



# City of Bixby

## Event Registration/Application/Permit Form

If the activity proposed is to be conducted for, on behalf of, or by an organization, the name, address and telephone number of the headquarters of the organization and the authorized head/director of such organization shall be stated.

Please indicate what type of event: **Parade** \_\_\_\_\_ **Run** \_\_\_\_\_ **Block Party** \_\_\_\_\_ **Other(Specify)** \_\_\_\_\_

**Name requesting permit:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Primary & Alternate Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Contact Person (Directly in charge of event):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Primary & Alternate Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact Person (On-site Contact at event):** \_\_\_\_\_

**Primary & Alternate Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Please be specific on all that apply:

**Purpose of Event:** \_\_\_\_\_

**Date of Proposed Event:** \_\_\_\_\_

**Time of Proposed Event: From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Location of Event:** \_\_\_\_\_

**Event Route (Specify all Streets):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Neighborhood Association:** \_\_\_\_\_ **Council District Number:** \_\_\_\_\_

**Will you need barricades? Yes** \_\_\_\_\_ **No** \_\_\_\_\_ (Barricade fee may apply)

**Event Applications are due 10 Business days in advance of the proposed Event**

Approximate number of persons participating in event: \_\_\_\_\_  
Approximate number of animals participating in event: \_\_\_\_\_  
Types of vehicle participating in event: \_\_\_\_\_  
Number of vehicles participating in event: \_\_\_\_\_  
Other types of equipment participating: \_\_\_\_\_

Detailed plans for the assembly and dispersal of the Event, including times and locations thereof:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A statement as to whether the Event will occupy all or only a portion of the streets proposed to be traversed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A statement as to whether a permit has been requested or obtained from any other city within which said activity shall commence, terminate or occur in part:  
\_\_\_\_\_  
\_\_\_\_\_

Detailed plans for sanitary and trash removal: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any additional information which the City Manager and/or Chief of Police shall find reasonably necessary:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

**FOR CITY USE ONLY:**

City Manager's Signature approval: \_\_\_\_\_

Chief of Police signature approval: \_\_\_\_\_

Fire Chief signature approval: \_\_\_\_\_

Director of Public Works approval: \_\_\_\_\_