



Current Date 03,12,2025

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

Event Name PASEO MARKET FESTIVAL 2025

Expected Attendance APPROXIMATELY NINETY (90) VENDORS

Event Coordinator ROBERT LEE CLARK CPA

Email Address robertleeclarkcpa@yahoo.com

Mailing Address P.O. BOX 207 DAVIS OK 73030

Phone 580,618,5501 Fax 580,622,6049 NU 28<sup>th</sup> ST FROM

Event Address (Location) 524 N. W. 28<sup>th</sup> ST OKC; DUTY TO PASEO DRIVE

Event Start Day/Date 05.24.2025 Event Start Time 9:00 AM

Event End Day/Date 05.26.2025 Event End Time 6:00 PM

Set-up Day/Date 05.23.2025 Start Time 9:00 AM End Time 8:00 PM

Tear-down Day/Date 05.26.2025 Start Time 6:00 End Time 8:00 PM

## Street Closure Times (if applicable)

Closure Day/Date 05.23.2025 Time 8:00 AM

Reopening Day/Date 05.26.2025 Time 8:00 PM

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

THE PASEO MARKET FESTIVAL HAPPENS THIS MEMORIAL DAY WEEKEND IN THE PASEO DISTRICT, OFFERING FOR SALE ART, SCULPTURE, MUSE, CLOTHING, JEWELRY, AND FOOD/BEVERAGE.

Is this an annual event? YES If yes, how many years? APPROX. 24 YRS

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

Number of tents Approx. 90

Size of tent(s) 10x10-40

Number of Parade Entries 0

Number of Horses/Animals participating 0

**Emergency primary contacts during event:**

Name ROBERT LEE CLARK

Name MICHELLE CLARK

Mobile 580.618.5501

Mobile 580.618.2158

Email robertleeclarkcpa@yahoo.com Email Michelleclark54@yahoo.com

Event Coordinator Signature Robert Lee Clark 03.12.2025

(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 & C

<<<<<Dewey Avenue

03.13.2024

North

6:52pm

Walker Avenue>>>>>

Gio

No. 9

Set-up 1:00-3:00pm >>	No. 1	No. 2 & 2A	Nos. 3&4
-----------------------	-------	------------	----------

Nick

Brown

Audomn

No. 5	No. 6	No. 7	No. 8
-------	-------	-------	-------

Mike

David

Shan

Lee

NW 28th>

Set-up 3:00-5:00pm >>	G	H	I	J	K	L
-----------------------	---	---	---	---	---	---

Sandra

Vonnetta

Nancy

Robert

Ted

Ted

Curb

M	N	O	P	Q	R
---	---	---	---	---	---

Mike

Carlos

Cass

Doc

Carrol

Carrol

<W

9:00-11:00am>	S
---------------	---

Ron

9:00-11:00am >>	T	U	V	W
-----------------	---	---	---	---

Randy

LeAnn

LeAnn

Lori

E>

9:00-11:00am	11:00am-1:00pm	1:00pm-3:00pm	GR	1:00pm-3:00pm	11:00am-1:00pm	9:00-11:00am
A-1 Keith	B-1 Erick	C-1 <b>Veva</b>	center island electric	Yancy D-1	Sofi E-1	Andre F-1
A-2 Keith	B-2 Monserr	C-2 <b>Veva</b>		Ophelia D-2	Sheila E-2	Tricia F-2
A-3 Keith	B-3 Monserr	C-3 <b>Veva</b>		Roman D-3	Sheila E-3	Brian F-3
A-4 Keith	B-4 Melanie	C-4 Raechel		Floyd D-4	Sheila E-4	Dennis F-4
A-5 <b>1</b>	B-5 Patrick	C-5 Bridget		<b>5</b> D-5	Sheila E-5	Jason F-5
A-6 Debbie	B-6 <b>4</b>	C-6 Bridget		<b>6</b> D-6	<b>7</b> E-6	Nikki F-6
A-7 <b>2</b>	B-7 <b>Vincent</b>	C-7 Marti		Kerri D-7	<b>shan</b> E-7	Wes F-7
A-8 Michael	B-8 Kelly	C-8 Bill F		Kerri D-8	<b>8</b> E-8	Bob F-8
A-9 <b>3</b>			P-1		<b>Traci</b> E-9	Tonda F-9
A-10 Gerald			<b>10</b>			Tonda F-10

9:00-11:00am	B-9 Steve
--------------	-----------

TRASH

9:00-11:00am >>

S-1 Kelsey	S-2	S-3	S-4
------------	-----	-----	-----

ALLEY

TRASH - 4 LOCATIONS

BARRICADE

BARRICADE

COMFORT STATIONS

30Y ROLL-OFF

TRASH

TRASH





Paseo Gallery One

Oklahoma Shakespeare

Amethyst & Sage  
Holistic Aesthetics

EXHIBIT B

OSO Paseo  
Tacos • \$\$

Sauced on Paseo  
Pizza • \$

Samir Groceries

The Paseo  
Collective

Scratch Kitchen &  
Cocktails, Paseo  
New American • \$\$

Flamingo TIKI

Paseo Grill  
American • \$\$\$

NW 28th St

NW 28th St

NW 28th St

NW 28th St

Paseo

Annex Barbershop

the daley

FRIDA southwest  
Southwestern American • \$\$

608

604

600

2815

524

2810

505

Lara Clinic

607

520

525

Google

N Walker Ave

N Walker Ave

N Walker Ave

N Walker Ave

N Walker Ave





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/15/2025

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).

<b>PRODUCER</b> First Insurance 698 Westside Drive, Suite 106		<b>CONTACT NAME:</b> Billi Wright <b>PHONE (A/C, No, Ext):</b> <b>E-MAIL ADDRESS:</b> Billi.Wright@relationinsurance.com <b>FAX (A/C, No):</b>	
Durant OK 74701		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Great American Ins Co <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	
<b>INSURED</b> Paseo market Festival P.O. Box 207  Davis OK 73030		<b>NAIC #</b> ^16691	

**COVERAGES****CERTIFICATE NUMBER:** 25 GL**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability Included  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	GAS160268	05/23/2025	05/27/2025	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000						
	MED EXP (Any one person) \$ Not Cov						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b> <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) \$
							\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N	A				PER STATUTE OTH-ER
	E.L. EACH ACCIDENT \$						
	E.L. DISEASE - EA EMPLOYEE \$						
	E.L. DISEASE - POLICY LIMIT \$						
A	Professional Liability	Y	N	GAS160268	05/23/2025	05/27/2025	EACH OCCURRENCE \$1,000,000 AGGREGATE LIMIT \$1,000,000

**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.  
The Certificate Holder is added as an additional insured but only with respect to liability arising out of the named insured during the policy period.  
Scheduled Activities Exclusion Applies-Please Refer to Named Insured Member Certificate of Coverage  
Covered Activities: Art Show/Festival

**CERTIFICATE HOLDER****CANCELLATION**

City of Oklahoma City 200 N. Walker  Oklahoma City OK 73102	<b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b>  <b>AUTHORIZED REPRESENTATIVE</b> 
--	---

© 1988-2015 ACORD CORPORATION. All rights reserved.