



Current Date 3/31/20

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

Event Name OKC Pride, Inc.

Expected Attendance 50,000

Event Coordinator OKC Pride, Inc.-Tessa White

Email Address jpgibbons@jpg-homes.com

Mailing Address 6610 Trenton Road, Nichols Hills Oklahoma 73116

Phone 405-248-6425 Fax \_\_\_\_\_

Event Address (Location) 2200 NW 39th Oklahoma City, Oklahoma 73112

Event Start Day/Date 5/30/20

Event Start Time 2 pm

Event End Day/Date 6/1/20

Event End Time 8 pm

Set-up Day/Date 5/30/20

Start Time 9 am

End Time 2 pm

Tear-down Day/Date 6/1/20

Start Time 12 am

End Time 3 am

**Street Closure Times (if applicable)**

Closure Day/Date 5/30/20

Time 6 am

Reopening Day/Date 6/2/20

Time 3 am

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

Street closures at NW 39th, and the following: N Penn Ave, N Flynn Ave

N Young Blvd & both sides of Barnes Ave. A festival and Block party will

occur in the streets and adjacent properties. Opening May 30th, continuing Saturday

and Sunday the 31 of May and June 1st. The portion of the festival on 39th will be placed on

public parking spaces and will not impede the parade route. Line up for the

38th annual Okc Pride parade will begin on Classen Blvd at 2 pm.

The parade will conclude no later than 8 pm

Is this an annual event? yes If yes, how many years? 38

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.

Questions? Call 405-297-2890

Additional information / Download forms @ [okc.gov/specialevents](http://okc.gov/specialevents)



**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 checked="" 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 type="checkbox"/> Electrical wiring/generator(s) | <input type="checkbox"/> Filming                          |

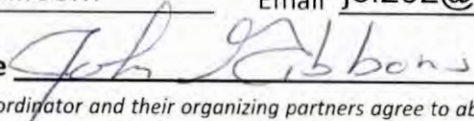
**Number of tents** 100

**Size of tent(s)** 10 X 10 20X20

**Number of Parade Entries** 0 **Number of Horses/Animals participating** 0

**Emergency primary contacts during event:**

|                                  |                               |
|----------------------------------|-------------------------------|
| Name <u>Tessa White</u>          | Name <u>Jeff Jordan</u>       |
| Mobile <u>405-888-0149</u>       | Mobile <u>405-415-5194</u>    |
| Email <u>tgrace567@gmail.com</u> | Email <u>jef292@yahoo.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](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:

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

Questions? Call 405-297-2890 Additional information / Download forms @ [okc.gov/specialevents](http://okc.gov/specialevents)

Exhibits A-1, B-1 & C-1





Temporarily closing curbside and middle lane of southbound North Classen Boulevard from NW 46 Street south to NW 39 Street and NW 39 Street from North Classen Boulevard west to North Pennsylvania Avenue (including intersection of Penn & NW 39th).



## OKC Pride on 39<sup>th</sup> Street Map Legend

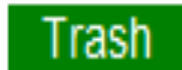
20' x 80' Festival Tent



Premium Festival Tent



Roll Off Dumpster



Reefer Truck (Ice)



Food Truck



Porta Potty



Porta Potty Handicap Accessible



Barricades



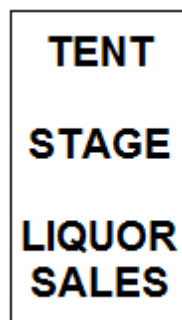
Festival Border



EMS



40' x 80' Beer Tent



with Stage & Liquor Sales



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.

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### AFFIDAVIT OF WRITTEN NOTICE TO PROPERTIES ABUTTING EVENT

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## AFFIDAVIT

STATE OF OKLAHOMA}

COUNTY OF OKLAHOMA}

Know all men by these presents: I, Tessa White  
Name

as event coordinator of OKC Pride Festival and 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)) \_\_\_\_\_.

[Signature]  
Signature

5/6/25  
Date

Subscribed and sworn before me this 5 day of May, 2025

[Signature]  
Notary Public

My commission expires 12/19/24



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Find additional info and forms @ [www.okc.gov/specialevents](http://www.okc.gov/specialevents)

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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, Tessa White

Name

as event coordinator of the OKC Pride Parade and 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 May 30, 31  
June 1  
date(s)

[Signature]

Signature

5-6-25

Date

Subscribed and sworn before me this 6 day of May 2025

Ronda Gray

Notary Public

My commission expires 12/19/26



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Find additional info and forms @ [www.okc.gov/specialevents](http://www.okc.gov/specialevents)

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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           |

Contact Name Alex Hernandez

Contact E-mail alex.hernandez@yahoo.com Phone 405-985-0344

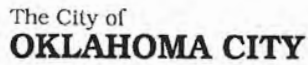
Street(s) will be closed on DATE:(mm.dd.yy) 5/30/25 TIME 8:00 AM

Street(s) will re-open on DATE:(mm.dd.yy) 6/1/25 TIME 11:59 pm

Street closure is from what street to what street? \_\_\_\_\_

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) |
|-------|----------|---------------------------------------|--|
| X     |          | <i>[Signature]</i>                    | 2131 NW 39th 39th ST RECORDS                   |
| X     |          | <i>Jordan Thayer</i>                  | 2135 NW 39th Feral Fairy                       |
| X     |          | <i>[Signature]</i>                    | 8801 NW 39th Tramps                            |
| X     |          | <i>[Signature]</i>                    | 2215 NW 39th INDIGO                            |
| X     |          | <i>[Signature]</i>                    | 2215 NW 39th #300 Rainbow Bistro               |
| X     |          | <i>[Signature]</i>                    | 2231 NW 39th ST                                |
| X     |          | <i>[Signature]</i>                    | 1259 NW 39th                                   |
| X     |          | <i>[Signature]</i>                    | 2238 : 2240 2242 2244 NW 39th ST OKC, OK       |
| X     |          | <i>[Signature]</i>                    | 2232 NW 39th ST OKC OK 73112                   |
| X     |          | <i>[Signature]</i>                    | 2218 NW 39th ST                                |
| X     |          | <i>[Signature]</i>                    | 2200 NW 39th ST                                |
| X     |          | <i>[Signature]</i>                    | 286 NW 39th ST                                 |



