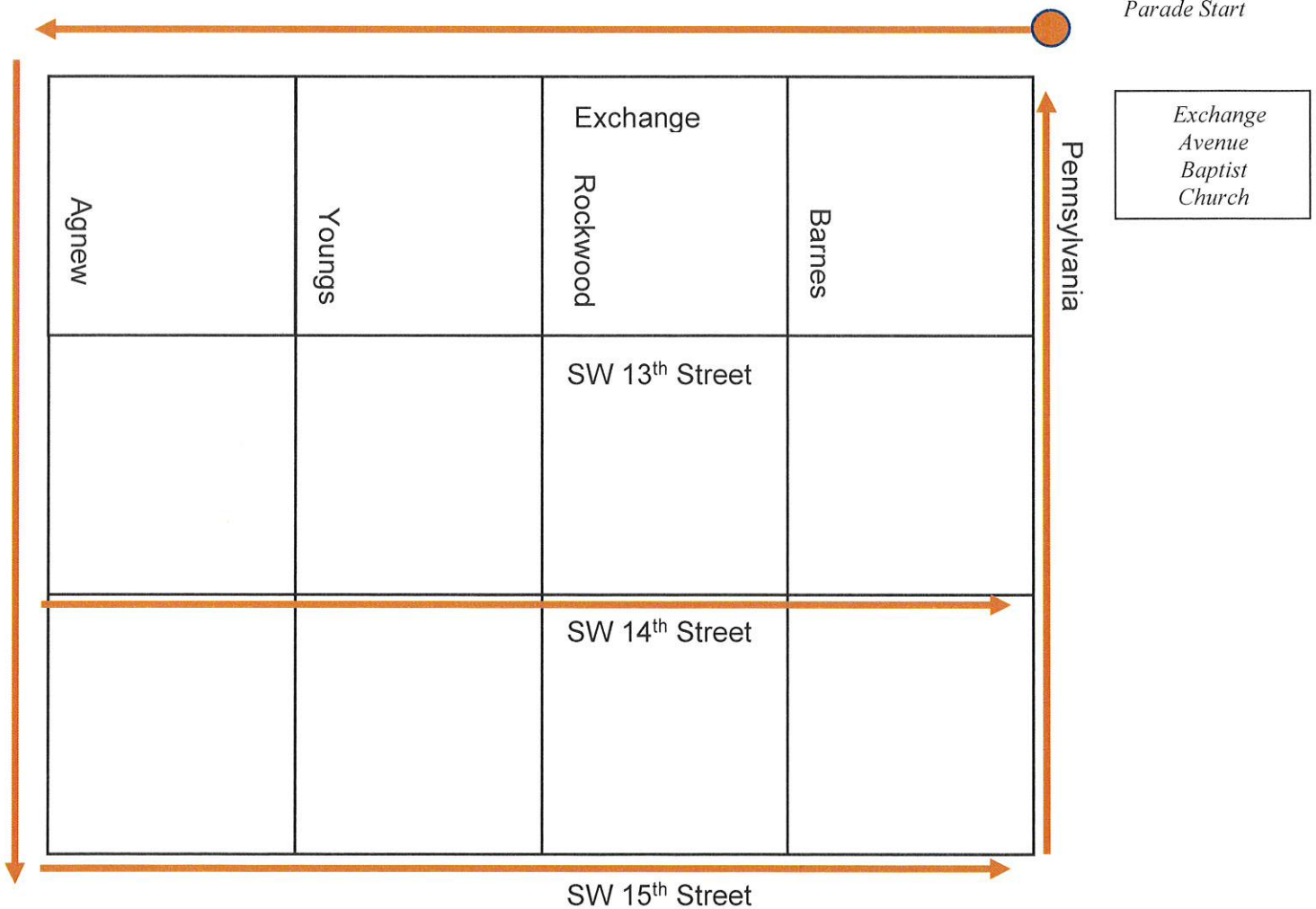
Special Events Office Approval _____

**Cowboy Christmas Parade
December 7, 2024**

**Exhibit A-1
Parade Route**

