



## City of Gillette

### One(1) Day Catering Permit Application

Applicant Name: Ken Barkey The Prime Rib Restaurant & Wine Cellar

(Please use the name in which the Liquor License is issued. Catering permits may only be issued to Retail Liquor License holders.)

Address: PO Box 44

Phone Number: 307-682-2944

Gillette, Wy 82716

Cell Phone Number: \_\_\_\_\_

Contact Person at the Event\*: Ken or Sam Barkey

\*Must be present at the event at all times.

Contact Phone Number at the Event: 307-682-2944

Date of the Event: 6-27-14

Event Start Time\*: 11am

Event End Time\*: 11pm

\*Please note that applications requesting **outdoor** event times before 8:00 a.m. or after 12:00 a.m. (midnight) will not be approved.

Outdoor Event: ☒ Yes ☐ No

Anticipated Occupancy: 500

Location of the Event: Gillette College

Do you, the applicant, own the event location? ☐ Yes ☒ No

If no, please obtain a written statement to include with this application from the landowner permitting the proposed activity, including the consumption and possession of alcoholic or malt beverages, as described in this application.

Short Summary of the Reason for the Event: Donkey Creek Music Festival

Detailed Description of Activities/Entertainment Proposed for the Event:

Music, Arts

Names and Ages of Persons Serving Alcoholic Beverages:

Name: Jess Age: 29 Name: Susan Age: 40

Name: Autumn Age: 33 Name: Christine Age: 28

Name: Leah Age: 26 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Who is checking IDs? People at door

Stamps: ☐ Yes ☒ No

Wrist Bands? ☒ Yes ☐ No

Live Band? ☒ Yes ☐ No

Other type of outdoor music/sound/P.A. system? ☒ Yes ☐ No

Other Entertainment? ☒ Yes ☐ No Type: Arts

Entertainment Start Time: 11 a.m. p.m. Entertainment End Time: 11pm

Security? ☒ Yes ☐ No By Whom? MGT How Many? 2-3

Type of fencing or boundary for the sale, consumption and possession area?

Inside fenced Beer Garden

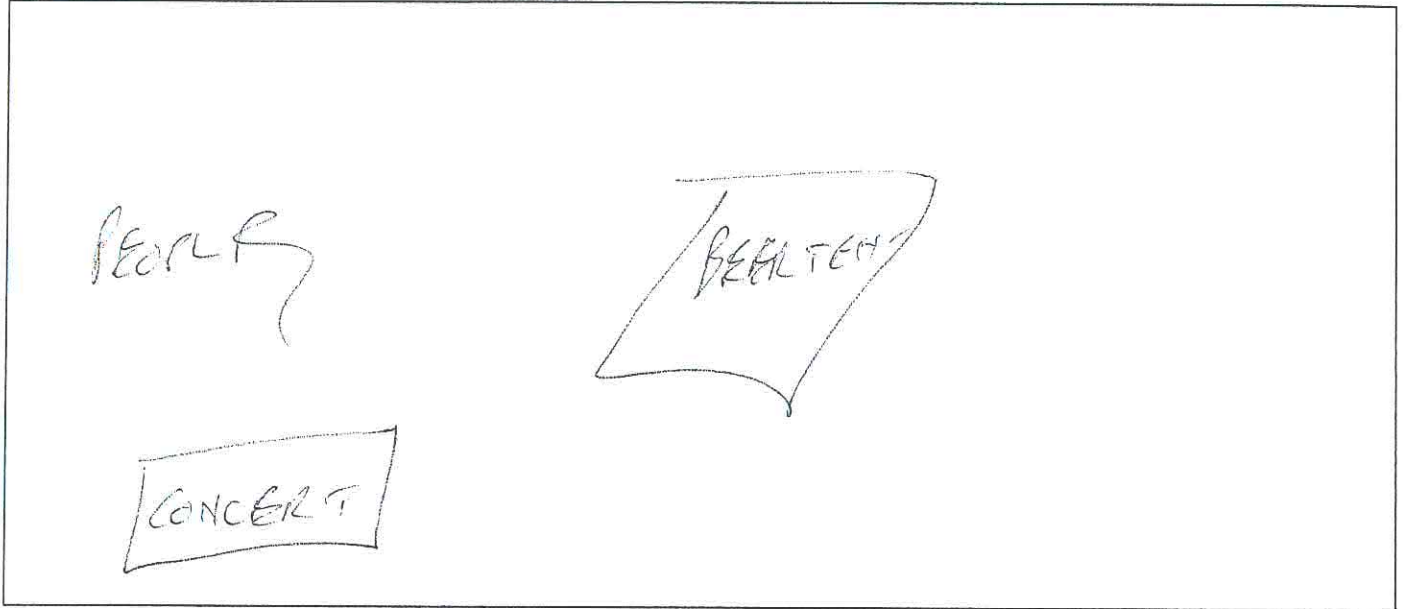
Other facilities (i.e. additional parking, trash containers, portable toilets): None

