



CITY OF GILLETTE APPLICATION FOR A STREET CLOSURE PERMIT

NAME OF APPLICANT: <u>Dan + Tonya Stroup</u>	
ADDRESS: <u>3304 Alberta Drive Gillette WY 82718</u>	
PHONE NUMBER: _____	
DESCRIBE AREA TO BE CLOSED. PLEASE ATTACH A MAP OF CITY STREETS TO BE CLOSED	
<u>3300 Block of Alberta Drive</u>	
DESCRIBE THE PURPOSE OF THE STREET CLOSURE	
<u>11th Annual Block Party</u>	
DOES THE EVENT INCLUDE ALCOHOL? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If yes, then fill out attached form from the Police Department.)	
DATE OF CLOSURE: <u>9/1/15</u> TIME OF CLOSURE <u>6</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm to <u>10</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>[Signature]</u> Date <u>8-19-15</u>	
REVIEW COMMENTS	
Police Department	
Signature <u>C.D. [Signature]</u> Date <u>8-24-15</u>	
Public Works (Contact the Street Division at 686-5278 to make arrangements for barricades)	
Signature <u>[Signature]</u> Date <u>8-21-15</u>	
City Clerk	
Signature <u>[Signature]</u> Date <u>8/25/15</u>	
City Council Action	
Approved _____ Denied _____	

White Copy: Clerks

Yellow Copy: Police Department

Pink Copy: Customer

To facilitate the event 11th Annual Block Party, it will be necessary to close the following street(s): _____

The closure will be on 9-11-15 beginning at 6pm until 10pm
Date Time Time

[illegible]