



Current Date 4/24/24

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

Event Name Farmers Market District Festival

Expected Attendance 1500

Event Coordinator Francis Smith

Email Address handspuncoop@gmail.com

Mailing Address 311 S Klein Ave

Phone (405)822-9552 Fax \_\_\_\_\_

Event Address (Location) 1225 SW 2nd St.

Event Start Day/Date 6/2/24 Event Start Time 11am

Event End Day/Date 6/2/24 Event End Time 7pm

Set-up Day/Date 6/2/24 Start Time 6am End Time 10am

Tear-down Day/Date 6/2/24 Start Time 7pm End Time 10p

Street Closure Times (if applicable)

Closure Day/Date 6/2/24 Time 6am

Reopening Day/Date 6/2/24 Time 10pm

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

*A festival celebrating the history and future of the Farmers Market District, featuring live music, food trucks, restaurants, shops, local artists, artisans, food education and history, lectures and a petting zoo. Located between Reno & 3rd and Klein & Ellison in the newly recognized Farmers Market District*

Is this an annual event? Yes If yes, how many years? 1 (this is the first)

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):

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

Number of tents 75

Size of tent(s) 10x10

Number of Parade Entries 0

Number of Horses/Animals participating 0

Emergency primary contacts during event:

Name William McAnally

Name Brian Butler

Mobile (405)492-0361

Mobile (310)699-2936

Email william@okcfarmersmarket.com

Email brian@palosantobar.com

Event Coordinator Signature

*[Handwritten 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](mailto: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:

5/10/24 all requested documents received. organizer attended City Services meeting. BRL