Provide a detailed description the area(s) in which the sale, possession and consumption of alcoholic beverages will occur.

Inside the fenced Beer Garden

Provide a drawing of the area(s) in which the sale, possession and consumption of alcoholic beverages will occur. Please be specific and detailed as possible.

North ↑



\* Please be aware that the consumption of alcohol beyond the approved boundaries is in violation of this permit and City ordinance.

Fees: \$50 (non-refundable) for applications submitted at least 3 weeks prior to event date.

\$100 (non-refundable) for applications submitted less than 3 weeks prior to event date.

Signature of Applicant

Date of Application

**FOR OFFICIAL USE ONLY:**

Approved ☒ Yes ☐ No

Approved ☒ Yes ☐ No

City Clerk/Designee

Date

Chief of Police/Designee

Date

Has Fire Marshall/Designee been contacted? ☒ Yes ☐ No Assembly Permit Attached ☐ Yes ☐ No



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Gillette, Wy 82716

Cell Phone Number: \_\_\_\_\_

Contact Person at the Event\*: Ken or Sam Barkey

\* Must be present at the event at all times.

Contact Phone Number at the Event: 307-682-2944

Date of the Event: 6-28-14 Event Start Time\*: 11am

Event End Time\*: 11pm

\*Please note that applications requesting **outdoor** event times before 8:00 a.m. or after 12:00 a.m. (midnight) will not be approved.

Outdoor Event: ☒ Yes ☐ No

Anticipated Occupancy: 500

Location of the Event: Gillette College

Do you, the applicant, own the event location? ☐ Yes ☒ No

If no, please obtain a written statement to include with this application from the landowner permitting the proposed activity, including the consumption and possession of alcoholic or malt beverages, as described in this application.

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Name: Leah Age: 26 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Who is checking IDs? People at door

Stamps: ☐ Yes ☒ No

Wrist Bands? ☒ Yes ☐ No

Live Band? ☒ Yes ☐ No Other type of outdoor music/sound/P.A. system? ☒ Yes ☐ No

Other Entertainment? ☒ Yes ☐ No Type: Arts

Entertainment Start Time: 11 a.m. Entertainment End Time: 11pm

Security? ☒ Yes ☐ No By Whom? MGT How Many? 2-3

Type of fencing or boundary for the sale, consumption and possession area?

