City of Gillette

One(1) Day Catering Permit Application

Applicant Name: Cowever Parlor of Gillette DBA Mingles Lounge

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

Address: 2209 South Douglas HWY   Phone Number: 686-1222

Cell Phone Number: 299-6171

Contact Person at the Event*: Zack Kelley / Brian Kelley

* Must be present at the event at all times.

Contact Phone Number at the Event: 299-6171 / 686-1222

Date of the Event: Aug 19th   Event Start Time*: 8:00 Am   Event End Time*: 12:00 Am

*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: 150 - 200

Location of the Event: Parking Lot (2209 S. Douglas Hwy)

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: Outdoor Band AND Dance

Last of Summertime BASH

Detailed Description of Activities/Entertainment Proposed for the Event: Band, Dance, Volleyball

Names and Ages of Persons Serving Alcoholic Beverages:

Name	Age	Name	Age
Zack Kelley / Manager	30		
Staff			

Who is checking IDs? _____

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: _____

Entertainment Start Time: 8:00 a.m. (p.m.)   Entertainment End Time: 12:00

Security? ☒ Yes ☐ No   By Whom? Staff   How Many? _____

Type of fencing or boundary for the sale, consumption and possession area? Steel Fencing / Cattle Fencing

Other facilities (i.e. additional parking, trash containers, portable toilets): _All are own_

Provide a detailed description the area(s) in which the sale, possession and consumption of alcoholic beverages will occur. _West End of the Parking lot just outside the front Door_

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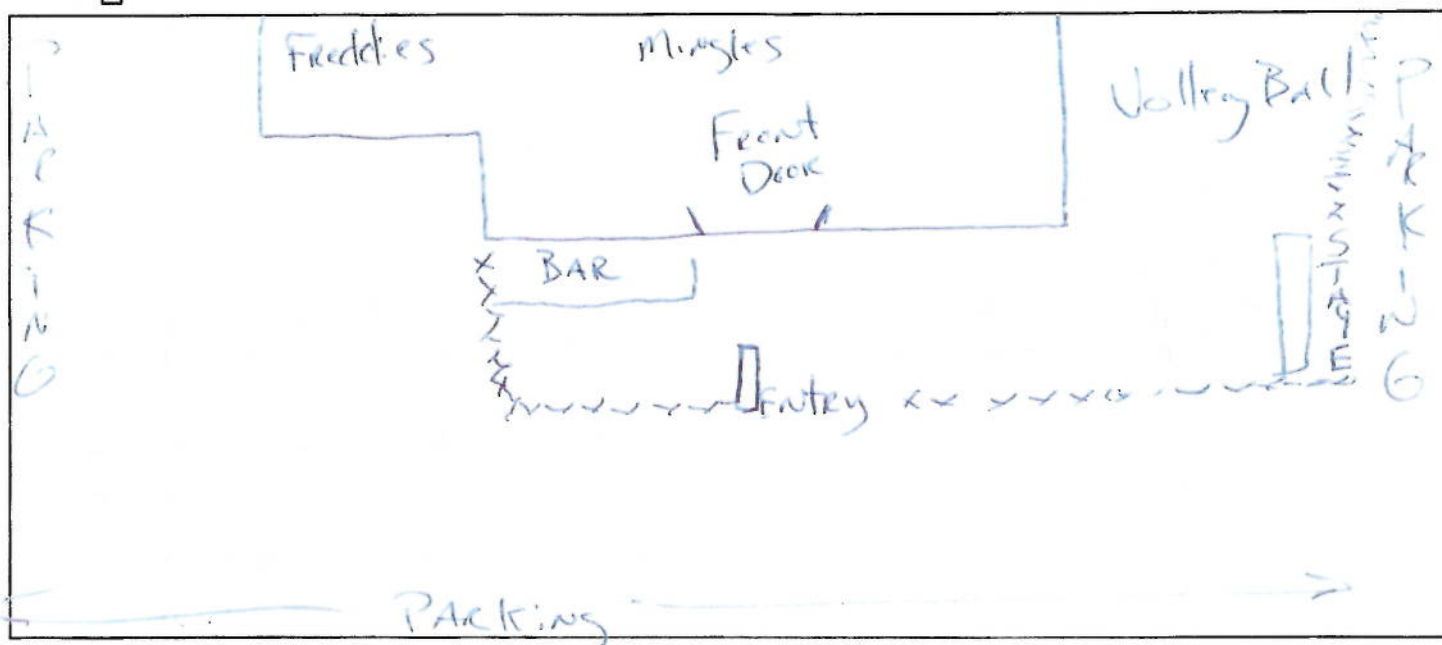
* Please be aware that the consumption of alcohol beyond the approved boundaries is in violation of this permit and City ordinance.

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 [X] Yes [ ] No   Approved [X] Yes [ ] No

City Clerk/Designee   Date 6/27/17   Chief of Police/Designee   Date 6·27·17

Has Fire Marshall/Designee been contacted? [X] Yes [ ] No   Assembly Permit Attached   [ ] Yes [X] No