Special Events Office Approval \_\_\_\_\_

Exhibits A & C

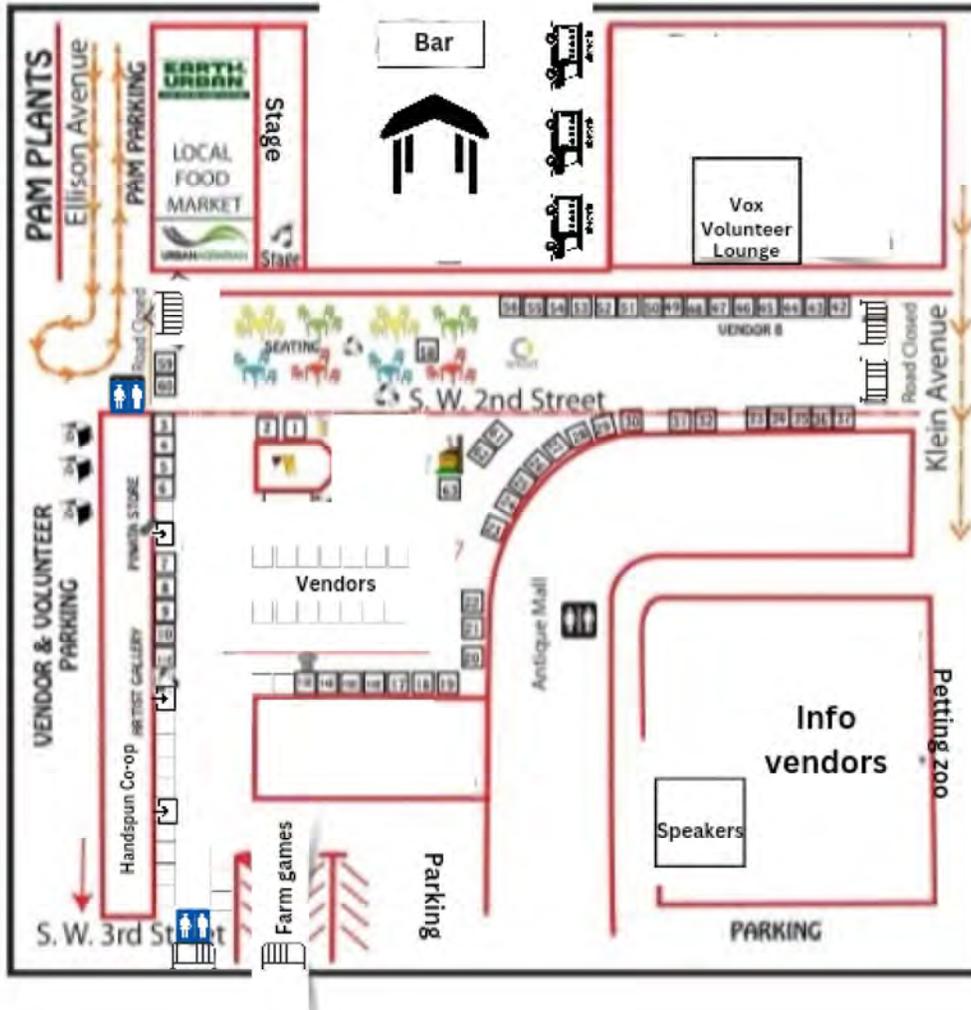
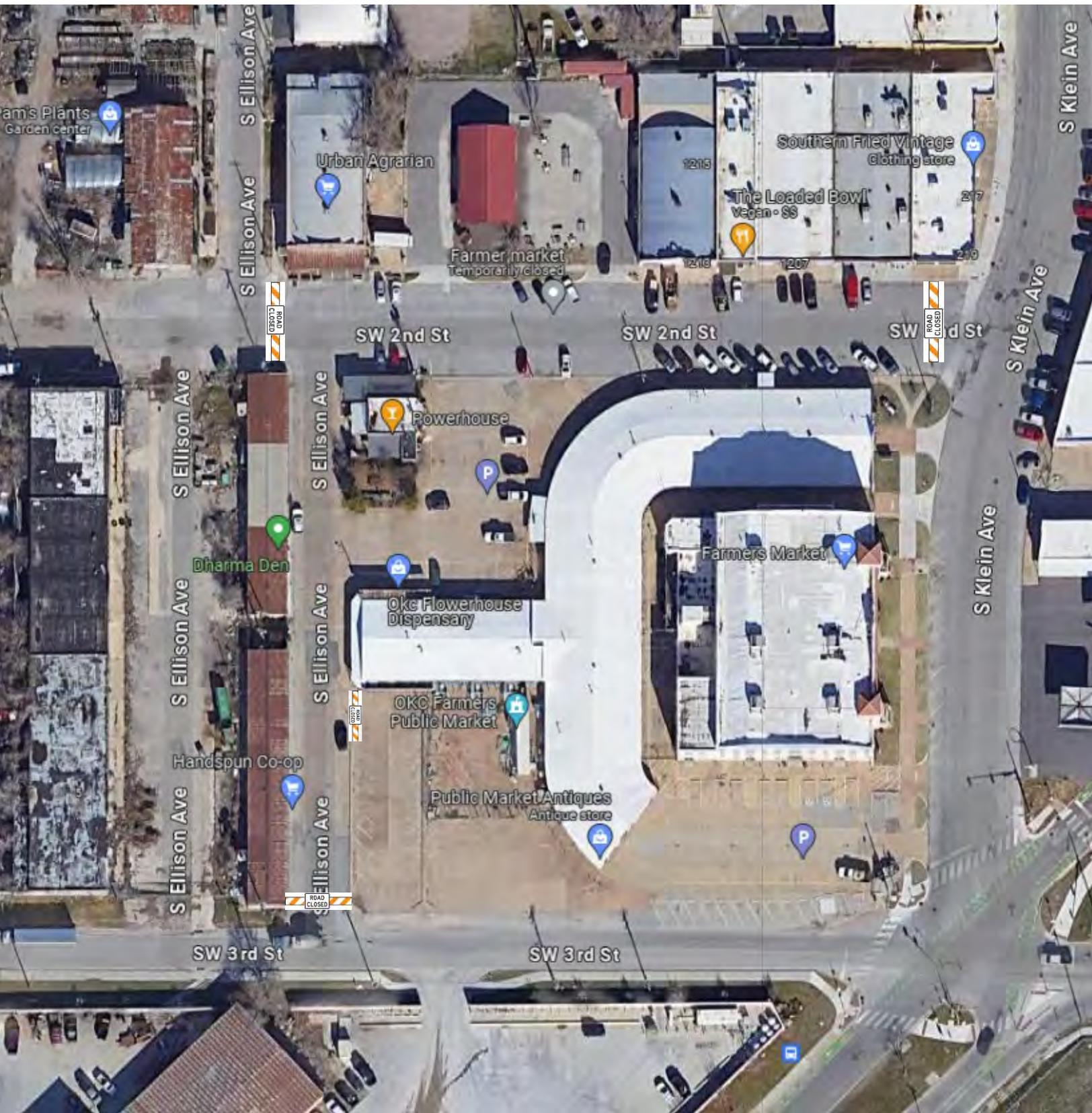


Exhibit B





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.

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

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### AFFIDAVIT

STATE OF OKLAHOMA}

COUNTY OF OKLAHOMA}

Know all men by these presents: I, Frances Smith

Name

as event coordinator of the 15th Annual Farmers Market District Festival

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 6/2/24

date(s)

Frances Smith  
Signature

5/2/24  
Date

Subscribed and sworn before me this 2 day of May, 2024.



Sheri L. Andrew  
Notary Public

My commission expires 02/09/2028



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

**STREET CLOSURE PETITION**

**EXAMPLE:**

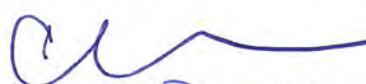
| Agree | Disagree | Signature of property owner or lessee | Street address & business name (if applicable) |
|-------|----------|---------------------------------------|--|
| x     |          | <i>John Smith</i>                     | 1234 Street Name, OKC                          |
| x     |          | 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           |

Event Name FARMERS MARKET DISTRICT FESTIVAL  
 Event Contact Name FRANCIS SMITH  
 Event Contact E-mail HANDSPUNCOOP@gmail.com Phone 405-412-5382  
405 822 9552  
 Event Date(s) JUNE 2ND  
 Street(s) will be closed from 6 : 00 AM until 10 : 00 PM

