



CITY OF GILLETTE APPLICATION FOR A STREET CLOSURE PERMIT

NAME OF APPLICANT: <u>Patti Davidsmeier</u>	
ADDRESS: <u>City Hall</u>	
PHONE NUMBER: <u>686-5203</u>	
DESCRIBE AREA TO BE CLOSED. PLEASE ATTACH A MAP OF CITY STREETS TO BE CLOSED <u>Gillette Ave Between 5th St & 6th St</u>	
DESCRIBE THE PURPOSE OF THE STREET CLOSURE <u>Ribbon Cutting - Gillette Ave Reconstruct</u>	
DOES THE EVENT INCLUDE ALCOHOL? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, then fill out attached form from the Police Department.)	
DATE OF CLOSURE: <u>11-11-2014</u> TIME OF CLOSURE <u>7:00 AM</u> <u>am</u> /pm to <u>2:00</u> <u>am</u> /pm	
SPECIAL CONSIDERATIONS: THE APPLICANT IS REQUIRED TO CONTACT ALL PERSONS OR BUSINESSES AFFECTED BY THE PROPOSED STREET CLOSURE AND A SIGNED NOTIFICATION SHEET MUST BE ATTACHED TO THE APPLICATION	
Signature of Applicant <u>P Davidsmeier</u> <u>Patty Davidsmeier</u>	Date <u>10/22/14</u>
REVIEW COMMENTS	
Police Department	
Signature <u>C.O. [Signature]</u>	Date <u>10-22-14</u>
Public Works (Contact the Street Division at 686-5278 to make arrangements for barricades)	
Signature <u>[Signature]</u>	Date <u>10-23-14</u>
City Clerk	
Signature <u>Karene [Signature]</u>	Date <u>10-22-14</u>
City Council Action	
Approved _____	Denied _____

White Copy: Clerks

Yellow Copy: Police Department

Pink Copy: Customer