

CITY OF GILLETTE
3RD STREET PLAZA
STREET CLOSURE APPLICATION

NAME OF APPLICANT: Tracy Mathews / <i>Brail Lofing</i>					
ADDRESS: 314 S. Gillette Ave, Gillette, WY 82716					
PHONE NUMBER: 307.682.3673					
EVENT: Meet the Candidates/Ice Cream Social					
DATE OF CLOSURE: 07/26/2018	TIME OF CLOSURE: <table border="1" style="display: inline-table;"><tr><td>5 PM</td><td>7 PM</td></tr><tr><td>a.m./p.m.</td><td>TO a.m./p.m.</td></tr></table>	5 PM	7 PM	a.m./p.m.	TO a.m./p.m.
5 PM	7 PM				
a.m./p.m.	TO a.m./p.m.				
Has the event been scheduled with the Gillette Main Street Committee Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (If no, Applicant must schedule the event, prior to City Council Consideration)					
INSURANCE INFORMATION					
APPLICANT'S INSURANCE CARRIER: <i>Hartford Casualty</i> APPLICANT'S INITIALS <i>TM</i> (An INDIVIDUAL or ORGANIZATION must obtain general liability insurance coverage, naming the CITY as an additional insured; minimum coverage: \$500,000) CERTIFICATE PROVIDED <input checked="" type="checkbox"/>					
DOES THE EVENT INCLUDE ALCOHOL? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, an alcohol permit is required from the City Clerk's Office					
The City will provide up to ten (10) roll-out containers per event (96 gallon residential style). (Additional roll-out containers will be provided at a rate of \$10 per container - SEE DETAILS BELOW.)					
TOTAL NUMBER OF ROLL-OUTS REQUESTED FOR EVENT: <table border="1" style="display: inline-table;"><tr><td>10</td></tr></table>		10			
10					
Quantity of Electrical Outlets Requested (Max. 12) <table border="1" style="display: inline-table;"><tr><td>3</td></tr></table> X \$10.00 <table border="1" style="display: inline-table;"><tr><td>\$30</td></tr></table> TOTAL	3	\$30	Additional Roll-out Garbage Containers <table border="1" style="display: inline-table;"><tr><td> </td></tr></table> X \$10.00 <table border="1" style="display: inline-table;"><tr><td>\$</td></tr></table> TOTAL		\$
3					
\$30					
\$					
APPLICANT SIGNATURE: <i>Brail Lofing</i> DATE: 5/21/18 <div style="text-align: center;">APPROVALS</div>					
POLICE DEPARTMENT: <i>[Signature]</i>					
SIGNATURE	DATE: 5-29-18				
PUBLIC WORKS: <i>[Signature]</i>					
SIGNATURE	DATE: 5-29-18				
ENGINEERING: <i>[Signature]</i>	<input type="checkbox"/> NOT APPLICABLE				
SIGNATURE	DATE: 5-29-18				
CLERK'S OFFICE: <i>[Signature]</i>					
SIGNATURE	DATE: 5/29/18				
CITY COUNCIL					
APPROVAL DATE:	DENIAL DATE:				

For emergency assistance call 911. For non-emergency assistance call 686-5250