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>John Bynum</i>                     | Vox Audio Visual 1207 SW 2ND                   |
| ✓     |          | <i>Don Cuddy</i>                      | Old Farmers Market                             |
| ✓     |          | <i>Ray</i>                            | 1203 SW 2ND Palo Santo                         |
| ✓     |          | <i>Chapman</i>                        | 1235 SW 2nd St. Urban Agrarian                 |
| ✓     |          | <i>Cristobal Sierra</i>               | Pinata store                                   |
| ✓     |          | <i>Dolita Whitman</i>                 | The Loaded Bowl 1211 SW 2nd                    |
|       |          |                                       |  |
|       |          |                                       |  |
|       |          |                                       |  |
|       |          |                                       |  |
|       |          |                                       |  |
|       |          |                                       |  |

FARMERS MARKET DISTRICT FESTIVAL  
 CONSENT TO CLOSE 2ND STREET FROM KLEIN TO ELLISON  
 FROM 6AM UNTIL 10PM SUNDAY JUNE 2ND 2024

| PRINTED NAME AND BUSINESS   | DATE | SIGNATURE   |
|---|------|---|
| BRIAN BUTLER PAUL SANTO   | 4/28 |  |
| <br>CLAY BERKES<br>1228 SW 2ND | 4/28 |  |
| Paul Hark<br>White Rabbit<br>219 S KLEIN  | 4/29 |  |



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/08/2024

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).

|   |  |   |  |
|---|--|---|--|
| <b>PRODUCER</b><br>East Main Street Insurance Services, Inc.<br>Will Maddux<br>PO Box 1298<br>Grass Valley CA 95945 |  | <b>CONTACT NAME:</b> Will Maddux<br><b>PHONE (A/C. No. Ext):</b> (530) 477-6521<br><b>E-MAIL ADDRESS:</b> info@theeventhelper.com<br><b>FAX (A/C. No):</b>                                    |  |
| <b>INSURED</b><br>FMD ASSOCIATION INC<br>c/o Joanne Bradley<br>1709 Dorchester PI<br>Nichols Hills OK 73120         |  | <b>INSURER(S) AFFORDING COVERAGE</b><br><b>INSURER A:</b> Evanston Insurance Company<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> |  |
|   |  | <b>NAIC #</b><br>35378  |  |

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

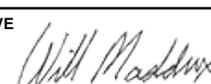
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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  | 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>        |                          |                      | 3DS5475-M3105880 | 06/02/2024<br>12:01 AM  | 06/03/2024<br>12:01 AM  | EACH OCCURRENCE \$ 1,000,000                             |
|   | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR |                          |                      |                  |                         |                         | DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000 |
|   | <input checked="" type="checkbox"/> Host Liquor Liability                      |                          |                      |                  |                         |                         | MED EXP (Any one person) \$ 5,000                        |
|   | <input type="checkbox"/> Retail Liquor Liability                               | Y                        | N                    |                  |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                       |
| GEN'L AGGREGATE LIMIT APPLIES PER:  |  |                          |                      |                  |                         |                         | GENERAL AGGREGATE \$ 2,000,000                           |
| <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |                          |                      |                  |                         |                         | PRODUCTS - COMP/OP AGG \$ 2,000,000                      |
|   | OTHER:   |                          |                      |                  |                         |                         | Deductible \$ 1,000                                      |
|   | <b>AUTOMOBILE LIABILITY</b>  |                          |                      |                  |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$                   |
| <input type="checkbox"/>  | ANY AUTO   |                          |                      |                  |                         |                         | BODILY INJURY (Per person) \$                            |
| <input type="checkbox"/>  | OWNED AUTOS ONLY   | <input type="checkbox"/> | SCHEDULED AUTOS      |                  |                         |                         | BODILY INJURY (Per accident) \$                          |
| <input type="checkbox"/>  | HIRED AUTOS ONLY   | <input type="checkbox"/> | NON-OWNED AUTOS ONLY |                  |                         |                         | PROPERTY DAMAGE (Per accident) \$                        |
|   |  |                          |                      |                  |                         |                         | \$   |
|   | <b>UMBRELLA LIAB</b>   |                          |                      |                  |                         |                         | EACH OCCURRENCE \$                                       |
|   | <b>EXCESS LIAB</b>   |                          |                      |                  |                         |                         | AGGREGATE \$   |
|   | DED  |                          |                      |                  |                         |                         | \$   |
|   | RETENTION \$   |                          |                      |                  |                         |                         | \$   |
|   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>                           |                          |                      |                  |                         |                         | PER STATUTE  |
|   | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)    | Y/N                      |                      |                  |                         |                         | OTHER  |
|   | If yes, describe under DESCRIPTION OF OPERATIONS below                         | <input type="checkbox"/> | N/A                  |                  |                         |                         | 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)

City of Oklahoma City and Its Trusts listed below is named as additional insured per attached MEGL 2217 01 19. Attendance: 500, Event Type: Festival & Cultural Event - Indoor and/or Outdoor.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| City of Oklahoma City<br>200 N Walker Ave<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

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