



CITY OF GILLETTE APPLICATION FOR A STREET CLOSURE PERMIT

NAME OF APPLICANT: <u>Gillette Mainstreet</u>	
ADDRESS: <u>PO Box 7256</u>	
PHONE NUMBER: <u>689-8369</u>	
DESCRIBE AREA TO BE CLOSED. PLEASE ATTACH A MAP OF CITY STREETS TO BE CLOSED	
<u>1st Block including Intersection Gillette and 1st</u> <u>1st St Gillette Ave to 1st St Kenderick 1st and 2nd</u>	
DESCRIBE THE PURPOSE OF THE STREET CLOSURE	
<u>Reschedule Summertest Car show - Street Dance</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>9/15/18</u> TIME OF CLOSURE <u>7</u> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm to <u>12</u> <input checked="" type="checkbox"/> am <input 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>Becky Einschell</u> Date <u>8/27/18</u>	
REVIEW COMMENTS	
Police Department	
Signature <u>C.D. [Signature]</u> Date <u>8-27-18</u>	
Public Works (Contact the Street Division at 686-5278 to make arrangements for barricades)	
Signature _____ Date _____	
City Clerk	
Signature <u>Karenne Abelson</u> Date <u>8-27-18</u>	
City Council Action	
Approved _____ Denied _____	

White Copy: Clerks

Yellow Copy: Police Department

Pink Copy: Customer

Date: 09/15/18

necessary to close the following street(s):

The closure will be on 9/15/18 beginning at 7:00 AM until 12:00 AM
Date Time Time

[illegible]