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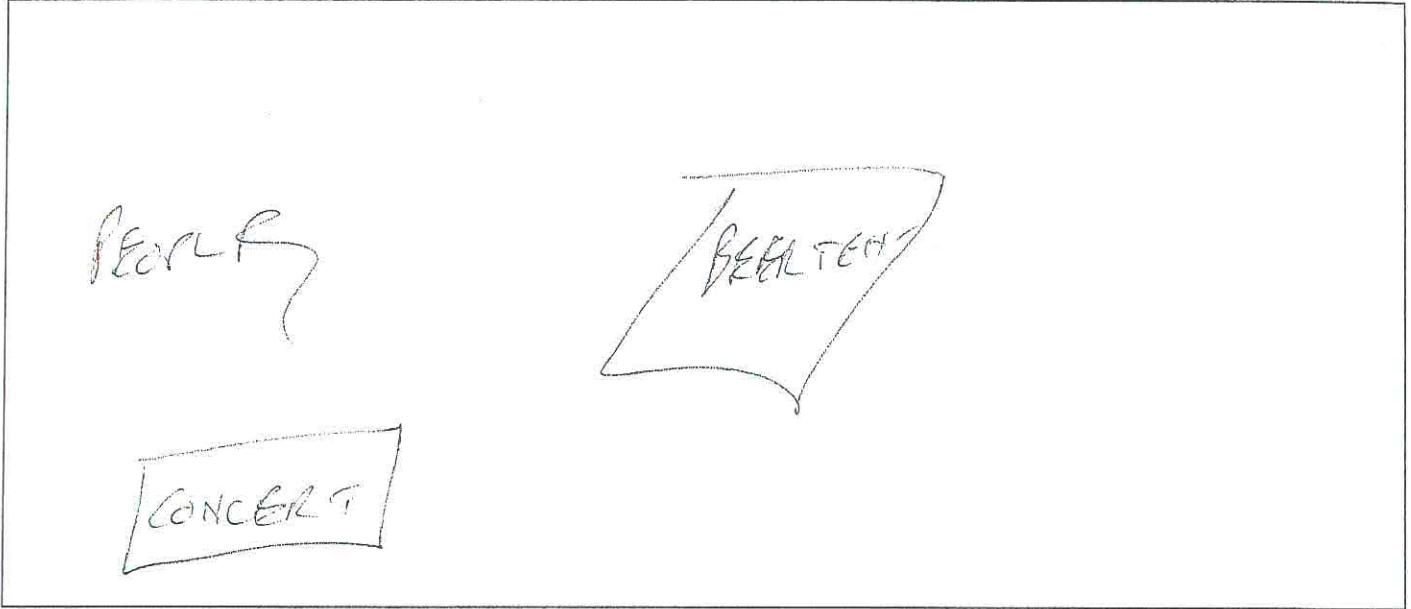
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Signature of Applicant

Date of Application

**FOR OFFICIAL USE ONLY:**

Approved ☒ Yes ☐ No

Approved ☐ Yes ☐ No

Cindy Staskiewicz  
City Clerk/Designee

4/21/14  
Date

Chief of Police/Designee

4/25/14  
Date

Has Fire Marshall/Designee been contacted? ☒ Yes ☐ No Assembly Permit Attached ☐ Yes ☐ No



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\* Must be present at the event at all times.

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Outdoor Event: ☒ Yes ☐ No Anticipated Occupancy: 500

Location of the Event: Gillette College

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Name: <u>Autumn</u>	Age: <u>33</u>	Name: <u>Christine</u>	Age: <u>28</u>
Name: <u>Leah</u>	Age: <u>26</u>	Name: _____	Age: _____
Name: _____	Age: _____	Name: _____	Age: _____

Who is checking IDs? People at door

Stamps: ☐ Yes ☒ No Wrist Bands? ☒ Yes ☐ No

Live Band? ☒ Yes ☐ No Other type of outdoor music/sound/P.A. system? ☒ Yes ☐ No

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Inside fenced Beer Garden

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\$100 (non-refundable) for applications submitted less than 3 weeks prior to event date.

[Signature]  
Signature of Applicant

4-18-14  
Date of Application

**FOR OFFICIAL USE ONLY:**

Approved ☒ Yes ☐ No

Approved ☒ Yes ☐ No

Cindy Staskiewicz  
City Clerk/Designee

4/21/14  
Date

[Signature]  
Chief of Police/Designee

4/18/14  
Date

Has Fire Marshall/Designee been contacted? ☒ Yes ☐ No Assembly Permit Attached ☐ Yes ☐ No