



CITY OF GILLETTE APPLICATION FOR A STREET CLOSURE PERMIT

NAME OF APPLICANT: <u>Gillette Main Street</u>	
ADDRESS: <u>PO Box 7256 Gillette, WY 82717</u>	
PHONE NUMBER: <u>307-689-8369</u>	
DESCRIBE AREA TO BE CLOSED. PLEASE ATTACH A MAP OF CITY STREETS TO BE CLOSED <u>Intersection at Gillette Ave and 3rd Street.</u>	
DESCRIBE THE PURPOSE OF THE STREET CLOSURE <u>Gillette Main Street along with the Mayors Art Council will be hosting the 1st Annual Ice Festival. Many of the activities will take place on the intersection and corners including an Ice Sculpting competition.</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>Feb. 21</u> TIME OF CLOSURE <u>8:00</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm to <u>5:00</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> 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>Jessica Siders</u> Date <u>1-21-15</u>	
REVIEW COMMENTS	
Police Department Signature <u>[Signature]</u> Date <u>1-22-15</u>	
Public Works (Contact the Street Division at 686-5278 to make arrangements for barricades) Signature <u>[Signature]</u> Date <u>1-22-15</u>	
City Clerk Signature <u>Karlene Abelseth</u> Date <u>1/22/15</u>	
City Council Action Approved _____ Denied _____	

White Copy: Clerks

Yellow Copy: Police Department

Pink Copy: Customer

