



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):

- | | | |
|---|--|---|
| <input checked="" 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 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 type="checkbox"/> 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

(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

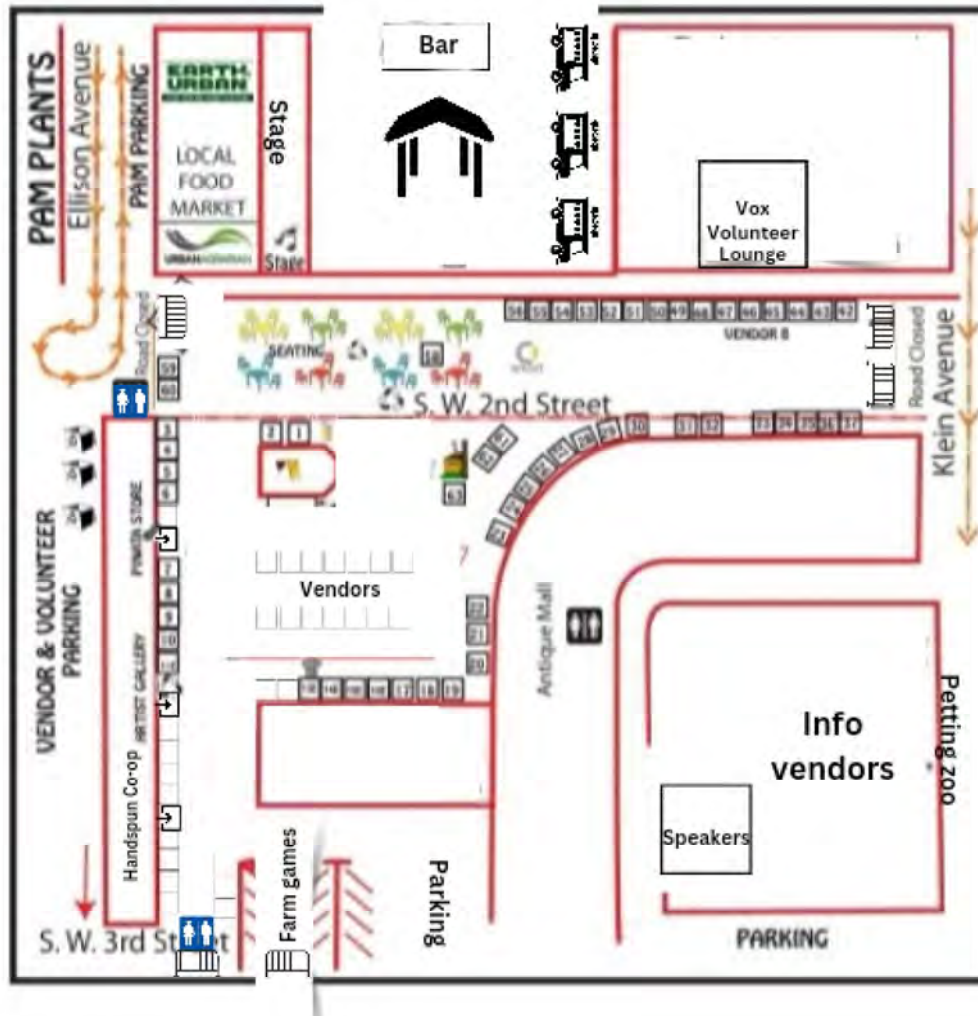
SPECIAL EVENTS OFFICE USE

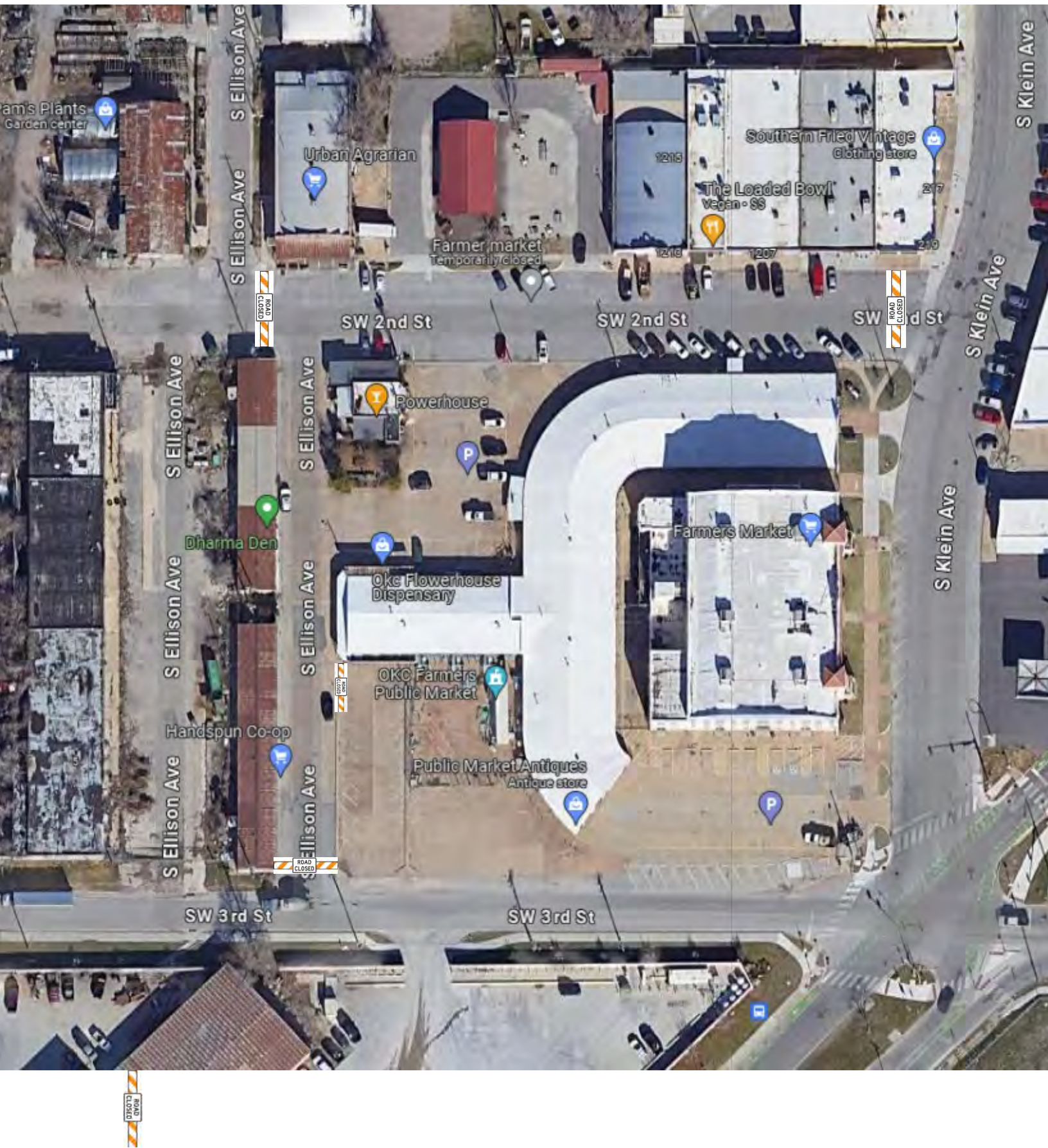
Staff comments:

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

Special Events Office Approval

Exhibits A & C







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, 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 LANDSPUNCOOP@gmail.com Phone 405-412-5382
 Event Date(s) JUNE 2ND 405-822-9552
 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 Cundy</i>	Old Farmers Market
✓		<i>Bob Ray</i>	1203 SW 2nd Palo Santo
✓		<i>Chapman</i>	1235 SW 2nd St. Urban Agrarian
✓		<i>Cristobal Sierra</i>	Pinata Store
✓		<i>Dalton 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 PALO SANTO	4/28	
 CLAY BERKES Powder V	4/28	
1228 SW 2ND + dnd		
Paul Hale White Rabbit	4/29	
219 S KLEW		



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).

PRODUCER East Main Street Insurance Services, Inc. Will Maddux PO Box 1298 Grass Valley CA 95945		CONTACT NAME: Will Maddux PHONE (A/C, No. Ext): (530) 477-6521 E-MAIL ADDRESS: info@theeventhelper.com FAX (A/C, No):	
INSURED FMD ASSOCIATION INC c/o Joanne Bradley 1709 Dorchester PI Nichols Hills OK 73120		INSURER(S) AFFORDING COVERAGE INSURER A: Evanston Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Host Liquor Liability <input type="checkbox"/> Retail Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	N	3DS5475-M3105880	06/02/2024 12:01 AM	06/03/2024 12:01 AM	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (other than fire) \$ 1,000,000						
	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
							Deductible \$ 1,000
	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 RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	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				PER STATUTE OTH-ER 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 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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