## Page 2

[illegible]



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/28/2025

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 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>Cole, Paine & Carlin Insurance<br>PO Box 18444<br>1140 NW 50th Street<br>Oklahoma City OK 73154 | <b>CONTACT NAME:</b> Tianna Rogers<br><b>PHONE (A/C, No, Ext):</b> (405) 843-5678<br><b>E-MAIL ADDRESS:</b> trogers@cpcinsurance.com<br><b>FAX (A/C, No):</b> (405) 843-5781  |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
|--|---|-------------------------------|--------|------------------------------------|--|------------|--|------------|--|------------|--|------------|--|------------|--|
| <b>INSURED</b><br>OKC PRIDE, INC.<br>2218 NW 29th St<br>Oklahoma City OK 73107                                     | <table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: Graham Rogers Insurance</td><td></td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Graham Rogers Insurance |  | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |  |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER A: Graham Rogers Insurance   |   |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER B:   |   |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER C:   |   |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER D:   |   |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER E:   |   |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |
| INSURER F:   |   |                               |        |                                    |  |            |  |            |  |            |  |            |  |            |  |

**COVERAGES****CERTIFICATE NUMBER: 2025****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><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | X                               |          | SE2029199     | 5/30/2025               | 6/3/2025                | <table><tr><td>EACH OCCURRENCE</td><td>\$ 1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$ 100,000</td></tr><tr><td>MED EXP (Any one person)</td><td>\$ 1,000</td></tr><tr><td>PERSONAL &amp; ADV INJURY</td><td>\$ 1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$ 2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$ 2,000,000</td></tr><tr><td>Liquor Liability</td><td>\$ 2,000,000</td></tr></table> | EACH OCCURRENCE                     | \$ 1,000,000 | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000 | MED EXP (Any one person)     | \$ 1,000 | PERSONAL & ADV INJURY          | \$ 1,000,000 | GENERAL AGGREGATE | \$ 2,000,000 | PRODUCTS - COMP/OP AGG | \$ 2,000,000 | Liquor Liability | \$ 2,000,000 |
| EACH OCCURRENCE                           | \$ 1,000,000   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 100,000   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| MED EXP (Any one person)                  | \$ 1,000   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| PERSONAL & ADV INJURY                     | \$ 1,000,000   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| GENERAL AGGREGATE                         | \$ 2,000,000   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| PRODUCTS - COMP/OP AGG                    | \$ 2,000,000   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| Liquor Liability                          | \$ 2,000,000   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
|   | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |                                 |          |               |                         |                         | <table><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per person)</td><td>\$</td></tr><tr><td>BODILY INJURY (Per accident)</td><td>\$</td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>  | COMBINED SINGLE LIMIT (Ea accident) | \$           | BODILY INJURY (Per person)                | \$         | BODILY INJURY (Per accident) | \$       | PROPERTY DAMAGE (Per accident) | \$           |                   | \$           |                        |              |                  |              |
| COMBINED SINGLE LIMIT (Ea accident)       | \$   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| BODILY INJURY (Per person)                | \$   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| BODILY INJURY (Per accident)              | \$   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| PROPERTY DAMAGE (Per accident)            | \$   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
|   | \$   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
|   | <b>UMBRELLA LIAB</b><br><b>EXCESS LIAB</b><br>DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>   |                                 |          |               |                         |                         | <table><tr><td>EACH OCCURRENCE</td><td>\$</td></tr><tr><td>AGGREGATE</td><td>\$</td></tr><tr><td></td><td>\$</td></tr></table>   | EACH OCCURRENCE                     | \$           | AGGREGATE                                 | \$         |                              | \$       |                                |              |                   |              |                        |              |                  |              |
| EACH OCCURRENCE                           | \$   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
| AGGREGATE                                 | \$   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
|   | \$   |                                 |          |               |                         |                         |  |                                     |              |   |            |                              |          |                                |              |                   |              |                        |              |                  |              |
|   | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> | N/A      |               |                         |                         | <table><tr><td>PER STATUTE</td><td>OTH-ER</td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$</td></tr><tr><td>E.L. DISEASE - EA EMPLOYEE</td><td>\$</td></tr><tr><td>E.L. DISEASE - POLICY LIMIT</td><td>\$</td></tr></table>  | PER STATUTE                         | OTH-ER       | E.L. EACH ACCIDENT                        | \$         | E.L. DISEASE - EA EMPLOYEE   | \$       | E.L. DISEASE - POLICY LIMIT    | \$           |                   |              |                        |              |                  |              |
| 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 are included as additional Insured as respects to General Liability if required or agreed to in a written contract subject to all provisions and limitations of per attached form L 820 12-18 Blanket Additional Insured Endorsement.

**CERTIFICATE HOLDER****CANCELLATION**

|   |   |
|---|---|
| <b>The City of Oklahoma City</b><br>200 N Walker<br>OKC, OK 73107 | <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><br><br><b>AUTHORIZED REPRESENTATIVE</b><br>David Paine/ROGETI<br> |
|---|---|

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