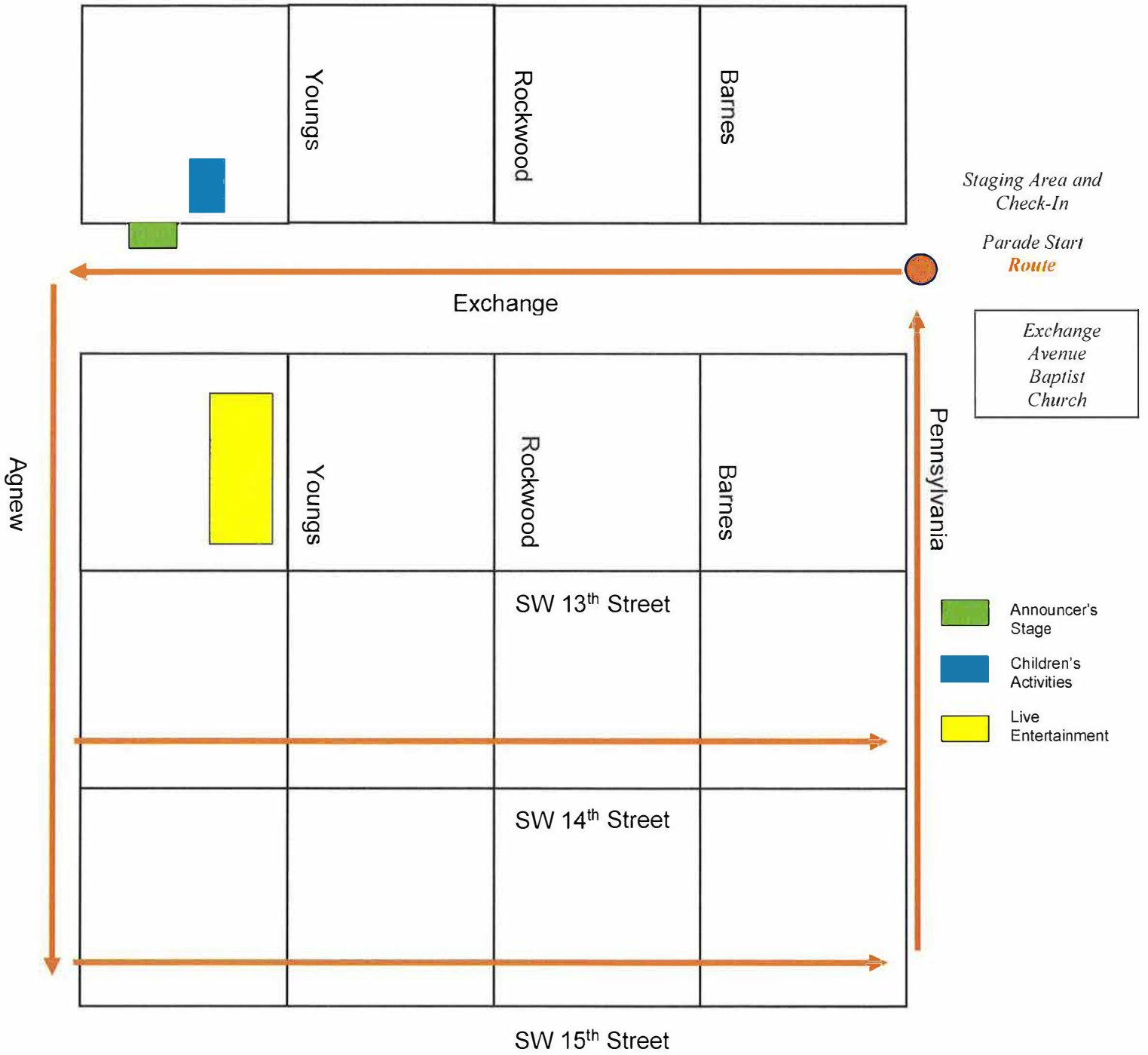
*Staging Area and
Check-In*

Parade Start



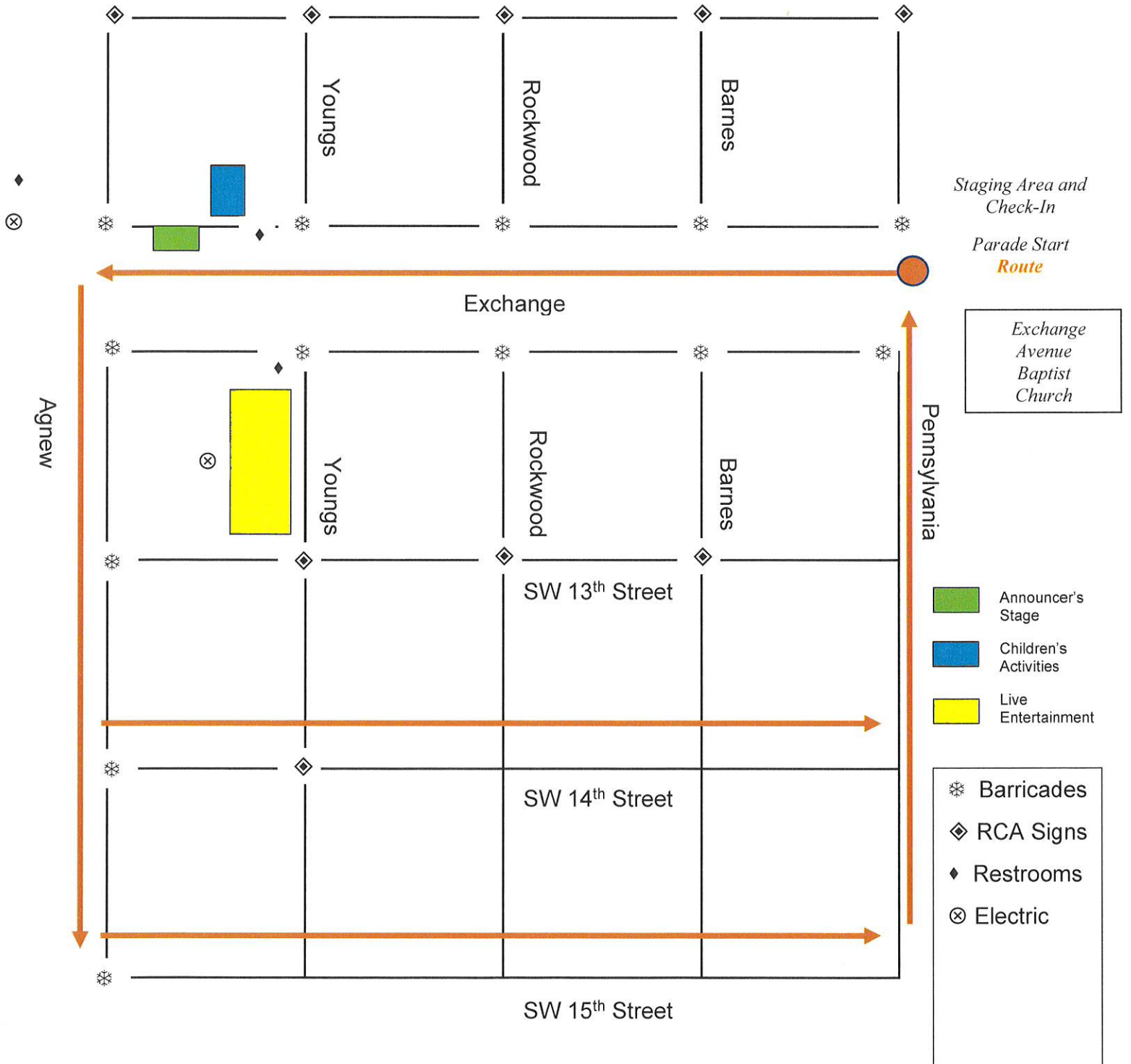
Cowboy Christmas Parade
December 7, 2024

