



Current Date 12/4/23

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

Event Name St. Patrick's 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 3/16/24 Event Start Time 10:00 am

Event End Day/Date 3/16/24 Event End Time 3:00 pm

Set-up Day/Date 3/16/24 Start Time 6:00 am End Time 9:45 am

Tear-down Day/Date 3/16/24 Start Time 1:00 pm End Time 3:45 pm

Street Closure Times (if applicable)

Closure Day/Date 3/16/24 Time 9:45 am

Reopening Day/Date 3/16/24 Time 1:00 pm

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

Stockyards City Main Street plans to host the annual Stockyards City St. Patrick's
Parade. The parade will run west down Exchange from Pennsylvania, then south
on Agnew to SW 15th Street. After the parade there will be live entertainment,
activities for children, and vendors.

Is this an annual event? Yes If yes, how many years? 5

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 checked="" type="checkbox"/> Parade | <input 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 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 0

Size of tent(s) 0

Number of Parade Entries 60 plus Number of Horses/Animals participating 60 plus

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@stockyardcity.org</u>	Email <u>kpaynebeef@gmail.com</u>

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

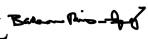
Via E-Mail specialevents@okc.gov (preferred method)

Via Fax (405) 297-3124

Questions? Call Special Events Permit Office (405)297-2890

SPECIAL EVENTS OFFICE USE

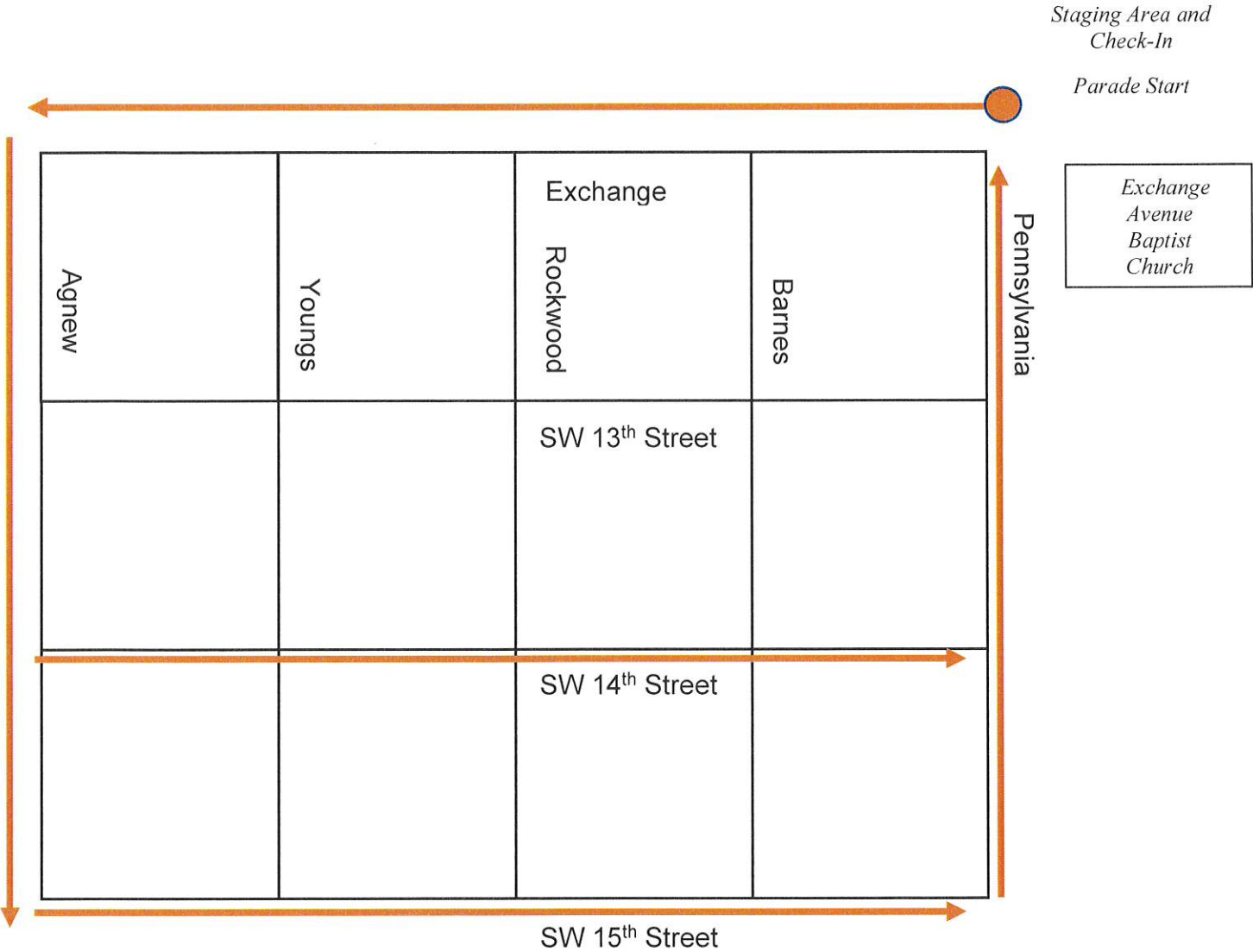
Staff comments:

1/25/2024 All requested documents have been received. BRL 

Special Events Office Approval _____

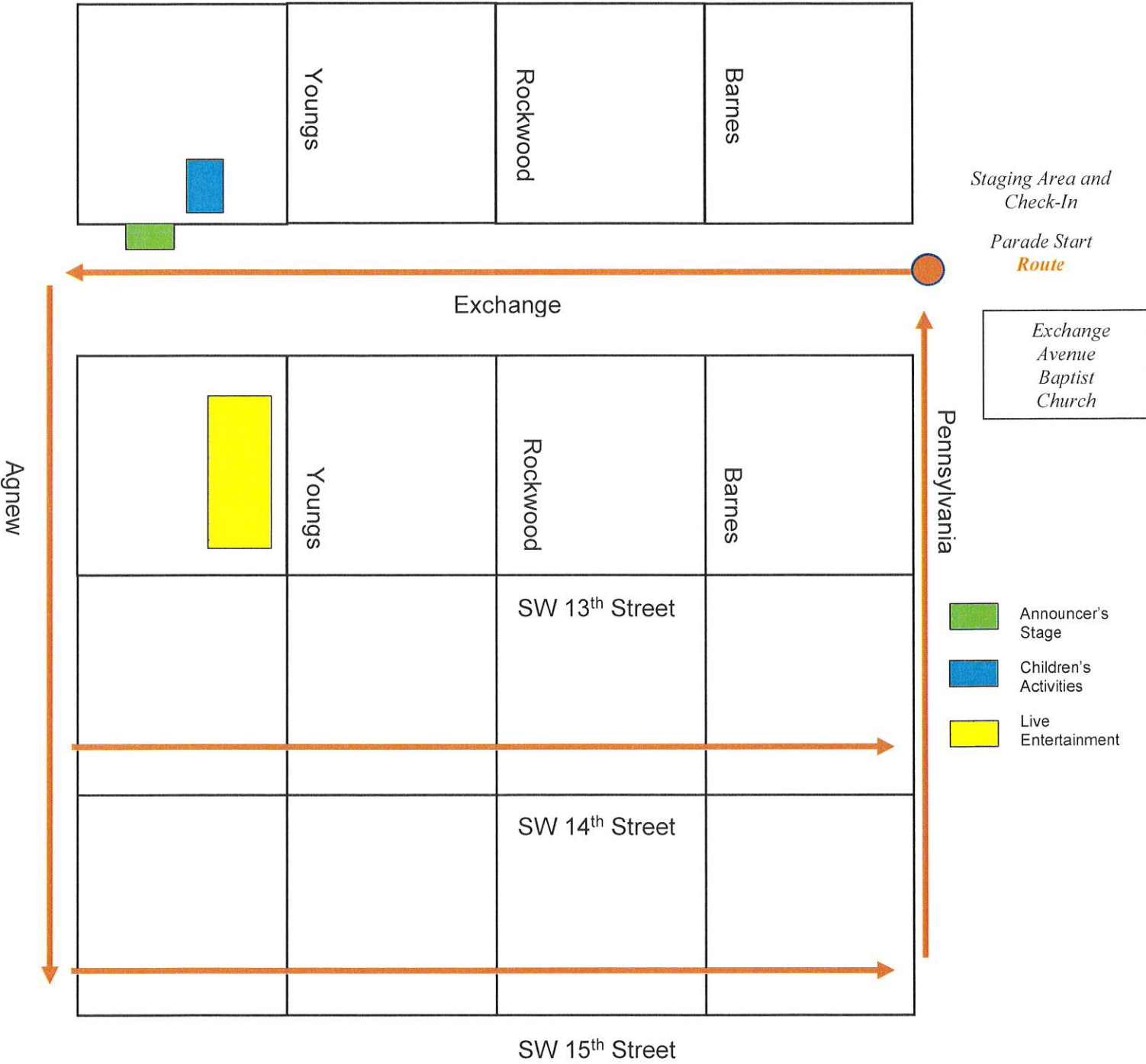
St. Patrick's Parade
March 16, 2024

Parade Route



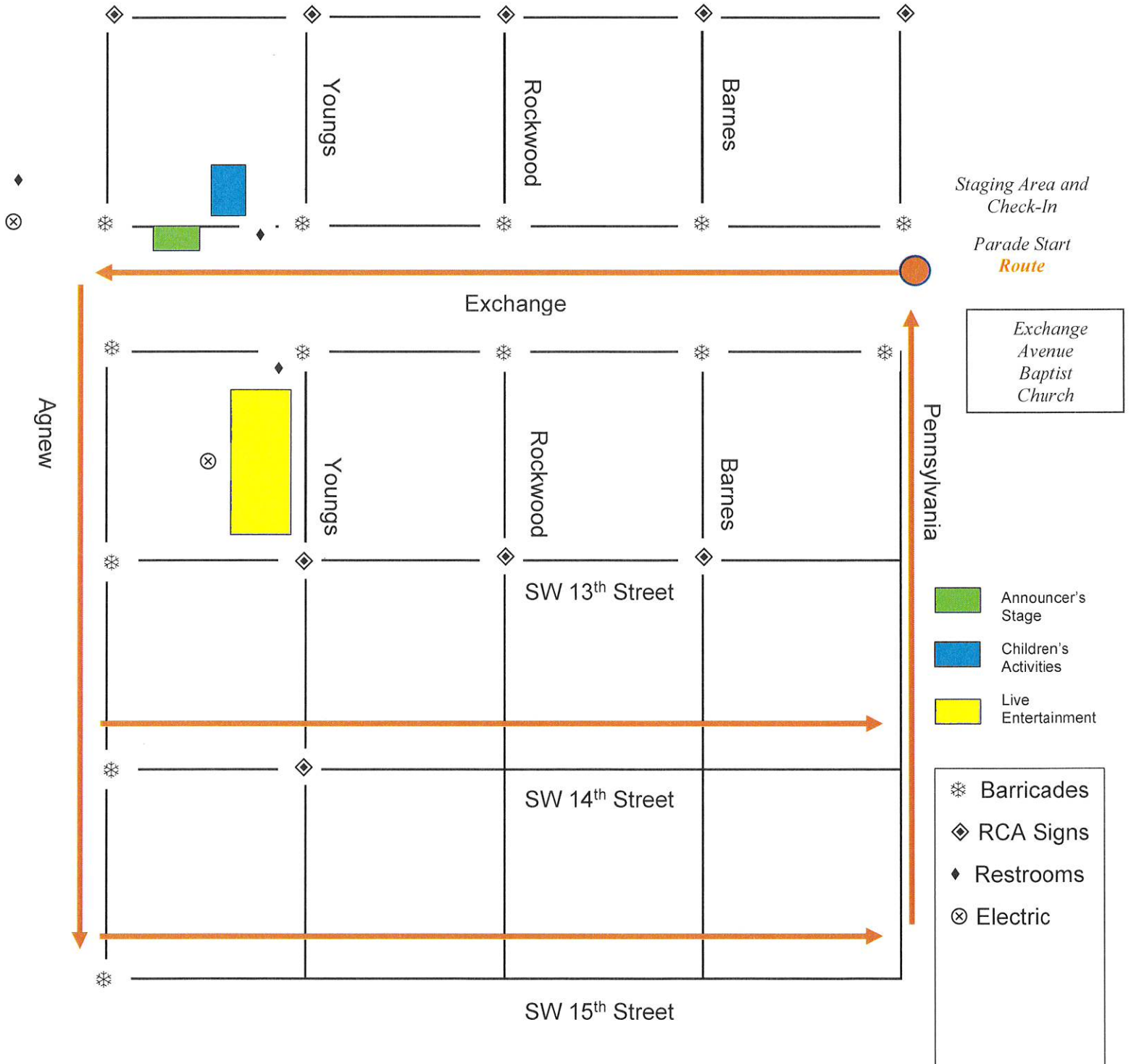
St. Patrick's Parade
March 16, 2024

Exhibit A: Event Site Plan



St. Patrick's Parade
March 16, 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 St. Patrick's 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)) 3-11-2024

[Signature] 1-25-2024
Signature Date

Subscribed and sworn before me this 25 day of January, 2024.

Sarah Cain

Notary Public

My commission expires 11-01-2026





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

Name

as event coordinator of the St. Patrick's Parade

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 3-16-2024

date(s)

Debbie Harrison

Signature

1-25-2024

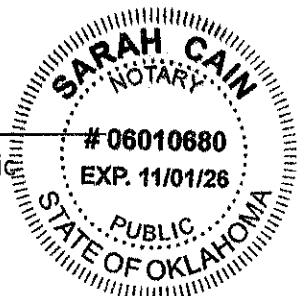
Date

Subscribed and sworn before me this 25 day of January, 2024.

Sarah Cain

Notary Public

My commission expires 11-01-2026



From: [Stockyards City](#)
To: [Rivas Lopez, Barbara A](#)
Subject: Fw: Your requested schedule is activated.(Event:St. Patricks Parade)
