



Current Date July 17, 2023

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

Event Name AIDS Walk of OKC

Expected Attendance 500

Event Coordinator Marcus Whitworth, Michaela Campo

Email Address vp@aidswalkokc.org

Mailing Address P.O. Box 60778 Oklahoma City, OK 73146

Phone 405-323-0625 Fax _____

Event Address/Location Myriad Botanical Gardens, 301 W. Reno Oklahoma City, OK 73102

Event Start Day/Date October 1, 2023 Event Start Time 12:00

Event End Day/Date October 1, 2023 Event End Time 16:00

Set-up Day/Date October 1, 2023 Start Time 09:00 End Time 12:00

Tear-down Day/Date October 1, 2023 Start Time 16:00 End Time 17:00

Street Closure Times (if applicable)

Closure Day/Date October 1, 2023 Time 14:00

Reopening Day/Date October 1, 2023 Time 15:00

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

Event will take place on the grounds of Myriad Botanical Gardens, located at 301 W. Reno in Oklahoma City.

Event will consist of a walk through downtown OKC that will require rolling street closures, along with a festival on the Devon Lawn of the Myriad Gardens.

Is this an annual event? Yes If yes, how many years? 25

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 type="checkbox"/> Beverage sales | <input type="checkbox"/> Procession | <input type="checkbox"/> Residential area |
| <input type="checkbox"/> Alcohol sales | <input checked="" type="checkbox"/> Parade | <input checked="" type="checkbox"/> Non-residential area |
| <input type="checkbox"/> Food sales | <input checked="" type="checkbox"/> Amplified sound | <input type="checkbox"/> Parklet |
| <input 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 20

Size of tent(s) 10' x 10'

Please note: the application deadline for ABLE (alcohol) licenses is 60 days prior to the event.

Emergency primary contacts during event:

Name Marcus Whitworth

Name Michaela Campo

Mobile 405-323-0625

Mobile 405-863-3284

E-mail vp@aidswalkokc.org

E-mail michaelacampo93@gmail.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:

Special Events Office Approval _____



Exhibits A & C

Event Site Plan

AIDS Walk OKC
October 1, 2023

Site Legend

 Vendor Booth Area

 Music/Entertainment

**Waste bins placed
throughout and
restrooms available**



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, MICHAELA CAMPD
Name

as event coordinator of AIDS WALK OF OKLAHOMA CITY
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)) OCTOBER 1st, 2023.

Michaela Campd
Signature

08/14/23
Date

Subscribed and sworn before me this 14 day of Aug, 23.

[Signature]
Notary Public



My commission expires 6/10/23



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/4/2023

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 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 Cole, Paine & Carlin Insurance PO Box 18444 1140 NW 50th Street Oklahoma City OK 73154	CONTACT NAME: Adriana Jimenez-Ramos	
	PHONE (A/C No. Ext): (405)843-5678	FAX (A/C No): (405)843-5781
E-MAIL ADDRESS: ajimenez@cpcinsurance.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Nautilus Insurance Co		17370
INSURED Aids Walk of Oklahoma City Inc PO Box 60778 Oklahoma City OK 73146		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER: 2023 EVENT

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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X		NN1582332	10/1/2023	10/1/2023	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)						\$ 100,000	
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> 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						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)

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 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 David Paine/JIMAD 
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ACORD 25 (2014/01)

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INS025 (201401)



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Certificate holder is shown as an Additional Insured under the General Liability coverage for the work of the insured, if required or agreed to under Written Contract, subject to the terms and conditions of the policy.

CERTIFICATE HOLDER**CANCELLATION**

Oklahoma City Economic Development Trust 123 Park Avenue 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 David Paine/JIMAD 
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