Exhibit A-2: Event Site
Plan



Cowboy Christmas Parade
December 7, 2024

Exhibit B: Traffic Control Plan
Exhibit C: Waste Plan
Exhibit D: Electrical Usage Plan





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, Debbie Harrison
Name

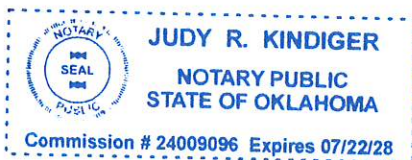
as event coordinator of Cowboy Christmas Parade
Event Name

hereby certify that property owners abutting the named event **have been notified in writing that the right-of-way will be closed** (date(s)) December 7, 2024.

Debbie Harrison
Signature

11-14-2024
Date

Subscribed and sworn before me this 14th day of November, 2024.



Judy Kindiger
Notary Public

My commission expires 07/22/28



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, Debbie Harrison

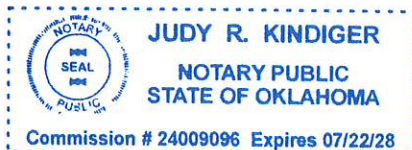
as event coordinator of the Cowboy Christmas Parade
Name
Event Name

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 December 7, 2024
date(s)

Debbie Harrison
Signature

11-14-2024
Date

Subscribed and sworn before me this 14th day of November, 2024.



Judy R. Kindiger
Notary Public

My commission expires 07/22/28

Your requested schedule is activated.(Event:Cowboy Christmas Parade)

From SchoolDude Message Center <message.center@smtp.schooldude.com>

Date Wed 9/11/2024 8:25 AM

To Stockyards City <office@stockyardscity.org>; brjones@okcps.org <brjones@okcps.org>;
cdtompkins@okcps.org <cdtompkins@okcps.org>

(This message is to notify you of a new schedule request.)

The facility schedule request listed below is approved and activated.

FS Schedule ID: 12874

Event Title: Cowboy Christmas Parade

Event Time: 7:00AM

Event Date: 12/7/2024

Event Setup Time: 7:00AM

Event Breakdown Time: 2:00PM

Status: Approved

Schedule State: Activated

Organization: Stockyards City Main Street

Location: WESTWOOD CENTER (STUDENT SERVICES)

Building:

Area(Buildings|Rooms): (Parking Lot (for vendors that will be parked here))

Events:

Date : 12/7/2024

Start Time : 7:00 AM

End Time : 2:00 PM

Location : WESTWOOD CENTER (STUDENT SERVICES)

Building :

Area :

Room(s) : Parking Lot (for vendors that will be parked here)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/23/2024

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	CONTACT NAME: Marcella Chipps
Advantage Insurance Group, Inc.	PHONE (A/C, No, Ext): (405) 262-7844
P.O. Box 670	FAX (A/C, No): (405) 262-7316
	E-MAIL ADDRESS: marcella@aigok.com
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Ohio Security	24082
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2442311273

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 SUBR INSD 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	BKS56077600	05/19/2024	05/19/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		BKS56077600	05/19/2024	05/19/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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"/>	XWS56077600	02/01/2024	02/01/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

The Certificate Holder is 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 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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