Date: Monday, January 8, 2024 8:54:36 AM


Good morning Barbara.

This is our approval from the school. Let me know if you have any questions. If this is all, I will schedule with City Services.

Thank you!

Debbie Harrison
Executive Director

Stockyards City Main Street

① P.O. Box 82446, Oklahoma City, OK 73148
① (405) 235-7267, mobile (405) 834-5632
 www.stockyardscity.org

From: SchoolDude Message Center <message.center@smtp.schooldude.com>
Sent: Wednesday, December 20, 2023 3:47 PM
To: Stockyards City <office@stockyardscity.org>
Subject: Your requested schedule is activated.(Event:St. Patricks Parade)

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

The facility schedule request listed below is approved and activated.

FS Schedule ID: 11719
Event Title: St. Patricks Parade
Event Time: 8:00AM
Event Date: 3/16/2024
Event Setup Time: 8:00AM
Event Breakdown Time: 12:00PM
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 : 3/16/2024
Start Time : 8:00 AM
End Time : 12:00 PM
Location : WESTWOOD CENTER (STUDENT SERVICES)
Building :



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/18/2023

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 Advantage Insurance Group, Inc. P.O. Box 670 706 Eagle Circle El Reno OK 73036		CONTACT NAME: Marcella Chipps PHONE (A/C, No, Ext): (405) 262-7844 FAX (A/C, No): (405) 262-7316 E-MAIL ADDRESS: marcella@aigok.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Ohio Security	
		INSURER B:	
		INSURER C:	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2311910493 **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	Y		BKS56077600	05/19/2023	05/19/2024	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000						
	MED EXP (Any one person) \$ 15,000						
	PERSONAL & ADV INJURY \$						
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Experience Mod Factor 1 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BKS56077600	05/19/2023	05/19/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	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 \$						
	\$						
	\$						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY 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		XWS56077600	02/01/2023	02/01/2024	<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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