



CITY OF GILLETTE APPLICATION FOR A STREET CLOSURE PERMIT

NAME OF APPLICANT: <u>Gillette Main Street</u>	
ADDRESS: <u>PO Box 7256</u>	
PHONE NUMBER: <u>689-8369 / 660-3199</u>	
DESCRIBE AREA TO BE CLOSED. PLEASE ATTACH A MAP OF CITY STREETS TO BE CLOSED	
<u>1st Block of Gillette Ave + Intersection of 1st Street & Gillette Ave</u>	
DESCRIBE THE PURPOSE OF THE STREET CLOSURE	
<u>Community Street Dance, Live Music</u>	
DOES THE EVENT INCLUDE ALCOHOL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If yes, then fill out attached form from the Police Department.)	
DATE OF CLOSURE: <u>8-27-16</u> TIME OF CLOSURE <u>5</u> <input type="checkbox"/> am <input checked="" type="checkbox"/> pm to <u>12</u> <input checked="" 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 Sanders</u> Date <u>3-2-16</u>	
REVIEW COMMENTS	
Police Department <u>[Signature]</u> Date <u>5-23-16</u>	
Public Works (Contact the Street Division at 686-5278 to make arrangements for barricades)	
Signature _____ Date _____	
City Clerk <u>Karene Oberholt</u> Date <u>5/23/16</u>	
City Council Action Approved _____ Denied _____	

White Copy: Clerks

Yellow Copy: Police Department

Pink Copy: Customer

