





## **City of Gillette**

One (1) Day Malt Beverage Permit App	
Application of the state of the	UKEMAN
(Please use the name in which the Liquor License is issued. Catering permits may only be is	
Address: 5806 Kimber Di Phone Number:	307-660-3199
SILLETTE, WY 82718 Cell Phone Numb	er:
Contact Person at the Event* SAM CLIKEMAN	1
*Must be present at the event at all times.	
Contact Phone Number at the Event: 307-610-3199	
Date of the Event: 8/18/18 Event Start Time*: 900 Event End Tine*Please note that applications requesting event times outside of 8:00 a.m. and 12 Saturday and 12:00 p.m. (noon) to 10:00 p.m. Sunday will not be approved.  Outdoor Event: Yes No Anticipated Occupancy:	:00 a.m. (midnight), Monday through
Outdoor Event: Yes No Anticipated Occupancy: _ Location of the Event: 6 LLETE AVE, 1ST ST TO	YM ST
Do you, the applicant, own the event location? Yes No If no, please obtain a written statement to include with this application proposed activity, including the consumption and possession of alcohol this application.  Short Summary of the Reason for the Event: GILLETTE MAIN STREET	ic or malt beverages, as described in
Detailed Description of Activities/Entertainment at the Event: CAR SHOW	, LIVE MUSIC
Names and Ages of Persons Serving Alcoholic Beverages:	
Name: B.B HEWIT-GAFFNET Age: 30 Name:	Age:
Name: SAM CLIKEMAN Age: 3/ Name:	
Name: CHEISEY VANDEHET Age: 28 Name:	Age:
Who is checking IDs? ALL STAFF	
Stamps? Yes No Wrist Bands? X Yes No	)
Live Band? Yes No Other type of outdoor music/sound/P Other Entertainment? Yes No Type? CAR SNOW	A. system? Yes No
Entertainment Start Time: 9 a.m p.m. Entertainment End Time: 10	am 6m
	ow Many? UNKNOWN
Type of fencing or boundary for the sale, consumption and possession area:	CATTLE FENCING

Other facili	ties (i.e. ad	ditional	parking, ti	rash containers	s, portable t	oilets):۸	JA	
Provide a d	etailed des	cription	of the are	a(s) in which th	ne sales no	ssession and	consumption of al	coholic heverages
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IN	FRONT	OF	-	LOST M	EADERY	FROM	1700-22	200.
							70-44-30-40-40-30-30-30-30-30-30-30-30-30-30-30-30-30	
Provide a d	rawing of t	he area	(s) in which	h the sale, nos	session and	consumption	of alcoholic beve	rages will occur.
Please be a	and the second control of the second control				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ages iiii seesii
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		1	1 50	RVING ARE	MUF	لدممد		
				LATE DEA	RLY AFTER	NOON		
		the co	nsumption	of alcohol bey	ond the ap	proved bound	laries is in violatio	n of this permit
and City or	dinance.							
Fees: \$50	) (non-refu	ndahle)	for applica	ations submitte	nd at least 3	weeks prior	to event date	
	•	1.7	7.00				or to event date.	
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	>\f					Sagi	6/77/18	
Signature e	of Applicant	t				Date of A	pplication	
For Official	Use Only:							
Approved	Yes	No			App	roved 🔀 \	res No	
steed to the second						) 1/10		
				_		MARY	<del></del>	7-10-18
City Clerk/I	Designee			Date	Chie	f of Police/Do	esignee	Date
Has Fire De	partment/	Designe	e Been No	otified? Ye	s No	Assembly P	ermit Attached	Yes No